

Thinking politically about HIV: political analysis and action in response to AIDS

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AIDS has a uniquely political history. Its early association with stigmatised homosexual behaviour and more liberating gay identity activism set the precedent for highly effective mobilisation. The results were unparalleled in global health. AIDS was briefly treated as high politics and attracted increased funds to achieve the ambitious goal of universal access to HIV prevention and treatment. If AIDS is to maintain its visibility and contribution to global solidarity, human rights and dignity, its politics must evolve to reflect the profound geo-political, economic and social transformations currently underway. 'Thinking politically about HIV', an initiative of UNAIDS and the International AIDS Society, was convened in recognition of the need to better understand these politics and consider how the political sciences can further engage. This paper, and the edited volume it introduces, provides some insights into the *Thinking Politically* discussions as well as the wider scholarship on the challenges facing the AIDS response. The authors argue that while mainstream political science has largely ignored the epidemic, other disciplines and traditions provide rich accounts of the exceptional response. Given the changing context, the authors present an agenda of practically oriented, politically informed research to identify the levers that can be used to maintain the viability of the response.

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One of us, writing about AIDS in the early 1980s, termed it 'the most political of diseases'. The connection of AIDS to largely stigmatised personal behaviours set it apart from other infectious diseases, and ensured it would involve affected communities politically in ways that have few, if any, precedents. While the control of sexually transmitted infections has long been a significant concern of governments, this concern was largely confined to their control in the uniformed service rather than through universal surveillance and services. The early debates within the USA and other western countries foreshadowed issues of stigma, rights and social justice that were not matched in the history of other communicable illnesses, making for what has become known as 'AIDS exceptionalism'. Thirty years after the syndrome was recognised and then named, AIDS continues to be the subject of political debate of a sort rarely experienced around a disease.

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1. Political analysis of HIV and AIDS

We assume that the subjects of political analysis are the authoritative allocation of resources, or as Harold Lasswell memorably put it in a foundation text of contemporary political science: ‘who gets what, when and how’ (Lasswell 1936). The earliest political analyses of the epidemic (e.g. Patton 1985, Altman 1986, Watney 1986, Crimp 1988) grew directly out of the experience of western gay movements, who were the primary stakeholders in the first few years. Because of the link to communities where there already existed an understanding that ‘the personal is political’, from its inception AIDS saw ongoing challenges to the usual dominance of biomedical expertise, leading to the creation of new forms of involvement in policy-making by those most touched by the epidemic.

It is common for speakers at international AIDS conferences to talk of the importance of politics, particularly the need for political will, while ignoring the need for sustained and careful political analysis. Indeed political science as a discipline has been barely represented at these conferences, where what social science is presented tends to be behavioural, and seen as relevant in so far as it duplicates the methodologies of biomedicine (or affords biomedicine access to policy makers). Scientists quite often conflate social, cultural and political analysis with advocacy. The XIX International AIDS Conference in Washington, DC, this year, for example, devotes a research track to ‘social science, human rights and political science’, as if human rights were itself a discipline rather than a particular set of values and principles that are equally relevant to all disciplines represented in the Conference programme (Kippax and Holt 2009). What IS worthy of political analysis is the ways in which AIDS has been the catalyst in producing new links between health and human rights, links which are themselves contentious and the subject of political debate (Gruskin *et al.* 2007).

There are certain terms, common to political science, which are used a great deal in ‘AIDS-speak’ – civil society, political commitment, leadership, social movements, etc. – which have a long and complex history of analysis that is largely ignored by those invoking these concepts. Our experience is that ‘civil society’, for example, is commonly used to describe whichever assortment of ‘community organisations’ [itself a term deserving of analysis] is able to be present in the room when the phrase is used as opposed to in the Gramscian sense of creating a political space for critical debate between citizens and state. As some of the papers in this issue demonstrate (e.g. Lieberman), there is a dearth of analytic thinking about ‘political commitment’ and ‘political will’, despite the frequency with which these terms are used in the AIDS response. After all, what could suggest greater ‘commitment’ than the image of President Mbeki surfing the Internet late into the night to find evidence against the HIV-AIDS hypothesis, and what could be less constructive as a response? Even weak governments have the power to block, to hinder and to put obstacles in the way of community organisations and healthcare workers who are trying to respond to the needs of people living with HIV or at risk of exposure through sex work, their sexuality or needle use, and governments (and other interest/value groups) are often good at using rhetoric to cloak their real intentions and abilities. One example is the number of countries whose national HIV plans talk about outreach to marginalised populations while in practice retaining punitive laws, police harassment and punishment of those very populations.

Given the political nature of the disease, the extraordinary political mobilisation by people living with and most affected by HIV and the consequent transformations achieved by these communities in relation to health service delivery, resource mobilisation, governance and legislation, it seems to us that there is a strong case for greater political analysis of the AIDS response. Identity politics, transnational social movement formation, strategic litigation and other tactics for political change are not unique to the AIDS response, but have been distinctive and exercised

in a manner unusual in global health. Indeed, some have argued that the response has been too successful and that resources mobilised for AIDS ought to be channelled to diseases that do not enjoy the same level of support and attention. Given that half of those who need treatment cannot access it and that two people acquire HIV for every person who successfully initiates treatment, there remains a pressing need for continued political mobilisation, but this demands an appreciation and analysis of the fast changing political and financial environment, and hence demands new and different political responses.

2. The ‘thinking politically about HIV’ initiative

Recognising the need for more rigorous and analytic thinking about the political dimensions of HIV, the International AIDS Society (IAS) and Joint United Nations Programme on HIV/AIDS (UNAIDS) embarked upon an initiative to build better links between researchers in the political sciences [including international relations and development studies] and those working directly in AIDS policy and programming.

The origins of the initiative date back to a meeting convened by the IAS in Cape Town, South Africa, in 2009, where the absence of good political analysis was noted as a significant gap in the AIDS research agenda. The need to enhance analysis is reflected in both the IAS Strategic Plan (2010–2014) and UNAIDS current leadership, Mission and Strategy (2011–2015). As representatives of the two sponsoring organisations – Altman from IAS and Buse from UNAIDS – we convened an advisory group which met in Vienna during the 2010 XVIII International AIDS Conference, and with considerable assistance from the UNAIDS regional office in Bangkok convened an international workshop there in April 2011.

The papers in this collection are to some extent a product of that workshop, which brought together political scientists and practitioners, both at government and community level, from a range of countries. Inevitably the meeting was not as geographically diverse as we would have liked, but it did allow for some remarkable interchanges between senior political figures, academics and community activists, focusing on how best to develop analysis that was both conceptually rich and of practical use to people working on programmes and advocacy. Two strands of discussion stand out. The first, dominated by political figures, focused on the extent to which politicians lead or follow – that is; follow the political incentives emanating from the public, media and advocacy groups. The second was the challenge posed by practitioners to the academic community who were seen as failing to provide much convincing theory or to adapt the findings of research into practical tools to guide action to engage more effectively in the political arena. The themes of that workshop led onto a panel at the International Conference on AIDS in Asia and the Pacific, the regional AIDS Conference for Asia and the Pacific, in Busan, South Korea, in August 2011, and to events at the SAHARA Conference in South Africa in December that year.

3. The political achievements of AIDS activism

The political history of the epidemic over the past three decades has witnessed some remarkable successes. HIV has been placed on the international agenda, with a specific UN programme, UNAIDS, created to coordinate the responses of different parts of the UN system to HIV, to inspire and inform the global response as well as to provide support to countries. The epidemic was the subject of a special meeting of the United Nations Security Council (2000) and three special sessions of the General Assembly (2001, 2006, 2011). AIDS is specifically mentioned in the millennium development goals (MDGs), and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria has ensured considerable resources flow towards prevention

and treatment. Set up in 2002, by 2011 the Global Fund had approved more than US\$22 billion in grants, although, as is discussed later, spending is now slowing markedly.

In some parts of the world, HIV has opened up space for discussion of sexuality and, to a lesser extent, drug use in quite unprecedented ways, and has meant considerable support for organisation and advocacy amongst marginalised and stigmatised populations (Kane 1998, Kempadoo and Doezema 1998, Altman 2001). HIV has changed attitudes of health care providers, and has created new paradigms of relationships between practitioners and patients that have affected other significant diseases. In short, AIDS altered existing balances of power.

The clinical discovery of what would become known as HIV was first noted amongst homosexual men in the USA, although earlier cases clearly existed in Africa. This would establish a framework that remains even today – where discourses on AIDS are dominated by the particular political demands and stigma that marked its early history in the USA. In the USA, as in other western countries, the early response to the epidemic was led by gay community organisations in a remarkable example of mobilisation, often without much support from governments. In many developing countries gay movements would develop in large part because of the challenge of the new epidemic, just as AIDS led to a certain amount of organisation among sex workers and drug users (e.g. Altman 1994, Andriote 1999, de la Dehasa and Mukherjea, 2012, Fillieule and Voegtil, 2012).

As it became clear that the epidemic existed far beyond western gay communities, the World Health Organisation established the first international programme under the leadership of Jonathan Mann. By the mid-1990s, this programme was replaced by UNAIDS. The USA was slow to recognise the extent of the global epidemic, but particularly under the administration of George W. Bush it came to place considerable emphasis on providing assistance for both treatment and prevention, even if, in the latter case, in ways consistent with a particular moralistic stance. Indeed under Bush some of the most ardent proponents of international support for HIV programmes came from the religious right, who came to see it as a major moral imperative (Altman 2010).

Today roughly half of all global resources available to combat HIV come from the USA. The politics of AIDS are to some extent shaped by American responses, as in the development of a politics that stresses the empowerment of those who are infected and affected. This is reflected in international rhetoric [not always borne out in practice] around ‘the greater involvement of people with AIDS’. Outside sub-Saharan Africa, AIDS remains closely associated with stigmatised behaviours – commercial and homosexual sex; injecting drug use – and the epidemic has greatly strengthened organising amongst groups who practise such behaviour. Nonetheless, not all those who engage in potentially risky behaviour will feel impelled to organise: there is virtually no sense of community amongst men who buy sex, for example.

The AIDS world is dominated by the politics of experience: demand for representation sometimes overshadows demand for expertise. But experience without analysis is as poor a guide for action as analysis without experience. And the emphasis on identity politics, while often empowering, can also elide the reality that most people who engage in stigmatised and possibly dangerous behaviours do so without any sense of identity. Inevitably the politics of AIDS are plagued by unresolved questions about representation and voice, which are not sufficiently discussed.

These elements of the AIDS response would make for strange bed-fellows but also deliver remarkable results. Treatment access in sub-Saharan Africa is illustrative. As noted, the US conservative right rallied around the imagery of suffering, innocent children (and their mothers) and the opportunity to export precepts of morality and expand church membership. Progressive activists and human rights campaigners developed transnational coalitions, which put pressure on donors, drug companies, governments and international trade regimes for treatment access. Drug companies initially responded with litigation but this strategy was quickly replaced with corporate social responsibility schemes including drug donations and tiered pricing. The

volte-face by drug makers was prompted in part by public attitudes but also by the calculus that donors would more or less subsidise the production costs of treatment. For their part, donors saw in treatment programmes an ability to count the number of people they would put on treatment (and lives saved) – this was as appealing as it was easy to explain to sceptical tax payers impatient with vague and remote development cooperation initiatives. The particular confluence of political incentives was unique to treatment access, but what next?

4. Current challenges facing the AIDS response

Put bluntly, the current challenge facing those who advocate for AIDS programmes is that investment needs are increasing, just at a time when global financial commitments to the response are declining.

As the global impact of AIDS became more evident in the 1990s, the expectation was that western countries, lead by the USA, should lead and fund much of the response. The well-publicised Security Council and General Assembly sessions on AIDS in 2001 were followed by increasing attention from the G-8, the group of the world's leading first world economies who at its Gleneagles summit in 2005 pledged universal access to HIV drugs in Africa by 2010, as well as a doubling of aid overall to the continent. A number of factors came together to achieve these goals, in particular the mobilisation of extensive civil society networks through the Make Poverty History movement, and the personal commitment of the host country, Britain, under Tony Blair, strongly supported by Presidents Bush and Chirac. That year may well have marked the high point of the rich world's concern for African development in general, and HIV in particular: this particular confluence of interests may never be repeated.

The work at Gleneagles was facilitated by the adoption by the UN in 2000 of the MDGs, which came to form the basic 'global operating framework for development'. The sixth MDG specifies: Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS; and Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. Additional MDGs, particularly those relating to the empowerment of women, reduction of child mortality and improving maternal health, are closely related. The MDGs will expire in 2015, and discussions have begun about what goals might be set by international community (including donors) in a post-MDG world. There is no reason to assume that a future set of international priorities will include HIV. There is an urgent need to reflect on how the connections between human rights and health as well as social justice and equity, that have been the hallmarks of the AIDS response, might be enshrined in a post-MDG declaration.

Six years after Gleneagles the world is a very different place. Two aspects in particular are relevant to this discussion: declining concern with AIDS globally and significant shifts in the balance of economic and cultural power.

It is no longer possible to suggest that HIV is a global pandemic that will see the horrific figures from southern and eastern Africa reached in other parts of the world. Even in Papua New Guinea, probably the worst affected country in the Asia/Pacific region, HIV prevalence is less than a tenth of that in many African countries. Yet less than a decade ago the conservative scholar Nicholas Eberstadt warned of a major pandemic in Eurasia that 'will alter the economic potential of the region's major states and the global balance of power' (Eberstadt 2002). This did not occur, and the tragedy of AIDS today is that it is unequally affecting the most vulnerable and marginalised, in terms of geography, gender and behaviour, and it is increasingly difficult to persuade most people that it is a global priority on the same level as climate change, food and water shortages, and the persistence of fragile and unstable states across many parts of the world. It would appear that even across much of sub-Saharan Africa, public opinion places many other issues ahead of HIV (see Strand, 2012).

In the same way simplistic arguments that HIV would be spread through a breakdown of security, alarmist stories about the very high rate of HIV amongst soldiers and peace-keepers have been largely discredited by careful research (see the summary of the evidence in reviews produced by the de Waal *et al.*, 2010 as well as O'Keefe, 2012). But this does not mean that the dislocations due to conflict do not increase vulnerability to infection while making it more difficult to establish effective programmes or even provide basic information and services. The long-term impact of growing needle use and commercial sex in parts of the world ravaged by conflict – think of the huge population shifts across Iraq, Afghanistan and Pakistan over the past decade – are likely to lead to increasing HIV infection, and once a number of people are infected the epidemic has always the potential to escalate rapidly.

The political reality is that AIDS cried wolf too often, and the more dire warnings have failed to materialise. In most parts of the world, AIDS is not a security or development crisis, and the perception that the response has received too much attention and funding is growing. It is absolutely true, as the eminent group who prepared the *AIDS 2031 Report* have argued, that: 'Closing the looming funding gap for AIDS would require only about 1% of annual global spending on armaments' (Aids2031 2010). In the same way that the gap could be plugged with just 1.5% of the yield of the financial transactions tax promoted by a number of European governments, as well as numerous economists and activists. Yet in the absence of new generalised epidemics affecting large parts of the adult population, as is true across south and eastern Africa, such appeals will fall on deaf ears. When there were plausible arguments that HIV threatened political and military stability in significant countries it shot to the top of international attention. It is hardly surprising that as these fears have diminished so has interest in the epidemic lagged.

It is a further tragedy that as the biomedical means to control HIV are increasingly viable, the resources to ensure access to them are likely to further decrease, which suggests the imperative to concentrate resources on the most cost-effective prevention programmes (Schwartländer *et al.* 2011). Not only are traditional donor countries cutting back on their contributions to international development assistance, they are doing so within a world in which political and economic power continues to shift rapidly. The G-8 still meets, but it has been essentially replaced by the G-20 as the steering group of major economies. Given that the G-20 includes several countries with significant epidemics, most notably South Africa, and others with strong commitment to universal access, in particular Brazil and China, one might expect the G-20 to take a position of leadership on global HIV efforts. Both South Africa and Brazil are core countries in emerging new partnerships linking a number of middle-income countries with increasing global political and economic influence. The G-20 and the BRICS states (Brazil, Russia, India, China, South Africa) may push for greater access to therapeutic drugs and greater support for generics, but they are unlikely to view HIV as a major concern without significant prompting. Moreover, the G-8 was able to mobilise donor countries in ways that the G-20 is unlikely to do.

In part this is because the shifts in global power are creating new nationalisms and challenging western norms of individualistic human rights. Countries such as China, Korea and the Gulf states, which are becoming more important as donors to the developing world, are more committed to protecting state sovereignty and far less likely to demand basic human rights than more traditional western donor countries. While we see increasing pressure from western countries around issues such as human rights and protection of confidentiality – both the UK and USA recently announced they would consider aid funding decisions in the context of the human rights record of recipients, including sexual rights – such pressures are likely to be undermined by donors for which these are not priorities (although Kaufman, 2012, argues that transnational NGOs can alter the perceived interests and norms of powerful states such as China). Good political analysis would not just deplore the decline of interest and resources in the

response, it would seek to explain why this is happening and what levers might be most effectively used to reverse this development.

5. The failure of conventional political science

A political scientist can do little more than what a journalist does: go to places where there appear to be interesting linkages between, say, land scarcity and violence, and see if causal relationships exist. From this, some useful ideas or theories might emerge. To call it science, though, is an overstatement. (Kaplan 1997)

The dominant paradigm of American political science, as the very name of the discipline suggests, is to quantify and to seek provable causal relationships between variables. This is difficult to do in many areas of political activity, and little in AIDS lends itself to such analysis. Indeed the dominant paradigms of political science are largely Anglo-American, and this is reflected in our problem in finding participants and authors in the *Thinking Politically* initiative from developing countries. This does not mean there is a lack of political analysis, only that it is not accessible through the same rubrics as in rich English-speaking countries.

Of course there are other traditions of political science – as the names ‘sciences politiques’ or ‘Staatswissenschaft’ should remind us – but increasingly academics who see themselves as belonging to the discipline feel pressure to publish in, and conform to, the norms of the American and British academic establishment.¹

As Paxton (2012) discusses, mainstream political science, at least in Anglo-American countries, has not been much interested in the politics of the epidemic. Of course some political scientists have done important work on HIV, including the group of scholars in international relations who have analysed the implications of positioning HIV as a security threat. Paxton’s paper describes a number of the studies that do exist, and we are aware of a growing number of doctoral theses being written. The three of us share a limited knowledge of the literature in other languages, though we note that there are a number of studies on the politics of HIV in French, Portuguese and Spanish.

The absence of much political science analysis of the epidemic is particularly striking given the high priority placed on HIV by the second Bush administration, the volume of resources devoted to the US PEPFAR programme² as well as the tendency of many of those involved to claim ‘AIDS exceptionalism’, namely that it remains fundamentally different to other public health issues (e.g. Smith and Whiteside 2010). Indeed, HIV has been more amenable to analysis in cognate disciplines, such as public policy, international relations and development studies. There is a growing literature in public health that deals with HIV, sometimes drawing on key political concepts to do so (e.g. Brown and Labonte 2011).

Politically oriented analysis of the AIDS response has come from other disciplines, notably history, anthropology and sociology, where a number of scholars have written careful studies of the impact of, and response to, the epidemic (e.g. Berridge and Strong 1993, Epstein 1996, Carrillo 2002, Sendziuk 2003, Fassin 2007). Conventional political science ignores both the idea that ‘the personal is political’ and the central importance of culture [and religion] – which anthropology brings to bear on the subject.

But analysis, too, has often come from other traditions, notably from journalists and from people writing out of their experiences at a community level (e.g. Frasca 2005, Geffen 2010). The best-known book from the early history of the epidemic is Randy Shilts’ *And the Band Played on*, written by someone who was deeply involved as both a reporter in San Francisco and a member of the most affected community (Shilts 1987). While Shilts was criticised for poor epidemiology and his invention of a mythical ‘Patient Zero’, the book had a large readership and continues to be influential. A more dispassionate journalistic analysis has come from

Helen Epstein who has carefully analysed the Ugandan response to the epidemic (Epstein 2007), just as Michael Specter has done for Russia in the *New Yorker* (Specter 2004). In much of Asia the most sophisticated analysis of the epidemic has come from journalists rather than academics, and of course a great deal of analysis is contained, if only implicitly, in reports written for governments and international agencies.

Nor should we ignore the considerable creative literature that has emanated from the experience of the epidemic, which chronicles in quite remarkable ways how the epidemic has impacted upon particular groups and societies. While most literary reflections tend to concentrate on personal experience, often to the exclusion of larger social and political contexts, they remain an interesting insight into the ongoing and sometimes indirect ravages of the epidemic. At their best theatre, novels and film can illuminate and mobilise. Two plays, Larry Kramer's *The Normal Heart* (1985) and Tony Kushner's *Angels in America* (1993), provide powerful examples of this. While much of the literary response has come from western gay writers there is some writing, particularly from Africa, which illuminates the experiences of HIV in ways not always possible through academic writing (e.g. Dow 2000, Steinberg 2008).

One of the most obvious gaps in the literature of AIDS is serious analysis of the role played by 'culture, religion and tradition' in preventing honest discussion of the behaviours that can lead to transmission of HIV, even though in many parts of the world this remains a significant barrier to effective prevention efforts. Hypocrisy, said, Francois de La Rochefoucauld, is the homage which vice pays to virtue, and AIDS is an arena replete with such hypocrisies. This might provide an interesting framework for a political analysis of the response to the epidemic, but it is not one likely to be used by academic political scientists.

Some of the concepts and theories of political science have been drawn upon to inform the broad rubric of policy studies. The policy literature on HIV is eclectic and unified simply in describing the ideas, institutions and interests, and sometimes their interactions, which appear to be associated with agenda setting, policy formulation or implementation. There is some work on western countries, yet more recently most research has focused on Brazil, Senegal, Thailand and Uganda (due to early and positive policy change) and South Africa (due to the highly contested nature of the policy response) with a limited number of comparative works (Schneider and Stein 2001, Schneider 2002, Allen and Heald 2004, Parkhurst and Lush 2004, Putzel 2004, 2006, Berkman *et al.* 2005, Butler 2005, Gauri and Lieberman 2006, Heald 2006, Bor 2007, Lieberman 2007). Others have looked at how to improve the political palatability of evidence-informed policies in a prospective manner (e.g. Buse *et al.* 2009) as well as how to manage researcher-policy-community relationships to ensure better evidence-informed and relevant policy for marginalised groups (Hawkes *et al.*, 2012).

6. An agenda for future research

We make no pretence that the collection in this volume does little more than open up some areas for reflection, and is limited geographically, linguistically and in terms of subject matter. Some themes do however run through the papers: a concern with governmentality, in its broadest sense; with civil society; and with social movements. Discussions over the course of the *Thinking Politically* initiative revealed a number of areas that deserve further conceptualisation and research.

The likely impacts of changes in the global environment on the politics of AIDS responses are of intrinsic and instrumental importance. In 2010 external finance for the response flat-lined for the first time – this in the context of programmes that, particularly in Africa, are heavily dependent on donor funds. Moreover, over the past five years a number of countries have moved from being defined as 'low-' to 'middle-income' – where a billion poor people now reside – and thus

are no longer eligible for assistance from some aid sources. Many African economies are surging and BRICS countries are assuming greater responsibility for their own AIDS responses as well as more pronounced regional and global donorship roles. In short, trends in foreign assistance are shifting rapidly. The rise of non-traditional donors may curtail the support that some marginalised groups can expect to receive – a trend that may be reinforced in North Africa with the rise of Islamic-oriented, democratic regimes. New ways of addressing culturally sensitive issues need to be found. Another aspect of the changing global environment concerns the pharmaceutical sector. Implementation of the TRIPS as well as ‘TRIPS+’ agreements and restructuring of the generics industry may mean that the factors that led to the relative affordability of first line ARVs may not hold in so far as second and third line regimens are concerned. These and other global trends suggest very different politics for AIDS in the coming decade.

The changing linkages between AIDS and other issues of international development and human security deserve ongoing analysis. There is a small body of work that seeks to link concerns about climate change to HIV, and more on the connections to mass population movements, food and water, security, etc. (McMichael 2009). Fourie and Follér (2012) creatively employ theorising from the natural sciences to examine the political resilience of societies to the long-wave event that is AIDS. Nonetheless, the fact remains that surprisingly little has been written about the interconnection of HIV and the other priorities of the MDGs, even though this may well be crucial in discussions concerning the post-2015 development framework.

Much can be learned from a comparative study of national (and sometimes state or provincial) AIDS responses, in particular a better understanding of the specific factors that support or hinder particular approaches to HIV. There is little analysis of the politics that affect, for example, laws and policing of drug use and needle exchange, which vary enormously, often in ways that are not easily predictable (e.g. comparatively progressive policies in Malaysia and Iran, but increasingly restrictive ones in Russia and Uzbekistan). And the same holds true of the (de)criminalisation of sex workers and/or their clients across countries as well as how countries address sexuality education or condom access. And this need not involve new empirical research. Paxton’s (2012) review of the literature reveals a number of case studies of the politics of AIDS in different contexts, suggesting the potential for rigorous synthesis work.

The political dimensions of religious and cultural barriers to prevention remain critical to the progression of the epidemic. In many countries, religious leaders have spearheaded opposition to promotion of condoms and safe sex education. Christian and Islamic fundamentalist groups are increasingly lobbying governments and the UN to promote socially conservative family norms as well as cultural and religious values, which may impede universal access to HIV prevention and other services. For example, Family Watch International, a US-based advocacy group, has developed a sophisticated strategy to promote ‘family values’ and criminal laws against homosexuality, which involves providing support for conservative legislators in Africa while lobbying UN delegates in New York. Better understanding of how these groups work may support efforts to ensure their influence does not undermine evidence-informed programmes.

The role of media in framing agendas and policy alternatives as well as building public support in favour or against HIV programmes. Analysis suggests that press freedoms play a role in explaining political commitment to strong AIDS responses (e.g. Bor 2007). Others suggest that it is not freedoms *per se* but the relationship between policy makers and journalists (e.g. Lomax Cook *et al.* 1983) in line with Sabatier’s advocacy coalition framework model (Sabatier 1988). This area of research would include the emerging role of social media, and its linkages with interest groups, in terms of movement and interest (values) formation, and how this plays out in political decision-making.

Social movements and identity politics have been central to government responses to HIV. There is a substantial academic literature on how certain vulnerable groups, most particularly

homosexual men, have responded to the epidemic (Fillieule and Voegtli, 2012, De la Dehesa and Mukherjea, 2012). Much of this literature is ignored by activists, who rely heavily on official reports or advocacy documents, and are impatient with what they see as the unnecessary qualifications of academic theorising. The literature on other vulnerable groups is far smaller, and there are few good studies of attempts to create a sense of community and political empowerment amongst, say, sex workers or injectors (see Patterson and Stephens, 2012, in relation to intravenous drug users).³ There is some interesting research on AIDS activism (e.g. Friedman and Mottiar 2004, Gould 2009), as well as some that points to the difficulties facing different minority groups organising for common cause (e.g. Kendall and Lopez-Urbe 2010) but there is need for much better analysis of how activism impacts upon policy making.

Further analysis of how the concepts of human rights are (and could be) deployed in relation to AIDS and other development challenges, for example gender. The development of the links between health and human rights is an important legacy of the growth of international responses to AIDS.⁴ Yet, there is an urgent need to reconsider how useful the concept is in a rapidly changing global and resource environment. It is arguable that the western concept of human rights, with its considerable emphasis on the individual, is less applicable in societies with different concepts of community and privacy (e.g. de Waal 2003).

An examination of the institutions established by the AIDS world and how they evolve, or fail to, would be instructive both for the response and other issue areas. Parker (2011) has written an account of shifts in the global AIDS movement, but there is a need for ongoing studies of the ways in which UNAIDS, the Global Fund, UNITAID, the Bill and Melinda Gates Foundation as well as other financiers and governing bodies (e.g. UNODC) operate to influence policies and responses to HIV, both globally and nationally. While there are analyses of the Global Fund in the public health literature, they do not interrogate how the Fund is governed or makes decisions (e.g. Ooms *et al.* 2008). Similarly, although there have been calls to shut down UNAIDS (England 2008, 2011), these have not been informed by serious analysis of the value-added of the programme. Many of the institutions that constitute the AIDS architecture, including UNAIDS, the IAS and the International Council of AIDS Service Organisations, are now reaching adulthood. It is necessary to reassess their added-value, and whether or not their roles remain relevant as the larger environment itself changes. Similarly, as more NGOs evolve from advocacy to service provision functions [and do so as resources available to them diminish], can they maintain the tradition of challenging the status quo – from intellectual property regimes, to norms governing sexuality and gender – and if not, what are the implications for the progressive nature of the response? Ironically, activist organisations such as ACT UP or the Treatment Action Coalition in its early days were more likely to produce ‘organic intellectuals’ [i.e. people who combined activism with scholarship] than the more respectable and co-opted movements that have now become an integral part of the AIDS establishment. As someone, perhaps William Buckley, once observed: ‘Every cause begins as a social movement, becomes an organisation, and ends up as a cabal’.

7. Politics as art rather than science

During discussions generated by the *Thinking Politically* initiative some discontent was expressed by practitioners about the lack of immediate practical application to the analyses presented by academics. Yet, as *The Economist* put it, ‘there is political utility in thinking, for few things are more politically toxic than a lack of ideas’ (The Economist 2011). Without an understanding of the broader political environment, whether global or national, programmes will not be effective, and without an ongoing analysis of wider trends, AIDS will decline in salience amongst all those but its immediate constituency. Clearly, we ought to embrace both *thinking* and *acting* politically.

While there exist plenty of off-the-shelf tools to aid practitioners in stakeholder analysis, as well as software variants, there is more to navigating politics than identifying stakeholder interests – action needs to be guided by consideration of context and issue- and institution-specific processes as well. Evidence suggests that collaborative action-research involving practitioners and researchers can open vistas to more relevant research and better-informed action (Nutely *et al.* 2007, Ward *et al.* 2009). Such partnership is admittedly difficult not only because of the impatience of practitioners and the incentives driving researchers, but also because it raises questions of legitimacy and introduces bias into the research process – although the latter can be addressed through practices of reflexivity, triangulation, etc.

But the challenge goes beyond the availability of tools and comes to the question of mind-sets. For example, the experiences of HIV have infused much academic and non-academic writing on gender, sexuality and identity, but all too often this literature fails to connect with what practitioners read or consider. Thinking and acting politically requires a kind of openness and approach to enquiry – which is challenging to academics and practitioners alike.

Perhaps we should think of political analysis as we think of medicine, which necessarily combines objective science with subjective judgements, as each patient presents with a unique biological, environmental and psychological background. The search for general explanations are too often founded on the particulars, but at the same time can focus our attention on questions that too specific an analysis can miss. Despite the rather misleading term ‘political science’ it is important to remember that its models are fundamentally differently to those in the physical and biological sciences (Derman 2011).

Through the *Thinking Politically* initiative we have sought to marry the art and science of politics with the approaches of those working in the academie, those supporting programmes, and those in communities. We see ongoing value in more systematically bringing ‘political animals’ together in ways that biomed is much better at doing.

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Notes

1. On the pressures on French political science to adjust to more American style practices see Billordo (2005).
2. One exception is Dietrich (2007). Available at http://www.carnegiecouncil.org/resources/journal/21_3/essay/001.html/_res/id=sa_File1/Dietrich.pdf.
3. But see Dimore *et al.* (2010).
4. The journal *Health & Human Rights* remains testimony to how significant this shift has been. See, for example, Gruskin *et al.* (2007).

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