



## Short report

## Public opinion and support for government AIDS policies in sub-Saharan Africa

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## ABSTRACT

Based on data from Afrobarometer's 2008–2009 public opinion surveys in 20 sub-Saharan African states, this article examines the extent of support for government AIDS policies. While many international and nongovernmental organizations have criticized African governments for failing to implement comprehensive HIV/AIDS policies, survey data shows that citizens have generally positive assessments of their governments' responses. The findings demonstrate that support for a government's AIDS policies arises less from demographic characteristics and more from experiences with and perceptions of the government's capabilities. In particular, those in better economic circumstances and those who approve of the president's job performance show particularly strong support for their government's AIDS policies. This may suggest that leaders are exhibiting the political will necessary to implement holistic AIDS policies and receiving support for them, but it may also suggest respondents are not differentiating between support for the government as a whole and support for particular policy areas.

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How well are African governments doing at responding to the AIDS epidemic? Over the first decade of the 21st Century, African states have made substantial strides in reducing adult (ages 15–49) prevalence rates. Thirty of forty-two sub-Saharan African states have seen their adult HIV prevalence rates decline between 2001 and 2009, and the region's overall prevalence rate went down by nearly one-sixth (UNAIDS, 2010, p. 181). The international community has contributed billions in grants and loans to address this health crisis, and domestic public expenditures have increased.

Despite this progress, an estimated 5 percent of all adults in sub-Saharan Africa are HIV-positive. Nine states have adult prevalence rates over 10 percent (UNAIDS, 2010, p. 181). These rates far outstrip those in any other region of the world, and the persistently high rates of HIV infection pose a myriad of political, economic, and social consequences for the region. African governments have been criticized by many for being too passive and for not implementing effective policies to address the pandemic (Morin & Deane, 2002; Oloya, 2006; Patterson, 2008).

While many analyses of government responses to HIV/AIDS in Africa have focused on the macro level or evaluated specific interventions from governmental, international, and nongovernmental sources, individual Africans—the people living with the consequences of government action (or inaction)—have received comparatively little attention. How does the “person on the street”

in sub-Saharan Africa feel about how his or her government has addressed HIV/AIDS? Answering that question is the focus of this article.

Using survey results from 20 sub-Saharan African states in 2008 and 2009 under the aegis of Afrobarometer, this article analyzes public opinion data to understand both how people feel about their government's response to the AIDS epidemic and which factors influence those attitudes. With more than 25,000 respondents, these data offer a comprehensive overview of public opinion in Africa on this significant issue. This study also builds on earlier work that examined public opinion on government AIDS policies in sub-Saharan Africa and expands its reach (Youde, 2009).

It is important to emphasize that this approach does not allow us to evaluate the actual programs themselves, which vary quite significantly across the region. Instead, it permits a systematic investigation of *public perceptions* of those programs. The public may approve of a program even when it falls short of international guidelines, political promises, or the wishes of nongovernmental organizations. By the same token, widespread dissatisfaction may translate into pressure on the government to improve its approach or expand its outreach. The issue is whether people feel like their governments are adequately addressing HIV/AIDS.

The central research question of this article focuses on personal experiences: how do lived experiences, both directly and indirectly related to HIV/AIDS, affect popular attitudes toward a government's response to the disease? Are people with more negative lived experiences—such as worse economic conditions, going without health care, or knowing people who have died of AIDS—significantly

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more likely to have negative assessments of a government's HIV/AIDS policies?

### Data and variables

To examine the dynamics of support for government AIDS policies, this article relies on public opinion data collected during the Round 4 Afrobarometer surveys between March 2008 and June 2009 in 20 states. The countries included are Benin, Botswana, Burkina Faso, Cape Verde, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Among these 20 states, 27,713 people completed interviews on a range of political and economic questions with surveyors. Interviewers employ a national probability sample to ensure a representative cross-section of all citizens of voting age. (Specific information about the questions asked and coding schema can be found in the [Appendix](#); more information about the sampling techniques is available in the online [Supplementary information](#).) These 20 countries provide a wide range of variation that allows for careful testing. Adult HIV infection rates for these states range from a low of 0.2 percent (Madagascar) to 24.8 percent (Botswana) ([UNAIDS, 2010](#), p. 181). It is important to emphasize that the 20 countries under review in this research have employed a diverse array of techniques and policies to address HIV/AIDS within their borders. As such, this article cannot identify a set of 'best practices' for combating the disease. Instead, this article focuses on public *perceptions* of those responses. These will be useful for generating future research on the dynamics of support for government AIDS policies in individual countries. [Table 1](#) shows how many respondents come from each country and the mean score each country's respondents gave to their government's HIV/AIDS policies.

The dependent variable is an assessment of how well the respondents believe their national government is handling combating HIV/AIDS. This is a simple four-point scale, ranging from 'very bad' to 'very good.' This is the most direct manner of assessing popular evaluations of AIDS programs. Three broad categories of independent variables find a place in the models. The first includes demographic variables (urban/rural; age; level of education; gender). The second focuses on experiential components that may

affect a respondent's attitude toward the government's AIDS programs. These include assessments of economic performance (at the national and household levels); frequency of going without medical care; interest in public affairs; access to news broadcasts via radio; assessments of how democratic one's country is; who is responsible for maintaining health clinics; and assessments of the president's performance. The third is a series of 19 dummy variables for the 20 countries included in surveys. (Frequency statistics for the variables are available in the online [Supplementary material](#).)

A brief explanation of some of the experiential variables will help elucidate the expected relationships among them and assessments of a country's AIDS policies. Economically, AIDS introduces significant costs at both the macro and micro levels. At the national level, AIDS could introduce substantial costs and challenge national economic development strategies. The loss of human capital and intergenerational knowledge could weaken economic capabilities, and high rates of illness can force governments to reduce expenditures in other areas to treat HIV-positive persons. [Poku and Sandkjaer \(2007, p. 130\)](#) provide a meta-analysis of studies of AIDS' macroeconomic consequences, and the consensus suggests a consistent reduction in GDP growth rates in countries with high rates of HIV prevalence. Macroeconomic models of AIDS' effects are not perfect, but they tend to find a correlation between rising AIDS rates and lowered economic growth ([Barnett & Whiteside, 2006](#), pp. 312–314). Indeed, the United Nations specifically included controlling and reversing the spread of HIV as one of its Millennium Development Goals precisely because of the disease's potential negative macroeconomic consequences ([Lisk, 2010](#), p. 72). If AIDS undermines economic growth, then it may follow that poor perceptions of the national economy's health lead to poor perceptions of the government's AIDS programs.

The disease's effects on household economics may be equally dramatic. [Lisk](#) writes, "The well-being of individuals and households is affected by the epidemic through loss of human productive capacity and livelihoods caused by AIDS-related deaths and illnesses" (2010, p. 70). AIDS typically infects and debilitates adults in their 20s and 30s. These are the same people a society expect to be the engine of economic productivity at all levels ([Zaba, Whiteside, & Boerma, 2004](#), p. S4). The potential consequences, both direct through the loss of income and indirect through the reallocation of household funds to care for a sick member, are intense. Poorer households are less able to cope with the negative economic consequences of AIDS, and they are also less likely to have access to AIDS prevention programs ([Fourie, 2006](#), p. 76).

Personal experiences with HIV/AIDS can affect perceptions of AIDS' importance on the national policy agenda. Within southern African countries, a strong correlation exists between those who cite AIDS or health as a top national priority and those who have lost loved ones to AIDS ([Whiteside, Mattes, Willan, & Manning, 2004](#), pp. 138–139). Losing friends or family to AIDS makes people interpret the disease as an issue that deserves the government's attention. With the increasing infection rates, more people are likely to experience such a loss. [Schwardmann](#) demonstrates that countries with higher adult HIV prevalence rates have more extensive antiretroviral treatment programs. He argues that this link arises because people see the disease's effects on their friends and family, which in turn leads them to prioritize the issue ([Schwardmann, 2008](#), p. 30). On the other hand, though, AIDS could also depress engagement in the political process, as family members must focus their time and resources on caring for the ill instead of engaging in political activity. One survey in South Africa found that people whose households are directly affected by AIDS are less likely to be concerned with formal democratic practices like free speech and regular elections ([Hamel, Brodie, & Morin, 2005](#)).

**Table 1**  
Number of survey respondents and mean assessment of government AIDS policies.

Country	Number of survey respondents	Mean assessment of government AIDS policies
Benin	1200	2.71
Botswana	1200	3.60
Burkina Faso	1200	2.96
Cape Verde	1264	2.85
Ghana	1200	3.23
Kenya	1104	2.93
Lesotho	1200	3.28
Liberia	1200	2.89
Madagascar	1350	3.05
Malawi	1200	3.30
Mali	1232	3.05
Mozambique	1200	2.91
Namibia	1200	3.01
Nigeria	2324	2.70
Senegal	1200	3.05
South Africa	2400	2.23
Tanzania	1208	3.15
Uganda	2431	2.89
Zambia	1200	3.00
Zimbabwe	1200	2.93

Assessments of government AIDS policies on 1–4 scale, with higher numbers equating with more positive assessments. Exact wording in the [Appendix](#).

**Table 2**  
OLS regression results for support for government AIDS policies.

	Model 1 $\beta$ (t-value)	Model 2 $\beta$ (t-value)	Model 3 $\beta$ (t-value)
Constant	2.006** (35.595)	1.983** (36.939)	1.982** (36.732)
Urban	–0.052** (–3.860)	–0.047** (–3.466)	–0.050** (–3.675)
Age	0.000 (0.040)	0.000 (0.213)	0.000 (0.159)
Women	0.010 (0.767)	0.007 (0.594)	0.008 (0.637)
Higher levels of education	–0.004* (–2.134)	–0.005* (–2.425)	–0.005* (–2.362)
More positive view of the country's present economic condition	0.042** (7.936)	–	0.029** (4.570)
More positive view of personal present economic condition	–	0.041** (7.387)	0.024** (3.645)
More frequently going without medical care	0.038** (7.214)	0.034** (6.452)	0.035** (6.588)
More frequently listening to radio news	0.014** (2.724)	0.012* (2.382)	0.013* (2.508)
More interest in public affairs	0.027** (4.639)	0.027** (4.630)	0.027** (4.624)
Stronger belief that one's country is a democracy	0.041** (5.517)	0.044** (6.008)	0.040** (5.478)
Govt has primary responsibility for health clinics	0.044** (3.346)	0.043** (3.280)	0.043** (3.286)
More positive view of president's performance	0.143** (19.426)	0.147** (20.177)	0.143** (19.389)
Know someone who has died of AIDS	0.036* (2.404)	0.037* (2.538)	0.036* (2.420)
Botswana dummy	0.805** (20.051)	0.828** (20.817)	0.812** (20.177)
Burkina Faso dummy	0.292** (6.871)	0.283** (6.646)	0.281** (6.591)
Cape Verde dummy	0.196** (4.537)	0.208** (4.851)	0.195** (4.525)
Ghana dummy	0.488** (12.156)	0.500** (12.478)	0.488** (12.113)
Kenya dummy	0.326** (7.820)	0.325** (7.817)	0.328** (7.861)
Lesotho dummy	0.647** (15.744)	0.652** (15.938)	0.651** (15.816)
Liberia dummy	0.315** (8.001)	0.309** (7.865)	0.307** (7.794)
Madagascar dummy	0.442** (9.295)	0.456** (9.640)	0.441** (9.253)
Malawi dummy	0.566** (13.723)	0.574** (14.030)	0.564** (13.659)
Mali dummy	0.456** (11.356)	0.453** (11.296)	0.452** (11.243)
Mozambique dummy	0.201** (4.714)	0.213** (5.045)	0.200** (4.684)
Namibia dummy	0.236** (5.877)	0.252** (6.334)	0.236** (5.886)
Nigeria dummy	0.109** (3.029)	0.084* (2.310)	0.089* (2.440)
Senegal dummy	0.635** (14.359)	0.622** (14.095)	0.630** (14.229)
South Africa dummy	–0.397** (–10.078)	–0.398** (–10.134)	–0.404** (–10.243)
Tanzania dummy	0.423** (10.428)	0.424** (10.476)	0.423** (10.440)
Uganda dummy	0.274** (7.552)	0.279** (7.725)	0.271** (7.466)
Zambia dummy	0.457** (11.048)	0.447** (10.810)	0.448** (10.822)
Zimbabwe dummy	0.351** (7.891)	0.360** (8.132)	0.342** (7.684)
	Adj. $R^2$ = 0.127	Adj. $R^2$ = 0.127	Adj. $R^2$ = 0.128
	SEE = 0.876	SEE = 0.876	SEE = 0.876
	N = 20501	N = 20635	N = 20462

Adj.  $R^2$  = adjusted coefficient of determination.

SEE = standard error of estimate.

\* $p < 0.05$ .

\*\* $p < 0.01$ .

Democracy in and of itself, though, does not guarantee an effective response to the AIDS epidemic (Strand, Matlosa, Strode, & Chirambo, 2005, p. 67). Democratic governments may, in some instances, provide worse services because government leaders fear they will not see an electoral benefit from prioritizing AIDS (Dionne, 2010). That said, people generally expect that a democratic political system will better respond to the citizenry's concerns and possess the capacity to do so. Democracy's value lies not just in its commitment to liberal principles, but also in its capacity to improve lives. Preliminary evidence indicates that many Africans hold democracy to these standards. Drawing on earlier rounds of Afrobarometer surveys, Bratton et al. find strong support for the idea that democracy should improve life conditions somehow. People expect democracy to deliver in terms of economic performance and social equity. This does not mean that they view democracy solely in instrumental terms; rather, it highlights that both procedural and instrumental elements matter (Bratton, Mattes, & Gyimah-Boadi, 2005, pp. 68–87). Therefore, assessments of how democratic a country is may color interpretations of how well the government is responding to AIDS.

Previous research finds a positive relationship between AIDS and media consumption. De Waal finds that level of radio access is one of the three strongest predictors of whether someone in sub-Saharan Africa identifies HIV/AIDS as a top priority for her or his government. Radio stories help to set the national agenda and the issues about which people discuss, so listening to the radio more

leads to hearing more stories about HIV/AIDS and, in turn, thinking AIDS is a more important issue (De Waal, 2006, pp. 28–31).

One interesting variable not included in the analysis presented here is the actual adult HIV prevalence rates for any of the countries. This would be awkward to incorporate methodologically. More importantly, though, this study focuses on *perception* of policies rather than the actual policies themselves. A government's actual success or failure at reducing HIV infection rates may actually be incidental.

## Analysis and results

The survey results provide fascinating findings before subjecting the data to regression analysis. More than three-quarters give their governments positive marks for responding to HIV/AIDS, while only 11 percent give their government the lowest possible score. People are also fairly bullish on the extent of democracy in their countries and their president's performance. They expect their governments to provide health services, and a plurality reports that they have not had to go without health care. One-third of respondents have lost at least one friend or family member to the disease. The economy, both macro and micro, is a mixed bag, with nearly equal-sized groups giving it positive and negative assessments. Survey respondents also appear highly attuned to public affairs and keep up with the news via radio. These frequency distributions give

us an image of an engaged populace that believes its governments have obligations to provide health services.

Table 2 includes three separate models. Model 1 includes the respondents' assessments of their country's economic situation, but not their personal economic condition. Model 2 reverses this, including the question about personal economic conditions and omitting the national level question. Model 3 includes both economic questions. Dividing the economic questions has two rationales. First, there is a high degree of correlation between the two questions ( $r = 0.572$ , significant at 0.000), and separating them reduces the chances of multicollinearity. Second, since HIV/AIDS possessed both macroeconomic and microeconomic consequences, the use of three models allows us to investigate whether there exists any differences at these two levels.

## Discussion and conclusion

Examining the results, a number of striking patterns emerge. While bearing in mind the importance of the interaction among the variables in explaining overall levels of support for government AIDS policies, some specific variables deserve greater attention. First, the demographic variables prove relatively less important than the experiential ones. Neither age nor gender achieve statistical significance. Education proves relatively important, but with counterintuitive results; lower levels of education lead to higher levels of support for the government's AIDS policies. The one demographic variable that is consistently and highly significant is the urban/rural divide, with urban dwellers proving more likely to support the government's policies. It is possible that this reflects greater access. If more clinics and outreach programs are in cities, then urban residents are more likely to access them or at least see their presence.

Second, lived experience matters. Interactions with the political system and with HIV/AIDS color how people interpret their government's AIDS policies. Seeing your country as more democratic makes you more likely to support the government's AIDS programs. Being engaged in public affairs and paying attention to the news increase your proclivity to have positive attitudes toward government AIDS services. Believing the government has a responsibility to maintain health clinics makes people more likely to support the government's AIDS policies. This implies that respondents see health, in its various guises, as a key responsibility of the central government. Coupled with this variable, those who have not had to go without medical care are significantly more likely to give the government higher marks. Finally, knowing people who have died of AIDS increases the likelihood that a person has positive feelings toward national AIDS policies. In the process of seeing friends or family members die of AIDS, respondents may have taken advantage of programs established by the government or had positive experiences navigating various support services. Taken together, these three variables suggest that concerns about HIV/AIDS are not necessarily distinct from broader concerns about health and access to health services.

Third, economic evaluations are highly important. At both the micro and macro levels, more positive feelings about the economy lead to more positive feelings about HIV/AIDS programs. The economic voting literature demonstrates convincingly that more positive economic assessments translate into higher support for incumbent governments in both developed and developing countries (Duch & Stevenson, 2008; Lewis-Beck & Stegmaier, 2008). The significance of economic evaluations in predicting support for a government's HIV/AIDS policies suggest that the same dynamics are at work here, too.

Finally, the president is incredibly important. Indeed, no other single variable garners a higher level of statistical significance than evaluations of the president's job performance. If a person approves

of the job the president is doing, there is a very good chance they approve of the overall government's AIDS programs. Presidential approval's importance could arise in two different ways. On the more positive interpretation, citizens respond positively to politicians demonstrating the political will to address this seemingly intractable problem, and they reward their presidents for doing so. On the more negative interpretation, it may demonstrate an inability to differentiate between the president and the president's policies. Support for the government's AIDS policies, in this scenario, may simply be a proxy for support for the government with little differentiation between AIDS policies and any other policy area.

Sub-Saharan Africa has borne the brunt of the AIDS epidemic. The Afrobarometer data paint a complicated picture of public perceptions of sub-Saharan African governments efficacy at responding to this crisis. While international and nongovernmental organizations have criticized African governments for being lax in their policy responses to AIDS, the citizens of those African states see their governments as doing a pretty good job. Those individual assessments derive largely from the lived experiences people have had, more so than from demographics. However, the data also hints that support for these policies reflects better socioeconomic status, which may obviate the need to avail one's self of the services, or more generalized support for the government with distinguishing among policy areas.

Future research should investigate the dynamics of support for government AIDS policies within individual countries. While space does not permit an evaluation of each of the 20 countries in this article, it could prove highly informative to see how well the dynamics at work in a cross-section of sub-Saharan African states operate in each state. Additional research should also attempt to marry actual policy and public perceptions of those policies. Do governments that implement more comprehensive policies see higher levels of support from their citizens? If so, such findings could generate additional political will to encourage government leaders to address HIV/AIDS. If not, though, it may suggest that politicians see HIV/AIDS issues as largely incidental to their continued rule. Future research should also delve into what people know about their government's AIDS policies and how easily they can access these services. How accurate are popular perceptions of what these policies actually entail? Both of these research avenues could yield useful insights that may increase our understanding of the conditions under which governments implement comprehensive HIV/AIDS policies.

## Appendix

The wording of all questions comes from *Data Codebook for Round 4 Afrobarometer Surveys in 20 African Countries* (Carter, 2010). The scoring scales are those used in the regression analyses; in some cases, scales underwent minor recoding for ease of analysis.

### Dependent variable

"How well or badly would you say the current government is handling the following matters, or haven't you heard enough about them to say: Combating HIV/AIDS?"

- 1—Very badly
- 2—Fairly badly
- 3—Fairly well
- 4—Very well



*Independent variables*

Urban

0—Urban

1—Rural

Age

Range from 18 to 110

Women

0—Male

1—Female

Higher levels of education—“What is the highest level of education you have completed?”

0—No formal schooling

1—Informal schooling only

2—Some primary schooling

3—Completed primary schooling

4—Some secondary schooling

5—Completed secondary schooling

6—Post-secondary qualifications other than university

7—Some university

8—University completed

9—Post-graduate

More positive view of country's present economic conditions—“In general, how would you describe: The present economic condition of this country?”

1—Very bad

2—Fairly bad

3—Neither good nor bad

4—Fairly good

5—Very good

More positive view of present living conditions—“In general, how would you describe: Your own present living conditions?”

1—Very bad

2—Fairly bad

3—Neither good nor bad

4—Fairly good

5—Very good

More frequently going without medical care—“Over the past year, how often, if ever, have you or anyone in your family gone without: Medicines or medical care?”

0—Never

1—Just once or twice

2—Several times

3—Many times

4—Always

More frequently listen to radio news—“How often do you get news from the following sources: Radio?”

1—Never

2—Less than once a month

3—A few times a month

4—A few times a week

5—Every day

More interest in public affairs—“How interested would you say you are in public affairs?”

1—Not at all interested

2—Not very interested

3—Somewhat interested

4—Very interested

Stronger belief that one's country is a democracy—“In your opinion, how much of a democracy is [country name] today?”

1—Not a democracy

2—A democracy, with major problems

3—A democracy, but with minor problems

4—A full democracy

Govt has primary responsibility for health clinics—“Who do you think actually has *primary* responsibility for managing the following task: Managing health clinics?”

0—Someone other than the central government

1—Central government

More positive view of president's performance—“Do you approve or disapprove of the way the following people have performed their jobs over the past 12 months: President?”

1—Strongly disapprove

2—Disapprove

3—Approve

4—Strongly approve

Know someone who died of AIDS—“Do you know a close friend or relative who has died of AIDS?”

0—No

1—Yes

**Appendix. Supplementary data**

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.socscimed.2011.10.008.

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