

Thinking Politically: A Review of the Political Science Literature on HIV and AIDS

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1 Introduction

While in 25 years scientists have learned more about the human immunodeficiency virus than about any other pathogen, we still lack solid evidence and analysis on what public health measures work and why. We measure viral load in an individual but not new HIV infections in a population. We know very accurately the effects and side-effects of ARVs but we have no idea whether decades' worth of AIDS education messages have any impact at all. Equally surprising is the low level of motivation to compile the evidence and undertake the analysis: there is an assumption that we know enough and just need to try harder. The prematurely achieved and unobjectionable consensus is that the stock-in-trade of international agencies is an obstacle to the kinds of inquiry and debate that are necessary. . . . [G]ood social scientific research routinely confounds the accepted wisdom and reveals a more complicated, interesting and often unexpected picture.

—Alex de Waal, 2006

We have recognized the HIV epidemic's existence among us for 30 years, and over that time period, we have come to see that the epidemic may not be dealt with in purely bio-medical terms. Instead, it has required and entailed an unprecedented engagement of academic scientists with policymakers, political activists, and politicians. This epidemic, perhaps more than any other recent communicable disease or naturally-derived phenomenon, has required the collaboration of social and natural sciences to find viable solutions to the problem of its spread.

While plenty of biomedical scientists know about and understand the “social embeddedness” of identity, vulnerability, sexual expression, and so forth, funding favors “scientifically based” epidemiological studies. “Unfortunately, most national AIDS prevention programs are designed according to these biomedical models of individual risk and rational behavior change, and their lack of success in intervening into the epidemic is evident” (Kalipeni et al. 2004, 4).

One group of academics, however, has remained relatively absent from the debates and rather minimally involved in the study of the development, causes, and effects of policies intended to mitigate the spread and ramifications of the epidemic. In large measure, political scientists and similar scholars of the policy sciences have not analyzed the epidemic in a systematic way, and the supply and demand for political science analysis of the pandemic has remained rather low. This paper will discuss the several ways that what we call the “political sciences”¹ have addressed the worldwide epidemic, either on its own terms or as an example of a subject that can shed light on a larger class of phenomena of interest to the analyst. In so showing the supply of studies, we wish to stimulate a greater demand for political sciences to focus upon the HIV epidemic,

¹We use the term “sciences” here for two reasons. First, there are more academic disciplines than the one formally called “political science” that study politics and policy in a systematic and scientific way. Second, as we will see below, there is a good deal of disagreement over what the “proper” subject of study and the appropriate methods of analysis are. Within this work, we take a fairly catholic view of both the ontological and epistemological/methodological considerations.

both for the sake of improving our understanding of the HIV policy environment and for improving the scientific reach and utility of these disciplines' understanding of the world at large. "... [A] failure to appreciate the political dimensions of HIV can frustrate efforts to promote and implement evidence informed policy" (Buse et al. 2008, 573).

The following paper will outline the scholarly literature that the political sciences have so far generated on the epidemic's effects and implications. It will discuss the major research programs into which political scientists have ensconced their research on HIV and AIDS, noting strengths and weaknesses thus far as well as assessing the extent of coverage and elisions. Finally, we will offer suggestions for how the various strands of the political sciences may engage and extend their contributions to our understanding of the pandemic and its consequences.

1.1 Why political science?

The politics of the pandemic have been addressed politically, as policy think-tanks and government research bureaus have engaged in a vast amount of prescriptive and descriptive work regarding the problems of and approaches to HIV and AIDS. A recent literature review of social science scholarship on HIV and AIDS noted this lack; fields like economics, anthropology, sociology, and public health have been much more active in developing research agendas and programs that include or focus upon the pandemic and its epidemics, their dimensions, and their implications. Historians on both sides of the Atlantic have been particularly active in documenting the origins, development, and repercussions of the pandemic (see, for example Baldwin 2005; Grmek 1990; Shilts 1987; Engel 2006; Bourdelais 2003 (2006 trans.)). However,

Although there is reason to think that one of the most significant long-term consequences of HIV/AIDS in Africa will be a change in the fundamental political relations between citizens and the state, little research considers the consequences of HIV/AIDS on governance, security issues, or conflict. In fact, more than other social science... , political science has been largely silent on the issue of HIV outside of the developed world. Our review of this field revealed very few empirical studies, and fewer programmatic statements than in other areas (Nguyen and Stovel 2004, 39–40).

As will be seen, the above criticism largely continues to hold true, even in the time that has passed since it was noted.

Why is it important to examine and engage this discipline? If political scientists have taken little interest in the problems illustrated and brought about by the global pandemic, why should that be of any concern to those outside the disciplines of political science? If, in the words of the old idiom, "too many cooks spoil the broth," then why add another set of cooks?

Taking a view of the fields of knowledge encompassed by the modern social sciences, only one of those fields has as its focus the systematic analysis and attention to the way in which societies attempt to solve explicitly the problems and challenges that they face. The study of politics is, in the end, the attempt to understand how the members

of a group arrive at the resolution to do or not do certain things and why they arrived at that decision instead of some other. The other social sciences concern themselves with possibly overlapping but still different portions of the social sphere. Economics, in a sense, takes a more limited purview as it attempts to examine the distribution of limited resources given infinite desires. Sociology takes a wider view, examining the common mores of a group or groups.² Public health tends to examine the biological or socio-structural roots of a population's health characteristics. None but political science concern themselves primarily with the public sphere, government and governance, and consequent processes of give-and-take decisionmaking. If we wish to understand why, for example, policies are as they are, why some civil society organizations come to exist or gain influence, the interrelation of violent conflict with the spread of disease, and so forth, we should turn to those scholars with a comparative advantage in studying these phenomena.

Some political scientists have been calling for their discipline to address the policy complexities and puzzles that the AIDS epidemic has raised. More often than not the calls have gone largely unheeded. Take a look at the following:

- “Political science has been slow to address the political and policy issues of AIDS. . . . By downplaying AIDS, political science has not only acquiesced in trivializing this deadly disease and in marginalizing groups initially identified with it, but it has also squandered an important opportunity for itself. To what degree might the study of AIDS test the breadth of current explanatory theory? What testable hypotheses might be generated from studies of AIDS policies? What does AIDS tell us about processes of political mobilization, policy making, the creation of political networks or alternative power maps? To these and other questions, the discipline had no answers. . . . as a profession, when compared to psychology, social work, history, even theology, there has been no rush to institutionalize a formal, professional, HIV-focused arena of study and policy assistance in the midst of this crisis” (Sherrill et al. 1992, 688, 692).
- Siplon (1999) discussed some of the difficulties in conducting research in this issue area, when the disciplinary pressures (in the North American academy, at least) are to be either a “researcher” (who is dispassionate and objective) or an “activist” (who is prejudiced but doing something).
- Boone and Batsell (2001) noted: “Political science as a discipline, including the branch of international relations, has been slow to grapple with the AIDS crisis. It seems that the HIV-AIDS issue has been conceived of as too private, too biological, too micro-level and sociological, too behavioral and too cultural to attract the attention of many political scientists. . . . When it comes to the more political, institutional, and macro causes and effects of HIV-AIDS, the literature is very sparse indeed.”

²Each, of course, has its political variant—political economy and political sociology—so there exists overlap with political science.

Boone and Batsell also note further sources lamenting the lack of political science engagement (Lanegran and Hyden (1993):”Here is a major global issue with potential ramifications as great as any war, yet hardly any political scientist shows scientific interest in it!”)

- Finally, in introducing a special issue of one of the American Political Science Association’s two research journals,³ Densham (2006) notes that there had been little activity in the subject area since Siplon’s articles in APSA’s non-research, professional journal seven years earlier.

From a non-North American perspective, the record is somewhat better but hardly superlative. Scholars—not all political scientists in a formal sense—such as Dennis Altman (political science, Australia), Tony Barnett (interdisciplinary social scientist, Britain), Alex de Waal (anthropologist, Britain and U.S.), Nana Poku (international political economy and development studies, S. Africa and the UK), and Alan Whiteside (economist, S. Africa) have certainly been researching and writing on issues around AIDS for more than 20 years. But beyond these and a few others, there are few scholars who have devoted the totality, majority, or substantial portion of their research agendas to the various facets of AIDS and its politics.

As we will see, the number of works that address the politics of the epidemic in a social scientific fashion and in a form recognizable to academic practitioners as constituting “political science” is not insubstantial. Political science on AIDS exists, and it has grown over time. In larger terms, however, it does not constitute a coherent research program, nor does it constitute a substantial portion of other research programs.

1.2 Methodology

We obtained works for review and analysis in the following ways.

First, we searched the major on-line databases available (primarily JSTOR, PAIS, Web of Science,⁴) using the terms (syntax varies depending on the system) for (HIV OR AIDS) and (POLITICS, POLITICAL SCIENCE, POLITIC*), in essence trying to initially cast the net as widely as possible. Where possible, we used the subset of journals and publications subsetting in the database under “Political Science” and/or “Public Administration/Public Policy.” As far as was possible, we relied upon systems like JSTOR (www.jstor.org) to restrict the work to peer-reviewed or semi-peer-reviewed research available.

Second, in order to cover researchers and works who prefer or who have institutional structures to push them toward books and monographs rather than articles, we used the US Library of Congress’s call number system, as well as the (US) National Library of Medicine’s indexing system, to examine the range of books and other monographs available upon the topic. Thus, for example, some of the books on various aspects of the

³To my knowledge, this is one of only two occurrences of a special journal issue or section devoted to HIV and AIDS in the academic study of political science. The other is a collection of articles in *International Affairs* in 2006 that formed the basis for Poku et al. (2007).

⁴This includes the Social Science Citation Index.

AIDS pandemic may be found in LOC's RA 643—RA 644 (part of the classification for “Public aspects of medicine—Disease and public health.”) One may then search most library catalogs (university or national libraries) sequentially through their holdings; alternatively, one might be able to go to those shelves and examine the works that way.

Finally, where it was possible, we attempted to restrict the works found to those with authors who meet any or several of the following conditions:

- They have a graduate or terminal degree (often, but not always, the Ph.D.) in political science/government/politics, public policy, or political economy. Alternatively, the author may have a degree that is technically in economics or sociology, but they claim or show that a primary research interest is in political economy or political sociology.
- The author has an academic appointment in a political science/politics department or school of public policy.
- The author holds an appointment or position in a reputable policy analysis organization, like UNAIDS, the Brookings Institution, or University of KwaZulu-Natal's HEARD⁵ unit.

2 Structures of political science(s)

One definition of what political science is comes from psychologist Jerome Kagan, in his recent book *The Three Cultures*: it is the discipline which seeks “to understand the sources of, and constraints on, power relationships among institutions, social groups, and nation states, where power is defined as the ability to force or persuade others to accept beliefs or practice behaviors they would not otherwise adopt” (Kagan 2009, 168).

Siplon (2007) considers the root subject of study in political science: power. That is, just as economics may be defined as the study of the allocation of (material) resources and the use of those resources, political science examines the allocation and use of the ability to get other actors to do what you want, even if the others do not want to. Siplon contends that the HIV epidemic has demonstrated the many facets of what is often “mean” by “power” and how that concept often plays out in international politics. She considers power from the perspective of subject and object. In the subjective case, she examines how AIDS has made clear demonstration of the power that some states and groups have over others (“power over”); in the objective sense, the pandemic has also shown how it is a different form of power to be able to determine one's own course (“power to” (do something)). By and large, AIDS has largely affected those without power. Even where the powerless organize and come together to create power, those who do hold power in political systems are often able to diffuse or stymie the demands of the organized powerless or less powerful. Holders of power can therefore force “non-decisions” by preventing grievances from developing into issues requiring decisions and

⁵Health Economics and AIDS Research Department.

change (21). The fundamental problem of HIV, she argues, is one of the configuration of power relationships among individuals, organizations, and nation-states.

Thus the tragedy of AIDS is not that the world is helpless in the face of this crisis. The tragedy is that some people are deliberately being deprived of the forms of power at the individual, societal, national, and international level that would allow them to implement these solutions while others with power are blocking these solutions at all these levels (31).

A number and variety of disciplines might easily fall under the “political sciences”—political science itself, but also public policy, public administration and management, parts of history, parts of sociology, and perhaps even parts of economics. The cleavages that may be most relevant to those looking in from the outside, however, are less disciplinary and more philosophical. That is, a number of debates over what constitutes the study of politics and how that study is most properly done have tended to define the scope of the political sciences for those conducting and consuming research in the fields. The major divides are:

1. Epistemological disagreement of the nature of the “science” being conducted, based in whether the analyst prefers a logico-deductive “Enlightenment” approach or a more contingent, Weberian, language-constructed view of the world.
2. A divide between American and Commonwealth/European students of politics (and which replicates to a fair degree the first divide).
3. A topical and functional divide as to the realm or type of political phenomenon being studied (that is, what are the “subfields” of political research).

This section discusses each in turn.⁶

2.1 Epistemology

Those scholars and researchers focused on understanding and explaining politics largely devote themselves to studying the phenomena in a “scientific” fashion. What they mean,

⁶Other divisions are of course possible. For example, Kagan (2009, 168) divides the field into three realms:

1. Scholars who attempt to conduct “ethically neutral empirical science.”
2. Those who attempt to model the world, again in an attempted value-free means, using the techniques of rational choice theory and game theory.
3. A final group who build upon the ethical traditions of the ancient and Enlightenment philosophers because of “the impossibility of cleansing power relations of a moral evaluation.”

In terms of the categories provided, the political scientists who evaluate the ethics and moralities of the exercise of power tend to be either political theorists/philosophers or located outside the United States. North American political science, on balance, tends toward the first two cleavages in training and practice.

however, by “science” varies rather significantly. What is the basis of knowledge and inference in the study of social relations and entities?

On the one side stand those who argue that the powerful techniques that the natural sciences have developed over the last three to four centuries—hypothesis testing, experimental control, replicability—are the preferred methods for approaching the study of human societies. Researchers in this vein generally follow the scientific method in the production, analysis, presentation, and conclusions of their studies. That is, they define a class of social phenomena in which they are interested, propose a theory that links proximate cause with ultimate effect (often discussed in terms of explanatory and dependent variables), use the theory to generate testable hypotheses, gather data to use in testing those hypotheses, and analyze the results as a means of demonstrating the more generalizable nature of the theory. In the end, these scholars are interested in model generalizability. The purest example of this viewpoint is probably King et al. (1994).

Another strand of political science analysts are more suspicious of a social science enterprise that implicitly or explicitly takes natural scientific epistemology as its model. Where the “naturalist” social scientist—like his colleague in the lab or habitat—draws upon an Enlightenment epistemology, this second type of student of politics draws more upon the epistemologies inherent in the work of Max Weber and Ludwig Wittgenstein. The social world, these contend, is fundamentally different than the natural world. Human beings construct it via the use of language and other shared understandings. Because humans are *zoon politikon* (in Aristotle’s phrase), they cannot be studied in isolation, for there is no such thing as a human being in isolation from others or the environment. The complex of causal factors in the social world is too complex for methodological isolation to say much that is meaningful. Rather than mimic or adapt from the natural sciences, these researchers argue that the political and social sciences should create and develop tools appropriate to the object of study—as the natural sciences did in the late medieval and early modern period (c. 1300-1750).

2.2 Geography

Academics who study politics and policy in a systematic fashion also tend to divide geographically, with the (dominant) view of political science in the United States contrasted with that in the rest of the world. Indeed, in other countries of the world, there is often suspicion of the endeavor of “American-style, so-called ‘political science’,” even while some programs attempt to restructure themselves along the lines of the “empirical” (i.e., rationalist and quantitative) U.S. programs. Three major geographic divides exist: a methodological distinction, largely mirroring that discussed in the previous section; the second is an ideological divide, one that comes down even to the level of ontology and which thus represents an even greater divide; and a material divide between “North” and “South.”

The first geographical division of political sciences largely mirrors the epistemological divide present in the US academy. As the US discipline of political science has become or been perceived to become more like the natural sciences or an atomized, utility-maximization form of economics, many analysts of politics and political life in

other countries (but here the focus is primarily upon English-speaking ones) have resisted a creeping Popperian scientism as wholly inappropriate to the subject at hand. For example, quantitative analysis requirements or a basic knowledge of mathematics, statistics, and statistical techniques have been rather standard fare in American doctoral programs in political science for the last two or three decades, at the least. Even cursory examination of the program requirements (where they exist beyond the submission of a dissertation or thesis) for top programs in the UK, Canada, Australia, and France indicate that quantitative analysis is generally not a required component of graduate education and training. More extensive analysis shows that, at least in France, there is as much of a bias against quantitative methods as there is toward them in the U.S. (Billordo 2005; Billordo and Dumitru 2006).

A more important geographic divide in the political sciences derives from a very basic ontological turn. While political science in the US, by and large, has largely adopted a worldview with the priors and methods of natural scientific rationalism, in the rest of the world, alternatives—such as Marxian, post-modern, and post-structural approaches—are much more viable and active. In the former Soviet Union, of course, but also in Latin America (where the tradition of liberation theology remains alive and influential), Marxian analysis remains important as a framework for political analysis. (As Terry Eagleton reminds us in a recent work (Eagleton 2011), Marx’s analysis of the nature of advanced industrial capitalism still may have much power to aid in our understanding of class and international politics.) Similarly, outside the US, Wittgenstein’s linguistic analysis framework, Foucault’s “biopower”, and even John Searle’s “political ontology” and work on social reality (see, for example, Searle 1995, 2010) are much more commonly used outside the US than in it.⁷ Finally, above and beyond these previous divisions, there is the divide between developed/developing-North/South in terms of the production of scholarship. As a generalized phenomenon, HIV and AIDS are overwhelmingly found in the “South”—but as we will see the majority of the scholarship produced upon its biomedical, epidemiological, economic, and political aspects is overwhelmingly produced in the “North.” Even where the scholarship may come out of universities, think tanks, and institutes in developing nations, researchers and funding from the richer parts of the world is often involved.

2.3 Functionally

Political sciences are also divided by their functional specialization, into a number of subfields, as in any other academic specialty. These are:

- **National politics:** Those who study the operation, interaction, and institutions of their home country. Thus, for example, American politics, Canadian politics,

⁷We should note that this is true in the “empirical” subfields of political science in the US. In political theory and philosophy, on the other hand, these traditions and approaches are all alive and well, which also furthers intercommunication between US political theorists and philosophers and their counterparts in other countries. Political theory and philosophy have been estimated to cover only about 10 to 15 percent of the positions available in the field, and the divide between the “theorists” and the other subfields is often deep and profound.

British politics.

- **Comparative politics:** These political scientists study such problems as democratization, social movements, the operation of capitalist systems, and a variety of other problematics, through focused comparison of two or more countries. Often, these political scientists will focus upon a region of the world—Africanists, Latin Americanists, etc.—or a particular type of country, like advanced industrialized countries or highly indebted poor countries.
- **International relations:** These scholars study the interaction of countries with one another, focusing on how the anarchy of international politics—the overall lack of a governing authority to police or compel nation-states—conditions political outcomes and processes. These researchers focus on several sets of questions: war and violent conflict (including civil warfare, which leads to some crossover with comparativists), international political economy, and the operation and influence of international organizations and institutions. International relations and comparative politics tend to blur into one another at their edges.
- **Political theory:** This is the study of political philosophy, including the philosophy and politics of the law. Political theorists examine the history of political thought, synthesize modern theories of politics, consider the underlying philosophical bases of our modern political problems and systems, and engage in critique of all of these projects.
- **Public policy and administration:** The application of theory to practice, public policy and administration scholars focus on governmental administration, operations, and management, usually using an interdisciplinary tool bag. While public policy and administration often feature the techniques and idea of political science(s), they are often distinct because of their focus on the “actual” workings of government or on “how to” run government (in a practical sense). This field may be housed in an entirely separate school or faculty from the department named “political science”, “politics”, or “government.”
- **Methodology:** Researchers in this vein of study examine the ways in which political scientists and other analysts of politics go about conducting the study of politics and devising new approaches and techniques to address the particular problems encountered. They primarily work in two areas. First, there are statistical researchers who devise new statistical techniques to address the particular problems that political researchers encounter in large-N data, such as relatively (compared to economics or natural sciences) small datasets, often with missing data or which are collected as observational rather than experimental data (see, for example King 1989). Second, there is a large movement to design and make properly supportable inference from small numbers of cases considered on a deep, detailed level, so called qualitative research. These scholars vary considerably in their preferred prescriptions for how to make scientifically valid conclusions from

small sets of cases (thus, see King et al. 1994; Brady and Collier 2004, 2010; Ragin 1989, 2000; Gerring 2001; George and Bennett 2005).

3 The Political Sciences of HIV

3.1 Country Case studies

Before beginning, we should note that not all of the studies political scientists have studied necessarily fit easily into the categories elucidated below. A number of the studies of HIV and its relationship to politics have been single country case studies, wherein the researcher examines AIDS either to understand the logic of how some political dynamic affects the situation of HIV in the country in question or how HIV is one example of a particular political phenomenon seen in a particular country. While many of these articles are excellently written and researched, in examining a single case, they cannot, of course, evaluate the validity of a causal mechanism. Some of these single-country studies, however, are able to examine causal claims, as they find more than one “case” within the country in question, either by comparing different time periods or by considering sub-geographies (states, provinces, regions, other administrative units) of the country.

These studies are important to political scientists for two reasons. In the first case, where the object of the data is a single case, the data collected may often serve analysts who wish to conduct comparative causal analysis of more than one case. In the second circumstance,

Within the literature surveyed here, single countries studied for analyses (of both types) include: Brazil, Ghana, South Africa, Uganda, India, Zimbabwe, China, the United States, France, and Tanzania. These countries are probably the most typical ones studied, especially the “BRIC” countries, Uganda, and South Africa.

3.2 Public Policy output

One of the most studied ways in which political scientists and policy scholars have examined HIV and AIDS has been to try to use it as a case to explain why countries vary in their responses to the epidemic (Heald 2006). In other words, these scholars seek to understand why some countries appear to be much better at identifying the magnitude of their epidemic and then devising appropriate strategies to deal with the problem. Often, they start with a set of country comparisons, where the countries or governments are largely similar on some usual set of comparative indicators, such as type of polity, mode of governance, economic development, and so forth. Making use of Mill’s method of difference, some analysts of differential output describe how a critical factor (or nexus of factors) in the underlying or prior conditions drives the policy output differences (Putzel 2006, for example,). More concretely, such an analyst might compare how two relatively high-income, generally democratic countries with similarly funded health systems can respond very differently to the epidemic, with one responding very aggressively to the presence of HIV and the other either doing very little or seemingly paralyzed in response. Another variation is to examine how one country implemented a

particular policy program and then examine whether that program might be replicable in other circumstances (Buse et al. 2009).

Alternatively, some analysts compare countries at fairly different levels of economic development, mode of governance or polity, health resources, and so forth, in order to find out what common factor(s) may exist between or among the countries and societies in question.

The underlying question often assumes a rational actor framework (that is, that the government of the state pursues preference-ordered ends, using all available information, and that the actor seeks to maximize its utility in pursuing those ends).

Although all studies examined here will often have some version of this question—what accounts for differential policy output and effort?—as a concern, the studies described in this section make this question the primary focus of the theorizing, data collection, and analysis. These studies look at policy output and level of effort by the government or its sub-agents as the dependent variable, while taking specific organizational, cultural, or structural factors as the proposed independent variables; the unit of analysis in such studies is generally the society or government as a whole.

This is not to say that all of the works discussed in this entire review are not in some way concerned with the question of policy, but these studies take policy output as the primary phenomenon of interest. As we will see, other studies examine different processes and outcomes. For example, the efforts of an activist community may lead a government to make changes in its drug and medical procedures approval policies (Carpenter 2010, Chapter 8). Or they examine how international trade policies restricted governmental freedom of response, leading coalitions of developing country governments to challenge global property rights regimes (Sell and Prakash 2004; Halbert and May 2005).

The following studies seek to explain, in a comparative sense, the observed variation in national-level responses and to discern what state or societal characteristics explain those outcomes. Roughly speaking they may be divided into two major categories: the cultural and the institutional/structural.

One of the major differences between cultural and organizational/structural explanations has to do with the malleability of the underlying causal factors. Although, in a sense, both these strands of the public policy output literature focus upon “institutional” factors⁸, some of these causes are more amenable to change through intentional action. With cultural explanations, the causal factors of interest are sufficiently deeply embedded in a society that they prove resilient against short- to medium-term action intended to change their operation on human beings. For example, we can think of ethnic and racial population proportions, a society’s particular history, colonial heritage, or religious makeup all as potential cultural explanatory factors. Organizational causal factors, by contrast are those which are subject to directly being operated upon via a change in policy’s goals, instruments, and settings (drawing upon the language of Hall (1993)). This is not to say that these are “easy” to change, simply that they may be operated upon through the action of government or governance institutions. Some examples include:

⁸Where institution is defined sufficiently broadly to allow for all sorts of implicit or explicit rules and norms that guide and/or shape human and individual group behavior.

the democratic or autocratic nature of the polity, the degree of oversight elected officials have over appointed official and/or the bureaucracy, or whether the military is under civilian control.

3.2.1 Cultural

Cultural explanations for the variation in country effort against HIV site the explanation for varied output in the “culture” of the country at hand. By cultural explanations, I draw on the Geertzian understanding of “culture.” Geertz understood and defined culture as “an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and their attitudes toward life” (Geertz 1973b, 89). Moreover, “culture” is the context in which people live out their lives, and Geertz did not take it to be understood as a force or causal agent in the world (Geertz 1973c, 14). Culture is, for him, a system of meaning and making meaning of the world.

As we will see, however, later analysts have somewhat adopted Geertz’s understanding of culture. At least with respect to contemporary political science research, culture is treated as an independent variable, and intermediating circumstance between independent variable and dependent variable, or as a contextual condition or control variable for which to account. Thus, for example, Eboko (2005) sought to understand the different policy regimes that various African states undertook, arguing that political culture—“the dynamic and heterogeneous ground of collective identities, ideologies, and historical pathways of different political forces” (38)—explained a large part of the differing paths taken by South Africa, Uganda, Senegal, Côte d’Ivoire, and Cameroon. Siplon (2005) argues that patriarchy underlies many of the features of African governance. With women excluded from many of the highest levels of power, there are fewer advocates for strong national HIV and AIDS responses, along with a number of policy choke-points that can render even the best intentioned and resourced programs ineffectual. Altman (2006) focuses upon sexual culture and mores and the willingness of governments to address taboo and uncomfortable topics; these taboos go a long way toward explaining why governments fail to implement policies and programs, even when the outcomes are clear and beneficial (such as with drug use “harm reduction” interventions).

Democratic institutions and norms appear to play a mixed role in the response to the epidemic. The effect of democracy upon the spread of the epidemic is not well understood. Some analysis indicates that centralized political systems (i.e., authoritarian) are better positioned to coordinate societal responses: in Uganda, for example, “the centralist character of the NRM regime was crucial not only to mobilising state organisations and foreign aid resources, but also to ensuring significant involvement from non-state actors. . . . There is a tension between the requirements for determined and systematic action that public authority and a command structure can deliver and the need to disseminate information widely and through multiple belief systems requiring a degree of democratic openness and a free media” (Putzel 2004b, 29).

Lying in-between cultural explanations and more organizational ones is the work of

Evan Lieberman (and Varun Gauri) (Lieberman 2009, 2007; Gauri and Lieberman 2006). These analysts explain the variation across relatively similar countries as a function of “boundary institutions,” which they define as “those sets of rules that regulate racial and ethnic group categories and intergroup behavior” (Gauri and Lieberman 2006, 46). Although they are careful to explain that such “boundary institutions⁹” are separate from sub-national or ethnic identities, the overlay of such institutions depends heavily upon cultural identity constructs. These institutions are the formal overlays to informal (but still mighty) attitudes, beliefs, and practices; simply removing the institutions may not necessarily change policy output, due to the underlying cultural constraints. In the end, Lieberman finds that boundary institutions that reinforce these cultural identities concurrently impede the design and implementation and overall output of anti-HIV policies, because groups have different degrees of risk perception for in- and out-group members.

3.2.2 Organizational

Political science research in this vein shares with the preceding literature a focus upon the dependent variable of policy output (how much and what the government does) in response to the epidemic. Instead of a focus upon deep historical or cultural explanations, however, this strand of the literature contends that the main causal factors in explaining differential state action and policy output come as the result of organizational or institutional factors in government or governance institutions.

From much of this literature, it seems clear that “political leadership” matters for mounting and maintaining governmental action.¹⁰ What is less clear is how much effect it has and what kind(s) of causal co-factors are necessary.

Parkhurst and Lush (2004) focused on four aspects of political institutions: political leadership, extant bureaucracies and configuration, health systems and their infrastructure, and what governments allow or assign NGOs, CSOs, and other non-governmental groups to do. Comparing Uganda and South Africa in the 1990s, they found that greater leadership, more flexible bureaucracy, greater capacity of the health system, and constructive engagement with “grassroots” organizations were all contributing factors to greater policy output. Allen and Heald (2004), comparing Botswana and Uganda’s responses, argues that the engagement of leaders can help to ameliorate the problems that may occur with “one-size-fits-all” prevention strategies. Bor (2007) argues that we can explain a large degree of the political commitment of political leaders (as measured by public statements made, getting an HIV test, etc.) by the degree of press freedom, income equality, and overall HIV prevalence found in that country. Finally, Vicziany (2007) argues that the Indian government’s (as of 2004) failure to address its HIV prob-

⁹These include “the census and other protocols for gathering and disseminating information in terms of group identities; policies granting access to jobs, political offices, schools, and certain rights of citizenship on the basis of group membership; and group-differentiated personal law” (49).

¹⁰Political leadership is usually defined as the head of state and other very prominent members of the society taking up the cause of HIV prevention and education, mentioning it often in speeches, getting publicly tested, heading the National AIDS Council, and so forth.

lem stems from two sources: bureaucratic inflexibility and inefficiency (especially within the mixed public-private health sector), and official policies (on the national or more local levels) that criminalize or penalize sex workers, transgender people (who also have a high degree of sex work involvement), and AIDS outreach workers.

As Parkhurst and Lush point out, government organization and bureaucratic performance appear to have a strong effect upon a country's policy output performance. Less research exists in this vein, however, than in the above focus upon leadership. Paxton (2010), for example, demonstrates that the structural arrangement of government agencies vis-à-vis one another and NGO/CSOs will affect the degree of output governments mount. Structured case comparisons of Mexico and Botswana indicate that network organization forms for the relations of government agencies and civil society organizations can affect the degree of activity undertaken.

To some extent, some studies present more limited versions of the question of policy output above, examining some "tough case"—that is, a country that has few or none of the generally accepted "relevant" factors deemed logically associated with success—and showing the explanation that cuts against the grain. Elbe (2002) provides an explanation (at least a partial one) of how a poor country with recent civil strife and little democracy like Uganda was able to get way out in front of the epidemic. As President Museveni became aware of the great extent of HIV-infection in the military, he worked aggressively to curtail the disease, because the military was the basis of his power and general social stability, in the wake of Idi Amin's overthrow. In a different example, Youde (2005) argues that South Africa's failure to implement a treatment program can be traced to a "fundamental disjuncture" between the identities of South African politicians and the international AIDS epistemic community which has led to the rise of a counter-community in South Africa.

As we can see, the potential reasons for variation in government output in the fight against AIDS are potentially quite varied, whether they are cultural or organizational/institutional in nature. There are few certainties here, but just as we have learned over the last few years to "know your epidemic", it also seems certain that to maximize responses, one needs to "know your country" or "know your government."

3.3 The State and Governance

This research program straddles the field border between the comparative politics and international relations subfields, as it considers the relationship between the local and global epidemics and the state's capacities and governance structures. Most important, contends de Waal (2003b), the impact of the pandemic "can be envisaged as running processes of demographic transformation, economic development, and the growth of the bureaucratic state, in reverse." As HIV kills off increasing numbers of people, general health, life expectancy, growth in national wealth, industrialization, and economic diversification will decrease, quite possibly below the levels found at the initiation of development programs. As the state concentrates more of its efforts into the health sector, the "demands of mounting programmes" for treatment and prevention as well as a shift of government activity into public health provision and monitoring will leave the

state less able to provide other public goods.

Much of the extant literature on HIV and politics focuses on how addressing and/or managing the disease and its attendant socio-economic challenges affects the state and its ability to effectively administer and govern its attendant society. The development, functioning, and change over time of the state in a larger society has been one of the main concerns of the study of comparative politics.

In this context, the state is relatively synonymous with “government”, in that it refers to the set of institutions providing order in society, addressing the social welfare of the citizens, managing relations with other similar entities, and so forth. In this sense, it moves beyond the minimal definition laid out in (Weber 2004), wherein Max Weber defined the state as the social entity that enjoyed the monopoly of legitimate violence in a society.

This research area, considering the relationship between the state and governance, with AIDS as a test case, poses several related questions:

- What effects is the disease having upon the functioning of the state and society? What does widespread HIV do to the social and political institutions of the state?
- Why do some states seem to fail at (parts or all of) public policy so utterly, as in the cases of Swaziland and South Africa? How and in which ways does the epidemic help to bring the pathologies of the state into focus? How is it that even well-managed states can “miss” the problem (potential or actualized) of HIV?
- The ways in which a country’s AIDS response show how well-functioning states behave and what institutions they have that help them to function well.

Well-functioning states are marked by several characteristics generally: they are responsive to the needs of their citizens (so democracy is almost always a characteristic of these states), they have sufficient capacity to do the things that need addressing, minimal or no civil unrest or conflict, a constitutional order for the evaluation and retention or replacement of elected officials, limitations placed upon the scope and operations of the government, protections for the rights of citizens and minorities, and so forth (for comprehensive and applied statements of this idea, see Dahl 1972; Sen 2000). Poku et al. (2007); Poku and Sandkjaer (2007a) considers these questions with specific reference to the epidemic and its effects upon education (Mahal 2007), poverty (Poku and Sandkjaer 2007b), democratic functionality (Chirambo 2007), and outstanding problems in the study of these questions (Strand 2007).

The first question above is essentially one of human resources management (which is not to minimize it in any fashion), for it is through the effects upon individuals gathered into groups that the demographic, political, economic, and other social impacts come into being. Much of the security studies literature (please see below) on the effects that HIV has on the military institutions of a state might be considered part of this question. That is, as military members are removed from active duty for cause of illness, the military will lose much acquired knowledge and experience. We know to expect similar repercussions to occur in government bureaucracies and business organizations.

The HIV/AIDS pandemic in Africa has far-reaching implications for governance and development. In addition to killing millions of individuals and causing serious economic contractions, the pandemic threatens structural transformations in African economies, institutions and governance. Decreased adult life expectancy has important adverse impacts upon savings, capital accumulation, skills acquisition, and institutional functioning. This article examines how the impacts of the pandemic can be envisaged as running processes of demographic transition, economic development and the growth of a bureaucratic state, in reverse. Meanwhile, expanded HIV/AIDS programming is likely to become a major feature of some African countries. The article examines different models for social and political mobilization against the pandemic and sketches a unified framework for understanding its impact (de Waal 2003a, 12).

In a similar example, Elbe's (2002) study of the link between conflict and HIV in Africa noted that the disease affects social function and stability because it strains medical facilities already under pressure from casualties, increases the risk of infection due to the disruptions caused by refugee flows, pushes HIV into rural areas along with combat forces, and "inverts priorities" for civilian and combatant alike, as immediate survival appears more pressing than infection avoidance. de Waal (2010a) notes that militaries have often been faster to deal with the human capital costs of HIV and AIDS (given that militaries are set up to sustain certain degrees of human capital loss, this is not surprising). Other institutions and organizations will suffer an inversion of priorities, as workers take time off or quit outright to care for themselves or family members; and as human, economic, and political capital must be expended upon HIV prevention, control, and treatment rather than other facets of social development.

Stepping back a bit in focus, the management of HIV responses, whether well or poorly, provides a signal of politico-technical capacity to national and international public and is thus a sign governmental competence and legitimacy (Compton 2007). Responsibility for definition and management of national HIV responses, in line with the "Three Ones" framework,¹¹ lies in the National AIDS Commissions/Committees. Global entities like the Global Fund, World Bank, and so forth require developing countries to establish NACs, on-the-ground evidence indicates that these bodies are less effective than when seen from the international level. "The establishment of supra-ministerial bodies effectively ends up in inadequate attempts to reinvent government and to replace what is essentially a political challenge of prioritising HIV/AIDS in government and non-government sectors with an organizational fix" (Putzel 2004a, 1137).

3.3.1 Good, bad, and ugly governance

The political sciences have also only somewhat addressed the ways that AIDS might be used as a test case for understanding the failures and successes of particular states or

¹¹One national-level HIV framework, one National AIDS Coordinating Authority, one Monitoring and Evaluation system.

types of states. In terms of failures, few seem to be surprised when pathological places like Zimbabwe fail to address the massive problems the epidemic engenders; indeed, the surprise would be if such poorly run countries somehow did well on AIDS alone. The (mis)management of AIDS provides opportunity to examine how organizational or leadership pathologies in a state can lead to an active avoidance of a society's HIV problem, even as evidence mounts that not only is the problem of AIDS growing in a society, but that the government's active denial or neglect of that problem contributes to the problem. Although one finds little in the academic political science literature, fairly interesting analysis in this regard is being conducted, however, by long-form journalists, such as *The New Yorker's* Michael Specter (Specter 2004, 2007) and *Science's* Jon Cohen (see especially Cohen 2006, 2008, 2010).

Well-run countries, whether developed or developing, have demonstrated similar inabilities to recognize the severity and seriousness that the epidemic has posed to their citizenry, politics, and functionality. "Even" the advanced industrialized democracies failed to respond to AIDS at earlier stages in the disease's spread. In the early 1980s, France would seem to be the archetype of the country most able to deal with the burgeoning epidemic effectively and forcefully, having "strong national political community, new government open to issues important to gay men and lesbians, highly adaptable bureaucracy, and respected scientific community." Yet because of emphasis on fiscal austerity and public service privatization and the association of the disease with American (and American-associating French) gays, the French government failed to implement programs that might have minimized prevalence (Bosia 2006).

In some cases, the very institutions that development has helped to bring to many countries may bear some responsibility for the problems encountered in responding to AIDS. Democracy, in particular, may not provide the "right" incentives for leaders to address the pandemic. For example, Strand (2010) points out a contradiction at the heart of what he calls "democratic AIDS governance": if political leaders show political leadership on HIV, especially in the East and Southern African contexts, they become vulnerable to populist politics that would scapegoat PLWHA and add to discrimination and denial. Similarly, Patterson and Haven (2005); Haven and Patterson (2007) demonstrate that one of the reasons that HIV has not become an issue in Ghana (which enjoys democracy and rather good governance) has been because there has been little to no constituency calling upon political leaders to act in regard to HIV.

As we might expect, with respect to the efficiency of governance for authority-driven versus democratic models, democracy may also require trade-offs. One reason for the relative success of Uganda under Museveni may have been the non-democratic nature of his regime. "The centralist character of the Museveni regime was crucial not only to mobilising state organisations and foreign aid resources, but also to ensuring significant involvement from non-state associations and religious authorities" (Putzel 2004b). Putzel notes that there is a tension between the coordinating activities requiring more centralization and the instruments of efficient information distribution typically seen in only democracies.

The tension between hierarchical and distributed governance exists not only in the form of the polity but extends to the bureaucracy of states. Desveaux et al. (1994),

in a study of Canada that includes consideration of AIDS policies, focuses upon the ability of bureaucracies to innovate and to take on shifts not just in policy tools but in the overall and “comprehensive” goals of policy administration. The organizational configuration of the bureaucracy or bureaucracies does matter. Paxton (2010) finds that when state organs, either by themselves or in concert with civil society, have a networked organizational configuration (albeit with some small degree of centralization), they have higher policy responses than those organized in strict hierarchies or as markets/anarchies.

South Africa, in particular, has provided much fodder for politicians, political scientists, and journalists in their attempt to understand the roots of the Mbeki regime’s vehement denial—both of the biomedical circumstances of the disease itself, but also the extent and effects of AIDS in the population. Mbeki, in fact, was only the most extreme example of a more general denial of the disease in the apartheid, de Klerk, Mandela, and Zuma administrations. Fourie and Meyer (2010) conduct an insightful and extensive analysis of the roots of the denial of AIDS that led to HIV denialism. In South Africa, the pursuit of a “national agenda” of (depending on the period in question) of apartheid, nation-building and reconciliation, economic development, or an “African Renaissance” justified the subversion of all other concerns. HIV served as a political tool for governments to use or ignore, depending on how it integrated with the national agenda. Furthermore, because the epidemic is so very long-wave, it falls outside even the longest time horizons of concern for politicians.¹² South African governments, although inclusive in their policy formation process, have proven quite exclusive in the implementation and management of HIV policy. “Time and again, the South African government acts on a proclivity to want to monopolise such implementation, and when this fails, it reverts to blaming extra-governmental forces. Instead of allowing the explicit bottom-up implementation of these appropriate policy documents, the government has insisted on a top-down approach” (Fourie 2006, 179) (See also Schneider and Stein (2001); Butler (2005) for related analysis of the effects of a top-down, hierarchical government implementation.) The effects have been wholesale: south Africa has suffered economically, demographically, politically, and as a regional security hegemon. “The long- and short-term political and economic stability of the entire southern African region will be jeopardized as South Africa becomes less capable of coping with the fallout of the epidemic” (Price-Smith et al. 2007, 242).¹³

3.4 Governments and IOs, NGOs, CSOs,

Political scientists have also considered how the epidemic has affected the ways in which governments (i.e., “the state”¹⁴) operate vis-à-vis organizations and formal institutions that are not constituted as geographically defined, legitimate-violence-monopolizing states,

¹²The evidence on how time horizons affect politicians is mixed. Dionne (2011) finds that lengthened time horizons are more associated with greater funding for HIV, but that shorter time horizons for leaders leads to “more comprehensive AIDS policy.”

¹³Alternative explanations for the development of South African policy that have been proffered include Schneider and Stein (2001)(Butler 2005)

¹⁴N.B. These two terms are relatively interchangeable.

as have come to dominate much of world politics in the last century and a half. These include sub- or intra-state “Non-governmental organizations”; global, multi-country “international (governmental) organizations”; transnational advocacy groups and organizations; and multi-national corporations.¹⁵ Only their differentiation from the classic state form unites the variety of forms among these various actor types. States find themselves in the position of simultaneously competing and partnering with these non-state actors, as all attempt to bring “better” governance and results to the HIV-affected peoples and societies of the world.

One thing does seem clear in all of this discussion: the state remains a necessary actor to deal with. At the very least, it authorizes the actions of other organizations to operate within its borders. This is not the same as saying that the state is all-powerful. As we will see, there are a number of cases where the state’s ability to act is severely hampered and these organizations do the vast majority of the work necessary to mount AIDS responses. In such cases, corporations, NGOs, and so forth operate as subcontractors (in a sense) to the state.

3.4.1 The state and sub-state actors

In a number of countries, we hear at least anecdotally that NGOs and corporations have risen to the occasion to address the pandemic when the state government has failed to do much in response (MacDonald 1996; Wilson 2007; Ingstad 1990).

In many cases, NGOs are seen as the “forefront” of the response, with influence over government and IO activity {clark2002a}. In the extreme, the state and its structures do not figure very much in some analyses (Barnes 2008).¹⁶ Others point out that cooperative efforts between state and civil society, or the development of “policy networks”, are crucial for policy agenda-setting, development, and implementation (Tantivess and Walt 2008). To those who would suggest that the state is unnecessary or that AIDS work can be better done outside the state sector, Putzel (2006) presents evidence from the success stories of Uganda and Senegal that central government involvement is crucial to a sufficient and effective response.

Sometimes the interaction between states and their non-governmental partners is formalized in a “public-private partnership” (PPP). Ramiah and Reich (2005, 2006) consider the case of ACHAP, a PPP among the Botswana government, the Merck Foundation, and the Bill and Melinda Gates Foundation. (The organizational aspect of these partnerships—whether between international donors and NGOs or between international donors and national governments—cannot be neglected, given the potentially high rates of attrition for local staff who are HIV-positive or care for someone who is (James and Mullins 2004).)

Other researchers consider what happens when collaboration between state and non-

¹⁵These four types are the most important with respect to the HIV and AIDS issue area.

¹⁶This is not to say that such analyses are flawed; given the transnational and intensively intra-national, even localized nature of the epidemic, the state and its structures and capacities may serve at least as an intermediary between a country’s people or society and outside actors, be these other countries, international organizations, or NGOs.

state actors either fails to coalesce or breaks down. In Ghana, a unique case of a state that transitioned to a democratic polity where HIV has seemed to be at a critical point between control and crisis, Haven and Patterson (2007) demonstrate that a broad response to HIV and AIDS has not developed, due at least in part to a relatively weak civil society (which is to be expected with a recent transition to democracy). Dickinson (2004) considers why South African corporations were particularly slow to take up the problem in their workforces. One might expect that even in the absence of government action that private, for-profit entities might move to address the disease in their workforces given the potential economic losses that high prevalence or incidence of sickness could present to their bottom lines. What Dickinson finds, however, is that (South African) corporations face a complex environment, with socio-economic tensions that they lack the power to resolve. Schneider and Stein (2001) note that South Africa's difficulties in the period when AIDS was on the rise were legion, involving the "difficulties of implementing a comprehensive response to AIDS in a country undergoing restructuring at every level" (723).

3.4.2 International regime creation

Within international relations and comparative politics, the standard definition of a "regime" is "recognized patterns of behavior around which expectations converge" or "institutions possessing norms, decision rules, and procedures which facilitate a convergence of expectations" (Young 1982; Krasner 1982).

Studies in this research area have emphasized the interaction and interrelation of international/transnational/global actors or institutions with those of the state. Some, like Altman (1999b,a), emphasize the ways that HIV and AIDS responses demonstrate both the workings of international institutions and the changing basis of relations between citizens and the state, at least vis-à-vis supranational institutions (Gómez 2009, 2010). One of the most important shifts has been in the role that IOs, NGOs, and CSOs have played in the formation and work of organizations like WHO's Global Program on AIDS; its successor, UNAIDS; the Global Fund; and so forth. NGOs have also played a role in the formation and implementation of policies and norms, with the support of and independent of national government support (Swidler 2004, 2006).

As Nguyen and Stovel (2004) point out, the line of research emphasizing global regimes and organization has not been universally pro-globalization. Bancroft (2001) argues that the impact of AIDS has largely been distributed along extant lines of power and inequality. Insofar as the epidemic has disproportionately affected African and other developing countries, this is heavily dependent upon their relative disadvantages in global society, politics, and economics. And, as noted in Section Globalizing knowledge and culture, Altman (1998) argues that globalization creates an environment wherein ideas and values—such as the need or right to access drugs—are changeable, or at least more easily changeable than the underlying structures of rich and poor and the gaps thereof.¹⁷

¹⁷In later work, Altman (2006) does indicate that these values are still quite hard to change. He notes that AIDS is quite a preventable disease, insofar as people and cultures are willing to address sexual practices and customs. Such acknowledgment, discussion, and some degree of acceptance of these

There is a disjuncture between the international institutions of global governance that set the priorities for policy, expenditure, and prioritization and the localized realities that shape people's experience and understanding of the disease (Seckinelgin 2008). That is, the effects of interventions that international actors organize by international actors go beyond the intentions and often have perverse consequences.

Mameli (2000) compares and contrasts the development of the international legal regime around AIDS with that around human rights discourses, focusing in particular on the use of international organization declarations. In particular, his interest is identifying patterns of use of "soft" or "quasi-" law, for "quasi-legal approaches offer all parties the opportunity to move forward cautiously — allowing their disagreements and opposing viewpoints to exist, but not destroying all hope of positive action" (203–04).

AIDS may also prove exceptional in that attention to the problems it creates and highlights largely do not spillover to other diseases or health issues. HIV-related assistance may have benefited prevention and treatment of other infectious diseases, but non-communicable diseases control funding remained constant between 1998–2007. Furthermore, aid programs may have robbed Peter to pay Paul, for health systems strengthening appears to have decreased dramatically in the same period Shiffman et al. (2009).

Political activity, issue framing, and strategic communication may be equally or more central to raising and furthering particular global health issues like HIV than demonstrating the burden of a particular disease or the cost-effectiveness of treatment. For example, whether fair or not, in the 2000s, AIDS received about one third of international donor monies for addressing low and medium income country, even as it accounted for only about five percent of disease burden in those countries. But the policy community around AIDS has better advanced its ideas regarding the problems of and solutions for the pandemic, and they have better institutionalized these ideas, which in turn ups the attention the policy community can gain from policymakers (Shiffman 2009). Rushton (2010) largely supports the theoretical framework that Shiffman lays out. Rushton also finds that global policy frames for HIV and AIDS generally take one of three forms: development issue, human rights issue, or (human) security threat. (Development has been far and away the most usual frame for HIV and AIDS, while framing the problem as a security threat—as a means of "generating political priority in the [policy] process" (1)—has occurred in the last decade "surprisingly infrequently.")

3.5 AIDS and development

The fight against HIV and AIDS has proven one of the most significant development issues of the last 15 years. From Bono to Kofi Annan, George W. Bush to Bill Gates, the challenges and concerns of the developing world have risen in prominence, and AIDS, above almost all other health matters, has risen along with the general trend. In 2000, the United Nations General Assembly adopted 8 "Millennium Development Goals" (MDGs) <http://www.un.org/millenniumgoals/>, and HIV reduction was put forward as a critical component of any continuing or future development strategy.¹⁸

taboo behaviors has been difficult to elicit, he shows.

¹⁸The disease-related goals are fairly optimistic:

In this section, we turn to consideration of the linkages between the politics of development and AIDS. The study of development has an extensive literature in political science. In the world of politics, AIDS has provided a useful linkage to push development issues up the agenda of the rich countries. (History provides few examples of an American president, for example, committing the level of resources to developing country issues seen in the George W. Bush administration's PEPFAR program.)

After the debt-default-and-rewrite crises of the 1980s, rich countries shifted their priorities toward "sustainable" development. In sustainable development, the goal is to create and nurture programs and policies that can be self-sufficient, not requiring continuing injections of capital, technical assistance, or personnel. The idea is that this will reduce the colonial-style dependency of poorer countries upon the rich (many of which, of course, are the former colonizers). Sustainable development relies upon the idea underlying contemporary capitalism, that people will have a greater stake in programs and enterprises in which they can see the gains they may accrue.

This is not to say that the old politics of loan and debt have been eliminated. Cheru (2002) notes that a near-universal condition for debt reduction and write-down was so-called "structural readjustment." This generally requires the reduction of government expenditures, through program reductions, service privatization, and other aspects of the neo-liberal "Washington consensus." Although money is freed to do such things as fight AIDS, the reduction of the state's role in the economy and society mean that it may not have the reach to tackle the AIDS problem comprehensively or effectively (Poku 2001, 2002; Whiteside 2002).

In addition, the policies required for "structural adjustment programs" often create conditions that spread HIV more effectively (Poku and Sandkjaer 2007b, 134-36), obviating a country's development progress. Furthermore, HIV is not only affected by development but affects the development process.

HIV/AIDS brings three processes together in a unique and devastating combination. First, it kills people in the prime of their working lives (typically those aged between 15 and 49). This has the effect of sharply reducing life expectancy, eroding the labour force and destroying intergenerational socio-cultural capital formation. Second, by destroying intergenerational capital formation it also weakens the ability of succeeding generations to maintain the development achievements of the past; and third, the net effect of the preceding two processes is the systematic erosion of societies' ability to replenish the stock and flow of vital human capital needed to sustain socio-economic development and political governance (Poku 2006, 346).

It may be the case that we have ignored HIV too much in the study and practice of development policies, forgetting both to account for what development might look like

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1. Halt and begin reversing the spread of HIV by 2015
 2. Achieve universal ART access by 2010
 3. Halt and begin reversing the incidence of malaria and tuberculosis.

So far, the second has not been achieved, and the others are not on track for full achievement.

with and without HIV's effects and that HIV is a long-wave, inter-generational event, where the effects will play out for decades, even if the disease itself were to stop tomorrow Whiteside (2006).

Numerous critics have pulled the idea of sustainability apart,¹⁹ but Swidler and Watkins (2009) specifically address how HIV assistance policies meant to be sustainable serve to highlight extant power inequalities while creating new ones. In particular, their most damning critique is reserved for how, at least in the Malawian context they examine in-depth, HIV assistance has exacerbated the problems of a class of “interstitial elites.” Mediating between native NGO staff (and associated governmental and international partners) located in the capital and villagers, these relatively capable and educated people are expected to work as volunteers (an anti-capitalism at the heart of a capitalist aid enterprise) for the majority of their jobs. They only receive remuneration for attendance at AIDS prevention and education workshops, in the form of per diem or advance stipends, which these mid-level elites save and use to sustain their daily needs. (This hardly provides a sufficient income, nor does it represent the true scope of their talents and contributions.) This creates insecurity—fiscal, social, and professional—for these “aspiring elites” and makes them more and more dependent upon the per diem resources provided to participants in trainings of various sorts.

It seems largely uncontroversial that AIDS itself poses a threat to development in the countries of sub-Saharan Africa. (An examination of changes to projected life expectancy figures as these have been recalculated to take account of the effects of AIDS shows that for residents of many countries in the region, they can expect to live several decades fewer than before AIDS devastated the region. Similar results hold for the most heavily affected sub-populations in other countries without generalized epidemics.) The response to AIDS also holds trouble for continued progress in development (Fredland 1998). In part, this occurs because AIDS sucks up resources that might have been otherwise engaged in improving, e.g., local agriculture, industry, or education. But perhaps more problematically, the changes that donor and partner governments and organizations have asked of African countries and peoples—such as rapid changes in gender roles, Western understandings of sexuality and sexual behavior, the denial of denial, and so forth—may be necessary from a biomedical or epidemiological perspective, but they also engender many African countries' perceptions of re-colonization. The tragedy of South African policy under Thabo Mbeki has at least part of its basis in this cause (Butler 2005; Schneider 2002).

The rich world's emphasis on prevention and education programs rather than provision of treatment regimens may reflect not just the desire for a cheap(er) solution—they may also reflect a colonialism of a sort on the part of the rich countries. Africans are considered too poor, too unsophisticated, too corrupt, or too sexual to adequately handle treatment programs (Jones 2004). That is, there is “a tendency to reduce the problems of improving life in poor countries to one of a compulsion to promote ‘development’ by looking at them and knowing them only through the lens of ‘developmentalism’ and what they are not” (393).

¹⁹See, for example, Ferguson (1990); Easterly (2006); Collier (2007); Stiglitz (2002), among many others.

These are not the only ways in which a process of re-colonization might occur via connecting AIDS and development. Much of the rich world's response to HIV in the developing world has relied in great measure upon the work of various types of NGOs: medical, political, advocacy, humanitarian, and religious. Indeed, the proliferation of these organizations makes them virtually indispensable to the contemporary fight against HIV (Jönsson and Söderholm 1995; Clarke 2002; Batsell 2005; Swidler 2004; White and Morton 2005). International donors and funders often seem to prefer NGOs to government involvement, both because NGOs are perceived to be more free-form or "local" (and thus potentially more flexible and responsive to conditions on the ground) and because there are (legitimate, in some cases) concerns about the ability or corruption of governments.

Worries exist, however, that NGOs—especially those that are not completely local²⁰—reproduce or create a new form of colonialism. Swidler (2006, 277) points out, locals, "at least initially, inevitably regard an international organization as a potential source of money, goods or contacts that are otherwise unavailable." As time passes, it becomes more and more clear that there is often a mismatch, culturally and politically, between the NGOs' ways of doing and those of the society in which they embed themselves. The institutional forms of NGOs and such may be as foreign to African peoples' traditions of governance as the nation-state was (Herbst 2000).

This nexus of international institution, national government, and NGO did not originate with the HIV response, and it bears a particularly North Atlantic mark of "governmentality": "... the conventional focus on organisational form and getting management technologies right in order to be able to participate in the international policy environment neutralises our understanding of what these NGOs can actually do" (Seckinelgin 2008, 69). That is, by co-opting local (in this case, sub-Saharan African) organizations and institutions, in whatever form they originally take, global actors diminish the locals' capacities to have an effect in their environments.

3.5.1 Defying developed countries

HIV and AIDS have not served only to direct more resources toward development or to recapitulate the colonization process in a more indirect way. The pandemic has also provided developing countries with the means by which they can and have resisted the preferences and programs of developed countries.

The most well known of these resistance actions took place with respect to the TRIPS agreement and the Doha round of the WTO talks. In 1994, as the General Agreement on Tariffs and Trade (GATT) consummated the Uruguay round of talks, establishing the World Trade Organization in a formal sense, it also added intellectual property rights and protections to the list of requirements for countries that were or sought membership status in GATT/WTO. The TRIPS agreement, although generally interpreted as being to the benefit of developed countries and the "big pharma" companies, contains provisions relating to health matters and drugs. In the case of "national emergency,"

²⁰That is, an NGO established by the local people, largely staffed by locals, deriving its resources from locals, and minimally or not overseen by non-locals. (This describes a sort of pure type.)

developing countries may override patent protections and issue “compulsory licenses” to local manufacturers. The circumstances under which a national emergency takes place or when and whether compulsory licenses issued are legitimate are under-defined. Developing countries have been able to use these tools to extract more favorable terms from developed-world drug manufacturers, under threat of depriving the pharmaceutical producers of further revenues (Sell and Prakash 2004; Sell 2007).

Sell’s program of research in this area, particularly, has attempted to demonstrate how the outcomes we observe are in line with the constructivist research paradigm in international relations: developing countries, operating at a structural disadvantage in international politics, re-framed the problem, such that appeals to norms, ethics, and legitimacy became the foundations of the debate over access to HIV pharmaceuticals. On such ground, the powerful actors could hardly win, and the result was the Doha renegotiation/redefinition. Cullet (2003) argued that the fight(s) over access to AIDS drugs brought together two strands of international law that had been developing independently until that point: intellectual property law and human rights law. While international law does not provide a clear and definitive answer to the priority of human rights vis-à-vis intellectual property, other extant international agreements ensure that the concerns of human rights advocates and developing countries will not simply disappear. In fact, the construction of scarcity in knowledge that intellectual property rights create means that the state will remain prime in these matters, as the state is entity that defines and enforces the rule of law; rights-holders, like pharma companies, need the state and cannot let the costs of their goods become too high, lest enforcement cease (May 2007). Plenty of room for negotiation to the advantage of the developing state currently exists within the TRIPS framework (Aginam 2010).

In-depth analyses of specific countries have helped to illuminate the ways in which developing nations have exercised their defiance of the current international development framework. de Mello e Souza (2007) considers Brazil’s leading role as an example of “successful” policy regime, and Brazil has proven particularly interesting for analysis because it sits at the intersection of “local, foreign, and transnational actors” (37). In particular, he attributes the success of universal ART to the very deliberate policy of local drug production for the purposes of cost savings, in defiance of the wishes of developed country governments and major pharmaceutical companies. “The full mobilization of Brazil’s government, both in its relations with the United States and in international forums, as well as the support this government received from transnational advocacy networks were critical in enabling it to resist such pressures” (38). Not only did Brazil resist the United States, but it also resisted the judgments and advice of UNAIDS, WHO/PAHO, the Gates Foundation, the World Bank, USAID and other organizations, when it seemed incompatible with Brazil’s self-assessed best interest. No one recommended universal ART nor thought it feasible, but all conventional measures indicate that Brazil’s program equalled or exceeded performance in the advanced industrialized countries. Thus, the country’s challenge to the prevailing “health policy consensus” changed it.

3.6 Globalization, or the developed and developing worlds in relation

There is little doubt that in the post-WWII period, and certainly since the end of the Cold War, the processes of globalization have brought the countries of the world inexorably closer, often without regard to whether societies want this or not. The globalization process has many aspects, and although we political scientists often disagree over the details of what we mean by “globalization”,²¹ we generally agree that it has political, economic, and socio-cultural aspects and that it bespeaks a process of international integration and increasing interconnectedness. While it is granted that there are many possible benefits to this process, a number of studies have tempered some of the possible Panglossian optimism and sinister pessimism of simplistic opinions on left and right. In general, one should also note that globalization tends to be regarded more as a process than an outcome or entity, although the process certainly has measurable outcomes and results.

HIV’s rise has occurred simultaneously with the process of globalization, and as far as we know globalization is largely responsible for the dissemination and devastation the virus has been able to wreak. HIV has traveled wherever transport has permitted the increased interpenetration of multilateral trade. As Altman (2001) notes, it is certainly not a coincidence that HIV has grown in exactly the places where the increased international trade in sex and drugs has grown, and those trade flows have followed upon the heels of more “conventional” trade in goods and services.

Globalization pervades every aspects of the HIV pandemic, not just its biological spread but also its representation in the popular imagination. In addition, the social and political strategies, tactics, and institutions used to fight the disease have also benefited from globalization. Most prominently, the models of activist politics and NGO/community-based organizations for service provision have drawn largely upon those models pioneered to address the epidemic in the US context (Altman 1998); in some cases, the NGOs and their networks have been organized transnationally, in order to make better use of the comparative advantages present in different geographical localities, as well as to transfer wealth and other resources from richer to poorer (Barnes 2008). Along with climate change and other environmental challenges, the globalized nature of the pandemic may have the potential to alter many of the relations between states that we have grown used to over the past few decades (Price-Smith 2009).

Perhaps the most powerful—even if not always easily measured—effect of HIV’s globalization has been in the way that it has spread ideas about sex, identity, gender, sexual experience and practice, and the cultural memory of these. Brazilian and Mexican gay activists look to the New York City Stonewall riots in 1969 as the beginning of “their” gay movements (de la Dehesa 2010). One finds the reification of a fairly fixed sexual orientation as identity marker all over the world, even in those places where sex has not generally been regulated morally or vigilantly in the manner of the North Atlantic cultures. And as the epidemic has grown, the cultural products it has created has multiplied exponentially in number, experiential origin, and perspective. Not only do we

²¹Not to mention how we disagree with our extra-disciplinary colleagues in sociology, economics, and anthropology.

see AIDS cultural products in the “obvious” places—works explicitly about AIDS and PLWHA like *And the Band Played On*, *RENT*, *Philadelphia*, *Saturday is for Funerals* (Dow and Essex 2010)—but in any cultural product that addresses the geographies or peoples affected—even in so light a variety of entertainment as Alexander McCall Smith’s humorous and light Botswanan detective stories (McCall Smith 2002).

AIDS in the era of globalization has proven a disease of contradictions and juxtapositions. “Ironically the new behavioral surveillance required by AIDS comes while there is a retreat from state responsibility in other areas” (Altman 2001, 84). HIV and AIDS point out the contradictions inherent in the current global political economy, in that the “first” and “third” world are only feet apart: “. . . the Bronx is close to Manhattan; . . . St. John’s Wood is not far from Tower Hamlets; . . . the 16th arrondissement—the richest in Paris—is next door to Seine Saint Denis. . .” (Barnett and Whiteside 2002, 7). Moreover, the current arrangements of global politics and economics have so far proven themselves inadequate to the task at hand, especially in sub-Saharan Africa. Part of the reason is that rich and poor are situationally very remote from one another, even as they geographically occupy the same spaces: “the mechanisms for intervention are often so far from the lives of those, particularly the very poor, who are acutely affected” (382). There is really no “center” of decision-making with respect to the epidemic and how to deal with it (which other epidemics that we have come to face have also shown). But the preponderance of power lies in science and medicine and in those who allocate resources. “In global terms both sorts of decisions involve considerable negotiation across national boundaries; AIDS programmes and biomedical knowledge tend to replicate the flows of capital and influence within the global economy” (Altman 1998, 235).

3.6.1 Political economy of globalization

Particularly with regard to issues around the TRIPS intellectual property regime, AIDS analysis in the context of the politics of globalization has demonstrated that pre-existing and current regimes and concentrations of power continue to exist. The causes and policies that these powerful actors have favored has not necessarily remained constant over time or space. Sell and Prakash (2004), in analyzing the role that ideas and identities play in international political economy, examines how it was that US corporations were able to get their intellectual property rights concerns on the international agenda with TRIPS in 1994, but the same group of actors could not get the US government to take up its concerns as forcefully when it came to allegations of violations in several countries. Ironically, a transnational advocacy network of NGOs was able to graft its own agenda vis-à-vis ART onto the US’s policy regime.

The second set of studies addressing the international politics of HIV primarily concerns itself with international legal and human rights issues arising from the pandemic. Prime among the issues raised by developing countries has been access to affordable versions of the most advanced and effective anti-HIV drug treatment regimens. Since virtually all such pharmaceuticals have been developed by private firms in the last two decades, they generally enjoy patent protection. Under the WTO TRIPS²² agreement,

²²Trade-Related aspects of Intellectual Property

countries that wish to continue enjoying the advantages of the WTO must agree to protect and enforce the intellectual property rights of firms in the global marketplace. Since many HIV/AIDS drugs initially have cost between \$10,000 and \$30,000 per patient per year, they were out of reach for those countries most affected, and the assertion of pharmaceutical manufacturers' intellectual property rights slowed or prevented the production, importation, or use of generic alternatives. This has had "a negative effect on not just the immediate access to treatment but also to relations between the developed and the developing world" (Nguyen and Stovel 2004, 40–41).

Research on the political economy of international intellectual property law involved (generally some aspect of TRIPS) has proven popular Cleary and Ross (2002); Cullet (2003); Kobori (2002); Mamei (2000); Mann (1995); Palmer and Dorf (1995); Siegel (1996), perhaps owing to its easy overlap with much contemporary work in international and comparative political economy. Sell and Prakash; Sell's (2004; 2007) work considers the relevant issues as they relate to international human rights law, especially as that body of law appears to come more and more into conflict with the TRIPS regime. Shadlen (2007) encourages a move away from the focus on international law and human rights to examine the political economy of recent changes in the TRIPS regulations. These changes shift the incentives of firms and thus change the political coalitions needed to guarantee a country with an adequate supply of ARVs. In his view, this points up the limit of transnational activist movements.

3.7 Security

Perhaps one of the more fruitful areas of investigation in political science—or at least in international relations and comparative politics—for the study of HIV or AIDS lies in the relationship between the disease and war, conflict, and security. There are a great number of books and articles on the topic, and scholarly work stretches back to the first decade of the epidemic.

One of the major divisions within this field of study is between the more traditional scholars of security studies (sometimes referred to as "guns-and-bombs" types), who restrict themselves to the study of inter- and intra-state warfare and civil conflict and to the maintenance of the stability, capacity, and viability of the state. In recent years, with the end of the Cold War and with the increased prominence of development issues in international politics, as well as with the sanction of the United Nations itself as well as advocacy organizations, the concept and study of "human security" has arisen (Barnett 2006; Barnett and Prins 2006; Buzan 1991), as both challenge to and augmentation of the traditional guns-and-bombs view of security.

There are several dimensions along which analysts have seen the two programs of study differ:

- **Timeframe:** Is the event a short- or long-term process? In traditional security, the event or process in question is relatively immediate in cause and consequence, and this requires a similar time frame of response.
- **Subject:** What social entity is the target of the threat or will be most impacted?

In traditional security studies, one of the underlying assumptions is that societies are predicated upon a structure of governance to maintain order and facilitate interactions among their members—in other words, a state. Without a state, none of the other accouterments of human society is possible, in this view. For those who study human security, the subject of protection is the individual person, communities, or society as a whole.²³

- **Object:** Another way of separating out these security research programs is by examining the objects under threat or in need of protection. This means of differentiation relates to the immediately preceding, in that some objects relate more to states and some more to individuals or communities. For traditional security, because the state is primary, the characteristics that define the state must be protected: its territory and institutions. For human security, drawing directly from UNDP’s initial definition of the field, the objects of protection are people and populations.
- **Topic:** Another possible cleavage between the two fields of security studies lies in the particular problems or challenges that states and societies face. On the traditional view, (almost) only military threats from within or without the state are problems that challenge its functioning and survival. Human security advocates and scholars point out that there are a variety of threats and challenges that states face that may pose nearly as consequential or dangerous, even if not in the immediate moment, such as environmental disaster, widespread disease, economic development and stability, basic minimal levels of health, and the protection of human rights. It is important to note that there is great disagreement over which of these we might appropriately include; even within some categories here, there is disagreement (e.g., HIV poses a security threat but malaria does not).
- Finally, one other cleavage we might discern is the extent to which one needs to state **intermediate causal steps** to state a full explanation of the move from cause to effect (especially when that effect is some sort of governmental action). In traditional security studies, the need for intermediate causal steps is fairly minimal: an army rolls over the border, and the government must reply; an adversary acquires a new weapon technology, and the government needs to change its strategic posture and military structure. In human security, one generally has to describe the intermediate causal steps so that the necessity of action is most clear. For example, in the case of AIDS, a fairly common argument runs as such: Widespread HIV disease destabilizes the economic and demographic bases of society, eviscerating those who are not very young or very old. Lacking these people, the society cannot develop economically (too few remain to do the work), the military will be unable to recruit and replace, and social institutions (especially less formalized ones) will break down and lessen necessary controls in society. These are destabilizing forces, especially when combined.

²³“Society” encompasses a larger set of social groups and institutions than the “state” on this understanding.

(For more detailed discussions of some of these cleavages, see, among others, United Nations Development Program (1994); Ostergard (2007b); Paris (2001). For two, of many, interesting operationalizations of the concept, see Bajpai (2000); King and Murray (2001–02).)

As might be evident, a unified concept of human security seems difficult to achieve, and we may need to rely more on the “Stewart Criterion”²⁴ than on a formal definition when evaluating whether a study or policy falls under the ambit of the human security research agenda. We should follow the words of caution often raised in this research and advocacy program: “. . . [I]f human security means almost anything, then it effectively means nothing” (Paris 2001, 93).

Security studies examinations of the problem of HIV fall into three major groupings. First, there is the question of whether HIV and AIDS constitute a threat in traditional or in human security terms. Second, there are studies that examine how HIV and AIDS might affect the (generally traditional) security position and posture of states. Finally, there are studies that investigate how war and conflict affect or exacerbate the problem of HIV and AIDS in developing societies.

Often, the goals of those who advocate a human security approach to AIDS—tacitly or explicitly—endorse considering AIDS a “security threat” in order to move the pandemic up the national and global action agenda. This certainly seemed to be on the mind of international policy makers, as they set AIDS as the topic of the first UN Security Council meeting of the new millennium in January 2000. Altman (2003) explicitly contends that defining AIDS as a security issue will push it up the agenda of governments. This is not merely a rhetorical technique to increase the attention to AIDS but a necessity arising from the consequences of the disease. In his analysis, HIV constitutes a threat to the stability of the socio-economic order, and should destabilization proceed far enough, it could affect the survival of nations, especially in sub-Saharan Africa, where state survival is not a foregone conclusion in many places.

On the other hand, Barnett (2006) argued that it is hard to draw a direct causal link between AIDS and security concerns. AIDS sunders fundamental social units, like the linkage of grandparent to parent to child, as it kills off parents and leaves the elderly to raise the young. Although analysts can explain that such change in fundamental institutions will “hollow out civil society”, the exact repercussions are unclear and AIDS is a (large) part of a complex of factors and causes breaking down trust between government and citizens (Price-Smith 2002). Youde (2004) argues that those arguing for human security should focus more on integrating their ideas into extant schools of thought in

²⁴Throughout the 1960s and ‘70s, the United States Supreme Court was repeatedly called upon to define “obscenity”, for obscenity as a category of speech, is not considered protected under the First Amendment to the U.S. Constitution, which provides for the right of free speech. The august jurists, even after much movie-watching and much discussion, had difficulty coming to a workable definition of what kinds of material constituted obscenity. Justice Potter Stewart famously wrote, “I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description, and perhaps I could never succeed in intelligibly doing so. But I know it when I see it. . . .” (Jacobellis v. Ohio, 378 U.S. 184, 197 (1964)). Thus, the Stewart Criterion occurs when we cannot provide an exact definition of what falls into a particular category, but we do have a pretty good hunch that a particular example qualifies.

International Relations rather than advocating the creation of a new paradigm.

Elbe (2006) cautions against tying HIV and AIDS too tightly into the security paradigm, for “securitization” of the disease has implications beyond simply raising its priority on a country’s preference agenda. Securitization can allow for more ease in moving a country’s response from civilian control to military control, thereby affecting civil liberties and the balance of power between military and civilian leaders. It can also create a “threat-defense logic” that favors nationalist effort over cooperative and international effort. Militarizing or securitizing HIV also creates a greater possibility that care for elites and military heads will be formally prioritized, and it mitigates against continued efforts at normalization of the disease.

If AIDS is linked to traditional security concerns, in what ways and to what extent is that the case? The plurality of researchers looking into the nexus of AIDS and security examine these issues. Whether considering HIV-related factors as the cause or consequence of state violence, these studies seek to tease out the causal connections, direct and indirect, between the two phenomena, disease and war (for an overview of a recent comprehensive study program, see de Waal (2010b)). Feldbaum et al. (2006) noted that AIDS and security seem to have some obvious linkages with militaries and state stability, but that more evidence is needed to confirm the linkages. Girshick (2004) examined quantitative data and found only two possible and relevant relationships: states with a norm of international cooperation are more likely to identify AIDS as a security threat, and states seeking foreign investment are more likely to de-emphasize the AIDS-security linkage. HIV does not seem to pose a threat to the security postures of the rich, developed countries like the United States (Peterson 2002/2003), and it does also have a high degree of association with human rights abuses and civil conflict (Peterson and Shellman (2006)).

In other cases, the connections are harder to piece together. Examining the Security Council’s claims in 2000 about HIV’s risk to stability, national security, peacekeeping operations, and that violence exacerbated the virus’s spread, McInnes (2006) noted that the evidence gathered since 2000 had made the linkages less clear, more complex, and more case-dependent. Barnett and Prins (2006) further note that AIDS is a long-term event—the dying-off of the actually infected is only the first effect the disease will have on populations. They remind us that we have little of the evidence needed to understand what will happen to these complex systems, and that without better understanding, short-term actions may be as damaging as helpful to the long-term situation.

The pandemic may also have affected warfare itself. On a micro-level, Elbe (2002) notes that HIV has become one of the weapons that African militaries deploy in the *\emph{conduct}* of war; rape of civilian populations becomes more terrifying a tactic when rolled up with the peril of infection. Recent (and fairly controversial) work by Spiegel (2004); Spiegel et al. (2007) has examined the epidemiology of HIV prevalence in the presence of conflict; no consistent relationship could be found.²⁵ Iqbal and Zorn

²⁵It is important to note that none of the team members in the Spiegel studies appears to have any formal training or affiliation with the study of political science. I have included these studies because they are some of the only that appear to be available from outside political science studies that focus on mechanisms involved with the study of war, which is traditionally the domain of politics scholars.

(2010) find a “clear, positive relationship” between war and increased prevalence of HIV, indicating that wars do affect the progress of the epidemic.

There are also a few works that attempt to consider the effect that HIV has had or will have on military structures and organizations. Rosen (1987), for example, provided early speculation that HIV could damage the efficacy of militaries, using the particular example of the Soviet military. Since prevalence is often higher in the military than in the general population,²⁶ we should expect to see a greater proportion of the military’s personnel contracting HIV-disease or AIDS; this then decreases the activity of or removes those individuals (and their concomitant skills and experience) from the organization’s larger pool. In the worst cases (and Rosen thinks this a possibility with the Soviet military or others not addressing AIDS in the ranks), this can lead to decreased military effectiveness and organizational instability. Ostergard (2002, 2004) examines similar issues in the African context.

Elbe (2002) notes that these and other effects have come to pass in African militaries. The higher prevalence of HIV and AIDS in the military has increased the incidence of illness and death in armies. Soldiers cannot carry out their duties at an increasing rate, and this affects staffing decisions, as well as recruitment and conscription needs. It also provides challenges for civil-military relations, because the military becomes harder to manage under the greater uncertainty AIDS brings. While militaries have often dealt well with the personnel management problem, challenges remain ahead in dealing with post-conflict situations, in getting civilians and military leaders to talk and learn from one another in their AIDS control strategy regimes, and bringing paramilitary organizations to the level of readiness and response that militaries have shown (de Waal 2010a). Within the sub-Saharan African context, because many of the militaries are used not just for national defense but also for extended peacekeeping missions, the higher levels of HIV present in military ranks will affect peacekeeping abilities and operations in the region (Patel and Tripodi 2007).

3.8 Social movements and Activism

This subject area may be the one bright spot in the landscape of political science study of the epidemic, as there are a considerable number of studies in this area. In part, this is because HIV first manifested in the developed/Northern countries primarily in gay men, and it drew upon, merged with, and provided fuel for the lesbian and gay rights movements that had begun one to two decades previous to the advent of AIDS. Scholarship on gay and lesbian²⁷ activism in the last 30 years has thus had to grapple with the place of the HIV pandemic in the movement, and the reverse is often true as well.

²⁶Although the statistics are difficult to come by or verify, most indicators seem to show that prevalence is higher among soldiers and officers than in the general population. Multiple possibilities for this observation have been proffered. This is generally thought to occur because soldiers are both in more transit than the general population (because of deployments, peacekeeping, and so forth) and are removed from the restraints provided by home and domesticity. They are therefore more likely to have sex and unprotected sex. This also makes them more risky as carriers/transmitters of the disease to other populations.

²⁷Later including bisexual, transgender, intersex, “queer” and other sexual minorities.

This literature may be the most active and interesting, not to mention wide-ranging, of the various approaches to the study of the pandemic.

Two foci emerge over and over here: appeals to human rights norms and practices and the role that identity politics plays in the potential success of activist movements.

3.8.1 Identity Politics

From the beginnings of AIDS, identity politics has played one of the most important roles in the formation and forwarding of the movements around AIDS. Initially, of course, AIDS activism centered on and highly overlapped the gay liberation movement of the Western countries where HIV was first recognized. Because there was already some degree (often moderate to high) of coherence for gay men around political goals (see, for example, Shilts 1982), the extant institutions and networks could be and were repurposed into pushing governments, especially the US government under the Reagan and G.H.W. Bush Administrations, into action. Gay men (and to lesser degrees, lesbians, hemophiliacs, and those who worked with IDUs and immigrants) pushed governments, rich members of their communities, medical experts and professionals, and others to step up research, speed drug approval processes, provide further legal protections against discrimination, increase charitable funding, cooperate in medical decision-making, and include PLWHA in all levels of decision-making (Smith and Siplon 2006). Such efforts were not always immediately or highly successful, but much of the passion and labor in the first 15 years of the epidemic came from gay men's activism and advocacy organizations.

Similarly, outside of the US, gay liberation and HIV activism co-occurred regularly. In Mexico and Brazil, for example, the emergence of HIV among MSM provided a spur to sexual minorities to organize around their political and civil rights (de la Dehesa 2010), something of a reversal from the pattern seen in the US and Europe. Similarly, sex workers in Southeast Asia (Hunter 2005; Pisani 2008) and Latin America (Frasca 2005) have often used their marginal social status and the "otherness" that defines them to create, refine, or re-invigorate strong collective identity and to make demands upon the state and society for protections and changes. Indeed, what emerges from these works (and the larger, similar anthropological and sociological literature) is the sense that the marginalization was a vital element in creating coherence and strength.

In the initial activist movement cases in the North American and Western/Central European contexts, being gay or a sex worker, etc., has been the defining characteristic of the identity politics, and HIV advocacy has been a necessary component of those politics because of the (perceived) synonymy of HIV status and being gay/a prostitute/etc. In all areas of the world, moral stigmatization of the HIV-positive continues to be a major component of the pandemic, with the HIV-positive often accused of being "whores", "faggots", "addict scum", and the like, even with all evidence to the contrary.

Where this sense of identity and the threats that come from self-identification was greater, it seems, there may also be greater support for greater, more intense action. In a survey of US AIDS activists in the early '90s, Jennings and Andersen (1996) found that approval of the disruptive tactics of groups like ACT-UP relied heavily upon (was positively associated with) factors like sexual orientation, personal suffering, ideological

commitment/intensity, and social location. When comparing gays and straights, however, the complex of factors differed in combination, due to the different “social networks and milieus.”

Thus, in Sub-Saharan Africa where HIV has been more generalized and more diffusely spread throughout the population, identity politics has relied upon a person’s HIV status itself to be the marker of identity, rather than on another socio-personal identity which poses a high degree of co-incidence with HIV status. In the sub-Saharan African context, then, several studies point to the difficulty of organizing around identity, as HIV-positive identification alone may not be sufficient to create an activist movement. In Tanzania, for example, AIDS activism has not (yet) had very much of a political impact, in part for this reason of identity basis (Beckmann and Bujra 2010). This is not to say that Tanzanian activism has been without results, but it has had to foster other processes to achieve its goals.

South African activism, including forms of identity activism, has motivated several studies. In particular, the success of the Treatment Action Campaign (TAC) has provoked analysis on the alternatives to identity politics. Robins (2004) finds that TAC—along with its partner, MSF—avoided conflict over the origins of HIV, and instead it devoted itself to “class-based politics that concentrated on access to anti-retroviral drugs.” Heywood (2009), on the other hand, contends that the TAC focused on human rights discourse over other sources of political coherence and power.

Identity may even have pernicious effects. Youde (2005, 2007) found that the South African political elites’ self-identity of independence and anti-colonialism, combined with the legacies of apartheid, lay underneath the formation of an “epistemic community” that found its culmination in Mbeki’s AIDS denialism.

3.8.2 Human Rights

The linkage of HIV to human rights has a long and distinguished pedigree. The use of human rights discourse, appeals, and strategies in the fight against AIDS and to push governments and societies to do what they do not otherwise wish to do has been a feature of AIDS activism politics since the first decade of the pandemic. Most famously, perhaps, epidemiologist Jonathan Mann, founding director of the WHO’s Global Program on AIDS, argued that human rights would be essential to any success against the virus, that the peoples and governments of the worlds could not hope to rely on biomedical and epidemiological strategies alone. The following, however, can only be a cursory overview of the human rights-based approach to HIV activism, for as Siegel (1996) notes, “No single scholar, and probably no research unit, can hope to study completely and definitively the impact of human rights prescriptions and proscriptions on the entire global encounter with HIV/AIDS no organization has yet to complete such a survey. Too many kinds of human right issues relate to this pandemic, too many countries and other political subdivisions experience impacts in diverse ways, and too few places have reliable, systematic, or meaningful mechanisms to compile complaints concerning the violation of rights” (613–14).

Human rights, then, has provided the focus for a great number of activist campaigns

in the global South. In South Africa, in particular, given the civil and human rights protections enshrined in the country's constitution (going as far or farther than those seen in North Atlantic countries), human rights appeals appear to have been particularly successful and have been a model for activists in other countries and situations. Human rights discourse has "presented an effective master frame for mobilizing a broad constituency and support base both domestically and internationally" (Johnson 2006, 663), a wider potential constituency than a purely identity-based politics might be able to muster.

Human rights appeals have their limitations, however. In the first place, the modern language of human rights primarily draws upon individual (rather than communal, communitarian, or group) rights. Such a focus, Johnson (2006) argues, makes the state the violator of those rights, but it also depends upon or calls upon the state to enforce them (against itself, presumably). States are inherently cautious or suspicious of such claims, and governments still maintain the overwhelming balance of power vis-à-vis NGOs, transnational groups or IOs, and activist movement institutions (Siegel 1996, 639).

Practice and reality differ from intent. In the sub-Saharan African context, Siplon and Novotny (2007) note that Tanzanian women lack the autonomy and empowerment that many of the current rights-based approaches assume or tacitly require. The women in this study often lack both "power over" their life circumstances as well as "power to" take particular actions. Without listening to them, formal rights processes may, in the end, do little good for the most desperate PLWHA. Moreover, the problem is hardly restricted to one country: "In theory, everyone seems to be in favor of fighting stigma and discrimination related to AIDS as a central element of combating the epidemic. In practice, it is hard to find real examples of such efforts" (Csete 2007, 248).

Human rights and HIV are locked together in a perverse embrace. Human rights seem to be required to address the problems of the HIV epidemic, but HIV exacerbates already extant human rights violations. The reasons for human-rights policy impedance seem simple: denial, racism, moral judgementalism, and power politics and economics (Csete 2007, 253). These are more easily identified than remedied. As de Waal (2006) reminds us, the increased engagement of all sorts of people in sub-Saharan Africa with "the aid encounter" has given citizens networks of money, influence, and protection that allows them to build and secure more stable civil society institutions (59). (Although de Waal only addresses sub-Saharan Africa, this analysis may also make sense in other parts of the world, especially the Eastern Europe-Central Asia region. More research, of course, is indicated.)

4 Conclusion

Where does this leave us? Thirty years into the epidemic in which tens of millions of people have died and tens of millions more will the discipline of political sciences, especially in their North American variety, have largely declined to undertake systematic analyses of the political causes and effects involved in the HIV pandemic. And yet, there

has been a good deal of work done so far, and we have illuminated some of the very basic political processes at work. There is still plenty of research to undertake, and the possibilities touch on all corners of the systematic study of politics, whether one is interested in HIV per se or as an example of some other political phenomenon. Based on the works reviewed here, we offer a few suggestions here for where this research might most fruitfully proceed.

Political scientists of all stripes continue to examine transnational advocacy networks, building off the seminal work of Keck and Sikkink (1998). Keck and Sikkink outlined the ways in which native activists in places where they had little or no influence on their own governments could establish ties with ideological partners in other countries, and those partner activists could push their more powerful governments to pressure native governments on the concerns of the native activists.

HIV has inspired perhaps the most dense and transnational NGO, donor, and PPP networks of any issue areas currently on the global agenda. These organizations operate at all levels of the global political economy: local, national, and global. Political scientists might then investigate the following:

- How do local movements or activists in one country learn from similar situations or groups in other countries? (de la Dehesa (2010) provides one good example of how this might occur.)
- How do the local and global levels of politics interact to influence the national level? For example, we might investigate how organizations like the Global Fund or UNAIDS partner with home-grown service NGOs.
- As a number of the studies above point out, many of the countries most affected by HIV have either weak or developing civil societies, in the sense of extra-governmental institutions, associations, or organizations. HIV has provided the organizing principal for some of the very first widespread social movements in these countries. We may thus have the chance to see how civil society and social capital come to be where there has been little or non before.

With respect to questions of governance, public policy decisionmaking, and policy output and content, HIV represents a rare opportunity. Because it has affected so many countries of the world, it represents an opportunity for conducting exactly the sort of hypothesis testing popular in the United States, but using methods and ideas amenable to research political analysts in other parts of the world. Within sub-Saharan Africa, HIV has struck all sorts of nations—democratic and autocratic, free market and command-style economies, ethnically heterogeneous and homogeneous countries, rural and industrialized. Outside of sub-Saharan Africa, HIV has rarely caused the same level of devastation, but it has affected countries in all regions of the world. This means that we have a common factor across many situations, similar to and different from one another, and we can use that in both quantitative and qualitative fashion to determine the power of our hypotheses. So we might examine:

- Will HIV affect the Obama administration’s new global health focus on non-communicable diseases and health systems strengthening, depending on the extent of the epidemic? Conversely, will these initiatives make a difference in HIV’s path, and what factors increase or decrease their effectiveness?
- If the state seems administratively inadequate or incompetent, based on its handling of health matters like HIV, what effects will this have upon the relation of citizens to their governments?
- Given the different strengths of authoritarian vs. democratic governments vis-à-vis HIV, do particular national experiences of HIV change the citizenry’s preferences for one form of government or another?

On the subject of development, HIV has highlighted the perverse incentives and effects that competing sets of priorities and goals have had. In particular, the push toward structural adjustment, economic liberalization, and the “Washington consensus” have reinforced and exacerbated the spread of AIDS, while addressing AIDS seems to require stronger governmental intervention in the economy and society. Broad research agendas that could arise from this include:

- What strategies do local, national, and international actors come up with to resolve the tensions? By what processes do they set their preference ordering of some priorities over others?
- Given the preference for NGO and other civil society actors to take the lead in many development and HIV or AIDS programs, what effects do these actors have in the tension between politico-economic development and HIV? As these organizations proliferate in developing countries, how are their forms changing to match local conditions, culture, and political economy (rather than simply replicating managerial structures of developed country organizations)?
- HIV and AIDS may have inspired the most extensive linkage of global to local institutions yet observed. That is, international actors—like UNAIDS, PEPFAR, the North Atlantic country development agencies, WHO, etc.—have become involved in very micro-level programs in villages, towns, and national sub-regions, often bypassing the national government to a greater or less degree.
 - What forms do these partnerships take?
 - What makes them more or less effective?
 - How do national governments understand and react to them?

Finally, given that the study of war and security is both vital and integral to political science and international relations, research on here may be the most natural place for political science to contribute to the world’s understanding of the epidemic.

- Further work needs to be conducted on how to define a broader field of “security studies.” Neither extreme—that security is only about war and civil conflict or that it encompasses everything affecting human welfare—seems to pass the Stewart Criterion. Although some may see this as “just” an exercise in definition, the conceptual clarity that “human security” currently lacks impedes any consistency for an overall academic research agenda, as well as scholars’ ability to provide policy makers and advocates with useful and accurate advice.
- For those who advocate a “security” approach for reasons both strategic and ontological, what will it mean to create a research agenda with an explicit goal of fostering further, particular action? That is, if we use “human security” to bring issues of poverty, disease, health, and so forth to the attention of those who make decisions, what motivations underlie that? Whose power interests would we be serving? Who will win and lose in advancing this sort of agenda?
- The study of how HIV has affected military organizations is not just pertinent to them. Understanding the dynamics of how tightly structured, high-skill organizational environments respond to a problem that has the potential to affect all levels equally—or even to affect higher decision-making levels, like NCOs and senior officers—would better equip us to anticipate the problems that similar entities (like other government bureaucracies) face. These insights would again provide the basis for more flexible and comprehensive addressing of the long-term impacts on development and governance.
- Much more work needs to be done on the relationship between HIV and warfare, considering the disease as both cause and effect. Although more studies have begun to appear, they have contradictory findings in several cases, especially when we examine the cases of how HIV and civil wars work upon one another.

To conclude, there is much that we still don’t know about the interrelationship of this disease with the politics of developed and developing countries. The political sciences are uniquely equipped among disciplines of knowledge to examine how power, decisions, and the epidemic operate on one another, and to relate the individual and local to the communal and higher. That, indeed, is the comparative advantage of political science vis-à-vis the other social sciences. Although some very good scholarship has been produced so far, there is much more work still to be done, and we hope that this paper has helped to highlight some of the means, methods, and places that we have begun to address and which we may also pursue to advance the frontiers of knowledge and the betterment of the human world.

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