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Politics and HIV/AIDS: An Overview

Bill Rau and Joseph Collins

Much of what has played out in national and global responses to the HIV/AIDS pandemic is shaped by political factors. Yet, little analysis has been done to dissect political dynamics and motivations. Several research studies supported by UNRISD provide insights into some of the dimensions of the political realities that surround approaches to, funding for, and the engage of communities in dealing with HIV/AIDS. Unlike other studies that include views on the political aspects of HIV/AIDS, the papers from these research studies do not go into detail about the economic impacts of the epidemic. There is a growing body of evidence about the economic impacts—from household to national levels. But there is far less analysis about how political decisions determine responses to HIV/AIDS or how the epidemic becomes a factor in decision making among political actors. The epidemic is altering political systems—international and national—which determine approaches to controlling the epidemic and managing its impact.

An important starting point is to ask: Why have analyses of political considerations been so limited in writings about HIV/AIDS? Where are the political scientists and political economists in the debates around HIV/AIDS?

The most obvious answer to the first question is that much of the response to HIV/AIDS has been shaped by a bio-medical and public health approach. It is not that these approaches were inappropriate, but they did not invite or welcome critical analysis that included consideration of power relations, inequities between socioeconomic groups and nations, or of other systemic factors. The focus in much of what has occurred around HIV/AIDS has been on inter-personal dynamics, service delivery and already marginalized groups. Social changes that have magnified the spread and impacts of HIV/AIDS as well as the socioeconomic and political changes to control the epidemic are largely ignored.

In addition, issues related to sexuality and cultural change—with underlying racial assumptions—are highly sensitive. Interest and support for political analysis of these topics—even in the context of a global crisis—has not been forthcoming. Many non-medical academics quickly learned that research on the political economy of HIV/AIDS would not further their careers. Most donor agencies had little interest in funding research and analyses about the pandemic that linked HIV/AIDS to development issues, such as poverty and gender disparities. Even as the global community moves to widen the availability of antiretroviral therapy, there is hardly any discussion about the reasons for the fragile state of national and local health systems that are meant to manage treatment, but which have been weakened for at least two decades by political choices.

A point that arises occasionally is that the responses to the HIV/AIDS pandemic have been determined largely by the donor communities and their cadre of technical experts. As such,

donors have little tolerance for critical analysis of the prevention and care approaches they promote. For example, efforts to link the rapid increase in HIV/AIDS infections in Southern and Eastern Africa to economic reforms promoted by the World Bank and the International Monetary Fund were sharply and quickly countered by those agencies. (Lurie, 1995) Again, analysts got the message—don't question the big guys. Yet, there is no doubt that structural reforms associated with the agenda of the World Bank and major donor agencies were occurring as the HIV/AIDS pandemic gained momentum and overwhelmed populations. If the links are not conspicuous, the parallel tracks of induced reforms and HIV/AIDS are real. Some non-governmental and advocacy organizations have noted the connections, but the business of AIDS excludes such analysis.

When politics has been discussed as a factor in the epidemic, it is often in terms of gaining high-level political support for HIV/AIDS prevention and treatment initiatives. In turn, gaining political commitment usually has relied on rational presentations of projections of the impacts of HIV/AIDS on the education, health and other key sectors to sensitize decision makers, along with and moral pleas for greater attention to the epidemic. When political commitment is not forthcoming, the tendency is to place the blame on the lack of "political will." But providing evidence and building skills is only a part of what is needed to gain political commitment. The various interests that inform decision makers, the sense of personal gain or loss from particular decisions, the trade-offs with others—all these factors, too, contribute to the dynamics of decision making. Until we in the HIV/AIDS communities better understand what happens among decision makers after a presentation of evidence, then we will continue to face frustrations in leveraging political commitment and support.

Perhaps it is not too surprising that "political will" to adequately address HIV/AIDS has been relatively weak at national levels. The stigma surrounding assumed sexual behaviors related to HIV infection is held by many political authorities. The impacts of HIV/AIDS on low-income households, on women, on children and the growing inequalities arising from those impacts are not issues that stimulate broad-based concern and political action. Indeed, concerns about rural livelihoods, impoverishment, the rights of women, and child welfare have not generated much national attention in many countries for nearly two decades.

To be sure, coalitions have been formed, reports generated, demonstrations held, meetings with politicians and senior civil servants and business leaders arranged. Outside of the Treatment Action Campaign in South Africa and the prevention/treatment initiatives in Brazil in the early 1990s, there has been little in the way of long-term strategizing to bring political power to bear on key decision makers. Likewise, there has been too little analysis within the context of HIV/AIDS to even present strategies to decision makers that link their political interests with effective prevention and care initiatives. Some of the lessons for political interaction are being learned. For example, Sanjay Basu of the Treatment Action Campaign in South Africa has said:

If there is one thing that the AIDS activist movement has taught us over the last several years, it is this: that rather than fighting amongst ourselves over a fixed pot of money, those of us who stop thinking through the "cost-effective" framework and think through politically strategic paradigms can make the overall pot of money significantly larger, and can make our set of available options much

wider. (Sanjay Basu, www.tac.org.za)

A prime example of the difficulties in developing “politically strategic paradigms” centers around the links between poverty and HIV/AIDS. There are two avenues into understanding the situation. The first is a lack of effective analysis and examples of the links between poverty and HIV/AIDS. Too often, poverty is put forward as a determining co-factor without an understanding of how and why conditions of poverty occur. Poverty is treated as if it were a static condition. In some ways it appears that way, as initiatives to address poverty conditions have not been very effective over the past two decades and for some socioeconomic groups, poverty conditions have worsened. HIV/AIDS has played an important role in those worsening conditions—again for some groups of people. However, if we treat poverty not as a static condition, but an outcome of social structures, political decisions, and equity, it becomes closer to the everyday realities. Thus, we prefer the term “impoverishment.” It conveys a sense of change—of people moving into and out of poverty conditions for a variety of reasons. The term allows us to trace causes to their roots and to relate those causes to particular actions or inactions. By using the term impoverishment, we can chart initiatives that can take advantage of the dynamics of the political economy to lead to a lessening of poverty.

The economics of HIV/AIDS has received more attention than the politics of AIDS. In the 1990s, the emphasis in economic analysis tended to deal with macro impacts—changes in Gross Domestic Product, for example—which missed vast segments of the “complexity and full significance of the epidemic.” (Whiteside, 2004, p.13; Forsythe and Rau, 1998) Thus, the political side of political economy of HIV/AIDS has had little to work with in looking at forces driving the epidemic or shaping national responses. By the late 1990s a growing number of studies reported on the economic impacts of HIV/AIDS, primarily on households and businesses. Reference was occasionally made how the epidemic intensified or deepened “poverty”, but little was said about how and why the epidemic interacted with pre-existing socioeconomic structures.

The UNRISD studies on the politics of AIDS provide insights into frequently overlooked aspects of the epidemic. In turn, those studies provide critical lessons for shaping the future responses to the epidemic. The authors give particular attention to how political choices based on both structural conditions and self-interest influence. We see running through the experiences described in the papers how responses to HIV/AIDS are described and promoted from a political perspective. The papers are especially important for enhancing the outcomes of choices and decisions made at all levels of society—including at the international level. The outcomes reach beyond the HIV/AIDS epidemic, with implications for regional stability and security and long-term development.

If political factors have been important in excluding political analysis of HIV/AIDS, are we not obliged to understand why that has been the case?

The paper by Joseph Tumushabe on Uganda questions not only the epidemiological success of the country’s responses to HIV/AIDS, but delves into the politics of using that success for both ideological and strategic interests. Tumushabe argues that in the 1990s the international community needed an HIV/AIDS “success” story. Evidence of declining HIV prevalence in Uganda was widely hailed by UN and bilateral donors that their investments were paying off. In

turn, Uganda needed both the steady flow of money from donors to support its economy and the quiet of the international community to carry on military campaigns in the Democratic Republic of the Congo and against internal opposition. At the same time, international attention for Uganda's declining HIV/AIDS prevalence was focused on senior political commitment. Tumushabe argues that while important, the major changes in prevention occurred through the initiatives of NGOs and CBO. A variety of organizations took advantage of the openness of the political leadership to aggressively implement their programs. While there has been lip service from international donors to broad-based local initiatives in confronting HIV/AIDS, there has remained a reluctance to fully learn from and follow the leadership of those initiatives. As this Uganda study shows, the politics of AIDS includes issues of control of knowledge and relative status.

International politics has strongly influenced the course of the HIV/AIDS epidemic in Mozambique. Carole Collins argues that the military campaign supported by the then-apartheid government of South Africa against newly independent Mozambique disrupted hundreds of thousands of people who fled their homes, to elsewhere in the country or into neighboring countries. Health centers and schools were destroyed and local leaders were killed, leaving the country wide open to the HIV/AIDS epidemic. The presence of Zimbabwean troops along one of the main transportation corridors contributed to conditions in which HIV/AIDS gained a foothold and spread to the general population. Yet, when the war in Mozambique ended and responses to HIV/AIDS were formulated, international agencies and lenders overlooked the heritage of destruction and disruption. Instead they focused their strategies.

Brazil's initial response to the HIV/AIDS epidemic was primarily driven by gay activists and the public health system of Sao Paulo state. The prevention approach adopted in Sao Paulo in the 1980s strongly influenced a wider national response in the 1990s. Some external agencies provided technical support to Brazilian non-governmental organizations (NGOs) and governments, but decisions were largely indigenous. Application by the federal government for loans from the World Bank added a major new element to the national response: large sums of money. Elisabete Inglesi Arévalo analyzes the implications for NGOs as activists and service provider organizations of the World Bank loans. She notes: "The so-called AIDS industry provoked an upsurge of new NGOs and forced NGOs working with AIDS to expand their knowledge, in order to compete on equal footing with those NGOs experienced in project development, but whose original field was not AIDS." In the process, indigenous direction to the epidemic began to give way to World Bank conceptions of appropriate approaches and projects.

A little understood aspect of the HIV/AIDS epidemics is the influence of structural reforms undertaken by many countries. What does seem clear is that in several southern African countries, structural reforms in social services and economic control ran in parallel with the steady increase in HIV/AIDS prevalence in the 1980s and early 1990s. At a time when aggressive prevention measures were needed, countries were reducing formal sector employment, increasing the cost of services to consumers, and shifting attention to reform processes rather than the epidemic. Kerela State in India has a long history of providing education, health and other services to state citizens which have contributed to very positive indicators of human wellbeing. Beginning in the 1990s, the state government began its structural reform programme that included privatization of the economy.

The UNRISD studies illuminate several factors. First, history does matter. HIV/AIDS responses have adapted learning from decades of family planning, smoking and other public health initiatives. However, the political and economic history that informs contemporary conditions and attitudes is largely ignored during the design of HIV/AIDS programs. At the heart of the paper by Collins is the question: How could Mozambique put together a comprehensive HIV/AIDS prevention program given the extensive losses of human resources and infrastructure during the post-colonial war? The only way a Mozambique could have effectively controlled the epidemic was by addressing HIV/AIDS while it built its public health system and local and national economy.

This point leads to the next commonality: political context—local, national and international—does matter. Each of the papers shows how political views and actions have contributed to both the timing and form of responses to the HIV/AIDS epidemics. What's in it for me? Asks every political actor. What do I gain or lose by speaking out and supporting HIV/AIDS issues? Whether it is new NGOs in Brazil that can grow because of the availability of new money from a World Bank loan or the UN agencies that promote approaches to the epidemics. Each makes decisions on the basis of perceived gain or advantage. Each assesses its own interests, sometimes even at the expense of more effective responses to the epidemics. That is evident as NGOs scramble for bits of "territory" or target audiences. It can be seen in the lengthy, often fractured efforts to bring together international agencies at a national level to coordinate activities. And it can be seen in the analysis of Uganda, Zimbabwe, and Namibia where national authorities manipulated the HIV/AIDS crises for their own political ends.

Development does matter, in two ways. First, as Collins and Rau (Collins and Rau 2000) have argued in a previous UNRISD paper, patterns of "failed" development contributed to and exacerbated the rise and spread of the HIV/AIDS epidemic. For example, the labor migration patterns established during the colonial era were sustained after national independence. Governments were unable to substantively alter these prevailing economic systems. Indeed, the globalization of economic models that serve Northern interests exacerbates the movement of labor and leave many low income people and regions of the South further marginalized from controlling their own welfare (Skeldon 2000). In Kerala State, India, a long history of state support for social sector programs has helped protect the population from a rapid expansion of HIV/AIDS, although many of the prevailing socioeconomic risk factors can be found in the state. That may change as the state places new emphasis on structural reforms. Second, responses to HIV/AIDS have been treated primarily as medical or narrow public health matters, with the major responsibility placed on ministries of health (or medically staffed AIDS commissions) to manage the national response. Although some emphasis has been placed on multi-sectoral responses, rarely has that been more than marginal add-ons to existing sectoral activities. Or, sectoral designers have been inclined to training select staff—such as agricultural extension workers—as HIV/AIDS prevention promoters rather than monitoring socioeconomic changes within a ministry's purview.

A development response to the epidemic begins with fitting prevention, care and mitigation efforts into national programs. To take mitigation as an example. To date, the approach to mitigation is in the form of crisis responses—food aid, orphan support, micro-credit to sustain

affected households. Some discussion has occurred to expand mitigation toward long-term development objectives, such as expanding women's inheritance rights (Mattes and Manning 2004). However, governments have not re-designed development plans to account for changes in skilled labor, in revenues, in pursuing land reform, and expanding rural employment opportunities. Continuing to treat HIV/AIDS as a crisis—which indeed it is—without also looking to re-shape development plans and programs may be one of the great missed opportunities of this era.

Each of the UNRISD studies on the politics of HIV/AIDS asks, in various forms: Who is in control? Within the globalized economic structures of the contemporary world, tracing the strings and shackles of political power is complex and, frankly, risky. Yet the studies on the politics and political economy of HIV/AIDS shows, controlling the epidemic requires a fuller understanding of and influence over political dynamics.

References

- Collins, Joseph and Bill Rau. 2000. *AIDS in the Context of Development*. UNRISD, Geneva.
- Forsythe, Steven and Bill Rau. 1998. "Evolution of Socioeconomic Impact Assessments of HIV/AIDS," *AIDS*, vol. 12, supplement 2.
- Lurie, Peter, Percy Hintzen, and Robert A. Lowe. 1995. "Socioeconomic Obstacles to HIV Prevention and Treatment in Developing Countries: The Roles of the International Monetary Fund and the World Bank," *AIDS*. 1995; volume 9, number 6, pages 1-8.
- Mattes, Robert and Ryann Manning. 2004. "The Impact of HIV/AIDS on Democracy in Southern Africa," in *The Political Economy of AIDS in Africa*. Nana K. Poku and Alan Whiteside, editors. Ashgate, Burlington, Vermont, pp. 191-214.
- Skeldon, Ronald. 2000. "HIV/AIDS and Globalization." Paper presented at Sixteenth Meeting of the Inter-Agency Advisory Group on AIDS. Geneva, 29-30 May.
- Whiteside, Alan. 2004. "Responding to AIDS in Crisis Situations," in *The Political Economy of AIDS in Africa*. Nana K. Poku and Alan Whiteside, editors. Ashgate, Burlington, Vermont, pp. 1-17.