UNRISD
UNITED NATIONS RESEARCH INSTITUTE FOR SOCIAL DEVELOPMENT

The Politics of HIV/AIDS Policies in Namibia

Michaela Clayton
Co-ordinator AIDS Law Unit
Legal Assistance Centre
Namibia

prepared for the UNRISD Project on **Politics and Political Economy of HIV/AIDS**

The **United Nations Research Institute for Social Development** (**UNRISD**) is an autonomous agency engaging in multidisciplinary research on the social dimensions of contemporary problems affecting development. Its work is guided by the conviction that, for effective development policies to be formulated, an understanding of the social and political context is crucial. The Institute attempts to provide governments, development agencies, grassroots organizations and scholars with a better understanding of how development policies and processes of economic, social and environmental change affect different social groups. Working through an extensive network of national research centres, UNRISD aims to promote original research and strengthen research capacity in developing countries.

Current research programmes include: Civil Society and Social Movements; Democracy, Governance and Human Rights; Identities, Conflict and Cohesion; Social Policy and Development; and Technology, Business and Society.

A list of the Institute's free and priced publications can be obtained by contacting the Reference Centre.

UNRISD, Palais des Nations
1211 Geneva 10, Switzerland

Tel: (41 22) 9173020
Fax: (41 22) 9170650
E-mail: info@unrisd.org
Web: http://www.unrisd.org

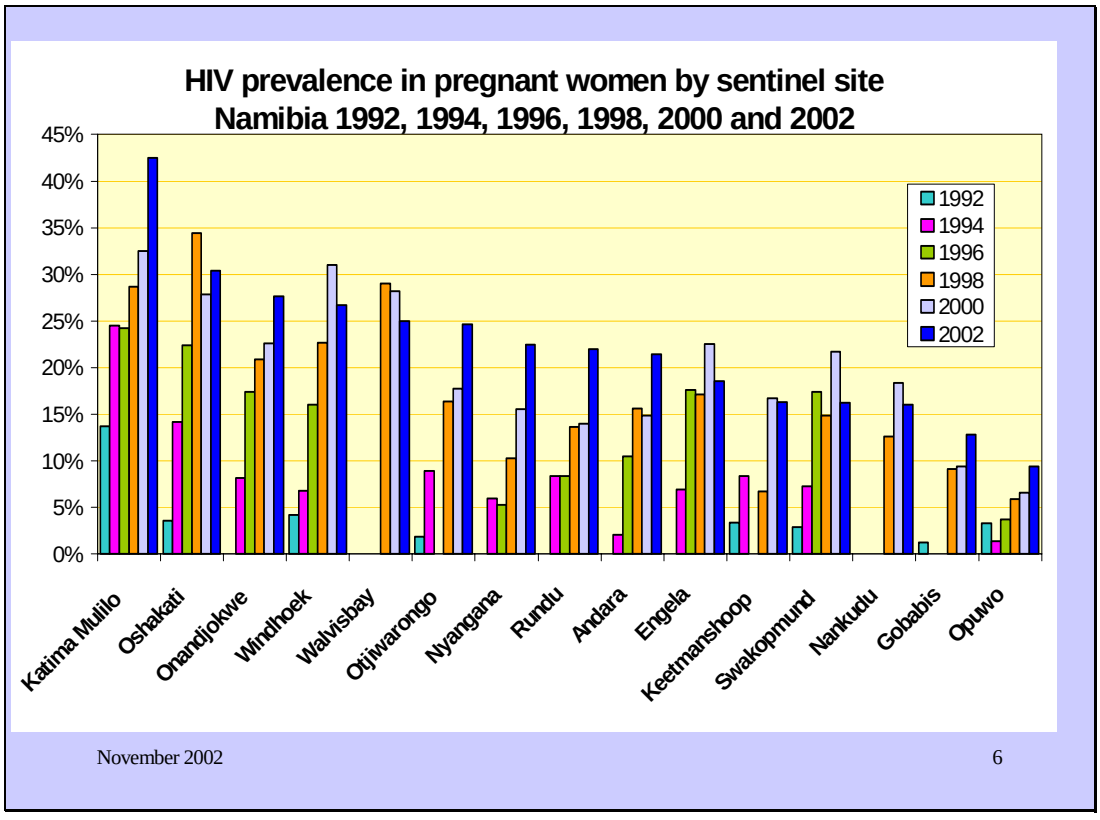
Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALU	AIDS Law Unit of the Legal Assistance Centre
ASO	AIDS Service Organization
CBO	Community-based Organization
HIV	Human Immunodeficiency Virus
MP	Member of Parliament
MTP	Medium Term Plan on HIV/AIDS
NACP	National AIDS Control Programme
NACOP	National AIDS Coordination Programme
NANASO	Namibian Network of AIDS Service Organisations
NGO	Non-governmental Organization
PLWHA	Person / People living with HIV and AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1. Introduction

Namibia is one of the five countries in the world most affected by HIV/AIDS, with an adult prevalence of 23% (Ministry of Health and Social Services 2003). AIDS has already caused life expectancy at birth in Namibia to fall from 60 years in 1990 to 43 years in 2001 (National Planning Commission 2002). Women account for 55% of all reported new HIV cases and women are also diagnosed at an earlier age than men (Ministry of Health and Social Services 2002). As Figure 1 shows, HIV prevalence has steadily increased at most surveillance sites (Ministry of Health and Social Services 2003).

Figure 1: HIV Sero-survey 2002, Ministry of Health and Social Services



From early in the epidemic, there has been, at least on paper, recognition by decision and policy makers of the relationship between HIV/AIDS and human rights and the need for a

rights-based response. Namibian policies and laws relating to HIV/AIDS have recognised that people living with HIV/AIDS have constitutional rights to dignity, equality, privacy and freedom from discrimination. They also have recognized that the promotion and protection of human rights constitute an essential component in preventing the transmission of HIV and reducing the impact of HIV/AIDS. Nonetheless, the establishment of a fairly comprehensive policy framework designed to promote a non-discriminatory environment in respect of HIV/AIDS, in practice people living with HIV/AIDS in Namibia suffer widespread stigma, discrimination and other rights abuses.

This case study outlines the process of and the motivation behind HIV/AIDS policy development in Namibia. It identifies some of the factors that contribute to less than effective implementation of those policies. The development of two policies—one on discrimination, the other on education-- help illuminate factors that shaped the process and outcomes. Some of the key variables to emerge arise from several questions:

- Who initiated concern about the issues addressed by the policy and how did their political influence and understanding of the issues make a difference during implementation of the policy?
- How have relations and partnerships between government and civil society organisations influenced the development and implementation of national policies?
- To what extent have people living with HIV/AIDS been involved in the design and implementation of the national policies?

2. The Legal and Policy Framework

The Constitution of the Republic of Namibia is the supreme law of the land and has shaped the legal and policy responses to HIV/AIDS. Chapter 3 of the Constitution ensures the

protection of the fundamental rights and freedoms of all persons in Namibia, including people living with HIV/AIDS. People living with HIV/AIDS in Namibia enjoy constitutional protection of their rights to dignity, equality, privacy and freedom from discrimination. Namibian policies and laws have recognised that the promotion and protection of human rights constitute an essential component in reducing vulnerability to HIV, preventing the transmission of HIV and mitigating the impact of HIV/AIDS.

Several HIV/AIDS policies and related guidelines and statements have been adopted in Namibia. These are summarized below.

National Policy on HIV/AIDS

Namibia's HIV/AIDS policy was adopted in 1992. It emphasizes the provision of information and education to prevent HIV/AIDS, speaks about individual responsibility for sexual behaviors that will reduce risk of infection, outlaws discrimination on the basis of HIV/AIDS, and prohibits coercive control measures. The policy recognises that a broad based, inclusive response involves people living with HIV/AIDS. It states that "determination of an individual's status should not be a prerequisite of entry into work, continuation of work, promotion prospects or training opportunities." It states that as an employer, the Government of Namibia will not require HIV/AIDS tests as a requisite for employment and encourages other employers to adopt the same principle.

Guidelines for the Implementation of the National Code on HIV/AIDS and Employment and the Labour Act

Adopted in 1998, these guidelines stress the importance of information, education and prevention programmes in the workplace and provide that these programmes “should be developed jointly by employers and employees and should be accessible to all at the workplace. Education on HIV/AIDS should, where possible, incorporate employee families.”

The guidelines outlaw discrimination on the basis of HIV status in the context of employment and provide that HIV tests should not be used as a basis for hiring. They provide that there should be no compulsory HIV testing for training or promotion and that HIV infected employees should work under normal conditions so long as they are fit do so and if they can no longer do so, they should be offered alternative employment "without prejudice to their benefits." The guidelines offer workers protection from “stigmatisation and discrimination by co-workers, employers or clients.”

The Namibian HIV/AIDS Charter of Right*s*

The Namibian HIV/AIDS Charter of Rights was developed through conference proceedings and a task force in 1999 and formally endorsed by the Minister of Health and Social Services in December 2000 and subsequently adopted by the Cabinet in 2002. It provides for equal protection of the law and equal access to public and private facilities and benefits for PLWHAs. The Charter has the status of a national policy.

National Policy on HIV/AIDS, Confidentiality, Notification, Reporting and Surveillance

This national policy was adopted in 2002. The policy endorses the reduction of stigma and discrimination against people affected by HIV/AIDS, provides for an increase in social support services for people affected by HIV/AIDS and an increase in the public's access to prevention and care services, and encourages greater openness and commitment within personal relationships and within communities to address HIV/AIDS.

National Policy on HIV/AIDS for the Education Sector

Adopted in 2003, this policy offers a framework for prevention, care and support and mitigation for both learners and employees in the education sector. The policy makes specific provision for addressing the particular needs of orphans and vulnerable children to access education services. It makes education on HIV/AIDS and sexuality an integral part of the school and higher education curricula.

National Strategic Plans

All of these policies have been backed with strategic plans, management and coordination units within government ministries and programme initiatives. Recent strategic plans require all public and private sectors to make a budgetary allocation for HIV/AIDS activities.

3. Discrepancies between Policy and Practice

On paper Namibia has adopted important policy statements that address human rights and other aspects of HIV/AIDS. In practice the situation is somewhat different. Despite the

establishment of a fairly comprehensive policy framework which appears to promote a rights-based response to HIV/AIDS and a non-discriminatory environment, people living with HIV/AIDS in Namibia suffer widespread rights abuses.

A recent study on HIV/AIDS treatment conducted by Lironga Eparu, a Namibian association of people living with HIV/AIDS, identified four major sectors in which discrimination against people living with HIV/AIDS is rife: the health care system; families; financial services; and the workplace (Lush et al. 2004). The study found evidence that employees are denied access to employment solely on the basis of their HIV status. Women with HIV are forced out of homes with their small children. The HIV status of patients often is disclosed to family members, friends and sometimes complete strangers by health care workers without regard for the right to confidentiality of people living with HIV/AIDS. People are tested for HIV without their consent, both at the instance of employers and by health care workers who see it as "just another test in the diagnostic process." Since 1990 the AIDS Law Unit at the Legal Assistance Centre has dealt with numerous cases of individuals who have faced discrimination in the workplace and the health care system, rejection by family members, breaches of confidentiality by health care workers and HIV testing without informed consent.

Why have national policies not translated into effective actions? What factors influence the success or failure of the implementation of these policies? Several factors can be identified to explain why policies have not been effectively implemented.

Political leadership and commitment

In 2001 African leaders, including the President of the Republic of Namibia, committed themselves to "lead from the front in the battle against HIV/AIDS" (Organization of African Unity 2001). In addition they committed themselves to allocating at least 15% of their government's annual budget to the improvement of the health sector and "to make available the necessary resources for the improvement of the comprehensive multi-sectoral response" to HIV/AIDS. In the same year, UN General Assembly member states, including Namibia, committed themselves to "leadership that involves personal commitment and concrete action" (UN 2001).

As described by Schneider, the problem of political commitment or will lies not so much in the degree of political concern but in the quality of this concern. This translates into the ability of leadership to mobilise a broad range of actors around a common vision and to engage and communicate across the many divides. It requires an ability to move away from the traditional bureaucratic notion of leadership as control (Schneider 1998a).

In Namibia, that common vision is not always evident. For example, in a debate in the National Assembly on the adoption of the Guidelines on the Implementation of the Code on HIV/AIDS and Employment, the Minister of Health supported a motion by the then Minister of Defense that the security forces should be exempt from the provisions of the Code that outlaw pre-employment testing for HIV even though her own Ministry had been involved in the drafting of the Code (Hansard October 1997: 272-275). During a subsequent debate on the amendment of the Police Act and the Defence Act which sought to exclude people living with HIV/AIDS from the security forces solely on the basis of their HIV status, the Minister

of Health argued that the amendment was “positive discrimination” as it protected HIV-positive people from entering the defense force and subsequently dying from over-exertion: “Let’s not take democracy to the extent of even killing our own people” (Hansard March 8 2001: 113).

Some people see the human rights provisions of the Namibian Constitution as too liberal in the context of HIV/AIDS and many Members of Parliament (MPs) are less than comfortable with protecting and upholding the rights of PLWHAs (Lush et al. 2004. pending). Most of the debate by MPs is limited to questions about the nature of HIV (Lush et al. 2004. pending). In the absence of a common understanding among leaders about the importance of a rights-based response to HIV/AIDS, a common vision around which to mobilise stakeholders in the response to HIV/AIDS does not and cannot exist.

Structural constraints

The location of the National AIDS Co-ordination Programme (NACOP) within the Ministry of Health and Social Services suggests that in addition to the fact that there is a seeming lack of common vision about the need for a human rights based response to HIV/AIDS, there is also a lack of common vision amongst leaders of the need for a truly multi-sectoral and inclusive response to the epidemic. Keeping the NACOP within the health ministry reinforces the popular and political view that HIV/AIDS is purely a “health” issue. We know that social inequalities powerfully sculpt not only the distribution of infectious diseases such as HIV/AIDS but also the course of health outcomes amongst those afflicted (Collins and Rau, 2000). The lack of clarity on multi-sectoral approaches to HIV/AIDS (and the meaning of the

epidemic itself) is evident as various sectors implement traditional “health” based activities rather than shape activities that fit with their own mandates.

The National AIDS Committee (NAC) is the highest policy decision-making body on matters related to HIV/AIDS. However, it is composed entirely of senior political figures, with no representation from civil society organizations, including groups representing people living with HIV/AIDS. The National Multi-Sectoral AIDS Co-ordination Committee (NAMACOC) coordinates the implementation of the national response and advises the NAC on policy issues. It is a large body with representation from Ministries and civil society in equal numbers. NGO representation is however limited to representatives from the umbrella organisation of NGOs and the umbrella organisation of AIDS Service Organizations. Unfortunately neither of these organisations is particularly strong in terms of soliciting input from members or in feeding NAMACOC discussions and decisions back to members.

The absence of a multi-dimensional response to the epidemic and the lack of appreciation on the part of many decision-makers and other stakeholders of why such an approach is critical is one of the factors that has contributed to the problems experienced with the effective implementation of HIV/AIDS policies. An External Review of the Second Medium Term Plan on HIV/AIDS recommended:

> Cabinet members should be convinced of the need for adequate financing and be active participants in policy development and planning processes. Because of the wide range and far-reaching impact of the HIV/AIDS epidemic on development prospects for the foreseeable future, it represents an urgent and critical challenge for Government. It is imperative that Ministries: i) increase their understanding of the HIV/AIDS epidemic and its social and economic

> causes and repercussions on human development, with special attention to the different ways sectors are affected; and ii) identify and implement policies and creative multisectoral programmes for mitigating the socio-economic impact of the epidemic. (Royal Tropical Institute 2003: 35)

Community activism

Although community activism around HIV is broad-based at a local level, there is little cohesion or co-ordination between groups, thereby limiting their ability to influence decision making at a national level. These groups often do not understand the policy development and political decision making processes and even if they do, they do not have sufficient capacity or resources to sustain lobbying at the national level. This situation is exacerbated by the fact that umbrella NGO organizations such as NANASO and Lironga Eparu are not particularly effective as vehicles for channeling the voices of local groups into the national level discussions.

In addition the level of stigma and discrimination faced by people living with HIV in Namibia, which paradoxically prompted the development of the confidentiality policy in the first place, is such that only a handful of people are publicly open about their status. This factor obviously hampers the ability of the majority of people living with HIV/AIDS to be openly critical of failures on the part of government to implement polices and programmes. Advocacy groups, like the Legal Assistance Centre, which are often publicly critical of rights abuses on the part of government, are viewed by certain SWAPO members of parliament as "a political opposition to the SWAPO Government and its people." (Shigweda August 18 2000). This attitude means that criticism raised is often dismissed as emanating from "those

human rights activists." As stated by the Minister of Health and her counterparts from South Africa and Zimbabwe at a joint press briefing in April 1999: "We can't afford to be dictated to by human rights or AIDS activists. We need to do what is right. We want to know who is dying of AIDS, and relatives and partners must be notified." (Menges, 1999)

Thus, the ability to organize, speak and work across sectors on HIV/AIDS policy and implementation issues is constrained by both structural factors and political suspicions.

4. Influencing Policy

It is not that the government intentionally seeks to hinder the implementation of its own policies. Two examples of policy adoption help illustrate the various pressures and factors that shaped policy development and limited implementation. The first example is the policy on confidentiality for people living with HIV/AIDS. The second is the policy on HIV/AIDS in the education system.

Policy on confidentiality, notification, reporting and surveillance

In mid-1999 the Minister of Health unexpectedly announced that AIDS was to become a notifiable disease. The Minister was quoted as saying that the aim of making HIV/AIDS notifiable was to protect the public; relatives and partners would have access to counseling so that they would support rather than shun the patient (Amupadhi 1999).

The Minister's remarks, as reported in the press, exhibited a considerable degree of confusion about the meaning and implications of secrecy, confidentiality and notification, and a lack of understanding of the importance of confidentiality both as a human rights issue as well as

from a public health perspective. The AIDS Law Unit of the Legal Assistance Centre sought to address the misunderstandings about the difference between confidentiality and secrecy and to promote informed debate about the desirability of notification in the context of HIV/AIDS by hosting a series of information and discussion forums with a variety of stakeholders.

During the course of this process, Positive Nation, a self-help group of people living with HIV, met with the Minister of Health and Social Services to discuss their concerns about government's proposals to make HIV/AIDS notifiable as well as other concerns held by them in respect of confidentiality, testing, counseling and treatment. As a result of this meeting they were requested by the Minister to draft a set of guidelines on confidentiality, testing, counselling and treatment to feed into the consultative process. This was a significant development. It was the first time that government had actively sought the involvement of people living with HIV/AIDS in the development of the national response. It was also the first time that a group of people living with HIV/AIDS has sought to engage with the Minister openly as people living with HIV/AIDS.

At the same time, the Ministry of Health and Social Services requested the AIDS Law Unit to draft a new policy on Confidentiality, Notification, Reporting and Surveillance that would take into account human rights and public health concerns. This was a somewhat surprising development given the Minister's initial statements on this issue as reported in the press. The Minister herself however demonstrated significant leadership in this process and participated actively in the meeting held with stakeholders to finalize the draft policy early in 2000.

However, gaps remained in reaching key constituencies. Neither parliamentarians nor the broader body of health care workers were involved in the policy drafting process. At the time it was assumed that the inclusion of persons representative of these groups in the process would be sufficient. In retrospect this was a naive assumption. The understanding of the issues gained by the participants in this process did not trickle down to their constituents. This in itself may be a reason for the subsequent poor implementation of this policy.

Even after the Confidentiality policy was adopted, its relevance remained hidden. It does not appear that this policy was ever widely distributed by the Ministry of Health and Social Services (Royal Tropical Institute, 2003: 98). Although confidentiality is taught as part of nursing curriculum for professional nurses it appears that nursing staff do not fully understand the concept (Haoses, personal communication, March 2004).

A combination of factors have contributed to the apparent failure in the implementation of this policy, the most significant of which are:

- The process of policy formulation was initiated by a civil society group in response to ill-informed comments, but the process was not sufficiently broadened to include other key constituencies.
- The contradictory and confusing statements by key policy makers about the need for confidentiality, including the inadequate dissemination of the policy to health workers.
- The difficulties experienced by people living with HIV/AIDS and other civil society actors to effectively hold government accountable for the implementation and

enforcement of this policy as a result of structural exclusion and of the high levels of stigma and discrimination on the basis of HIV/AIDS.

- The reluctance on the part of the Ministry to enter into effective partnerships with civil society actors for the implementation of this policy.

National Policy on HIV/AIDS for the Education Sector

The National Policy on HIV/AIDS for the Education Sector came at the initiative of the Ministry of Basic Education and the Ministry of Higher Education and Vocational Training. (Ministry of Higher Education, Ministry of Basic Education, 2003)
The process of policy development was coordinated by a Joint Working Group comprising representatives from both Ministries as well as from the National Association of Namibian Students (NANSO), the University of Namibia, the Polytechnic of Namibia and teacher's trade unions.

The AIDS Law Unit was requested by the joint working group to facilitate the process of policy development. In February 2002 the joint working group conducted regional consultative meetings with education sector stakeholders. The draft policy was revised to incorporate comments and was finalized at a national conference in June 2002. The policy was adopted by Cabinet and formally launched by the Minister of Basic Education in April 2003. It includes provisions on expanding an understanding of the HIV/AIDS epidemic through research, curriculum development, after-school activities, school-based counseling, the training of staff and learners, workplace support, and the provision of information, education, and communication materials to staff and students.

Unlike the policy on confidentiality, notification, reporting and surveillance, this policy has been widely distributed to all schools and other educational institutions in Namibia. The two lead ministries established a joint HIV/AID Management Unit (HAMU) that is responsible for coordinating the overall implementation plan for the policy in both primary and secondary schools. More than any other single action, the establishment of this new entity exemplifies the ministries' strong and comprehensive commitment to implement the policy. The implementation plan calls for changes in the social science and science curricula in order to address both social and biological issues of prevention, impact and care. Although some teachers have been reluctant to discuss sexual issues in the classroom, many others organize in-class and extra-curricular activities to sensitize students (Steinitz 2003).

In addition, the ministries have recognized the importance of the assistance that can be rendered by NGOs in the implementation of the policy. The potential for partnerships between the Ministries and NGOs for support in the implementation of the policy was facilitated by the nature of the consultative process that led up to the development of the policy. In this sense the consultative process represents a good example of a merging of "top down" and "bottom up" concerns.

Initial indications are then that the implementation of the National Policy on HIV/AIDS for the Education Sector is enjoying a greater degree of success than the confidentiality policy. Given that both policies were developed and are being implemented in the same political environment, what then are the factors that set the National Policy on HIV/AIDS for the Education Sector apart?

The first factor is that development of the education policy involved a wider constituency than had occurred with the confidentiality policy. The process was guided by a joint task force comprising representatives of both Ministries, teachers and students. This exhibited a degree of commitment of and pressure on both Ministries which continued into the policy development phase. The ministries had a sense of ownership over the development of the policy from the outset and a commitment to seeing it implemented.

The second factor is that the education policy arose from good evidence, not emotional statements. Prior to the policy development process getting underway, the ministries dealing with education had commissioned a comprehensive study on the impact of HIV/AIDS on the sector. Although the final report of this study was only released after the policy development process had been initiated, it was the initial indications of impact that prompted the ministries to action. By contrast, the development of the confidentiality policy was initiated in a somewhat hostile environment in which confusion and the lack of decent information compounded misconceptions and fears.

The third factor that distinguishes the outcomes of the two policies relates to the nature of the specific sector. The education sector focused on the multiple dimensions of HIV/AIDS prevention, impact and care. The impacts of the epidemic were especially evident to teachers and school administrators. The confidentiality policy was framed within a health context, without the broader perspective.

The greater levels of collective understanding of the issues to be addressed by stakeholders and ministry officials in the education sector policy may be attributed to the fact that the education sector policy was developed later than the confidentiality policy. Participants had

the benefit of a better understanding of the complexities of the epidemic and correspondingly a better understanding of what an appropriate and effective response may be. The fourth factor that sets the two policies apart then is the point in time at which they were developed.

In addition, the ministries of education however have shown much more of a willingness to work with the NGO sector to achieve its objective of reducing the impact of HIV/AIDS on the education sector. Indeed the policy development process itself is illustrative of what Schneider has described as a more enabling style of leadership (Schneider 1998b). This factor too sets it apart from the confidentiality policy.

5. Signs of change?

There are signs that fourteen years into the national response to HIV/AIDS in Namibia appreciation is growing of the need to address the social ecology of HIV/AIDS and to provide effective political leadership. The most recent Medium Term Plan devotes an entire section to some of the social, cultural and economic factors that contribute to vulnerability. This change in approach seems largely to have been influenced by the recommendations contained in the External Review of MTPII (Forster, 2004) which found that: “While high level political support has been forthcoming with regard to HIV/AIDS, it is felt that this support is inconsistent, and does not apply to many political and opinion leaders and key decision-makers at regional and community level. The response is still driven by the health sector …”(Royal Tropical Institute 2003: 5).

Contradictions remain, however. While the current Medium Term Plan recognizes that HIV/AIDS is a development issue and talks about the importance of multi-sectoral

engagement, broad political commitment, and civil society involvement (Ministry of Health and Social Services 2004: 9), no civil society representation exists on the National AIDS Council. In addition, NACOP remains within the Ministry of Health and all of the decision making bodies for the implementation of the plan are chaired by officials of the Ministry of Health. It is hard to see how an effective change in the political environment in which the formulation and implementation of policies in the national response to HIV/AIDS takes place whilst this remains the case.

Bibliography

AIDS Law Unit. 1999. **Workshop Report.** Legal Assistance Centre, Windhoek

Amupadhi, Tangeni. 1999. “MPs urged to support AIDS move.” **The Namibian**, 22 April

Collins, Joseph and Bill Rau. 2000. **AIDS in the Context of Development**. Programme Paper No 4, UNRISD, Geneva.

Legal Assistance Centre. 2000. **The Namibian HIV/AIDS Charter of Rights**. Capital Press, Windhoek.

Lush,D., C. Keulder, R. Sherbourne, and K. Mbaindjikua. 2004. **More Questions than Answers: The Response of the Namibian Legislature to HIV and AIDS.** Publication pending.

Lush, David, et. al. 2004. **HIV/AIDS Treatment Consultation**. Lironga Eparu and Ibis, Windhoek.

Menges, Werner. 1999. ‘Minister’s AIDS plan draws fire’. **The Namibian**, April 26.

Ministry of Health and Social Services. 2002. **National Policy on HIV/AIDS, Confidentiality, Notification, Reporting and Surveillance**. Government of the Republic of Namibia, Windhoek.

Ministry of Health and Social Services. 2002. **Epidemiological Report HIV/AIDS and STI for the Year 2001**. Government of the Republic of Namibia, Windhoek.

Ministry of Health and Social Services. 2003. **HIV Sero-Survey Report**. Government of the Republic of Namibia, Windhoek.

Ministry of Health and Social Services. 2004. **The National Strategic Plan on HIV/AIDS Third Medium Term Plan (MTPIII) 2004-2009**. Government of the Republic of Namibia, Windhoek.

Ministry of Higher Education, Ministry of Basic Education. 2003. **National Policy on HIV/AIDS for the Education Sector**. Government of the republic of Namibia, Windhoek.

National Planning Commission. 2002. **National Development Plan 2 (2001-2006)**. Government of the Republic of Namibia, Windhoek.

Organization of African Unity. 2001. **Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases**. OAD/SPS/Abuja.3. 24-27 April.

Royal Tropical Institute. 2003. **Report on the External Review of the Second Medium Term Plan on HIV/AIDS.** Ministry of Health and Social Services, Windhoek.

Schneider, Helen. 1998a. **The AIDS Policy Process in South Africa.** http://www.wits.ac.za/chp/publ.htm, accessed 26 January 2004.

Schneider, Helen. 1998b. **The Politics Behind AIDS: The Case of South Africa**. http://www.wits.ac.za/chp/publ.htm, accessed 26 January 2004.

Shigweda, Absolom. 2000. **The Namibian**. August 18.