

Dissertation Abstract: The Political Economy of HIV/AIDS Intervention in Africa

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States have an interest in public health. With globalization, disease spreads easily across national boundaries, requiring state actors concerned with public health to engage public health problems beyond their own borders. Such endeavors require coordination of multiple actors, not just across borders, but also across levels of governance within the target country, creating multiple principal-agent problems in the pursuit of providing for public health. There is no better illustration of this multi-tiered cross-national principal-agent problem than the global intervention against HIV/AIDS¹ in Africa.

With a few exceptions, there is little evidence that HIV/AIDS interventions have been effective in stemming the tide of the pandemic. Most of the blame is typically placed on the individuals who are themselves at risk of infection and death: they are often seen as trapped in cultural patterns of sexual behavior and gender relations, and by extreme poverty. **This dissertation takes a different tack in approaching the failure of the unprecedented international mobilization against AIDS. It does so by focusing on the discrepancy between interventions as they are conceived in the world's capitals and as they are actually implemented on the ground in Africa, and locating this discrepancy in a multi-tiered principal-agent problem.** In the global hierarchy of actors supplying the HIV/AIDS intervention in Africa, principals and agents span three levels of governance: international, national, and local. I explore the constraints and motivations of these actors to study the preferences of principals and agents and how those preferences lead to the policy outcomes we witness. Despite efforts to design institutions to motivate agents to carry out critical interventions

¹HIV is an acronym for human immunodeficiency virus, a virus that causes acquired immunodeficiency syndrome, or AIDS. AIDS weakens the immune system, ultimately leading to death from opportunistic infections. Some interventions target prevention of transmission of HIV, and are thus HIV interventions, whereas other interventions aim to treat the sick, and are thus AIDS interventions. I distinguish between the two when appropriate, however, for the purposes of general discussion about intervention against both HIV and AIDS in Africa, I use "HIV/AIDS intervention."

aimed at preventing the spread of HIV and mitigating the morbid impact of AIDS, local implementation falls short of global expectations. The failures of HIV and AIDS interventions in Africa could be characterized as similar to the ineffectiveness of other Western-supported aid and development initiatives that suffer from weakly motivated agents. What separates HIV/AIDS intervention from other interventions is the *a priori* expectation that the underlying preference of citizen, principal, and agent are aligned: everyone wants good public health and AIDS is a serious threat locally and globally to public health.

This dissertation analyzes the political economy of the provision of HIV/AIDS programs in Africa with special attention to the experience of Malawi.² The outcome of interest is the provision of programs and services to reduce HIV transmission and to mitigate the impact of AIDS, and preferences for such provision. My contribution is to discuss the incentive compatibility of actors in a hierarchical system tasked with the delivery of healthcare services. Because much scholarship is devoted to the principals of the global HIV/AIDS intervention – international donors and national policymakers – my primary task is to shed light on the agents implementing interventions and the conflicting pressures they face. For example, in situations where agents implementing interventions answer to two principals – ordinary citizens as well as international donors – whose policy preferences will prevail?

Chapter 1. Introduction: Response to the African AIDS Pandemic

AIDS took the lives of 2.1 million people in 2007, more than three quarters of whom lived in sub-Saharan Africa. AIDS is framed as a public health problem, an obstacle to development, a humanitarian issue, and a threat to U.S. national security. The international response to HIV/AIDS in Africa has been tremendous; in 2004 alone, resources for HIV/AIDS activities from all donors amounted to 6.1 billion. As demonstrated by the scale of resources, international actors strongly support HIV/AIDS intervention. However, international actors are reliant on local agents to implement HIV/AIDS programs. This chapter motivates the greater study with a puzzling finding: in the face of a tremendous outpouring of aid and attention to AIDS in Africa, ordinary Africans do not prioritize HIV/AIDS programs.

²Malawi is a small, densely populated, landlocked country of 118,484 square kilometers with a population of about 13 million. It is located in the southern region of Africa, bordered by Tanzania to the north, Mozambique to the East and South, and Zambia to the West.

Chapter 2. Why HIV/AIDS Interventions in Africa Usually Fail: A Multi-Tiered Principal-Agent Problem

In Chapter 2, I present a stylized model of the global-to-local hierarchy of actors involved in HIV/AIDS intervention in Africa. Utilizing a principal-agent framework, I characterize the multiple actors in the hierarchy, their relations to other actors, and assess actors' preferences. Principal-agent theory has many useful applications in the study of bureaucracy and delegation, but the standard principal-agent framework can be improved upon by moving beyond the assumption of actors' preferences to assessment of preferences and incorporating in model building a study of preference formation. In specifying the utility functions of principals and agents involved in the global intervention, I highlight the information asymmetries favoring local agents. The model emphasizes that a decision is made to intervene against HIV/AIDS at each link in the hierarchy, making each actor critical to an intervention's success. Notwithstanding the large scale of resources made available by the international community and the political will of national policymakers, an intervention's success requires effort from local agents implementing programs "on the ground" and ultimately, buy-in from ordinary Africans to act. To the extent that interests, preferences, and incentives are aligned at every step in this chain, successful implementation is possible. To analyze actors' preferences, I introduce testable hypotheses of self-interest and social pressures as affecting preference formation at the individual level.

Chapter 3. Local Demand for a Global Intervention: Policy Priorities in the Time of AIDS

In Chapter 3, I test empirically a hypothesis that self-interest predicts demand for HIV/AIDS services using Afrobarometer data, a survey of rural Malawians (N=4,183), and open-ended interviews with HIV-tested Malawians and their neighbors. I test whether self interest predicts policy preferences; specifically, I look at whether HIV serostatus or being affected personally by AIDS predicts variant demand for public HIV/AIDS programs. I find that though HIV-positive respondents are more likely to prioritize HIV/AIDS programs, demand for increased HIV/AIDS programs remains very low in high prevalence settings. The data illustrate a misalignment of policy preferences in the global-to-local hierarchy of actors involved in HIV/AIDS interventions.

Chapter 4. Seeing Like a Village: Village Headmen and HIV/AIDS Intervention

In Chapter 4, I analyze original data I collected in 2008 in rural Malawi to assess the role of village headmen (N=122) in implementing the global AIDS intervention. Because

in many of Malawi's rural villages there are few public or government-supported services or infrastructure, the local headman plays an important role in shaping organization and mobilization of people and resources to meet the village's needs. I use survey data to describe the headmen and their villages and open-ended interviews to characterize the role of headmen as agents in the global HIV/AIDS intervention. Generally aligned with their villagers in ranking preferences, village headmen give low priority to HIV/AIDS services. The most notable policy implication of the headmen study is the policy preference misalignment between international principals and the local agents tasked with implementing the intervention.

Chapter 5. Choosing Between Competing Preferences: Agents with Two Principals

In Chapter 5, I further develop the model introduced in Chapter 2 by introducing a refinement; the agent must choose between the divergent policy preferences of dueling principals: those providing resources from the outside and rural villagers from whom local agents derive authority. I draw on the headmen data analyzed in Chapter 4 and additional original data I collected in 2008-2009 in Malawi of regional and national actors engaged in HIV/AIDS interventions (N=102). I analyze open-ended interviews and surveys with network data to test a hypothesis of social pressures on policy preferences.

Chapter 6. Why International Elites Prioritize HIV/AIDS Intervention in Africa

Previous chapters established a weak demand locally for HIV/AIDS intervention in Africa, where AIDS has reached pandemic proportions. Chapter 6 shifts from the focus on local preferences and to study the preferences of international actors such that they continue to advocate – in word and action – for a scale-up of HIV/AIDS services in the face of weak local demand. In this chapter, I analyze transcripts of open-ended interviews (N=50) with international actors engaged in aid initiatives to Africa.

Chapter 7. Conclusion

In the final chapter, I summarize and synthesize my findings about actors' policy preferences across levels of governance in the global hierarchy of HIV/AIDS intervention in Africa. The chapter takes stock of how well self-interest and social pressures predict demand for public programs geared at combating HIV and AIDS in Africa. I discuss the implications of the study for the success of the global intervention against the African AIDS pandemic and propose broader, generalizable implications of my multi-tiered principal-agent model for other aid initiatives in the developing world.