International AIDS Society

Stronger Together

The State of Social and Political Science Research Related to HIV: a Report for the International AIDS Society

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ACRONYMS

AIDS 2010   XVIII International AIDS Conference
ART   Antiretroviral treatment
BBV   Blood-borne virus
CDC   Centers for Disease Control and Prevention
CROI   Conference on Retroviruses and Opportunistic Infections
HAART   Highly active antiretroviral treatment
HSV   Herpes simplex virus
IAS   International AIDS Society
JAIDS   *Journal of Acquired Immune Deficiency Syndromes*
IDU   Injecting drug user
MSM   Men who have sex with men
NGO   Non-governmental organization
PEPFAR   US President's Emergency Plan for AIDS Relief
PLHIV   People living with HIV
PREP   Pre-exposure prophylaxis
RCT   Randomized controlled trial
STI   Sexually transmitted infection
UNAIDS   Joint United Nations Programme on HIV/AIDS
UNGASS   United Nations General Assembly Special Session
WHO   World Health Organization

Executive Summary

This report contains a review of the state of social and political science research on HIV and AIDS. Its aim was to assess the state of the field so that the International AIDS Society (IAS) can better encourage and support social and political science research through its activities, particularly its international conferences. The review analyzed the most commonly published types of social and political science research on HIV and invited international experts to consider challenges and opportunities within the field. Fifty experts took part, giving their opinions on how to strengthen HIV social science research.

Appreciation of the significant role that the social and political sciences have played in HIV prevention, treatment and care has declined as the focus on treatment and biomedical prevention technologies has grown stronger. Yet, as many social and political scientists point out, HIV is a profoundly social disease, its causes and consequences deeply embedded in the social, cultural and political processes that shape national development, social institutions and civil society, interpersonal relations and everyday lives. HIV transmission continues to increase in many countries and universal access to treatments continues to be an unmet aspiration. In these circumstances, social and political science research is essential to complement and strengthen biomedical research in order to identify ways forward in the global pandemic. For more detail on the contribution of the social and political sciences, see Section 2.

Literature Review

The literature analysis found that social and political research on HIV is best represented in non-HIV-related social science journals (like *Social Science & Medicine*), followed by medical and public health journals (including the *American Journal of Public Health* and *AIDS*). It is poorly represented in journals that focus on behavioural HIV research (such as *AIDS & Behavior* and *AIDS Care*).

Many papers ostensibly published on social or political science were primarily concerned with HIV interventions; this was the case across all of the journals we reviewed. There were considerably fewer publications on the social and political "drivers" of HIV epidemics, and papers on drivers were particularly unlikely to appear in specialist HIV journals. This suggests that the readership of specialist HIV journals is unlikely to be well informed about current developments in social and political research, particularly those concerned with the contexts and drivers of HIV epidemics or of critical scholarship on HIV interventions and policies. We believe this underlines the importance of strengthening the social and political science content within specialist HIV journals through revised editorial policies and editorial board memberships. Details of the literature review can be found in Section 3.

Survey of Key Informants

Key informants had strong opinions on the state of social and political research on HIV. All agreed on the importance of social science perspectives in understanding HIV epidemics and guiding responses. However, many believed that social and political research was marginalized within the HIV field, weakening effective responses. The tenuous or poorly supported position of social and political research on HIV was seen to be driven by a constellation of factors, including:
- Poor recognition of the value of social science research
- The failure of social scientists in making their findings accessible
- The exclusion of social and political science approaches from funding frameworks and conferences
- A lack of social science representation on peak bodies, editorial boards and funding agencies.

Maintaining a critical perspective on developments within the HIV field was seen as an important but risky endeavour in a field dominated by biomedical research. Participants responded in two broad ways: adapting to the priorities of biomedicine and public health; or maintaining an autonomous HIV social science agenda. Both strategies clearly have strengths and weaknesses.

Building bridges between social science, public health and biomedicine was therefore seen as a priority. Many respondents already worked with biomedical researchers in joint HIV research. However, the agenda for such collaborative work was often dominated by public health priorities, and incorporating social science research questions could be difficult. Truly collaborative work requires both biomedical researchers and social scientists to understand more about each other's ways of working. Promoting interdisciplinary training and dialogue were therefore seen as important in strengthening the place of social and political sciences in HIV research. Details of the key informant survey can be found in Section 4.

Key informants came overwhelmingly from North America, Europe and Australasia. There was a reasonable response rate from those approached in Africa and South America, and a low response rate from HIV experts in Asia. There were also low response rates from those currently working in public health and anthropology. Comparing the disciplinary training of 50 respondents with the fields in which they currently work, it appears that for many, there has been a shift away from location within single academic disciplines (notably, anthropology and sociology) towards conducting HIV research in interdisciplinary environments, dedicated HIV organizations and public health departments. Psychology and politics appear to be fields where the proportions of respondents who trained and currently work in each area are roughly the same. It should be noted, however, that of those approached to participate in the survey, there were nearly twice as many psychologists and behavioural scientists as political researchers.

Priority Research Issues

The key informant interviews and the mapping of the literature identified a number of priority issues and gaps in research. Among these was a call for more detailed work on the role of social and political drivers in HIV transmission, especially in developing structural interventions for HIV prevention. Research investigating HIV stigma and related discrimination was also identified as key to understanding why people fail to come forward for testing and treatment: such research involves investigating the manner in which individuals and communities understand HIV, and also the medical and public health responses to the epidemic.

The conceptual confusion surrounding efficacy (what works) and effectiveness (what works in practice) in HIV interventions requires further attention. For instance, there was concern among many participants that biomedical prevention technologies may prove to be efficacious, but not "work" when used by people under real-world conditions. The positioning of randomized controlled trials as the "gold standard" of evidence has also meant that appropriate evidence for the effectiveness of complex prevention programmes has been difficult to establish. These issues underlined a key theme of this review: the need for equitable, interdisciplinary cooperation between social and political scientists and biomedical researchers. For a more comprehensive list of research priorities, see Section 5.2.

Recommendations to the IAS

Our analysis of the literature and the respondents' contributions suggest a number of ways to strengthen HIV social science and its contribution to the HIV field.

Strengthening Social and Political Research on HIV

- The IAS should lobby for increased funding of social and political research on HIV from all major funding agencies.

- The IAS should consider taking the initiative to support an international HIV social and political science network, governed by leading social and political researchers.

- The IAS should bring up discussions with potential stakeholders to start a social science journal devoted to HIV and AIDS.

- The IAS should promote the thinking that social and political research is an expected element of all major trials of HIV interventions so that social and political implications are considered before trial results are released.

- The IAS should hold symposia and/or events, focused on social and political science analysis of relevant topics, at conferences.

Increasing Social and Political Science Representation in the HIV Field

- The IAS should actively promote social and political science experts to stand as candidates for its governing body, as well as those of other international HIV organizations and funding agencies.

- Promote institutionalization of social and political science editors for specialist HIV journals, such as *AIDS,* as has recently been done for the *Journal of the International AIDS Society*.

Conference Organization

- Ensure that the Scientific Programme Committee of the International AIDS Conference has a member (or members) with expertise in social or politcial science.

- Ensure that track committees (for Tracks D and F) for the XVIII International AIDS Conference (AIDS 2010) attract members with expertise in the range of approaches used in the contemporary social and political sciences. Reflecting new approaches in the composition and sub-themes of tracks will encourage new scholars to participate in the conferences.

- Social science plenaries should be given at IAS conferences and be organized and delivered by leading social and political researchers.

- Crossover conference sessions on "hot topics", where dialogue between social and biomedical researchers is encouraged, should be facilitated at IAS conferences.

- Strengthen social science in Track D of AIDS 2010 by exclusion of content that should be submitted to other tracks.

- Re-focus abstract categories of Track D at AIDS 2010 so that contemporary social science issues are not confused with "behavioural science" or community work.

- The IAS should evaluate these changes within two years and consider if there is a need for a new, separate HIV social science conference.

Capacity Building

When supporting initiatives aimed at improving social science research capacity in HIV, the IAS should focus on the following areas:

- *Building literacy in social and political science approaches*
  This could be done through, for example: soliciting reviews of key social and political science approaches for major HIV journals (e.g., *AIDS*); giving more prominence to social and political science at basic science and

clinical research conferences; and facilitating joint papers and seminars between leading social and biomedical researchers.

- *Training in HIV social science techniques*
  Examples are: sponsoring master classes by leading social and political researchers for students and junior researchers; establishing social science training networks for HIV researchers; and sponsoring placements in social and political research organizations for HIV researchers.

- *Sponsorship of training in interdisciplinary social and biomedical research*
  Ways to do this include: developing seminars, workshops and training programmes delivered jointly by leading social science and biomedical researchers in HIV research; and initiating postgraduate scholarships and other awards in interdisciplinary HIV research.

- *Targeting fellowships and scholarships to HIV-focused social and political science researchers in developing countries.*

1. Background

Since the very earliest days, HIV has been recognized as having social, as well as biomedical, significance. It has also been recognized that there is not one HIV epidemic, but many. Generalized epidemics affect entire populations, while concentrated epidemics affect particular populations, such as men who have sex with men (MSM) or people who inject drugs. The different profiles of these epidemics underscore the central role played by social, cultural and political drivers of HIV transmission. In addition, the responses of individuals, communities and governments to epidemics vary dramatically. In some contexts, HIV has caused fear and discrimination, while in others, it has triggered responses of solidarity and community activism. The impact of HIV and AIDS on individuals, households and communities, as well as on nations and regions, also varies, with HIV and AIDS affecting the socio-economic, cultural and political fabric of countries and regions.

In the light of the important role that the social and political sciences can play in responding to HIV globally, regionally and at country level, the International AIDS Society (IAS) commissioned an analysis of the state of HIV-related social and political science research. The overall objective of this critical review is to assess the state of social and political science research to inform IAS policy and practice. Its major goal is to highlight ways in which the IAS can strengthen social and political science research on HIV.

Based on the responses of key social and political researchers working in HIV and related areas and on a mapping of recent and current HIV-related research, the report, and the analysis on which it is based, aims to:

- Identify priority issues, omissions and challenges for research on the social and political aspects of HIV prevention, treatment and care

- Identify ways in which the IAS and its conferences can facilitate a stronger voice for social and political science research on HIV

- Provide key recommendations for future social and political research priorities on HIV.

1.1 Report and Methodology

This report consists of four parts:

i.   An introduction, offering a description of social and political sciences and how they differ from and complement the "natural sciences" with reference to HIV-related research

ii. A mapping of current social and political science research on HIV, documenting evidence relating to the drivers of vulnerability and

risk, the responses of nations, communities and individuals, and the social and political impact of HIV and AIDS

iii. The findings from a survey of experts engaged in or supporting social and political science research on HIV

iv. The identification of priority issues and gaps in HIV social and political research, including key challenges and opportunities for future research, and recommendations concerning the role of the IAS in strengthening social and political science research on HIV, particularly with regard to its international conferences.

In going about this work, we employed two main strategies. These were to:

- Review a sample of the social and political science research literature on HIV from 2005 to 2009, with special reference to research in prevention, treatment, care and impact mitigation. Our mapping searched the major AIDS and social and political science journals, including: *AIDS; AIDS & Behavior; AIDS Care; AIDS Education and Prevention;* the *American Journal of Public Health; Culture, Health & Sexuality; Health Affairs; International Affairs*; the *International Journal of Drug Policy;* the *Journal of the International AIDS Society;* the *Journal of International Development; Journal of Sex Research; The Lancet; Medical Anthropology; Sex Education; Sexualities;* and *Social Science & Medicine*.

- Identify and interview key social and political science researchers in order to capture current thinking with regard to social and political research priorities, opportunities and major challenges. In total, we identified around 100 key social and political scientists working in HIV, AIDS or associated areas, and interviewed 50 of them, with follow-up supplementary interviews of 30.

Having completed the review and survey, we consulted with the Social Science Working Group of the IAS and a small number of social and political science researchers on the report's structure and recommendations. In developing this report, we have worked hard to remain faithful to the data elicited and the views expressed by respondents. While no one individual perspective has influenced the overall conclusions and the recommendations contained within it, we hope that for everyone who contributed to the report, there are moments of resonance in the views expressed.

2. Introduction: Contribution of the Social and Political Sciences

Over the past three decades, the social sciences[1] have played a significant role in HIV prevention, treatment and care (Nguyen & Stovel, 2004). Among other things, the social sciences have provided evidence on: the social and political contexts of HIV epidemics and the social, political and economic drivers of transmission risk and vulnerability; the responses of nations, communities and individuals to HIV and AIDS and to biomedical and social interventions; the impact of these responses on HIV transmission rates and on HIV-related morbidity and mortality; and the social, political and economic impact that HIV infection and death have had on communities, regions and countries, including the effects of stigma, discrimination and denial.

In the light of recent advances in the treatment of HIV and in biomedical prevention technologies, there is currently a strong focus on the contribution that biomedical sciences might make to the epidemic. This has been paralleled by a decline in the appreciation of the contribution of the social and political sciences to the HIV response, at least in some policy circles. Yet, as many social and political scientists have pointed out, HIV is a profoundly social disease, the causes and consequences of which are deeply embedded in the social, cultural and political processes that shape national development, social institutions and civil society, interpersonal relations, and the everyday lives of communities, families and peoples. HIV transmission and prevention are "no more functions of viral pathogenesis than the *context* in which local epidemiologies are shaped" (Sawires *et al*, 2009). HIV transmission continues to increase in many countries and universal access to HIV treatments continues to be an unmet aspiration. In these circumstances, social and political science research (together with the insights, programmes and interventions it generates) is essential to complement and strengthen biomedical research in order to identify ways forward in the global pandemic.

Notwithstanding the support of some biomedical researchers, there is growing concern among many social researchers that the contributions that the social sciences have made are not recognized (see Section 4 of this report). Part of the problem here lies in the fundamental differences between the natural and social sciences. In his book, *The Three Cultures,* Jerome Kagan describes the differences between the natural sciences, the social sciences and the humanities, and discusses what each "culture" contributes to human understanding. Inspired by CP Snow's earlier book, *The Two Cultures,* Kagan describes how a third culture, generally termed "social science" and comprising the fields of anthropology, economics, political science, sociology and psychology, has grown in importance. He examines the assumptions,

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[1] We will use the term, "social sciences", to include anthropology, cultural studies, education, linguistics, media studies, political science, sociology, psychology and related disciplines. We have excluded economics from this umbrella term.

vocabulary and contributions of each of these three cultures and summarizes the contributions of the social sciences and the humanities to our understanding of human nature and human societies.

Kagan (2009) distinguishes the three cultures with reference to nine characteristics or dimensions, which he lists as:

1. The primary questions asked, including the degree to which prediction, explanation or description of a phenomenon is the major product of enquiry

2. The sources of evidence on which inferences are based and the degree of control over the conditions in which the evidence is collected

3. The vocabulary used to present observations, concepts and conclusions, including the balance between continuous properties and categories and the degree to which a functional relation is presumed to generalize across settings or is restricted to the context of the observation

4. The degree to which social conditions, produced by historical events, influence the questions asked

5. The degree to which ethical values penetrate the questions asked and the conclusions inferred or deduced

6. The degree of dependence on external financial support from government or industry

7. The probability that the scholar works alone, with one or two others, or as a member of a large team

8. The contribution to the national economy

9. The criteria that members of each group use when they judge a body of work as elegant or beautiful.

In their work, natural scientists tend to emphasise material processes, downplaying the influence of the historical and socio-cultural context and their associated ethical values, and are primarily concerned with the relations between a concept and a set of observations. They are interested in prediction and generalizability. In matters of human nature and behaviour, social scientists and humanists resist giving biology too much influence, rely heavily on semantic networks, and are as concerned with the relations among a set of semantic terms as they are with the relations between a concept and evidence. While also interested in generalizability, they are interested in the manner in which cultural and historical conditions give rise to different behaviours or practices: their concern is often with the *local* and *particular* rather than the *global* and the *general*. Social scientists acknowledge that a one-to-one relationship between the independent variables and the outcomes

under study is extremely unlikely and seek explanation – answers to *why* things happen – with reference to socio-cultural and historical conditions.

In more detail, Kagan compares the three cultures as follows (Table 1):

Table 1: Characteristics of natural and social sciences[2]

Dimension	Natural sciences	Social sciences/ humanities
1: Primary interests	Prediction and explanation of all natural phenomena	Prediction and explanation of human beliefs/ideologies and behaviours/practices and an understanding of the ways in which such beliefs/ideologies and behaviours/practices are a function of culture and history
2: Primary sources of evidence and control of conditions	Experimentally controlled observations of material entities	Behaviours/practices and verbal statements/written texts gathered under conditions of varying control
3: Primary vocabulary	Semantic and mathematical concepts whose referents are the material entities of physics, biology etc. and which are assumed to transcend particular settings	Constructs referring to beliefs/ideologies and behaviours/practices of individuals/groups, with an acceptance of the constraints that the context of the observation imposes on generality
4: The influence of culture and historical conditions	Minimal	Modest – Major
5: Ethical influence	Minimal	Major
6: Dependence on outside support	Highly dependent	Moderate – Minimal dependence
7: Work conditions	Small and large collaborations	Small collaborations – Solitary
8: Contribution to national economy	Major	Modest
9: Criteria for beauty	Conclusions that involve the most fundamental material components in nature inferred from evidence	Conclusions that support a broad theoretical view of human thought and behaviour and semantically coherent arguments

To illustrate how Kagan's characterizations of the different approaches of the natural and social sciences might play out in HIV research, let us consider the role of technology in HIV prevention. *Effective* prevention is not only dependent on *efficacious* HIV prevention tools and/or technologies, but also

on the successful uptake of them, and their large-scale adoption and use as strategies in everyday life.

The test for the *efficacy* of condoms or male circumcision meets the criteria of the natural sciences: under controlled trial conditions, researchers can establish that male circumcision or proper and consistent condom use reduces the likelihood of HIV transmission. The relationship between such ideal use of the technologies (male circumcision or condoms) and HIV transmission rates is potentially generalizable, that is, if the relationship can be shown to obtain under "real world" conditions and independently of socio-cultural and historical factors, which are controlled for under experimental conditions. *Natural science* can also typically explain *why* the particular relationship between the intervention and reduction in HIV transmission holds by indicating a material or physiological mechanism, as is the case with condoms and male circumcision.

The test for *effectiveness* on the other hand – or the strength of the relationship in the real world – is unlikely to meet these same criteria. Given that male circumcision and condom use are socio-cultural practices, as are all sexual practices, it is extremely unlikely that there is any *one* mechanism or process that accounts for the observed relationship between the adoption of male circumcision or the adoption and sustained use of condoms, on the one hand, and a reduction in HIV transmission rates, on the other. Such relationships are likely to vary and the processes underlying them to differ from one set of socio-cultural conditions to another.

For example, while condoms may be used properly and consistently with casual sexual partners by some populations in some parts of the world, their use may diminish within stable relationships, such as marriage or concurrent, regular and committed relationships. Furthermore, the practice of using condoms or having oneself or one's sons circumcised, has to be adopted and, in the case of condom use, sustained, over and over again. Social transformation and the embedding of preventive practices in everyday life are necessary to translate efficacious technologies into effective ones.

One of the unique contributions that the social scientist can make is explaining how and why practices – such as male circumcision or condom use – are influenced by the historical moment and the socio-cultural conditions in which such practices are produced and enacted by individuals. The explanations of the adoption of male circumcision as a common (or rare) practice, or the uptake and sustained use of condoms, are unlikely to be singular; rather, *patterns* of practice will give an indication of the socio-cultural variables that influence their uptake and use. Biological processes are only one of the main drivers and determinants of variation in human behaviour; the other major determinants are social, cultural and historical.

More generally, with reference to HIV and AIDS, social science can contribute to an understanding of:

- The interpersonal, socio-cultural and political drivers and factors associated with individual risk and social vulnerability in relation to HIV

- The responses of people and populations to:
  - the threat of HIV and AIDS
  - biomedical interventions regarding HIV-treatment and HIV-prevention programmes
  - social/behavioural interventions regarding HIV-treatment and HIV-prevention programmes

- The impact of HIV and AIDS – social, political, and economic – on individuals and collectives (families, households, networks and communities) and on institutions, governments and nations.

3. Mapping of the Literature (2005-2009)

While social and political scientists are more likely to turn to publishing books in order to have their say, it is unlikely that these books are read by their biomedical colleagues. We have not mapped social science books on HIV and AIDS: we restricted our search to academic journals. A number of journals were searched for key articles on the social and political aspects of HIV, and the use of social science within the HIV field. The aim was to identify the major approaches to social and political science within the HIV field, key debates about HIV social and political science, and reviews and assessments of the social and political impact of HIV. The literature search therefore excluded many reports of discrete social and behavioural studies, and focused on reviews, editorials, theoretical essays and groundbreaking studies.

A small set of key words was used to search each journal. It is important to note that, depending on the type of journal, different search terms were used. For example, for journals whose primary focus is HIV or AIDS, it would not have made sense to use "HIV" as a search term on its own; the qualifying terms, "social science" or "political science" or "review", were added. However, within general social science journals, using "HIV" as a search term on its own ensured that no results were missed. Wherever possible, each journal was searched separately, using the journal's Internet homepage or its publisher's website. Occasionally, when there was no direct access to the journal's archives online, a composite database (such as Web of Science) was used to search the journal's published articles. All search results were vetted and refined by the authors to exclude papers not of direct relevance to the mapping exercise.

The selected medical journals included: *AIDS, American Journal of Public Health, Journal of the International AIDS Society, The Lancet* and *Health Affairs.* In *AIDS*, we selected those papers listed under the "Epidemiology and Social" section of the journal, as well as Opinion and Review papers. In the *Journal of the International AIDS Society*, we searched for the terms, "social science" or "political science" or "review". In *The Lancet* and *Health Affairs*, we searched for "HIV", and in the *American Journal of Public Health*, we searched for "HIV" and "social" or "political".

The selected behavioural journals included: *AIDS Care, AIDS & Behavior,* and *AIDS Education & Prevention.* For these journals, we used the search terms, "review" and "social science" or "political science".

Regarding non-AIDS-specific journals, we sampled: journals with a social health and medical focus, including *Social Science & Medicine, Culture, Health & Sexuality,* and *Medical Anthropology*; journals with a political and international development focus, including the *Journal of International Development* and *International Affairs*; and journals devoted to drug use or sexual practice, such as *Culture, Health & Sexuality, Journal of Sex Research, Sexualities, Sex Education* and the *International Journal of Drug Policy*. For all these journals, we used "HIV" as a search term. We also

conducted a Web of Science search limited to social science journals, using the terms, "HIV" and "review".

Results from journals and search engines were then reviewed to identify papers of the most relevance to the mapping study. We also included articles that we came across in the day-to-day business of our research.

3.1 Journals

The literature in the journals was mapped in order to describe and document the general fields in which social and political science research has been carried out. We used three major fields of interest. These are:

A: Social and political *drivers* associated with risk and vulnerability:
- The interpersonal, socio-cultural and political drivers of, and factors associated with, sexual and drug use practices and access and uptake issues in relation to HIV treatment.

Included here were papers that provide evidence for and discuss the manner in which social factors (such as gender, ethnicity and educational achievement) and political factors (such as policing policies and funding decisions) give rise to HIV transmission risk and low uptake of HIV testing and treatment, act as barriers to safe sexual and injecting practices, or more generally, are associated with risk and vulnerability in populations, communities and individuals.

B: The *responses* of people, both individual and collective, to:
- The threat of HIV and AIDS
- Biomedical interventions regarding HIV-treatment and HIV-prevention programmes
- Social/behavioural interventions regarding HIV-treatment and HIV-prevention programmes.

Included here were papers that provide evidence for and discuss the responses of nations, communities and people to the threat of HIV (such as the development of national HIV strategies, community mobilization and adoption of safe sex strategies), as well as the responses of nations, communities and people to biomedical and social/behavioural interventions (such as antiretroviral treatments, vaginal microbicides and knowledge of HIV test status).

C: The social/ political/economic *impact* of HIV and AIDS
- The impact of HIV and AIDS on individuals and collectives (families, households, networks and communities), and on institutions, governments and nations.

Included here were papers that provide evidence for and discuss the impact of HIV on national security and demography, on rural and urban economies, and on public health systems. This section also includes papers on stigma and discrimination and issues in relation to human rights more generally.

We also used the following category:

D: Theoretical/reflective
Included here were papers that discuss two or more of the three major fields of interest and provide a theoretical and reflective analysis on those fields.

The detailed journal mapping is summarized in Table 2 and discussed on the following pages.

Table 2: Types of HIV-related articles published in medical, behavioural and social science journals, 2005-2009

	Medical journals		Behavioural journals		Social science journals		Total	
	N	%	N	%	N	%	N	%
Interpersonal drivers	3	2.8	3	8.8	8	8.0	**14**	**5.8**
Socio-cultural drivers	19	17.4	2	5.9	20	20.0	**41**	**16.9**
Political drivers	7	6.4	0	0.0	6	6.0	**13**	**5.3**
Response to HIV threat	4	3.7	3	8.8	7	7.0	**14**	**5.8**
Biomedical intervention responses	29	26.6	5	14.7	6	6.0	**40**	**16.4**
Social/behavioural intervention responses	29	26.6	16	47.1	29	29.0	**74**	**30.4**
Social, political and economic impact	5	4.6	1	2.9	16	16.0	**22**	**9.1**
Reflective/ theoretical papers	13	11.9[1]	4	11.8	8	8.0	**25**	**10.3**
TOTAL	**109**		**34**		**100**		**243**	

[1] Mainly contributed by *The Lancet* editorials

3.1.1 Medical Journals
AIDS; American Journal of Public Health; Health Affairs; Journal of the International AIDS Society; The Lancet; PLOS Medicine; and others

These journals publish across the range of disciplines, from the biomedical, clinical and epidemiological to the social and political. We searched these journals using the key words, "HIV" (if it was a non-specialist journal), and "HIV" and "social science" or "political science" if it was a specialist HIV journal.

Of the 109 papers reviewed, and in terms of the categories described on the previous pages, these journals contain more papers in the "response"

category (56.9%) than in any other category. The largest proportions (53.2%) of papers reviewed over the past five years fell equally into the categories of "biomedical intervention response" or "social intervention response".

A comparatively smaller proportion of papers fell into the "context/drivers" categories (26.6%) with most of these falling in the "social drivers" category (17.4%). Only 4.6% of papers in these medical journals fell into the "impact" category. The remainder fell within the category, "reflective/theoretical" papers (11.9%), with the majority of these being published in The Lancet as editorial pieces.

3.1.2 Behavioural HIV Journals
AIDS & Behavior; AIDS Care; AIDS Education & Prevention

These are behaviourally oriented HIV journals. We searched these journals using the terms, "review" and "social science" or "political science".

Of the 34 papers[2] reviewed, almost half (47.1%) fell into the category of "social behavioural intervention response", with a smaller proportion (14.7%) falling into the category, "biomedical intervention response". The remainder of the papers fell into the categories of "drivers" and "impact" in similar proportions to the medical journals searched, with 14.7% being categorized as falling into the "context/drivers" categories; note that there were no papers in the "political driver" category, and 2.9% fell into the "impact" category. A similar, although somewhat smaller proportion to the medical journals (11.8%), fell into the "reflective/theoretical" category.

3.1.3 Social Science Journals
Culture, Health & Sexuality; International Affairs; International Journal of Drug Policy; Journal of International Development; Journal of Sex Research; Medical Anthropology; Sex Education; Sexualities; Social Science & Medicine; Health Education Research; **and others**

These journals focus on social health (such as *Culture, Health and Sexuality* and *Social Science & Medicine),* practices related to HIV risk (such as *Journal of Sex Research* and *International Journal of Drug Policy*), or on policy and international development (such as *International Affairs* and *Journal of International Development*). We searched the journals using the term, "HIV".

Of the 100 papers searched, similar proportions fell into the "context/drivers" category (34%) and the "response" category (42%), with the bulk falling into either the "social/behavioural intervention" response category (29%) or the "social" and "political" context/driver categories (26%).

These journals also contained by far the greatest percentage of papers that fell in the "impact" category (16%). Eight percent of papers fell in the "reflective/theoretical" category.

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[2] Note that we did not categorize all papers, but concentrated on those papers that were broad in scope and contained reviews of the literature.

3.2 Discussion and Analysis

3.2.1 Responses to HIV Threat and Interventions

Overall, the largest proportion of papers fell into the "response" category (52.6%), with by far the greatest proportion of papers concerning "intervention" responses categories (46.8%). Over the past five years, most papers published in the journals we reviewed concerned descriptions of interventions or programmes designed to ensure uptake of medications and/or treatment or to produce reductions in HIV-related risk practices that are linked to HIV transmission. There were far more papers concerned with social and behavioural interventions than with biomedical interventions; however, this is most likely to be a function of the journals and papers selected, i.e., we targeted social research and excluded biomedical research in this review.

An interest in "intervention" response research makes sense in that it reflects the concerns of HIV public health to ensure: that those who are in need of treatments have access to them; that efficacious HIV-prevention technologies and strategies are being taken up by populations at risk of HIV; and that health promotion in all its forms is informing government and communities and increasing the knowledge and skills of vulnerable and at-risk individuals.

However, while such research is to be applauded, it is of concern to note that many of the papers, especially the review papers, adopt comparative experimental paradigms to assess effectiveness. While there is acknowledgement of the complexity of the areas under study, especially in the more reflective papers, there is a notable absence of research of the kind that describes the social and cultural conditions in which uptake of particular health promotion messages produce changes in social understandings and norms.

Most of papers categorized under "response to intervention" describe either efficacy trials of biomedical interventions or "one-off" social/behavioural interventions (generally devoted to evaluating a relatively short-term intervention, such as voluntary counselling in which patients are urged to use condoms). Very few papers focus on long-term responses by nations or communities to promote and facilitate the sustained change of practices or social and cultural norms that place people at risk of HIV.

Within the "response" category, relatively few papers map the responses of people and communities to the threat of HIV (5.8%). Although much of this research has been done, research that maps the local responses of peoples and communities to changing epidemics needs to continue. The call by international agencies, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), to "know your epidemic" is as urgent now as in the past. This is especially the case for countries in southern Africa, where there are few data describing the practices of people and communities that place them at risk, and even fewer longitudinal data that provide a view of responses to prevention and treatment programmes over time. There is also a dearth of

data that provide a nuanced understanding of the patterning of HIV-related risk practices with reference to socio-cultural and political influences.

3.2.2 Socio-cultural and Political Drivers

Papers in these categories (22.2%) were concerned mainly with socio-cultural drivers of HIV epidemics. Some were interpersonal (5.8%), but the majority fell into the macro-social category (16.9%). There were few (5.3%) that fell into the political driver category; indeed, if it had not been for a special issue in *International Affairs* in 2006, there would have been far fewer papers in this category.

Given the need to understand what produces or drives HIV-related risk and the barriers to treatment uptake, more research in these areas is sorely needed, particularly in the area of political and structural drivers. The question to raise here is: why is there an absence of published work on political and structural drivers? There are journals that publish in the area, including medical journals, although the latter's editorial demands, such as short word limits, tend to discourage such papers. Relatively new journals, like *Global Public Health*, may encourage more papers in political and structural contexts of HIV (and, indeed, in the area of "impact", where there are even fewer papers).

3.2.3 Social, Political and Economic Impact

The smallest proportion of papers (9.1%) fell into the "impact" category, signalling the need for far more research in this area. The number of papers in this category is likely to grow over time as the impact of morbidity and death becomes more apparent.

3.2.4 Reflective and Theoretical

These more discursive papers make up 10.3% of the total. While many of them were in the form of editorials and hence quite short, some of them were more wide ranging and, for example, raised questions about or critiqued current approaches to conceptualizing and applying HIV prevention and care.

3.2.5 Different Journals, Different Papers

As one would expect, there are differences between the three sets of journals we reviewed with regard to the types of paper they attract and publish. However, it is of interest to note that the behaviourally oriented AIDS journals have a narrower range of offerings than the medical or the social science journals, with just over 70% of papers in the behavioural AIDS journals falling into the "response" categories. The medical and public health journals are, interestingly, more inclusive of the social sciences and are almost twice as likely to contain papers devoted to social and political "drivers"; they contain 26.6% of papers concerned with drivers, compared with 14.7% in the behavioural journals (34% of papers in social science journals pertain to drivers of HIV). The social science journals are far more likely to contain

papers devoted to socio-cultural and political impact – 16%, compared with 4.6% in the medical journals and 2.9% in the behavioural journals.

These figures suggest that: (1) an HIV/AIDS journal devoted to the social and political sciences may be needed; and (2) more effort is needed to ensure that social science research, especially impact research, is published in the medical and behaviourally oriented or public health-focused HIV journals. Publication of this type of research might be more likely if the medical and behavioural journals had social science editors, as well as biomedical or behavioural science editors.

4. Results of the Key Informant Survey

A range of international experts, working in or with an interest in the social sciences, were invited to give their opinions on:
- The current state of social and political research on HIV and AIDS
- Barriers to the participation of social and political scientists in the HIV field
- Social and/or political research priorities and opportunities for engagement.

The questions used in the initial interview schedule were:

1. How long have you been working on HIV and in what capacity? What is your background/training in social science research?

2. What are the key changes that have taken place in the epidemic? (You may respond either with reference to your own country/experience or more generally with reference to the global epidemic/s). How might social science help understand these changes and the responses we ought to make?

3. What do you see as the most significant challenges/problems/issues currently posed by HIV?

4. What would you say are the most significant current issues that need to be tackled or rethought if prevention is to be effective? What role might social science play in responding to these?

5. What are your thoughts about the current organization of the HIV field? What are your thoughts re the placement of social science within it?

6. How might social and political science research play a more useful role and better inform the HIV response? Please be as specific as possible.

Tables 3 and 4 give an overview of the regional locations of the 50 respondents, their disciplinary backgrounds and the fields in which they currently work.

Table 3: Geographical region of key informants

Geographical region	Approached	Replied
Africa	14	6
Asia	9	1
Australasia	8	7
Europe	22	11
North America	40	22
South America	7	3
Total	**100**	**50**

Table 4: Current field of work and disciplinary backgrounds of key informants

Current field	Approached	Replied	Disciplinary background
Anthropology	11	2	6
Consultancy	2	2	1
Economics	2	2	1
Education	1	1	2
HIV agency, centre or organization	11	7	2
International development	10	3	1
Interdisciplinary social science	7	5	1
Non-governmental organization	1	1	4
Politics/political science	8	4	5
Psychology/ psychiatry/ behavioural science	13	7	8
Public health/ epidemiology	23	9	3
Social policy	1	1	1
Sociology	10	6	15
Total	**100**	**50**	**50**

Respondents came overwhelmingly from North America, Europe and Australasia. There was a reasonable response rate from those approached in Africa and South America, although there was a low response rate from HIV experts in Asia. There were also low response rates from those currently working in public health and anthropology. Comparing the disciplinary training of 50 respondents with the fields in which they currently work, it appears that for many there has been a shift away from location within single academic disciplines (notably, anthropology and sociology) towards conducting HIV research in interdisciplinary environments, dedicated HIV organizations and

public health departments. Psychology and politics appear to be fields where the proportions of respondents who trained and currently work in each area are roughly the same, although it should be noted that nearly twice as many psychologists and behavioural scientists as political researchers were approached to participate in the survey.

The following sections summarize the most commonly expressed views by key informants. Minority opinions are provided for contrast, where appropriate.

4.1 The Place of Social and Political Science in the HIV Field

Key informants were asked to reflect on the development of the HIV epidemic, the changes seen in national and international responses, current challenges for HIV prevention, and the place of social and political science in the ongoing response to the global pandemic. Perhaps unsurprisingly, many respondents expressed frustration at the difficulty of maintaining a social and political research agenda within a field that is heavily influenced by biomedical, clinical and public health research. Respondents also made a number of observations about the HIV epidemic (and the state of HIV prevention, in particular) that reflect contemporary debates within the field.

4.1.1 The Importance of Social and Political Approaches

Respondents reflected on the key role that social and political research had played (and continues to play) in informing and guiding HIV responses, nationally and internationally. Respondents pointed out that social research had helped identify the practices that put people at risk of infection, the significance of those practices to the people who engage in them, and the ways in which people could reduce the risk of HIV transmission. Political research had analyzed the conditions necessary for successful HIV responses, how societies adapt to large-scale epidemics, and the security and governance issues generated by the evolving pandemic.

Attention was drawn to the ways in which social and political researchers worked with affected communities in demystifying the intimate (and often stigmatized) practices implicated in HIV transmission, in understanding the contexts of HIV transmission and people's understanding of transmission risks, and in analyzing the impact of HIV on individuals, families, communities and societies. Working alongside educators and policymakers in developing education campaigns that were relevant to different populations was seen as an important role taken up by social and political scientists, as was documenting and analyzing the personal and social effects of clinical engagement and treatment:

> In the early years of the epidemic, when little was known about the virus, social and behavioural sciences were given a more prominent role and [they] contributed to both HIV prevention and quality of life of affected and infected communities.

… crucial insights from the earliest days of the epidemic – for example, insights about the wildly diverse ways in which sexual practice is socially structured in different times and places, and the implications of that diversity for the prevention of HIV transmission.

Participants asserted that social and political sciences were central to a successful response to HIV, especially to HIV prevention. Understanding how successful partnerships between affected communities, health organizations, researchers and governments could be established was seen as something that could be best enquired into and explained by social and political research. They stressed that HIV prevention based on collective behaviour change had been repeatedly demonstrated to be effective, but successful approaches had to engage groups, communities, institutions and governments to normalize and reinforce protective practices:

> Social scientists have much to contribute at all levels. Since social scientific approaches are well suited for the analysis of sexual and drug-related cultures, power differentials, relational dynamics, social inequality and stigma, among other issues, social scientists could (and should) play a more central role in improving the effectiveness of HIV prevention. Social scientists can also play an important role in helping understand how individual behaviours associated with HIV transmission are embedded in larger socio-cultural contexts.

4.1.2 The Special Role of Social and Political Sciences in HIV Prevention

Many respondents reasserted the continuing need for social, cultural and political approaches to HIV prevention, highlighting the limitations of intervention models that rely on changing individual knowledge and behaviour. Participants saw individual intervention models as necessary but insufficient for tackling the complex, intimate and socially embedded practices that frequently put people at risk of infection:

> Social science is crucial to prevention because prevention must always be culturally appropriate. What is seen as "sex", for instance, varies culturally and we need to know that to have effective prevention.

> … prevention programmes that are tailored to local social, cultural and other circumstances and that engage local communities in conceptualization and delivery have had good results … We also know that past conceptual models based on the notion of the individual rational actor have had limited success. We need to move past this conceptual hole and rethink risk and its social enactment.

> In responses to HIV, especially prevention, religious and cultural beliefs are often significant barriers and understanding them is essential. In implementing policies, the need to mobilize both government and popular support is critical, yet despite the constant rhetoric of "political

commitment", there is remarkably little interest in studying what this actually means.

Respondents noted that the otherwise welcome (and necessary) push for universal access to antiretroviral treatment (ART) had in some respects weakened the focus hitherto given to HIV prevention, creating competition for limited resources. The tension between treatment and prevention, or the idea that treatment could replace behavioural prevention strategies, was seen as unhelpful and weakening the effectiveness of HIV programmes:

> The advances in treatment are wonderful, but in too many parts of the world, people think there is a cure and if we don't keep supporting prevention, then eventually treatment won't be able to keep up.

> The urgent scaling up of access to treatment, while essential, is overshadowing the critical importance of enhancing prevention simultaneously with care. There is a general feeling that the response to HIV has moved from a people-centred approach to a patient-centred approach, drifting away from the mobilization of forces within society that can be marshalled to prevent HIV spread to a more clinical focus on HIV infection once it has set in.

> … we can't treat our way out of the epidemic.

Instead of focusing on solely prevention *or* treatment, or looking for a single "magic bullet" to solve the epidemic, a number of participants described the need for a combination of approaches, or a "cocktail" of education and prevention methods, treatment rollout and care. Finding the appropriate "menu" of prevention, treatment and care options for different countries, populations and contexts was seen as a challenge in which social and political scientists should be centrally involved:

> We keep saying that combination approaches are the way forward in prevention, and they are. But we must also develop better "menus" and ingredients to help planners inform the composition of their combination approaches. Social science can help us do this by unpacking the elements of society that need to be influenced, and determining appropriate strategies for doing so, in combination with the available biomedical tools that we have at our disposal.

4.1.3 Recognizing Social and Political Science's Contribution to the HIV Response

Many respondents commented that the development of effective antiretroviral treatments for HIV (from 1996 onwards) had prompted an intense "remedicalization" of the HIV response, and a subsequent perception among clinicians, donors and policymakers that social and political science was no longer as important. The question of how to effectively respond to this medicalization, and to convince others of the importance of social and political perspectives, vexed many of the respondents:

Although earlier changes and social movements in relation to AIDS had enormous impact (sexual behaviour change in gay men; introduction and adoption of needle exchange in people who inject drugs; adoption of safer sex by female sex workers in developed countries; AIDS activism); these are all dwarfed by ART.

With the advent of HAART, the medical paradigm exploded and even prevention has become the domain of the medical world with more prevention efforts/funds/recognition and hope placed on the development of vaccines, pre-exposure prophylaxis, circumcision, etc. Social science has receded while the medicalization of prevention is far from finding a solution. Incidence of HIV is again increasing in communities in which it was once declining. The answer as to what social science can do is not straightforward. We need to provide evidence of the role it has played in prevention and its potential to understand and find economical and non-medical solutions.

The re-medicalization of the HIV response goes together with its de-politicization, de-sexualization and its re-framing as non-social, so the role of the social sciences is again put into question.

4.1.4 The Failure of Social and Political Science to Influence Policy and Practice

Although many participants felt that social and political research was frequently neglected in the planning of HIV policy and programmes, it was also recognized that social and political scientists had often failed to take their findings and effectively translate them into a form that would be understood, appreciated and acted upon. This was not simply about making the findings of social and political analysis "palatable" to funders, policymakers or researchers from biomedicine and public health, but also about engaging with decision makers to convince them of the utility of social and political science perspectives in guiding the delivery of programmes and in suggesting ways to make use of their findings.

However, there was a tension evident between those who felt social and political researchers needed to find ways to work with biomedicine to improve existing programmes, and those who saw value in social and political science retaining autonomy to generate its own ideas and perspectives, including a critique of biomedicine. It was also recognized that many of the insights of social and political science, such as in understanding the drivers of the epidemic in different settings (e.g., gender inequalities in Africa) or the importance of community and governmental mobilization in supporting responses, were often difficult to respond to or incorporate into programmes to effect change. This generated a sense of frustration and, at times, futility.

It should be noted, of course, that although they accepted responsibility for the failure of social and political science to create a positive impact, many

respondents felt that funding bodies, governments and programme planning processes actively excluded social and political research perspectives:

> I think we have built a number of truly interdisciplinary fields, but have had great difficulty implementing the truths that social science has uncovered. So all now understand that gender inequality is at the heart of Africa's hyper-endemic zones of HIV transmission, but actually impacting gender norms and improving the lot of women enough to drive down HIV risks has largely failed.

> Social science continues to receive too little attention. Despite vaccine and microbicide failures, behavioural interventions are not invested in and not taken seriously by the leading AIDS scientists … social scientists have to do a better job of communicating their results to policy makers. We have to hold behavioural science to a high standard to increase its impact.

A few commented on the recent and, at times, fierce debates about implementing male circumcision as an HIV prevention strategy in countries with generalized epidemics. Social scientists were cast as opponents of circumcision and critics of biomedical research, and this criticism was seen as reinforcing social scientists' exclusion:

> Although many social scientists (and particularly sociologists) see their role as bringing a critical perspective to HIV, and particularly prevention, this can misfire badly. A good example is male circumcision. Here we have a public health intervention that will prevent HIV acquisition and therefore transmission. Yet the major social science response was negative and critical. This leads to social scientists being ignored and excluded. Social scientists should be actively involved in investigating the impacts of this approach to prevention – its successes and pitfalls.

This circumcision debate is interesting in that it highlights both a tendency among some social and political researchers to be suspicious of developments within biomedical prevention *and* an unwillingness among some biomedical and public health scientists to listen to problems and difficulties that may be generated by biomedical interventions (such as behavioural disinhibition, stigmatizing of the uncircumcised, and the increased difficulty of requesting or initiating barrier methods if a male partner is circumcised).

In the eyes of several of those interviewed, both proponents of and those expressing concern about acceptability and effectiveness, social scientists were already positioned *outside* the development of male circumcision as a prevention strategy (it appears that in-depth social research was rarely conducted as a part of the circumcision trials). Further, trial researchers were not prepared to consider (or did not want to hear) that an exciting development may have unintended and unwanted consequences, as has been seen repeatedly throughout the epidemic. That the questioning and

criticism of circumcision by social and political researchers has apparently led to further marginalization within the field echoes the feeling among many respondents that they are already on the periphery in debates about HIV prevention, which are seen as increasingly controlled by biomedical and public health scientists.

4.1.5 The Effects of a Professionalized "AIDS Industry" on Social and Political Research

Many participants noted the remarkable achievement of establishing a global network of international agencies, funding agencies and organizations concerned with national and international responses to HIV. These included UNAIDS, the World Health Organization (WHO), the Bill & Melinda Gates Foundation, the International AIDS Society, the Global Fund to Fight AIDS, Tuberculosis & Malaria, the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US National Institutes of Health.

However, many respondents saw these bodies as not understanding the contribution that social and political approaches could make to tackling the epidemic and failing to actively support social and political research on HIV, despite the vast sums of money expended on treatment, care and prevention programmes. This could be seen in the relatively narrow range of approaches on which funding bodies tended to focus (such as the current emphasis on technological solutions to HIV prevention), and in the few social and political scientists in decision-making positions on advisory boards, governing committees and grant assessment panels.

For some, the neglect of social and political science in HIV agencies meant that it was difficult to secure funding, initiate new research or sustain careers in HIV:

> … major donors, such as [the] Gates [Foundation], pay so little attention to the work of social scientists; there is way too much emphasis on technology as a panacea with little attention to how technologies become incorporated into polities and societies.

> The biggest problem is PEPFAR, USAID, the Gates Foundation, the Global Fund, UNAIDS, WHO – and too much money, too often directed too narrowly to certain kinds of outcomes, and a positivist belief in solutions, quick fixes and technologies.

For others, there was a sense that social and political researchers were increasingly struggling to be heard in the international arena, and that it was difficult to question the priorities of international agencies. A sense of marginalization and silencing was expressed by some respondents, most of whom were well-established experts within their disciplines:

> We have increasingly no place. Nationally, social science has no edge in its research output; internationally, we have been progressively

neutered within the IAS, the international NGOs, the UN and by the major donors.

A number of respondents were concerned that specialized funding and stand-alone programmes for HIV were unlikely to be sustainable, and were competing with other pressing health and development needs, particularly in the global south. These respondents raised the current debate about HIV "exceptionalism" versus "normalization" (HIV as a special disease with unique implications versus HIV as one health threat among many); a number of respondents suggested that some elements of normalization would have to be recognized or accommodated to make HIV programmes sustainable. This would involve a greater integration of HIV into broader education, health promotion, international development and human rights agendas. Others supported the continuing need for specialized funding, but suggested that there were lessons to be learnt from the global HIV response that could be used in other priority areas:

> One of the major challenges today is coping with the success of the political and financial mobilization of the last decade. The AIDS exceptionalist approach has generated tensions and challenges … it has created a new model for global governance responses to emerging threats, including considerably greater threats, such as climate change. The socio-politics of the global response poses important questions about the replicability of this model. In turn, the challenges of maintaining the special position of HIV/AIDS policies and programmes, amid competing priorities, are important.

> The struggle for social (including economic and political) equity/equality affects the health and HIV status of individuals and communities worldwide. It is becoming impossible to extricate the AIDS response from larger issues of global health and social justice and the articulation and protection of human rights.

4.1.6 The Challenge of Diversifying Epidemics

In commenting on the changes seen since HIV was recognized in the 1980s, respondents noted that the epidemic continued to evolve and showed no sign of abating, challenging societies in new and unforeseen ways. Participants noted the huge shift in responses to the epidemic since the advent of antiretroviral treatments, the entrenched nature of the epidemic in many African countries, the difficulty of shifting gender-based and other deep-rooted vulnerabilities, and the battle to deliver on promises of universal treatment access for the infected.

Others noted the variety of epidemiological profiles in countries with emerging epidemics, and the unpredictable effects of social and political transitions on once-stable epidemics, such as the increased vulnerability of economic migrants and other transient populations. Governance, security, prosperity and human rights were seen as vital considerations in discussions of HIV's long-term, global effects, and in ways to build successful national and

international responses. Recent upsurges in infection rates among well-monitored populations (such as men who have sex with men in developed nations) underscored the need for flexibility and innovation in approaches and responses:

> The major character of the epidemic is now its longevity, and the shift first among gay men, but increasingly elsewhere, to "post-AIDS" standpoints. "Post-AIDS" does not mean "post-crisis", but rather means that there is no single standpoint or interpretative place from which to view the epidemic any more.

> There have been numerous significant changes in the epidemic, both nationally and globally. The evolving nature of HIV, the changes in experiences of it by people living with HIV and others, the shifts in the social and political significance of AIDS movements, the emergence of new popular and cultural understandings of HIV, transformations in the treatment and prevention of HIV infection, the emergence of local epidemics of HIV across the globe with divergent epidemiological profiles, the emergence of a "global industry" of HIV treatment and prevention; these and many other transformations point to how HIV is at once a biological, epidemiological, social and political phenomena that can only be understood from a perspective inclusive of the social sciences.

> [The] HIV/AIDS problem has evolved with the context of people's lives and socio-cultural changes. The epidemic, thus, has complex determinants that cannot be tackled by a simple programmatic approach.

5. Barriers to Participation

Respondents were not specifically asked to identify barriers to social and political researchers contributing to the HIV response. Yet, many participants described difficulties they or their colleagues and students faced in undertaking HIV research or in informing national and international responses.

5.1 Negotiating the Dominance of Biomedicine in HIV

Many respondents suggested that social and political science struggled for recognition within a field increasingly dominated by biomedical, clinical and public health researchers. Social and political research was often described as marginalized in national and international responses to HIV; respondents saw this as impeding the impact of HIV prevention, treatment and care. Respondents felt that social and political researchers could rarely participate on an equal footing with biomedical researchers, as basic science, clinical research and epidemiology drew the majority of funds, attention and encouragement from HIV agencies, donors and governments, and social and political science perspectives were rarely seen as necessary or important features of HIV research programmes.

It was, however, noted by a couple of participants that social science research was relatively strongly represented in the HIV field, compared with other health conditions. Others suggested that when social and political scientists participated in biomedical programmes, it was generally in a limited capacity: usually, this was to offer advice on how biomedical interventions could best be implemented, and to improve compliance to interventions and adherence to treatment. This role was seen as especially limited in that it tended to require compliance with the biomedical model, rather than allowing social and political scientists to draw on their own frameworks to analyze (and critique) developments within biomedicine, consider the impact of new interventions, or offer insights on the HIV epidemic more broadly (see Section 4.1). The drive towards new biomedical interventions was seen as important, but respondents felt strongly that there was an equal need (and an evidence base) for social and political solutions to the epidemic, and that this need was neglected.

The responses of participants suggested two main ways of dealing with the medicalization of the field: adapting their own research activities and methods to biomedical and public health priorities so that they could access available resources (accommodation), and trying to maintain a research programme with a social or political science framework, despite the difficulty in accessing mainstream HIV funding (independence). This generated frustration and a sense of embattlement among many, while others argued that despite (or because of) biomedical dominance, social and political researchers needed to reinvigorate their engagement with the field, articulating and developing their own priorities for research:

Social science involvement has been pushed into the biomedical/individualistic paradigm rather than welcomed for its macro, societal and inter-societal analytic strengths.

The field of HIV research is fundamentally dominated by the biomedical and health sciences … The field is also profoundly applied in its character. In terms of social science, there is very little room to explore issues at a theoretical level or to pose issues related to critique.

The current organization of the scientific HIV field in the US has been nearly entirely dominated by bioscience, with prevention marginalized to a significant degree in the overall response to the epidemic. Prevention responses in my country have been dominated by psychology and social psychology, with social science highly marginalized within the (itself) marginalized prevention response.

What I see as the single most important change in relation to the HIV epidemic is that it is increasingly seen as a predominantly medical issue, with social science research playing an almost secondary role in contributing to an understanding of the impact of medical advances.

As has been mentioned previously, the dominance of biomedicine as a determining force in the response to HIV was seen to have intensified since the development of effective ART in the mid to late 1990s. The intensification of a search for a biomedical "solution" to prevention after the success of ART was seen to have directly (and negatively) affected social and political research, despite the obvious and continuing need to invest in social, community and institutional responses. Considerable frustration was expressed at the neglect of social and political research (particularly research that could influence or improve prevention programmes), given the huge ongoing investment in biomedical research and particularly, biomedical prevention:

Following the early period in the history of AIDS, the introduction of the protease inhibitors in the late 1990s consolidated a subsequent phase of medicalization and "normalization" of HIV. The embrace of medicine brought more resources into treatment and prevention, helped de-stigmatize HIV-positive people, and increasingly depoliticized HIV. But it also helped turn desires and practices into "behaviour", repositioned community activists as "patients" or "volunteers", and focused the search for solutions on the wait for biomedical techno-fixes (such as post/pre-exposure prophylaxis, microbicides or circumcision). This shift has been marked by a great deal of resources being placed into biomedical prevention with very few results … The outcome has been inadequate investment in social research.

5.1.2 The Reduction of Social and Political Science to Behavioural Science

Building on the theme that the different perspectives within social and political science were often misunderstood and under-represented in HIV research, many respondents described how social (and to a lesser degree, political) science were supposed to be included under the umbrella of "social and behavioural science", yet social approaches were often implicitly excluded from this category. Many respondents felt that social approaches were often reduced to behavioural science, a field seen to be dominated by individualistic, psychological models of motivation and behaviour. This was both a failure of representation, and a missed opportunity to allow the insights of social and political analysis to be heard within the field. To acquire recognition and (perhaps more importantly) support and research funding, researchers had to make their research fit within behavioural research frameworks, focusing on individual knowledge, behaviour and the understanding of risk.

While important, behavioural science was seen as a narrow approach to HIV, stymieing the development of more complex and innovative models of social, cultural and political practice:

> … social scientific work has become reduced to predominantly psycho-social behaviourist studies. When I talk to people in the sciences and even to a number of other HIV social scientists, I gain the impression that they have a very narrow conception of what the social sciences involve. Social scientific research is viewed as a means for achieving "appropriate" behaviour in either the patient (improved dosing adherence) or the gay man already presumed to have the potential to go awry.

> The main problem – in the west – is stubborn and ossified ways of thinking about the epidemic. We really have not utilized much of the newest social theory about sexuality, for example, at all in social research on HIV, but mainly continued to "count fucks", and as a result we have had no new answers to emerging prevention problems for some time …

A recent example of the reduction and oversimplification of complex social science theory and research was given by one of our North American respondents, commenting on the drive within major funders to identify research that could be used in individual behaviour change programmes:

> I believe it important … to question the kinds of theoretical oversimplification that leads to the creation of behavioural models that sometimes become reified and untouchable. For instance, I have been concerned about how the vast and conceptually rich social scientific and feminist literatures on gender and power differentials have been reduced to what the CDC calls "theory of gender power" (or something

to that effect), which I have seen characterized as yet another individually oriented model that can be used in HIV programmes.

5.1.3 The Challenge of Maintaining Critical Engagement

As indicated earlier, to successfully maintain social and political research programmes on HIV, respondents often described a delicate balancing act between accommodating biomedical (and behavioural) research agendas, while also trying to maintain a degree of independence from them. However, some respondents, particularly those who had trained in or chosen to move into public health research, were more relaxed about fitting social and political research within biomedical frameworks. Others were less comfortable with accommodation as a strategy and asserted the need to maintain a space for critique – of biomedicine, of public health, of the HIV field and of social and political science research.

Critical thought and reflexivity were regarded as the mainstays of many social and political science traditions, and many respondents considered it important to maintain these disciplinary traditions even if they risked creating tension and marginalization within the broader field of HIV research. Complaints from the mainstream of the HIV field (as discussed earlier in relation to male circumcision, for example) were seen as failing to understand the important place of critique in social and political science. Critical analysis was seen as an essential process for refining theoretical and applied research by, for example, questioning underlying assumptions, analyzing implicit and explicit values, reflecting on unintended consequences, and identifying the social, political and ethical ramifications of HIV research and interventions:

> We need the social sciences as sources of critique of the biomedicalization of HIV prevention. The social sciences are needed because they are a source of questions about and critique of our current arrangements that are not posed by the health sciences of biomedical sciences.

> … critical social science calls into question things "taken for granted", and this is always important.

Critical reflexivity was seen as a two-way process or dialogue between critical traditions in social and political sciences and HIV research. This process could both enrich intellectual disciplines and improve the effectiveness of HIV responses. Working in partnership with other researchers and affected communities could also be enhanced by critical reflection on the goals of public health and HIV programmes, the implications of imposing solutions from above, and the skills and knowledge contained within lay epistemologies:

> … it is not hard to understand how some communities have developed images of researchers as aloof and uncomprehending as the health sciences so often continue to be a bastion of traditional models of research, likely influenced by the historical role of medicine as authoritative, expert and unaccountable. What has been missing from

this divide between "community" and "research" in the HIV field have been the vigorous debates inside the social sciences about "knowledge for what?" that have challenged objectivism and the marginalization of the knowledge of subordinated peoples. The critical social sciences have long been occupied with dissolving this binary by valuing grassroots knowledge and by overturning the idea that problems are solved through expert management of unruly populations.

5.1.4 The Lack of Capacity Building and Investment in Social and Political Research

A lack of funding and investment in social and political science research was seen as a barrier to greater participation in the HIV field. Respondents said there needed to be greater investment in people and training to support the future leaders of HIV social and political science, and to access training in cutting-edge social and political science methods. The lack of investment in social and political science training in African countries was noted as a particular omission:

> HIV prevention could be more effective with increasing capacity (people, money), with more cross-discipline, cross-border cooperation. Social science should reclaim its rightful position of directing the preventive response to epidemiological findings.

> Currently the growing falling off of interest in [HIV] issues is an important problem. It also means that fewer social scientists are engaging with it, this with the exception of some younger African scholars who are often so poorly educated and under-resourced that they are unable to make useful contributions.

5.2 Opportunities and Research Priorities

Despite the challenges faced by many social and political researchers in trying to maintain research programmes within the HIV field, most respondents identified exciting and stimulating work that they were engaged in, and could see opportunities for social and political science to contribute further to HIV responses, both nationally and internationally. Participants also described a range of continuing and emerging research priorities, which they believed deserved further support and attention, and in which social and political scientists could offer leadership.

5.2.1 Interdisciplinary Cooperation

Dialogue and cooperation between the biomedical, social and political sciences was seen as necessary to improve the reach and effectiveness of HIV responses, and as an opportunity to create new knowledge and fields of inquiry. Many already had a history of working with biomedical researchers (of the 30 people who answered supplementary questions, 23 said they had engaged in collaborative work with clinicians, basic scientists or

epidemiologists). Interdisciplinary activity was not, however, seen as easy to establish or maintain, given, for example, the perceived power imbalance between biomedical researchers and their peers in social and political science, the different theoretical paradigms in use, and different approaches to knowledge and evidence.

Interdisciplinary cooperation was seen as requiring both biomedical and social researchers to shift their positions to accommodate each other's perspectives and generate a shared framework:

> The biggest change has been the recognition that HIV (and other welfare/wellbeing issues) can only be approached by strong cooperation between clinical and natural sciences and the social sciences. However, a major problem has been the difficulty that some social scientists have in recognizing that the problem within social sciences are not really of interest to others outside those areas of activity.

> I have written papers collaboratively … in which we have looked at how social patterns interact with the formation of treatment-resistant strains … or in how sexual and injection risk networks are involved in the spread of STIs and BBVs.

> My interactions with biomedical researchers have been mostly limited to short consultations on qualitative methods that they would like to use for "formative research" components of larger behavioural or biomedical studies (mostly in situations in which they wanted to hold a few focus groups and conduct some individual interviews in preparation for a larger survey study, and they were looking for someone to give them "language" that they could use in the funding proposal).

Respondents made a variety of suggestions about ways to foster interdisciplinary cooperation. These included encouraging greater involvement of researchers trained to work across biomedical and social disciplines (e.g., medical sociologists) and mandating social science input on biomedical studies and intervention projects. A number of participants with a history of interdisciplinary collaboration gave specific examples of new projects that draw on the different strengths of biomedical and social approaches. Suggestions related to conferences and other IAS-sponsored activities are discussed in Section 5.3. According to participants:

> There are not enough bridges between biomedical research, social research and sero-concerned organizations, aside from international conferences. More effort should be made between the conferences on a daily basis by the scientists, by setting multidisciplinary clinical trials or cohort studies, involving socio-behavioural research and patients.

> We need to be far more critical of our own practices and of the biomedics – but we need to call more on medical anthropologists and medical sociologists who straddle both worlds and develop a sociology

or philosophy of critique for the medical position and the history of how we have tackled disease.

While many respondents saw interdisciplinary cooperation and research as valuable, a few expressed caution, suggesting that interdisciplinary research should be developed alongside strengthened, autonomous social and political science research on HIV. This was seen as important in order for social and political researchers to maintain a space for critique, and for pursuing research questions that may not be recognized by biomedical researchers:

> … while [interdisciplinary] collaborations can be great, there needs to be much more support for social science research that doesn't collaborate with biomedical researchers. The reason for this is that it seems that in the vast majority of cases, in such collaborations the biomedical researchers set the agenda and social scientists are relegated to discussing "cultural barriers" and such, preventing the social scientists from investigating some crucial issues that may not have immediate relevance to biomedical research.

5.2.3 Structural Interventions

A number of respondents raised the issue of structural HIV interventions as an area of opportunity for intervention and development by social and political science. Structural interventions are designed to change or improve social, political, economic or environmental conditions in order to reduce HIV transmission, increase HIV awareness, tackle HIV-related stigma, deliver education and clinical services, and improve the circumstances of people living with HIV. They can work directly or indirectly to curtail the impact of HIV. Many respondents noted the natural role for social and political scientists in assessing the potential of structural interventions and developing appropriate models and programmes for implementation.

However, respondents also pointed out that the field of HIV structural programming and intervention was poorly developed, and that there was no consensus on how to develop such ambitious and wide-ranging projects. This highlighted the need to spend time analyzing the assumptions underlying structural models, assessing the likely range of effects, and developing reasonable mechanisms to assess impact:

> A new area of research on "structural interventions" has emerged in recent years to promote responses that target community and societal change, rather than individual behavioural change which has dominated the field for over two decades. But this area is mostly devoid of theoretical underpinnings, chiefly because of the dearth of social (as distinct from behavioural) scholars who have been engaged in applied and intervention science.

> … the notion of structure that underpins structural intervention is completely undeveloped. How to programmatically realize the intent to make changes in poverty, income inequality, gender relations, human

rights, stigma and other so-called structures is incredibly challenging. Social science can contribute by generating innovative methodological approaches for demonstrating change at the structural level and its relationship to change at the level of risk practices that are relevant for HIV prevention.

5.2.4 Stigma

Respondents argued that stigmatization – of HIV itself, the sex and drug practices involved in its transmission, and of those living with HIV – was a major and ongoing barrier to successful prevention, testing, treatment and care programmes. Participants saw a need for ongoing programmes to tackle stigma, from community through societal levels, drawing on success stories from other regions and for other diseases:

> Stigma is still far more of a problem than it should be, especially in heavily-hit countries, and among ethnic minorities in Europe, North America.

> We also need to address the issue of stigma. In most African communities, there were diseases that were highly stigmatized in the past but that have become largely normal diseases. How did community perceptions about such diseases change? What can we learn from such diseases that can inform efforts to reduce HIV/AIDS-related stigma? Social science will be crucial in making significant progress in any of these areas.

5.2.5 Drivers of Successful Responses

Identifying the characteristics of successful and sustainable HIV responses was seen as an area where social and political scientists had already conducted considerable work, identifying the conditions in which communities, institutions and governments effectively mobilized to tackle HIV, and the ways in which legal and policy environments facilitated or hindered responses. This area was seen as requiring additional effort and invigoration, particularly as new combination and structural interventions were developed, requiring community, clinical and political engagement. Respondents suggested that analyzing failed responses was also important in order to avoid repeating past mistakes:

> Social scientists working in this field need to challenge all existing assumptions, including the ones that they think are normatively appealing. Too many recommendations are made by social scientists without clear evidence that certain interventions or ideas work or are necessary and that other implications of those recommendations have been considered. For example, do targeted interventions help or hurt the groups being targeted? Are coordinated responses (e.g., country coordinating mechanisms) more effective than uncoordinated? Which NGOs are effective and why?

Crucial are patterns of power and control – in relationships, in medicine, in society, in the G20 and in the world order. I think social science needs to strengthen its understandings of the interplay of all these forces and to write more critically about failure.

The National Composite Policy Index (one of the UNGASS indicators) has provided global evidence of the importance of the legal and policy environment for an effective response. Research going forward which looks at the linkages and impacts on one another of national and sub-national legal and policy environments, the range of HIV-related programmes/services on offer, as these relate to attitudes, behaviours and practices, can help to promote more effective HIV prevention, treatment/care and impact mitigation.

5.2.6 Biomedical Prevention

Many respondents commented that the substantial efforts being undertaken to bring biomedical prevention technologies (like pre-exposure prophylaxis, male circumcision and microbicides) to the field required a greater consideration of social and policy implications. In particular, it was felt that insufficient research had been conducted on community readiness for new technologies (the likelihood of uptake), whether the technologies could be delivered effectively (access and rollout), and what the potential effects of partially efficacious prevention technologies would be on existing prevention methods and risk practices (behavioural disinhibition and risk compensation). There was concern that research on likely impacts (including the potential for unintended and undesirable consequences) was not being undertaken in parallel with the trialling of new prevention methods:

> Whilst the need to develop new HIV technologies is clearly vital, there seems to be little engagement with the fact that the introduction of any successful prevention technology (PREP; microbicides; circumcision) is a social, behavioural and organizational process that requires social scientific input to understand both the intended and unintended consequences.

> Failure to use social and behavioural science has led to unanswered questions regarding behavioural disinhibition to biological prevention technologies, failure to assess adherence to HSV suppression medications, and missed opportunities for advancing prevention sciences.

5.2.7 Assessing the Reach and Sustainability of Universal Treatment

Participants saw the widening of access and uptake of antiretroviral treatment, particularly in resource-poor settings, as vital work. As one put it, "It is extraordinary/genocidal that there are people still without access to antiretrovirals." However, the attempts by major international agencies to promote universal access to treatment were seen as in need of assessment

and evaluation, given that there appeared to be growing evidence that programmes were failing to meet their targets and, worryingly, did not appear to be sustainable into the future. Participants suggested social and political scientists were well qualified to assess these issues:

> In care, my pessimistic view is that we are increasingly going to see the failures of ARV rollout as we finally begin to evaluate PEPFAR and the Global Fund with some rigour. These are not sustainable programmes as currently constituted and they need to be re-envisioned and re-configured if they are to survive, expand, and make quality treatment access a reality.

> An important issue is the decline of resources as a result of the economic crisis and the sustainability of ARV programmes in poor countries with [the] accompanying possibility (no more) of viral resistance.

5.2.8 Evidence and Effectiveness

What counts as evidence in assessments of appropriate HIV interventions and evaluations of programmes was raised as an issue by many respondents. Many believed that dominant forms of evidence about interventions, particularly randomized controlled trials (RCTs), were well suited to new drugs and for testing the efficacy of new biomedical interventions, but were inappropriate to apply to complex, combination or structural interventions. Participants recognized that it was important to promote and where necessary, develop alternative ways of assessing evidence and impact, but thought it was perverse to argue that there was "no evidence" for complex, social interventions simply because they could not be (or had not been) assessed by RCTs.

Given the ambitions of those advancing medium- to longer-term structural interventions, it was pointed out that the short-term evaluation period of RCTs and other trials would most likely be insufficient to capture and assess broad-ranging social changes related to HIV epidemics:

> The heavy turn to evidence-based assessment in prevention research needs to be addressed more explicitly by social scientists working in the field. A number of critiques have surfaced about the limits of using the evidence-based paradigm and its privileging of RCTs and other approaches to evaluation to assess interventions that target complex social phenomena, such as risk activities. Those critiques have been valuable, but the time has come to produce alternatives, to invent and engage other approaches to evaluation in order to create an alternative culture and practice of evaluation in prevention research.

> Good research is not only applied, and the question implies a direct impact that may not always be evident. To take the fields of international relations/politics/development studies: positioning HIV within broader issues of global inequity and moves towards global

governance may not have immediate results, but it is part of broadening the understanding of governments and development agencies of their work. A concrete example is Oxfam's work on HIV, which while strong in some areas has largely ignored IDU and MSM transmission.

We need to increase our investment in context-specific structural approaches, which fundamentally requires thorough social science research. But the over-reliance on randomized control trials as the only accepted standard of proof of the effectiveness of programmatic responses, greatly limits our ability to measure social change and demonstrate impact. In addition, the over-reliance on short-term evaluations – with project cycles rarely exceeding three years – makes it very difficult to measure changes that require a longer time horizon. We need to invest more resources into a few long-term (5-15 year) programmes that measure social variables and social change, and develop plausible theories for how social change lessens vulnerability to HIV.

Respondents noted that insufficient attention was paid to effectiveness when assessing the likely impact of new interventions. Participants argued that social and political scientists could focus on the relationships between efficacy and effectiveness – the conditions under which clinically or experimentally proven interventions (e.g., male circumcision) could be successfully translated into strategies that would demonstrate a difference in reducing HIV transmission in the "real world" when put to use by "real people" (effectiveness) over the long term:

A core issue is how to move from "efficacy" to "effectiveness" in HIV prevention. We have many small-scale programmes and interventions that show at least some level of efficacy for some people for some duration of time. What we do not have yet is a strong armamentarium of approaches that show effectiveness at the community or population level. A host of issues remain unresolved related to such things as implementation, community capacity and competence, and sustainability in HIV prevention strategies.

… we can accept the idea that community-based prevention and service organizations should be held accountable for following approaches that are actually effective, even while we ask questions about how effectiveness is defined and assessed. Social scientists can play an important role here by explaining that the assessment of efficacy never actually proceeds according to an abstract textbook logic, by insisting that other, potentially useful forms of evidence often can be generated beyond those kinds that evidence-based regimes tend to valorize, and by reminding everyone that the pressure to endorse evidence-based programmes often leads, in practice, to the unhelpful enforcement of one-size-fits-all solutions.

5.2.9 Effects on Socio-political Systems

Given the long-term nature of the HIV epidemic, particularly in countries with a high prevalence of infection, participants argued that more attention needed to be paid to the long-term, generational effects of HIV morbidity and mortality on families, communities, institutions, economies and political systems. There was particular concern at the growing burden on already weakened health and welfare systems in some developing nations. Others commented that more attention needed to be paid to the effects of large-scale socio-political events (such as the global financial crisis or political upheaval and instability) on national epidemics. A greater understanding of current and projected socio-political impacts would allow programme planners to consider emerging threats to HIV responses, how the delivery of current interventions might be affected in the future, and whether strengthening activities needed to be undertaken now to ensure the capacity of communities and societies to respond effectively to HIV:

> We know little about the long-term impact of the epidemic on social stability and communities, yet this is a growing problem in countries with large epidemics where even if HIV is reversed, its impact will remain for several generations.

> The continuing inefficiencies in large HIV/AIDS programmes, continuing corruption in the management of such programmes, and the growing fragility of health systems in many countries with high HIV prevalence pose significant challenges. Another major challenge posed by HIV is increasing numbers of orphans and weakening of family units.

Some participants noted that HIV responses had often had unintended but beneficial effects in resource-poor settings, such as community mobilization, improvements in human rights, investment in the health sector, and the provision of welfare. Analyzing the conditions under which these beneficial outcomes could be maximised was seen as an appropriate task for social and political scientists:

> … a study of the unexpected outcomes of the HIV/AIDS response, for example, in the field of governance and security. Programmes which were intended primarily to prevent HIV transmission or put PLHIV on treatment have had numerous other impacts, many of them highly significant, in terms of the protection/promotion of rights, the building of health sector capacity, the mobilization of constituencies in developed countries in support of these goals.

> A nuanced analysis of HIV vulnerability, and of HIV resilience, both at individual and community levels is needed, e.g., for 10 years we have heard that social capital lends HIV resilience, but what has been the experience in practice and the results of this insight?

5.3 Conferences, Representation and Building Social and Political Science Capacity

The 50 participants in the main survey of social and political research on HIV often spontaneously offered commentary on IAS-sponsored activities, particularly conferences, and gave suggestions on how high-quality social and political research might be better promoted. These respondents were also asked a small set of supplemental questions about IAS-sponsored activities and recommendations for improving the participation of social and political researchers in the HIV field. These questions were:

1. What HIV or AIDS conferences do you usually attend and how useful do you find them for your HIV-related research? Are there other conferences that are useful to your HIV-related work? What are they?

2. What tracks would you like to see at IAS conferences – both the International AIDS Conference and the IAS Pathogenesis Conference?

3. Have you ever engaged in collaborative work with biomedical researchers? And if so, could you give a very brief description of the research?

4. What do you think might be the best way/s to ensure a stronger social and political science voice in HIV-related research?

Thirty people responded to these additional questions. It should be noted that most participants did not spontaneously offer commentary on the IAS or IAS-sponsored activities until prompted to do so. However, as earlier sections have shown, many participants believed that social and political science was poorly represented within what was seen as a biomedically dominated field, and that professional AIDS agencies, donors and peak organizations neglected social and political science. The IAS was usually seen as part of the "AIDS industry" and its activities were seen to be susceptible to the same biases as the rest of the field:

> There is deep resistance to institutionalizing social science within the HIV/AIDS field, as can be witnessed by the lack of a social science track at the key HIV/AIDS research conferences (e.g., CROI, and the IAS Pathogenesis, Treatment, and Prevention Conference), and the insistence in constantly reducing social to "behavioural".

> The lack of non-biomedical researchers on the Council of the IAS is a major problem that the IAS need address if it really wants to speak for all "science".

> … the major AIDS journals, and in particular *AIDS* and JAIDS, have done a totally inadequate job of publishing social science research on the epidemic. When I was on the *AIDS* Editorial Board, I communicated

with [the editor] about this, but he felt the current setup at the journal was fine. Since *AIDS* is the official journal of the IAS, I think this response is not appropriate, and is probably based on an inadequate comprehension of what the social sciences are and can contribute.

5.3.1 HIV Conferences

Those who answered supplemental questions provided information on the conferences that they attended for their HIV research, those that they found useful and whether they planned to attend the same or different conferences in the future. A numerical summary of responses can be seen in Table 5. It should be noted that participants often did not say whether they found conferences useful or not. The most commonly attended conferences were the International AIDS Conference, national or regional HIV conferences (such as the US National HIV Prevention Conference and HIV in Europe) and AIDS Impact. These were also the conferences that participants said they were most likely to attend in future.

Table 5: HIV conference attendance, usefulness and intentions to attend (n=30)

Conference	Previously attended	Found useful	Plans to attends in future
AIDS Impact	14	5	7
Conference on Retroviruses and Opportunistic Infections (CROI)	4	2	3
IAS Conference on HIV Pathogenesis, Treatment and Prevention	4	2	5
International AIDS Conference	24	15	18
International Association for the Study of Sexuality, Culture and Society Conference	1	1	2
International Conference on HIV/AIDS in the Asia-Pacific	6	3	5
International Conference on HIV Treatment Adherence	2	1	1
International Conference on the Reduction of Drug Related Harm	3	1	3
International Microbicides Conference	1	1	1
International Society for STD Research Conference	4	2	2
Disciplinary conferences, e.g., anthropology, public health, psychology, sociology	8	6	8
National and regional HIV conferences, e.g., Africa, Australasia, Canada, Europe, USA	16	10	13

However, this did not necessarily seem to be related to whether the conferences were found useful. For example, 63% of respondents said that the International AIDS Conference was useful. While this seems reasonably high, when we looked at participants' reasons for finding the conference useful, respondents often said the conference was useful for networking or for staying abreast of political developments within the field, rather than for social

and political science content. The size and diversity of the International AIDS Conference, in particular, was perceived as diluting or obscuring high-quality social and political research:

> [The] International AIDS Conference is very useful for networking and for keeping up with fields other than my own. It has only mild value for understanding the social dynamics of HIV or how to intervene at a supra-individual level to stop the epidemic.

> I find them more useful for networking than content matter, although, that said, there are always some papers and media events that I find highly worthwhile.

It is interesting to note that the conferences that participants found most useful tended to be disciplinary conferences (75% said these were useful for their HIV research) and national or regional HIV conferences (62% said they were useful). Comments suggested that disciplinary conferences were useful for reinvigorating researchers' engagement with their parent disciplines and learning about theoretical developments and methodological tools. National and regional HIV conferences were primarily valued because they were easier to navigate than large international conferences, making it easier to attend sessions of interest and to network with colleagues:

> I regularly attend the IAS International AIDS Conference. I also attend [a national HIV research] conference. Neither conference is a particularly useful site for innovative social science scholarship or research on HIV/AIDS. I attend both primarily for networking purposes and as ethnographic sites for learning about new directions and emphases within the field.

> I prefer smaller or small conferences and workshops where you can actually have debate and exchange of ideas.

5.3.1.1 International AIDS Conference

The International AIDS Conference was recognized as the peak HIV conference, a meeting that reflected and drove the agenda on HIV research, policy and activism. Many respondents found the conference both exciting and overwhelming, due to its size and diversity. The quality of scientific research represented at the conference was often seen to suffer because of the size of the conference, as well as the difficulty in ensuring high-quality work identified during the peer review process or solicited by the organizing committee:

> The International AIDS Conference provides a good barometer to examine social movement and directions in HIV/keep up with emerging issues.

> The International Conference is overwhelming and generally feels like a circus. The oral presentations are weighted heavily by geographical

area, which means that some very low-level work gets presented as oral presentations and far better work gets presented as posters.

> Clearly the international [AIDS] conference plays a fundamental role in driving the agenda. The evolution of this meeting and the splitting of the medical groupings (Pathogenesis meeting and CROI) with the international meeting (which has moved greatly into the social science/policy/epidemiology sphere) need a lengthy insightful critique. Is the audience base expanded or are the groups isolating? The tension between representation and excellence needs examining … Essentially the judgement of what constitutes good social science (indeed good anything), may need some expertise. It is often the case that topical issues, but poor quality, are represented at meetings while the good quality is in the poster or reject pile.

Despite its problems, most still saw the International AIDS Conference as the meeting that they would like to attend and participate in, if possible. Unfortunately, a number of participants (particularly those working outside large public health institutions or agencies) said that the cost of attending the conference was often difficult to justify:

> I try and attend the big biannual IAS conference but the cost of registration (without travel and accommodation) is prohibitive for an academic without a research budget to cover it.

Participants were asked to comment on the structure of the International AIDS Conference, particularly the way that research tracks were organized, and the relationship of Track D (formerly Social, Behavioural and Economic Science) and Track E (formerly Policy and Political Sciences) to the rest of the conference. There was considerable commentary about the perceived dilution of social science in Track D, particularly by papers on community practice and advocacy. There was a suspicion that Track D was something of a "dumping ground" for submissions that did not fit in other tracks, and that biomedical researchers involved in delimiting overall track content did not (or could not) distinguish between social science and other submissions.

Those who had been Track D reviewers gave sharp accounts of how the track had been swamped by a broad range of content that could not find a "home" elsewhere in the conference and that this had adversely affected the track in a way that would not be accepted in Tracks A, B and C. Refocusing Track D on social science presentations (and finding a proper place for advocacy and community submissions) was therefore seen as a priority:

> My concern is that non-social scientists see all community-based work and advocacy as social science. This has been harmful to the disciplines which make up the social sciences and are based on theoretical foundations and rigorous methodologies. This has resulted in watering down the science and further obscuring what social science is and can do for HIV. Conference organizers have failed to offer plenary sessions that truly engage excellent social scientists.

I would like to see a restoration of the Social Science Track at the IAC as a truly and only a "science" track … Perhaps combining Social and Behavioural Science would be fine, but the IAC has merged social science with community practice, advocacy, ethics and policy, and, as such, the science has largely been lost and/or confused with advocacy.

Other respondents, when asked how they would like the research tracks to be updated or modified at the International AIDS Conference, focused on interdisciplinary dialogue between scientific approaches. A number of participants argued that presentations on similar topics from different perspectives were often separated by the track system, and this prevented debate and insight into different ways to approach current problems. Forming crossover sessions on "hot topics" with input from biomedical, social and political scientists was seen as an opportunity to bring people together and foster debate:

… to be honest, I would be much more interested in a track that combined elements of Track C, D and E, or B, C and D … I used to run from room to room to see talks from different tracks, but I gave up since they are located too far away at such a big meeting.

I would like to see rigorous behavioural science represented in the clinical and prevention tracks alongside other biomedical research rather than separate social science tracks.

I'd like to see more tracks on how to integrate behavioural and biomedical approaches to HIV. I'd like to see more "debate" sessions where hot button ideas are debated with a view to proposing areas where both sides agree, where the field could comfortably move forward.

5.3.1.2 IAS Conference on HIV Pathogenesis, Treatment and Prevention

Participants' comments about the IAS Conference on HIV Pathogenesis, Treatment and Prevention were particularly focused on the conference's claim to represent HIV prevention research while it excluded social and political science perspectives. Participants noted that it was unreasonable to expect social and political researchers to attend the conference if their work was not actively sought and included in the conference. The failure to include social and political science was believed to diminish the insights that could be generated at the meeting. As with the International AIDS Conference, respondents suggested that, at the very least, interdisciplinary crossover sessions should be created where social and political processes could be considered alongside biomedical science:

Pathogenesis claims to cover "treatment and prevention". It is absurd that it therefore excludes the social, political and economic.

I would also like to see [Social and Behavioural Science] added to the IAS Pathogenesis conference and to CROI … CROI and the IAS Pathogenesis conferences have systematically excluded social and behavioural science for reasons that never have been made explicit.

Clearly the Pathogenesis Conference is labelled and perceived as a biomedical conference and very few social researchers that I know attend it … Past organizers have excluded social sciences (or given them a token place in the programme)... I don't know whether it is possible for the social sciences to find a place in the Pathogenesis Conference or indeed whether that would be desirable.

Scientifically, this conference has never taken the interaction of levels of analysis seriously. Social factors, for example, shape viral evolution by shaping adherence and the structure of sexual and injection networks … There are also potentially crucial ways in which social intervention technologies around risk networks, social networks, and venues like group sex events, bars or shooting galleries can be combined with emerging technologies for detection of acute HIV infection to greatly reduce HIV transmission rates in communities … Thus, I would strongly urge that the Pathogenesis Conference add a track on the interaction across levels of other areas of concern with social processes (in addition to operational research and perhaps other topics).

5.3.2 Social and Political Science Representation

The issue of social and political science representation in the field was raised by a number of respondents. Participants commented on the absence of social and political science researchers in the organization and planning of IAS and other HIV conferences, and on journal editorial boards. These researchers commented that the absence of social and political scientists meant that biomedical researchers often decided what counted as social or political research, and this often failed to identify cutting-edge or high-quality work, or simply favoured work that was most palatable to biomedical researchers.

Making structural changes so that social and political scientists were included in decision-making processes was seen as vital for improving the level of debate, and for attracting more social and political researchers into the field:

I think including social scientists in more than token ways in all core HIV/AIDS science conferences and journals would go a long way to ensure stronger voices in our disciplines. I also think that taking social (which I take to include political) science questions and scientists as the starting point for important workshops and meetings and then including biomedical/clinical/epidemiological science as part of the discussion – rather than the other way around, as is usually the case – would help. It not only would give stronger voice to our disciplines, but

it also would help re-shape the scientific discourse in HIV/AIDS in productive ways.

> The best way [to improve representation] is to consistently ensure that social scientists are included in track committees and plenary presenters and as discussants for all biomedical topics since all biomedicine is relevant only if the social and political implications are understood and factored in. If co-chairs of the conference included at least one social scientist, it would be a good beginning …

> If IAS is going to have an official journal like *AIDS*, then it should insist that it have a social science editor, as well as the current "Track A, B & C" editors.

The issue of whether the IAS should sponsor or facilitate a separate social science conference was raised by a number of respondents. Some were in favour of a new international forum for HIV social and political research, saying that it would allow the full range of social and political research disciplines to be represented, reinvigorate the field and be more manageable than the International AIDS Conference. A minority were against a new conference, saying that other conferences (such as AIDS Impact) already served the area, and a separate event would further isolate social and political research and prevent interdisciplinary dialogue. If a separate conference was not initiated, proponents argued that dramatic improvements to social and political science representation and inclusion at the main IAS conferences would need to be delivered:

> IAS should sponsor a bi-annual social and political science conference. In doing this, it should make sure that a variety of theoretical approaches are represented on planning committees. And the social scientists should co-opt some epidemiologists and clinical and lab researchers as well to help them.

> The separate conference should strive to remain small but select and debate ideas and findings at a very sophisticated level, and so work to move the field forward within a highly defined group of researchers.

> [I] would appreciate a space more like the Pathogenesis conference where those of us engaged in research which falls more on the social science side of things could engage with each other in a more contained setting than the International AIDS Conference.

> A separate conference is not now, in my view, the way to go – we'd lose the capacity to challenge. But we need the IAS to reconfigure its conferences so that social research is able to engage in debate, not be sidelined to the smallest rooms.

Some respondents argued that more substantial investment in social and political science representation was needed, by supporting more independent

HIV social science institutions, or by establishing a peak body to represent the needs and interests of social and political researchers working in HIV:

> Emphasize the importance of free-standing social science research institutions run by social scientists and not by psychiatrists or health bureaucrats, for generating cutting-edge research.

> Internationally, a peak organization is needed – a kind of HIV social science academy – that focuses on our contribution and lobbies for social science perspectives and for funding.

5.3.3 Capacity Building

Participants made a number of recommendations for supporting and building capacity for social and political science in the HIV field. A number of respondents said that more funding needed to be earmarked for social and political research, and that the IAS and other bodies could play a role in lobbying donors to set up social and political research funding streams. It was noted that even modest funding schemes (such as travel grants, conference scholarships or fieldwork assistance) could make a big difference (particularly for students and those in developing countries), but that better access to major grant funding was necessary to make social and political science sustainable:

> … funding for innovative social research that supports those already working in the field but also encourages new contributions (Gates Foundation now recognizes the need for this in science but hasn't recognized the need in social science).

> Social science research is cheap, and just a few $15,000-$20,000 fieldwork grants for graduate students would be huge, along with similar grants for more senior researchers.

> We need to see IAS resources put to good use leveraging funding from the big donors for good quality social research training in developing countries.

A number of respondents focused on the need for improved social and political science networking, between researchers in different countries, but also between researchers, affected communities and educators. Advocating for high-quality social and political research training in developing countries was seen as an important goal of this networking and engagement:

> … emphasize the need for country-to-country links directly among social scientists, so that connection is not mediated through medical policymakers. The case for strengthened social science needs to come from communities and educators, not primarily from social scientists.

> … working with those at country level who influence HIV prevention policies and programmes to answer their questions, not ours, through

our research; bringing the findings of existing research to forums where we usually do not appear prominent; continue to advocate for social and policy research in all forums showcasing good examples of where such research has in fact helped the response and shaped it to deal with the specific epidemic; work harder to bring in newer and younger researchers from the developing world into this arena, especially since they are closer to the realities of the epidemic.

Schemes to encourage existing researchers to update their social and political research skills, and to get early career researchers to incorporate social and political science methods into their training, were seen as important by some respondents. Schemes could also bring together junior researchers from biomedical, social and political disciplines to learn from each other and develop interdisciplinary approaches:

> Capacity building: This would be needed for people/organizations active in the HIV field to learn how to apply social science research techniques … Young social science researchers and researchers from the HIV field need to get proper training in state-of-the-art methods, whereas high-level social scientists should be more involved in the HIV-related research.

> I think we need to train students and fellows to be as interdisciplinary as possible, and incentivize opportunities where scientists of various disciplines are working together, e.g., through Requests for Applications, pilot grants, a special issue in a journal on model interdisciplinary research, or a special session at a conference on this topic.

5.4 Discussion

The key informants who took part in this review had strong opinions on the state of social and political research on HIV. All agreed on the importance of social science perspectives in understanding HIV epidemics and guiding responses. However, many believed that social and political research was marginalized within the HIV field, particularly since the development of successful antiretroviral treatments. The (re)medicalization of the field since 1996 made it extremely difficult for social and political science voices to be heard in contemporary debates (about biomedical prevention or structural interventions, for example), weakening effective responses.

The tenuous or poorly supported position of social and political research on HIV was seen to be driven by a constellation of factors, including: poor recognition of the value of social science research; the failure of social scientists in making their findings accessible; the exclusion of social and political science approaches from funding frameworks and conferences; and a lack of representation on peak bodies, editorial boards and funding agencies (see also Myhalovskiy & Rosengarten, 2009).

Maintaining a critical perspective on developments within the HIV field was seen as a key part of some social and political science traditions, but critique was seen as a risky endeavour in a field dominated by individualistic clinical and behavioural research (as evidenced by the recent heated debates about male circumcision as a HIV prevention strategy).

Participants responded to the dominance of biomedicine within the HIV field in two broad ways: adapting to the priorities of biomedicine and public health; or maintaining an autonomous HIV social science agenda. Both strategies clearly have strengths and weaknesses. Adaptation allows greater access to decision makers and medical research funding, but can limit the ability to conduct social and political analysis or to engage in critique. Autonomy preserves a space to generate new ideas and to conduct critical scholarship, but can weaken one's access to funding and inclusion in public health debates on HIV. Neither strategy appears to benefit the HIV field in general or the development of effective HIV interventions in particular. The adaptation strategy reduces the likelihood of social science insights in public health research and the autonomy strategy potentially isolates social science researchers from the development of HIV policies and interventions.

Building bridges between social science, public health and biomedicine therefore appears to be a priority. That is not to say that collaborative research incorporating medical, public health and social science perspectives did not exist: many respondents described how they had worked with doctors, clinical researchers and epidemiologists in joint HIV research.

However, it was noted that the agenda for such collaborative work was often dominated by public health priorities and that incorporating social science research questions could be difficult. Fostering collaborative projects, where social scientists contribute and shape the research design in equal partnership with biomedical researchers, is therefore another area that merits attention. Truly collaborative work may require both biomedical researchers and social scientists to understand more about each other's ways of working. Promoting interdisciplinary training and dialogue were therefore seen as important in strengthening the place of social and political sciences in HIV research.

6. Concluding Comments and Recommendations

This review has provided an overview of the state of social and political research on HIV and AIDS. We examined publications in a selection of international journals and asked international experts to comment on the state of the field. We framed our analysis with a discussion of the differences between social and natural sciences, particularly the types of evidence and methods of investigation that are valued in the different paradigms. These differences could be seen when we assessed the recent literature on HIV and AIDS, and in the commentary of our key informants, particularly when they reflected on the ways in which social science research is accommodated (or not) within the HIV field.

The literature analysis found that social and political research on HIV is best represented in non-HIV-related social science journals (like *Social Science & Medicine*), followed by medical and public health journals (including the *American Journal of Public Health* and *AIDS*). It is poorly represented in journals that focus on behavioural HIV research (such as *AIDS & Behavior* and *AIDS Care*). According to our key informants, the apparent displacement of social and political science research on HIV by behavioural and psychological research is a practice not limited to HIV journals. Respondents noted that social science is often reduced to behavioural research by funding bodies and by conference organizers, including the International AIDS Society.

We note, for example, the recent debate about whether Track D of the International AIDS Conference should be renamed "Psycho-social and Behavioural Sciences" (after discussion, "Social and Behavioural Sciences" was retained as the track title). Unfortunately, the overemphasis on behavioural research displays a poor understanding of the range of social science research approaches and a preference for individualized research paradigms. This increasingly narrow conceptualization of social science does little to encourage the participation of social scientists, further limiting the HIV field's ability to address pressing problems within the global pandemic.

The overwhelming view of the key informants was that the marginalization of social science meant that the overall response to HIV and AIDS was not as effective as it could be. Participants believed that biomedical researchers needed to work alongside their social and political science colleagues, especially in the area of HIV prevention, but also in treatment and care. Many social researchers noted that social and political science had failed to influence policy and practice: some pointed to the dominance of medicine, and others suggested that social and political scientists had not done enough to make their voices heard.

It is not always easy for social and political scientists to find a platform to present their findings and insights. In the literature review, we found that many papers ostensibly published on social or political science were primarily concerned with HIV interventions, across all of the journals we reviewed. There were considerably fewer publications on the social and political drivers

of HIV epidemics, and papers on drivers were particularly unlikely to appear in specialist HIV journals (and more likely to be published in general social science or public health journals). This suggests that the readership of specialist HIV journals is unlikely to be well informed about current developments in social and political research, particularly those concerned with the contexts and drivers of HIV epidemics or of critical scholarship on HIV interventions and policies. We believe this underlines the importance of strengthening the social and political science content within specialist HIV journals, through revised editorial policies and editorial board memberships.

6.1 Priority Issues, Gaps and Challenges

The key informant interviews and the mapping of the literature identify a number of priority issues and gaps in research. Clearly more research focused on understanding the role of social and political drivers in HIV transmission is needed, especially in developing structural interventions for HIV prevention. Research investigating stigma and related discrimination is key to understanding why people fail to come forward for testing and treatment: such research involves investigating the manner in which individuals and communities understand HIV, and also medical and public health responses to the epidemic.

Despite the fact that many published papers focus on evaluating HIV interventions, key informants spoke of the conceptual confusion surrounding efficacy and effectiveness. While evidence for effectiveness (for "what works") is sorely needed, the positioning of randomized controlled trials as the "gold standard" of evidence has meant that appropriate evidence for the effectiveness of complex prevention programmes has been difficult to establish.

The issue of effectiveness is particularly pertinent when addressing clinical trials, especially those evaluating biomedical prevention technologies. While these trials assess efficacy, very few of them go on to assess effectiveness (the use of technologies in "real life") and many key participants expressed their concern about this gap. For many participants, there was concern that biomedical prevention technologies may not "work" when used by people under real-world conditions. This issue is related to one of the major themes in this report: the need for equitable, interdisciplinary cooperation and the difficulties many social and political scientists perceive in achieving such cooperation and collaboration. The following recommendations may go some way to addressing some of these issues.

6.2 Recommendations

Our analysis of the literature and the respondents' contributions suggest a number of ways to strengthen HIV social science and its contribution to the HIV field.

6.2.1 Strengthening Social and Political Research on HIV

- The IAS should lobby for increased funding of social and political research on HIV from all major funding agencies.

- The IAS should consider taking the initiative to support an international HIV social and political science network, governed by leading social and political researchers.

- The IAS should bring up discussions with potential stakeholders to start a social science journal devoted to HIV/AIDS.

- The IAS should promote the thinking that social and political research is an expected element of all major trials of HIV interventions so that social and political implications are considered before trial results are released.

6.2.2 Increasing Social and Political Science Representation in the HIV Field

- The IAS should actively promote social and political science experts standing as candidates for the governing body of the International AIDS Society and those of other international HIV organizations and funding agencies.

- Promote institutionalization of social and political science editors for specialist HIV journals, such as *AIDS,* as has recently been done for the *Journal of the International AIDS Society*.

6.2.3 Conference Organization

- Ensure that the Scientific Programme Committee of the International AIDS Conference has a member (or members) with expertise in social or politcial science.

- Ensure that track committees (for Tracks D and F) for the XVIII International AIDS Conference in 2010 (AIDS 2010) attract members with expertise in the range of approaches used in the contemporary social and political sciences. Reflecting new approaches in the composition and sub-themes of tracks will encourage new scholars to participate in the conferences.

- Social science plenaries should be given at IAS conferences and be organized and delivered by leading social and political researchers.

- Crossover conference sessions on "hot topics", where dialogue between social and biomedical researchers is encouraged, should be facilitated at IAS conferences.

- Strengthen social science in Track D of AIDS 2010 by exclusion of content that should be submitted to other tracks.

- Re-focus abstract categories of Track D of AIDS 2010 so that contemporary social science issues are not confused with "behavioural science" or community work.

- The IAS should evaluate these changes within two years and consider if there is a need for a new, separate HIV social science conference.

6.2.4 Capacity Building

When supporting initiatives aimed at improving social science research capacity in HIV, the IAS should focus on the following areas:

- *Building literacy in social and political science approaches within the HIV field*
  This could be done through, for example: soliciting reviews of key social and political science approaches for major HIV journals (e.g., *AIDS*); giving more prominence to social and political science at basic science and clinical research conferences; and facilitating joint papers and seminars between leading social and biomedical researchers.

- *Training in HIV social science techniques*
  Examples are: sponsoring master classes by leading social and political researchers for students and junior researchers; establishing social science training networks for HIV researchers; and sponsoring placements in social and political research organizations for HIV researchers.

- *Sponsorship of training in interdisciplinary social and biomedical research*
  Ways to do this include: developing seminars, workshops and training programmes delivered jointly by leading social science and biomedical researchers in HIV research; and initiating postgraduate scholarships and other awards in interdisciplinary HIV research.

- *Targeting fellowships and scholarships to HIV-focused social and political science researchers in developing countries.*

7. Acknowledgments

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