Making Accountability Work for the AIDS Response

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Though 'democratic AIDS governance' has become the norm for the political governance of the AIDS response, it presents a dilemma that is likely to undermine the effectiveness and political sustainability of the response. By showing the kind of political leadership that would strengthen the HIV prevention agenda in Eastern and Southern Africa, elected politicians become vulnerable to the political populism that feeds on discrimination and denial in society, to the detriment of the AIDS response. We need to better understand how this governance dilemma plays out in different contexts and develop ideas for how to structure political incentives so that championing AIDS becomes a sustainable strategy to win and uphold political power.

INTRODUCTION

National responses to AIDS differ to what extent they interface with democratic politics. In some countries, politicians have delegated powers to public health experts, thus placing the response beyond the direct influence of fickle public opinion and transitory parliamentary majorities. In other countries, the response is woven into the fabric of the democratic process and decisions are the stuff of vibrant political discourse. These differences depend in part on how the governance of public health developed over time, but also on the nature of more recent AIDS activism.[1] However, whatever those national historical trajectories may have been, the normative power and funding conditionalities of the global AIDS response have brought once divergent national responses increasingly in line with a set of governance prescriptions that place the AIDS response firmly within the realm of democratic politics. A comprehensive set of human rights, broad stakeholder participation and political accountability are values and governance principles that are central to policies and campaigns by global health agencies and funding institutions; as such, 'democratic AIDS governance' has become the all-pervasive norm.[2]

While such governance of the AIDS response has obvious strengths, it arguably holds a dilemma that may in fact undermine the effectiveness of the response. The politics that determine the nature of the response to AIDS are, like all politics, a combination of passion for issues and interest in power. The response cannot rely on passion alone since passion is a personal motivation and not a sustainable political strategy. Nor can the response be reduced to a mere political vehicle for politicians to access power. Democratic governance of the AIDS response should, ideally, provide the incentives that make passionate leadership a viable political strategy for reaching and maintaining positions of power. But this is the dilemma: the political leadership that is necessary for a more effective response to HIV and AIDS offers few pay-offs that build political careers and boost electoral outcomes. The political cost is high for championing harm-reduction, protection for sex workers, condom use, the sexual rights of women, or a shift away from multiple concurrent sexual relationships. Epidemiological and cultural contexts vary, but

elected politicians across the world hesitate to stake out a bold path through such contested political terrain.

Politicians who have succumbed to this dilemma inhabit 'Planet Politics,' in Elizabeth Pisani's powerful formulation.[3] Drawing on several examples she argues that AIDS forces politicians across the world to make the choice to either "scrape around for money to do things that will lose votes, or get showered with money to do things that will win votes" – unfortunately it is a challenge that most politicians fail to meet.[4] The result is ineffective interventions or no interventions at all.

While Pisani is probably correct in arguing that the dilemma affects politics on AIDS across the world, the discussion here will focus on the countries with generalized and hyper-endemic epidemics in Eastern and Southern Africa. This empirical context is more familiar to this author, but it is also the region where the inaction caused by the dilemma has the most devastating effects in terms of new infections and numbers of lives lost. The region holds powerful examples of how the dilemma has undermined national responses to AIDS. In the early 1990s, when powerful leadership could have slowed down the sharp increase in HIV incidence in South Africa, Nelson Mandela decided not to champion HIV prevention for fear of alienating his constituency on the eve of liberation.[5] Historian John Iliffe records similar failures of leadership in most African countries in the early 1990s. For developing countries that recently had made the transition to democracy, HIV/AIDS was too complex a problem for elected politicians to deal with; "public denial was therefore the norm" argues Iliffe.[6] After some ten years of democratic politics in Eastern and Southern Africa, Amy Patterson concludes that many of the governance problems persist.[7] While she identifies both structural and institutional reasons for this, she emphasises the lack of demand for stronger interventions among African electorates.[8] Without such a demand from voters, politicians will be hard-pressed to invest their political resources in the AIDS response; in such a political context, championing AIDS is not a viable strategy for ambitious politicians. Jacob Bor concurs and argues that democratic elections do not in and of themselves produce incentives for leadership on AIDS: "calls for political commitment must be accompanied by efforts to shape the context in which leaders make decisions."[9] His findings suggest that politicians show more commitment on AIDS where a free press can hold them to account. Alex de Waal, finally, uses the same conclusion about electoral democracy as the starting point for his exploration of AIDS and power in Africa: "if African voters are not concerned with HIV/AIDS, it follows that the politicians they vote into office will not be impelled to make AIDS a priority."[10] For these analysts, electoral accountability appears to be the key to stronger leadership and more effective responses.

The general purpose of this paper is to explore the notion of political accountability in the context of AIDS governance in the Eastern and Southern Africa (ESA). In a region with generalized and hyper-endemic HIV epidemics, high levels of participation and formal commitments on human rights in the AIDS response may be of little value if there are no effective mechanisms with which to hold government accountable for poor performance in the response. But the principle of accountability presents us with an intricate governance problem in this context. The Afrobarometer public opinion surveys that the above authors cite show that, across 18 countries in sub-Saharan Africa, only a relatively small minority of adult citizens identify HIV/AIDS as one of the three most important issues that their respective governments should prioritize.[11] Among the minority who place AIDS as one of the three top issues on the public agenda, a majority feel their respective governments are performing well in the response to AIDS. It would appear that ambiguous

responses to AIDS are representative of majority opinion, as reflected in the surveys.[12] Analyzing the politics of governance reform in the development context, Sina Odugbemi is correct in saying "we have to be frank: public opinion is a powerful but problematic force. It has pathologies: for example blind prejudice, irrational fears, and ethnic and sectarian prisms."[13] In the response to AIDS we can add denial and discrimination to that list of pathologies.

While there is agreement among global health agencies, civil society stakeholders and central academic analysts that we need stronger political accountability in the response to AIDS, it is not clear how accountability can become an effective political mechanism that motivates stronger leadership on AIDS. The more specific purpose of the paper is to make some suggestions on this point.[14]

DEMOCRATIC AIDS GOVERNANCE

For the purposes of this discussion, the concept 'democratic governance' refers to a form and process of politics that give actual meaning to democratic ideals. Political systems in democratic states do so in various ways and to different degrees, but most would agree that the central elements of democratic governance are representation, participation, human rights, transparency and accountability. When the concept is applied to the AIDS response it means that in a state where we have *high quality* democratic AIDS governance the government will:

- represent the best interests of the general public by implementing the policies that will be most effective in reversing the epidemic;
- ensure civil society participation in the formulation and implementation of the response;
- protect against the unjust violation of human rights to freedom and equality, as well as ensure the realisation people's rights to health and life;
- ensure transparency of governance processes and of the data that details the response; and
- accept that political accountability is a legitimate sanction for poor performance in the response to AIDS.

It is important to emphasize that in deciding on the nature and effort of the response to AIDS, governments must represent the genuine interest of the general public, i.e. to meet universal access targets as effectively as possible, even though this may require policies and interventions that are unpopular with the majority of the voting population. It is precisely because public opinion about HIV and AIDS is often uninformed and prejudiced, and therefore contradicts the evidence and experience that should be the basis for policy, that strong political leadership is needed. In defending an effective response to AIDS, politicians must be able to withstand public criticism, to face down political populism, and to shift public opinion to support effective interventions and to stop discrimination of those affected by HIV. This form of leadership is still democratic but it has a somewhat authoritative character as it does not reflect public opinion but rather tries to shape opinion through guided information, policy dialogues and the implementation of effective interventions; it leads the way to where the public would otherwise not go.[15]

There are several reasons for why political leaders might choose not to show such leadership on HIV and AIDS, factors that are disincentives for strong

leadership. One factor – adverse public opinion – has already been discussed. Three additional categories of factors are:

- **Resource constraints**: a lack of funding and human resources to implement the necessary interventions at scale in a sustainable manner. For politicians, failed interventions may be more costly politically than no interventions at all as they signal incompetence.
- **Lack of ownership and control**: for countries in the ESA region, ambitious interventions to ensure universal access to HIV prevention and AIDS treatment will imply heavy reliance on donor funding. Such dependence implies the surrender of political control and ownership to some extent.
- **Lack of politically relevant rewards**: politicians who invest scarce resources will need to be able to show some positive results of their efforts. The coverage of AIDS treatment provides a tangible result, which is why the treatment agenda has developed political traction. But no similar political logic applies to HIV prevention, mainly due to the lack of data on HIV incidence and the delayed aggregate effects of prevention interventions.

These factors pose considerable challenges to any AIDS response, and especially so in the context of a low income country that is facing a generalized or hyper-endemic epidemic, but they are not legitimate reasons for failing to show strong leadership in the response. What the factors do show very clearly, however, is that poor leadership may be caused by factors that are beyond the control of any individual politician or government. Stakeholders that demand stronger leadership, and who may use arguments of accountability in their advocacy, need to engage with these political complexities so as not to criticise and sanction governments for what they have little control over, or expect individual politicians to make strategic choices that will jeopardize their careers. Accountability advocates need to heed Jacob Bor's advice and contribute to the development of a political discourse and a strategic context that will motivate politicians to show the necessary leadership. In sketching out an argument over the next three sections for how the monitoring and evaluation of the AIDS response should be improved, this paper seeks to make such a contribution.

FORMS OF ACCOUNTABILITY

Accountability is an incentive that can both strengthen and undermine the response to AIDS. Leadership without accountability is undemocratic and therefore unacceptable. But it is equally unacceptable that those who show strong political leadership in an effective AIDS response that align with the principles of democratic AIDS governance should risk losing power as a result of prejudiced or uninformed electoral majorities. A first step in developing an appropriate governance strategy is to identify the different channels for accountability that are available throughout the system of political governance.

This section will present two conceptual distinctions.[16] First, accountability has different implications for AIDS governance depending on whether it is *formal* or *informal*. The mechanisms and processes for formal accountability are entrenched in the political constitution, whereas the politics of informal accountability are not. We shall return to the informal variety below, but first introduce the second distinction that relates to formal accountability. Formal accountability comes in two versions,

either it is *vertical* or it is *horizontal. Vertical* accountability refers to the power dynamic between the voting public and the government. It means, essentially, that if the public disapproves of how the government used the powers it gained in the last election the public can hold government accountable by voting it out of office in the next election. *Horizontal* accountability, on the other hand, refers to power-relations between different governance institutions in a democratic state. In sum, it is only the voting public or other state institutions that have the formal power to block the government's policy agenda or to remove it from office through either vertical or horizontal accountability.[17]

So, under what circumstances would these two forms of accountability work in favor of a stronger response? Vertical accountability will only become an incentive for stronger political leadership if a considerable portion of the government's electoral constituency is so critical of government's performance that they would consider shifting their electoral support. The analyses of the Afrobarometer surveys that were cited above show that there is nothing to suggest that critical sentiments among the general public in the ESA region are at a level where they will offer the necessary incentives to governments to perform better in the response to AIDS for fear of losing electoral support. If there are no such sentiments in African countries, including the hyper-endemic countries in Southern Africa, such opinions among the voting public are probably even less likely in regions that are less affected by the global pandemic.[18]

Horizontal accountability is at play in the AIDS response when, for example, the president is pressed by parliament to explain poor coverage of the government's HIV prevention campaign, or as in South Africa in 2002, when the court ordered the government to roll out antiretroviral treatment for the prevention of vertical transmission of HIV. However, such interventions by the courts are rare as most constitutions do not give courts the power to intervene directly at the level of government policy. Parliaments have an important role to play in terms of horizontal accountability because the parliamentary process offers a range of opportunities for accountability in the course of legislative and overview processes. The extent to which those opportunities have been used constructively varies between countries, but explorative research from the ESA region suggests that parliament and parliamentary committees should play a much more active role in holding the Executive accountable.[19]

Whereas formal accountability has a constitutional and legal status, *informal* accountability is a political strategy by civil society stakeholders.[20] In calling for accountability from government for poor performance in the response, civil society organizations do not in and of themselves hold powers to block or alter government policies. The purpose of such activism is instead either to shame the government into realizing it is in the government's own political interest to improve the response, or to mobilize sufficient political pressure to trigger vertical or horizontal accountability of the formal kind. The success of such an activism strategy will depend in part on what commitments governments have made in response to AIDS. The more precise and time-bound targets that governments have set for their response to AIDS, the better the strategic opportunity will be for demanding accountability for poor performance in reaching those targets. Across the world, national governments and Ministries of Health differ widely in the extent to which they have set such national targets and deadlines. In many countries, and certainly in the ESA region, national policies, targets and deadlines are to a large extent structured on global initiatives at the level of UN agencies. We therefore turn to analyzing the two central UN declarations for the global AIDS response.

POLITICAL DECLARATIONS ON HIV/AIDS

The gathering of 189 Member States of the United Nations (UN) General Assembly in New York in June 2001 for a Special Session on HIV/AIDS was the climax of much work in the preceding years to mobilize support for the notion of a global response to HIV/AIDS. The meeting did not disappoint. It resulted in the adoption of the *Declaration of Commitment on HIV/AIDS* (DoC) that set out the normative framework as well as deadlines for meeting ambitious targets in a global effort to reverse the AIDS epidemic, targets that would align the response to AIDS with efforts to meet the targets that had been adopted in the *Millennium Declaration* the previous year. Not only did the DoC set the targets but it also identified democratic AIDS governance as the way to reach these goals. The DoC recognizes that high-profile commitments to idealistic principles and ambitious targets may not translate into effective program implementation. It therefore includes the commitment to: *conduct national periodic reviews with the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realising these commitments, identify problems and obstacles to achieving progress, and ensure wide dissemination of the results of these reviews.*[21]

The wording of the paragraph conjures up an image of a constructive deliberation among like-minded and concerned stakeholders, including government, on how to ensure that the necessary resources are made available and put to optimal use for the purpose of reaching critical targets in the fight against AIDS; in brief, this is a rather romantic ideal. The paragraph does not signal an understanding that political dynamics may present obstacles for reaching the targets, and that political pressure may need to be levied in order to advance the response – hence there is no mention of the concept of accountability in the DoC.

In June 2006, at the midpoint of the 2010 deadline to meet DoC goals, the UN General Assembly met to discuss the UN Secretary-General's report on the global AIDS epidemic. The meeting resulted in the *Political Declaration on HIV/AIDS*, a document that is more explicitly political, and not only in name.[22] The 2006 declaration increases the stakes for the global response by stating that AIDS represents an "unprecedented human catastrophe" that poses "one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large."[23] It also lists insufficient political leadership and action – albeit not in those words – as one of several factors that explains why initial targets have not been met.[24] Looking forward, the Declaration commits governments to ensure that the necessary programmes are implemented "with transparency, accountability and effectiveness," and it encourages all relevant stakeholders to review national responses to HIV/AIDS through a participatory process as a way to "ensure accountability and transparency."[25] The list of 'relevant stakeholders' that should be part of this process is extensive. The inclusion of parliaments signals the recognition of horizontal accountability, but the emphasis is on civil society both at national, regional, and global levels. With these potentially politically powerful additions, it would have seemed the 2006 Declaration sought to ensure that accountability would characterize the governance of the AIDS response. Was it effective? Is there any evidence to suggest that the response is in any way better in the countries that ensure some form of accountability? If so, which form of accountability seems to be more constructive in the response?

WHAT ROLE DOES ACCOUNTABILITY PLAY IN NATIONAL RESPONSES?

An effective response to AIDS requires comprehensive monitoring and evaluation (M&E) of interventions to know what is being done and which types of interventions are more effective. Whereas there is considerable expertise in ensuring optimal epidemiological relevance in terms of indicator construction and monitoring cycles, less work has been done on how indicators and M&E frameworks should be devised in order to generate stronger political leadership and action.[26] In this political context, M&E has a dual function. The first is to provide the data that shows the positive effect of interventions and thus rewards politicians for showing leadership (the proverbial carrot). The other is to ensure the transparency that will enable political accountability where such leadership has been found wanting (the proverbial stick). This logic applies to the monitoring of key epidemiological indicators, but it applies equally to the monitoring of the quality of democratic AIDS governance.

The apolitical notion of the AIDS response in the 2001 DoC is reflected in the first version of the global M&E framework that was developed to monitor performance against the DoC targets. The indicator that was designed to capture the governance of the response, the National Composite Policy Index (NCPI), asked no questions about accountability or about the performance of political leaders. The governance of the AIDS response, it would seem, was understood mainly as an exercise in resource and process management, rather than a project characterised by political contestation. A further indication of this is that the 2003 version of the NCPI offered no opportunity for civil society to independently state potentially opposing views on the quality of the government performance in the response to AIDS.

Improvements had been made in the subsequent version of the NCPI that was used in the 2005 round of DoC country reporting. This version contained two questions on the level of support given to the AIDS response from national political leaders and it also invited respondents from civil society stakeholders to fill in a separate section of the questionnaire, supposedly independently from government. These changes in the M&E tool signalled – albeit very carefully – a more political approach to governance of the AIDS response, a change that was confirmed by the adoption of the *Political Declaration on HIV/AIDS* by the UN General Assembly the following year.

Although the changes marked a new approach, the new questions were never designed to critically assess the quality of political leadership; the bar was placed very low. The first question was: "Does the Head of Government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?"[27] This is hardly a question that will identify genuine political champions on AIDS. The second questions asked respondents to rate the level of political support for the HIV/AIDS programme between zero and ten.[28] That was it. In the 2007 and 2009 versions of the NCPI, a further question was added: whether or not the National AIDS Council (or equivalent) has "active Government leadership and participation."[29] One problem with these questions is that they capture the notion of leadership only in a very limited and superficial manner, but equally if not more problematic is that they were asked only of government, not of civil society. The responses to the 2007 round show that all but five of the governments that reported the existence of a national AIDS Council also reported they had 'active Government leadership and participation.'[30] The South African government, which at the time

was still influenced by the AIDS denialism of President Mbeki and the Minister of Health, also reported active leadership of the South African National AIDS Commission. The reference to South Africa in the text is not to deny that the Mbeki government had control of the then dysfunctional AIDS Council, but that their control undermined the response to AIDS, a political complication that the NCPI was not designed to capture. A superficial question yields a superficial answer.

It would seem that we cannot really answer questions about the role of accountability in the governance of the AIDS response – because the question was never asked. The best we can do is to try to glean information from the extent to which countries were transparent with the data, a proxy indicator at best. The premise for the interpretation of this data is that demands for accountability from governments for poor performance can only be levied effectively if there is data available to 'prove' poor performance. In essence, where there is no data there is no accountability.

UNAIDS' own analysis of country reporting finds that only 102 countries (54 percent) submitted country reports in 2003, and an additional 20 countries reported in 2006 (64 percent).[31] Although this was an improvement, many of the submitted reports lacked data across the DoC indicators.[32] The same pattern was repeated in the third round of reporting in 2008: more countries reported (147 countries, or 77 percent) but much reporting was incomplete. The 'scorecard analysis' of the 2008 reporting that was done by AIDS Accountability International reveals that most countries did not meet their commitments on transparent reporting.[33] The AIDS Reporting Index that is part of the 2008 *AIDS Accountability Country Scorecard* is an assessment of the transparency of country reporting of data on indicators that cover eight central elements of the response to AIDS. The analysis shows that over half of the reporting countries failed to report a substantial amount of the requested data.[34] The fact that as many as 179 countries submitted country reports for the 2010 round of reporting is very promising, but it remains to be seen how complete this reporting was.[35]

The argument here is that effective M&E of national responses is essential for accountability; however, M&E alone is a necessary but not a sufficient factor. Comprehensive data on the merits and failures of the national response mean little if there is no capacity to digest the data and no advocacy strategies to communicate the information in ways that generate political traction. And of course, M&E systems with local origins may be more successful than the framework for monitoring the global response. Taking these caveats into account, this brief review of the DoC M&E tool generates two general conclusions in relation to accountability in national responses to AIDS. Whereas the strong reporting in 2010 holds promises for accountability to play a role in pressing governments to meet critical targets, including the Millennium Development Goals in 2015, the fact that many countries have gotten away with such poor transparency for so long suggests that demands for accountability have not carried much political weight up to this point. The second conclusion flows from the first: with 'accountability' being a central concept in the global normative framework for the governance of the AIDS response, it is arguably unacceptable that the global M&E of the response asks no accountability-related questions that would bring clarity to how accountability influences the political governance of the AIDS response.

CONCLUSIONS: DEMOCRATIC INCENTIVES FOR LEADERSHIP

This paper sought to demonstrate that whereas 'democratic AIDS governance' has become the norm for the political governance of the AIDS response it holds a dilemma that is likely to undermine the effectiveness and political sustainability of the response. By showing the kind of political leadership that would strengthen all aspects of the AIDS response in Eastern and Southern Africa, elected politicians become vulnerable to the political populism that feeds on discrimination and denial in society. For African politicians, issues relating to sex and the empowerment and respect for girls and young women are difficult to address with constituencies that are steeped in patriarchal norms. By championing such issues, politicians are more likely to change constituents' electoral preferences rather than their sexual behaviors.

Advocates for stronger national responses to AIDS need to start thinking more in terms of political strategy from the vantage-point of the national and local politicians from whom we expect stronger leadership. It will not work to present an evidentiary basis for a certain intervention and then expect politicians to impose it on a reluctant population on whose votes they depend. A multi-pronged strategy is needed. First, M&E frameworks must be devised so that they, apart from generating the relevant data on the epidemic, also provide information with which to create narratives that can mobilize support for politicians who show constructive leadership. Developing such indicators and communication strategies should be both a national and a global concern. In order to motivate leadership on the prevention agenda in the ESA region, we need to ensure that, for example, locally generated information on the benefits of empowering girls through education become available in a format suitable for campaigning by the incumbents who champion the issue. If we look further 'downstream' we could empower politicians with information on the effect of delaying the debut of penetrative sex, a message that can be made socially acceptable with the help of the traditional leaders who are custodians of culture in the local context. Second, advocacy stakeholders need to map out and better understand the different channels that exist to express demands for accountability. Advocacy efforts should not be paralyzed by the lack of electoral support for their agenda but they need to explore alternative accountability mechanisms. For example, efforts to engage with members of parliament should be strengthened further to ensure more effective horizontal accountability in the legislative process, and media could play a greater part if journalists were given more training on how to report on government responses to AIDS and which national and global stakeholders need to read their stories. Finally, civil society stakeholders should not base their advocacy strategies solely on the premise that politicians must be confronted. Powerful accountability advocacy should be one part of their strategy to build political pressure, but it should ideally be combined with the realization that politicians need partnerships with civil society in order to more successfully negotiate the political perils of showing leadership on HIV/AIDS.

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[1] Peter Baldwin, *Disease and Democracy: The industrialised world faces AIDS (*Berkeley: University of California Press, 2005).

[2] The 2001 UN Declaration of Commitment on HIV/AIDS establishes that broad participation and human rights should be central pillars of country AIDS responses. United Nations General Assembly, Special Session on HIV/AIDS, *Declaration of Commitment on HIV/AIDS*, June 25-27, 2001: 1-47. The 2006 Political Declaration on HIV/AIDS adds accountability to that list. United Nations General Assembly, Resolution A/RES/60/262, *Political Declaration on HIV/AIDS*, June 15, 2006: 1-8. The UNAIDS' monitoring framework of the governance of the AIDS response, the National Composite Policy Index, attempts to monitor to what extent responses are structured by participation and human rights. UNAIDS, *2008 National Composite Policy Index* (last visited November 15, 2010). Available at:
http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2008_NCPI_reports.asp.

[3] Elizabeth Pisani, *The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS (*London: Granta Books, 2008): 316.

[4] Ibid.

[5] Mandela made the statement in an interview with the BBC in 2003. John Iliffe, *The African AIDS Epidemic: A History* (Oxford: James Currey, 2006): 66.

[6] Ibid., 67.

[7] Amy S. Patterson, *The Politics of AIDS in Africa* (Boulder: Lynne Rienner Publishers, 2006).

[8] Ibid.

[9] Jacob Bor, "The political economy of AIDS leadership in developing countries: An exploratory analysis," *Social Science & Medicine* 64 no. 8 (2007): 1598.

[10] Alex De Waal, *AIDS and Power: Why There is No Political Crisis – Yet* (London: Zed Books, 2006), 8.

[11] Afrobarometer, *A comparative series of national public attitude surveys on democracy, markets, and civil society in Africa* (last visited November 15, 2010). Available at: http://www.afrobarometer.org/.

[12] Afrobarometer, *Public Opinion on AIDS: Facing up to the Future*? Briefing Paper no. 12 (April 2004), 4-7.

[13] Sina Odugbemi, "Public Opinion, the Public Sphere, and Quality of Governance: An Exploration," in *Governance Reform Under Real-World Conditions: Citizens, Stakeholders, and Voice*, eds. Sina Odugbemi and Thomas Jacobson (Washington DC: The World Bank, 2008) 26.

[14] The paper further develops a number of the points made by Chris Collins, Thomas J. Coates and Greg Szekeres in the article "Accountability in the global response to HIV: measuring progress, driving change", *AIDS,* 2008, Vol. 22 (suppl 2), pp 105-111.

[15] Per Strand, "Comparing AIDS Governance: A Research Agenda on Responses to the AIDS Epidemic," in *AIDS and Governance*, eds. Nana Poku, Alan Whiteside and Bjorg Sandkjaer (Aldershot: Ashgate Publishers, 2007).

[16] This discussion is generally inspired by the work of Anne Marie Goetz and Rob Jenkins. Anne Marie Goetz and Rob Jenkins, *Reinventing Accountability: Making Democracy Work for Human Development (*New York: Palgrave MacMillan, 2005).

[17] Phillippe Schmitter, "The Ambiguous Virtues of Accountability," in *Assessing the Quality of Democracy,* eds. Larry Diamond and Leonard Morlino (Baltimore: The Johns Hopkins University Press, 2005) 24.

[18] The survey that had been commissioned by UNAIDS from Zogby International would at first appear to contradict the general statement in this section, but the two sets of surveys cannot really be compared. Whereas the Afrobarometer surveys are based on face-to-face interviews in local languages with a random selection of adult respondents, the Zogby survey was done over the Internet. In addition, whereas Zogby asks how important AIDS is, the Afrobarometer asks respondents to list, freely, the three most important issues for their government to address. Afrobarometer, *A comparative series of national public attitude surveys*; UNAIDS, *The Benchmark: UNAIDS and the polling company Zogby International surveyed the world on what people think about the AIDS epidemic and response* (Geneva: UNAIDS, 2010), Available at:
http://data.unaids.org/pub/Outlook/2010/20100713_outlook_benchmark_en.pdf.

[19] Mary Caesar-Katsenga and Marietjie Myburg, *Parliament, Politics and AIDS: A Comparative Study of Five African Countries* (Cape Town: IDASA, 2006) 19-25. See also the work by EQUINET on parliaments as reviewed in their publication *Reclaiming the Resources for Health: A regional analysis of equity in health in East and Southern Africa,* pp. 193-197.

[20] Donors, global agencies and independent media can also be seen as stakeholders who use informal accountability to shape governments' AIDS responses, but these will not be discussed here.

[21] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, ¶ 94.

[22] United Nations General Assembly, *Political Declaration on HIV/AIDS,* 1-8.

[23] United Nations General Assembly, *Political Declaration on HIV/AIDS,* ¶ 2-3.

[24] Paragraph 14 states that the means are now available for reversing the pandemic but that governments "must deliver an intensified, much more urgent and comprehensive response" while paragraph 15 states that governments must remove any legal, regulatory or trade barriers that prevent an effective response. United Nations General Assembly, *Political Declaration on HIV/AIDS,* ¶ 15-16. Paragraph 16 makes clear that unless there is stronger political will and leadership and sustained commitment from government and other stakeholders, the fight against HIV and AIDS will not be won. United Nations General Assembly, *Political Declaration on HIV/AIDS,* ¶ 16.

[25] United Nations General Assembly, *Political Declaration on HIV/AIDS,* ¶¶ 38, 51.

[26] A call for such analysis was made by Kent Buse, Clare Dickinson, and Michel Sidibe in "HIV: know your epidemic, act on its politics," published in the *Journal of the Royal Society of Medicine* 101 (2008), 572–73.

[27] United Nations General Assembly, Special Session on HIV/AIDS, *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (Geneva: UNAIDS, 2005) 86.

[28] Ibid., 87.

[29] United Nations General Assembly, Special Session on HIV/AIDS, *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators*, 2008 Reporting (Geneva: UNAIDS, 2007), 109; United Nations General Assembly, Special Session on HIV/AIDS, *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators*, 2010 Reporting (Geneva: UNAIDS, 2009), 102.

[30] The five countries were Angola, Honduras, Nepal, Slovenia and Ukraine. A closer analysis of the narrative reports from these countries may give 'legitimate' reasons for the stated lack of political leadership of the AIDS Councils in these countries, but such an analysis was not possible for this article. UNAIDS, *2008 progress reports submitted by countries* (last visited November 15, 2010). Available at: http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2007CountryProgressAllCountries.asp.

[31] Matthew Warner-Smith, Deborah Rugg, Luisa Frescura, and Saba Moussavi, "Monitoring the 2001 Declaration of Commitment on HIV/AIDS." *Journal of AIDS* 52, supp. 2 (December 2009): 79.

[32] Ibid., 80-81.

[33] AIDS Accountability International, *The AIDS Accountability Country Scorecard Report 2008* (Stockholm: AIDS Accountability International, 2007-2008), Available at: http://aidsaccountability.org/wp-content/uploads/2009/03/country-scorecard-report-2008.pdf.

[34] Ibid. Over half of the countries failed to report any of the data that make up two or more of the eight scorecard elements.

[35] This data had not yet been made publicly available by UNAIDS at the time of writing.