

ABSTRACTS FOR WORKSHOP NO. 9:

**GOVERNING AN EPIDEMIC:
HIV/AIDS AND SCALES OF GOVERNANCE**

Infectious disease surveillance in the US and the UK: from public goods to the challenges of new technologies

Tony Barnett, *London School of Economics and Political Science* and Corinna Sorenson, *London School of Economics and Political Science*,

Abstract

Infectious diseases are a long-standing and continuing threat to health and welfare, with their containment dependent on national disease surveillance and response capacities. This article discusses infectious disease surveillance in the US and the UK, examining historical national traditions for identifying and controlling infectious disease risks and how globalization and technical advances have influenced the evolution of their respective approaches. The two systems developed in different but parallel ways. In the US, surveillance remained quite localized at the state level until the early twentieth century and still retains many of those features. The UK approach became centralized from the latter part of the nineteenth century and has principally remained so. In both cases, disease surveillance was traditionally conceived as a public good, where national or local authorities held sovereign rights and power to protect public health. With the increasing globalized nature of infectious disease, such notions shifted toward surveillance as a global public good, with countries responding in turn through the creation of new global health governance arrangements and regulations. However, the limitations of current surveillance systems and the strong hold of national interests place into question the provision of surveillance as a global public good. These issues are further highlighted with the introduction of new surveillance technologies, which offer opportunities for improved disease detection and identification, but also potential tensions between individual rights, corporate profit, equitable access to technology, and national and global public goods.

Food and medicines: exploring the politics and antipolitics of HIV/AIDS interventions in western Kenya.

Dr Ruth Prince, rjp61@cam.ac.uk Mellon fellow, Centre of African Studies and History and Philosophy of Science, University of Cambridge, and visiting scholar, Department of Social Anthropology, University of Oslo.

Abstract

The paper focuses on the issue of survival of HIV positive people on antiretroviral drugs and situates this within on the one hand, the moral economies of material support and care, and on the other, the institutional landscape that is directed at improving health and providing welfare in the city of Kisumu, western Kenya. It argues that the focus on 'proper diet' and 'eating well' in antiretroviral programmes shapes the everyday hunger and poverty of many patients as "absent presences": visible at one level, yet invisible at another. Through juxtaposing the ways in which survival is constructed medically (through being located at the level of the patients knowledge about and adherence to the treatment regimen, and in HIV master narratives of self-care and self-discipline), with the experiences and everyday lives of patients, I explore how such issues gain visibility, yet at another level remain politically invisible. I explore how medical staff deal with the relations between medicine, patient adherence, hunger and poverty, and, moving beyond the clinic, place these issues of food, diet, and hunger in broader moral economies, asking how people survive and how the growing prominence of philanthropic and welfare organizations in western Kenya is shaping both survival strategies and political forms of claim-making.

ART programmes open up issues of food and hunger, and thus open a space to discuss the relations between disease interventions, public health and social welfare, and the activities of government and non-governmental organizations in this field.

'Mind the Gap': Access to ARV medication, rights and the politics of scale in South Africa

Peris Jones, peris.jones@nibr.no senior researcher, Norwegian Institute for Urban and Regional Research (NIBR), Oslo

Abstract

Global access to anti-retroviral medication (ARVs) has increased exponentially in recent years. As a relatively recent phenomenon for the global South, much knowledge is being added, but analysis of 'access' to ARVs remains partial. The main research objective is to gain a fuller picture of the range of forces constituting 'access' to ARVs by providing a local community case study from Hammanskraal, South Africa. A qualitative and relational approach situates specific points of 'local' access to ARVs within relations stretched over space. Spatial awareness enables us to consider the reinforcing effects of local geographies upon access to health care but also simultaneously sees this in relation to non-local geographies. The concept of scale is pivotal to creating linkages across space and reveals a number of 'gaps' in access that otherwise might not be shown. Elaborating on the meaning of "access" to treatment produces a more rounded picture of the context that people-living-with-AIDS encounter. A multi-scale and multi-disciplinary analysis of 'access' is therefore also highly informative in a related sense, namely, for closing the gap between human rights standards and actual implementation. A geographical imagination is useful not only to 'mind' but also to close the 'gap' in both senses.

Policy Hurdles to Addressing Structural Drivers of HIV. A Case Study of Tanzania

Moritz Hunsmann, , Moritz.Hunsmann@ehess.fr , morihuns@hotmail.com PhD Scholar in Development Studies and Political Science, École des Hautes Études en Sciences Sociales, Paris (France) and Albert-Ludwigs-Universität, Freiburg (Germany)

Abstract

Increasing bio-medical and epidemiological evidence shows that affections such as malnutrition, malaria, genital schistosomiasis and soil-transmitted helminths increase the risk of HIV transmission. These affections partly depend on adequate nutrition and access to safe water, sanitation and quality primary health care. Scientific insights thus provide rationales for a closer articulation of nutrition, water, sanitation and parasite control policies with HIV prevention programmes. Notwithstanding their high cost-effectiveness (even without accounting for their hampering effect on the spread of HIV), none of these interventions is part of Tanzania's HIV prevention strategy. This research aims at understanding why the translation of scientific evidence on transmission-facilitating cofactors into HIV prevention policies remains so incomplete.

This study draws on observational data collected at donor-government meetings during fieldwork in Tanzania (2007-09) as well as on ninety key informant interviews with Tanzanian and international AIDS officials and NGO representatives. These interviews assess policymakers' awareness of the role of biological cofactors in the spread of the epidemic as well as their assessment of the potentials of and obstacles to the inclusion of these drivers into a more structurally oriented HIV prevention strategy. These data point to several policy hurdles to the inclusion of cofactor-based prevention interventions into the Tanzanian HIV prevention strategy:

- Cost-effectiveness is not a criterion used to discriminate among different preventive interventions. This is due to the incremental, non-linear nature of the policy process and, until recently, to the absence of a cost-driven decision environment.
- The anticipated time span before prevention measures show *any* effect is a major criterion for policymakers and takes precedence over considerations concerning efficiency or sustainability.
- The fragmented nature of donor support induces a vertical structure of accountability that is highly externality-prone, making it unlikely for broader causalities to be taken into account.
- Allocative decisions are strongly path dependent and partly irreversible. The treatment/prevention compromise and the nature of preventive interventions implemented in the past are key determinants of future prevention policy choices.
- The formulation of cofactor-interventions is frequently considered as “unfeasible”, due to policymakers' conceptions concerning their supposedly inordinate costs and perceived overwhelming complexity.
- Finally, the implementing players' fear of stigma appears to be a potential obstacle to integrated prevention.

These obstacles suggest some potential avenues to address the “missing links” between evidence and public policy. Future funding prospects being uncertain, cost will become an increasingly important criterion. The development of tools for a more comprehensive cost-effectiveness analysis of HIV prevention interventions can be a useful first step towards a more sensible allocation of resources. Policymakers' perceptions of the cost and complexity of cofactor-interventions point to a potential key role of “policy packaging”, i.e. the proposal of manageable units of “structural” prevention interventions. More generally, the findings underline the crucial importance of increased donor coordination and common funding and reporting mechanisms for a more inclusive response to HIV/AIDS.

Governance reforms and HIV/AIDS in Sub-Saharan Africa

Siri Bjerkreim Hellevik siri.hellevik@nibr.no PhD. Candidate, Norwegian Institute for Urban and Regional Research (NIBR), Oslo

Abstract

Since 2000, African governments have made efforts to govern HIV/AIDS through a particular governing strategy called multisectoral coordination. Several challenges to this governance approach have been documented, such as weak national capacity to coordinate, poor political leadership in coordination and lack of country ownership of donor funded HIV/AIDS programs. This article proposes that these problems of coordination are better understood through studying the wider governance challenges that African countries face after 15-20 years of governance reforms. The article identifies and discusses two main governance challenges: weak state capacity and problems of decentralisation and fragmentation of service delivery at the local level. It shows how these wider governance challenges represent the context in which the particular coordination challenges have appeared. It concludes that the fragmentation of service delivery, with NGOs being upwards accountable to donors rather than downwards accountable to the local government and its citizens in the area where it delivers services, has created a situation where governance reforms have contributed to democratic deficits in governing rather than to improved governance as was intended with the reforms.

Local governance of HIV/AIDS programmes, with case from African cities

Berit Aasen, berit.aasen@nibr.no senior researcher, Norwegian Institute for Urban and Regional Research (NIBR), Oslo

Abstract

The paper will analyse and discuss how global programmes (World Bank MAP-programmes and the Global Fund) design and fund implementation of their programmes at local (district) level. Focus will be on the role they design to local governments in managing the funds to their own activities, as well as to civil society organisations, community groups and mobilisation. The last part of the paper will describe and analyse how these arrangements identified in the global programmes were implemented in Dar es Salaam, in the period 2002-2008, and the problems they met in institutionalising a local response to the epidemic and their lack of performance. The paper is based on fieldwork in Ilala Municipality, Dar es Salaam in 2008 and 2009.