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Issue Paper 2: HIV/AIDS and Democratic Governance

Overview

This Issue Paper addresses a number of questions related to the relationship between the HIV/AIDS epidemic and democratic governance. The paper is structured around the following hypotheses:

- Democracy is an asset in overcoming HIV/AIDS. Specifically, electoral democracy facilitates the adoption of internationally-accepted best practices in AIDS policies and programming, and liberal human rights—including a free press and civil society activism—help promote the good policies against AIDS. The empirical evidence shows that public opinion rarely places AIDS as a public policy priority, which reduces democratic government's responsiveness to AIDS. There is also a suggestion that times of transition—including the democratization of authoritarian regimes—are times of high risk for HIV/AIDS epidemics.
- AIDS threatens democracy, by placing massive strains on society in general and the institutions necessary to sustain democracy in particular. Data in support of this are generally weak, but there are some specific pathways whereby AIDS is weakening institutions including parliaments, judiciaries and schools, and exacerbating existing stresses on democratic governance.
- AIDS is changing international governance. There is clear evidence to indicate that both the AIDS epidemic and international responses to it are significantly changing structures of international governance, for example leaving some countries heavily dependent on international assistance for the indefinite future.

The policy findings that arise from this analysis fall into the following areas:

- The issue of HIV/AIDS needs to be made a public policy priority for the publics of affected countries. The roles of the press, civil society activism, and political leaders themselves are important.
- During periods of political and economic transition, special attention needs to be paid to social risk factors for HIV/AIDS.
- We need to monitor the pressures on institutions that arise from the HIV/AIDS epidemic, in conjunction with other concurrent stresses. Our understanding of fragile states needs to be broadened.
- Mechanisms for international governance need attention in the light of the AIDS pandemic and the unprecedented inequity in life chances it has unleashed.

Is Democracy Good for the Effort Against AIDS?

This section presents the academic hypothesis, ‘is democracy good for the effort against AIDS?’ and tries to distil the main recommendations that arise from the preliminary analysis.

This hypothesis can be disaggregated into the following. ‘Democracy’ includes electoral accountability, a free press, and an independent civil society with space for citizens’ activism, especially concerning basic human rights. These elements will be examined in this issue paper. Other components of democratic governance include sovereign independence and material well-being. While important, these will not be examined in this paper. The ‘effort against AIDS’ consists in the adoption of internationally-accepted ‘best practices’ in AIDS policies and programming, the concern of this section, and success in keeping down HIV prevalence or bringing it down, the subject of the following section.

The ‘democracy helps prevent AIDS’ draws energy from the premise of liberal activism that no good things are incompatible. We should not have to choose between liberty and prosperity, between peace and justice, or between freedom and health: we can have them all. It is also energized by the ‘democracy prevents famines’ argument attributed to Amartya Sen. Detailed analysis of both those premises is worthwhile. It is an interesting exercise to chart the trajectory of AIDS activism and important to note that the literature contains no systematic cross-country correlations of political freedoms and famine prevention and relief measures. However, this paper will focus solely on the question of democratic institutions, AIDS policies, and AIDS outcomes.

Electoral Democracy and AIDS Policies

The links between public opinion, voter participation and choice, and electoral democracy has been investigated in South Africa by Bob Mattes, Per Strand, Samantha Willan and several other researchers. One of their most important data sources is the AfroBarometer public opinion surveys, which also cover other African countries. These data present an intriguing picture. Among the priorities expressed for public policies by citizens, AIDS rarely ranks high. Issues such as crime, employment and education tend to rank higher. Likely reasons for this include the stigmatization of AIDS and the way it is generally defined as a medical condition and a personal misfortune, rather than a collective challenge. People who have personally suffered the loss of a family member or close friend to AIDS rank the disease as a higher priority, but there is no evidence that this has affected voting choices. Successive rounds of AfroBarometer surveys indicate that AIDS is making its way up the list of voters’ priorities, while analysis of voting patterns in the April 2004 South African election indicates that the ruling ANC did not suffer a loss of votes as a result of its leader’s public position as an AIDS sceptic. Other issues ranked higher.

The implication of these findings is that southern African voters are not demanding that their governments prioritize AIDS policies and programmes, but that changes may be underway as the epidemic affects more and more people.

A first attempt at a multi-country correlation between electoral accountability and ‘best practices’ in AIDS policies has been undertaken by Jacob Bor. Using a data set from 54 developing countries, this finds a robust negative correlation between the two the Freedom House rankings on electoral democracy and the Futures Group scoring on the AIDS Program Effort Index (API). Countries that rank highest on electoral accountability have significantly poorer AIDS policies than that rank less high. This correlation does not arise from a handful of outlier countries such as Cuba or Uganda, both single-party states with effective AIDS policies. Although there are significant problems with the API rankings—for example Ethiopia ranks as Africa’s equal-best AIDS effort—the findings appear robust. What this seems to indicate is that the institution of electoral accountability does not lead to governments prioritizing AIDS programming.

This finding is consistent with the more detailed case studies of southern African public opinion, voting and public policies. Limitations on the data set pose a challenge to develop more finely-tuned and reliable measures of both electoral accountability and governments’ adoption of ‘best practices’ in AIDS policy and programming.

The HIV/AIDS epidemic has engendered specific types of political mobilization. In turn these have translated into prioritizing specific issues and opening specific channels for democratic accountability for AIDS policies. The constituency of AIDS activists has been highly effective in ensuring action on a set of priority concerns. The discrepancy between the well-organized and effective campaigns around treatment and the weak mobilization for prevention and education programmes has been widely noted. One explanation for this is that the treatment issue has a ready-made constituency for which it is literally a life-and-death issue. Prevention is a concern for everyone, but a priority for no-one, creating nearly insuperable problems of collective action.

What are the characteristics of an issue that make it suitable for collective action? In India, effective political mobilization on famine was possible in part because the issue is *separable* (it can be seen as distinct from the general run of misery), *visible* (it is dramatic), *morally salient* (notions of hunger and feeding have powerful resonance within existing social contracts) and *tractable* (solutions are readily at hand). By contrast, the issue of chronic poverty scores much lower on all four counts, contributing to the persistent failure of democratic governments in India to take comparable public action against poverty. By contrast, Mao’s China, while failing miserably in preventing famine in 1958-61, did succeed in reducing chronic poverty. The issue of HIV/AIDS in general is problematic on each of the dimensions of distinctiveness, visibility, moral salience and tractability.

A democratic electoral cycle is four or five years, but the political returns to AIDS efforts usually take much longer to mature. This makes AIDS policy an unattractive priority for politicians. A treatment programme can yield quicker results, but this has the drawback that it cannot be responsibly changed once adopted. Reflecting this, in some democratic countries, including Kenya and Botswana, there is a bipartisan consensus on AIDS which

means that AIDS policies are shielded from the vagaries of electoral politics, but are also thereby removed from the front line of public debate.

How is AIDS policy made in countries that fall short on electoral accountability? Some have been remarkably effective in AIDS responses, others have been the most egregious offenders in terms of denial. Good policies may arise from enlightened self-interest and the influence of public health officials (China may fit this case) or from the fact that international funds and good standing are to be obtained from this prioritisation (a scenario that may fit a number of African countries). These hypotheses demand research.

The policy recommendation that arises from this analysis focuses on how to make good AIDS policy a priority for voters. This is an issue of voter education, civil society mobilization, and the leadership of democratic politicians.

The Press and AIDS Policies

Studies of media coverage of AIDS in developing countries tend to conclude that stories on AIDS are relatively few, superficial and uncritical (Charles Wendo, African Women's Media Centre). Few journalists possess an in-depth understanding of the issue. Articles tend to reflect the 'Geneva Consensus' approach and focus on official statements about the scale of the problem and national and international commitments and initiatives. Many stories in the national press are taken directly from the international newswires or western newspapers. Tough or controversial stories on AIDS are poorly covered. An example of an important controversy that received too little attention is the debate over expenditure ceilings and whether AIDS spending should be allowed to break through the limits considered necessary for sustaining macro-economic stability, which was covered only by specialised journalists. A plausible explanation for this is that journalists tend to echo what they see as the received wisdom and avoid original research and controversial conclusions. As 'best practices' change, it will be interesting and important to monitor press coverage, and to see whether media stories precede or follow those changes.

Multi-country correlations of measurements of press freedom and government AIDS effort indicate a strong positive correlation (Jacob Bor). There are good theoretical reasons to suppose that a free and well-informed press will assist in the construction of a 'best practice' national AIDS policy. The press will raise the issue of AIDS, it will inform the public and policymakers, and it will highlight the gap between actual practice and 'best practice.' However, the questionable quality of press coverage and the complex links between public opinion, electoral accountability and AIDS effort mean that these conclusions need to be qualified and further investigated.

The Role of Civil Society, Activism and Individual Human Rights

The themes of civil society activism and political effort against AIDS have received considerable scholarly attention, beginning from the earliest days of the North American epidemic (Shilts) and including a number of important scholarly analyses (Altman). This is a rich literature that can only be summarized extremely briefly here.

There is considerable overlap between AIDS activism and advocacy for women's rights, basic human rights and for the status of civil society, including funds for NGOs. For the most part, these agendas are compatible, and indeed it is civil society activists who have played the leading role in making AIDS into a public policy issue in most industrialized countries and a number of developing countries. The linkages between civil activism and AIDS policies occur at many levels.

In AIDS policy, there is sound reason for a presumption in favour of individual human rights. Were it not in place, governments would find a good pretext in public health for imposing authoritarian measures. While restrictions on freedoms can indeed be justifiably imposed for public health reasons (as is clearly stated in the Universal Declaration of Human Rights), governments will tend to abuse those powers if they have an opportunity.

There are, however, both potential and actual divergences between the requirements of good AIDS policy and individual human rights. The controversy over the testing and disclosure issue is one of these. Because AIDS activism originated among north American gay men, for whom advocacy on AIDS was intrinsically linked to the struggle for gay rights, the principles of privacy and the individual's right to disclose his or her status were a primary concern. This argument was advanced both on the grounds of principle (absolute human rights) and efficacy (consent of the affected was the only workable basis for health policy). Similar arguments hold for parts of the world where the epidemic is concentrated among stigmatised minorities such as injecting drug users or homosexual men. Where there is a generalised heterosexual epidemic, the individual PLWHA may be stigmatised but it is very improbable that the wider category of heterosexual adults will be stigmatised. In such circumstances, the relative weight of the right of the infected individual to keep his serostatus private or unknown versus the rights of his partner(s) to know the risk they are facing may swing towards the latter. But while PLWHA are increasingly organized as a constituency, those at risk are not. We currently have a situation of 'AIDS exceptionalism' in the sense that AIDS is unique among epidemic STIs in that it is not a notifiable disease with partner tracing and routine or mandatory testing. A number of public health specialists have long decried this 'exceptionalism' (DeCock). It is only recently beginning to change on a case-by-case basis, with the international consensus still unchanged.

It is a plausible hypothesis, therefore, that the influence over public policies exercised by civil society activist groups, either directly on national governments or mediated through international agencies, might on occasion impede the adoption of the best possible AIDS policies. The point here is not to adjudicate on which policy is best, but instead to emphasize the need for open debate and an analysis of the influence of various stakeholder groups.

Gender inequality is recognized as a major risk factor for an HIV/AIDS epidemic. Charles Wendo's study of the press in Uganda indicates that journalists who cover AIDS issues are more likely to be female than the gender ratio of journalists would imply. The extent of female representation in the executive, legislature and other influential

institutions may be a significant predictor of the adoption of AIDS ‘best practices.’ This remains to be investigated.

Other Components of Governance and AIDS

A number of other features of governance are amenable to analysis in a similar way, combining both multi-country correlations and more detailed work. Does the level of decentralization in government assist or impede national response? The comparative study of Brazil and South Africa by Varun Gauri and Evan Lieberman indicates that decentralization can play a positive role. Does a powerful ministry of health facilitate the adoption of good AIDS policies? Or might it actually stand in the way of the kind of multi-sectoral response that is regarded as best practice?

The concept of ‘leadership’ is often highlighted as an important component of effective AIDS policies. This raises as many questions as it answers. What exactly does good ‘leadership’ mean, and how is it good leadership on AIDS to be measured against other qualities such as democratic credentials?

One important recommendation that arises from this discussion is the need for a stakeholder analysis, that identifies all the different stakeholders involved in making AIDS policies, including their priorities, positions and influence. Among the relevant stakeholders are governments, militaries, business, international funds, philanthropic foundations, and a wide range of citizens’ and activist groups.

Democracy and HIV Prevalence

Adopting the accepted best practices in HIV/AIDS policies and programmes is not the same as effectiveness in containing or limiting HIV prevalence. For example, Botswana has adopted all the best practices but these have been met with singular lack of success. Two issues arise. The first is whether the ‘best practices’ are really the best. The scientific consensus may well change.

The second issue is whether national policies and programmes are themselves the key factor in containing HIV/AIDS. Few would argue that they are the principal factor in determining whether a country suffers an AIDS epidemic in the first place. Factors such as the clade of the virus, sexual networks and risky practices, male circumcision, female education and other socio-economic characteristics are usually considered more significant than national AIDS policies. But when HIV rates fall, policy and programme interventions are usually given the credit. Claiming successes and shifting responsibilities for failure is a universal tendency of policymakers. Such attributions should be treated sceptically by researchers.

There is an unfortunate negative correlation between level of democracy and HIV prevalence. This can be captured in the following observations. The HIV/AIDS epidemic spread across sub-Saharan Africa just as authoritarian states were democratizing, military coups becoming less common, and Apartheid ending. In the Middle East and North

Africa, where the pace of democratization has been glacial at best, there are no generalized AIDS epidemics. Few would claim that authoritarianism directly *caused* low HIV prevalence—causal factors are likely to include low levels of concurrent long-term partnerships, (to date) relatively low levels of injecting drug use, and (possibly) male circumcision—but the correlation exists. In the former Soviet Union, the end of communism and the (incomplete) transition to democracies has coincided, after a lag, with the beginning of AIDS epidemics. As with Southern Africa, this is in part just an unfortunate historical coincidence: there could have been no AIDS epidemic under Communism because HIV simply wasn't around. A similar case could be made for the transition to independence in East Timor. These correlations show the limits of inferring cause and effect by comparing country-level data.

There is however an interesting argument that political and economic transitions, in and of themselves, facilitate the rapid spread of HIV. Certain correlates of political transition could facilitate the transmission of the virus. These include: increased population mobility including international migration, breakdown of institutions for young people and increased youth unemployment, easier access to drugs, and decline of state-financed health services, especially in the field of reproductive health. Assertions about changing patterns of sexual behaviour during political transitions should be treated with extreme caution unless backed by solid evidence.

The possible role of transitions in AIDS vulnerability relates to the 'Jaipur paradigm' of Tony Barnett and Alan Whiteside. This posits that the pattern of epidemic in a particular country is determined by wealth and social cohesion. The wealth factor is primarily important in determining the scale and speed of response. 'Social cohesion' is more interesting: the authors argue that countries high in social cohesion have slower epidemics which peak at lower levels. This hypothesis throws down the challenge of explaining what is under the 'social cohesion' umbrella, and with what epidemiological significance. Civil war would appear to be a paradigmatic case of lack of social cohesion, but the evidence summarised in Issue Paper 1 indicates that it does not necessarily entail higher HIV prevalence. Rather than taking this as a refutation of the 'social cohesion' hypothesis, it is better to generate hypotheses about what fine-grained analysis is needed to discover what the epidemiologically salient components of 'social cohesion' might be. It is possible that among these are the level of migrant labour and, related to that, the number of concurrent sexual relationships sustained by men. Political and economic transition involving significant occupational changes could be another component. Another, related challenge is to explain why high social cohesion tends to be associated with conservative, mostly rural societies, which are also marked by low female status and educational achievement.

The recommendation arising from this is that political and economic transitions—which are often brought about in partnership with the international community, as in Afghanistan, Iraq, Southern Sudan and Sierra Leone today—are times of risk for HIV, and monitoring programmes and interventions need to be designed accordingly.

The relationship between democracy and AIDS treatment provision demands attention. With ART at scale relatively new in developing countries, it is premature to try to evaluate the socio-political determinants of ART roll-out, beyond the associations between political institutions and AIDS ‘best practices’ outlined earlier.

This cursory overview indicates that we cannot in the current state of knowledge claim any causal links between democracy or lack thereof and HIV prevalence in a given society. The most that can be said is that democratic societies, perhaps because of greater openness, mobility and speed of social change, face greater risk factors for HIV/AIDS epidemics than comparable less democratic countries.

Does AIDS Threaten Democracy?

The correlation noted above—between democratization and the spread of HIV/AIDS—in itself illustrates the lack of multi-country comparative data that would indicate that AIDS imperils democracy. The AIDS epidemic has coincided with one of history’s greatest ‘democracy waves,’ and that wave shows little sign of being reversed. However, there are plausible reasons to suggest that the AIDS epidemic might jeopardise important aspects of democratic functioning and might, at some future date, endanger democratic governance in a developing country. This section examines ten such hypotheses.

1. *AIDS can justify repressive measures in the name of public health.* Cuba’s coercive and successful AIDS programme is a cause célèbre for those who would like to use a public health emergency as a pretext for a crackdown. While the ‘best practice’ consensus in favour of a rights-based approach to AIDS programming has drawn criticism from some public health experts, it has made such repressive measures internationally unacceptable. Nonetheless, it is very likely that national and local governments in many countries, particularly those with emerging epidemics, will respond to real or perceived threats of AIDS with repressive measures targeted at populations perceived to be high risk.

2. *AIDS can engender exhaustion and withdrawal from public life including reduced voter turnout.* There is some data on this. A study of AIDS and community-based organizations in KwaZulu Natal by Ryann Manning discovered that many of these organizations are seriously affected by the illness and death of members from AIDS, and the diversion of personnel to care duties in the household. Organizations involved in human rights activism and other advocacy activities were also under pressure to focus on AIDS. This is a single but persuasive example for how the epidemic can erode the quality of civil society life. With reference to the 2004 election, there was concern that the low participation of PLWHAs and their carers may have contributed to reduced voter turnout. This could be attributable to people with visible signs of AIDS suffering stigma and not wanting to participate in public events (although the ballot is secret, standing in line to vote is highly public), or to register for the special voting rights extended to the incapacitated. This is important if context-specific and preliminary evidence for an adverse impact of the epidemic on the quality of democratic life in South Africa. A counter-argument is that AIDS is actually engendering greater citizens’ activism and

public participation. Although there are some cases of this, the case for AIDS as a catalyst for civil society and democratization seems to be overly optimistic.

3. *One of the impacts of generalised AIDS epidemics is the 'security demographic' with a 'youth bulge' that threatens greater levels of crime and political stability.* The demographic distortion induced by a generalised AIDS epidemic in a previously growing population creates a 'youth bulge' in the form of a large proportion of young men in the population. This in turn is a risk factor for increased crime. In the absence of employment policies that can absorb these young men, political stability may also be at risk. This is a valid concern. The interaction between the 'security demographic' and the factors that may give rise to a crisis need special attention.

4. *Another impact of HIV/AIDS is slower economic growth, greater socio-economic inequality, and thus increased risks to the viability of democracies.* There is a robust body of data indicating that democracy in a developing country is at risk when there is an economic downturn. Insofar as AIDS slows growth and increases the likelihood and/or severity of recessions, and increases socio-economic inequalities, it is a factor increasing the stress on democracies. This is a valid concern. However, historical circumstances are changing to make the international community less tolerant of democratic reversals. This is particularly the case in Africa, where the African Union has taken a strong stand against unconstitutional changes of government and the number of military coups has fallen dramatically. It is valid to ask, however, whether some ostensibly democratic regimes continue to be truly democratic under such circumstances, or whether they merely cloak regressive authoritarianism under a cleverly-manipulated mantle of electoral legitimacy.

5. *Generalised AIDS epidemics threaten a significant gender imbalance, which adversely affects the status of women, which is bad in and of itself and also endangers democracy.* One of the potentially most significant but unstudied outcomes of generalized HIV/AIDS epidemic in southern Africa is the excess deaths among women in their twenties and thirties. The resulting gender imbalance, unprecedented in African societies since the time of the slave trade, may have important consequences. There are no systematic investigations of the extent of the gender imbalance and its consequences. One school of thought conjectures that men will respond to the shortage of adult women by seeking younger sexual partners and wives. There is anecdotal evidence in support of this. This might also imply a pro-natalist culture and the regression of women's status to wives and mothers. Another school of thought is that women's scarcity will make them more valued. This may be an instance of wishful thinking. The possibly very adverse impacts of a gender imbalance demand urgent and careful attention.

6. *The drop in life expectancy associated with the AIDS epidemic brings in its wake subtle but far-reaching changes to progress in governance, threatening 'Max Weber in reverse'.* The logic behind this is that the development and maintenance of complex institutions including democratic political culture and the rule of law depends upon a certain level of human capital, which in turn relies on a long adult life expectancy. As adult life expectancies shorten, it follows that maintaining institutional complexity is

more difficult, and regression to authoritarian or charismatic forms of political organization is possible. The argument is supported by anecdotal evidence about the decay of some institutions as they lose experienced personnel. The hypothesis has not been investigated, though comparative data on the spread of democracy would seem to contradict it. There are two main counter-arguments. One is that there is sufficient redundancy in terms of under-utilized human resources in most organizations to make comprehensive regression unlikely. The second is that in many countries, especially in sub-Saharan Africa, modes of political organization were already operating in a non-Weberian way, characterised by patrimonialism, duplication of organizational capacity, and the ‘instrumentalization of disorder’, to use the term of Chabal and Daloz. Again, however, we would be unwise to dismiss this hypothesis: political systems evolve in subtle ways that can elude simple measurement.

7. *Human resource losses due to AIDS, combining with other stresses, imperil the functioning of important institutions for governance.* Such institutions include health, education, agricultural extension, justice and police, ministries of finance and parliaments. In high-prevalence generalized epidemics such as southern Africa, the human resource losses facing many important institutions are quite staggering. Already, there are reports of schools, health facilities, agricultural extension services and courts grinding to a halt because of lack of personnel. This demands thorough and comparative investigation. In the case of health services, deaths from AIDS are only one source of attrition. Recruitment by the private sector and outmigration to richer countries are also important. Similar dynamics occur in the education sector. The decline of these key institutions threatens a long-term decay of governance. Of particular importance to the debate on democracy is whether representative institutions including national parliaments and local councils are affected. Anecdotal evidence suggests that they are. Councillors and parliamentarians work less efficiently through their own illness, more rapid turnover, staff shortages, and the time they must spend attending the funerals of their constituents and peers. In first-past-the-post electoral systems, election commissions can find their budgets stretched because of more by-elections. (Proportional representation systems drawing on party lists are plausibly less prone to these financial strains.) The costs of updating voter rolls to take account of people who have died can be expensive also. The loss of a key individual to AIDS, such as a vice-president who keeps the ruling coalition together, can spell political crisis for a governing party. All these pressures are real and the concerns are valid. However, it is also necessary to ask whether these types of pressure are entirely new and to what extent they imperil basic governance. In previous decades, political violence claimed lives on a horrendous scale, often decimating a much smaller pool of competent people. Many regions have long been accustomed to very poor quality of services, so that their withdrawal, while a setback for development, is not intrinsically destabilising. Governments that are unable to organize basic education are usually quite capable of running election campaigns and mobilizing voters. These shocks, although unpleasant, may not always be threatening to the body politic. But they certainly undermine the chances for social and economic development. This is an extremely important issue demanding greater research and policy attention.

8. *AIDS and its impacts may contribute to the growth or attractiveness of extremist movements and ideologies.* U.S. government officials have expressed their fear that HIV/AIDS could leave individuals so desperate that they are ready to become suicide bombers. There is absolutely no evidence in support of this. Existing extremist ideologies linked to terrorism have no overlap with HIV/AIDS. Political Islam treats AIDS in much the same way as conservative Christians did in America in the 1980s, namely as punishment from God for sinful behaviour. They point to the fact that Muslim countries have lower rates of HIV as evidence for Islamic faith protecting people from infection. Analysing how Islamists interpret HIV/AIDS is of interest for many reasons, but there is no indication that the epidemic is contributing to Islamist extremists' assault on democracy. There may be greater potential for AIDS and its consequences to fuel radical Christian movements which may be hostile to secular liberal democracy. The epidemic may also contribute to a revival of traditional beliefs, for example in sorcery and witchcraft. These phenomena demand careful investigation, as they may change the quality of public life.

9. *Rationing, real or perceived, in treatment provision can generate political stresses that can endanger democracy.* Access to treatment generates considerable passion for understandable reasons. Although governments and international agencies aspire to universal treatment with decisions made on medical grounds alone, in reality rationing occurs in many countries. Rationing is often covert or disguised. Writers have drawn attention to the way in which unequal access to treatment could generate resentment and inter-communal tensions, thereby destabilizing a democracy (Randy Cheek). Those involved in designing treatment programmes and policies are acutely aware of both the ethical issues involved and the perceptions of inequity that accompany prioritisation of treatment. The expenditure of substantial funds on treatment has also generated some resentment from people who believe that other sectors such as education should be given priority for scarce resources. To date, there is no evidence for unequal access to treatment actually jeopardizing a democratic system. However, as treatment is made more widely available, but is still inequitable, it will be important to monitor how it is understood by the publics of affected countries.

10. *Dependence on international funds for AIDS programmes can make domestic decision-making and national sovereignty meaningless.* This is a very serious concern that has so far not received adequate research attention. The malign effects of external dependency on democratic health have been observed in many developing countries. In many former colonies the meaning of 'democracy' itself is inextricably associated with sovereign independence as much as with constitutional procedure. Politicians and citizens are sensitive to the undermining of their independence. Democracy becomes discredited and its procedures become debased when the real decisions about economic and social policies are made in closed-door meetings with international creditors and donors. Ongoing aid dependence in countries receiving assistance for AIDS treatment threatens to perpetuate this state of affairs. This aid dependence is not only larger than before, but more intrusive. Some governments will rely on international aid, perhaps including technical assistance, to run some of their basic institutions. Foreign-provided drugs and medical systems will be responsible for keeping many of their citizens alive. Meanwhile,

the need for AIDS policies to be sustained over decades meanwhile removes a central area of public policy from democratic debate, as it cannot be subject to revision in accordance with the electoral cycle. The dependence is therefore deep, broad, intimate and indefinite. What does this mean for national sovereignty? This is an important issue that brings us to the next question, namely how to handle international governance in the context of extreme global inequity.

In conclusion, while AIDS is not at present reversing the spread of democracy globally, it is adding an important source of stress to democratic governance, and is adding a new dimension to the fragility of certain states. This lays down important challenges for national and international policy.

What does HIV/AIDS Mean for International Governance?

The AIDS epidemic, and international responses to it, have major implications for international relations. Perhaps the central issue is the management of global inequity. In the second half of the 20th century, the tacit consensus was that developing nations would approach western standards of living, albeit at an uneven pace. The widespread increase in life expectancy, so that even in the poorest countries it was approaching sixty years, strongly supported this presumption. The HIV/AIDS epidemic has drastically reversed these gains and left a number of populations with much lower life expectancy. Entire national populations in the former Soviet Union and sub-Saharan Africa have much lower life expectancy and sub-national populations elsewhere may face this threat. Given that HIV/AIDS is becoming an endemic condition, these inequities in life chances are likely to remain for a generation or more. This is a stark challenge to institutions of global governance.

Another central issue, following on from the previous section, is the handling of international power imbalances in decision-making. If the Global Fund approaches its target, and overall levels of official development assistance rise only modestly, then aid for AIDS will comprise an ever-larger proportion of global aid. In the case of sub-Saharan Africa, funds for AIDS, TB and malaria could easily comprise a third or more of ODA in less than a decade. The dependency question is not unfamiliar—developing nations have long been relatively weak vis-à-vis the power of western governments, multi-national corporations and international financial institutions—but pharmaceutical dependency is significant new variant of this phenomenon. The governance of the AIDS pandemic itself may be the vanguard of a new public health globalization. This gives rise to a number of important research and policy questions.

1. *What are the international coalitions that have coalesced around the AIDS issue, and how do they make policy?* There is a global ‘AIDS industry’ comprised of a novel array of stakeholders. These include many familiar actors, such as western governments, international financial institutions, national governments, multilateral specialised agencies (WHO, UNAIDS), militaries and multinational companies (in this case, mainly pharmaceutical companies). Relatively novel actors include AIDS activists, transnational community networks and private philanthropic foundations. Analysing these

stakeholders, their power, interests and priorities, will enable a better understanding of how the governance of the pandemic is likely to develop. In turn this allows for a better appreciation of its likely impact on democracy.

2. *Is there evidence for changes in the nature of democratic governance associated with the international flows of AIDS funds?* The emergence of a new nexus of international financial flows for aid monies, from specialised institutions such as the Global Fund, to ministries of health, using newly-established mechanisms for proposal development, monitoring and accountability, changes power structures. For example, the Global Fund's country coordinating mechanisms, designed so as to include civil society and PLWHA as stakeholders, are emerging as influential intermediaries. AIDS funding not only increases dependency but changes its character, with corresponding implications for democracy.

3. *Global inequalities exacerbated by AIDS may encourage out-migration from the worst-affected countries.* The global labour market for health professionals is contributing to significant losses to the health workforce of developing countries. Current rates of attrition will leave some countries stripped bare of their essential workforces. If life chances remain poor in some of the countries worst-hit by AIDS, we may witness accelerated out-migration of skilled people. Today's challenges of global governance of the health labour force may be replicated across other segments of the labour force.

4. *What challenges are posed by the increasing role of defence sector cooperation within global and bilateral HIV/AIDS cooperation?* The identification of HIV/AIDS as a 'security threat' has, in general terms, meant that the agenda has been driven by the most powerful actors in this field, namely militaries. This has important repercussions. The AIDS agenda may be linked to, or folded within, other security agendas such as the U.S. 'global war on terror.' Security institutions may be prioritised for bilateral cooperation. These may in turn have implications for democracy in developing countries where there is close military-to-military cooperation with western governments, and for principles of equity, transparency and accountability in the international governance of the epidemic.

5. *How is treatment rollout including drug resistance to be monitored and governed? How is scientific research and cooperation to be financed and governed?* The successes of the international treatment activist movement in obtaining acceptance of the principle of universal access to treatment, reducing the price of drugs, and ensuring better funding of treatment programmes, raises another set of questions. Multilateral governance institutions are in principle well-suited to monitoring the medical aspects of treatment provision including the emergence of drug-resistant strains of HIV. But the private sector may believe that the incentives for development of new lines of treatment are no longer sufficient. Major ethical dilemmas have emerged over trials of vaccines and drugs. Rewarding investment in research also poses immense challenges. There are important questions of collective decision-making that need to be addressed.

6. *How are AIDS-related fragile states to be handled?* Although AIDS may not have caused any state to collapse, that possibility cannot be ruled out altogether. Moreover, states with high levels of HIV/AIDS may collapse for other reasons such as dictatorship

or civil war. The normal political and diplomatic mechanisms for dealing with such states may be much less operable than normal in a country suffering an AIDS epidemic. For example, the moral dilemmas over AIDS policies in Zimbabwe are extremely difficult to resolve. The international community needs a refined set of tools for dealing with such situations, including monitoring, assessment and mechanisms for targeted assistance.

Conclusion

Democracy is good for many things. But if electoral accountability is to result in the best public health policies and programmes, electorates need to be motivated and well-informed. Existing evidence suggests that national electorates have not, on the whole, insisted that developing country governments adopt high levels of effort in their AIDS policies and programmes. How to make democratic systems work in favour of the best possible AIDS policies is a challenge for civil society activists and policymakers.

AIDS is bad news for democracy on many fronts. It causes numerous stresses: demographic, economic, and institutional and it generates global inequity. Alarmist prognoses of the collapse of democracy under the pressure of AIDS have not materialized, but important if subtle changes to democratic governance are underway which demand a better understanding and carefully-crafted policies and programmes. HIV/AIDS is adding a new dimension to the fragility of many states, especially in sub-Saharan Africa.

Overall, the threat of HIV/AIDS to democratic systems is serious, but there are responses that can be mounted. The known problems can be addressed and, in part, solved. Problems that are less well-understood need to be studied.

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