AIDS AND VULNERABILITY – REFLECTIONS ON “LONG WAVE” SHOCKS

Hilary Standing, Research Fellow
Institute of Development Studies
University of Sussex

Background note for the AIDS and Vulnerability Workshop, Institute of Development Studies, Brighton, UK June 23-24 2005
The observations in this paper are not original but stem from two sources. The first is a desk review carried out for DFID Policy Division late last year to identify research gaps in cultural, social, economic and policy analysis of risk and vulnerability in the context of HIV/AIDS. The second is an appreciative reading of the recent work of Tony Barnett and also Alan Whiteside in their pioneering efforts to understand and contextualise AIDS as a “long wave” shock (Barnett and Whiteside 2002, Barnett 2004).

As the desk review noted, there is a huge and diverse literature on HIV/AIDS relevant to understanding vulnerability. This comes particularly from anthropology and sociology and mainly focuses on micro-level impacts on specific social groups. But there are large gaps in our understanding of the macro-economic and macro-social impacts of HIV/AIDS and a dearth of policy analysis and policy relevant research on the most seriously affected countries. For these countries, both national and international responses have been sparse and weak.

Some of the reasons for this have been compellingly spelled out by Barnett and Whiteside. Because HIV/AIDS manifests most obviously as a health problem, AIDS research and policy responses have been dominated by epidemiological and biomedical approaches. HIV prevention has been treated largely as an issue of individual behaviour change and AIDS mitigation has focused on the development of drugs and access to ART treatment. These are important but far from adequate as a response to epidemics which have been unfolding in much of sub-Saharan Africa and increasingly in India, China and some FSU countries. Most critically, they sideline three major features of epidemic level HIV/AIDS.

The first is the predisposing conditions and antecedents which render some societies more susceptible than others. Top of the list is poverty and associated high levels of inequality which feed the factors spreading the virus. These in turn are driven by global and local interconnections with food insecurity, drought, debt etc. This creates geographically and socially structured vulnerabilities which drive epidemics. It is not bio-medically coincidental that sub-Saharan Africa has been hit hardest. The second follows from that. Individual behaviours are embedded in these more broadly structured vulnerabilities. People act in relation to HIV/AIDS as part of social collectivities defined through gender, socio-economic status and a host of possible markers of identity which can affect vulnerability and subsequent response (“migrant” “street child” etc.). These are often recalcitrant to the language and prescriptions of individual behaviour change. Third, responses to AIDS have largely concentrated on technical measures (vaccines, drug treatment etc) and have not generally taken a long term perspective on vulnerability.

Tony Barnett (2004) has argued recently and persuasively that conventional economic modelling of the impact of HIV/AIDS on communities and national states does not take sufficient account of the “long wave” nature of the epidemic and associated vulnerabilities, and hence the long term impacts which it may have on the social

---
1 And to a lesser extent on households (see esp. Barnett and Blaikie 1992)
2 Tim Allen points to the difference in “policy” success in containment and management between rich and poor countries (Allen 2004)
3 the socio-economic trajectories which lead to high levels of risk in transmission through sex, MTC transmission, dangerous blood products and drug use are well analysed in micro studies
fabric. Apart from health impact, AIDS most notably manifests as a demographic effect on severely affected societies. By taking a toll particularly on the economically and reproductively active age groups, it skews household structures and dependency ratios and, in extremis, causes the breakdown of the intergenerational bargain which enables households to survive as social and economic entities and reproduce themselves through time. Other serious consequences follow from the loss of household viability such as socialisation of the young, loss of specialised knowledge passed on between generations etc. which in turn have potentially major macro-social consequences.

Barnett argues that economic modelling equally does not deal adequately (or at all) with non-market economic activity and how it is affected by HIV/AIDS. Given the division of labour within households, the impact of AIDS is always a profoundly gendered one. It affects the balance between market and non-market economic activities and between these and personal care burdens as households are forced to make labour substitutions or forego activities altogether.

These critical arguments are a challenge to the kind of impact modelling that has generally been done and help to explain why it is often both unconvincing and comes to widely different conclusions. Work has tended to focus on human capital impacts such as the implications for the supply of teachers. For instance a recent interesting and methodologically elegant article by Hamoudi and Birdsall (2004) looks at the supply, demand and productivity effects of AIDS on investments in education. As a cross country regression analysis, it factors in solely demographic variables and holds constant other assumptions about demand for schooling and skills which (they admit) could affect impact. Even if the demographic assumptions are reliable, it is quite possible that they will run counter to the increasingly complex dynamics that may get played out in “long wave” epidemics. These include changing individual and household level meanings and decisions about the value added of schooling in socially and economically dislocated households and communities, and the impact of transformed labour burdens on capacity to obtain schooling and skills.

What, therefore, are the research and policy implications and challenges of treating HIV/AIDS as a “long wave” shock? I will comment on the following issues: the methodological challenges of studying long wave shocks, the distinctiveness or otherwise of HIV/AIDS and the policy implications of a focus on long term vulnerabilities.

**Methodological challenges**

What kind of a variable is HIV/AIDS from a social and economic modelling perspective? It neither acts on its own to create a crisis, but nor is it just another exogenous variable to be added in to the analysis. Its impact is also contextually variable. We need more sophisticated methodologies if we are to get to grips with the macro-economic and macro-social impact of HIV/AIDS and other disease implicated long wave shocks. For instance, we do not yet have analytically developed templates for what the emerging social formations might look like. AIDS has thrown up and continues to throw up new combinations of social vulnerabilities in terms of certain

---

4 I use the term shock in preference to epidemic as it encapsulates better the intrinsically social dimensions of the crisis
sub-populations (e.g. young women) and groups marked out by a specific relationship with HIV/AIDS, e.g. orphans. But sociological research on vulnerability has generally looked at these groups separately rather than attempting to come to terms with the larger social landscapes in which they are embedded. For instance, what are the implications of major upheavals in household and community authority structures? How are gender, age and other socially ascribed means of allocating resources and responsibilities being affected? Are individuals and communities being rendered more socially and physically vulnerable? What is emerging to counter these effects?

These suggest the need for more complex modelling and scenario building for AIDS impact. This means developing better combined methodologies which could begin to model impact from a broader developmental perspective, using a range of variables such as scale of the epidemic, levels of poverty/inequality, interactions with other shocks and a range of social variables to capture degrees of social dislocation.

What is and is not distinctive about HIV/AIDS?
Most serious commentary by social scientists on the vulnerability impacts of AIDS has treated it as the dominant variable, albeit exacerbated by other economic, social and disease impacts (e.g. high levels of AIDS associated tuberculosis). Responses to AIDS have been highly disease specific through the creation of international and national policy apparatuses. However, it is important to step back and ask whether and in what particular ways AIDS is distinctive in a developmental perspective. Where does it need an exclusive focus and where might it make sense to move away from exclusive treatment? Understanding AIDS as a long wave shock opens up the possibility of comparing it to other long wave shocks and seeing what can be learned across them. I want provocatively therefore to argue for a much more comparative approach to understanding and dealing with the vulnerability consequences of HIV/AIDS in epidemic form.

As many have noted, a particular feature of HIV/AIDS is its timespan. While there are marked differences in survival rates between rich and poor societies,5 AIDS behaves in some respects more like a non-communicable chronic disease. There is a period of varying length when the affected person is able to function reasonably well. This can be greatly extended by ART. Without treatment, or where treatment ceases to be effective, it will be followed by declining health which will make increasing demands on household financial and care resources. This may be relatively short or relatively protracted. High rates of the disease make correspondingly higher demands on community and state support and on health care facilities and finance. This opens up the possibility of comparison with other long wave shocks which have originated in chronic health conditions. The two which most immediately come to mind are the catastrophic fall in life expectancy among middle aged men in Russia following the collapse of the Soviet Union,6 and the unfolding arsenic crisis in Bangladesh.7

5 And apparently in length of time between sero-conversion and onset of full blown AIDS
6 Whilst life expectancy has declined over the last 30 years, it has declined particularly dramatically for men. In the late 1990s it was estimated to be 71 for women and only 59 for men (UNFPA 1998). This is thought to be due to high increases in deaths among middle-aged men from cardiovascular disease as well as external causes such as murder, suicide, accidents and poisoning
7 Up to 80m people may be affected by arsenic contaminated drinking water as a consequence of an ill fated development intervention to provide “clean” drinking water from tube wells dug in the 1990s.
Some of the features which these long wave shocks may potentially have in common are:

- Demographic impacts, e.g. skewing of national, local and household demographic profiles; removal of age cohorts; impacts on fertility and on dependency ratios
- Injury to social structures, e.g. creation of “new” vulnerabilities such as orphans with/without AIDS, highly economically marginal migrants; threats to household viability; failures of socialisation and knowledge transmission
- Changes in gender relations, e.g. exaggerated masculinities (Barnett and Whiteside ibid); reinforcement or renegotiation of patriarchies; gender divergent survival strategies
- Existential crises, e.g. ‘the lack of a future that looks like the past’ (Caplan 2000); living with high levels of routinised premature death and chronic illness; fatalistic responses

There are two other obvious feature of long wave shocks. First, they are a combination of multiple shocks and complex causalities some of which are irreversible, such as climate change (Yamin 2004). Epidemic HIV/AIDS is generally associated with “accomplices” such as food insecurity, drought, high levels of poverty and conflict (UNDP 2004). The same is true of life expectancy falls in the FSU (collapse of employment and state support systems) and arsenic poisoning in Bangladesh (endemic poverty and proneness to major environmental disasters, natural and human driven).

Second, long wave shocks are complex and difficult in policy terms. They involve dealing with multiple dislocations, diverse agencies and a much longer time horizon than governments or international bodies are accustomed (or willing) to. I would propose that one major contribution to filling the research gap on AIDS and vulnerability would be a programme of long term research on long wave shocks and policy responses with a strong action research/citizen participation component. As well as the substantive research themes identified above, such a programme would be well placed to learn comparative lessons on the complexities of intervention. How local and participatory can and should policy responses be? How can external agencies operate in such a way as to support rather than undermine resilience and people’s own capacities to find creative solutions for themselves?

Outputs could also include improved modelling of future developmental impacts on communities of long wave shocks, building on work already underway, for instance, the UNDP South East Asia Programme’s Early Warning Rapid Response System (EWRRS) for HIV/AIDS. Part of this innovative initiative is concerned with modelling the likely implications of major developmental interventions (e.g. the building of a 2000 kilometre highway across southern China) for creating specific types of social and economic vulnerabilities to HIV infection in the developmentally affected communities (UNDP 2003). It combines a range of methods and includes inputs from communities and efforts to involve them in pre-emptive planning and action.

This has been called the largest mass poisoning in the world and in the worst affected produces eventual death by liver and skin cancers (Meharg 2005).

The recent Asian Tsunami also shares many of these features
More generally, we need policy thinking which recognises the very different realities which people are living with in the context of long wave shocks. As Scoones notes in the context of dryland farmers coping with the inherent uncertainties of climate change, we have much more to learn from settings where uncertainty is part of everyday existence and predictability and control are “false hopes” (Scoones 2004). This is a formidable challenge to policy makers.
References


http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=6506


