HIV/AIDS - thinking through the politics of country responses

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The challenges of the continuing HIV/AIDS epidemic suggest that new thinking is needed. This technical approach paper argues that greater analysis of the political dimensions of responses to HIV/AIDS can and should be used to understand how and why governments respond to HIV/AIDS, and how the design and implementation of HIV/AIDS interventions can be made more effective.

The paper explains why political analysis is important for HIV/AIDS and uses country examples to highlight key political issues that have significant influence on how countries respond to HIV/AIDS. These issues include: the legacy of a country’s political and social history; the role of a country’s political system and political institutions; the pattern of emerging political incentives for tackling HIV/AIDS; the basis and nature of relationships between key institutions and sectors involved in the response; and the relationship between the state, donor and non governmental sectors.

The paper concludes that if a country response is to be effective, it must reflect its political and institutional context. It is critical that the design of HIV/AIDS programmes and implementation structures are rooted in a broader analysis of a country’s political economy.
Introduction

There is strong and growing interest in the international donor community in understanding the political factors that shape development outcomes. Political analysis is increasingly being used as a starting point to understand the link between a country’s political framework and context, and its relevance to development.

The latest statistical update from UNAIDS\(^1\) confirms that despite progress in a small and growing number of countries, the HIV/AIDS epidemic continues to outstrip global efforts to contain it. The difficulty in stemming the epidemic over the past twenty five years suggests that new thinking is needed. This paper argues that a greater focus on the political and institutional dimensions of responses to HIV/AIDS has the potential to yield important insights into understanding how and why governments respond the way they do to HIV/AIDS. This may lead to improving the effectiveness of interventions in HIV/AIDS and ultimately, development outcomes.

Why focus on the politics of HIV/AIDS?

Until quite recently, most of the analysis of HIV/AIDS has focused on the dynamics of the spread and prevention of the disease, or on sociological issues such as the impact on families and communities. HIV/AIDS is still perceived as a health problem. There has been limited analysis of power relations, inequalities between socioeconomic groups, issues related to sexuality and cultural change or other systemic factors. However, where this kind of analysis has been used to look at the response to HIV/AIDS within a country, or between seemingly similar countries, it has shown that the political context - local, national and international – plays a fundamental role in explaining and shaping the nature and intensity of response.

Why is politics important in HIV/AIDS?

Understanding the politics of HIV/AIDS is important for a number of reasons:

1. It is conventional wisdom to state that political commitment is a necessary part of a successful HIV/AIDS response. However, the concept of “political commitment” is not particularly helpful without understanding the broader political processes which influence decision making and behaviour. Success stories document the effect of political commitment on the response but very few analysts have looked beneath this concept to understand the initial triggers for high level commitment, and the incentives or disincentives for political ownership. Political analysis has the potential to yield insights into why political commitment for HIV/AIDS emerges, how it is sustained and converted into action, and whether programme efforts to increase political commitment will have a beneficial impact on the HIV/AIDS epidemic.

2. Political engagement around HIV/AIDS has been problematic because of epidemiological linkages with often stigmatised sexual behaviours and drug use, and the tendency to view these issues in ethical or moral terms. Because of the controversy surrounding the disease, politicians may be reluctant to associate themselves with high profile approaches, such as prevention campaigns. At the same time, HIV is also affecting members of professional and political classes, who themselves may be motivated to advocate for treatment access, for example. Understanding the incentives that lead politicians to tackle HIV/AIDS and recognising how these incentives can be changed are important factors in explaining and influencing the response.

3. Increases in funding to tackle HIV/AIDS have resulted in the development of some multi-country projects and initiatives which use standardised models that are transferred to different settings. This is important for the rapid disbursement of funds but it can also mean that these projects are designed and implemented with limited consideration of the historical and existing political and institutional factors that underpin and shape a country’s response. This indicates a need to understand the context of a country’s HIV/AIDS response and how it is shaped by the specific history and political economy of its setting. Furthermore, as international funding is expected to increase to $10 billion a year from 2007, it is critical that these funds are used appropriately and most effectively. HIV/AIDS programmes that are rooted in a broader analysis of a country’s political economy have the potential to achieve this.

\(^1\) AIDS Epidemic Update, December 2005.
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4. Analysis that takes politics as its starting point can help explain, more generically, why things get politically “stuck” and what issues have local traction. It can also help in understanding the influence of complex forces such as tribalism, informal patronage systems and corruption, and how these issues play out in terms of setting expectations about the intensity of response, implementing HIV/AIDS policy, and resourcing HIV/AIDS responses.

Understanding the dimensions of politics

1) Political and social history affects how a country can and should respond to HIV/AIDS.

Awareness of national social and political history and its legacy on a country’s institutions, power structures and ideology can help to highlight key factors impacting on the national response and lead to the design of better responses.

Example: A number of historical and structural factors have influenced Mozambique’s HIV epidemic and the availability of resources to combat it. These factors include: the legacy of Portuguese colonialism which shaped the development of Mozambique’s transport corridors; patterns of labour mobility and poor status of health care at independence; and the war of destabilisation which involved mass deployment of troops from high prevalence neighbouring countries along major transport corridors and urban areas, and instigated widespread rural-urban migration; and the destruction by the Mozambique National Resistance of the country’s health care infrastructure.

The loss of health workers and rural health clinics during the war has severely affected this key line of defence against HIV/AIDs. However, international agencies and lenders have largely ignored the heritage of conflict and destruction when devising and promoting AIDS responses. The Mozambique government and international donors failed to adapt post war recovery programmes sufficiently to lessen the impact of returning refugees on HIV infection rates, and donors have been unwilling to seriously redress, on the scale needed, the destruction of the health system which is limiting national capacity to respond to an escalating epidemic.²

2) A country’s political system, the social roots of that system and its sources of power can have a profound influence on the nature and intensity of the national response.

Example: Malawi’s patronage-oriented system has deep social and historical roots. Social relationships are characterised by an acceptance and expectation of hierarchy, a dependence of less powerful people on more powerful people, and the accordance of status and privilege to members of the elite is expected. Excessive deference helps explain why abuses by elites are tolerated even when few benefits trickle down to ordinary people. Control of the state is largely concentrated within the hands of a single person, usually male and usually for long periods of time. The consequence of this kind of rule has been particularly damaging in the case of HIV/AIDS.

In the mid 1980s, the danger HIV/AIDS presented was deliberately suppressed by President Banda. For the next decade Ministry of Health staff were forbidden from keeping records, and journalists were warned against reporting on the advance of the infection, which would be treated as an act of treason. Private behaviour and public health campaigns proceeded for a decade as if HIV/AIDS was not a serious problem. The dissolution of the Banda dictatorship ended the silence on HIV/AIDS and it is only fairly recently that Malawi is tackling the issue.³

Example: Brazil’s aggressive national response to HIV and AIDS is due, in part, to its decentralised and diffuse political system which allows greater space for policy entrepreneurship and swift action by local level policy makers. Local political organisations mobilised policy makers to act with speed and intensity that would have been more difficult if they needed to gain national level acceptance first. By contrast, there is no analogous story of local level influence on national policy in South Africa. Decision making and political power is highly concentrated within a single political party which enjoys enormous authority across provinces.

Once policies are in place, members of parliament (MPs) have little incentive to challenge such policies because they could easily be replaced or reassigned. MPs and ANC-appointed provincial leaders perceive that their continued office support is based on support from the national leadership rather than from their local constituencies. In this environment, the capacity for policy entrepreneurs to push for decentralised responses is more limited. For example, when the province of KwaZulu Natal announced it would provide Nevirapine to pregnant women in 2002, this was reported as a rare act of defiance towards government policy.4

3) Political ideology and discourse around HIV/AIDS influence policy responses and are central drivers of a government’s HIV/AIDS response.

Example: A central question for any policy is: does it benefit “us”? (the general public or at least the governing party’s core constituencies), or: does it benefit “them”? (marginalised groups, foreigners and so on). Political analysis of South Africa’s response shows that policy discourses on HIV/AIDS have emphasised who is affected by AIDS and who is to blame – often stigmatised groups such as migrants and men who have sex with men. There has been suspicion about the nature of the disease (indigenous or created in the West, viral or social, real or imagined) and about who is most vulnerable. Under these conditions, it is not surprising that public and government support for proactive HIV/AIDS policies which potentially benefit “everyone” is weakened.5

4) The pattern of emerging political incentives for tackling HIV/AIDS has a major influence on effective leadership for HIV/AIDS.

Example: A political analysis of Uganda’s HIVAIDS response highlights the convergence of four factors that help explain what gives rise to successful central leadership in the fight against HIV/AIDS. First, the administration shunned the mythologies associated with HIV/AIDS and supported health professionals in the Ministry of Health and based their decisions on medical and scientific evidence.

Second, the incentive structure that the government faced meant it had everything to gain from taking early action against HIV/AIDS. The legacy of civil war meant that the new administration did not face difficult decisions in openly recognising the virus (for example, there was no tourism sector to think about and foreign investment had been low for years) and the donor community promised significant foreign aid if the administration demonstrated commitment to fight HIV/AIDS.

Third, an all out educational campaign spearheaded by the President and increasing international attention on the extent of the problem meant it was politically untenable for anyone in senior office not to support the fight against HIV/AIDS. Finally, there was a strong coalition of support behind the HIV/AIDS campaign. This was because there were very few families who were not affected by HIV/AIDS, including doctors and politicians.6

Aspects of President Museveni’s campaign and style of leadership have been promoted internationally as successful components of a national response, but trying to replicate these elements is unlikely to be as effective elsewhere because the timing and incentive structure that emerged was dependent on the Uganda’s political and historical context.

5) The influence of historical/structural or ideological basis of relationships over time between key institutions and sectors.

Example: Early action on AIDS in Senegal and Uganda demonstrates the central role played by Ministries of Health (MOHs) in leading the medical response and spearheading HIV prevention initiatives with other priority sectors. Since then, international and national responses have focused on promoting broad based multi-sectoral responses which require extensive coordination. This has led to the establishment of a new institution - the National AIDS Coordinating Authority (NAC) – which is responsible for leading in the development of a national AIDS framework and mobilising and coordinating sectoral responses accordingly. Ministries of Health are now one of the many sectors involved in the national response.

5 Ibid.
In many cases, the NAC model has been adopted without any prior institutional, historical or political analysis of existing national structures that deal with HIV/AIDS. In some cases (such as Ethiopia and Malawi), the creation and the nature of the NAC has been to the detriment of the health response. Of particular concern has been the transfer of many key MOH staff to NACs, leaving key departments in the MOH severely under-resourced to push forward the HIV/AIDS prevention and control activities. With stand-alone NACs, the confusion and often perceived competition of roles with the MOH has sometimes put NACs in direct conflict with those it is expected to lead and co-ordinate.

6) The basis and nature of relationships between the state, donor and non governmental sector.

Example: Since 2002, there have been many commitments and additional financing for increasing treatment access for people living with HIV/AIDS. These include WHO’s and UNAIDS’ 3 by 5 Initiative, The President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund To Fight AIDS, TB and Malaria, and the latest G8 and UN summit commitment on universal access to prevention, treatment and care for all those who need it by 2010. The political and policy landscape is shifting significantly at international, national and sub-national levels. The intensity of the response for HIV/AIDS treatment and care issues now dominates many national health agendas, often to the detriment of prevention activities and integrated service delivery. Separate systems that bypass established government systems have been set up to manage and disburse these funds, often through sub-agreements with non-governmental providers. As the biggest bilateral donor, US policy and funding restrictions are having a direct or indirect impact on prevention activities, and on condom availability, promotion and use in high prevalence countries.

How do different political systems affect HIV/AIDS responses?

The table below illustrates the links between increasing political institutionalisation and opportunities for effective public policy and response to HIV/AIDS. It underscores the notion that action against HIV/AIDS will be facilitated by the wider political, social and economic development. This framework has been adapted from work developed by Moore and Putzel7 and De Waal8 and has been used principally in the context of Africa.

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<tr>
<th>Nature of government and political system</th>
<th>Scope for effective action in HIV/AIDS and scope for policy response</th>
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| 1. Collapsed States (with absence of effective government or civil war) | Virtually nil. Leaders with limited territorial or ethnic power bases have little scope. Scope for public policy interventions is very limited. Absence of free debate or media means promoting behavioural change is very difficult. | Example: Somalia
Response is part of the humanitarian emergency, with activities largely determined and funded by international community.
Early response: establishing a baseline, advocacy and communication, building coordination structures, and establishment of two AIDS commissions in NE and NW Somalia and award of $10m Global Fund grant (with UN agency and international NGO as principal recipients). |
| 2. Personal Rule or Arbitrary Rule (policies are unstable, political activity is focused on taking or retaining power) | Inherently unpredictable action on social issues and initiatives do not necessarily translate into stable and predictable policy and implementation. | Example: Zimbabwe
Government established an active response with a National AIDS Framework, NAC and National AIDS Trust Fund (NATF) with 3% tax levy on population for AIDS activities.
Donors unwilling to resource NATF, NAC |

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<td><strong>3. Minimally Institutionalised States</strong> (weak, sectarian or divided government. Some institutions and mechanisms for public policy exist but they are weak and patchy).</td>
<td>Varying opportunities for leadership action. Scope for policy action, but the extent to which policy is implemented is questionable and capacity to implement is limited. Role of NGO projects important. Capacity for mobilisation is limited and may be dependent on patronage or protection by political authorities.</td>
<td>Example: Nigeria Recent improvements with emergence of democratic government and President Obasanjo spearheading a number of all-Africa initiatives in HIV/AIDS. NAC established and also an HIV/AIDS Emergency Plan at federal level. Decentralised multisectoral response but lack of interest in HIV/AIDS from state governors who appear to lack incentives to address the issue proactively. Large number of donor funded NGOs but they are largely excluded from policy making processes. Nigeria’s exceptional cultural and religious diversity makes prevention messages problematic, and popular and political pressures tend towards tangible measures such as getting people on treatment.</td>
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<td><strong>4. Institutionalised Government with Limited Political Freedoms.</strong> Welfare services somewhat available but little citizen influence on policies. Opportunities for pushing greater civil and political liberties.</td>
<td>Many of the leadership considerations noted above apply here but of greater influence will be political leaning of the leadership (if conservative or religiously oriented, less prospect of action). Much more scope for policy formulation with national institutions having skilled cadres of staff. NGO interventions augment national plans. Opportunities for social mobilisation but ability to influence public policy remains limited.</td>
<td>Example: Namibia Extensive political and policy rhetoric promoting rights-based approaches to HIV/AIDS but in reality, widespread abuse and discrimination exists. Largely health sector driven response with limited involvement of other sectors. Policy-implementation disconnects largely attributed to lack of common vision among political leaders and members of parliament of the importance of rights based HIV/AIDS policy, lack of incentives on the part of political leaders at all levels to protect the rights of PLWA, unwillingness of political leaders to actively collaborate with the NGO sector. Institutional constraints also limit the involvement of civil society and other constituencies being represented in national AIDS institutions such as the National AIDS Council.</td>
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### Nature of government and political system

5. Institutionalised Government with Political Competition

Vibrant civil society and opportunities to promote the interests of the poor/vulnerable.

### Scope for effective action in HIV/AIDS and scope for policy response

Exercising leadership can be challenging because political leaders have to reconcile demands of a range of constituencies and statements may be contested by other forces. Public policy is effective but making policy may be slower than in authoritarian states because of consultation and debate. Transparency, open debate, rule of law provides opportunities for mobilisation around AIDS.

### Examples of state/political involvement

Example: South Africa

First government response was in 1992 with establishment of National AIDS Convention of South Africa although little action in following years.

Explosion in HIV prevalence rates in 1993-2000 but government distracted by major political and social transformation and spread of the virus was not given attention.

Since then, turbulent history of government response. "Racialisation" of the disease, plots and conspiracy dominate discourse around HIV/AIDS. President denial that HIV causes AIDS has been very unhelpful in promoting HIV awareness.

International inaction and a tendency to take polarised views.

1998 onwards increasing pressure group/human rights action in response to unwillingness of South African government to provide ARV treatment.

Many MoH staff frustrated with lack of govt action in supplying Nevirapine and started applying to NGOs for grants to pay for the drug. KwaZulu Natal province successful in obtaining Global Fund grant, seen as rare defiance of central govt policy at the time. Minister of Health's focus on nutrition for AIDS sufferers perceived by many as skewed prioritisation in the national response.

Since 2003 comprehensive care and treatment plan in place with ARV and preventive education provision. Since then, rollout of plan under way and supported by 3 by 5, PEPFAR, Global Fund and national resources.

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### Conclusions

The challenges of curbing the HIV/AIDS epidemic over the last twenty five years suggest that new thinking is needed. The application of political analysis and a focus on the political and institutional dimensions of HIV/AIDS responses are evolving approaches that have the potential to improve the effectiveness of initiatives, and generate better development outcomes. This paper argues that political analysis can and should be applied to the field of HIV/AIDS. As international funding for HIV/AIDS is expected to increase to $10bn a year from 2007, it is critical that these funds are used effectively. HIV/AIDS programmes that are rooted in a broader analysis of a country’s political economy can help achieve this.

### About this paper

This paper represents work in progress. The HLSP Institute would welcome comments and views on this thinking. Please e-mail clare.dickinson@hlsp.org with your feedback.
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The HLSP institute aims to inform debate and policy on global health issues and national health systems in order to reduce inequalities in health