

# The politics of civil society in confronting HIV/AIDS

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From the onset of the HIV/AIDS epidemic, non-governmental organizations (NGOs) and formal and informal community-based organizations (CBOs) have been at the forefront of promoting prevention, care and treatment. Most governments and international agencies have only belatedly acknowledged, or have ignored, the effectiveness and efficiency of the approaches these groups have advocated.

Extensive attention has been given to aid packages (promised and realized) from bilateral, United Nations and foundation donors. However, the largest financial contributors to the care and treatment of people with HIV/AIDS are families and a variety of civil society groups. Their contributions far exceed what governments and international agencies have provided. Yet again, the implications of this are largely ignored.

This article discusses the role of civil society groups in responding to the HIV/AIDS epidemic. The focus is primarily, but not exclusively, on Africa, as that is where the most extensive evidence exists. Both the strengths and the limitations of civil society organizations are discussed. Special attention is given to the political factors that place civil society at the forefront of the responses to the epidemic but reward its achievements with little more than lip service from international and national HIV/AIDS agencies.

Throughout the article, 'civil society' is used to describe NGOs, CBOs, faith-based groups and the many ad hoc groups that come together to undertake specific tasks. Not included in this definition of civil society are businesses, trades unions, governments and international donor agencies, although some overlap inevitably occurs in the membership of groups. For example, a mine worker may belong to a union, be involved in a company-sponsored HIV/AIDS programme and work with others to provide care for people living with HIV/AIDS (PLWHA) in his/her own community when not at the salaried job.

## Civil society moves to the forefront

During the first decade of the epidemic, and in many countries well into the second decade, national leadership was mute, sometimes dismissive of the importance of HIV/AIDS, and reluctant to take effective action against it. Policies representing national, business and social institutional responses to the epidemic were largely lacking. Where national strategies existed, they were usually formulated on the initiative and with the guidance of external agencies.

The gaps in effective national policy and programmatic responses were filled by community and NGO initiatives. Many of the local responses focused on care for PLWHA and support for affected family members, including children orphaned by the death of one or both parents. A survey of community-based responses to HIV/AIDS, using information available in 2000, concluded:

In the last decade, the response of communities in sub-Saharan Africa to the effect of AIDS on their children has been nothing short of astounding ... thousands of communities have recognized the phenomenon of increasing numbers of vulnerable children in their midst and are responding to their situation with ingenuity. Hundreds, if not thousands, of community initiatives are organizing responses and molding themselves into coordinated child support programs. For the most part, those initiatives, programs, and emerging CBOs are hardly known outside their immediate locale. They have hardly been studied or documented.<sup>1</sup>

Family and community members normally provide the most extensive, immediate and sustained care and support for people in need. They readily identify and help respond to short-term needs. These responses pre-date the HIV/AIDS epidemic and its impacts on households and communities. Women's support groups, religious communities and savings societies were important organizing mechanisms to assist PLWHA, caregivers and orphaned children.

Indeed, one of the rationales offered by national authorities for limiting governmental support for affected communities is that traditional social networks, especially extended families, will buffer the economic and social impacts of HIV/AIDS and provide for orphaned children, widowed women and elderly caregivers. At one level, this is quite correct. A study in Tanzania found that nearly all material assistance to affected families came from relatives and communities.<sup>2</sup> An analysis of spending on HIV/AIDS concluded: 'Individual out-of-pocket spending represents the largest single component of overall HIV/AIDS spending in many countries in sub-Saharan Africa.'<sup>3</sup>

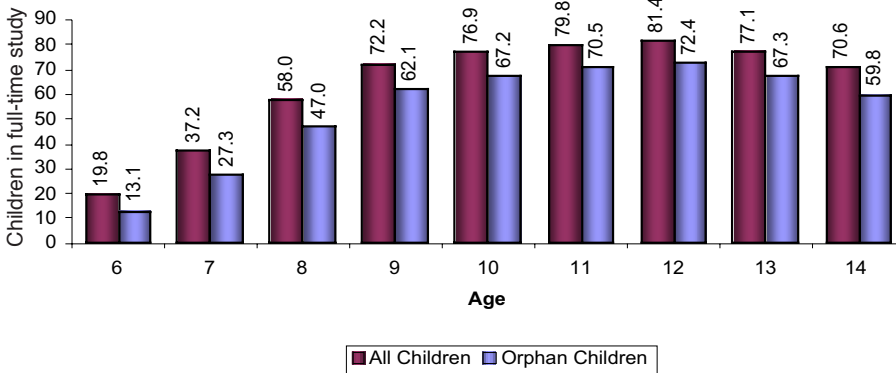
However, civil society contributions to the HIV/AIDS epidemic carry a great cost that neither governments nor donor agencies are addressing.

<sup>1</sup> Stanley Ngalazu Phiri, Geoff Foster and Masauso Nzima, *Expanding and strengthening community action* (Washington DC: Displaced Children and Orphans Fund, 2001), p. 25.

<sup>2</sup> Gladys Mutangadura, D. Mukurazita and H. Jackson, *A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa* (UNAIDS: Geneva, 1999), available at <http://www.unaids.org/publications/documents/economics/agriculture/una99e39.pdf>, last accessed 16 June 2003.

<sup>3</sup> Geoff Foster, *Bottlenecks and drip-feeds* (London: Save the Children, 2005), p. 15.

**Figure 1: Effect of orphanhood on school attendance, Zambia**



Source: Lorenzo Guarcello and Furio Camillo Rosati, ‘Orphans and child labour’, paper presented to the ILO/IPEC Workshop on HIV/AIDS and Child Labour, Lusaka, May 2003.

Evidence points to the deepening strains the epidemic places on households and communities. For example, evidence developed by the International Labour Organization found that girls and boys are withheld or withdrawn from school to save money and assist in work within the household. Other children, notably those who have been orphaned by HIV/AIDS, work to supplement lost household income.<sup>4</sup> Figure 1, based on evidence from Zambia, illustrates the loss of educational opportunities faced by children orphaned by HIV/AIDS.

In addition, the epidemic is exacerbating prevailing gender and socio-economic inequalities. The loss of labour as a result of HIV/AIDS leaves some households poorer and less able to earn income or produce food. Lowered production and time for off-farm work leave households including a chronically ill member with, on average, a reduction in annual income of 30 to 35 per cent.<sup>5</sup> A comparative study of rural and urban households in one province in South Africa found households affected by HIV/AIDS had incomes 40–50 per cent lower than non-affected households.<sup>6</sup> After an adult death, funeral expenses further reduce household income. Sale of animals, equipment, household goods and land to offset lost income and expenses incurred add to the deepening impoverishment of households.

Well before international agencies moved to link the various issues associated with HIV/AIDS, community groups and NGOs were aware of the

<sup>4</sup> Bill Rau, *HIV/AIDS and child labour: a state-of-the-art review*, paper no. 6, International Programme on the Elimination of Child Labour (Geneva: International Labour Organization, 2005).

<sup>5</sup> Gabriel Rugalema, *HIV/AIDS and the commercial agriculture sector of Kenya* (Rome: Food and Agriculture Organization, 1999).

<sup>6</sup> F. le R. Booysen and M. Bachmann, ‘HIV/AIDS, poverty and growth: evidence from a household impact study conducted in the Free State province, South Africa’, paper presented at a conference of the Centre for Study of African Economies, St Catherine’s College, Oxford, 18–19 March. 2002.

importance of comprehensive responses. While the international HIV/AIDS community has defined separate components (individual behaviour change, management of sexually transmitted infections, policy development) in building responses to HIV/AIDS, civil society groups attend to a broader range of related issues. At least three years before USAID began to provide condoms, NGOs on the ground had been calling for inclusion of condoms to supplement information, education and communication (IEC) messages on prevention. Likewise, it was at least three years before most donor agencies acknowledged the importance of care to strengthening prevention; NGOs had been pointing to the linkage.<sup>7</sup> In Burkina Faso, two local organizations imported generic anti-retroviral (ARV) drugs before donors or the government. A similar initiative occurred in Mali.<sup>8</sup>

Many of the most innovative and effective initiatives to address HIV/AIDS have been designed and implemented by civil society groups. In some cases, external assistance has been available to facilitate or coordinate these initiatives. In other instances, religious organizations, women's formal and informal groups, youth groups, informal sector business workers and others have moved ahead with what resources were available to reach and assist their peers and other affected people.

NGO approaches are criticized, and claims are made that community-based responses are not sustainable; but these comments tend to assess local approaches in isolation from wider factors, such as the existence or absence of supportive national policies to prevent HIV/AIDS and protect affected individuals and households. Community groups do not have all the answers. They can be wrong; they may not have a full understanding of the wider socio-economic context in which proposed actions would occur (although people locally often have a clear understanding of economic processes, actors and power). Internal conflicts and fears surrounding HIV/AIDS can disrupt or inhibit community responses.<sup>9</sup> This is especially the case if local organizations or movements succumb to demagoguery. In such instances, solutions will be far more narrow and usually heavily blaming and discriminatory towards others.

The HIV/AIDS pandemic in itself affects the ability of civil society groups to respond to needs as fully as they would like. Also, the epidemic is layered along with existing (and new) impoverishment and class and gender inequalities. While the epidemic has given some women greater voice and visibility as organizers, planners and advocates, it has further limited the livelihood abilities of many others. One example, among many, can be cited. In Zambia, 'Female-headed households, particularly those with PLWA, ... participate little in CBOs as a result of competing labour needs and insufficient targeting by service

<sup>7</sup> See e.g. International HIV/AIDS Alliance, *Care, involvement and action: mobilising and supporting community responses to HIV/AIDS care and support in developing countries* (London, 2002).

<sup>8</sup> Marie de Cenival et al., *Accès commun: scaling up access to antiretrovirals in Africa with community based organizations* (Paris: SIDACTION, 2004).

<sup>9</sup> Janet Gruber and Margaret Caffrey, 'HIV/AIDS and community conflict in Nigeria: implications and challenges', *Social Science and Medicine* 60: 6, 2005, pp. 1209–18.

providers.’ The same Zambian study found that ‘only few female-headed households looking after PLWA and/or orphans participate in the community-level area satellite committees ... to identify vulnerable households that are entitled to its free food and farm input support. Consequently, female-headed households often lose out on development initiatives, including relief support.’<sup>10</sup>

### **Civil society threats to established authorities**

The innovative and creative approaches to HIV/AIDS prevention and care offered by civil society offer models for action that could slow and control the epidemic. However, those approaches are given only rhetorical recognition by national elites and international organizations. Several reasons for this weak response can be noted. First, many politicians fear providing support and credibility to the initiatives of civil society organizations, lest such groups then build upon their successes to question and challenge development failures. Second, bureaucracies—whether newer HIV/AIDS commissions or established ministries—fear losing their mystique of expertise and the power that goes with the control they have over budgets and planning. Third, international agencies have little trust in the expertise of community-led groups and use their funding power to define approaches and regulations. The UN Development Programme may argue that civil society organizations have been ‘the first line of defense’ in the efforts to control and mitigate the impacts of HIV/AIDS.<sup>11</sup> However, it has not been able to convince the international community to move beyond the rhetoric of collaboration. As large donor agencies and governments adopted some of the language of community participation, they did not relinquish their control of funding and assumed expertise. Governments and international agencies treated community-level civil society organizations (whether short-lived self-help groups or more permanent NGOs and CBOs) merely as implementers of programmes and approaches developed from outside their communities.

There are two primary reasons why community and NGO responses to the epidemic have not been more fully adopted by national and international programmes. The first is technical; the second is political.

Many civil society organizations are not able to provide rigorous programming, monitoring, accounting or evaluation of their initiatives. This is a recurring argument voiced by many national and international agencies. In their perception, civil society groups are unable to design and implement prevention or care programmes that reflect the appropriate technocratic responses to HIV/AIDS: individual behaviour changes induced by prevention messages, condom promotion, Sexually Transmitted Infection (STI) treatment, drug therapies. In

<sup>10</sup> Food and Agriculture Organization, *HIV/AIDS, gender inequality and rural livelihoods: the impact of HIV/AIDS on rural livelihoods in Northern Province, Zambia* (Rome: FAO, 2004), p. 24.

<sup>11</sup> United Nations Development Program, ‘HIV/AIDS: CSOs as a first line of defense’, in *Partners in human development: UNDP and civil society organisations* (New York: UNDP, 2003).

these programmes, participation and local ownership are sought out by the donor or implementing agency rather than generated from within. As temporary, even artificial, constructs, 'participation' and 'ownership' disappear at the end of the project. If people who have been the subjects of countless projects over the past half century have learned anything about external agencies, it is to be cautious, invest just enough social capital to persuade the project to create a few temporary jobs or provide a temporary service.

External agencies may acknowledge the ability of civil society organizations to reach groups of people not readily available to large programmes. However, large agencies worry that money cannot be adequately absorbed and/or properly accounted for by small groups. Further, it is too large a burden on the bureaucracy of large programmes to assess and administer small, community-oriented programmes.

All of these technical arguments are, from the perspective of large national and international agencies, valid. They, too, have learned lessons over the past 50 years, such as that people will take what they can from the goodwill of outsiders, but will commit only a small portion of their own resources to fit a project's structures.

One of the difficulties in identifying effective community responses is that most of those that have been documented have occurred within the context of international funding. Where possible, examples will be given here where external funding and/or approaches were not a part of the project, or where participants broke out of the framework imposed by a project-funding agency.

This is not to suggest that good donor projects that actually seek to alter socio-economic and gender inequalities do not exist. Rather, it is to argue that the power of money and assumed expertise that defines 'correct' approaches to HIV/AIDS prevention constrict what is proposed, what is allowed and what is documented. Further, donor-funded projects tend to have timeframes of three to five years. That period is often shortened by start-up and wrap-up activities. Thus, there is little time for community trust to be established or for a project to adapt in ways that make the best use of community networks and organizing. Reviewing two decades of HIV/AIDS programmes, Panos concluded: 'the most effective responses to HIV/AIDS are those which emerge from within societies; and they tend to be long-term, complex and difficult to evaluate. These are precisely the strategies which donors, despite their best intentions, find most difficult to support.'<sup>12</sup>

The second reason why civil society approaches have not been more prominent in responses to HIV/AIDS is political. Both national and international HIV/AIDS experts are reluctant to grant too much credibility to community groups. What is the value of accumulated expertise to design, administer and evaluate projects if better work can be done by civil society organizations? At the same time, political leaders are very reluctant to acknowledge the initiatives

<sup>12</sup> Panos Institute, *Missing the message? 20 years of learning from HIV/AIDS* (London: Panos Institute 2003), p. 4.

of local groups on HIV/AIDS or other issues. To do so opens up the possibility that those groups will broaden their agendas and question the priorities and methods of the elite-controlled political processes.

These anxieties on the part of politicians may be well founded. Panos argues: 'Civil society movements on HIV/AIDS have not only been critical in raising awareness of HIV/AIDS issues in terms of health and sexual behaviours, but they have also been the main instigators in politicising it.'<sup>13</sup> The Treatment Action Campaign (TAC) in South Africa represents one response by civil society to the problems it faces in bringing treatment to citizens. Much of the success of TAC comes from the fact that the campaign represents the voice of a community at the epicentre of the AIDS crisis. As Nathan Geffen from TAC put it,

TAC's members are primarily poor people, many living with HIV. The movement has managed to do this by operating in poor communities ... TAC establishes branches in all communities that we can. These branches meet regularly, elect representatives to our structures and are the backbone of the organisation. Without this community mobilisation, we would not have had any success and would not have become a social movement.<sup>14</sup>

### **Coopting civil society**

In a handful of cases, civil society organizations have been encouraged by national authorities. This is not the same as including roles for NGO and CBO actors in national strategic plans. Such plans often are unrealistic and directive rather than collaborative. The national strategies are presented in ways that take for granted that NGOs and CBOs will conform to a set of benign regulations or to HIV/AIDS approaches that do not fit civil society realities. This has become even more the case as donor countries such as the United States insert their own political agendas into funding requirements.

Uganda and Senegal are regularly praised for encouraging and promoting NGO involvement in the national HIV/AIDS responses. Political leadership in both countries 'was important in mobilizing a broad-based national response to the epidemic. It helped create a motivating and enabling environment in which many other non-governmental actors could take urgent action on the pandemic. It provided a framework, together with the efforts of civil society, in which other external actors could offer the necessary resources, knowledge and skills.'<sup>15</sup>

Uganda's example is interesting because the successes that have been achieved in controlling the epidemic here involved two political streams: a centralizing state with a strong military background; and a civil society openly encouraged to play an active role in addressing the epidemic—and in the

<sup>13</sup> Panos Institute, *Missing the message?*, p. 10.

<sup>14</sup> Nathan Geffen, *Missing the message?*, p. 10.

<sup>15</sup> Panos Institute, *Missing the message?*, p. 7; United Nations Development Programme, *HIV/AIDS: a governance challenge* (New York: UNDP, 2001).

process, extending the state's authority. There is some parallel with Thailand. When a military government took power in 1991, it was able to bypass consensus-building institutions, such as the parliament. The technocratic specialists in the public health sector were able to convince the government of the need for rapid and centralized action to slow the epidemic. The advent of the military regime in 1991 provided the framework for technocrats and public health officials to push a strong prevention response—without national debate—to HIV/AIDS.<sup>16</sup>

In addition, government concerns about international aid flows and international relations influence decisions about approaches to HIV/AIDS. Again, Uganda provides a clear example. Recent research has argued that Uganda's acclaimed success in lowering HIV/AIDS rates diverted international criticism from the country's involvement in the war and resource exploitation in the Democratic Republic of Congo. At the same time, international agencies needed an African success to justify their investments in HIV/AIDS programmes.<sup>17</sup>

The role of the Ugandan president's attention to HIV/AIDS from an early stage was important. But lost in the praise was consideration of the importance of local NGOs and informal communication networks within civil society. A retrospective study found that 'behavioral changes in Uganda appear related to more open personal communication networks for acquiring AIDS knowledge, which may more effectively personalize risk and result in greater actual behavior change'.<sup>18</sup>

The international community has known for some time that behaviour change strategies are insufficient in themselves to achieve effective HIV/AIDS prevention. In 1999 UNAIDS published the outcome of detailed consultations in Asia, Africa, Latin America and the Caribbean. The report recorded: '*Based on a review of the literature and of experiences in the field, most current theories and models [of HIV communication programming] did not provide an adequate foundation on which to develop communications interventions for HIV/AIDS in the regions.*'<sup>19</sup>

At one level, the promotion of civil society engagement in HIV/AIDS programmes is linked to political structures that actually run counter to broad representation in political and economic decision-making. There are strongly voiced arguments for promoting a link between effective HIV/AIDS control and involvement of a broad range of citizens and civil society groups in governance processes.<sup>20</sup> Yet two frequently cited examples of national successes in controlling the epidemic—Uganda and Thailand—occurred in states with military governments.

<sup>16</sup> Yaowarat Porapaktham, Somjai Pramarnpol and Supatra Athibhoddhi, *The evolution of HIV/AIDS policy in Thailand: 1984–1994* (Arlington, VA: Family Health International, 1995).

<sup>17</sup> Joseph Tumushabe, 'The politics of HIV/AIDS in Uganda' (Geneva: UN Research Institute for Social Development, 2005). <http://www.unrisd.org>, last accessed 16 Dec. 2005.

<sup>18</sup> Janice Hogle, ed., *What happened in Uganda: declining HIV prevalence, behavior change, and the national response* (Washington DC: The Synergy Project, 2002), p. 10.

<sup>19</sup> UNAIDS, *Communications framework for HIV/AIDS: a new direction* (Geneva: UNAIDS, 1991), p. 42.

<sup>20</sup> See e.g. Lee-Nah Hsu, *Governance and HIV/AIDS* (Bangkok: United Nations Development Programme, South-East Asia HIV/AIDS and Development Project, 2000).

## Making space for civil society: looking to the future

Neither civil society groups nor governments alone can adequately or effectively meet the challenges of HIV/AIDS prevention, care and mitigation. Each brings major strengths that can complement the gaps and weaknesses of the other. For example, civil society organizations have not addressed in more than a rhetorical way the differential impacts of the epidemic and the greater risks faced by people with less access to services. Many NGOs refer to poverty as a factor driving the epidemic, but they do not provide an analysis adequate to understand the dynamics of impoverishment and HIV/AIDS. Putzel notes that in Uganda, the state provided the development framework missing among many NGOs. He argues, 'In Uganda, the President was able to forge a coalition behind an HIV/AIDS campaign in part because the virus largely ignored the privileges of wealth and political power.'<sup>21</sup>

Civil society organizations have been less concerned with having millions of dollars in international funding than with having ground-level support, seeing policies implemented, and applying effective prevention and care strategies that grow out of and work with communities. While national governments and elite institutions have been, in general, in denial about the existence, transmission factors and impacts of HIV/AIDS, civil society has been urging effective responses. Likewise, while international and national institutions have focused on individual behaviour, local communities and NGOs have often stressed the contextual factors that influence that behaviour. And, while governments and international institutions have argued for more money to support HIV/AIDS programmes and bureaucracies, civil society (individuals, families and local organizations) have remained the largest funders of HIV/AIDS activities.<sup>22</sup>

Donahue argues that

The starting point for creating effective responses to the impacts of the pandemic on children is recognizing that *families* and *communities* are the principal safety nets for children. Consequently, interventions by project designers, policy makers and others will have significant, sustainable impacts on children's vulnerability and well-being largely to the extent that they strengthen ongoing capacities of affected families and communities to protect and care for vulnerable children.<sup>23</sup>

There are numerous examples of effective civil society initiatives, some well documented, others known only to the participants. One that has received attention over time is Scaling Up HIV/AIDS Interventions Through Expanded

<sup>21</sup> James Putzel, 'The politics of action on AIDS: a case study of Uganda', *Public Administration and Development* 24, 2004, p. 29.

<sup>22</sup> Joanne Csete, 'Facing down the ugly politics of HIV/AIDS: what role for human rights groups and other NGOs?', <http://www.eurasianet.org/health.security/presentations/hrw2.shtml>, last accessed 10 Oct. 2004.

<sup>23</sup> Jill Donahue, 'Children, HIV/AIDS and poverty in southern Africa: the economic impact of AIDS', paper presented at SARPN Conference on 'Children, HIV and poverty in Southern Africa', Pretoria, 2002.

Partnerships (STEPS), an initiative, supported by Save the Children USA, to address HIV/AIDS in Malawi. The project began in the mid-1990s. An external review in 2004 summarized the accomplishments and constraints which are applicable well beyond this one project.

Contextual factors critical for scaling-up include an enabling policy environment with a strong commitment of the current government ... Organizational factors enabling scaling-up include a well-trained and motivated staff; adoption of a community mobilization model ... ; commitment to documenting and disseminating lessons learned; and reaching more affected populations through partnerships. Factors specific to communities include leadership within the community, ... the nature of livelihoods, and the history and culture of the communities with respect to collective action.

Important factors that threaten or limit the scaling-up ... include the magnitude of the epidemic, which is eroding community resources; the current food crisis, which is diverting resources to sheer survival; the gap between the resources that communities need and what they have, which undermines the spirit of volunteerism; weak commitment of donors to a truly community-driven multisectoral response; and the overall context of poverty and underdevelopment, which makes it more difficult to mobilize communities and build their capacities to respond to the multiple challenges of the AIDS epidemic.<sup>24</sup>

Civil society organizations have played a more significant role in HIV/AIDS prevention, care, treatment and mitigation than they have been given credit for. The models they offer are replicable, if both technical and political changes occur within the context in which HIV/AIDS is understood and addressed. For example, loosening and altering the narrow regulations and accounting procedures that funding agencies impose on governments and grant recipients will allow civil society groups to expand their coverage and make further innovations in their programmes.

Political change will arise as more members of civil society, at all levels, move into the political arena, bringing with them their awareness of issues and experiences in community mobilization. Political openings are occurring. Three examples are noted here. First, the important role of NGOs, in particular, is increasingly acknowledged by some state authorities, especially as decision-makers within government ministries recognize the difficulties in carrying out their social and economic functions. Second, advocacy by civil society groups—including direct challenges to ruling authorities—is becoming more common. TAC is an example. Third, the epidemic is striking politicians and civil servants. In Zambia, turnover of elected officials has increased markedly over the past decade.

Some analysts suggest that civil society may step into a political environment in which state legitimacy is seriously compromised by its failures to mitigate the impacts of HIV/AIDS. The basis for much of the thinking around HIV/AIDS

<sup>24</sup> Suneetha Kadiyala, *Scaling-up HIV/AIDS Interventions through Expanded Partnerships (STEPS) in Malawi* (Washington DC: International Food Policy Research Institute, 2004), p. iii.

and democracy lies in research on the link between poor health and political instability and between good health and democracy. Kondwani Chirambo points out that there is a growing school of thought arguing that HIV/AIDS poses a threat to democratic consolidation, as its impacts may whittle away confidence in governments if they fail to deliver the necessary response to HIV/AIDS and support the millions of people likely to suffer the impact of the disease.<sup>25</sup> Recent public opinion surveys found that between one-third and over a half of the populations in 14 African states support diverting funds to HIV/AIDS from other priority areas. Another survey by Afrobarometer found that nearly one-third of South Africans (30 per cent) 'cite AIDS as one of the three "most important problems facing the country that government ought to address"'.<sup>26</sup>

The warnings about the next generation of political leaders inheriting the many problems created by HIV/AIDS are to be taken seriously. On the other hand, many of those leaders will have experience in working with NGOs and community movements. They will bring to leadership roles a fuller appreciation of the nature of HIV/AIDS and clearer views on comprehensive responses.

<sup>25</sup> Kondwani Chirambo, 'Will HIV/AIDS re-shape the face of politics?', *Democracy in Action* 11: 1, 2003, pp. 16–17.

<sup>26</sup> Afrobarometer, 'Afrobarometer Briefing', <http://www.afrobarometer.org/results.html>, accessed 10 March 2005.