

Framing AIDS: Securitization, Development-ization, Rights-ization

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What determines whether or not global health problems become global political priorities? In recent years the global health governance literature, drawing on earlier constructivist work on 'framing,' has begun to examine precisely these issues and to develop more nuanced explanations of prioritization in global health. This paper takes those explanations and supplements them with the work of the Copenhagen School which argues that 'securitization' offers a means of lifting issues above 'mere politics,' generating political priority in the process. Through an analysis of four of the key global statements around HIV and AIDS (the health issue which has been most widely prioritized) over the past decade, the paper identifies evidence of three of the most prominent framings of the AIDS problem: namely AIDS as a development issue, as a human rights issue, and as a security threat. It finds that the development frame is by far the most prominent in these documents, that the security frame is deployed surprisingly infrequently, and that the human rights frame occurs largely in the context of the modality of response rather than being presented as a reason for prioritization per se. These findings allow for the existing explanations of prioritization to be supplemented and some additional insights to be drawn on the importance of agency, ideas, political context, and the characteristics of the issue itself. The paper finishes by looking ahead, suggesting appropriate strategies for AIDS advocates to employ in the current political context of global health and development.

INTRODUCTION

What determines whether or not global health problems become global political priorities? The question is more difficult to answer than it first appears. Certainly we would intuitively expect the severity of the issue to play a major part, but severity does not offer a sufficient explanation. Some of the health problems which are responsible for the most deaths¹—from respiratory infections to infant diarrhoea—continue to be neglected as global issues. Yet some of the other most pressing global health challenges of our time, including HIV and AIDS on which this article focuses, have attracted significant attention and resources.

Realists tell us that states will prioritize issues when they feel that their vital interests are at stake,² and that the perceived interests of rich and powerful states will ultimately determine the global agenda. It is certainly possible to think of cases in which perceived threats to the West have indeed led to important developments in global health governance—the effects of the SARS outbreak of 2002-3 on reinvigorating the stalled negotiations on the revision of the International Health Regulations, for example, were widely noted.³ In a globalized world, however, it is not necessarily self-evident when a particular health issue affects the interests of a particular state. What is needed, then, is an understanding of interest formation: why states collectively come to prioritize and act upon some health issues but not others.

In recent years the global health governance literature, drawing on earlier constructivist work on 'framing,' has begun to examine precisely these issues and to

develop more nuanced explanations of prioritization in global health. The work of Shiffman and Smith, and more recently of Labonté and Gagnon, has been particularly noteworthy in this regard.^{4,5} Both have examined the ways in which framing has been used to prioritize health issues—in Shiffman and Smith’s case at the global level, in Labonté and Gagnon’s case at the domestic level. Both have also noted the existence of multiple potential frames available to those seeking to raise the profile of a health issue in policy debates, and have offered valuable discussions of the circumstances in which particular framings are influential.

Security Studies, in particular the branch of Security Studies known as the ‘Copenhagen School’, has also engaged with the issue of prioritization. It offers an answer to the prioritization question which is similar (although more limited) and in many ways compatible: that ‘securitization’—reframing something as a security issue—can lift it above politics and make the issue “so important that it should not be exposed to the normal haggling of politics but should be dealt with decisively by top leaders prior to other issues.”⁶

This article seeks to test these explanations of prioritization through an analysis of some of the key moments in the process of HIV and AIDS’ ascendancy to a level of political attention unprecedented for a global health issue. Through an analysis of four key global statements on HIV and AIDS from the last decade, the article looks at the claims put forward by both the Copenhagen School and by Shiffman and Smith/Labonté and Gagnon. The argument here is that the latter are right to cast the ideational net wider than security. Other frames can be equally influential, and at least in the HIV and AIDS case security does not seem to have been the ‘trump card.’ In fact, framing AIDS as an international development problem—what we might call ‘development-ization’—and as a threat to human rights has played a far more important part in securing its place on the global political agenda in the first decade of the 21st century.

FRAMING, SECURITIZATION, AND PRIORITIZATION

In their article in the *Lancet*, Shiffman and Smith correctly noted the absence of research into the determinants of global health priorities and proposed a framework for understanding why particular global health initiatives receive (or do not receive) political support. They proposed four categories to guide such an analysis: “the power of the actors involved, the ideas used to portray the issue, the nature of the political contexts in which they operate, and the characteristics of the issue itself.”⁷ Breaking these categories down further, they set out 11 factors which, they argued, shape the likelihood of an issue becoming a global political priority. These factors include the nature of the actor(s) forwarding the issue (the coherence of the advocacy network; the presence of effective leadership and organizations; civil society engagement), the ways in which such actors frame the issue and the extent to which this resonates both within the advocacy network and with the external audience;⁸ the political context (the existence of favourable global conditions; the presence of a coherent global governance context for the issue); and the characteristics of the issue itself (the existence of credible indicators of the scale of the problem; the severity of the problem itself; the existence or otherwise of effective interventions).⁹ For Shiffman and Smith these factors combine to increase the likelihood of an issue becoming a political priority. Whilst no one factor is in itself necessary or sufficient, each enhances the likelihood of prioritization.

Unlike Shiffman and Smith, Labonté and Gagnon’s focus is upon domestic policy debates, although they pursue a similar idea of analyzing alternative framings

of health in order to understand the ways in which health has been constructed as a foreign policy issue. Their aim is explicitly to strengthen the base for “those who are attempting to argue for health in a variety of foreign policy settings.”¹⁰ The particular frames which Labonté and Gagnon focus upon are security, development, global public goods, trade, human rights and ethical/moral considerations. In contrast to Shiffman and Smith, Labonté and Gagnon do not begin with a framework for understanding prioritization but rather work inductively, examining key policy documents for evidence of the various frames which they have identified as being prominent. Their findings

Support conventional international relations theory that most states, even when committed to health as a foreign policy goal, still make decisions primarily on the basis of the ‘high politics’ of national security and economic material interests. Development, human rights and ethical/moral arguments for global health assistance, the traditional ‘low politics’ of foreign policy, are present in discourse but do not appear to dominate practice. (Labonté and Gagnon, 2010)

Many would expect this high/low politics divide to be replicated at the global level, and that economic interests, and even more so security concerns, would be ‘trump cards’ in terms of achieving political priority. The Copenhagen School of Security Studies base their concept of securitization precisely on such insight: that framing something in terms of security is the most effective way of precipitating a large-scale response (although they are careful to stress that this may not be a desirable response). Thus, issues which have not traditionally been seen in security terms can be constructed as security issues which, Buzan, Waever & de Wilde argue, “is the move that takes politics beyond the established rules of the game and frames the issue either as a special kind of politics or as above politics.”¹¹ Central to the idea of securitization is that the successful transformation of something into a security issue legitimizes the adoption of an exceptional emergency response. Securitization theory does not tell us what that response will be, but the clear implication is that it will involve the mobilization of significant attention and resources. The ‘facilitating conditions’ which Buzan, Waever and de Wilde set out for a successful securitizing move are strikingly similar to those identified by Shiffman and Smith in relation to other framings. Buzan, Waever and de Wilde similarly stress the nature of the securitizing actor (noting that not all securitizing actors are equal), the importance of social conditions (“the relationship between speaker and audience and thereby the likelihood of the audience accepting the claims made in a securitization attempt”), and the characteristics of the issue itself.¹²

These approaches, then, have much in common. Copenhagen School followers would no doubt wish to argue that ‘security’ is not just any old idea, but an unusually powerful one, and Labonté and Gagnon’s findings seem to corroborate this claim. There does not seem, however, to be any logical reason why this fact could not be incorporated within Shiffman’s framework through the simple recognition that the ‘security’ frame might resonate more strongly than alternative frames with certain audiences. The question which this paper now moves on to address is which frames are most prevalent in some of the most significant global statements on HIV and AIDS.

THE MULTIPLE FRAMINGS OF AIDS

In a separate paper, Shiffman has highlighted both the strategic nature of framing by actors seeking to forward a particular issue, and the fact that health issues are often amenable to being framed in multiple ways. He cites five ways in which HIV/AIDS has been framed at various times and for various purposes: “as a public health problem, a development issue, a humanitarian crisis, a human rights issue and a threat to security.”¹³ Shiffman notes that different frames may resonate with different audiences; that the credibility of the framing is important; and that the existence of institutions supporting particular framings can be crucial (therefore replicating the categories included in his framework with Smith, discussed above). What he does not do, however, is empirically examine the question of which frames have been particularly influential at the global level (a question which Labonté and Gagnon do address, but only in the national policy-making context). This paper picks up that baton through an analysis of the prevalence of three of the major framings of HIV and AIDS—security, international development, and human rights—in four of the major global statements on the AIDS pandemic, as identified by UNAIDS. Combining the constructivist work on the framing of health with securitization theory leads to a working hypothesis that the security frame will provide a particularly strong motivation for international prioritization (and will thus be evident in these major statements), and that human rights and development might be important, but would not be expected to precipitate the same type of large-scale ‘emergency’ response. To put the same point in other terms (as Labonté and Gagnon do), we would expect the ‘high politics’ of national security to outweigh the ‘low politics’ of development and human rights.

Such a hypothesis is not confined to the realms of academic theorizing. We know, for example, that the then-Executive Director of UNAIDS, Dr Peter Piot, saw the successful inclusion of AIDS on the UN Security Council’s agenda in 2000 as a major achievement in terms of raising the political profile of AIDS as a global issue. As he later recalled:

When we look at the history of the fight against AIDS, there is no doubt that resolution 1308 (2000) is a milestone in the response to the epidemic. By underscoring the fact that the spread of HIV/AIDS, if unchecked, may pose a risk to stability and security, the Security Council ... has transformed how the world views AIDS.¹⁴

Piot may be correct that Resolution 1308, which rested upon framing AIDS as a threat to international peace and security, was a major milestone. However, it was only one of several such milestones, and the question is whether, when these other milestones are also taken into account, the security framing can indeed be said to have been more influential in terms of prioritizing AIDS than other competing framings.

METHODS

UNAIDS’s website includes a page on the United Nations’ ‘Goals, Declarations and Resolutions on AIDS’¹⁵ which notes:

Through a series of goals, resolutions and declarations adopted by member nations of the United Nations, the world has a set of commitments, actions and goals to stop and reverse the spread of HIV

and scale up towards universal access to HIV prevention, treatment, care and support services. (UNAIDS, 2010)

The website goes on to identify four documents in particular which have characterised the unprecedented global commitment to HIV and AIDS: Security Council Resolution 1308 (2000); the Millennium Development Goals (2000); the Declaration of Commitment on HIV/AIDS (2001); and the Political Declaration on HIV/AIDS (2006).

This paper presents a textual analysis of each of these documents in chronological order (supplemented in the MDG case by the Secretary-General's report to the General Assembly, *We the Peoples*), in each case situating the document within the relevant policy and institutional context before moving on to examine the extent to which the framing of HIV and AIDS in terms of security, development, and human rights is evident in the texts. The subsequent discussion will return to examine the claims of Shiffman and Smith, Labonté and Gagnon, and the Copenhagen School about prioritization in the light of these findings.

Whilst such a textual analysis may provide important insights about the relative influence of these different framings of AIDS, it is important from the outset to be clear about the limitations of such a methodology. First, there is of course the potential for selection bias resulting from the initial selection of documents to be analyzed. Given that the nature of the forums within which global health debates are carried out has a major impact upon which frames resonate (and therefore which frames agents seek to use), there is a danger that a given selection of documents is not representative of the overall global discourse around HIV and AIDS. In an attempt to overcome this problem the paper examines four documents which have been identified by UNAIDS as particularly significant global commitments, goals, and declarations. The centrality of these documents to the global governance of HIV and AIDS over the past decade has been confirmed in numerous key informant interviews and by the existing literature. All of these documents, however, have their origins within the United Nations (although both the General Assembly and the Security Council are represented). An important future expansion of this analysis would be to examine documents from other sources. Examples might include non-UN multilateral fora (the G8, for example) or global health partnerships such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Second, there is always a danger in taking the language included in formal statements and declarations at face value. Such texts are always written with a particular purpose and audience in mind, and may not correlate perfectly with real underlying motivations. The reasons why these documents say AIDS should be a priority may not be perfectly aligned with the reasons states had for supporting them. Indeed the constructivist literature has often noted instances where frames have been manipulated for strategic purposes—often called 'frame distortion'—and the consequent difficulty in determining the sincerity of a given instance of framing.¹⁶ Nevertheless, there are good reasons for believing that the texts can tell us something useful about the relative weight of different framings of AIDS. Firstly, each text is the result of a lengthy negotiation process (in some cases highly contested processes). Frames which are seen by the negotiators as unhelpful or non-credible are likely to fall by the wayside during such a process. Secondly, the frames which do make it through to the final document may in many cases actually be representative of the motivations behind that document. The Millennium Development Goals, for example, were clearly agreed in order to improve progress on international development. Thirdly, the high status of each of these four documents

has the effect of legitimizing the claims which they contain. They have all become important 'touchstones' in subsequent political discourse. The framings which they embody have therefore taken on lives of their own, setting the contours of the landscape on which subsequent debates have been carried out.

ANALYSIS

*UN SECURITY COUNCIL RESOLUTION 1308*¹⁷

Resolution 1308, principally the result of an initiative by Richard Holbrooke (the then-US Ambassador to the UN) along with Peter Piot of UNAIDS, was the end product of a number of discussions held by the Security Council on the subject of HIV/AIDS in 2000. The original text of the resolution was drafted by the US but was amended and substantially shortened during the negotiation process, in particular to remove material which was unacceptable to some Council members and to maximize the chances of consensus on the text.¹⁸

According to its mandate under the UN Charter, the Security Council is the body given the "primary responsibility for the maintenance of international peace and security." It was inevitable, then, that the Council's resolution on HIV/AIDS would focus overwhelmingly on its international peace and security aspects, and this is reiterated in the text of the resolution itself which includes in the Recital:

*"Bearing in mind the Council's primary responsibility for the maintenance of international peace and security."*¹⁹

Other framings of AIDS, such as human rights and development, would fit more naturally under the remits of other UN organs, and indeed the roles of the General Assembly and the Economic and Social Council in relation to HIV/AIDS are specifically mentioned in the text of the resolution, as are the efforts by UNAIDS "to coordinate and intensify efforts to address HIV/AIDS in all appropriate forums."²⁰

Security

The text focuses almost entirely on the security aspects of HIV/AIDS. It notes the pandemic's "possible growing impact on social instability and emergency situations,"²¹ the fact that the pandemic is "exacerbated by conditions of violence and instability,"²² and that it may "pose a risk to stability and security."²³ No source is given to support these claims. Rather, they are presented in the text as unproblematic truths (although the strength of the evidence underpinning them has subsequently been examined in much more detail,²⁴ and in some cases found wanting²⁵). The Resolution concentrates for the most part (particularly in the operative paragraphs 1-6) on the impact on peacekeeping personnel, a topic which lies uncontroversially within the Security Council's mandate.²⁶ It sets out various measures to be put in place vis-à-vis peacekeeping troops, including testing and counselling, pre-deployment training, and treatment.

Human Rights

The Resolution makes no explicit reference to human rights. It does, however, make two references to the need for "voluntary and confidential testing and counselling."²⁷ This linguistic formulation is closely linked to debates (many of which

revolved around human rights concerns) about the appropriate models for HIV testing of both general populations and military personnel. This is, then, an occasion on which human rights ideas are “doing work in the background” but they go unacknowledged in the text, and are not therefore used as a way in which to frame HIV and AIDS.

International Development

The resolution’s only engagement with international development is that it notes the Economic and Social Council’s (ECOSOC) earlier meeting on the development aspects of the pandemic with approval,²⁸ clearly signalling that: i) whilst the Security Council’s focus is on international peace and security (due to its mandate), the pandemic also poses serious international problems in other ways, and ii) these are being addressed by the appropriate UN System bodies. The resolution itself, however, does not frame HIV/AIDS as a development problem.

MILLENNIUM DEVELOPMENT GOALS²⁹

Unlike the other three texts analyzed here, the MDGs do not focus solely on HIV and AIDS. Furthermore, unlike the other two General Assembly texts analyzed here (but like the Security Council resolution), the MDGs are specifically and explicitly related to one of the frames under investigation, namely international development.

The inclusion of HIV and AIDS amongst the MDGs is perhaps the most concrete embodiment of the success of the development framing, and has been responsible for driving much of the increase in resources devoted to AIDS over the past decade. A huge range of international actors—from the World Bank and UN agencies to national overseas development ministries—formally align their goals with those set out in the MDGs, and new agencies, including the Global Fund, have been created specifically to address MDG targets.

There was, however, nothing natural or pre-ordained about the inclusion of HIV/AIDS in the MDGs. As David Hulme points out,³⁰ HIV/AIDS had not been included in previously negotiated sets of targets, with the OECD-DAC’s International Development Goals (effectively the forerunner of the MDGs) making no explicit mention of HIV/AIDS in the 7 targets it set out. Yet the General Assembly’s Millennium Declaration pledged by 2015 to have “halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity,”³¹ and this commitment was carried through in the Goals, Targets, and Indicators which were eventually produced in 2001³² in order to implement the broad goals set out at the Millennium Summit.

What the Millennium Declaration does not do, however, is set out clearly the reasons why the General Assembly considered HIV/AIDS to be a priority. Self-evidently the Declaration draws upon a framework rooted in development, and in various places the document also makes references to peace and security (e.g. paras. 4, 6, 8, 9, 30) and human rights (e.g. paras. 4, 6, 9, 24, 25), yet in and of itself it gives little insight into the explanation for the prioritization of HIV. For this explanation we need to look back to *We the Peoples*,³³ Secretary-General Kofi Annan’s report to the General Assembly ahead of the Millennium Summit, from which the final declaration was drawn. Hulme³⁴ attributes the inclusion of HIV/AIDS in the MDGs largely to the personal view of UN Secretary-General Kofi Annan and some of his close advisors (especially John Ruggie, according to James Traub’s account)³⁵ that

HIV/AIDS is a key obstacle to development. As a consequence, Annan included HIV/AIDS in the list of proposed development targets which he set out in *We the Peoples*. Indeed such is the emphasis on HIV/AIDS in that report that Hulme notes that “a Martian reading the final chapter of *We the Peoples* could reasonably conclude that HIV/AIDS was the only health problem facing the Earth’s poor people.”³⁶ Although other goals proposed by Annan fell by the wayside, HIV/AIDS was adopted by the General Assembly. Thus, the textual analysis here focuses on the Secretary-General’s report rather than the subsequent General Assembly Millennium Declaration.

Security

We the Peoples notes that HIV “is rapidly becoming a social crisis on a global scale,”³⁷ a statement which could be interpreted as pointing to the potential impact of the disease on state stability, but it does not make any further comment about the security implications of HIV and AIDS. More generally, however, the report does point to the link between development and security, the concept of ‘human security’, and the importance of adopting a wider understanding of security.

Human Rights

The section of the report dealing specifically with HIV does not utilise a human rights framing. But again, elsewhere in the report the importance of human rights is a regular theme. Indeed the report provides the results of a survey which found that “most people around the globe consider the protection of human rights to be the most important task for the United Nations. The younger the respondents, the greater the importance assigned to this goal.”³⁸ Thus, whilst a concern with rights is certainly not absent from the document, it is not presented specifically as a reason for the prioritization of HIV.

International Development

It is international development which is overwhelmingly deployed as the explanation for the Secretary-General’s inclusion of the need to combat HIV/AIDS in the report. In the first instance this is set in the context of a broader concern with promoting health (“Better health ... stimulates economic growth while reducing poverty and income inequality;”³⁹ “Lack of access to basic health care is one of the main reasons poor people stay poor”⁴⁰). It is following these statements, however, that the Secretary-General goes on to make a key move in terms of prioritizing HIV/AIDS. After mentioning a small number of health-related challenges (low spending on healthcare; a lack of research into neglected diseases such as pneumonia, diarrhoea, tuberculosis and malaria; a lack of access to drugs, vaccines and other basic interventions) the report makes the following striking statement:

It is beyond the scope of this report to explore all of these challenges. I wish here to focus on a specific health crisis that threatens to reverse a generation of accomplishments in human development, and which is rapidly becoming a social crisis on a global scale: the spread of HIV/AIDS. (Kofi Annan, 2000)

This statement, and the discussion which follows it, is arguably *the* key move in terms of the prioritisation of AIDS via inclusion in the MDGs. Crucially, it is the international development aspects of AIDS which are highlighted in this section of the text (which focuses strongly on Africa). In addition to noting that HIV/AIDS “threatens to reverse a generation of accomplishments in human development”⁴¹ the report explicitly links it with other development challenges such as education and nutrition.⁴²

DECLARATION OF COMMITMENT ON HIV/AIDS⁴³

The Declaration of Commitment on HIV/AIDS was adopted by UN member states at the General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001. The UNGASS was deliberately designed to address “HIV/AIDS in all its aspects”, and as such it is to be expected that a far wider selection of frames would be in evidence than was the case with either Security Council Resolution 1308 or the MDGs.

The Declaration of Commitment has been widely seen as a major milestone in the global response to AIDS.⁴⁴ Speaking at the time, then-Secretary General Kofi Annan said that the UNGASS “is historic for two reasons:”⁴⁵

First, the level of attendance shows that the world is at long last waking up to the gravity of the HIV/AIDS crisis. And second, the Declaration that will be adopted later this afternoon provides us with a clear strategy for tackling it.

It is clear that all political leaders in important areas of both the developed and the developing countries are now taking this challenge very, very seriously. (Annan, 2001)

This sentiment was echoed by Harri Holkeri, President of the General Assembly, who described the Declaration of Commitment as “the first global “battle plan” against AIDS.”⁴⁶ In subsequent years the Declaration’s status as an important touchstone has been maintained, and (as with the MDGs) attempts have been made to measure progress made against the commitments which states adopted in the Declaration.⁴⁷

The text of the Declaration begins with a wide-ranging discussion of the nature and extent of the global AIDS problem under the heading ‘Global Crisis – Global Action’, and this section features a number of important statements which frame AIDS in a variety of different ways. The Declaration then goes on to set out ten priority areas for progress, and under each priority a number of targets and commitments are identified.

Security

The security framing of HIV/AIDS is evident in some statements in the text. The Declaration points in particular to sub-Saharan Africa, noting that HIV/AIDS represents a “state of emergency” in the region and that it threatens social cohesion and political stability (para. 8). The Declaration, however, spends far more time addressing the reverse causality: that conflict can “exacerbate the spread of the epidemic” (para 12). Indeed it includes a section (paras. 75-8) on ‘HIV/AIDS in conflict and disaster-affected regions’ which calls on agencies providing assistance in

such regions to incorporate HIV/AIDS-related activities into their programmes, and commits states to put in place programmes aimed at raising awareness and addressing the spread of HIV amongst their national militaries, including those involved in international peacekeeping operations. Given the clear echoes here of Resolution 1308, it is perhaps notable that the Declaration of Commitment makes no mention of the Security Council's earlier resolution on HIV/AIDS.

Human Rights

At the beginning of the document (para. 2) the HIV/AIDS epidemic is referred to as “one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights.” The importance of respecting and promoting human rights in the HIV and AIDS response, in particular the rights of people living with HIV and AIDS, is one of the major themes of the Declaration of Commitment and runs through almost every section of the document (e.g. para. 16). An entire section (paras.58-61) is devoted specifically to human rights, committing states to putting in place anti-discrimination legislation and promoting the rights of women (including the rights to have control over issues related to their sexuality, to be protected from violence against women, and to be provided with health services). The rights of other sections of the community, including children (para. 66) and workers (para. 69), are referred to in other parts of the text.

Perhaps most radically, the issue of access to medications is presented in the text as a human rights issue, with paragraph 15 stating that:

Access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (Annan, 2001)

International Development

International development is a similarly prominent frame in the Declaration of Commitment. The text puts a significant amount of emphasis on the fact that the burden of HIV/AIDS falls disproportionately on developing countries (e.g. para. 3). As with security, the text addresses both directions of causality: poverty and underdevelopment as a factor in increasing the spread of HIV, and HIV and AIDS as obstacles to social and economic development. Paragraph 11 illustrates this most clearly, in:

recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries. (Annan, 2001)

Development is also the focus of one entire section of the Declaration (paras. 68-9). While framing the HIV and AIDS problem as a development problem, the Declaration also places the necessary global response squarely within an international development context. The MDGs are specifically invoked (in para 5) and the final section of the Declaration—‘Resources’ focuses primarily on the need for increased Overseas Development Assistance in order to effectively combat the

pandemic. Here, and indeed throughout the text, HIV and AIDS are deliberately set within a wider development framework which includes not only poverty and health but also issues such as education, national debt, and the policies and budgets of developing countries themselves.

POLITICAL DECLARATION ON HIV/AIDS⁴⁸

The Political Declaration on HIV/AIDS was adopted by the UN General Assembly on the occasion of the 5-year review of the 2001 Declaration of Commitment. Given the fact that many of the commitments incorporated in the original Declaration of Commitment were due to have been met by 2005, this was an important occasion. The Political Declaration is, however, a significantly shorter document than its predecessor. Nevertheless, many of the same frames are evident, and in a number of areas the language directly (and deliberately) echoes that used in the earlier Declaration.

Security

The Political Declaration makes only one reference to the security framing, in paragraph 3, which notes that:

HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response. (UN General Assembly, 2006)

Human Rights

Like the Declaration of Commitment, the Political Declaration refers to both the human rights implications of HIV and AIDS and the need to respect human rights in national and international responses. Again the need to work against stigma and discrimination is highlighted (paras. 11, 15 and 29), women's rights are specifically addressed (para. 31), and access to medication is linked to the "right of everyone to the enjoyment of the highest standard of physical and mental health" (para. 12).

International Development

The same pattern of repetition of the key elements of the Declaration of Commitment is also present in relation to the international development frame. The disproportionate burden on developing countries is repeated, although notably the figures have worsened from 90% of people living with HIV/AIDS living in developing countries at the time of the 2001 Declaration, to more than 95% in the Political Declaration five years later (para. 2). HIV/AIDS is again presented as a threat to development (para. 3), and the MDGs are again invoked (paras. 13 and 18). The importance of addressing HIV and AIDS in national development plans (para.21) and in ODA (para. 31) is again highlighted.

DISCUSSION

The security, human rights, and development frames have all been apparent in the texts analyzed here. Perhaps surprisingly, however, security was the least prevalent frame. Clearly it was the central focus of the Security Council's resolution on AIDS, but the same types of claims—that AIDS threatens peace and security or that it may undermine the effectiveness of military and security services—were not a significant feature of the other key documents and statements. Indeed the General Assembly did not even refer to the earlier Council resolution. Outside the Security Council, then, the security framing of AIDS does not appear from the texts analyzed here to offer an explanation for the high level of priority which has been afforded to AIDS over the past decade. The frameworks introduced earlier in this paper offer at least two potential explanations for this.

The first is that the credibility of the securitizing claims made around AIDS was in doubt (both Shiffman and Smith and the Copenhagen School identify the characteristics of an issue as being crucial to the success of framing/securitization). A number of questions can be raised about the (perceived) credibility of the security framing. Even within the Council in 2000, the level of consensus over AIDS's status as a genuine security issue was always shaky and this was subsequently undermined by doubts raised over the evidence underpinning many of the key securitizing claims.⁴⁹ Thus one possible explanation for the relatively low profile of the security frame in the subsequent global discourse is that, particularly outside the Security Council, it was not felt to be a credible way of framing AIDS, and that alternative frames were seen to be more promising in terms of securing support.

The second potential explanation is the issue of political and institutional context. The differing mandates of the Security Council and the General Assembly privileges certain framings within their institutional discourses. Yet there is a wider political context too. One of the factors which Shiffman and Smith identify as helping to explain prioritization is the existence of 'policy windows.' And indeed they specifically identify the Millennium Development Goals as having "helped with the opening of policy windows for some of the causes included."⁵⁰ The references to the MDGs (and indeed development's status more generally as a dominant frame in three of the four documents analyzed here) certainly suggest that the opening of this policy window played a major role in bringing about the prioritization of AIDS as a global health issue. The MDGs constituted a major shift in the global landscape, elevating international development to a status which it had not previously enjoyed. It might not have been recognized by everyone at the time but, as David Hulme has noted:⁵¹

Getting into the [General Assembly's Millennium] Declaration would create an unprecedented opportunity – if 'your goal' was in the Declaration then it would automatically be on the agenda at national and international meetings for years to come. (Hulme, 2009)

And, we could add to that, "your goal" would be framed primarily in international development terms for years to come. This offers a challenge to the traditional divide between 'high' and 'low' politics which Labonté and Gagnon (and, albeit in a different language, the Copenhagen School) identify. What happened around the turn of the millennium was the emergence of international development as a genuinely powerful political cause. Development may not quite have reached the status of 'high politics', but to dismiss it as merely 'low politics' is to miss the

significance of what happened. Thus Labonté and Gagnon's findings about the nature of domestic foreign policy debates, whilst no doubt correct in that context, may not be directly applicable to the global level. Different frames resonate with different audiences, and international development appears on the basis of the analysis here to resonate strongly within the General Assembly (and, given the huge attention and resources the MDGs have attracted, perhaps even the international community more broadly).

The evidence about the human rights frame suggested by these documents is somewhat different. In the human rights case the difficulty in discriminating between 'mere rhetoric' and the underlying motivations for prioritization is even more acute. Human rights have been central to debates around HIV and AIDS from the very earliest days of the epidemic, and as a result it is rare to find any document that does not include some statement about the centrality and importance of rights. The human rights frame is indeed strongly evident in some of the documents examined here, especially the Declaration of Commitment and the Political Declaration--and the threat which HIV and AIDS pose to human rights is on occasion invoked. The link which is made in both documents between access to medications and the right to health is perhaps the most politically charged of these statements. Yet the primary way in which human rights language is used in the texts examined here is not as a reason for prioritization, but rather as an important consideration in guiding the global response and the nature of interventions at all levels. In other words, the human right to health is not generally put forward as a reason to prioritize AIDS, but rather rights around issues such as non-discrimination, protection from violence, and informed consent are presented as something which must be borne in mind during AIDS interventions *once prioritization has been achieved*.

CONCLUSIONS

Bearing in mind the comments made above regarding the limitations of the methodology adopted here, it nevertheless seems that some interesting insights about the different framings of AIDS can be drawn in relation to both the existing academic analysis and AIDS advocacy efforts.

In terms of the former, the findings here on the HIV and AIDS case seem to broadly confirm the framework which Shiffman and Smith put forward in their *Lancet* article on maternal mortality. Here, though, the puzzle is reversed: the question is not 'why hasn't the issue become a priority' (the question which Shiffman and Smith addressed, although subsequently the issue they examined has received far more attention) but rather 'why has AIDS come to dominate the global health discourse.'

The first comment to make is that multiple framings of HIV and AIDS are clearly in evidence in the global discourse. It is clearly problematic to draw a direct link between the prevalence of a frame and its actual influence on subsequent actions. Neither is it the case that different frames are necessarily in conflict. Some would argue, for example, that there is a strong link between international development and security, and that both can be augmented through the same actions. Indeed a strong argument could be made that part of the reason for the prioritisation of HIV is that it has been framed in multiple ways for different audiences. Yet clearly these different framings can in some cases come into conflict, and importantly particular frames can have a powerful influence on the shape of policy debates and on eventual policy outcomes. As Labonté and Gagnon put it, each

frame “sets the boundaries of problem-definition and intervention.” The practical implications of these competing frames form the basis of an ongoing research project of which the author is a part.

Secondly, agency is important. A number of examples have been seen here, from Holbrooke and Piot’s deliberate reframing of HIV/AIDS as a security issue to the inclusion of HIV/AIDS in *We the Peoples*.

Thirdly, the institutional context within which a discourse is carried out has a significant effect on which frames actors seek to utilize (e.g. the security framing was a prerequisite for getting on the Security Council agenda), as well as which will resonate within that institution. The peculiarities of particular institutional cultures make a difference too: one of the features of UN-based discourse is a tendency to look back and to repeat and refer to previous commitments, and there was much evidence of that here. In this way statements get recycled from one document to the next, a phenomenon particularly evident in the Political Declaration’s use of language from the Declaration of Commitment. Given this, it is surprising to see that the security frame, and more specifically Resolution 1308 which is perhaps its most concrete embodiment, was not recycled through the other documents in the way that might be expected. Rather, the security framing seems to have reduced in prevalence over time.

Fourthly, ‘policy windows’ matter. The constructivist literature elsewhere has used the concept of “world time” to describe how the political context can change rapidly, opening up opportunities for those seeking to forward particular ideas.⁵² This seems to offer an explanation for the rapid rise of international development as a political priority around the turn of the millennium—a rise which took with it some of those issues which became identified as key development challenges.⁵³ There are also interesting lessons to be learned here about the “agenda-setting power of agenda-setting.” As quoted above, Hulme has noted that inclusion in the MDGs had a major impact in securing HIV and AIDS’ place on the agenda at subsequent events. Yet similar things can also be seen in some of the other texts: the Declaration of Commitment, for example, commits states to devote time in the annual General Assembly session to a report from the Secretary-General on progress made in relation to the Declaration (para 100) and to “ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings” (para. 101). Thus momentum is built up behind certain issues and path dependencies are established in which the inclusion of particular items on an agenda becomes, if not inevitable, at least expected. This is not to say that this is set in stone—priorities can be deconstructed as well as constructed, or can be simply overtaken by new issues—but maintaining priority is often easier than gaining it in the first place.

Fifthly, the characteristics of an issue matter and can influence framing in various ways. They can reduce the resonance of certain frames (as the lack of evidence for some of the key securitizing claims seem to have undermined the security frame) but can also benefit others (it would be generally expected that any global statement on AIDS would pay due attention to human rights, for example).

Finally, given the multiple frames which have been used over time, it is interesting to raise the question of how those advocating for the continuing prioritization of AIDS should be framing the pandemic to keep it at the top of political agendas. As noted above, the broader political context is crucially important to the success or failure of such advocacy. It cannot be assumed that the frames which were influential a decade ago will be similarly influential in the future. While it seems that international development is likely to remain a significant focus of global attention for the

foreseeable future, it is important for advocates to respond to the ways in which the discourse around health and development is changing and to position AIDS accordingly. Here I briefly outline the importance of two contemporary shifts in that discourse.

The first is that the global health agenda currently seems to be moving from an emphasis on vertical disease-specific programmes towards broader Health System Strengthening efforts. This is not necessarily bad news for HIV and AIDS—successfully combating AIDS relies, after all, on functioning health systems—but it may lead to a reduction in earmarked AIDS-specific funding. The AIDS community, therefore, needs to make a clearer case about the benefits AIDS-focussed interventions bring for broader health system issues, and to allay the fears of some that disproportionate investments in AIDS are actually distorting domestic health priorities. In short, AIDS interventions need to be promoted (and AIDS needs to be framed) as part of the answer to the health systems problem, not as an either/or alternative to strengthening health systems.

The second, which is related, concerns the links which are increasingly being drawn between MDG6 (HIV/AIDS, malaria and other diseases) and the other MDG targets (especially the two other health-related MDGs, 4 and 5: maternal health and child mortality). The 2010 MDG Summit was seen by many as signalling a significant shift towards maternal and child health, neither of which had previously enjoyed the same level of prioritization as AIDS. Some of the key agencies addressing HIV and AIDS have already begun stressing the links between their work and these other MDG targets. UNAIDS, for example, has promoted the idea of ‘AIDS plus MDGs’, an approach that “recognizes and maximizes the AIDS response as essential to achieving the MDGs, and conversely, supports the role of the MDGs in achieving universal access to HIV prevention, treatment, care, and support.”⁵⁴ The Global Fund has also been vocal in highlighting the links between MDGs 4, 5, and 6, and at its April 2010 meeting the Board committed itself to “work with partners in exploring ways to further enhance and integrate the Global Fund’s contributions in this area.”⁵⁵ Forwarding the case for these synergies seems likely to be even more important from now on. A further push on stressing the broader development benefits of combating HIV is likely to be a good strategy for the next five years, and help to secure AIDS’s place in whatever follows the MDGs.

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¹ WHO. “The top 10 causes of death,” 2010. Available at: <http://www.who.int/mediacentre/factsheets/fs310/en/index.html> (accessed 5 December 2010).

² e.g. Robert J. Art. “The strategy of selective engagement” in *The use of force: military power and international politics*, ed. Robert J. Art, Kenneth N. Waltz, 6th edn. (Lanham, MA: Rowman and Littlefield, 2004), 303.

- ³ David P. Fidler. "Germs, governance, and global public health in the wake of SARS", *J. Clin. Invest.* 113 (2004): 799–804
- ⁴ Ronald Labonté and Michelle Gagnon. "Framing health and foreign policy: lessons for global health diplomacy," *Globalization and Health* 6 (2010):14.
- ⁵ Jeremy Shiffman and Stephanie Smith. "Generation of political priority for global health initiatives: a framework and case study of maternal mortality," *The Lancet* 370 (2007): 1370-79.
- ⁶ Barry Buzan, Ole Waever, and Jaap de Wilde. *Security: A New Framework for Analysis* (Boulder, CO: Lynne Rienner, 1998),29.
- ⁷ Shiffman and Smith, "Generation of political priority," 1370.
- ⁸ The concept of 'resonance' is fundamental to theoretical work on framing. See, e.g., D.A. Snow and R.D. Benford. "Ideology, Frame Resonance and Participant Mobilization," *International Social Movement Research* 1(1988), 197-219.
- ⁹ Shiffman and Smith, "Generation of political priority," , p.1371.
- ¹⁰ Labonté and Gagnon, 'Framing health and foreign policy,' p.1.
- ¹¹ Buzan, Waever and de Wilde, *Security*, p.25.
- ¹² Buzan, Waever and de Wilde, *Security*, p.31-3.
- ¹³ Jeremy Shiffman. "A social explanation for the rise and fall of global health issues," *Bulletin of the World Health Organization* 87 (2009), 609.
- ¹⁴ UN Security Council. S/PV.5228 (18 July 2005), p.5.
- ¹⁵ UNAIDS. "Goals, United Nations Declarations and Resolutions," 2010. Available at: <http://www.unaids.org/en/AboutUNAIDS/Goals/default.asp> (Accessed on 4 December 2010).
- ¹⁶ Rodger A. Payne, "Persuasion, Frames and Norm Construction," *European Journal of International Relations* 7, no.1 (2001): 37-61.
- ¹⁷ UN Security Council. *Resolution 1308*. S/RES.1308 (17 July 2000).
- ¹⁸ For a full discussion of the negotiation process see Simon Rushton, "AIDS and International Security in the United Nations System," *Health Policy and Planning* 25 (2010): 495-504.
- ¹⁹ UN Security Council, *Resolution 1308*.
- ²⁰ UN Security Council, *Resolution 1308*.
- ²¹ UN Security Council, *Resolution 1308*, p.1.
- ²² UN Security Council, *Resolution 1308*, p.1.
- ²³ UN Security Council, *Resolution, 1308*, p.1.
- ²⁴ See especially the findings of the recent "AIDS, Security and Conflict Initiative" (ASCI): <http://asci.researchhub.ssrc.org/> (Accessed 5 December 2010).
- ²⁵ Tony Barnett and Gwyn Prins. "HIV/AIDS and Security: Fact, Fiction and Evidence" (London: LSEAIDS, 2006).
- ²⁶ For accounts of some of the areas of controversy within the Council surrounding *Resolution 1308* see Colin McInnes and Simon Rushton. "HIV/AIDS and security: Where are we now?," *International Affairs* 86, no.1 (2010): 225-245; Simon Rushton. "AIDS and international security in the United Nations System."
- ²⁷ UN Security Council, *Resolution 1308*, p.1.
- ²⁸ UN Security Council, *Resolution 1308*, p.1.
- ²⁹ UN General Assembly. *United Nations Millennium Declaration*. A/RES/55/2 (18 September 2000).
- ³⁰ David Hulme. "The Making of the millennium Development Goals," *BWPI Working Paper* 16 (Manchester: Brooks World Poverty Institute, 2007). Available at <http://www.bwpi.manchester.ac.uk/resources/Working-Papers/bwpi-wp-1607.pdf>. (Accessed 5 December 2010)
- ³¹ United Nations General Assembly. *United Nations Millennium Declaration*, 18 September 2000, para.19.
- ³² United Nations. *Road Map Towards the Implementation of the United Nations Millennium Declaration: Report of the Secretary-General*. A/56/326 (New York: United Nations, 2001).
- ³³ Kofi Annan. *We the Peoples: The Role of the United Nations in the 21st Century* (New York: United Nations, 2000).
- ³⁴ Hulme, "The Making of the Millennium Development Goals," p.10.
- ³⁵ See James Traub. *The Best Intentions: Kofi Annan and the UN in an Era of American Power* (London: Bloomsbury, 2006), 147-50.
- ³⁶ Hulme, 'The Making of the Millennium Development Goals', p.10. This emphasis on HIV/AIDS was broadened in the final text of the Millennium Declaration to include "malaria and other diseases" (the result, according to Hulme (p.12) of the success of health professionals arguing that a singular focus on HIV/AIDS would have negative consequences for health overall).
- ³⁷ Kofi Annan, "We the Peoples," p.26.

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- ³⁸ Kofi Annan, "We the Peoples," p.16.
- ³⁹ Kofi Annan, "We the Peoples," p.26.
- ⁴⁰ Kofi Annan, "We the Peoples," p.26.
- ⁴¹ Kofi Annan, "We the Peoples," p.26.
- ⁴² Kofi Annan, "We the Peoples," p.27.
- ⁴³ UN General Assembly. Declaration of Commitment on HIV/AIDS. A/RES/26/2 (2 August 2001).
- ⁴⁴ UNAIDS. "2001 Declaration on Commitment on HIV/AIDS," (2001). Available at: <http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/default.asp>. (Accessed on 5 December 2010).
- ⁴⁵ Kofi Annan. "Transcript Of Press Conference By Secretary-General Kofi Annan At Headquarters, 27 June 2001." SG/SM/7865 (2001). Available at: <http://www.un.org/News/Press/docs/2001/sgsm7865.doc.htm>. (Accessed on 5 December 2010).
- ⁴⁶ United Nations. "Declaration Of Commitment First Global 'Battle Plan' Against Aids, General Assembly President Tells Special Session." GA/SM/264 (27 June 2001). Available at: <http://www.un.org/News/Press/docs/2001/gasm264.doc.htm>. (Accessed on 5 December 2010).
- ⁴⁷ The most recent formal meeting reviewing progress on the Declaration commitments was a General Assembly session held on 9 June 2010 which considered the Secretary-General's report on progress. See United Nations. "General Assembly Holds Review of International Efforts against HIV/AIDS; Told Progress Made, but Epidemic Continues to Outpace Global Response." GA/10946 (9 June 2010). Available at <http://www.un.org/News/Press/docs/2010/ga10946.doc.htm>. (Accessed on 5 December 2010).
- ⁴⁸ UN General Assembly. "Political Declaration on HIV/AIDS." A/RES/60/262 (15 June 2006). Available at: http://data.unaids.org/pub/Report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf. (Accessed on 5 December 2010).
- ⁴⁹ For a fuller discussion of these issues see McInnes and Rushton. "HIV/AIDS and security: Where are we now?"
- ⁵⁰ Shiffman and Smith. "Generation of political priority", p.1372.
- ⁵¹ Hulme. "The Making of the Millennium Development Goals":9-10.
- ⁵² Martha Finnemore and Kathryn Sikkink. "International Norm Dynamics and Political Change," *International Organization* 52, no.4 (1998): 909; Thomas Risse and Stephen Ropp. "International human rights norms and domestic change: conclusions" in *The Power of Human Rights: International Norms and Domestic Change*, eds.Thomas Risse, Stephen Ropp and Kathryn Sikkink (Cambridge: Cambridge University Press, 1999).
- ⁵³ This raises the question, of course, of why other MDGs (with MDGs 4 and 5 being particularly relevant in the health field) have not, at least until recently, been comparably prioritized. Shiffman and Smith's argument in the maternal mortality case (Goal 5) is that progress in forwarding that goal as a political priority has been hampered by problems around all four of the categories of analysis which they identify. Shiffman and Smith. "Generation of political priority".
- ⁵⁴ UNAIDS. "AIDS plus MDGs: synergies that serve people," (2010):1. Available at: http://data.unaids.org/pub/Report/2010/jc1998_aidsplusmdgs_en.pdf. (Accessed on 5 December 2010).
- ⁵⁵ Global Fund to Fight AIDS, Tuberculosis and Malaria. Twenty-First Board Meeting, Geneva, Switzerland 28-30 April 2010, 28. Available at http://www.theglobalfund.org/documents/board/21/GF-BM21-DecisionPoints_en.pdf. (Accessed on 5 December 2010).