Leadership and AIDS:

Papers from the AIDS and Society Research Unit for the ‘Global Citizenship’ project

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These working papers can be downloaded from the URLs provided.
Introduction

These papers explore the issue of global citizenship through the lens of the AIDS epidemic. We focus on the ways in which leaders and civil society activists have shaped the national and international response to AIDS, notably through the provision of antiretroviral treatment. We focus on leadership at civil society and national political level as it is through engaged leaders that citizens find their voice.

It is increasingly recognised that ‘AIDS leadership’ is crucial to effective national and international responses to the HIV epidemic. However, ‘leadership’ is hard to define and requisite strategies for effective leadership are highly context specific. In order to get analytical and empirical purchase on this problem, the papers focus on the specific issue of highly active antiretroviral treatment (HAART) and harness comparative international analysis and detailed case studies of good and bad leadership in this regard. The research covers three aspects: national political leadership, civil society mobilisation, and the global AIDS treatment access movement.

While our focus is therefore on the practical question of HAART, it is nevertheless necessary to formulate broadly what we mean by the notion of leadership. Grebe (2008a) represents an early attempt to formulate a theoretical framework, and this is refined in Grebe (2009), in which we define leadership as the mobilisation of coalitions for cooperative collective action that involves a broad range of societal actors.

Schwardmann (2008) and Nattrass (2008a, 2008b) provide strong evidence that the existence of effective leadership (i.e. leaders who are both willing and capable of implementing AIDS programmes) is a key determinant of outcomes. However, a critical emerging insight is that what is required for effective leadership on AIDS is highly context-dependent. For this reason, three more qualitative studies focusing on South Africa, Thailand, Brazil and Uganda (Mauchline 2008, Grebe 2008b & 2009, Nattrass, 2008b), were produced to explore the factors involved in effective leadership in individual societies. The research suggests that the emergence of broad ‘AIDS response coalitions’ are the key (unmeasured) explanatory variable explaining much of the variation in country performances. For example, in the case of Uganda, an alignment of purpose between political and economic elites, the state bureaucracy, civil society and the international community (particularly donors and multilateral institutions) seems to have been key to the effective prevention programmes (that resulted in a substantial drop in HIV prevalence during the 1990s) and a scaling-up of HAART. In South Africa, a coalition for policy change helped overcome significant governmental opposition to the roll-out of HAART. In Brazil and Thailand coalitions involving civil society and the state allowed these countries to implement relatively effective prevention programmes and to enhance substantially access to affordable treatment. This was done by developing domestic production capacity and strengthening their bargaining positions vis-a-vis multinational pharmaceutical companies (Nattrass, 2008b).
Key findings and policy implications

- **Leadership matters.** Schwardmann (2008) and Nattrass (2008a, 2008b) look at the issue of national political leadership. It opens with an exploratory analysis of cross-country differences in HAART coverage. Two analyses are presented: the first explores the social, political and economic factors which appear to determine HAART coverage; and the second controls only for those factors which are beyond the immediate control of governments in order to isolate which countries have performed better or worse than expected given their institutional characteristics. It concludes that the ‘poster children’ for good AIDS leadership (e.g. Brazil, Uganda, Thailand) are indeed performing better than expected given their level of development and demographic and institutional characteristics and that South Africa (the archetypal example of bad leadership on AIDS) performs significantly worse than expected.

- **Leadership is political.** The question of AIDS leadership is inherently political. It is political because leadership occurs (and is required) precisely where contestation takes place over principles, policies and resources. AIDS response coalitions reflect the political dynamics of the societies within which they emerge (or do not emerge), and state-civil society relations in particular.

- **Leadership is highly context-dependent.** The choices exercised by civil society leaders in Brazil, Thailand, Uganda and South Africa were shaped by the incentives and constraints imposed by their environments. The political context and opportunity structures include, especially, constitutional and institutional arrangements (democratic vs. authoritarian state), political culture (open or closed), state actions (supportive or repressive) and donor actions. Effective AIDS responses require institutions, coalitions and policies that are appropriate to the local context. The international community must adopt approaches that support locally appropriate institution-building, coalition-brokering and policy formulation, rather than impose external standards and ‘best practices’ without taking local conditions into account.

- **Both state and civil society leadership are critical.** Mauchline’s (2008) historical comparative analysis of AIDS policy responses on HAART in Brazil, Thailand and South Africa shows that while these countries were subject to similar pressures, especially with regard to the cost of antiretrovirals, they responded in very different ways at a policy level. The case studies show that civil society played a crucial mobilising role in bringing HAART onto the political agenda, but that governments responded differently. Whereas Brazil and Thailand were proactive in taking steps to reduce the costs of HAART, the South African government disputed the scientific benefits of HAART and engaged in a protracted struggle with civil society over this. Grebe's (2008b and 2009) case studies of South Africa and Uganda shows how the political dynamics in different societies determined what forms the alliances and coalitions that emerged took. While the state exhibited a supportive approach in Uganda and an obstructive one in South Africa, civil society-led coalitions were critical in both contexts – for implementation success and policy change respectively. Nattrass (2008b) highlights the many ways in which government action matters – this includes working actively to lower the cost of HAART and the cost of delivering it to those who need it.
• **Individuals and their networks build coalitions for AIDS responses.** The coalitions in Uganda and South Africa were built on prior networks of individuals. A few exceptional individuals like Noerine Kaleeba (founder of TASO) and Zackie Achmat (founder of TAC) were able to build local and international networks of support and influence. These include informal networks for mobilising individuals, formal civil society alliances, transnational support networks and inclusive networks of influence extending into states. Grebe (2008a, 2008b, 2009) analyses these network dynamics and the role of individuals in South Africa and Uganda.

• **Leadership is temporal.** What is required of leaders depends on the demands of the moment and usually involves a path-dependent evolution over time. This temporal dynamic impacts on country-level and global leaders in international organisations, states and civil society. For example, there can be a tension between the charismatic leadership required to build a social movement and the professional management required for efficient and sustainable service delivery. The contexts within which leadership takes place is constantly evolving – changing the incentives and constraints that shape the choices of leaders.

• **The international community can both broker and inhibit successful AIDS response coalitions.** For example, in Uganda, donors played a critical role in brokering an effective coalition. (This is likely to be the case especially where civil society is not well-developed or if the political institutions and culture inhibit openness and broad participation in policy processes.) Donors have helped strengthen the hand of civil society through the ‘boomerang effect’, but have also shied away from investing in a truly strong and independent civil society sector. Donors and international agencies must be sensitive to the local context and the political and social dynamics of the societies where they are supporting AIDS leadership. Unless locally-appropriate approaches are followed, international actors are less likely to support the emergence of effective coalitions.

What does this mean for AIDS leadership? It implies fundamentally that it needs to change with the times and that yesterday’s battles are not going to be the same as today’s and that old tactics by activists to shame governments and institutions into action are unlikely to be effective. The discursive terrain, or put simply, the battle over politically salient messages, has become harder and trickier to navigate. For AIDS activists and global leaders to continue to be effective in pushing governments to action at both national and international level, they need to build and rebuild coalitions. And the key coalition they need to build now, and into the future, is with those who push a broader developmental agenda of which AIDS treatment and prevention needs to be a part.