

“Politics of HIV/AIDS” learning day

Friday 31 March 2006

Introduction

HLSP hosted a learning day on *The Politics of HIV/AIDS* on March 31 2006. Participants included HLSP staff; DFID advisers; representatives from a broad range of organisations including the International HIV/AIDS Alliance, Student Partnerships Worldwide, the Network on Sexual and Reproductive Health and Rights, Futures Group and the NHS, as well as independents. This document summarises some of the themes and discussion points that emerged during the day, as well as areas that were aired but warrant further attention.

The purpose of the learning day was to explore the role of politics in influencing national responses to HIV/AIDS and why political analysis is important for the design and implementation of HIV/AIDS programmes. In addition to five presentations, there was a session of facilitated group discussions on the key political influences at international and national levels which affect the prioritisation of HIV treatment versus HIV prevention. It was also hoped that throughout the day there would be time for open discussion and that a broad range of perspectives and opinions would be shared.

Findings from individual sessions and points from discussion

1. “Thinking through the politics of country responses to HIV/AIDS”

Clare Dickinson, HIV/AIDS Specialist, HLSP Institute

The first presentation of the day provided an overview of key political issues that influence how countries respond to HIV/AIDS. Clare began by pointing out that there is limited serious literature on the politics of HIV/AIDS responses and that what we do know shows us that there is no “one size fits all” model to predict the context-specific responses.

What are the factors that influence these wide variations in response?

Firstly, a country’s political system is very important. There is no evidence that a democratic system necessarily corresponds to an effective response to HIV/AIDS, but democratic “features” such as a free press and participation by different sectors of society tend to correlate with effective responses. The degree of centralisation/decentralisation of political institutions has proved to be a critical influence in the way a country responds to HIV/AIDS (e.g. Brazil/South Africa). A centralised authority can be both an enabler (Uganda) and a constraint to the national HIV/AIDS response (Botswana). A third factor is the nature of political discourse around HIV/AIDS, with perceived risk of infection in different groups and who might benefit from interventions strongly influencing domestic political support.

The issue of political leadership and commitment was touched on. “Political leadership” is an elusive and under-analysed term: what does it really mean? Leadership must be seen in the broader political context and is affected by time and place-specific political incentives. The way in which the legacy of a country’s social and political history affects responses was discussed. Mozambique’s legacy of colonialism and war has hindered the response to the escalating epidemic, and the impact of this legacy has not been accounted for in the design of HIV/AIDS responses. The final factor discussed was the way that changing relationships between donors, the state, NGOs and key institutions and sectors influence a country’s response. NAC models have in some cases been adopted without any prior political analysis of existing structures, resulting in damage to the whole system.

2. “Prevention and treatment: have we got the balance right? Some economic and financing issues”

Mark Pearson, Health Economist, HLSP Institute

The presentation began by discussing health spending overall, which in most countries is far below the amount recommended by the Commission on Macroeconomics and Health. The share of donor spending on HIV has increased rapidly, although spending on other health excluding HIV/AIDS seems to have declined, and there are concerns that overall spending on health is becoming less pro poor. One major concern is the potential distortion of budgets caused by large flows through the Global Health Partnerships. Global Fund finance, for instance, must be spent on AIDS, TB and malaria even when, in many cases, MoH officials would not necessarily choose to do this.

The question was posed as to why 25 times more money is spent on HIV as opposed to malaria, when HIV only kills twice as many people as malaria globally. One reason for this imbalance may be the broader economic/social benefits of responding to HIV. Other reasons might include equity, financial risk protection and responding to demands. However, such factors do not necessarily explain why so much is spent on treatment and so little on prevention and treatment. Evidence suggests that prevention for HIV may be at least 28 times more cost effective than antiretroviral treatment (ART) raising the concern that funding ART at the expense of prevention may ultimately mean more infections and greater loss of life. Models show that a combined response (involving treatment and prevention) will save the most lives, with a treatment-only approach coming out worst especially if poorly managed. Yet prevention is still falling by the wayside.

The facilitated group discussions focussed on the key political influences affecting the prioritisation of treatment over prevention at national and international levels. Each of the three groups reported back on key points which emerged. Reasons mentioned for treatment taking precedence over prevention at national level included the greater ease with which targets can be set and reached; the morally-neutral nature of treatment; and the domestic need to gain vote; the influence of the clinical lobbies that still largely manage treatment programmes in-country; and the role of civil society in pressing for treatment.

3. “Impeding and advancing civil society responses: the politics of HIV/AIDS”

Caroline Halmshaw, Head of International Policy, International HIV/AIDS Alliance

This presentation focused on the politics of funding Civil Society (CS) responses to HIV/AIDS and described three funding methods and their implications for civil society. i) The implications of Budget Support are that CS organisations do not benefit as governments rarely have capacity to fund them, and that stigmatised or illegal groups are often excluded from programmes. ii) Funding such as the World Bank’s MAP II project is characterised by donors stipulating that a certain proportion of funds must go to CS. In this case, disbursement is often slow or fails as a result of inflexible bureaucratic systems, lack of experience and technical support at the national and community levels to handle funds to and for CSOs. iii) GFATM finance can be channelled directly to CS via principal and sub-recipients and is showing early signs of benefits.

Funding civil society responses is not easy and must still be prioritised. While CSOs have a more formalised role in international forums, at national level their role is still limited. Innovative approaches are needed to engage directly with, listen carefully to, and fund CS. Concerns were raised about the move towards greater national government assertion and country ownership of processes because experience shows that governments are unlikely to include CS in their responses and therefore donors should always stipulate the involvement of CS and key populations. NGOs must be carefully selected and funding be accompanied by appropriate technical support, with rigorous evaluations carried out to show that the funding is effective.

The politics of inclusion was also discussed. Marginalised groups are now being included more at the international level, but there are still problems at the national level. There are often laws in place, such as the illegality of MSM in Nigeria, which create limited space for key populations to take part in responses. There is a distinct lack of solutions for stigma and discrimination, and international guidelines on this seem to be having negligible impact on the ground.

4. “The politics of give and take: the case of PEPFAR”

Joseph O'Reilly, Global Policy Advisor, International HIV/AIDS Alliance

The case of the US was used to highlight the effects that conditional aid can have on HIV/AIDS responses. The approval by Congress needed for outgoing commitments creates opportunities for conditionality (such as having to use US firms/businesses in certain service provisions). The President's Emergency Plan for AIDS Relief (PEPFAR) has committed \$15 billion since 2003, making the US the biggest single government donor to HIV/AIDS. Any conditions on PEPFAR money really matter because of the vast sums of money involved.

The two key PEPFAR provisions are the prostitution laws and prevention programme conditions. The prostitution laws say that the policies of any organisation which uses PEPFAR money must oppose prostitution and sex trafficking. This component is designed to have the greatest influence possible. However, in the vein of “love the sinner, hate the sin” it does not preclude provision of services to sex workers. This condition has had widespread negative effects by putting pressure on governments to take tough approaches to sex work.

There is also US guidance on ABC prevention. Anecdotal evidence suggest this has encouraged the segregation of populations into those at risk and those not at risk; has stigmatised condom use; has led to abstinence-only programming; has reduced funding for other preventive measures; has undermined national condom programming and safe sex messages. Organisations are cautious – “pre-emptive capitulation” is taking place, with some over-interpretation of requirements. Sadly there has been silence in fighting these impositions because of the size of the money involved. Decisions become very difficult for organisations when they have to choose between rejecting large sums of money or accepting them with unwanted conditions attached.

5. “The politics of HIV/AIDS in Malawi and Uganda”

Dr James Putzel, Development Studies Institute, London School of Economics

This session started with an explanation of why political analysis is important for HIV/AIDS and four reasons were cited: to understand incentives; to understand the role and relationship of public authority and non state actors; to consider public finance and reinstating the role of public health in the response; to understand central and local government relationships.

Political incentives play a huge part in national HIV/AIDS responses. James highlighted the importance of considering the sources of a government's legitimacy and power and the importance of uncontested authority in understanding why leaders act against AIDS. Political incentives are very contextual – each country has a different equation of legitimacy. For example, some leaders act in order to appeal to populist ideals and therefore win votes. For 10 years the international community gave legitimacy to governments not to act and it was only when the international community took action that governments realised they also had to act.

The importance that governments place on using scientific evidence in political decision making influences their responses and it is therefore necessary to find the members of a government who are interested in listening to scientific evidence. It was pointed out that populist leaders elected through democracies are much more likely *not* to act on scientific evidence.

The relations between state and non-state organisations are extremely influential. Concerted *state* action is needed for an effective response. In the case of South Africa, civil society action was strong but achieved little without the corresponding state action. An analysis of those who manage the state and how they do it is important in explaining public authority action.

On the subject of financing, the importance of long-term sustainability was emphasised. All actors currently tend to work in short time frames of no more than five years.

The example of Malawi illustrates many of the political dimensions discussed earlier in the day. There was great inertia in the HIV/AIDS responses, overwhelmingly reflecting the patriarchal system and norms. The language of the AIDS campaign was totally disconnected from the people and there was a reticence in all sectors to talk openly about sexual matters. Christian authorities set standards of sexual morality yet played a very ambiguous role in the AIDS campaign. Political leadership was very slow to respond to AIDS and was largely donor driven. Establishing the NAC created perverse incentives with

key medical and clinical staff leaving MoH and working for NGOs and led to the establishment of a largely donor funded emergency HR plan. The NAC “template” was questioned because government already exists to coordinate sectors. Therefore establishing NACs can be seen as an attempt to recreate government.

Uganda experience: President Museveni was and still is the single pillar of authority. Under the Office of the President an informal system of power exists, like when he was a guerrilla leader. Informal and formal rules apply (“institutional multiplicity”). Donors and lenders which bypass the state reinforce informality and informal power structures.

Points aired during discussions that warrant further attention

- What is political commitment and how do we know whether it makes a difference?
- What is civil society and what should its role be?
- How do we engage with state authorities in the long term and in difficult environments?
- The need to ensure money really reaches civil society through an appropriate mix of instruments. There is a need to identify allies in government who want to involve civil society, work with evidence based approaches with vulnerable groups such as MSMs, and combat stigma and discrimination, but without necessarily drawing public attention to activities.
- As we move towards greater national ownership of AIDS programmes and country processes, what are the implications for target/marginalised groups?

Next steps

A number of suggestions were made to take forward the issues discussed during the day. They included:

- Another learning session (half or full day) on a specific theme (such as political commitment/leadership, or the political economy of ART) which would be further explored; or a follow up learning day in September, on how to help and monitor national responses (topic suggested by a participant);
- The development of tools for political analysis that can be used for HIV/AIDS, the health sector and other areas (e.g. the political analysis of aid instruments).

Clare Dickinson, April 2006