

**Leaders and Perceptions in Crisis: An Institutional Framework for Understanding
Variations in African Governments Responses to the HIV/AIDS Epidemic.**

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Introduction

If epidemic diseases in general can have a significant negative impact on societies, one pressing question of interest is why is there such variation in the way leaders and decision makers respond to epidemics and the resulting issues and problems? Research to date has been unable to shed much light on the variation in policy responses to the HIV/AIDS epidemics, particularly in Africa. While researchers have pointed to factors such as leadership, government centralization, patrimonialism, and security concerns as important variables in explaining policy responses, no consistent pattern that accounts for the variations in response to the epidemics has been uncovered (Patterson 2006). This research seeks to close this gap in the understanding of how states have responded to the epidemics. In particular, this paper focuses on factors related to institutions, and particularly to the institutional characteristics of African regimes, as the most significant factors that explain the variations in state responses to the HIV/AIDS epidemics. In doing so, this research draws upon prior research from public policy, political science, social psychology, history, economics, and sociology that has contributed to our current understanding about decision making, institutional constraint and threat perceptions.

In general, how average people in a society respond to an epidemic may depend on the nature of the epidemic and their own perceived risk of being affected by it. In this context, we can divide epidemics into two types, acute and chronic. Acute or flash epidemics are highly virulent and can spread rapidly. They generally involve particularly deadly viruses such as Ebola, Dengue Fever, Hantavirus, and Marburg virus.¹ Acute epidemics are characterized by several factors: a relatively small geographic area affected, typically a small number of people afflicted (though the potential for much greater numbers of afflicted people is certainly high), and because of the rapid response to the epidemic by state and intergovernmental organizations,

a relatively short life. Policymakers may impose quarantines in a geographic area, but the procedures for dealing with such an outbreak are generally standardized and rarely require the creation of new programs. Hence, for policymakers, the decision to respond is a relatively easy decision. The public assumes the state will respond to the crisis, as the state's leadership would be negligent if such a response did not occur. State leaders who fail to respond to such epidemic outbreaks can instigate other issues that will compound the problems brought about by the outbreak. In conditions of acute epidemics, the general population may perceive a high level of risk from being in the vicinity of the epidemic and seek to flee or to take other defensive measures. That is to say, people have a high subjective probability that they will be affected by the epidemic. For instance, outbreaks of the bubonic plague in India have caused panic riots and large migrations from the epidemic's epicenter.

Chronic epidemics, however, are more complicated in terms of the type of responses they elicit from the leadership and the population. Chronic epidemics are characterized by several factors: a wide geographic area affected, a large number of people afflicted, and an indefinite time period that the epidemic can last. While the number of people affected may be substantial within a geographic territory, the policy and social response to the epidemic may be anemic. In conditions of chronic epidemics people may go about their lives without much concern for the problem. A combination of reasons may account the seemingly unworried response.

Some people who live in what could be termed threatening environments may resign themselves to the idea that there is little, if anything, they can do about the lingering threat. They live with the threat, but they try not to let it disrupt their day-to-day lives. At the same time, people may also adopt a minimalist risk approach, believing that they will not be affected by the problem, that it is a temporary situation, or that "it can't happen to me" (Rothbart 1970: 110).

While people may perceive the threat to others, they will minimize the threat to themselves. These beliefs show a difference between one's own perceived risk and the perceived risk that one assigns to other people. This difference is a form of risk denial (Sjöburg 1998: 5) and such behavior is relatively common from people who face long-term or short-term exposure to highly risky environments.

People who live in geographic areas prone to intense natural disasters such as hurricanes, tornadoes, earthquakes or volcanoes are content to live in the shadows of danger to receive perceived benefits of living in these areas. Such behavior and beliefs are manifest in a form of psychological avoidance because the threatening incident or risk of such an incident is perceived to be highly unlikely. That is, people believe there is a low subjective probability that the event can happen to them (Rothbart 1970: 109). Natural disasters are not the only threat where this type of behavior is displayed. People who smoke, despite the well documented and advertised health risks associated with smoking often dismiss the risk or even submit to a fatal destiny in part because they perceive their chances of risk as low; smoking-related illness happens "to other people." When people *feel* they have control over their own behavior or they can take measures to protect themselves, they will deny a sense of personal risk (Sjöburg 1998: 5). However, people do not assign the possibility of prudent behavior to others. Thus, at the societal level, a major factor as to why people may not give priority to chronic problems, including epidemics, is that there is a perceived low subjective probability of self-risk regarding these problems.

While this line of reasoning begins to establish the environment and context of decision making in response to the HIV/AIDS epidemic, it does not adequately account for the wide variation in policy responses to chronic epidemics by state leaders and decision makers. To address the question of policy variation between states, we need to examine several factors

related to the institutional constraints on how states, particularly in Africa, govern their societies, set policy agendas, and shape decision makers' perception of threats to these institutions. This paper establishes a general framework for analysis with the anticipation that the framework will be applied to specific case studies to be conducted in ongoing research not presented herein.

Background

Previous research on why some governments respond better than others to chronic epidemics has been limited. Numerous case studies on particular government responses exist (e.g. Schneider 2002; Butler 2005), though few engage in a systematic policy comparison between states. Amongst those that do engage in this comparison are Gauri and Lieberman (2004), Patterson (2006) and Putzel (2006). Gauri and Lieberman (2004) attribute variation in government responses to their respective HIV/AIDS epidemics to two sources. First is the rigidity of social groups. Second is the degree of centralization within a state, with highly centralized states being less likely to pursue policy responses to their respective epidemics (Gauri and Lieberman 2004).

One drawback to the Gauri and Lieberman study is that it has little to say about the majority of states affected by HIV/AIDS epidemics. Most states that have significant HIV/AIDS epidemics also have highly centralized decision-making processes. Developing states, particularly those in Africa, tend to be controlled by personalist or patrimonial rulers, whether elected or not. South Africa, compared to other African countries, certainly has a relatively decentralized regime, but in recent years, power has become more centralized in the ruling ANC, making South Africa a dominant party state (Patterson 2006: 35; Price-Smith, Tubin, and Ostergard 2007: 245). As such, South Africa has more in common with its African neighbors than with Brazil.

Furthermore, Guari and Lieberman anchor their research in the school of social constructivism that sees risk and risk perception as being socially constructed issues or problems. Such theories see "...the social environment, the selection principles, and the perceiving subject as all one system" (Douglas and Wildavsky 1983: 7). The selection of particular issues of risk or concern to people is a value-laden process grounded in the strength and direction of social criticism. Moreover, emphasis is placed on characteristics of social life that bring about different responses to danger (Douglas and Wildavsky 1983: 8); the danger or risk (or "risk event") is accepted as given and the explanation focuses on "...the malleability of risk perception" (Clarke and Short 1993: 379). In short, social constructivism rejects objective reality in place of how and why realities are constructed in a particular way (Clarke and Short 1993: 379).

The utilization of social constructivism as a theoretical basis presents significant drawbacks in trying to understand variations in government responses to their respective HIV/AIDS epidemics. Social constructivism does not focus on the risk itself, but rather the flexibility of the risk perception. Some objects may pose a risk, but the real "...task is to explain how social agents create and use boundaries to demarcate that which is dangerous" (Clark and Short 1993: 379). In Guari and Lieberman's research, these social agents are reflected in HIV/AIDS activist groups and other members of civil society. However, such an approach lends itself to potentially over emphasizing pluralism to explain the flexibility of risk perception, while discounting the importance of state leadership and the ability of state leaders to set agendas, which may have important implications for patrimonial states in particular.

Following the social agents foundation, Guari and Lieberman use social cleavages in South Africa to explain the central government's apathy in pursuing vigorous HIV/AIDS policies emphasizes the apartheid era's racial divisions and the lingering impact of the racial discourse in

the post-apartheid era. While racial tensions certainly existed in post-apartheid South Africa, these racial tensions cannot explain why the racial discourse that prevailed at the time impeded an active HIV/AIDS agenda by the central government. The racial tension argument becomes less convincing given that the two post-apartheid presidents of South Africa are black.

Moreover, in studies that examine the adoption of HIV/AIDS policies in African states, the motivating role of African state leaders has been cited as a key factor (Patterson 2006: 21). Guari and Lieberman's findings do not support the state leader thesis. So, while social constructivism can shed light on how civil society groups may influence reactions to risk, it cannot accurately account for the government's perceptions of risk nor its response to those risks, particularly in terms of promoting HIV/AIDS policies. Indeed, one of the overarching arguments that will be made in this paper is that the role of a state's leadership, institutions, and decision-making processes in setting policy priorities has been underemphasized.

Patterson (2006) also highlights state centralization as one of the possible factors that explain variation in HIV/AIDS policies. She further hypothesizes relationships between state capacity, patrimonialism, and security concerns and HIV/AIDS policies. In a comparison of four states, Zimbabwe, South Africa, Uganda, and Swaziland, Patterson is not able to distinguish a clear pattern of state institutions that ultimately leads to the adoption of vigorous HIV/AIDS policies (21).

In a comparative study between Uganda and Senegal, Putzel (2006) concludes that the state's response to the epidemic "...works where the state's reach extends deeply down to local communities" (183). The ability of impoverished local communities to combat the HIV/AIDS epidemics was dependent upon the communities gaining access to the funds and employment opportunities that the state established for fighting the HIV/AIDS epidemics. Putzel further

contends that an early response was crucial for both Uganda and Senegal to slow and stop the progression of the epidemics. What Senegal's Parti Socialiste and Uganda's National Resistance Movement had in common was the highly centralized nature of the two parties and their ability to reach into every village to spread the message (183). Putzel's research thus challenges, to some extent, the Guari and Lieberman findings with regard to Brazil and South Africa.

The Framework: Institutions, Agendas and Perceptions

If we are to understand why states have adopted varying responses to their respective HIV/AIDS epidemic, we have to understand that the epidemics have affected fundamentally different types of states where the distinction amongst them is based on the state's institutional structure and the nature of the state's political order. The notion of political order is not necessarily self-explanatory in how these orders are conceived. Building on the work of Orren and Skowronek (2004) in the area of American political development, Smith concludes that a political order must have certain threshold requirements to be counted as a significant political order. These requirements include some "governing institutions" that have a legal authority to enforce the government's goals, rules and policies. These institutions should be part of long-term coalitions that include elements of political parties and civil society. Finally, any political order must have a grand purpose that is ultimately expressed in the rules, policies and roles it supports (Smith 2006: 108).ⁱⁱ

In this context, the notion of political development becomes important. Smith, summarizing Orren and Skowronek, notes that development is "a durable shifting in governing authority," with authority including power as well as enforceable, legally required 'mandates' that provide the foundation for others to comply with governing institutions (Smith 98). Development thus involves a long-term process of adoption and adaptation that builds the state's

governing capacity. This idea is further reflected in North's analysis of the evolution of institutional structures.

As North (2005: 49) contends, "The institutional structure reflects the accumulated beliefs of the society over time, and change in the institutional framework is usually an incremental process reflecting the constraints that the past imposes on the present and the future." The link between accumulated beliefs and the institutions reflects a society's culture, which embodies the learning of prior generations (accumulated knowledge). Institutions embody the established limits for decision makers and the objectives for themselves and the organizations they control. The evolution of institutions results from a feed back of additional knowledge into these institutions (Jones 2001: 199).

One of the key functions of these institutions is to promote order in society. North contends that order can be established through either authoritarian rule or consensual political order. Authoritarian rule, on the one hand, is characterized by conformity to the rules that have been established by the ruler, usually through some form of coercion. A common system of beliefs that are aligned with the policies of the ruler reduces the amount of coercion needed to maintain order, while diverse beliefs or beliefs that differ with the ruler's policies will force the ruler to rely more on coercion (North 2005: 104). In this context, political leaders rely more on naked power or what Moe (2006) refers to as the most egregious expressions of power – coercion and force.ⁱⁱⁱ

Consensual political order, on the other hand, is based on conformity attributed to individuals who behave in ways conducive to the social order and control, which may be exercised over non-conformists. In a more practical sense, the extremes of authoritarian and consensual political orders tend to merge as all political orders rely on some measure of social

norms and coercion to elicit compliance (North 104). The basic difference is how much constraint is placed on individual decision makers within the political order.

As noted previously, there is a link between a society's culture and the accumulated beliefs and institutions of the society. The more commonality these beliefs have with decision makers' policies, the less coercion will be needed to maintain order. In practice, this institutional framework provides a basis for understanding why there is significant variation in how states in the West have responded to the HIV/AIDS epidemic versus African states. These differences can be seen in two significant areas of divergence between the West and Africa: (1) the nature of the political institutions and the political order and (2) the decision making process that sets the agenda for problems and the assessment of risk to society and the political regime.

The African Context

The postcolonial history of many African states demonstrates that forging national consensus on issues can be a daunting task. When the former colonial powers left Africa after World War II, they assumed that liberal democracy (political consensus) and its consensual institutions would be sufficient to control problems that the new African states would encounter in their infancy. The former colonial powers bequeathed to the continent government institutions that lacked sufficient mechanisms of representation for the diverse social, political, and ethnic composition of embodied in African states (Davidson 1994; Mazrui 1986). During the postcolonial period, African leaders have had to confront major obstacles involving group versus national identity when trying to forge problem solutions. Africa's indigenous groups have typically identified more strongly with their ethnic or clan affiliation than with their own state; conversely, the African state and its leaders have struggled to identify with all of the societal

groups that they are supposed to represent. The origins of this problem can be explained in linkages to Western colonial practice.

The division of Africa into modern states separated many of those peoples or nations into different territories. In essence, the modern state in Africa began antithetical to the accumulation of beliefs over time that North stresses. Instead, geography or territory was the primary basis for the state, rather than the nation and its culture and belief systems.^{iv} When the colonial powers created states in Africa, they erected boundaries that arbitrarily divided ethnic groups and placed them together even though they had little, if any, common culture and heritage. What has emerged from this division are systems of governing institutions that are centered on individual leaders that rely on a network of loyal officials and the military to enforce decisions rather than governing structures that emerged from accumulated beliefs and knowledge. As a result, African states often, though not always, possess patrimonial regimes that have highly centralized governments, limited checks on executive power and weak civil society organizations; regime support is built through patronage networks, not legal-rational institutions.^v This tendency for politics to revolve around particular individuals means that the role of these individuals in agenda setting and issue prioritizing is crucial for maintaining a cohesive, collective response to any issue, usually under conditions of scarce resources. The result of this is if we want to explain variation in responses to the HIV/AIDS epidemic in African countries, we need to examine how leaders decide which issues to address (agenda setting) and how those issues may be framed (risk analysis and threat perception).

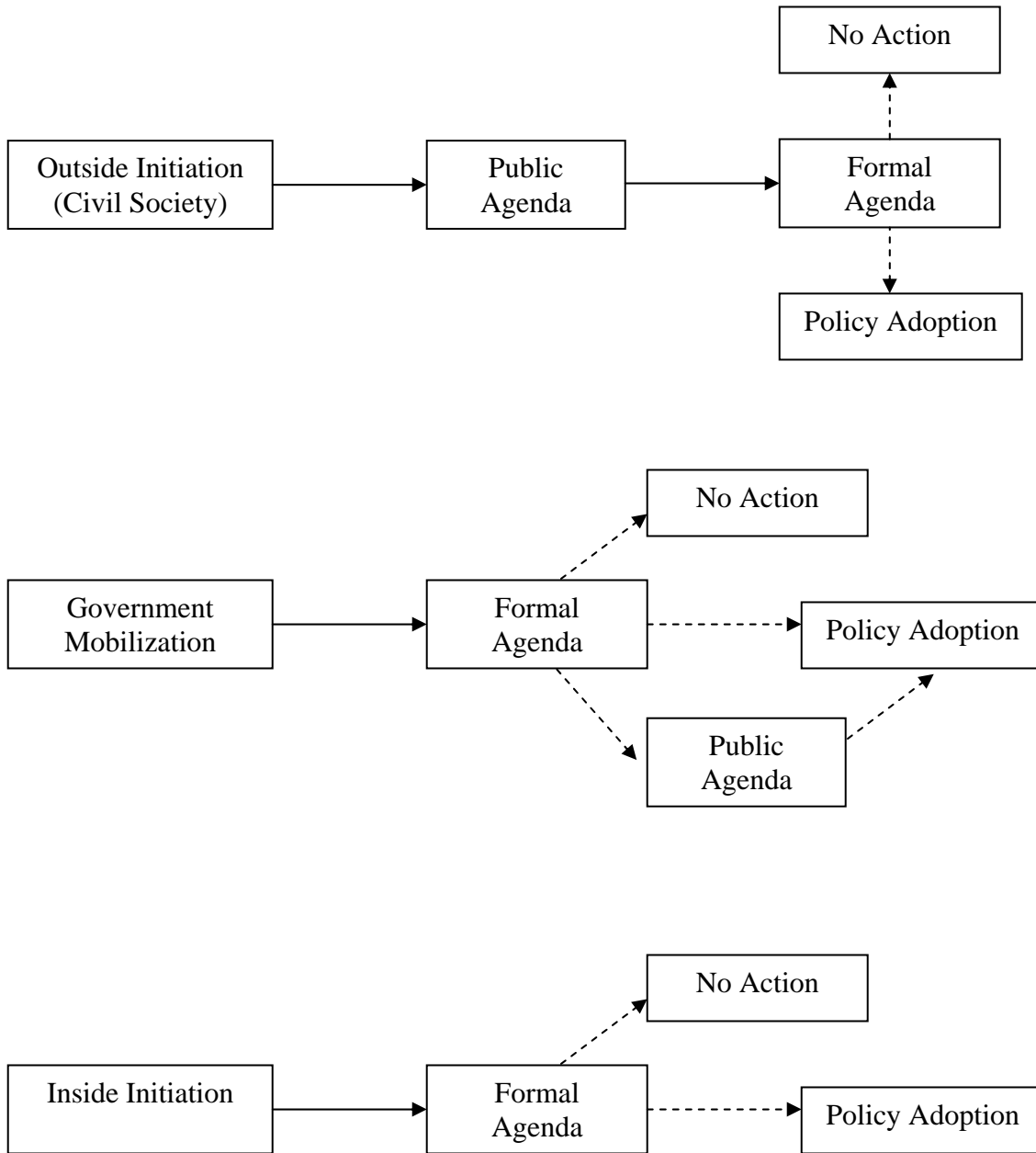
Agenda Setting

In democratic systems (consensual political orders), agenda building serves the important function of expanding the range of the policy-making process. As Cobb and Elder (1971) assert,

mass participation is a source for the development of new issues and for keeping older issues on the agenda. The agenda itself is composed of two separate agendas. The first one is the systemic or public agenda that contains issues of concern to the mass public and activists. The second one is the formal agenda that contains issues for *possible* policy action by the government (Cobb and Elder 1971; Cobb, Ross, and Ross 1976; and Jones 2001)^{vi}. According to Cobb et al (1976) issues can appear on an agenda through three routes: outside initiation, government mobilization, and inside initiation.

Outside initiative processes originating with nongovernmental groups (civil society) can bring issues to the public agenda and then, almost immediately, to the formal agenda. Governments themselves may also initiate issues to appear on the formal agenda. However, policy adoption or changes to policies will often need to be placed on the public agenda for the policies to be accepted and acted upon for implementation. This process of moving from the formal to the public agenda is a form of mobilization of the masses that is necessary if the policy is to be implemented. Finally, inside government initiation of issues can bring issues to the formal agenda from within the government. In this final route though, supporters of the issue do not refer the issue to the public agenda. Issue supporters rely on their influence and position within the government for successful implementation. These three agenda routes can be illustrated as in Figure 1.

Figure 1. Issue Origins and Agenda Routes



While democracies may have mixed combinations of these issue routes, government mobilization and inside initiation tend to dominate the type of patrimonial regimes that we have discussed in the African context. This does not discount the possibility of outside initiative being used to get an issue on the formal agenda. In fact, it is quite possible that a particular issue can get to the formal agenda through all three routes, but because of their centralized nature and relatively weak civil societies, more successful routes of agenda setting in patrimonial regimes will tend to be those initiated by leaders within the government.^{vii} But even if an issue gets to the formal agenda, there is no guarantee that leaders within the government will actually address the issue. Likewise, the placement of an issue on the agenda still does not explain why patrimonial leaders would ever consider addressing any issue. Nonetheless, inside government mobilization and inside initiation will prove more effective in getting policies adopted. From this, we can derive our first proposition:

Proposition 1: in patrimonial regimes that have weak civil societies and centralized governments, agenda setting will tend to be more effective if the government initiates it ∴ in patrimonial regimes, agenda setting for HIV/AIDS issues will be more successful if it is initiated by the government.

As noted earlier, because politics and decision making is often centered around individual leaders and decision makers in patrimonial regimes, agenda setting and the prioritization of issues becomes crucial for policy changes and, at the extreme, even regime survival. While regime survival is the top priority of any state, patrimonial leaders need to maintain and, if possible, strengthen their network of loyal supporters and the military, which form the basis for their control over society.^{viii} Hence, when issues make it to a formal agenda in patrimonial states,

any decision to act on an issue is made relative to how that issue may affect the leadership's support network and even the stability of the regime, rather than the more idealistic proposition of how the issue may help society in general. This proposition does not preclude the possibility that by addressing an issue that affects society, the leadership's network can be supported. However, it does imply that the emphasis on how a particular issue will affect society will be a secondary concern to the leadership. Ultimately, issues affecting the strength of the support network and the security of the regime will take precedence on the formal agenda. This point leads to our next proposition.

Proposition 2: in patrimonial regimes, leadership preferences emerge for policies that strengthen the leadership's support network. ∴ (1) Policy issues that emanate from the leader's support network will generally be given greater attention by the leadership than those emanating from civil society. By addressing policy concerns within the support network, the leader strengthens the ties to the support network. (2) Thus, the leadership will pursue HIV/AIDS policies more vigorously if those policies also bolster support for the leadership's support network.

Issues placed on the formal agenda reflect some problem that requires a policy response. The type of policy response a problem receives is a byproduct of how the problem is perceived by decision makers. While in a practical sense defining a problem is going to be specific to the perceptions of decision makers, problems in a more general sense can be thought of as barriers that interfere with the achievement of a desired goal where it is uncertain that the barrier can be overcome (Tallman et al. 1993: 158).^{ix} Desired goals are reflective of the perceptions that decision makers have about a problem and the agendas and preferences that they hold. How decision makers perceive the problem is based upon how the problem is framed but also as to

which aspects or characteristics of the problem decision makers give the most attention (Jones 2001: 77).

Perceptions of Problems and Coping Strategies

Reactions to problems originate at two levels. At the individual level, a person's reaction depends on their subjective perception and interpretation of the problem, individual beliefs or presuppositions and tendencies, and on the person's social environment. The latter element, social environment, is wide-ranging in that it can include, for instance, colleagues, friends, family, personal relations, etc that may have competing or incompatible beliefs, values and expectations (Greve & Strobl 196). Individual predispositions that can affect one's perception may include such elements as distrust, personal anxiety, and past experiences (Cohen 1978 96). Individuals, consciously or not, rely on prior experiences of similar situations to evaluate the threat or nature of the problem (or in evaluating any type of stimuli for that matter) (Krupat 1974: 731). At the social level, reaction depends upon the values and norms that characterize the social system itself and the institutional environment. At both the individual and social levels, normative expectations of "appropriate" and "inappropriate" reactions influence and even regulate individual and social reactions (Greve & Strobl 196). At either the individual or social level, reactions to problems (i.e. problem management) are forms of coping, which for our purpose can be defined as "...the management of threatening or harmful challenges and stressors that are appraised as taxing or exceeding the available resources of the system" (Greve & Strobl 196).

The types of reactions to problems (coping strategies) can be divided into three major categories, (1) defense and avoidance, (2) assimilative coping, and (3) accommodative coping. Each of these categories is reflected in individual and social manifestations. A basic description

with individual and social manifestations of these strategies can be found in the appendix to this chapter. Suffice to say at the moment that these coping strategies amount to (1) defensive reactions that do not deal with the problem itself, (2) proactive reactions to solving the problem, and (3) redefinitions of the problem through comparisons (usually to worse problems) or through different evaluation standards. The type of strategies adopted (consciously or unconsciously) at the individual level will again be predicated on individual subjective perceptions and interpretations of the problem.

Within the context of the HIV/AIDS epidemic in African states, it is possible that the problems emanating from the epidemics can be framed in a number of significant ways that may be reflected in how these problems made it to the formal agenda for government action. Who frames the issue and how it is framed becomes important in this regard. Based on the principles established earlier, two types of framing can emerge. First, those in civil society (such as nongovernmental groups and the media), who can capture and shape public attention and opinion, may be able to control how an issue or problem is framed. Second, leaders may, consciously or unconsciously, engage in a form of individual cognitive framing, which will be shaped by the individual's predispositions as noted earlier.^x Nongovernmental outside initiatives that bring issues related to the epidemic to the public agenda and then to the formal agenda may frame the epidemic as a public health catastrophe that endangers the lives of millions of people. Similarly, decision makers may recognize the issue and decide that policies need to be adopted to counter the public health problem, which places the problem or issue immediately on the formal agenda.

Even if framed by outside initiatives, it is not clear that leaders and decision makers will have the same interpretation of the epidemic. If, as noted previously, the interpretation and

perception of a problem is dependent upon a leader's predispositions and beliefs, then the leader's perception of the epidemic is predicated on past experiences. This point gets to the nature of the problem that individual leaders have: relative to the epidemic, it is likely that individual leaders do not have experience with how to cope with this or similar problems. That is, the HIV/AIDS epidemic is a new policy problem for most of the world's leaders, not just Africa's leaders. Hence, the leader's coping strategies may not reflect the proactive strategies that many in civil society may demand. The coping strategies or reaction to the epidemic may reflect either a defensive or accommodative strategy that either ignores the problem or redefines it based on the leader's perception.

It is also possible that leaders and decision makers may also recognize the problem as having further consequences beyond the potential catastrophic loss of life. Some of those consequences may be framed in terms of how the epidemic could affect the leadership's support network and the stability of the regime itself. As Grindle and Thomas (1991) contend, "[decision makers] weigh decisions in response to their understanding of the technical aspect of the policy area under consideration, the probably impact of their choices on bureaucratic interactions, the meaning of change for political stability and support, and the role that international actors have assumed in the reform process...in crisis-ridden reforms, for example, concern about national welfare, political stability, and broad coalitions of political support tend to dominate their deliberations" (6). While leaders may recognize the problem the epidemic poses for the population, the possible threat to the regime and its support network will cause attention to be drawn to this aspect of the general problem in the context of security issues. If a state's leadership has identified a problem of security, it has identified a *potential* threat to the state and its regime. Conceptually, it follows that what leaders may perceive as a security threat to their

own state may not be perceived as a security threat in other states. The leader's perceptions of the problem lead to our third proposition.

Proposition 3: The leader's reaction to any problem is contingent upon the leader's perceptions, which are heavily influenced by the leader's prior experience with a problem. In the absence of a perceived threat to the regime, and without prior experience with a problem, or a closely related problem, the leader will adopt defensive or accommodative strategies .∴ A leader's reaction to the HIV/AIDS epidemic will be based upon prior experiences that will allow the leader to adopt defensive or accommodative strategies to either redefine the epidemic or to distract from it.

The Security Dimension

What leaders consider to be security threats has been the focus of the practitioners and scholars in the security field for more than a half century. Much of this debate was written around traditional threats to state security, such as invasions or other types of hostile acts.^{xi} Part of the assumptions about how states perceived security threats and how they reacted to them was that the origin of the security threat was another state that also responded to actions by other states. But over the past decade it has become clear that threats to state security can emanate from non-state actors, such as terrorist groups, and natural events, such as disasters and epidemics. What these types of problems have in common is that they have a potential to damage the state's capacity to function. State capacity embodies the capability of states to carry out specific governmental functions including, first and foremost, its own survival, protection of its citizens from physical harm, economic prosperity and stability, effective governance, and territorial integrity. But state capacity is not a tangible feature of the state. It is not observable in

itself, but its preconditions and consequences can be observed. We can observe such elements as economic growth, the character and nature of policy outcomes, or the system of revenue extraction. (Kjær and Hansen 2002: 7).

Perhaps the most basic preconditions for state capacity is the state's population. Problems that affect the population and all the state's functions that are based on the population (i.e. economic activity, administration, civil order, etc) pose a potential security threat to the state. But before a leader proceeds to categorize a particular event or action as a security threat, it must consider other factors beyond the event or action. These factors are directly related to the scope and depth of the perceived threat and the time frame associated with the perceived threat. Hence, an issue perceived as a security threat is perceived as such relative to other potential issues.

The scope and depth of the threat is a function of two factors: the perceived importance (saliency) associated with the threat and the likelihood of the state incurring significant losses (however those losses may be defined by the leadership). The scope of the threat that the leader is most concerned with includes what we generally consider to be the foundations of the state itself: territory, governing institutions and population. The value or importance of these targets is both calculated, meaning that states may be able to quantify the potential losses due to the event or action, and symbolic, in that these targets are the personification of the state itself. Threats to the security of the state's population can come from a host of sources. The most direct and immediate threat for the state is when the state and its population are under military attack.^{xii} Less clear is how state leaders prioritize threats to the population that cross other areas of public policy. For example, epidemics or an influx of refugees from a neighboring state can become security problems. When problems that are typically in another sphere of public policy affect the population (such as a public health problem), the leader's perception of whether the problem

constitutes a threat to state security may hinge on how the threat to the population will affect state capacity and the time frame of threat (i.e. whether the threat to the population is an immediate short-term threat or a distant long-term threat).

Using HIV/AIDS as an example, the relationships among the population, state capacity, and security can be illustrated as presented in Figure 2.

Figure 2. HIV/AIDS and the Indirect Security Threat

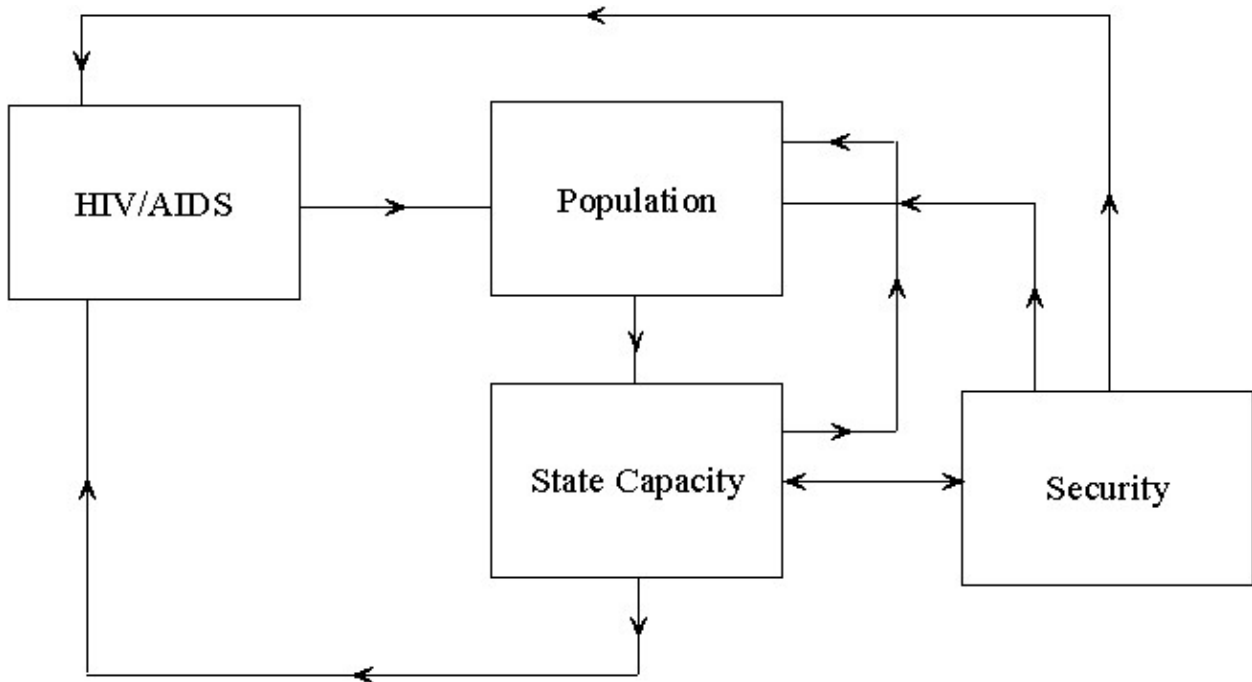


Figure 2 illustrates the impact of HIV/AIDS on security is indirect and shows a number of relationships where the demise of state capacity and security can hamper efforts to combat the HIV/AIDS epidemic in a particular country. The “soft” aspect that prevents HIV/AIDS from being perceived as an immediate threat is that it affects the population first and directly and over a longer period of time. The potential threat to other security targets, such as state institutions or territory, is indirect. Hence, the perception of HIV/AIDS has been as a health issue that affects the population; the threat to state security emanates from this human tragedy. In this regard, several notable relationships in Figure 2 can be drawn:

1. HIV/AIDS affects populations directly by killing people;
2. The demise of populations can affect state capacity by undercutting its ability to provide for the citizenry, decimating economic activity, and weakening the ability of the state to protect its people (security);
3. The decrease in state capacity directly affects the security of the state through a decline in resources, military and administrative capacity, amongst other problems; the decline in the state's security may also feedback to weaken the state's capacity overall;
4. The decrease in state capacity directly affects the state's ability to provide for its population;
5. The decrease in state capacity directly affects the state's ability to combat the HIV/AIDS epidemic;
6. The weakening of the state's security directly affects the population as the population may become more vulnerable to military, political, economic, and administrative security threats in the wake of the decline in state capacity;
7. The weakening of the state's security also may cyclically feedback to the HIV/AIDS epidemic as the decline in state security may create conditions conducive to viral transmission.

What these propositions illustrate is the linkage between the capacity of the state and the state's security. Moreover, it becomes clear to see how HIV/AIDS can affect both the capacity and the security of the state through the state's population. The perceived security threat thus leads to our fourth proposition.

Proposition 4: Leaders that perceive threats to their support network, the military or to the state's capacity (which ultimately affects the support network and the military) will adopt

assimilative coping (proactive) strategies to contend with the threat .∴ Leaders who perceive the HIV/AIDS epidemic as a threat to their support network, the military or to the state's capacity will adopt proactive strategies to confront the threat.

The state's capacity, as we noted above, is directly linked to the primary function of the state, which is its own survival. In patrimonial regimes, the states survival and its ability to function effectively are also directly linked to its support network and the military. For decision makers to perceive a non-military threat to the population to be a threat to the state or to the state's capacity, the loss or disablement of the population has to be substantial and sustained to the extent that the state's capacity and the functions related to its capacity are significantly hindered or even abrogated. For this to happen in the short term, the state must be faced with a cataclysmic incident or action that destroys or displaces, in some way, a large segment of the population. These types of events are not unheard of and history is replete with examples that reflect this situation to varying degrees. Volcanic eruptions, earthquakes, and even hurricanes have effectively crippled states and cities. Such events are almost self-evident in terms of how they can affect the population, the state and state capacity. The key factor here is that these types of incidents are typically threats that are acute (though the ramifications of those events may extend temporally well beyond the actual event itself with Hurricane Katrina being a prime modern day example). The incident itself is seen as the immediate threat, and decisions are predicated upon dealing with the event. The decision makers' perceptions of such incidents are reflected in preparations and contingencies made to the extent that the immediate crisis can be weathered. In other words, there is a temporal end to the incident and decisions to manage the risks during the incident and to minimize likely losses in its wake can be made.

Other types of incidents, particularly epidemics, have unleashed sustained viral attacks on populations that, not only diminished states' capacity, but also fundamentally restructured institutions that formed the basis of the political and social order. The bubonic plague that struck Europe in the 14th century is the classic example of this type of incident. While the main thrust of the epidemic occurred from 1347 to 1351, successive waves of the plague continued to devastate the continent until 1400. While this is one of the worst epidemics in history (indicating an extreme case), it represents the type of long-term sustained population damage that epidemics can inflict on a state. Long-term, cataclysmic incidents such as the plague can be thought of as **incremental catastrophes** that erode or disable the population and ultimately the state's capacity, which is predicated, in large part, on a functioning, productive population. However, because the incident is sustained over a long period of time, with no perceived end, the incident becomes a chronic condition for the population and the decision makers.

Decision-making by leaders thus becomes a process of coping adjustments to policies and even institutions as problems associated with the longer, chronic condition begin to appear. The decisions made by leaders during this period reflect short term attempts to cope with resulting emerging problems that are pushed onto the formal agenda by outside initiatives and even by the leaders themselves. Decision makers thus are involved in a nested time problem wherein they engage in a process of "muddling through" or incremental changes for issues that emerge in the short term as a result of the long-term condition that is afflicting the population and subsequently the state. In particular, patrimonial leaders are content to engage in this form of policymaking so long as it maintains their network of supporters and the military. At this point, the leaders may not see the chronic incident itself or the resulting issues and problems as threats to state capacity and security.

This perception of the potential threats makes sense because decision makers generally have a short-term outlook in formulating policies to address issues. From their perspective, the temporal context in which decisions are made has not necessarily changed. Their policy outlook is temporally fixed in the short-term.^{xiii} This premise is particularly true in patrimonial regimes that may frame policy and institutional changes in the context of strengthening support networks and the military, while issues and problems that have manifested in the general population are still relegated to secondary importance. Even in democratic systems, policy and institutional changes are sometimes, though not always, framed within the context of being returned to power by the voters. Institutional limits ultimately keep such behaviours in check. Nonetheless, leaders and other decision makers find themselves attached to John Maynard Keynes' concept of the long run.

In response to a question about the importance of the long run for Keynes new economic theories, which advocated short-term government intervention to promote growth and employment, Keynes replied with the now famous words "in the long-run we're all dead." Institutional arrangements (in both consensual and authoritarian political orders) create incentives that often promote political expediency over efficient policy choices. The problem of political expediency was at the root of Friedrich Hayek's critique of Keynes when he said, "He [Keynes] was, in a sense, corrupted by political necessity. His famous phrase about, 'in the long-run we're all dead,' is a very good illustration of being constrained by what is now politically possible. He stopped thinking about what, in the long-run, is desirable" (Hazlett 1977).

In this sense, political leaders have sufficient incentives to ignore issues and problems rooted in long-term events and incidents until these issues and problems reach a critical threshold. That critical threshold is embodied in the leadership's perception that the chronic

condition itself or its resultant problems and issues pose a threat to the state's capacity and security (ultimately through population death or displacement). What this means is that over time, the threat from the incident or the resulting problems and issues may grow, forcing leaders to deem the issue sufficiently threatening to warrant a response. At any given moment, leaders may perceive an issue or incident as non-threatening at time t ; given changing circumstances, they may reconsider that judgment at time $t+1$. Conversely, issues perceived to be a security threat require a rapid response from state leaders. As leaders address the threat, these issues may become less of a threat, causing the leaders to reevaluate their perception at a future date. The problems of political expediency and time thus lead us to our fifth and final proposition.

Proposition 5: Leaders will only address problems that are defined within the short-term where the immediate benefits can be used to garner additional support from their support network. ∴ Leaders will address problems associated with the HIV/AIDS epidemic that emerge within a short-term time frame.

The Agenda

The fundamental question asked in this research is why have African leaders pursued particular policies, at particular times, during one of the most challenging periods in contemporary African history? Why, when leaders face the same challenges and problems associated with the HIV/AIDS epidemics in their respective countries, have these leaders chosen such diverging policies to battle their respective epidemics? In the framework established, a great deal of emphasis is placed on the centralized, patrimonial nature of African governments and, hence, on the leadership within these governments. While the emphasis is on the leadership, there is a realization that the leadership is operating within institutional constraints that have

roots that extend back longer than the HIV/AIDS epidemic has afflicted Africa. At the same time, there is a realization that political institutions are not stagnant, though they may seem to be when viewed in contemporary times within the context of significant crises. The challenge is to understand how the institutional constraints ultimately shape policies toward major crises. The objective that follows is to demonstrate how applicable this framework is across African states through case studies. While the case studies will not necessarily prove the hypotheses established in this framework, they will serve to highlight the applicability of the framework itself.

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Notes

ⁱ For a general discussion on the characteristics of these viruses, see Garrett (1994); current information about these viruses can be accessed at the Center for Disease Control's website, www.cdc.gov.

ⁱⁱ Smith concludes from his research that beyond these requirements, the ideologies of political participants matter because they contribute to explaining the political order and objectives of that order (Smith 108).

ⁱⁱⁱ Moe's point, particularly with reference to institutions that arise from "primitive" beginnings, is that power tends to be an "add-on" to expressing cooperative solutions that lead to liberal institutions instead of incorporating power within the theory itself (2006: 63).

^{iv} The idea of the nation being formed around people and their traditions was also central to the logic put forth by the English statesman and political thinker Edmund Burke. Burke detailed the importance of a people's tradition when he provided a scathing critique of the French Revolution of 1789. For him, the idea of a state did not start with simple geography; rather it began with its people, the nation. When people confronted difficulties with their rulers, they then could build on this foundation of history and experience to formulate a new political system. Burke believed that the revolution was a tragic discarding of the system established by the French forefathers when the revolutionaries rebuked the culture and traditions that had been established prior to 1789. See Burke, Edmund, "Speech: On a Motion Made in the House of Commons, the 7th of May 1782, for a Committee to Inquire into the State of the Representation of the Commons in Parliament,"

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^v For elaborations on this point, see Migdal (1988); Bratton and van de Walle (1997); Callaghy (1987); Reno (1998).

^{vi} It is important to note here that because an issue is placed on the formal agenda, this by itself is not a guarantee that the issue will be acted upon by the government.

^{vii} Success in this case refers to getting an issue on the formal agenda, not necessarily a favorable policy change or outcome.

^{viii} The network of loyal supports penetrates into all levels of society, from local community leaders to the bureaucracy, to the party apparatus.

^{ix} The definition of a problem established by Tallman et al. reflects a general consensus of how problems are defined in the social sciences and philosophy. Billings et al. have proposed an alternative wording with similar meaning that views problems as a discrepancy between an existing state or condition and a desired state or condition (1980: 301).

^x I am grateful to Derek Kaunekis for nicely grouping these framing methods in this way. It is possible that the first form of framing may affect the second form of framing (and vice-versa) or that how an issue is framed at one level may in fact be co-opted to some degree by the other.

^{xi} For one of the classic statements on the perception of threats in international relations, see Jervis (1976).

^{xii} In such cases, the security threat is direct and is clearly within the realm of the traditional notions of security. However, less clear is how leaders perceive and prioritize non-military threats to the population, particularly if the threat emerges from non-military areas of public policy (e.g. public health, disaster management).

^{xiii} One clear example of this type of policy formulation can be seen with respect to the United States' dependence on foreign oil. Every administration back to Richard Nixon's has identified the foreign oil problem; however, every administration has only adopted policies to secure the short-term supply of oil to the United States. The short-term guarantee of oil supplies is politically more expedient than tackling the larger issues associated with the root of the problem: foreign oil dependence.