

Excerpt from Dissertation on New Empirical Domains for further Study: HIV/AIDS

There are numerous other cases of normative issues that were politicized in the 1990s. The theoretical argument developed in this dissertation can be applied to those cases and help account for differences between issues and in country behavior. Indeed, scholars can and should look beyond the typical left-wing advocacy causes in the advanced industrialized world to see how people motivated by normative concerns, even unpopular ones by Western standards, seek to influence political outcomes.¹ My personal interests lie in the sorts of global issues politicized by the left, but this does not necessarily lead to the sort of selection bias of “only good norms” being researched. As one becomes more familiar with the institutional arrangements that have been developed as a response to these problems, one frequently finds a disconnect between the idealism and the potential effectiveness of the instruments being proposed. While some scholars may seek to expand the scope of the research program by looking at “nasty norms” such as those promulgated by the Wahhabi Islamists, there is plenty of fertile ground within the so-called “good norms” terrain to study. A short discussion of HIV/AIDS and the International Criminal Court can demonstrate how the insights developed here could be applied to those cases.

HIV/AIDS

In the twenty plus years since AIDS was first identified, more than 20 million people have died of the disease with tens of millions more almost certainly to die in the decades to come. Most have been people in the developing world.² Since 2001, the international community has become increasingly active on this issue, seeing the deaths of millions from

¹ The critique that scholars only study good norms has been levied by (Kowert and Legro 1996). Adamson has tried to apply the insights of this kind of analysis to Islamist movements in Central Asia. (Adamson 2003).

² (Nakashima 2004).

AIDS as morally appalling and a stain on the conscience of the world. Many advocates are veterans of the Jubilee 2000 campaign; Irish musician Bono formed his own advocacy group DATA (Debt, Aids, Trade, Africa), headed by former Jubilee 2000 staffer Jamie Drummond, to spearhead the cause. Since its creation in 2002, the United Nations' Global Fund to Fight AIDS, Tuberculosis and Malaria has become the centerpiece of the multilateral response. Bilaterally, the Global Fund has been matched by the equally high profile announcement in 2003 by President George Bush of an overlapping mission by the United States.

An application of the theoretical framework from this study to HIV/AIDS could shed light on three central questions, (1) Why did it take the international community so long to respond?, (2) Why did the international community respond when it finally did?, and (3) Why are some countries more active on AIDS than others? While answers to these questions are left for future investigation, a brief discussion can demonstrate the applicability of the arguments developed in this dissertation.

In June 2001, UN Secretary General Kofi Annan called for the creation of a Global Fund and said such a fund would require \$8-12 billion annually of financing to conduct its operations. In 2002, the advanced industrialized countries pledged that they would support the fund. Despite some conflict between advanced industrialized countries and developing countries over patent rights for generic versions of anti-AIDS drugs, the issue has not become a wedge issue between the United States and its allies.

Activists suggested that contributions should be based on share of world income. By this classification, the costs for all of the countries in this study were reasonably high and the value fit was as well. Residual conflict over this issue stems from concerns about the amount and timing of disbursement and the questions about the most effective vehicle for delivery of funds (e.g. the UN Global Fund versus some American-controlled initiative). Utilitarians

would predict that none of the countries would spend a lot of money on this issue since the benefits largely accrue to foreigners.

AIDS

VALUES \ COSTS		LOW COSTS
	<i>High costs, High fit</i> Costly moral action AMBIGUOUS (1) Japan, US, UK, Germany	<i>Low costs, High fit</i> Costless moral action VALUES win (2)
	<i>High costs, Low fit</i> Hostility COSTS WIN (3)	<i>Low costs, Low fit</i> Indifference AMBIGUOUS (4)

As the table below shows, all four countries in this study made sizable pledges to the Global Fund, though Germany has back-loaded most of its contributions.³ Based on the share of world income, however, the portrait of leadership changes. The U.S. contributed 32% of world GDP in 2002; its pledges to the Global Fund constituted 36% of the funds pledged and nearly 33% of those actually paid. Having said that, given that more than twenty million have already died from the disease and that total pledges have fallen far short of the amount Annan said the Fund would need to address the problem, one may question the idea of any country’s claim to leadership on this issue.

Leaving that aside for the moment, some countries have been doing more than others. While the U.S. made pledges and contributions in line with its share of global income, Japan and, to a lesser extent, Germany seemed to be lagging behind. Japan, though

³ (Global Fund 2004).

earning 12% of the world's GDP, had only made about 5% of the pledges and about 9% of the actual donations. While Germany's pledge matches closely to its share of world income, its actual contributions were much lower. The UK consistently ranked above its share of world income with both pledges and actual amounts paid.

CONTRIBUTIONS TO THE UN GLOBAL FUND

DONORS	PLEDGES IN \$USD	% OF TOTAL	PERIOD OF PLEDGE	TOTAL PAID (USD)	% of TOTAL PAID	TOTAL GDP (million \$US)	Share of World GDP
Japan	\$259,993,443	4.79%	2002-2004	\$230,126,570	7.71%	\$3,993,433	12.36%
Germany	\$360,288,203	6.64%	2002-2007	\$95,367,375	3.19%	\$1,984,095	6.14%
United Kingdom	\$313,844,358	5.79%	2001-2007	\$173,228,038	5.80%	\$1,566,283	4.85%
United States	\$1,969,480,000	36.32%	2001-2008	\$982,725,000	32.91%	\$10,383,100	32.13%
WORLD	\$5,422,366,042			\$2,985,982,577		\$32,312,147	

What explains the leadership positions of the United States and the UK compared to Germany and Japan? In an article or chapter length discussion of HIV/AIDS, a plausible argument would be that AIDS advocates have been successful, particularly in the U.S., because they have continued to employ the moral frame used in debt relief advocacy and thus been able to forge links with conservative religious communities and their Congressional allies. This could explain why a deeply religious George W. Bush embraced this issue area as worthy of attention.⁴ Like the U.S., the religious argument would have been compelling for the UK mass public and the country's principal decision-makers, Prime Minister Tony Blair and the Chancellor of the Exchequer, Gordon Brown.

⁴ The Bush Administration proposed a \$15 billion plan over five years to combat the problem and signed off on, over the potential objections of the pharmaceutical industry, the provision of generic retroviral drugs for AIDS sufferers in the developing world. Actual financing of the plan has lagged behind expectations and been coordinated to a large extent outside of the Global Fund framework, but the increased resources are important signs of leadership.

Given Japan's reluctance to support debt relief and the historical development of its foreign aid program as an arm of its commercial export policy, one could explain Japanese reluctance on HIV/AIDS. The religious appeals based on Christian morality or justice by AIDS advocates likely fell on deaf ears for lack of a cultural fit. The long recession in Japan most likely made cost concerns more salient and enhanced the bargaining leverage of a tight-fisted finance ministry. However, an argument brought by the international community that emphasized Japan's international responsibilities would likely be more effective in the future. In Germany, the religious appeal could have generated some level of support for the initiative, but given the adverse economic situation, one could explain Germany's position in terms of inter-agency dynamics and the relative weakness of the development ministry *vis a vis* the finance ministry. If the economy improves, one could imagine that advocates could, as with debt relief, tap into German religious sentiment to leverage more resources from the government.

Why has this issue not become a wedge between the U.S. and its allies? One might have expected some greater degree of conflict because pharmaceuticals companies of industrialized countries could have fought more vigorously for patent right protection. The main reason, I would argue, for the lack of conflict on AIDS is the U.S.'s willingness to ramp up its international commitment on this problem. Had the U.S. not done so, one could have expected the European Union and some member states to make political hay out of the issue. Another reason for the lack of conflict over the issue no doubt stems from the collective sense of responsibility, or, depending upon one's perspective, irresponsibility. No advanced industrialized country has much to be proud of with twenty million having died with so little having been done by any party. Given that these are merely dead foreigners for the most part, one could say that this has not become a wedge issue because the stakes for any of the rich countries are relatively low.

Adamson, Fiona (2003). *The Diffusion of Competing Norms in Central Asia: Transnational Democracy Assistance Networks vs. Transnational Islamism*. 2003 Annual Meeting of the American Political Science Association, Philadelphia, PA.

Global Fund (2004). "The Global Fund to Fight AIDS, Tuberculosis and Malaria: Pledges and Contributions." Available from <http://www.theglobalfund.org/en/files/pledges&contributions.xls>.

Kowert, Paul and Jeffrey Legro, Eds. (1996). *Norms, Identity, and Their Limits: A Theoretical Reprise*. The Culture of National Security. Cornell, Cornell University Press.

Nakashima, Ellen (2004). Record Numbers Infected With HIV. *Washington Post*, July 7.