

The effect of corruption on HIV/AIDS donor funds a case study of Namibia

Christine Mulemwa Liswaniso

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Supervisor: Prof Elza Thomson

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

This study is qualitative research that aims to identify the effect of corruption on HIV/AIDS donor funds in Namibia in order to provide guidelines to policy makers in relations to the regulation of HIV/IDS donor funding. Henceforth, in–depth interviews with open ended questions were used with Government, civil society and donor agencies’ senior officials to obtain data. Additionally, institutional permission was granted from the identified institutions who participated in the research. An inductive analysis was used which required data to be categorised and developing themes from the data.

Respondents reported lack of national donor specifications in the field of HIV/AIDS as a serious problem to donor funds in Namibia. However, respondents indicated their organisations had proper management systems in place which included, annual audits, sufficient personnel and monitoring and evaluation. Withdrawal of donor funding has been on the increase due to corrupt practices in some funded organisation and this is mostly affecting people living with HIV/AIDS. Respondent reported there is a need to strengthen the existing umbrella body and improve accountability.

The findings of the study show the effect of corruption on HIV/AIDS donor funds in Namibia is the withdrawal of HIV/AIDS donor supports by several donor agencies which has led to numerous donor funded institutions closing down and a number of employee losing their employment. Lack of national HIV/AIDS donor specifications is viewed as a loophole for corruption for many funded organisations as there are no national accountability systems in place in relation to HIV/AIDS donor funds in Namibia.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

According to the Ministry of Health and Social Services (MoHSS) (2012) Namibia's first incidence of HIV infection was recounted in 1986. Since then, the nation has a widespread, steady epidemic among the Namibian society which is mainly transmitted through heterosexual and mother to child transmission. In 2010 the country had an HIV prevalence rate of 18.8% among pregnant women (MoHSS, 2010, p. 13). Explicit sexual practices, community norms and practices, alcohol abuse and ignorance to HIV risks have fuelled the continuous spread of the epidemic (MoHSS, 2010, p. 15).

Available data (MoHSS, 2010, p. 15) indicates approximately 40% of young people between the ages of 15-24 were among the new infections recorded in 2010. Notably, young women accounts for 60% of the new infection amongst 15-24 aged individuals reported in 2010 (MoHSS, 2010, p.15). It is thus imperative for Namibia to put more effort on prevention programmes that particularly targets the youth in general with a special focus on young women as the most vulnerable group in order to halt the infection rate among the Namibian youth.

However, since Namibia gained independence in 1990 the Government has launched the National AIDS Control Programme (NACP) based in the Ministry of Health and Social Services. The NACP developed the First Medium Term Plan (MTPI) on HIV/AIDS which was implemented between the periods of 1992-1998; followed by the second Medium Term Plan (MTPII) which was implemented between the periods of 1999-2004); The MTPII provided a broader agenda based on a Multisectoral reaction to HIV/AIDS in Namibia (MoHSS, 2010, p. 1).

The Third Medium Term Plan (MTPIII) spanning from 2004-2010 addressed areas identified as priorities in the previous Medium Term Plan for improved efforts and obligation to the fight against HIV/AIDS.

These priority areas included amongst others human resource capacity building, increasing financing for HIV/AIDS by government and enhance coordination with stakeholders (MoHSS, 2010, p.1).

Consequently, the Government of the Republic of Namibia (2010, p. 1) has embraced a participatory approach which involves all stakeholders in preventing of HIV/AIDS. Hence, the fight against HIV/AIDS is a priority area for the Namibian Government which has committed excessive resources both financial and human in order to avert the effects of this deadly disease. Additionally, treatment for People Living with HIV/AIDS (PLWHA) has been made available and affordable to those that are in need in order to extend and improve their lives. As a result, provision of HIV/AIDS services including anti-retroviral therapy (ART), prevention of mother-to-child transmission (PMTCT) and voluntary counselling and testing (VTC), remains a high priority of the Namibian Government.

Thus, National Guidelines on Prevention of Mother to Child Transmission were introduced in 2000. These guidelines established principles for HIV testing and counselling as a routine part of antenatal care using an “opt-out” approach of consensus for testing (MoHSS, 2010, p. 2). Antenatal care surveillance is currently the key statistical sources for all HIV estimates in Namibia. The surveillance data provide contributions for the spectrum and other models which estimates and projects national HIV prevalence, HIV incidence, estimate number of people living with HIV, ART estimated needs and also estimates pregnant women living with HIV for programme development and assessment (MoHSS, 2010, p. 2).

Namibia is under obligation following international guidelines for collecting unlinked unspecified testing which is ethically admissible for public health practice as the information are used to benefit the entire population for targeting resources for HIV prevention programmes (MoHSS, 2010, p. 2) as such practices are also acceptable in several parts of the world.

1.2 Background of the study

The world is awakening from decades of the fierce truth where HIV/AIDS has no cure, (van Dyk, 2008, p. 104) the inevitable reality has compelled many nations

including Namibia, to acknowledge HIV/AIDS can only be managed in order to save lives of those infected by the disease. This means that funds to mitigate the spread of HIV/AIDS have increased from both government and donor agencies worldwide (Transparency International, 2006, p103). In some cases funds disbursed by donors to tackle HIV/AIDS in many countries have overtaken national HIV/AIDS budgets (Tayler & Dickinson, 2006, p.107). Funds allocated by donors for HIV/AIDS and other related diseases in Ethiopia, Liberia and Malawi doubled the health budget in these countries (Tayler & Dickinson, 2006, p.107).

In Namibia the Global Fund in particular signed a grant amounting to N\$ 91.6 million for HIV/AIDS prevention and care in 2013, which is considered as one of biggest funding for the infection in the country to date (Global Fund, 2013, p.1). This noble commitment has brought big challenges relating to the control of such funds which, if not well-thought-through could cause more serious effects than expected. In some countries the use of HIV/AIDS donor funds are subject to poor management and audit systems which increases chances for corruption (Tayler & Dickinson, 2006, p.107). Thus the absence of anti-corruption measures in the management of HIV/AIDS donor funds can create loopholes for corruption which can be detrimental to people living with HIV/AIDS.

According to Noa (2008, p. 4) “for Namibia to successfully curb corruption, there is a need to promote positive values to change the ethos and create abhorrence against corruption.” Therefore, transparency and accountability in HIV/AIDS donor funded projects is crucial in order to minimize incidences of corruption. Namibia like many other African countries has also been trailed by reports of misappropriation and mismanagement of HIV/AIDS donor funds in recent years (Namibian, 2012). It is these circumstances which demands for proper management of HIV/AIDS donor funds whether in public, private and civic organizations.

1.3 Motivation of the study

The study will be beneficial to policy makers, donor agencies, civic organizations and the general public. The study for policy makers will assist Government to develop anti-corruption guidelines focusing on HIV/AIDS donor funds. The study for donor agencies will assist in promotion of mandatory integrity issues such as the

development of code of conducts for funded projects. The study for Civil Organisations will alert on perceived corruption risks in their respective organizations; for general public, the study will create awareness on effect of corruption for donor funds.

1.4 Problem statement

HIV/AIDS funding has grown significantly in the last decade and Namibia has benefited from such contributions. Government and donor agencies have spent large sums of money particularly funds directed towards HIV/AIDS prevention and treatment. The problem statement is thus: What the effect of corruption is on the use of HIV/AIDS donor funds in Namibia?

1.5 Objectives of the study

The aim of the study is to identify the effect of corruption on the use of HIV/AIDS donor funds in order to provide guidelines to policy makers in relation to the regulation of HIV/AIDS donor funds in Namibia. The objectives to solve the problem are:

- To establish national donor specifications related to the use of HIV/AIDS donor funds
- To establish how HIV/AIDS donor funds are used in organizations
- To identify the effect of corruption on HIV/AIDS donor funds
- To suggest anti-corruption strategies for HIV/AIDS donor funds, if necessary

1.6 Research Methodology

A qualitative research design was employed which required the collection of statements from respondents during an interview. These exercises mainly focused on exploring the status quo on the effects of corruption on HIV/AIDS donor funds in Namibia in order to interpret statements made by the respondent and formulate inference (Christensen, Johnson & Turner, 2014). Hence the use a qualitative method is more appropriate in exploring real life situation as they unfold. HIV/AIDS and corruption in this case are real world situations which has evolved due to circumstances around the nonexistence of HIV/AIDS cure thus prompting a proactive

way of dealing with this phenomenon through donor support in order to save lives of those infected by this virus.

The sampling method used in this study is purposeful sampling (Christensen, Johnson & Turner, 2014) which countenances an opportunity to choose a target group believed to have valuable information to the issue of HIV/AIDS, corruption and donor funds. The instrument used is interviews which permitted for more control over the data collected and interaction with the interviewees. Henceforth, in-depth interviews with four broad open ended questions, consenting probes were used in order to capture the interviewee's opinion on the topic of discussion. Inductive analysis were used which required data to be coded, categorised and identification of thematic areas (Christensen, Johnson & Turner, 2014).

1.7 Ethics approval

The University of Stellenbosch Ethics Committee granted permission for the study to be carried out, additionally; written institutional permission from relevant institutions that were part of the sample for the research was also granted. Anonymity was also adhered by not identifying designations of institution, nor, the specific person who took part in the research. Confidentiality was firmly observed by safe guarding the information collected.

1.8 Limitations of the study

Firstly, finding the baseline data specifically on the Namibian context regarding the effect of corruption on HIV/AIDS donor fund was a great challenge as no study has been done so far in this field.

Secondly, requests for permission from institutions to conduct the study also proved difficult due to the sensitivity of the topic specifically corruption. Thirdly, it was extremely difficult to get the required permission from institutions as the study is for academic purpose only thus perceived less important.

1.9 Outline of chapters

The research report consists of five chapters which includes the following:

Chapter I Introduction: Includes the introduction, background of the study, research problem, motivation of the research project, problem statement, objectives of the study, research methodology, limitation of the study, outline of the chapters and conclusion. It is summary of what, why, and those who will benefit from the research.

Chapter II Literature Review: Deliberate on an overview of what is HIV/AIDS, incidence and intensity of HIV/AIDS in the world, HIV/AIDS in Namibia, literature on corruption and HIV/AIDS, namely, corruption as an impediment to HIV/AIDS donor funding in Namibia, the link between corruption and HIV/AIDS and corruption and HIV/AIDS donor funds, Reported case of corruption in HIV/AIDS donor funded programmes, the role of the state and donor agencies in fighting corruption in HIV/AIDS donor funded projects. This chapter is paramount as it provides the reader with an understanding of the research topic and the existing gaps which precedes the research.

Chapter III Research Methodology: The research designs applied in conducting the research such as the approach i.e. qualitative research, data collection instruments i.e. interviews, sampling procedures i.e. purposeful sampling, data analysis method applied i.e. inductive analysis. This is the most technical part of the research where scientifically recommended methods and instrument were applied for the validity of the research.

Chapter IV Present of Results: The research as captured by researcher is reflected based on the interviewee`s responses. This chapter is crucial in the report as it gives a meaning to whole research exercise through the voices of the respondents.

Chapter V Recommendations and Conclusions: The results of the research are placed in context of the problem statement and objectives of the study and future interventions are proposed.

1.10 Conclusion

Namibia remains vulnerable to a high rate of HIV/AIDS infections. While proportioned resources both human and financial have been put in place to mitigate the surge of this deadly disease, it is still a reverie to drastically condense the infection rate especially among the youth, particularly, young women. Challenges

such as misappropriation and mismanagement which are regarded as corrupt practices similarly, further enhance the severity of situation.

It is thus imperative more research is undertaken to understand the impact of such critical circumstances. In this study it is thought a qualitative research approach is the appropriate method to unpack some of the effect of such corrupt practices in order to guide policy makers to formulate guidelines and policies that will promote transparency and accountability in HIV/AIDS donor funded organizations.

A segment of literature has been written on HIV/AIDS and corruption and its effects on HIV/AIDS donor funds. Therefore in the subsequent chapter an extensive assessment of theories will be reconnoitred in order to highlight the existing information on the study problem statement. Covering an overview of what is HIV/AIDS, its intensity in the world, the extent of HIV/AIDS in Namibia, other challenges that may pose a threat to the efforts on HIV/AIDS such as corruption and conclusion.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The fight against HIV/ AIDS remains a challenging and inevitable the most unlikely war to be won by the world today. Arguably, HIV/AIDS has the ability to reverse developmental efforts attained by many countries in world, specifically the developing countries where societies remain at risk of being infected by the disease due conditions beyond their control (Avert, 2014, p.1). These conditions range from poor governance calumniating into corruption, poor service delivery, poverty and wars. Consequently the magnitudes of HIV/AIDS are generational. In Namibia virtually one in every five individuals in communities is living with HIV/AIDS (Ministry of Health and Social Services (MoHSS), 2010, p. 3). Candidly HIV/AIDS is an incorrigible disease (MoHSS, 2010, p. 3) that is depriving families and communities their bread winners, leaders and knowledge skills essential to sustain livelihoods and economic development.

Prolonged stigma and discrimination (The body, 2003, p. 1) in many parts of the world also poses a risk in the fight against HIV/AIDS. As those infected by the disease are often not willing to disclose their status due to fear of discrimination. Although many countries have triumph in indorsing policies and laws that prohibits stigma and discrimination; focused attention is necessary particularly in Sub-Saharan Africa.

The misconception of HIV/AIDS related illnesses in many parts of world due to a lack of knowledge or denial is also a frightening reality (Nordqvist, 2015, p.1). Hence, it is imperative that HIV/AIDS as a disease is understood by all infected and affected by this epidemic. More effort to disseminate information on this deadly virus is desperately still required. Thus attention will be drawn to unfolding HIV/AIDS, its origin, transmission, symptoms and diagnosis, treatment and preventative measures for HIV/AIDS. The chapter will similarly highlight the intensity of HIV/AIDS in the world, epidemiology of HIV/AIDS in Namibia, drivers of HIV/AIDS in Namibia; lastly explore the dynamic of corruption in the fight against HIV/AIDS and conclusion.

2.2 Understanding HIV/AIDS

According to Van Dyk (2008, p. 4) HIV refers to Human Immunodeficiency Virus (HIV). HIV is a virus (InSite, 2011). However, it is particularly different from other types of viruses in the way it attacks the body, thus if someone acquires the virus they will have it all their life (Center for Disease Control and Prevention, 2015). HIV is transmitted through body fluids from an infected individual's semen, vaginal fluids, blood and breast milk. A pregnant woman who is infected by HIV can also transmit the virus to their baby during pregnancy, or at the delivery of a child and through breast feeding (Nordqvist, 2015, p.1). There is currently no cure for HIV although efforts are being made all over the world to find a solution.

HIV is a multifaceted disease (Van Dyk, 2008, p. 10) where the virus has the ability to mutate; different viral types can be detected in an individual with HIV. The disease targets the body's immune system by becoming a parasite inside a living cell. The virus cannot sustain itself outside a human cell (van Dyk, 2008, p. 11). HIV unswervingly spams and takeover the most treasured defensive cells of the human immune system, the T helper cell or the CD4 (Van Dyk, 2008, p. 11).

Therefore, someone infected with HIV who is not receiving any treatment can develop AIDS, which stands for Acquired Immunodeficiency Syndrome (Nordqvist, 2015, p.1). It is referred to as acquired since it is not a hereditary disease but rather acquired (Van Dyk, p. 4); HIV causes AIDS (Nordqvist, 2015, p. 1). Generally it takes time for an individual to develop AIDS, it may take approximately 2 to 10 years or more (InSite, 2011). AIDS is not an explicit illness it is usually an assortment of diverse illnesses that manifest in a body of an infected individual. HIV weakens the immune system of the body by being unable to fight diseases and with the progression the individual will be considered to have AIDS (Van Dyk, p. 5). An individual with HIV or has advanced to AIDS is likely to die from the syndrome if the lifesaving treatment called antiretroviral therapy is not provided; treatment intended to prolong the lives of people living with HIV/AIDS.

2.3 The origin of HIV/AIDS

According to scientists (Centre for Disease Control and Prevention, 2015) HIV is understood to have originated in Africa particularly in West Africa. This theory is

strengthened by a discovery of a similar virus referred to as simian immunodeficiency virus (SIV) among chimpanzee. The spread of this virus to human is theoretical agreed to be through blood contact from the infected chimpanzee by prehistoric hunters in West Africa far back in the 1800s (CDC, 2015).

The earliest documented case of AIDS was in the United States of America (USA) in 1981, when a disease called cytomegalovirus (CMV) infections was detected constantly in a number of patients (Van Dyk, 2008. pp. 4). However, it also acknowledged the virus that causes HIV/AIDS has occurred in United States later in the 1970`s (CDC, 20015). According to Adler (as cited in Van Dyk 2008, p. 4) the infected person all had collective features as young male homosexual with very weak immune systems. Subsequently, an illness which weakened the immune system and triggered diarrhoea and loss of weight was discovered in central Africa amongst men who sleep with men; revelation astounded scientist in the world (Van Dyk, 2008, p.4).

It was in 1993 the disease that compromised the immune system was identified as a virus called Lymphadenopathy-associated virus (LAV) and Human T cell lymphotropic virus type III (HTLV III) (Van Dyk, 2008, p.4). In 1986 this virus was renamed Human Immunodeficiency Virus (HIV) the current scientifically recognized name for the virus (Van Dyk, 2008, p.4). There are types of viruses associated with AIDS to date (Van Dyk, 2008, p.4) HIV-1 and HIV-2. Paradoxically, HIV-1 is most concentrated in Central, East, Southern Africa, North and South America, Europe and all over the world. HIV-2 is only concerted in West Africa particularly in Cape Verde, Guinea-Bissau and Senegal (Van Dyk, 2008, p.4). Anatomically there is no difference between HIV-1 and HIV-2, however, HIV-2 transmission level and viral capacity is lesser than HIV-1(Van Dyk, 2008, p.4). According to Schoub (as cited in Van Dyk, 2008, p.4) answers on the origin of HIV/AIDS remain disputed as there is no consensus on existing current theories.

2.4 Stages and symptoms of HIV/AIDS

According to Van Dyk (2008, p.52) there are four clinically recognized stages of HIV infection, conversely, these stages differ from one individual to another depending on the health of their immune system. This means individuals infected with HIV and has

advanced to AIDS could die from the disease if their immune system is heavily compromised and becomes weaker thus unable to recuperate. Individuals who are infected with HIV might not show any symptoms up until six weeks of exposure to the virus (Van Dyk, 2008, p.4). It is possible for an individual with HIV can infect a partner unwittingly at this first stage usually referred to as seroconversion which means an individual status is in reality altered from negative to positive (Van Dyk, 2008, p.52).

Seroconversion stage is also called the asymptomatic latent stage (CDC, 2015). Notably, although an individual infected with HIV may not demonstrate any symptoms, the virus continues to attack the immune system relentlessly (Van Dyk, 2008, p.53). Thereafter, several symptoms such as headache, fatigue and dizziness can be experienced by an infected individual (Nordqvist, 2015, p. 2). HIV symptoms are at the end result triggered by viruses, fungi, and bacteria. However, such conditions may not ripen in individuals with healthy immune systems. After these initial symptoms individuals infected with HIV can appear healthy for up to 10 years. (Nordqvist, 2015, p. 2)

Once the antibodies progress in the body trivial symptoms of HIV disease start to appear; emerging of herpes zoster or shingles, weight loss of up to ten percent and lethargy. This second stage is usually allied with patient with CD4 cell count between 350 and 500 cells (Van Dyk, 2008, p.54). The next stage which is the third stage of HIV infection, displays after the immune system has worsen and viral load become high in the body than the cells. Thus major symptoms and opportunistic infection begin to appear because of the weak immune system (Van Dyk, 2008, p.53). The last stage, which is the severe symptomatic stage it is when an individual can be referred to as having AIDS. At this stage an individual's viral load at this stage will be very high accompanied by severe immune deficiencies.

2.5 Diagnosing HIV infections and AIDS

In 1985 the first antibody testing tools become accessible accompanied by a philosophy for these tests based on ELISA (enzyme-linked immunosorbent assay) which is the acceptable method of identifying antibodies in blood (Van Dyk, 2008, pp. 84-88). Therefore, there are two comprehensive periods of testing HIV (Van Dyk,

2008, p.85) which are established through blood samples; HIV antibody tests which appear the moment an individual is exposed to HIV infection.

Another form is testing the actual presence of HIV or viral rudiments in the blood of the infected individual. The most widely used HIV antibody testing is the ELISA and Western Blot tests. According to Van Dyk (2008, p. 85) the two tests cannot detect the actual HIV in the blood of an infected individual but are able to detect the antibody which forms as a reaction to the exposure to HIV by an individual; currently the most predominant method of testing HIV to date.

Another (Van Dyk, 2008, p. 86) ELISA based principle of testing HIV is the Rapid HIV antibody tests. Rapid HIV antibody tests are very popular, particularly in Africa where most clinics are located in rural area where it is difficult to access the other forms of testing which are based in laboratories.

These tests can easily be administered in clinics, consulting room and even on the bedside of a patient whether in hospital or a home bound patient. The Rapid HIV antibody tests are as precise as the ELISA tests done in laboratories (Van Dyk, 2008, p. 87). Conversely, it is recommended all Rapid HIV antibody tests should rather be endorsed with a laboratory established ELISA test.

Saliva HIV antibody tests can also be a reliable and less disturbing method of detecting these antibodies in an individual suspected to have been infected with the virus. These tests reduce pain particularly for patient who may be bed ridden and they protect health workers who are administering the test. It is most useful for children and drug addicts whose veins may be knotty to access (Van Dyk, 2008, p. 87).

According to Van Dyk (2008, p. 88) the most indisputable technique of HIV testing is the HI Virus tests, which directly detect the HI virus in the blood without relying on the development of antibodies. These tests detect viral antigens, viral nucleic acid and isolation of the virus in lymphocyte cell culture. There are two types of HIV viral test commonly used, namely, the p24 antigen and the HIV PCR tests. These tests

can detect HIV infection within a short period of time after the infection contrasting to the ELISA, Rapid and Western Blot antibody tests.

2.6 Treatments for HIV/AIDS

Treatment for HIV/AIDS (Van Dyk, 2008, pp. 92-95) is critical for individuals living with the disease, since it will in the process contribute to their productivity and also prolonging their life span. Thus CD4 cell count is important in evaluating the status of the immune system, treat opportunistic infections and to offer guidance on when the actual treatment can commence. It is also imperative a viral test can be administered which will assess the severity of HIV infection by determining the capacity of the cell in the blood, thus assisting in offering a patient the right medication (Van Dyk, 2008, p. 92).

According to Van Dyk (2008, p. 94) ever since HIV/AIDS evaded the world the first antiretroviral drug called Zidovudine (AZT) was approved merely in 1987. In 1994 the antiretroviral was also used for pregnant women to protect the child. This was followed by the introduction of the High Active Antiretroviral Therapy (HAART) in 1995. Regrettably, (Van Dyk, 2008, p.94) it took more than a decade for these drugs to be accessible to thousands of HIV positive Africans. These antiretroviral drugs are most widely used drugs for mitigating death caused by HIV/AIDS to date. The impediment for these drugs is that they are very costly; particularly for African countries that may not be able to accommodate a significant number of People Living with HIV/AIDS. However, many countries have managed with assistance of donor funds to roll out the antiretroviral drugs to their citizens (Van Dyk, 2008, p.95).

2.7 HIV/AIDS prevention strategies

Political will and leadership in preventing HIV/AIDS is critical. Since, it is unlikely HIV prevention programmes would be successful without the support from high-profile leadership.

Thus, a national drive to fight and prevent HIV/AIDS led by governments with the involvement of all stakeholders is guaranteed success (Van Dyk, 2008, p. 130). According to UNAIDS (2010, pp. 5) HIV/AIDS prevention programmes have recorded success stories in many parts of the world. This is echoed by the continued

decline in new HIV infections over the past decade which is attributed to behaviour change supported by awareness of HIV/AIDS risks.

The methodology (UNAIDS, 2010, p. 5) referred to as “combination prevention” has been at the helm of these successes. This method offers an opportunity to identify weakness in HIV/AIDS strategies thus assisting in reformulating HIV/AIDS prevention approaches which has led to the reduction of HIV infection all over the world. Combination prevention relies on its principle of the usage of the trinity model which is behavioural, biomedical and structural prevention strategies.

Therefore this HIV preventative model can function in diverse settings such as individuals, relationship, community and society at large, in order to address explicit but different needs of the populace susceptible to HIV infection (UNAIDS, 2010, p 5). Piot (cited in UNAIDS, 2010, p. 12) emphasis the combination prevention was developed to assist HIV/AIDS programme planners manage challenges that arise with HIV/AIDS prevention, namely ethical and cultural issues.

Combination prevention distinguishes three vital points (UNAIDS, 2010, p. 13) which are important to health promotion; these are as follows, individuals` s HIV risks are not similar, they are also not subject to equal risks and may not all be a potential transmitter of HIV. Thus specific intervention should be deployed for specific target groups. Individuals who are HIV positive it is paramount to use biomedical prevention measures, however, for individuals who are HIV negative behavioural change programmes may be appropriate.

There are important features of Combination HIV Prevention model which surpass other existing strategies. HIV prevention programmes using combinations are carefully tailor-made to indigenous needs and circumstances. The method strives to use the contemporary information on the specific target groups in relation to HIV risks and focus on the theme of their vulnerability.

Structural intervention is at the heart of this model, this includes physical, social, cultural, organizational, community, economic, legal or policy that may create vulnerability to HIV infection (Gupta, Parkhurst, Ogden, Aggleton & Mahal, 2008, 52).

Gupta et al., (2008) holds the view where HIV prevention efforts cannot be sustained without addressing the fundamental drivers of HIV risks and susceptibility in different situations. Henceforth, these features functions at different societal levels and in different ways to effect individual risk and vulnerability. Therefore the combination approach is the most inclusive HIV/AIDS prevention method existing at present.

According to Green (as cited in UNAIDS, 2008, p. 15) Uganda is the first success story in Africa in using a combination HIV Prevention model. The nation combined a variety of biomedical, behavioural and structural approaches to prevent new HIV infection. The strategies include focusing on changing social norms concerning partnership outside matrimonial homes, condom use (UNAIDS, 2002) involvement of leaders at level of society and reducing stigma related to HIV/AIDS (UNAIDS, 2001). Adopting the combination of HIV prevention strategies, Rwanda is now one of the sub-Saharan countries (UNAIDS, 2008, p. 16) which has since recorded a drastic decline in new HIV infection among pregnant women in Africa. The country has maintained the lowest adult prevalence rates of new HIV infection than any other country among its neighbouring states.

The advantages of the combination HIV prevention intervention is its ability to focus on vulnerability of the target group thus enabling the programme designers to identify common HIV risks to avoid reinfections and new infections for both those testing positive or negative. It also examines the role of societal values and norms in driving HIV/AIDS.

2.8 The global status of HIV/AIDS

According to UNAIDS (2006, p. 6) at the end of 2005 it was projected 38.6 million people globally were living with HIV. An estimated 4.1 million new HIV infection were recorded and 2.8 million died from the epidemic. Furthermore, new infection rates which seemed to have peaked in the 1990`s have begun to stabilize; though an estimated 34 million people (UNAIDS, 2011, p. 2) were living with HIV world-wide in 2010. Over 2.7 million people were infected by HIV in the same year, which indicates a decline from the previous year's particularly 2006.

Despite the gains the number of individuals living with HIV continues to increase (UNAIDS 2013, pp. 4-7) an estimated 35.3 million people were living with HIV in 2012. Nevertheless, a decline in new HIV infection was noted which offers optimism to the world which is far lower than the new infection recorded in 2001. Notably, the number of people dying from AIDS is drastically reducing with 1.6 Million AIDS death in 2012 (UNAIDS, 2013, p. 4) from dejected 2.3 million in 2005.

According to UNAIDS (20013, p. 4) amid 2001 and 2012 new infection rates among adults and adolescents decreased by 50% and above in 26 nations. However, not all countries in the world have live up to the vision of halve sexual HIV transmission by 2015. A disturbing trend predominantly in sub-Saharan Africa is emerging with low usage of condom and increase in risk behaviour (UNAIDS, 20013, p.4).

An increase in new HIV infection among minority groups, namely, sex workers and men who have sex with men are also eminent. Great concern for new HIV infection is also observed among people who inject with drugs, hence HIV prevalence remain high among this group. A prominent barrier for people who inject with drugs are the retributive policies, practices and systems put in place in many countries that dispirits these minority groups from assessing health facilities. However, the world is making waves in the systematic implementation of antiretroviral drugs among pregnant women, it is estimated by 2015, 90% (UNAIDS, 2013, p. 6) of pregnant women living with HIV will receive this life saving treatment all over the world.

According to UNAIDS (2013, p. 6) in 2012, 9.7 million people from developing nation received antiretroviral therapy, signifying 61% of all who were considered qualified under the 2010 World Health Organization(WHO HIV treatment procedures; therefore getting the world closer to reaching its target of providing 15 million people on ART by 2015. Nevertheless, challenges remains with extending treatment to children and men where coverage is low.

Another imaging threat to efforts in the fight against HIV/AIDS is the dichotomy surrounding HIV/AIDS and tuberculosis (TB), the disease has become one of the killer opportunistic illnesses among people living with HIV/AIDS to date.

The World Health organization (as cited in UNAIDS, 2013, p. 6) estimates approximately 1.3 million people living with HIV/AIDS (PLWHA) were saved from tuberculosis death from 2005 to 2012 due extensive programmes designed to treat and prevent the disease among individual infected by HIV/AIDS.

However, mitigating the impact of HIV/AIDS world-wide require consolidated resources particularly financial resources. Consequently, the world is facing serious challenges in accessing such resources primarily due to other competing human dilemma (Ebola) in many countries especially sub-Saharan nation. UNAIDS (2013, p. 7) indicated that global AIDS expenditures fall below the target fiscal annual financial resources. This is worrisome for instance HIV/AIDS donor funds typically targets the most vulnerable members of society who may not be able to access treatment in the absence of such funding.

Furthermore, social norms predominantly gender customs remains a major contributing factor to HIV-related vulnerability. Gender related norms continue to be among the issue that is fuelling HIV transmission mainly in sub-Saharan countries (UNAIDS, 2013, p. 7). Additionally, persist stigma and discrimination continues to undermine the gains in the fight against HIV/AIDS. Societal attitude towards HIV/AIDS positive persons remains a big challenge for many countries in the world; this more detrimental to minority groups, namely, sex workers and men have sex with men. Although a lot of gains has been noted it is imperative that the world should continue enhancing preventative efforts towards the fight against HIV/AIDS.

2.9 Epidemiology of HIV/AIDS in Namibia

The Namibian situation on HIV/AIDS is multifaceted therefore, to comprehend the facets of the epidemic, it is imperative to understand the contrast presented by Namibia`s past predicament merging it with the present. Hence a dialogue on the context of the country should be considered before exploring epidemiology of HIV/AIDS in Namibia.

2.9.1 Background of the country

Namibia is naturally a vast nation with a projected surface area of 824.116 square kilometres. It is situated in the Southern African region. The country's population is estimated at 2,180,000 in 2011.

Majority of the Namibian population are under the age of 15 years account for 43% of the population and with only fewer than 4% of the populace over the age of 65% (National Planning Commission, (NPC), 2003). In 1981 to 1991 a higher population growth rate of over 3% was recorded; conversely, due to several facets which includes the adverse effect of HIV/AIDS on the population the growth rate has been condensed to 2.6% to date (Office of the President, (OP), 2004).

According to the World Bank (as cited in Ministry of Health and Social Services, 2010, p. 2) Namibia with a gross national income per capita of US\$4,200 in 2008 has since been categorized as higher mid income country. The country has two forms of economic segments, namely, formal and western economy including fishing, mineral extracts or mining and agriculture, the other segment is the informal economy where mostly depends on substance farming. The major contributor to Gross Domestic Product (GDP) is the mining sector at 13% in 2008 (Africa Economic Outlook, 2008). However, Namibia has the highest inequalities world-wide with a Gini coefficient of 0.6% and unemployment rate of 37%; the income disparity in Namibia is associated with colonial history (MoHSS, 2010, p. 2). Conversely, Government has adopted policies and programmes to reduce the inequalities. These policies and strategies are reflected in Namibia's Vision 2030 (NPC, 2007) arguably, these disparities thus have a potential to upsurge HIV/AIDS.

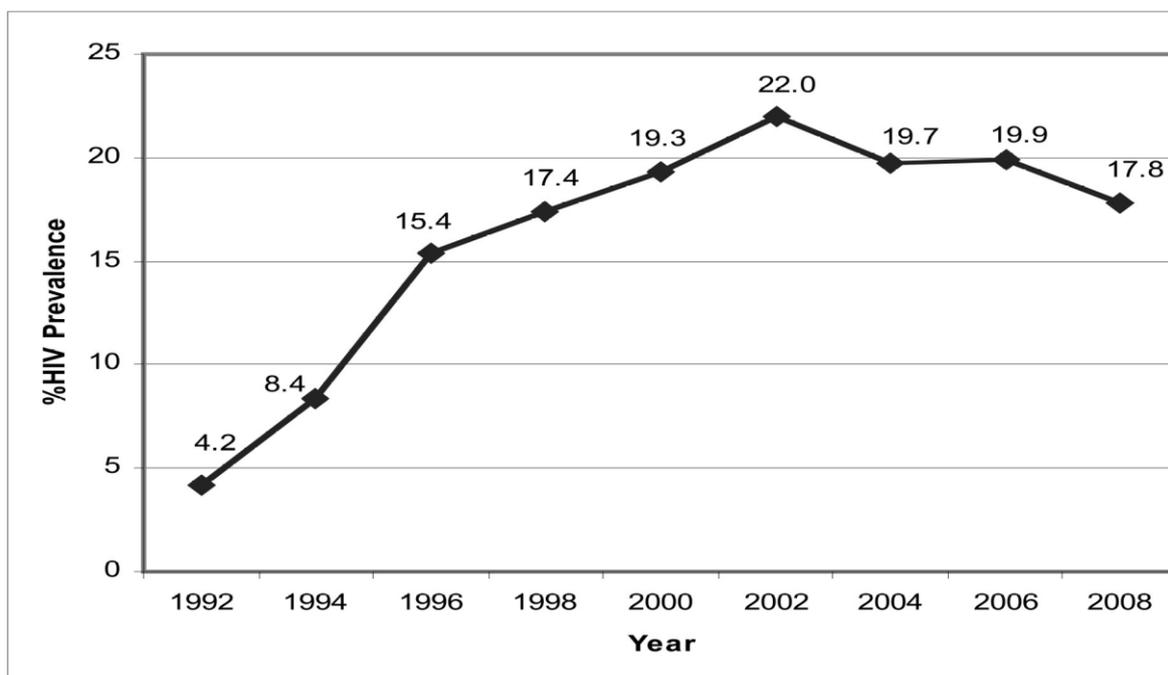
2.9.2 Namibia's HIV Incidence levels and trends

According to MoHSS (2010, p.4) the HIV pandemic in Namibia is generally transmitted through a heterosexual form. Estimates indicated the prevalence rate among the populace aged 15-49 years was 13.3% in 2008/2009 (MoHSS, 2009). Approximately 6,130 AIDS related deaths were recorded in 2008/2009 which translated to 23% of all deaths in the country. Nearly 5,830 individuals were infected with the disease in the same year, with 16 new infections occurring each day. An estimated 174,000 adults and children were living with HIV/AIDS in Namibia in

2008/2009, with 69,000 children orphaned by HIV/AIDS infections of either one or both parents (MoHSS, 2008).

National Sentinel Survey shows there is also a rapid increase in HIV prevalence rate of 4% among pregnant women in 1992 to 18% in 2008. The highest prevalence rate in this segment were recorded in 2002 at 22.3%, although, it has since shown stability in recent years (MoHSS, 2010, p.4) as depicted in figure 2.1.

Figure 2 .1
Anti-natal Clinic HIV Prevalence trends between 1992 and 2008

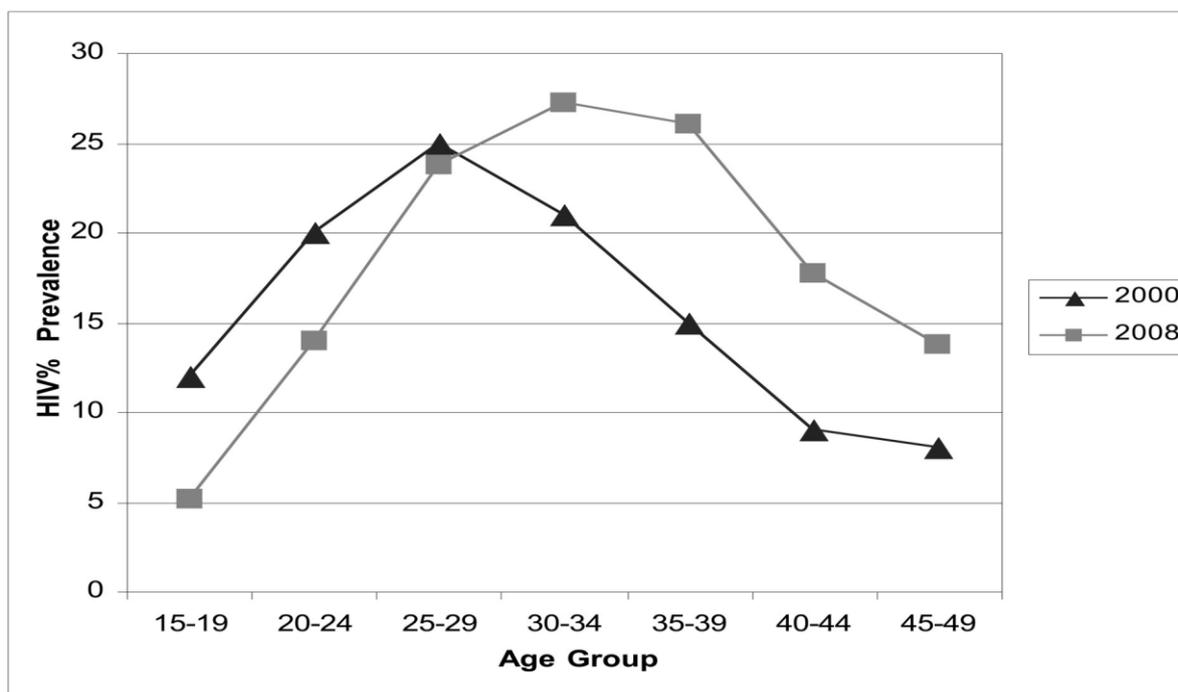


Source: Ministry of Health and Social Services, 2010

Paradoxically, HIV prevalence in Namibia is the same both in rural and urban settings. There have been nevertheless a drastic decrease in HIV prevalence among young women aged 15-19, reducing from 12% (2000) to 5% (2008) as shown in figure 2.2.

Figure 2.2

Shift in age-specific HIV prevalence among pregnant women between 2000 and 2008



Source: Ministry of Health and Social Services, 2010

2.9.3 Sources of Namibia's new HIV/AIDS infection

The main driver of HIV/AIDS (MoHSS, 2010,p.5) in Namibia is through heterosexual relationships, however, the pandemic has also been exacerbated by several other factors, namely, explicit sexual practices, community norms and practices, alcohol abuse, lower level of circumcision among boys and men in the country and mother to child; transmission account for 25% of new infections. The Namibia Demographic and Health Survey shows premature sexual involvement may also deepen the disease because four in ten women (36%) and half of men (49) indicate to have had sexual intercourse by the age of 18 years (MoHSS, 2008).

2.9.4 Contextual factors driving HIV/AIDS pandemic in Namibia

De la Torre (as cited in MoHSS, 2010, p. 6) underscored a study commissioned by the Ministry of Health and Social Service and other stakeholders in 2009, highlighted several drivers of HIV infections in Namibia. These drivers are of biological, behavioural, social and structural form.

2.9.4.1 Multiple and Concurrent Partnership (MCP`s)

Many communities in Namibia (MoHSS, 2010, p.6) are tolerant to multiple and coexisting partnership as it is regarded as acceptable behaviour in traditional sets. Regardless of the consequences of such practices many ethnic groups continue to encourage these practices. In addition, migration seems to play an important role in aggravating the custom. According to the MoHSS (2008) in 2006, sixteen percent (16%) of sexually active men and three percent (3%) of women indicated that they had more than one partner in past twelve month afore the year. De la Torre (as cited in MoHSS, 2010, p. 6) argued that the persistent engagement in multiple and concurrent partnership behaviour particularly among men in Namibia continue to put mainly young women at risk of contracting HIV infection. It is thus imperative that urgent interventions from all spheres of the Namibian society be deplored.

2.9.4.2 Inconsistences in condom usage

Condom usage among men with more than two (2) partners or more was relatively lower at 58% and 48% for women in the same category in 2008 (MoHSS, 2010, p. 6). These figures are worrisome in relation to the practice of MCP as it may increase HIV infection rate in the country.

2.9.4.3 Ignorance on HIV infection risks

Majority of the Namibian people (MoHSS, 2008) do not perceive themselves at risk of HIV infection, in-spite of their engagement in risk behaviour such as having multiple partners.

2.9.4.4 Inconsistent male circumcision

Male circumcision is not a universal practice in Namibia. Certain tribes such as Ovaherero and Ovahimba regard male circumcision as a traditional practice and it is hence mandatory for such ethic groups. Yet, many Namibian ethnicities do not practice male circumcision and thus regard it as of less important. According to the MoHSS (2010, p. 6) men living in the regions of Kunene (52%), Omaheke (57%) and Otjozondjupa (42%) were circumcised compare to other geographical regions in Namibia.

2.9.4.5 Alcohol Abuse

MoHSS (2010, p. 6) states 31% of Namibian men in 2000 had at least one alcohol drink in the previous 1-14 days of the month during their study period and 24% of that figure individuals were in a drunkard state. Therefore such condition may put them at risk of contracting HIV infection as they may not be able to make informed sexual decisions. Similarly in 2007 4% of young women and 5% of young men indicated they had engaged in sexual activities with their partners while drunk. LeBeau (as cited in MoHSS, 2010, p. 7) concluded alcohol consumption and multiple sexual partners are some of the drivers of HIV infections in Namibia.

2.9.4.6 Inter-generational sex

According to the MoHSS (as cited in MoHSS, 2010, p. 7) seven percent (7%) of young women aged (15-24) years and 26% of married women stated having sex with a partner ten (10) year older than them self. Inter-generational sex is a driver of HIV among the younger generation.

2.9.4.7 Transactional sex

It is reported transactional sex is common practice in Namibia where this involves exchanging sex for gifts or favours by mostly women as supplier for sex and men as receiver (De la Torre, et al 2009).

Transactional sex is usually driven by poverty and income inequalities among women and men in societies; it renders the other party vulnerable to HIV infection by not having power to negotiate sexual activities in exchange for favour or money.

2.9.4.8 High level of mobility and migration

The Namibian society is a highly mobile society, whether it for work, business or holiday; Namibian tend to travel around the country quite often than expected. A great number of people tend to spend substantial period of time outside their homes. This nomadic lifestyle poses major challenges in terms of HIV prevention as partners are constantly on the move to another place where they may seek temporarily sexual partners to certify their sexual needs (MoHSS, 2010, p. 7).

2.9.4.9 Marriage and Co-habitation declining

According to the National Demographic Household Survey of 2006/2007 (as cited in MoHSS, 2008) it reflected marital relations and co-habitation has drastically declined in Namibia. Although in 199, only 50% of Namibian at marriage age were never married, the 2001 Census indicated an increase in percentage of persons who never married by 56% and 58% in 2007/7 Census (MoHSS, 2010, p. 7). This practice can be consider as a risk factor for HIV infection as individuals are free to have multiple partners without considerations.

2.9.4.10 Most at Risk Population (MARPS)

There is limited data with regard to MARPS cohort in Namibia. However, the World Bank (as cited in MoHSS, 2010, p. 7) estimates eleven thousand (11 000) sex workers and two thousand and six hundred (2 600) men who have sex with men (MSM) exists in Namibia. It is thus critical that an official figure adopted by government regarding this cohort should be pronounced in order to ascertain the vulnerability of this category.

2.10 Assessment of key achievement in HIV/AIDS response in Namibia

It is imperative to review the achievements of Namibia in the fight against HIV/AIDS in order to appreciate donor funds expedited to the country as critical for continuation of such success.

2.10.1 HIV/AIDS Prevention

HIV prevention efforts in Namibia have partly been effective (MoHSS, 2010, p. 8) and has reached stabilization level of the epidemic. An increment in women (51%) and men (32%) who tested and knew their status was observed in 2007, compared to 24% women and 25% men who were tested and knew their status in 2000. This attributed to increased HIV counselling and testing the country. Prevention of mother-to-child transmission has been successful in Namibia; by 2007, 70% of pregnant women who were HIV positive had received antiretroviral treatment to mitigate the risk of transmitting HIV to their children.

Additionally, all infants born from HIV positive mothers as from 2005 are now screened within two month of birth as oppose to 18 month in the past. Fifty eight health facilities in Namibia offered the DNA PCP testing by 2006 (MoHSS, 2010, p. 8). Life skills education remain the cornerstone for reaching out to learners in and out of school youth, nearly 407 teachers had been trained on life skills education and 189 327 learners and students respectively benefited from this education in 2007 (MoHSS, 2010, p. 9). Condom distribution have also increase in Namibia in 2007, twenty eight million (28 000) male and female condoms were distributed countrywide (MoHSS, 2008).

2.10.2 Treatment, Care and support

Namibia has made significant progress in ensuring availability and accessibility of treatment by People Living with HIV/AIDS (PLWHA). According to the MoHSS (cited in MoHSS, 2010, p. 9) sixty four thousand six hundred and thirty seven (64, 637) PLHIV were receiving ART in public health facilities.

Fifty seven percent of those receiving ART`s were adult female, 31% were adult male and 12% children (0-140) (MoHSS, 2009). The figures represented 84% of the estimated 76,727 PLHIV who required ART (MoHSS, 2010, p. 9). Significantly (MoHSS, 2010) retaining of patients on ART was estimated at 85%. Similarly, Community Home Based Care (CHBC) has been successful in Namibia, with over 39,330 PLHIV reached in 2006 all over Namibia (MoHSS, 2010, p. 9). The focus for CHBC is mostly on prevention and adherence to ART rather than the traditional norm of caring for bed-ridden care.

2.10.3 Impact mitigation of HIV/AIDS

Mitigation on the impact of HIV/AIDS in Namibia (MoHSS, 2010, p. 10) is focusing on consolidation of nationwide and communities` ability to address socioeconomic effects of the epidemic including reducing poverty level in the Namibia society. Consequently, sixteen and half percent (16.5%) of Orphans and Vulnerable Children (OVC) were receiving external basic support from the state in the form of medical, emotional, social, material and education related support. Additionally, over 104, 438 OVC received cash transfer from government in 2009 and 94.6% of OVC were attending primary school free.

2.10.4 HIV/AIDS funding in Namibia

Government funding for HIV/AIDS is regarded as component of the health sector as a result it is complex to specify the exact amount budget for HIV/AIDS from the state. According to the MoHSS (2010, p. 11) circumstantial data indicates Government financing for HIV/AIDS has improved significantly to date. Additional funding for HIV/AIDS activities in Namibia is also received from donor agencies such as the Global Fund, Presidential Emergency Plan for AIDS Relief (PEPFAR), German and Spanish governments respectively. Donor funding in Namibia is channelled through Government and civil society's organisations. However, tracking the usage of the funds disbursed particularly to civil societies remain a challenge.

Furthermore, the Namibian Government has also made provision for other government offices to allocate 2% of their annual budget for HIV/AIDS activities (MoHSS, 2010, p. 11). HIV/AIDS prevention programmes continue to be at a high level support in Namibia from both public and private sector interventions.

2.11 Corruption as an impediment to HIV/AIDS donor funding in Namibia

Proper management of HIV/AIDS may require resources meant for prevention and treatment of HIV/AIDS to be safe guarded in order to achieve the intended purpose. Thus, financial resources are of utmost important in the fight against HIV/AIDS. However, if the management of such resources is not given due diligence, corruption can thrive.

All over the world 39.4 million people are living with the virus (Van Niekerk & Kopelman, 2005, p.1). However, Sub-Saharan Africa is the most affected part of the world, with figures rising to 25.4 million at the end of 2004 (Van Niekerk & Kopelman, 2005, p.1). It is estimate nearly 1.3 million Africans died from AIDS in 2009 (Le Roux-Kemp, 2013, p1). South Africa had 16.9 % prevalence rate among people between 15 and 49 years in 2008 (Le Roux-Kemp, 2013, p1). Namibia is also among the worst hit countries in the Southern African Development Community (SADC) with an HIV prevalence rate at 18.8% by 2010 (National Development plan (NDP 4), 2012, p. 56).

Consequently, "... HIV/AIDS has profoundly affected Namibia's demography, reducing the population growth rate from (3.1%) a year in the decade before independence to (2.6%) a year, which has resulted in the reduction of Namibia's life expectancy from 61 to 49 between 1991 and 2001 (RoN/UN system in Namibia, 2004, p. 6)". More resources particularly financial resources are necessary to mitigate HIV/AIDS in the country. Government and donor agencies have both increased their budgets in recent years in order to respond to this unprecedented situation (Global Fund, 2013, p.1). However, the challenge remains the assurance for proper management for these funds by recipients both in Government and Civic Organization; hence lack of such proper management may lead to corruption risks.

2.11.1 Understanding Corruption

According to the World Bank (1997) "...corruption is defined as the misuse or the abuse of public office for private gain". It can come in various forms and a wide array of illicit behaviour, such as bribery, extortion, fraud, nepotism, graft, speed money, theft, and embezzlement, falsification of records, kickbacks, future benefits, influence peddling and campaign contributions. Corruption appears to take place when it satisfies a certain formula according to Robert Klitgaard (1998) Monopoly of Power, when combined with Discretion and Absence of Accountability, will result to corruption. Thus the formula: $C = M + D - A$

C= Corruption

M= Monopoly

D= Discretion

A= Accountability

United Nations Development Programme (1999) modified Klitgaard's formula by adding other dimensions: Integrity and Transparency. This creates the formula $C = (M+D) - (A+I+T)$

C= Corruption

M= Monopoly

D= Discretion

A= Accountability

I = Integrity

T= Transparency

This suggests the absence of AIT (primarily as a consequence of weak governance); in addition to monopoly and discretion, results in corruption. This formula strengthens the theory that corruption is primarily a failure in governance. The National Integrity Promotion Program (NIPP) (as cited in NID, 2009, p.7) describes corruption as a behaviour in part of persons in which they inappropriately enrich themselves or those close to them through abusing the power trusted to them.

2.11.2 Causes of Corruption

According to NID (2009, p. 14) lower wages are often blamed for causing corrupt practices, however, this can never be a justification for corrupt behaviour in a court of law. Opportunity have also been cited as an inducement for corrupt behaviour as people get involved in corruption when systems are not predictable and there is a dire need to have their needs met regardless of the procedure and laws. Lack of accountability originates mainly from a lack of transparency which is generally propelled by weak enforcement. Certain attitudes or circumstances make average people disregard the law. People may try to get around laws of a government they consider illegitimate. Poverty or scarcity of goods (such as medicine) may also push people to live outside the law.

Similarly, culture (NID, 2009, p. 15) have also been associated with corruption, namely, a culture practice where a small reward is always paid for service rendered, such special honor for traditional leader and sanctions for defiling the cultural norms. Range of discretion may lead to corrupt behaviour where too much power to exercise discretion or having sole discretion to decide how rules should be applied.

2.11.3 The general effects of corruption

One of the major effects of corruption particularly to government is loss of public revenue (NID, 2009, p. 17). Where corruption is rampant for governments, the state may not be able to collect sufficient revenue, resulting in an inability to fulfil developmental plans and provide public social services. Subsequently, government ends up paying more than the actual cost or value of an economic activity.

Corruption may also lead to a decline in work productivity, employees spend time looking out for corrupt opportunities instead of concentrating on their normal

workload. As a result, employees will always wait to be offered a bribe in order to render services.

The country or an institution will earn itself a poor public image due to corruption. This may lead to communities losing trust and confidence in such institutions. It may also be difficult for such nation to attract investors, entrepreneurs and tourists. Thus the loss of investment and foreign exchange will impede development. Corruption leads to unequal distribution of wealth where only those who can afford to pay bribes will benefit; the poor, the weak and vulnerable will suffer and be losers. Therefore corruption can be compared to a virus that invades a nation and destroys its resources.

2.12. Link between HIV/AIDS and Corruption

The link between HIV/AIDS and corruption can be unveiled in the management and implementation of HIV/AIDS programmes, particularly in financial management (Tayler & Dickinson, 2006, p104). However, the definition of corruption also points to the link between corruption and HIV/AIDS.

“Although there is no international consensus on the meaning of corruption” (Namibia Institute for Democracy (NID) 2009, p.7); corruption can be described “... as the abuse of public office for private gain” (World Bank, 1997, p. 8). According to the NID (2007, p. 6-10) corruption is a conduct particularly by public sector officials in which they improperly and unlawful enrich themselves or those close to them, by misuse of public power entrusted to them. This could include embezzlement of funds and properties as well as corrupt practices such as bribery, fraud, conflict of interest, extortion, favouritism and nepotism”.

This viewpoint is supported by Vain (2008, p. 84) who also emphasise corruption manifests where public officials use the authority given to them for the execution of a state`s goals and objectives and abuse such authority to enrich themselves and their families and their peers.

Therefore it should be presumed this kind of authority may also be applicable to HIV/AIDS funded projects whether implemented by the State or Civic Organization. It

is thus imperative to accept corruption is a cross-cutting issue, hence, it can manifest in any sector and at any level of society.

In terms of HIV/AIDS, corruption is commonly detected mainly in related funded projects through prevention activities and procurement or administrations of drugs where quite often, large sums of capitals are disbursed for either prevention or treatment of HIV/AIDS (Seedat, 2011, p. 1). The World Bank (2008) "... in 2007 alone distributed over \$405 million, this included funds for projects on HIV/AIDS prevention and treatment". It is in this sphere of contracts where public or private official's usually engage in corrupt practices to enrich themselves as indicated by NID. Other forms of corruption can also be manifested depending on the strength or weakness of institutional policies. Thus, corruption can have disturbing effects on efforts toward mitigating HIV/AIDS if due diligent is not employed (Seedat, 2011, p.1).

2.13 Corruption indicators in HIV/AIDS prevention and treatment programmes

There are some indicators in HIV/AIDS prevention and treatment programmes that could lead to the misappropriation of funds.

2.13.1 Misappropriation of funds earmarked for public education and awareness rising

In prevention programmes, corruption typically include fraudulent awareness activities which were never implemented by officials or fake procurement invoices to mention a few (Tayler & Dickinson, 2006, p104). Health personnel may also abuse their position by selling supplies meant for HIV/AIDS patients in order to make extra income (Tayler & Dickinson, 2006, p104). Where funds are allocated to support people living with HIV/AIDS and their families, clients may be requested by officials in charge to pay fees for services which are meant to be free (Tayler & Dickinson, 2006, p104). Prevention tools such as condoms may be sold by officials in order to enrich themselves (Tayler & Dickinson, 2006, p104); these acts of corruption undermine the effort in the fight against HIV/AIDS.

This is supported by Seedat (2011, p.1) who argues HIV/AIDS programmes are profoundly important to halt the spread of the infection thus deploying tactics of corruption in such programmes can be damaging.

2.13.2 Misappropriation of funds earmarked for treatment

Treatment programmes are more at risk for corruption than prevention programmes; at national level drug companies may collude with public officials for the supply of HIV/AIDS drugs such as the Antiretroviral (ARV`s) (Tayler & Dickinson, 2006, p104). The reason is the procurement of HIV/AIDS drugs for public health centres are often controlled by the State and this creates suspicion due to the bureaucratic process in which corruption may be embedded. These procurement processes usually involves large sums of funds which at time go unaccounted for. Tayler et al., (2006) indicates another loophole for corruption can be detected in pricing for ARV`s where they are different for developed and developing countries thus opening a window for corruption for drug production companies.

2.13.3 Misappropriation of medicine

HIV/AIDS drugs such as ARVs in many parts of the world including Namibia are often found on the open market sold by infected patients themselves, health workers or ministry of health employees involves in pharmaceutical jobs. Due to societal persistent discrimination against people infected by HIV/AIDS, many infected members of society are sometimes reluctant to enrol for ARV treatment fearing the stigma attached thus they rather opt to buy the drugs on the street which are sold by corrupt individuals (Seedat, 2011, p. 2).

In support of these incidences of corruption may seem to limit their impact on the lives of people infected and affected by HIV/AIDS is enormous. Every dollar taken by a corrupt official, a life of an HIV positive patient is compromised thus it is not the amount of funds that is important but the effect it has on those less privileged and are dependent on the State or donor agencies to provide the necessary resource for their well-being. Thus timely prevention of corruption is imperative for donors.

Demand for better governance for HIV/AIDS funding should be encouraged from both government and donor agencies. This is indicated by Seedat (2011) who alluded to the Kenya's experience where some of the issues that lead to the perpetration of corruption were as the result of poor governance.

It is important institutional strengthening is regarded as a priority area for donors before funds are disbursed; hence, weaker institutions tend to be prone to corruption. Corrupt officials have no mercy thus the best practice to combat corruption is through the promotion of anti-corruption policies that can safe guard public resources, particularly those living with HIV/AIDS.

2.14 Reported cases of corruption in HIV/AIDS donor funded projects in Africa

In 2012, Namibia was one of the countries where an audit report by one of the biggest funders for HIV/AIDS worldwide the Global Fund, uncovered a total of US\$ 2.23 million (approximately N\$ 20 million) was spent by Namibian recipients were not properly being accounted (Namibian, 2012, p. 1). This raised suspicion of misappropriation and mismanagement by respective institutions who received support from the Global Fund (Namibian, 2012, p. 1). Several institutions, government, civil organization and faith based organization were implicated in the findings. One of the major challenges which were identified as a weakness is the control of expenditure and weak oversight structures (Namibian, 2012, p.1). As observed from these reports it appears there were no clear accountability measures in place within the receipt institution to guide process expenditures. The issue of transparency was also eminent as some of recipients were not required by any policy to disclose their expenditure whether to the State or the public, except to their donors.

Similarly in Zambia, US\$ 8 million was lost from a Global Fund grant meant for HIV/AIDS programmes which was disbursed to the Ministry of Health (Seedat, 2011, p. 2); no necessary actions were taken to recover the funds lost. This resulted in one of the donors to suspend its contribution to the Global Fund support for 2011(Seedat, 2011, p. 2). Seedat continues in Kenya where reports indicated millions of dollars were corruptly pocketed by officials who were entrusted to implement projects on reproductive health and HIV/AIDS.

It was uncovered an amount of US\$ 5.2 million were found to be involved in corruption and misuse by implementing institutions (Seedat, 2011, p. 2). Similarly to the situation in Namibia the shortcomings were found to be related to governance and control of contracts. The key issues with regard to corruption on HIV/AIDS donor funds is not about the amount of funds lost but the impact it has on persons who were to benefit from such financial aid; suspending such funds as was a case in Zambia can have a profound effect on persons affected and infected by HIV/AIDS.

2.15 The effect of corruption on HIV/AIDS donor funds

The immediate effect of corruption on HIV/AIDS donor funds relates to suspension of funding as was the case in Uganda (Taylor & Dickinson, 2006). In 2005 the Global Fund suspended its support for a programme to fight HIV/AIDS, Tuberculosis and Malaria when an amount of US\$ 367 million was involved in fraudulent behaviour after an audit uncovered the funds were misused by the Ministry of Health (Taylor & Dickinson, 2006). This presented a critical situation relating to shortages of ARV's due to a lack of funds for procurement of such drugs.

Thus many people who were already receiving treatment were put at risk of resistance as they were unable to get the drugs at health centres and this posed a threat to their lives (Taylor & Dickinson, 2006). Considering what has happened it is important to emphasise corruption can have a devastating effect and has the capacity to cripple a nation or an organisation where policies and systems are corruptly formulated and immunity is exercised towards perpetrators of corruption. Governments and donors respectively should strive to promote good governance and integrity in relation to donor funds.

2.16 The role of the State on HIV/AIDS donor funds in Namibia

In Namibia, the State through its coordinating agency, the National Planning Commission (NPC) is responsible for setting up guidelines in relation to development/donor support. NPC. The Ministry of Finance where applicable, is responsible for signing grants related to financial and technical assistance for all development/donor cooperation agreements including HIV/AIDS grants.

This includes donor funds which are channelled through the State but are earmarked to benefit Civic Organizations (NPC, 2008, p.48). However, a critical look at the guidelines gives an impression only funds channelled through the State can be captured by NPC but not those directly channelled to institutions; Civic Organizations (NPC, 2008, p.48). Consequently, this can create loopholes for corruption as the State cannot trace, monitor and account for such funds. Synergy through development of national standardised guidelines in this regards is highly recommended in order to avoid corrupt practices. The State as the representative of a country's citizens and has the mandate to protect all public resources including financial resources.

Seedat (2011, p.2) argued accountability and reporting by funded institutions seem to be concentrated more on donor agencies, than the citizens or the State and this often, creates mistrust between citizens, government and civic organization. The State should thus be the supreme coordinator in relation to donor funds disbursed to any institution in Namibia in order to promote proper accountability by recipient institutions. The Financial Intelligence Act (Act No. 13 of 2012) could play a vital role in detecting any corrupt practices by donor recipient institutions, through strict observation of fund usage (United Nations Development Programme, 2013, p.14).

2.17 The role of donor agencies in fighting corruption in HIV/AIDS funded projects

Donor agencies can play a critical role in fighting corruption in HIV/AIDS funded projects. Firstly, an important part is for donors to be transparent about the amount they are giving and to whom it is destined (Taylor & Dickinson, 2006, p. 110). As indicated by Taylor et al., (2006) the disclosure of donor funds is often done with multi-bilateral donors than individual ones. These practices not only create risks for corruption but may also conceal some irregularities undertaken in the process of awarding the grants. Thus transparency and accountability from the part of donor agencies is required. Donors can also demand for the development or adherence to a Code of Ethics in order to promote integrity within funded projects irrespective of the size of such institutions.

2.8 Conclusion

The literature presented in this chapter gives an overview of HIV as a pandemic that presents enormous effects in Namibia and globally. The section also gives a broad discussion on some of challenges that are impending the fight against HIV/AIDS explicitly corruption subsequently the role that different stakeholders can play in safe guarding resources earmark for preventing this deadly virus.

In order to unpack the effect that corruption has on HIV/AIDS donor funds particularly in Namibia, an appropriate methodology was employed in this study. Thus the following chapter will highlight the methodologies and techniques used to for data collection and analysis thereof.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

A clear understanding of research as an explicit concept is the key to unlocking scholars' interrogations of research methodology, often, the latter is denoted as research methods or techniques. It is thus imperative that clear distinction is made with these important and similar conceptions. Research is the cornerstone of research methodology and methods. Redman (as cited in Kothari, 2004, p. 10) refers to research as through applying effort to acquire new knowledge. Candidly, it is a calculated action look (Advanced Learners Dictionary of Current English as cited in Kothari, 2004, p. 10) for new truths or existing truths of knowledge. According to Woody (as cited in Kothari, 2004, p. 10) research typically consist of a definition or redefining problems, formulation of hypothesis, collecting, analysing, and evaluating data and conclusion.

Therefore, research methodology is a process in which a research problem is methodologically solved. It simply describes how research is done in a scientific manner (Kothari, 2004, p.8). Research methodology offers steps to be adopted in relation to conducting a research. It is thus imperious that any researcher should be familiar with not only research methods or techniques but also with the research methodology; hence, each research problem may require a different research design. Subsequently, a research methodology constitutes several dimensions which include research methods or techniques. Coherently the latitude of a research methodology is broader than that of the research methods. It is on this understanding the researcher undertaken a resolution to acquire knowledge on the effect of corruption on donor funds in Namibia through research.

3.2 Problem statement

HIV/AIDS funding has grown significantly in the last decade and Namibia has benefited from such funding. Government and donor agencies have spent large sums of money, particularly, funds directed towards HIV/AIDS prevention and treatment. The problem statement is thus: What is the effect of corruption on the use of HIV/AIDS donor funds in Namibia?

3.3 Objectives of the study

The aim of the study is to identify the effect of corruption on the use of HIV/AIDS donor funds in order to provide guidelines to policy makers in relation to the regulation of HIV/AIDS donor funds in Namibia. The objectives to solve the problem are:

- To establish national donor specifications related to the use of HIV/AIDS donor funds
- To establish how HIV/AIDS donor funds are used in organizations
- To identify the effect of corruption on HIV/AIDS donor funds
- To suggest anti-corruption strategies for HIV/AIDS donor funds, if necessary

3.4 Research Approach

A qualitative research design was employed in this study which required the collection of statements from respondents during an interview. As a result in-depth interviews assisted in discovering the underlying understanding and opinion from respondents on the research topic. This approach is generally liable to human behaviour studies (Kothari, 2004, p. 3). This specific topic it is deemed corruption as a human behavioural problem that evolved due to circumstances around the nonexistence of HIV/AIDS cure thus prompting a proactive way of dealing with this phenomenon through donor support in order to save lives of those infected by this virus. Qualitative research was considered to be the most suitable approach for this study as it allowed the interpretation of statements made by the respondent in order to formulate inference (Christensen, Johnson & Turner, 2014).

3.5. Sampling

Non-probability sampling often referred to as purposeful sampling was applied to permit the selection of the sample in a deliberate manner, thus offering the investigator a supreme choice in the sampling process.

Even though a small number may be selected it is regarded as representative of the mass (Kothari, 2004, p. 59). This sampling method assists a researcher to choose a target group believed to possess valuable knowledge on the issue of HIV/AIDS, corruption and donor funding (Christensen, Johnson & Turner, 2014).

3.6 Target population and target group

A total population sample (Lund Research, 2012, p.1) which adjudicates for a sample with a particular set of characteristics was used. Thus different sample units were interviewed from Government, civil society and donor agencies to form part of the study. The target group were senior officials on management and decision making level who are involved in the implementation of HIV/AIDS and donor funding.

3.7 Data collection

Primary data collection was deployed as no known research has been conducted on the study topic in Namibia. Thus an interview method using face-to-face contact with interviewee using set predetermined questions was used (Kothari, 2004, p. 97). Consequently in-depth interviews were used with four broad open ended questions, consenting probes in order to capture the interviewee's opinion on the topic of discussion.

3.8 Data analysis

Data analysis technically includes editing, coding classification and tabulation of data collected so there are acquiescent to analysis. It involves searching for patterns of relationships that exists among data groups (Kothari, 2004, p. 122). Hence, inductive analysis which required data to be coded, categorised and identifying thematic areas was applied (Christensen, Johnson & Turner, 2014). This allowed the development of a broad based analysis from the four broad questions administered.

3.9 Conclusion

In view of collecting significant data, a qualitative research design was considered suitable for this study as it allowed the investigator to select respondents believed to possess valuable information on the issue of HIV/AIDS donor funding and corruption. Scientific techniques to collect data, sample and analysing the data was used thus making the study credible. Therefore, the result of the study will be systematically discussed in details in the next chapter.

CHAPTER 4

REPORTING OF RESULTS

4.1 Introduction

The results will be reported through converging key findings under different themes identified and verbatim quotes will be used to illustrate the actual response. Subsequently, the results will be discussed in the next chapter in relation to existing literature within the framework of the problem statement and objectives (Burnard, Gill, Steward, Treasure & Chadwick, 2008, p. 1).

4.2 Problem statement

HIV/AIDS funding has grown significantly in the last decade and Namibia has benefited from such funding. Government and donor agencies have spent large sums of money, particularly, funds directed towards HIV/AIDS prevention and treatment. The problem statement is thus: What are the effects of corruption on the use of HIV/AIDS donor funds in Namibia?

4.3 Objectives of the study

The aim of the study is to identify the effect of corruption on the use of HIV/AIDS donor funds in order to provide guidelines to policy makers in relation to the regulation of HIV/AIDS donor funds in Namibia.

The objectives to solve the problem are:

- To establish national donor specifications related to the use of HIV/AIDS donor funds
- To establish how HIV/AIDS donor funds are used in organizations
- To identify the effect of corruption on HIV/AIDS donor funds
- To suggest anti-corruption strategies for HIV/AIDS donor funds, if necessary

4.4 RESULTS

4.4.1 Lack of National donor specifications

The majority of respondents reported there were no national donor specifications in the field of HIV/AIDS in Namibia. What exists were guidelines in the National Strategic Framework on HIV/AIDS for those institutions receiving Global Fund support, however, these guidelines were not applicable to other donor funding outside Global Fund funding as one respondent commented:

“There are no national HIV/ADS donor specifications that I am aware of, they are lacking in the area of HIV/AIDS. The only specification I am aware of is perhaps the guidelines from our donors which we are following currently”

Several respondents shared diverse explanations on the reason for absence of donor specifications, with some saying specifications were not necessary as projects were not of the same nature in terms of their execution, donor regulations were not needed for Civil Society but rather necessary for Government institutions. Others said lack of knowledge from Law Maker on donor related issues was the gap and Civil Society independence was critical to government, thus the leniency on HIV/AIDS donor specifications. However, some respondents also cited fear of organisational closure should specifications be put in place due to unreliability of some donor funded institutions.

The majority of respondents also reported they were mostly using guidelines from their donor organisations therefore those were the only specification in their custody. Consequently they were accountable to their donor agencies as one respondent related:

“...We only follow the donor`s stipulated procedures and rules”

4.4.2 Proper Financial Management Systems

The respondents were requested to indicate the measure in place in their organisation with regard to use of HIV/AIDS donor funds. The majority of respondent reported their organisation had appropriate financial management systems in place

for effective use of HIV/AIDS donor funding. This includes budgeting, accounting, auditing, financial monthly reports, cash registers inventory lists, asset registers and annual plans, adequate personnel, and monitoring and evaluation. Guidelines on the use of the funds were also provided by the donor organisations with strictly adherence to donor requirement.

4.4.2.1 Annual Audits

Most respondents indicated their organisations were conducting annual audits which were usually done by external audit firms and mostly paid by their donors. Audits were viewed by several respondents as a proactive way of promoting transparency and accountability in the use of HIV/AIDS donor funds.

4.4.2.2 Sufficient Personnel

Several respondents indicated their organisations had sufficient personnel who were dealing with HIV/AIDS donor funds in order to ensure the effective use of the funds. Capacity building for staff members was also cited as critical to avoid misappropriation of HIV/AIDS donor funds:

“... All staff members are required to do a course on Business Ethics and Procurement Integrity”

4.4.2.3 Monitoring and Evaluation

The majority of respondent reported their organisations regularly conducted monitoring and evaluation as a measure for the effective use of HIV/AIDS donor funds in order to uphold transparency and accountability.

4.4.3 Withdrawal of donor Support

The respondents were requested to share their view on the effect of corruption on HIV/AIDS donor funds in Namibia. The majority of respondents reported corruption in recent years, has led to many donor organisations withdrawing their support on HIV/AIDS in Namibia, as a result some Civil Societies working in field of HIV/AIDS had to close down due to insufficient funding; particularly, after an extensive media reports surfaced regarding certain Civil Societies engaging in corrupt practices as narrated by a respondent:

“...I am aware that in Namibia many Civil Society are closing up due to lack of support as some donor have withdrawn their funding since that scandal of corruption in one of the NGO`s”

Several respondents indicated if corruption is not rooted out it will halt donor support for HIV/AIDS and scare donors from supporting HIV/AIDS initiative in the country. Donors may also redirect their funding to other parts of the world due to a bad image of the country. Some respondent reported national target goals on fighting HIV/AIDS will not be reached if corruption is remaining rampant in Namibia.

4.4.4 Corruption affects People Living with HIV/AIDS (PLWA) utmost

The majority of respondent reported the effect of corruption on HIV/AIDS donor support in Namibia will greatly affect People Living with HIV/AIDS (PLWA). Although this may not be the current situation in Namibia to date, its effects could be detrimental to PLWA as many state patients are receiving ARV drugs free from the Government as well as free feeding schemes which are subsidies by donor agencies as emphasised by the respondents:

“Corruption will affect PLWA most and even those organisation rendering services to PLWA will be close down and some have actually close down. Many people receive ARV`s free of charge from government and this is partly due to the support from donors. If this fund is withdrawn many poor people will not be able to afford ARV`s”.

4.4.5 Strengthening of the existing umbrella body

The respondents were asked to indicate possible corruption mitigation strategies in use of HIV/AIDS donor funds. The majority of respondents reported there is a need to strengthen the existing National umbrella body on HIV/AIDS to develop reporting mechanisms on the usage of donor funds, coordinate the disbursement of HIV/AIDS donor funds nationally, register all organizations working in the field of HIV/AIDS, monitor and evaluate the usage HIV/AIDS donor funds in the country and develop national HIV/AIDS donor specifications as well as sanctioning unethical behaviour by member organisations lamented respondents:

“The national umbrella body for organisation working in the field of HIV/AIDS should compel all civil societies involve in HIV/AIDS field to register with them. This body should monitor usage of donor fund in these institutions and sanction those who engage in unethical behaviour”.

4.4.6 Improve accountability for HIV/AIDS donor funds

Several respondents reported the Government should strengthen accountability mechanisms for HIV/AIDS donor funds and the line Ministry responsible for HIV/AIDS issues should take the leading position. Partnership between Government and Civil Society was also reported as critical for advancement of accountability and transparency issues. Public participation in reporting corrupt practices can also improve transparency and accountability.

4.4.10 Conclusion

A detailed analysis of data collected from interviewee yield valuable information presented in this chapter. Further systematic discussions of the results will be presented in the impending chapter.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In order to come up with clear conclusion and recommendations it is imperative to revisit the problem statement and the objectives of the study. This will assist in contextualising the results of the research in order to answer the research question.

5.2 Problem statement

HIV/AIDS funding has grown significantly in the last decade and Namibia has benefited from such funding. Government and donor agencies have spent large sums of money, particularly, funds directed towards HIV/AIDS prevention and treatment. The problem statement is thus: What are the effects of corruption on the use of HIV/AIDS donor funds in Namibia?

5.3 Objectives of the study

The aim of the study is to identify the effect of corruption on the use of HIV/AIDS donor funds in order to provide guidelines to policy makers in relation to the regulation of HIV/AIDS donor funds in Namibia. The objectives to solve the problem were as follows:

5.3.1 To establish national donor specifications related to the use of HIV/AIDS donor funds

The majority of respondents reported there were no national donor specifications in the field of HIV/AIDS in Namibia. What exists were guidelines in the National Strategic Framework on HIV/AIDS for those institutions receiving Global Fund support, however, these guidelines were not applicable to other donor funding outside Global Fund.

It can thus be argued that lack of national HIV/AIDS donor specifications have created a loophole for corruption for many funded organisations as there is no proper national accountability systems in place for the use of HIV/AIDS donor funds in Namibia.

This is supported by the view of Seedat (2011, p.2) which states accountability and reporting by funded institutions seem to be concentrated on donor agencies, rather than the citizens or the State and this often creates mistrust between citizens, Government and civic organization. However, Taylor et al., (2006) argues donor have a responsibility to disclose to the Government and the public, the amount they are disbursing and to whom they are giving.

5.3.2 To establish how HIV/AIDS donor funds are used in organizations

Most of the respondents reported their organisations had proper financial management systems in place, annual audits were conducted, sufficient personnel were also hired to oversee the use of HIV/AIDS donor funds and regular monitoring and evaluation were conducted. It can thus be concluded these measures were as the result of donor requirements rather national specifications as the majority of respondents indicated they were accountable only to their donor agencies than to the state.

5.3.3 To identify the effect of corruption on HIV/AIDS donor funds

The results show the effect of corruption on HIV/AIDS donor funds in Namibia is the withdrawal of HIV/AIDS donor support by several donor agencies. Consequently, this devastating situation has led to closing down of several civil society organisations due to insufficient funding. These findings are supported by (Taylor & Dickinson, 2006) who emphasised the immediate effect of corruption on HIV/AIDS donor funds relates to suspension of funding as in the case of Uganda (Taylor & Dickinson, 2006).

Consequently, the withdrawal of donor support and closure of many civic organisation working in the field of HIV/AIDS, particular in the provision of treatment in Namibia will immensely affect People Living with HIV/AIDS (PLWA) as also alluded by (Taylor & Dickinson, 2006) people who are already receiving treatment can be put to risk of resistance hence they may be unable to afford ARV drugs and this can pose danger to their survival.

As a result, the state has a profound responsibility to protect all citizens including those living with HIV/AIDS to have access to life saving treatment by safe guarding

all resources meant to benefit its citizens. The absence of national HIV/AIDS donor fund specifications which may have created a gap for corrupt practices is imperative in the fight against corruption in HIV/AIDS donor funds.

5.3.4 To suggest anti-corruption strategies for HIV/AIDS donor funds, if necessary

The majority of respondents reported there is a need to strengthen the existing National umbrella body on HIV/AIDS to develop reporting mechanisms on the usage of donor funds, coordinate the disbursement of HIV/AIDS donor funds nationally, register all organizations working in the field of HIV/AIDS, monitor and evaluate the usage HIV/AIDS donor funds in the country and develop national HIV/AIDS donor specifications as well as sanctioning unethical behaviour by member organisations.

There is need to strengthen accountability mechanisms for HIV/AIDS donor funds and the line Ministry responsible for HIV/AIDS issues should take the leading role in this matter of concern. Partnership between Government and Civil Society was also reported as critical for advancement of accountability and transparency issues. Public participation in reporting corrupt practices can also improve transparency and accountability.

Respondents suggested key practical anti-corruption strategies for HIV/AIDS donor funds and these strategies are critical for promotion of transparency and accountability in the use of HIV/AIDS donor funds in Namibia.

5.4 Recommendations

There is need for development of national standardised guidelines for the use of HIV/AIDS donor funds in Namibia in order to circumvent corrupt practices in donor funded organisations. More attention should be given to consolidating all financial resources meant for mitigating HIV/AIDS in the country, therefore, clear procedures on the use of HIV/AIDS donor funds should be developed by the government.

This requires that HIV/AIDS funds from public, private and donors should be coordinated through government in a transparency manner in order to benefit people affected and infected by HIV/AIDS. In addition, the Financial Intelligence Centre

could play a key role in monitoring the usage of HIV/AIDS donor funds in order to detect any divergence in use of HIV/AIDS donor funds.

5.4 Revisiting the limitations of the study

In order to resolve the challenge of limited data in the Namibian context on the effect of corruption on HIV/AIDS donor funds, the researcher relied on literature from other countries particularly within Southern Africa Development Community (SADC), Africa and worldwide. To secure permission the researcher assured confidentiality as the key to seek acceptance, for some institutions prior meetings with management for clarification were held and this greatly assisted the proceeding of the study.

5.6 Conclusion

Overall the commitment was shown by institutions and interviewee during the process of the study. It is the researcher`s view more studies can conducted to unlock some of the impeding issues in relation to HIV/AIDS and donor funding in Namibia.

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ADDENDA

Addendum A – Research Interview Questions

INTERVIEW QUESTIONS

1. Are there any national donor specifications related to the use of HIV/AIDS donor funds in Namibia that you are aware of?

If yes, explain in detail the key issues concerning the specification?

If no, what in your opinion could be the reason for the absence of the specification?

2. What measures are put in place in your institution with regard to the effective use of HIV/AIDS donor funds?

Probe question will follow depending on the response from the interviewee.

3. In your opinion what are the effects of corruption on HIV/AIDS donor funds in Namibia?

4. What strategies should be put in place to mitigate corruption in the use of HIV/AIDS donor funds?

Addendum B- Data Analysis

Matrix: Data analysis

Themes (Category)	Initial coding framework
Q1: Interviewer: Are there any national donor specifications related to the use of HIV/AIDS donor funds in Namibia that you are aware of? If yes, explain in detail the key issues concerning the specification? If no, what in your opinion could be the reason for the absence of specifications?	
1. Lack of National donor specifications x 9	<ul style="list-style-type: none"> ▪ Nonexistence of national donor specification in HIV/AIDS field ▪ Not aware of any HIV/AIDS national donor specification ▪ No government specification for HIV/AIDS donor funds exist ▪ Not aware of any national HIV/AIDS donor specification ▪ No national HIV/AIDS donor specifications ▪ No national donor specifications on HIV/AIDS in Namibia ▪ No national donor specifications on HIV/AIDS ▪ No knowledge of national HIV/AIDS donor specification ▪ No national donor specification for HIV/AIDS ▪ There are guidelines in the National Strategic Framework for institutions receiving Global Fund money but these guidelines are not applicable to other donor funding outside Global Fund National Strategic Framework exist but does not have clear specifications ▪ Guidelines from the MoHSS through Global fund money ▪ There no need for government specification as projects are different ▪ Lack of knowledge from Law Maker on donor related issues ▪ Civil Society independence is critical to government thus the leniency on HIV/AIDS donor specifications ▪ Fear of closing if such specifications are put in place due to untrustworthiness ▪ Donor regulations not needed for Civil Society but rather necessary for

	government institutions
2. Donor guidelines (Combined with theme 1) x11	<ul style="list-style-type: none"> ▪ There are guidelines from donor agencies ▪ Only donor agencies guidelines exists ▪ Only donor agencies guidelines exists ▪ Follow only donor organisations' specifications and rules ▪ Specifications are between the receiving institutions and donors only ▪ only donor specifications exists from donors ▪ only donor specification from donor agencies exists ▪ only donor guidelines from donors ▪ only donor guidelines from donors ▪ Only donor guideline from our donors ▪ Civil Societies only account to their donors not government
Q2: Interviewer: What measures are put in place in your institution with regard to the effective use of HIV/AIDS donor funds?	
3. Annual audits (sub-theme of 5) x4	<ul style="list-style-type: none"> -Annual Audits are carried out -Annual audits by external auditors -Audits -Annual audits are done regularly
4. Sufficient personnel (sub-theme of 5) x 4	<ul style="list-style-type: none"> -Sufficient and efficient personal dealing with HIV/AIDS donor funds in place -Sufficient human resources are in place -staff capacity building and inventories are in place -Capacity development is key

<p>5. Proper Financial management systems x 7</p>	<ul style="list-style-type: none"> -Financial guidelines from donors are followed. -financial systems (auditing) -Effective financial management system in place -Financial management systems such as accounting, budgeting and financial monthly reports done regularly. -Financial management system, inventory list, cash registers and personnel in place. -Several measures are in place with regard to the effective use of donor funds such as annual plan, budget, personnel, asset registers, inventory list and independent verifications. -Adherence to donor requirement is enforced
<p>6. Monitoring and Evaluation (sub-theme of 5) x 7</p>	<ul style="list-style-type: none"> -Strong accountability systems in place such as M&E, audits, training on ethics, toll-free number and attendance register -Various measures are in place such as monitor compliance to donor specification, activity validation, auditing and verifications with clients -an oversight function run by Board members to monitor financial matters - Regular Monitoring and Evaluation -Monitoring -M-M&E is necessary M & E is critical -Internal policies in place for the use of donor funds

Q3: Interviewer: In your opinion what are the effects of corruption on HIV/AIDS donor funds in Namibia?	
7. Withdrawal of donor support x 7	<ul style="list-style-type: none"> -Donors have withdrawn their funding -Donor have withdrawn their funding -Support withdrawn by donors -Donors have withdrawn HIV/AIDS support -No support from donors for HIV/AIDS initiative -No funding for HIV/AIDS NGO`s -No support for HIV/AIDS issues -Halt donor support for HIV/AIDS -Scare donors from support HIV/AIDS initiatives -Donors will withdraw their funding due to corruption -Donors will stop financing HIV/AIDS programmes and this will greatly reduce the country`s resources in the fight against HIV/AIDS -Donors redirecting their funding to other part of the world -Death due to lack of free services
8. Corruption affects People Living with HIV/AIDS utmost x 5	<ul style="list-style-type: none"> -PLWA suffer most due to corruption -PLWA will suffer greatly as many patient could die due to resistance -PLWA is suffer most if corruption is tolerated - Withdrawal of donor funding -PLWA will suffer greatly
9. Organisational closure (combine with theme 7) x 4	<ul style="list-style-type: none"> -Organisation closure due to lack of funding -organisational closure due to limited funding -organisational closure due to limited funding -organisational closure due to lack of funding -Jobs will be lost when organisation close down
10. Bad image for the country (combine with theme 7) x 3	<ul style="list-style-type: none"> -Country image can be tarnished -Corruption leads to bad image for the country -Image of the country will be tarnished by corruption
11. National target not reached (combine with theme 7) x 3	<ul style="list-style-type: none"> -Country targets on HIV/AIDS will not be reached with corruption -Target will not be reached -National aspiring will not be archived -Fighting HIV/AIDS will be difficult with corruption -Access to service will be reduced

Q4: Interviewer: What strategies should be put in place to mitigate corruption in the use of HIV/AIDS donor funds?	
<p>12. Strengthening of the existing umbrella body x 9</p>	<ul style="list-style-type: none"> - Donors should coordinate with the national umbrella body for HIV/AIDS before disbursement of HIV/AIDS donor funds -Mandatory registration to the umbrella body by civic organisation -HIV/AIDS donor national specification should be developed by the umbrella body -The umbrella body should conduct monitoring and evaluate the usage of HIV/AIDS donor funds -Civil societies working in the field of HIV/AIDS should register with the national umbrella body - the umbrella body should monitor usage of donor funds and sanction unethical behaviour -Development of reporting mechanisms by the national umbrella body on HIV/AIDS -Donor funded organisation should report to an independent body -Establish a body to monitor HIV/AIDS donor funds
<p>13. HIV/AIDS donor funding policy (Combine with theme 1) x 4</p>	<ul style="list-style-type: none"> -policy on the usage of HIV/AIDS donor funds should be developed by government -The MoHSS should develop national specification for HIV/AIDS donor funds -National regulation for HIV/AIDS donor fund need to be clarified -Development of national specification is essential

<p>1. Improve accountability for HIV/AIDS donor funds x 10</p>	<ul style="list-style-type: none">-Accountability for all donor funds on HIV/AIDS should be with the MoHSS-Accountability should be strengthened by enacting a law on reporting mechanisms-Strict supervision for HIV/AIDS donor funds is required-Partnership between government and Civil Societies is critical for advancement of accountability issues-institutions receiving HIV/AIDS donor funds should account to government-Increased transparency-Government should control HIV/AIDS donor funding-Control mechanism should be developed-Government should control HIV/AIDS donor funding- Control measures are necessary-The public should report corrupt behavioursFinancial management system is critical for donor funded organisation
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