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Wealth alone does not buy health: Political capacity, democracy, and the spread of AIDS

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A B S T R A C T

Although there have been have numerous studies on AIDS documenting its mortality, its epidemiological features, and its relationship to poverty and development, few studies have systematically analyzed how political factors and policies may help curtail the spread of AIDS. In this paper I consider how a variety of domestic factors influence HIV infection rates across countries. I argue that states with higher state capacity are better able to reduce the spread of the HIV/AIDS epidemic. Moreover, I argue that while strong autocracies can implement efficient policies with fewer constraints, democracies tend to be more responsive to the needs of the population and can be more efficient in curtailing the spread of HIV/AIDS. I empirically evaluate the hypotheses using a cross-sectional time-series sample of 117 countries. The empirical results indicate that greater state capacity indeed appears to help curtail HIV/AIDS infection rates.

Introduction: health and the rise and decline of nations

Communicable diseases such as tuberculosis, measles, hepatitis, human immunodeficiency virus (HIV), SARS, and Ebola have been a persistent curse of human welfare since ancient times. In the 4th century BC, Thucydides (1972) provided an extensive description of the loss of civic life as well as the ethnic and social disintegration that followed the severe outbreak of the plague in the city-state Athens during the Peloponnesian War. Similarly the Bubonic Plague from the 14th until the 17th centuries and the 1918 Influenza epidemic, also known as the Spanish flu, killed millions and decimated the population of whole cities.

In the case of severe communicable diseases, which spread in a particularly contagious manner and can often be difficult to diagnose and treat, illness is not merely an individual health problem, but a collective bad that threatens an interdependent society at large. Widespread outbreaks of infectious diseases often have large social and political consequences. Price-Smith (2001) examines how differences in health or the prevalence of communicable diseases influence environmental security and national security concerns broadly defined. He argues that infectious diseases can cause poverty and might increase political instability, especially when vulnerable groups are targeted as scapegoats, as for example happened with Jews in Europe during the Bubonic Plague. Hence, global communicable diseases can threaten the ability of states to govern themselves and their economic prosperity.

Despite a large amount of anecdotal evidence on the political, economic, and social impact of communicable diseases, there have so far been no systematic comparative studies that consider the possible impact that political institutions and policy responses might have on differences in the spread of epidemics. In this paper, I attempt to fill this gap, and focus specifically on the HIV/AIDS epidemic. I primarily consider the impact that state capacity and democratic institutions have on the spread of the HIV virus and its manifestation as AIDS. Epidemics have been sufficiently lethal to generate deaths equivalent to those caused by major wars in the international system. And just as war is ultimately a political decision, I argue that political and institutional factors can shape and prevent the spread of communicable diseases independently from levels of economic development and wealth.

Data on HIV/AIDS infection rates since 1982 indicate that the AIDS epidemic initially spread relatively slowly in most countries in the 1980s. In the 1990s the occurrence of new AIDS incidents essentially bifurcated into two distinct trajectories. Most, although not all, developed countries and some developing countries were able to limit the spread of AIDS to new individuals, while other countries failed completely in controlling the rate of new outbreaks. The common association of HIV/AIDS with sub-Saharan Africa conceals the fact that HIV/AIDS is not prevalent only in poor developing countries. Wealthy or relatively wealthy countries, such as the

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USA or Botswana, have experienced much higher infection rates than states with much fewer resources, such as Uganda or Mali.

I argue that although lack of wealth makes it more difficult for developing countries to prevent the spread of HIV/AIDS, governance and institutional ability are often more important for determining the spread and impact of communicable diseases, in particular HIV/AIDS. In this paper, I link differences in political institutions and political capacity to the implementation of policies that can help contain the spread of the epidemic. A panel data analysis of 117 developed and developing countries provides empirical support for my claim that higher political capacity is associated with lower rates of new AIDS incidents and that democracies have an overall better record in reducing the rate of new incidents.

The HIV/AIDS epidemic: consequences and countermeasures

The Acquired Immune Deficiency Syndrome (AIDS) epidemic was first recognized in the early 1980s in the USA and initially struck primarily in the gay community. Very soon, however, the epidemic started spreading to heterosexuals, and women in particular have turned out to be more susceptible. In the last ten years AIDS has become very common in poor communities and the inner cities of developed societies, as well as many developing countries.

Estimating the extent of the AIDS epidemic and its potential consequences is wrought with some problems due to nature of how the disease develops and spreads. The AIDS disease itself is caused by the Human Immunodeficiency Virus (HIV). People infected with the HIV virus can appear to be healthy for many years before developing AIDS. Since the infected individual may be unaware of his/her status for a long period of time, he/she could unknowingly transmit the virus to other individuals. It is even harder to accurately estimate how many millions are infected with HIV, since many people are unaware that they have been infected and the symptoms are often similar to those of the flu, which means that detection remains extremely difficult during the early stages of the infection.[1]

With these caveats, the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) estimate that about 40 million people have developed AIDS globally (WHO & UNAIDS, 2006). Out of these 40 million, 25–28 million live in Africa, with Eastern Europe, Central Asia, South-East Asia, North and Latin America following in numbers of infected individuals. According to WHO and UNAIDS, the epidemic continues to spread to over 4 million new infected people each year.

Fig. 1 shows a map displaying the annual average of new incidents of AIDS, adjusted by per million populations of countries, for the years 1995–2000, based on the UNAIDS/WHO data. As can be seen, the AIDS epidemic is not limited to developing countries, and many industrialized countries, such as USA, also record relatively high rates. Furthermore, we can see that data on the total number of infected individuals are lacking for many countries in the world. This lack of data reflects how figures on AIDS remain relatively rough estimates and approximations, subject to continuous revisions, as the WHO applies new methods and derives new estimates (WHO & UNAIDS, 2006).[2] At the same time, the fact that many countries lack good information about AIDS prevalence also indicates widespread ignorance and ineffective government countermeasures toward AIDS. I will return to these points later, after first reviewing the social and economic consequences of the epidemic.

AIDS as a communicable disease poses severe problems both for individuals and societies at large. As the virus attacks the immune system, the infected individual becomes more susceptible to other viruses, bacteria, and parasites that ultimately may provide lethal. Dealing with the AIDS epidemic also poses large challenges for health systems in countries with many affected individuals. Moreover, the economic and social consequences of the AIDS epidemic in countries that see large parts of their populations decimated can be very severe, undermining productivity and the economic base, and thereby the ability of states to maintain basic functions. A major concern regarding AIDS is that it disproportionately affects young people aged between 20 and 40 years. Hence, the epidemic affects the most productive segment of the population, resulting in serious social and economic implications for the country and the region. The spread of HIV/AIDS in South Africa, for example, is relevant not only for the security and stability of that particular country, but also affects broader regional stability and economic development due to the prominent role of South Africa in the African continent (Ostergard & Tubin, 2004).[3]

Barnett and Whiteside (1999) rank in stages the evolution of HIV/AIDS based on the HIV prevalence in a given population and the ability of health systems to respond to the crisis, with five being the current worst case and six being a possible even more severe stage. Countries such as Zambia and Zimbabwe are considered to be in category five; while Botswana has reached stage four. In some particular communities and regions the epidemic might have also reached a stage six, at which point the capacity of the communities declines and there is limited ability to efficiently provide for the population (Whiteside, Mattes, Willan, & Manning, 2004: 144–145). Outside sub-Saharan Africa, where whole generations now are in danger of being affected, there is increasing concern in countries such as Brazil, India, China, and Russia that have not had large numbers of AIDS incidents until very recently, but where the disease is currently advancing rapidly.[4] If a crisis similar to that seen in Africa was to develop in these countries, the consequences for the global economy and trade would be devastating due to the size of these economies (WHO & UNAIDS, 2006).

Health agencies and the trajectories of different countries suggest a number of possible countermeasures to prevent the spread of AIDS. Policies can be divided into two groups: prevention and treatment. Preventive policies attempt to reduce the occurrence of new incidents, while availability of treatment increases the survival of the people already infected. Precautionary measures are more important in ending an epidemic, as they reduce the occurrence of new incidents. In the case of AIDS the main preventive measures include educating the population to practice safe sex through the use of condoms or abstinence, empowering women to take control and regulate their sexual activity, building-up a supportive network for those infected from the virus, while protecting those who are not yet infected, and training the medical personnel to use gloves (plastic) and other protective equipment, while they treat patients.

[1] Unless noted otherwise, in this paper I look at AIDS incidents rather than HIV infection rates.

[2] UNAIDS and WHO have applied improved surveillance and census data to measure the extent of the epidemic. The new estimates, however, show that the 2002 estimates were exaggerated, but do indicate a continuous increase in the infection rates.

[3] The direct link between AIDS and security is often questioned (Whiteside, de Waal, & Gebre-Tensae, 2006). The impact that HIV/AIDS might have on the size of armies and their efficiency in the African countries is speculative; however, the nexus between development, epidemics, capacity, and security is often multidirectional and complex, making it hard to isolate direct and indirect effects that individual variables might have.

[4] After 2001, China stopped denying the existence of AIDS incidents in the country.