

Research Statement for GARNET Mobility Fund for Junior Researchers

“The Dynamics of Global AIDS Agenda Framing and the Politics of Uganda HIV Policy. Ideas, Interests, and Legitimacy on the International Scene.”

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Since its discovery, the AIDS epidemic has been at the core of many intractable policy controversies (Schön and Rein, 1994). Controversies on the definition of the AIDS epidemic and its responses were numerous in Western countries during the 1980s (Steffen, 2004), and are still accurate in the most affected areas, such as in Sub-Saharan Africa, with recent controversies on HIV prevention in Botswana (Heald, 2005) or on access to treatment in South Africa (Fassin, 2005; Jones, 2005). These controversies rely on tensions between actors on the one hand, and on contending framing (Schön and Rein, 1994) of the AIDS issue on the other hand.

This research will focus on one of these controversies, the controversy on Uganda’s HIV prevention, controversy that happened on the Ugandan national scene as well as on the global scene. The main idea of the project is that the “Ugandan controversy” on HIV prevention is emphasizing complex interactions between the national and international levels, as well as transnational dynamics in a global world.

There are two main framings of the AIDS issue, built in opposition one with another: the “socio-biomedical framework” and the “moral framework”. The socio-biomedical frame relies on a classical public health approach – HIV as an epidemic is apprehended through its mode of transmission, ‘risks groups’ and addressed through behaviour change, later complemented with a social understanding of health, i.e. which puts the emphasis on social dynamics, and a human rights template (Fidler, 2004). From the moral framework perspective, HIV/AIDS is primarily considered as a behavioural and a moral problem, where AIDS risk is associated with lifestyles reproved by moral codes of conduct – drug addiction, prostitution, homosexuality, various forms of “promiscuity”. The moral understanding is not linked with a precise idea of cure: morals are mainly about prevention; on the contrary, drug access, even if not central in donor strategies (Jones, 2004), is central in the socio-biomedical framework.

From the early 1990s, most of international actors – UN organizations, bilateral actors, a wide range of INGOs and biomedical actors – have gradually agreed on a socio-biomedical framing of HIV policy (Jones, 2004), spurred on by the World Health Organization and NGOs. Religious actors and faith-based organisations were nearly alone to frame HIV as a moral problem, especially during the 1990s.

In the early 2000s however, this international consensus started to be questioned by the adoption of a new U.S.-base relief programme, the Presidential Emergency Plan for AIDS Relief (PEPFAR), adopted by the U.S. Congress in 2003 and launched in 2004. The PEPFAR blurs the limits between the moral and socio-biomedical frame. The PEPFAR develops both a strong strategy on drug and especially ARVs access, while promoting an HIV prevention

strategy that highlights moral behaviours, by dedicating 33% of prevention funding to abstinence and faithfulness programmes.

This shift in U.S. aid policy, towards an HIV relief programme and more especially toward a moral understanding of HIV prevention provoked changes in the global AIDS agenda. If a consensus has increasingly been reached on drug access, with PEPFAR and the Global Fund to fight Aids, Tuberculosis and Malaria, such is not the case for HIV prevention's strategies. Proponents of a socio-biomedical frame are opposed to the PEPFAR and faith-based actors; AIDS activists and experts denounced the role of ideology and religion in this policy (Cohen, 2002; Brocato, 2003). Though its moral approach of HIV prevention, the United States have altered the balance of power among actors and HIV interpretations on the global AIDS scene; the "consensus" is not consensual anymore, and former isolated actors (faith-based actors) have gained a new support. HIV prevention controversies are thus raising power and interests issues, as well as ideas and beliefs issues: actors are competing to gain influence as well as to expand their ideas on the national and international scenes. These games of power are particularly emphasized through the Ugandan controversy.

Indeed, the controversy between actors and their interpretative frames soon concentrated on a particular HIV prevention policy, the "Ugandan success" in fighting HIV/AIDS (Allen, 2006). In Uganda, prevalence rates have dropped from an average of 12% to 13% in the early 1990s to 6% in 2002 (up to now). Since the mid-1990s, many observers have suggested that Uganda's prevention efforts were a model to follow. Among others, UNAIDS produced numerous reports on the causes of this success (UNAIDS, 1998; UNAIDS 2001) that highlights the role of political commitment, openness, reduced stigmatization, or the role of civil society – and thus close from a socio-biomedical approach of HIV. Since the early 2000s, some experts receiving U.S. support started to challenge this socio-biomedical explanation of the Ugandan success to underline the role of behaviour changes (taking from a public health approach), but more especially of faithfulness and abstinence (Hogle et al., 2002; Thickstun et al. 2004). These challenging explanations of the Ugandan success have been convoked by the PEPFAR: indeed the Act To Provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes – act authorizing the PEPFAR – largely mentions the Ugandan success, achieved through "*a fundamental change in sexual behaviour by developing a low-cost program with the message: 'Stop having multiple partners. Be faithful. Teenagers, wait until you are married before you begin sex'*" (U.S. Public Law, 2003). Interpretations of the Ugandan success thus seem to concentrate the conflicting dynamics of changing – at least challenged – global AIDS governance. Various actors, AIDS activists, part of transnational advocacy coalitions (Sabatier, 1999), international organisations and states representatives (such as Stephen Lewis, the UN Special Envoy for HIV/AIDS in Africa, such as Yoweri Museveni, President of Uganda) or AIDS researchers, acting as epistemic communities (Haas, 1992) have been part of the controversy. In addition to the Ugandan success, the global debates also concentrated on the current Ugandan HIV prevention policy: in 2004 and 2005, Ugandan state actors launched several campaigns of HIV prevention promoting abstinence and faithfulness, moving away from its previous balanced "Abstain, Be faithful or use Condom" (ABC) strategy. The Office of the First Lady for example launched an "Abstinence? Why not!" campaign throughout Uganda, the Ministry of Education a programme for school children emphasizing abstinence and "moral values". This shift from a socio-biomedical framing to a moral framing of HIV fuelled the controversy on the global (Barnett, Parkhurst, 2005) as well as on the national AIDS arena – where proponents of a balanced ABC approach opposed to proponents of an emphasis on

abstinence and faithfulness. National and international debates fuelled each other, as global and national policies shaped each other.

Through this global controversy, modalities of global AIDS governance are at stake. Actors compete to define the “better way” to prevent from HIV, but also for their own legitimacy on the global AIDS arena, their legitimacy being acquired through “efficient” strategies and relevance with the dominant HIV framing. Types of actors (faith-based groups, NGOs, donors, etc.) are thus at the core of the controversy but, above all, forms of aid and mechanisms of aid: through the “abstinence controversy”, bilateral aid is opposed to multilateral aid, cooperation among aid actors (UN agencies with bilateral donors) to (U.S.) unilateralism in aid management. The influence of donor is also widely questioned: the recent Ugandan shift in HIV prevention is often given as a result from U.S. aid conditionality and pressures (Human Rights Watch, 2005). The politics of the Ugandan HIV policy yet shows how complex is the donor/recipient relation: Ugandan state actors make benefit from this relation, in terms of political internal legitimacy as well as in financial terms – being considered as efficient by the “international community” gives state actors an internal credibility as well as increasing financial support from donors. On the other hand, the U.S. administration is increasingly dependent from the support of Ugandan government officials in favour of a moral interpretation of the Ugandan success – in particular because abstinence programmes are contested in the United States.

More broadly, this controversy brings out the contending ideas, interests and political forces shaping and re-shaping the agenda for global AIDS governance. It highlights the role of each actor’s ideas, ideologies, and particular interests on the global AIDS scene, such as the very specific mix of interests and ideology of neoconservatives (Williams, 2005). It is heuristic case to understand the policy process in developing countries, the policy process at the global level, as well as the dynamics of changing global governance and the role North/South relations in this global governance.

The research questions linked to the project are:

- What are the dynamics of global AIDS agenda framing? Is the international AIDS arena currently being reshaped?
- What are precisely the relations between Ugandan and international donors, and more especially with the United States?
- What is the role of ideas, interests, and balance of power among actors in defining the global agenda? How are relations between international actors evolving?
- To what extent is the Ugandan HIV policy part of national and international politics?
- How do the national and international HIV prevention arenas shape each other? How are national dynamics mobilized at the international level? What are the effects of international dynamics at the national level?
- To what extent is the Ugandan controversy a conflict for legitimacy on the national and international scenes, opposing transnational actors and their specific understandings of HIV prevention? How is this reciprocal (international/national) legitimization process working?