

Framing, ideology and evidence: Uganda's HIV success and the development of PEPFAR's 'ABC' policy for HIV prevention

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Cognitive framing theories explain how individuals understand and apply information in relation to existing experiences and beliefs. Yet these theories have rarely been applied to explore the interpretation and application of evidence in policy development. This paper undertakes a critical discourse analysis of interviews and texts surrounding a highly contested United States policy for international HIV prevention. Analysis illustrates that, rather than speaking for itself, evidence is defined by framing processes, with competing interpretations found to reflect internal consistency with core beliefs about sexual behaviour. This illustrates the importance of making explicit the roles that belief systems play in shaping how evidence is used in policy development.

Introduction

In 2003, the United States (US) Congress authorised the President's Emergency Plan for AIDS Relief (PEPFAR) with an initial budget allocation of up to \$15 billion for five years (US Congress, 2003). At the time, this represented one of largest funding pledges to a single international development issue ever made. While much funding under PEPFAR has been channelled to HIV treatment (including the provision of anti-retroviral drugs), the programme also has had a large component focused on HIV prevention, with the central prevention strategy the so-called 'ABC approach' to AIDS prevention – standing for 'Abstain, Be faithful or use Condoms'.

It was not long after PEPFAR launched its ABC approach that it faced criticism. Numerous authors and activist groups argued that ABC, as proscribed under PEPFAR, is not an effective HIV prevention strategy. PEPFAR has been accused of using ABC to promote a right-wing agenda, with a particular preference for abstinence promotion (Advocates for Youth, undated; Gill, 2006; *The New York Times*, 2007). Indeed, the fact that the initial congressional authorisation of PEPFAR legally mandated one third of prevention funds to be spent on abstinence until marriage programmes was seen by critics to point to political bias. Many of those critical of PEPFAR have provided their own, alternative, understandings of how ABC should be used for HIV prevention. Yet both sides of this debate have claimed their contrasting interpretations of ABC to be 'evidence based' – and both sides have drawn on the HIV prevention experience of Uganda in particular to justify their conclusions. Until recently, Uganda was the only country in Africa to have seen falling HIV infection rates. As such, it has been used as

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the source of evidence for a wide number of claims and counter claims about AIDS in Africa and what works in HIV prevention internationally (Mbogo, 2003; Brody, 2004; Okuonzi and Epstein, 2005; Slutkin et al, 2006; Epstein, 2007).

The importance of stating that one's approach to HIV prevention is based on evidence is unsurprising when considering that HIV/AIDS often falls under the jurisdiction of the public health community – a community that has widely embraced an idealised (and dominant) notion of evidence-based policy (Florin, 1996; Black, 2001). HIV discourses in particular have been historically dominated by a biomedical paradigm (Tarantola, 2000), with the bulk of funds for HIV prevention managed through an institutional system with strong public health roots (Pisani, 2008). As HIV touches on both a widely recognised health concern, and the highly contested field of sex and sexuality, it can be crucial to establish the legitimacy of any policy position. Couching policies in a dominant discourse of medicine and science, however, can work to achieve this, as Jackson and Scambler (2007: 425) have explained: 'biomedicine has traditionally legitimised its practices through a discourse of scientific rationality anchored in formal knowledge, of which the evidence-based medicine movement is a logical progression....'.

The hegemony of the biomedical paradigm itself can be traced to the establishment of medicine as a profession – a process that required the formalisation of an exclusive body of knowledge and the establishment of authority over matters of health (Freidson 1970, 2006). The expansion and dominance of medical knowledge has been critiqued as an element of social control, occurring through the medicalisation of everyday life (Zola, 1973). In this conceptualisation, medical decisions, often couched in a language of 'neutrality', will often have direct or implied power and political effects.

In the debate over the correct way to prevent HIV under the banner of ABC, both sides have attempted to present their ideas as evidence based. Yet the supporters and opponents of PEPFAR's ABC approach have interpreted and constructed the same set of historical and epidemiological evidence differently. Both sides have referred to Uganda's HIV experience as their source of evidence, while selecting different elements from that history, and drawn differing lessons from it. This has led to competing HIV policy recommendations.

It has been long observed that ideology influences political decisions, and may lead to a strategic selection of evidence in political argument (Weiss, 1979). However, the cognitive sciences have further investigated the ways that humans fundamentally understand information and make decisions, particularly in situations of complexity or uncertainty. Notably, cognitive psychologists have identified how humans make judgements through the use of heuristics that simplify information or relate it to what is already known, rather than through explicit analytical processes (Gilovich and Griffin, 2002; Gilovich and Savitsky, 2002). Information is processed by, and understood with reference to, simplifying models based on past experiences, expectations or personal beliefs (Sternberg, 1996; De Martino et al, 2006). These insights can help to analyse how groups with contrasting belief systems interpret and use evidence differently – not just because they are pursuing different policy outcomes, but also because their existing beliefs will structure the cognitive frames through which new evidence is understood and applied. Linking this process to political concerns (a

cognitive-political approach to the use of evidence in policy) can help to understand the reasons behind differing portrayal of evidence in many controversial policy debates, with Schön and Rein (1994) arguing that making explicit the operation of framing processes can help to resolve so-called 'intractable policy controversies'.

This paper analyses the specific case of the US government's PEPFAR programme and its HIV prevention component, ABC, launched in 2003 and continued until the end of the Bush administration in January 2009. The paper explores how policy constructions of HIV prevention derive from competing underlying moral belief systems, and the interpretive framing process based on those beliefs. The findings illustrate the importance of making these interpretive processes explicit in order to strengthen the use of evidence in policy and to improve our understanding of the policy-making process.

Background: what 'worked' in Uganda?

At the time of PEPFAR's launch, Uganda was the only African nation that had seen widespread declines in its national HIV prevalence. According to recent estimates, national prevalence rates fell from around 15% in the early 1990s to a low of approximately 6% by the end of that decade (Kirby, 2008; Parkhurst, 2011).

Numerous articles have been written about Uganda's unique success, and Uganda has played host to a number of Ministry of Health delegations from across Africa and South Asia attempting to learn from its experience (Parkhurst, 2001). As such, early claims of what worked in Uganda were particularly powerful in the field of public health and HIV prevention. However, authors have attributed success to any number of factors, such as clean injection practices (Brody, 2004), abstinence (Mbogo, 2003), condom use (Mitchell, 2005) or 'pragmatic safe sex' (Okuonzi and Epstein, 2005).

Green (2003) has written in depth about Uganda's HIV experience, and provided testimony to the US Congress in the period leading to the passing of the PEPFAR law. His 2003 book entitled *Rethinking AIDS prevention* discusses many reasons why Uganda may have seen a decline in the prevalence of HIV, but the book has also been widely seen to have popularised the acronym ABC to capture Uganda's response to HIV.

This attribution of Uganda's success to ABC was clearly noted by PEPFAR. As President George W. Bush explained in a speech at the time of PEPFAR's launch:

We can learn from the experiences of other countries when it comes to a good program to prevent the spread of AIDS, like the nation of Uganda. They've started what they call the A-B-C approach to prevention of this deadly disease. That stands for: Abstain, be faithful in marriage, and, when appropriate, use condoms. That's what A-B-C stands for. And it's working. (White House Office of the Press Secretary, 2003)

The Uganda link was also elaborated in the PEPFAR's initial five-year plan, which claimed that 'Uganda's success has identified the "ABC" model (Abstinence, Be faithful, and, as appropriate, correctly and consistently use Condoms) as an effective HIV/AIDS prevention tool' (Office of the US Global AIDS Coordinator, 2004: 8).

While the language of ABC can appear quite simple, understanding the reasons for Uganda's decline in HIV prevalence requires analysis of a broad set of data. There have been two primary sets of epidemiological and public health studies that have analysed Uganda's HIV history. The first body of work has looked for population data to identify which HIV risk behaviours changed in Uganda. These studies have looked for evidence of whether people had less sex, had fewer sexual partners or increasingly used condoms (Halperin et al, 2004; Stoneburner and Low-Beer, 2004; Green et al, 2006; Epstein, 2007). Historical behavioural data are limited, but arguably the most comprehensive analysis was conducted by Kirby (2008), who combined multiple evidence sources to conclude that the main behaviour changes seen was a reduction in the average number of sexual partners, along with some delayed onset of sexual activity. Condom use was also noted, but this occurred later than these initial behaviour changes, and primarily was seen with casual partners.

A second body of work has investigated the interventions and political response that could have facilitated behaviour change. These include policy responses by the government of Uganda, activities by non-governmental organisations and community groups, as well as specific contextual factors that might have supported behavioural change. Much has been learned from these studies, including the importance of political leadership (Epstein, 2001; Green, 2003), an open and inclusive response (Watson, 1988) and stigma reduction (Macintyre et al, 2001; Green, 2003; Slutkin et al, 2006). But ultimately, with limited data availability from the 1980s and 1990s, a retrospective study of what led to social change in Uganda paints a complex and multifaceted picture (Parkhurst, 2008).

Despite these two reasonably well-developed bodies of work, confusions and simplifications persist in the application of Uganda's HIV experience elsewhere. In many cases, there is confusion over what is seen as a 'cause' of Uganda's success. This author, for instance, has illustrated elsewhere how declines in national prevalence might be driven by changing behaviours of a population, but to trace this to a result of policy requires further information and assumptions. Those behaviour changes would need to have been the result of interventions, which themselves were due to policy responses. Data, however, are often too limited to make any certain causal statements (Parkhurst, 2008). In the case of Uganda, the terminology of ABC has been retrospectively applied to both the behaviour changes seen (less sex, fewer partners or more condoms) and the policy responses. As such, language has often been vague. In a single document, PEPFAR refers to ABC as an *approach*, a set of *interventions*, a *strategy*, a *model* and a *tool* (Office of the US Global AIDS Coordinator, 2004). Indeed, reviews have shown that the exact phrase ABC did not appear before 2003 in Ugandan policy documents (Slutkin et al, 2006; Parkhurst, 2011), yet this has not stopped many authors (not just PEPFAR) from claiming that there was a Ugandan policy or strategy by that name that caused the prevalence declines of the 1990s (see, for example, Okware et al, 2005; Sinding, 2005; Wakabi, 2006).

Understanding evidence – framing mechanisms

As the above section illustrates, understanding Uganda's success requires analysing multiple sources of evidence, many of which may be quite nuanced or complex. How humans deal with complexity, and manage to make sense of evidence when there are challenges or limitations in that evidence, is therefore critical to understand. Cognitive psychological theories, however, have specifically developed to do this. These theories posit that when faced with complexity, the human mind utilises simplifying heuristics and processes of association in order to understand information (Sternberg, 1996; Pinker, 1997; De Martino et al, 2006).

The term '*framing*' has been applied to capture these processes, and has been used by sociologists and social linguists to specifically explore how information is processed with regard to previous experiences and existing beliefs, in order to fit evidence and argument into an internally consistent structure in social contexts (Goffman, 1974; Tannen, 1993). Chong and Druckman (2007) review how framing theory has been typically applied in political science, but find that most work in this area has used the term 'frame' in a more narrow and positivist manner to encompass the surrounding text or contextualising narrative in which arguments or choices are presented to individuals. They note that many studies have been conducted to see how changing the way an idea or option is worded may change the choice or voting behaviour of individuals.

Chong and Druckman's review, however, does not engage with the field of interpretive (or critical) policy analysis, which uses the concept of '*framing*' to recognise the role it plays in understanding and organising reality to enable individuals to act (Rein and Schön, 1993), which has direct implications for political debate. This literature analyses the construction of meaning in political discourse, recognising the power relations inherent in any institutionalised discourse (in a Foucauldian sense – see Foucault, 1980, 1981 [1970]) and the political nature of both competing frames and discourses (Fischer and Forester, 1993).

Authors taking this approach to framing typically utilise cognitive and sociolinguistic insights to undertake critical analysis of policy debates. Lakoff (2002, 2004), for instance, has studied political argumentation in the US, concluding that arguments in a vast range of political debates are derived from, and subsequently reinforce, different core beliefs about the family and their respective moral systems. The importance of core beliefs has also been explored by Sabatier (1988), who has identified how coalitions of policy actors form around deep core beliefs, which they seek to promote in public policies and programmes, stating that 'most actors will have *relatively* complex and internally consistent belief systems in the policy area(s) of interest to them' (1988: 144, emphasis in original). The notion of an *internally consistent* belief system is critical, as it is the cognitive framing process which links and interprets information to ensure consistency, or alternatively which rejects or questions information that is not consistent with past experience and deeply held beliefs.

Fischer (2003) has described this in what he has called 'interpretive' frames, stating that 'framing is a dynamic process by which producers and receivers of messages transform information into a meaningful whole by interpreting them through other

available social, psychological and cultural concepts, axioms, and principles' (2003: 144). These ideas overlap with Schön and Rein's (1994: 23) definition of frames as 'underlying structures of belief, perception, and appreciation'. Crucially, Schön and Rein see competing frames as shaping not just the policy goals of actors, but also actors' conceptualisation of what counts as fact, or which arguments are relevant to a debate.

Despite this body of work, little has been done to apply these insights to the understanding of evidence in public health policy development. Yet these works provide a framework to explore how opposed groups understand and apply evidence differently, leading to vastly different policy arguments from the same evidence base. It further can show how discursive constructions of evidence link to broader hegemonic bodies of formalised knowledge in order to legitimate policy recommendations.

Frames therefore both affect the initial understanding of public health evidence, and provide relational structures through which that evidence can be developed into policy recommendations in ways internally consistent to deep core beliefs (or deeply held values), and which can provide legitimising functions through connection to existing institutionalised hegemonic ideas. The term 'belief systems' is particularly utilised here to acknowledge the relational and integrative aspects of how they (through framing processes) provide systems for the interpretation and understanding of information. The Ugandan HIV experience lends itself extremely well to analysis from this perspective, as the success story was particularly high profile, but, as shown, the reasons as to why the reduction in HIV rates came about are so complex that they have been repeatedly reinterpreted and reframed in policy debates.

Methodology and approach

Data for this analysis come from research conducted in 2008 investigating the origins and application of ABC for HIV prevention, in both Uganda and the US. The US component particularly focused on the use of evidence in policy argumentation, and the roles of ideas and beliefs to shape the understanding of evidence. Research methods included 28 interviews combined with a review of published and unpublished documentary sources (including policy documents, meeting minutes and online sources). Three weeks were spent in Kampala and six weeks in Washington DC to conduct interviews and gather documentary material.

Data sources included documents and texts that explicitly described PEPFAR's ABC approach (such as official policy documents and statements from the Bush administration), or which directly countered or criticised PEPFAR's use of the term. Interviews were conducted with individuals both supportive and critical of the ABC prevention strategy, including existing and former members of the Bush administration, former members of presidential advisory bodies, academics and members of key think tanks and advocacy groups. A final set of data complemented the interviews in the form of published and online textual data from a range of sources containing broader discussion or debate about the core ideas and values that were found to influence the way evidence was utilised. These data included minutes of meetings of the Presidential Advisory Committee for HIV/AIDS (PACHA), as well as published and online materials from advocacy groups and think tanks representing

highly supportive, or critical, elements in the debate over the Bush administration's approach to sexual health policy.

Analysis approach

Discursive analysis commonly analyses talk and text to identify how particular arguments may reinforce underlying ideas or beliefs (van Dijk, 1995; Fairclough and Wodak, 1997). Chilton and Schäffner (1997) recognise that application of discourse analysis to politics has involved a greater engagement with the linguistic sciences, particularly recognition of how discourse constructs social reality. As Howarth and Stavrakakis (2000) explain, while many past instances of discourse analysis have focused on technical analyses of text, there is a growing effort to undertake critical and theoretically informed analysis to political questions – which fundamentally have to do with issues of social antagonism (disagreement), hegemony and power. In this paper, these approaches were applied to explore the framing process around ABC to understand the competing discourses that construct meaning about behaviour and HIV prevention; ultimately seeking to identify the deep core beliefs that provide the bases of the competing systems of understanding.

The analysis presented here, therefore, involved a multi-stage analysis process. First, data were analysed to identify how the core elements of ABC were understood or presented. After this initial coding, a second phase of analysis involved identification of key terms supporting concepts that linked the subject matter (ABC and related HIV prevention concepts) to policy recommendations. Finally, analysis identified instances where sexual behaviours were related to more fundamental belief structures or value systems.

Results are presented in the following sections: first, the main differences between how the two opposed camps understand ABC, and the particularly contentious element of abstinence promotion for HIV prevention, are presented. Then, discursive analysis identifies key concepts that are used to support differing claims on ABC and abstinence in particular – linking pieces of evidence to policy argument or recommendations. Finally, additional texts are used to ultimately link those ideological components to core beliefs on sexuality and sexual behaviour. This process is followed for both the Bush administration and its supporters, as well as for those critical of PEPFAR's approach. Most interviews are identified by anonymous codes indicating the country conducted and a number assigned to that interview corresponding to the order in which the interviews were conducted (the interview with the code KI-US13 was actually a group interview with three respondents); although one interview with a senior official is listed with name and date (permission to quote was granted during the informed consent process).

Divided on 'simple' concepts

What is ABC?

While there is broad agreement on what the three letters of ABC stand for, a key point of divergence between PEPFAR supporters and critics falls around what it is said to encompass as an HIV prevention strategy, and what it meant in Uganda. PEPFAR's initial five-year strategy document stated:

We will promote the proper application of the ABC approach, through population-specific interventions that emphasize abstinence for youth, including the delay of sexual debut and abstinence until marriage; HIV/AIDS testing and fidelity in marriage and monogamous relationships; and correct and consistent use of condoms for those who practice high-risk behaviors. (Office of the US Global AIDS Coordinator, 2004: 9)

The programme often discusses ABC as a strategy to specifically promote abstinence to youth, fidelity *within marriage* and condom use for so-called '*high-risk*' groups. The ABC approach is, according to PEPFAR, 'distinctive in its targeting of specific populations, the circumstances they face, and behaviours within those populations for change' (Office of the US Global AIDS Coordinator, 2005: 2).

Seeing ABC as targeted to different groups, however, has been critiqued in a range of fora. Murphy et al (2006) have argued that abstinence, being faithful (or partner reduction) and condom use are simply outcomes of HIV prevention strategies, and not interventions in and of themselves. The advocacy group Human Rights Watch (2005: 5) further has argued that 'the definition of ABC in the 2003 U.S. global AIDS strategy—Abstinence for youth, Be faithful for married couples, and Condoms only for "high risk" populations—is a uniquely American invention'.

Interviewees critical of PEPFAR also criticised ABC as hierarchical and divided, explaining: "The way law was written it separated out the ABC model into different parts. In particular it emphasised the abstinence-only piece...." (KI-US13).

'Evidence-based' HIV prevention

PEPFAR documents and officials further referred to ABC as a 'proven' 'evidence-based' strategy. The initial five-year plan stated that PEPFAR's approach is through the 'use of evidence-based prevention programs such as the "ABC" – Abstinence, Be faithful, and as appropriate, correct and consistent use of Condoms – [an] approach, proven successful in Uganda, Zambia, Senegal, and elsewhere....' (Office of the US Global AIDS Coordinator, 2004: 23). The former head of PEPFAR, Mark Dybul, was interviewed while head of the programme. When asked about the origins of ABC, he explained: "It developed from the data, and from Africa. ABC was developed in Africa in the '90s by Uganda" (Washington, DC, 28 August 2010 – permission to quote granted). Yet critics argue that PEPFAR's construction of ABC was ideological, rather than scientific (Dhingra, 2007), with one interviewee stating: "Those of us

who adhere to science-based policy making have fought from day one through now to modify these policies” (KI-US2). Another respondent explained:

[PEPFAR’s approach] wasn’t the ABC model as was originally used in Uganda. It was the ABC model as adapted by a conservative and ideological government.... Because in Uganda a lot of the rapid decreases in the incidence rates were attributed to [a] comprehensive approach to behaviour change education.’ (KI-US13)

Abstinence works?

A final key difference apparent between the two communities is how the abstinence component in particular is understood. Those close to the Bush administration often have argued that ‘abstinence works’ for HIV prevention – with first lady Laura Bush, for instance, stating: ‘I’m always a little bit irritated when I hear the criticism of abstinence, because abstinence is absolutely 100 percent effective in eradicating a sexually transmitted disease’ (US Department of State, 2006). In 2004, the White House Press Secretary also stated: ‘The President is an advocate of abstinence education programs because he wants to focus on what works’ (SIECUS, undated).

Opponents take a very different view, particularly discussing abstinence programmes as ineffective (Illingworth, 2004). One interviewee explained: “Despite the fact that there is no evidence that abstinence until marriage programmes are effective in reducing HIV transmission, Congress still required [one third of PEPFAR prevention funds] to be spent [on abstinence programmes]” (KI-US2).

The differences in beliefs on the effectiveness of abstinence often appear quite subtle, or turn on a single word or phrase (eg, abstinence versus *abstinence promotion*). Yet these subtleties point to fundamentally different ways in which two ideologically opposed groups have understood and applied ABC evidence in policy debate. The following sections delve into how these understandings have been constructed in relation to supporting concepts and deeper moral belief systems.

Supporters of PEPFAR’S ABC

Selecting Ugandan evidence

Analysis found that Bush administration officials and advisers utilised particular narratives when discussing what ABC meant in Uganda. For instance, in 2004, the Secretary for Health and Human Services, Tommy Thompson, explained: ‘Ugandan President Museveni and his wife, Janet, go on the radio to remind people to practice abstinence before marriage and faithfulness thereafter. Ugandans have responded to their message, and have successfully cut their infection rate....’ (US Department of Health and Human Services, 2004).

This attribution of Uganda’s success to the specific promotion of abstinence and marital faithfulness by President Museveni and his wife was repeated by other Bush advisers. Dr Joe McIlhaney, for instance, served on Bush’s Presidential Advisory Committee on HIV/AIDS (PACHA). He is recorded in the minutes of one meeting

as stating: 'President Museveni started the ABC program; his speeches emphasized abstinence until marriage. As a result, the HIV rate dropped among women, despite the fact that Ugandans never really took to using condoms' (PACHA, 2005b). In these ways, the evidence base on the effectiveness of ABC in Uganda was particularly constructed around those components focusing on the promotion of abstinence until marriage, with much less emphasis (or even denial) on the role of condom promotion.

ABC is balanced and comprehensive

In multiple instances, PEPFAR supporters presented their conceptualisation of ABC not just as evidence based, but also as 'balanced' and 'comprehensive'. As one former member of Bush's advisory committee explained: "My understanding of the Uganda model is that it is a comprehensive approach that has targeted messages to different populations.... You use all pieces: abstinence, faithfulness and condom use, and emphasise them as deemed appropriate with different audiences" (KI-US 18). President Bush similarly discussed ABC as balanced. In his 2003 speech cited above, he continued to say:

I like to call [ABC] a practical, balanced and moral message ... I think our country needs a practical, effective, moral message. In addition to other kinds of prevention, we need to tell our children that abstinence is the only certain way to avoid contacting HIV. It works every time. Children have a way of living up or down to our expectations. If we want them to lead healthy and responsible lives, we must ask them to lead healthy and responsible lives. (White House Office of the Press Secretary, 2003)

Balance was also seen as occurring when equal funds were spent on each of the three components of ABC. One PACHA motion, for instance, argued for 'equal balance between A, B, and C components in programmatic attention and in levels of resource allocation' (PACHA, 2005a).

Supporting values – ABC as moral

President Bush further emphasises that ABC is *moral* in the quote above. He states the importance of children living *responsible* lives. These provide the core relational values that explain what a 'balanced' or 'comprehensive' ABC response would look like.

This notion that certain sexual behaviours are responsible and moral, particularly for youth, is seen in other statements by members of Bush's AIDS advisory council. During a meeting discussing a draft of recommendations on a new strategy for domestic HIV prevention, it was minuted that: 'Dr. [Joseph] McIlhane proposed that [one of the recommendations] for youth state that youth should be encouraged to make best choices, which are abstinence and, after sexual debut, lifelong or long-term faithfulness' (PACHA, 2005b).

Similarly, in 2004, Margaret Spelling, Bush policy adviser (and later Secretary of Education), stated: '[US school] programs have to focus on abstinence and the need

for kids to avoid sexual activity.... We're trying to reframe expectations that say we don't expect you to engage in sexual activity; we expect you to remain abstinent through high school' (*CBS News*, 2004). This establishment of a correct way to behave, however, also aligns with the biomedical paradigm in its tendency to establish correct, and generalisable, responses to disease agents.

Interpretive frame

The operational frame that links these values to the understandings of Ugandan evidence appears to link sexuality with morality; particularly a belief system holding that there is a correct way to behave sexually, within a further notion that it is correct to promote those behaviours to others (particularly to youth). These values are consistent with the moral positions of many groups supportive of the Bush administration.

Additional texts were therefore reviewed for further evidence of the linking of moral beliefs to sexuality among Bush supporters. Focus on the Family, a conservative advocacy organisation, notably published a defence of abstinence education in which it is argued: 'Children need directive education – education that points them to a specific outcome. If sexuality education is taught in a condom – plus – abstinence format, the message is mixed and nondirective. Students are left confused as to the best health choice' (Klepacki, undated). The promotion of a correct way to behave is clearly emphasised here. The language is phrased as involving making a 'best health choice', but Focus on the Family quite explicitly promotes abstinence from sex as a correct moral behaviour as well.

The Heritage Foundation, a conservative think tank, has similarly published views in support of abstinence education, which link the debate to moral beliefs. In a 2004 article published by the Foundation, Rector et al (2004) argue that a poll of parents (conducted by Zogby International, but notably designed by Focus on the Family) showed that parents were highly supportive of abstinence education from a 'moral' position. The authors summarised parental moral views as: 'Sex should be linked to marriage. Delaying sex until marriage is best.' The article further claims that '[a]bstinence programs provide young people with the strong, uplifting moral messages desired by nearly all parents' (Rector et al, 2004).

The above analysis has illustrated how the pieces of evidence utilised, the meaning of A, B or C, and the understanding of what a 'balanced' or 'comprehensive' ABC approach would be, are mediated by framing processes built on a core belief system, holds that there is a correct moral way to behave, which should be promoted to youth. The interpretive process is not unique to supporters of the Bush administration, however, and can be seen equally among PEPFAR's critics.

Opponents of PEPFAR'S ABC

Which Ugandan evidence?

Several interviewees presented a competing knowledge of what happened in Uganda, accusing PEPFAR of misunderstanding what actually led to Uganda's success. As one

respondent stated: “[PEPFAR] had no real comprehension of what is a communication campaign and strategy that is comprehensive. If you look back at what happened in Uganda it was really an incredibly in-depth communication strategy that evolved organically” (KI-US16). As far as ABC was concerned, another respondent explained, “[t]he original ABC model was to provide correct information and comprehensive information ... it was trying to use semantics that were perhaps appropriate to the population that it was serving” (KI-US13). In these cases, it was the provision of information – and particularly what is described as a comprehensive set of information – that is emphasised, rather than the actions of the Ugandan President or First Lady.

‘Comprehensive’ and ‘balanced’ as providing options

The word ‘comprehensive’, therefore, presents different meaning for those critical of PEPFAR’s approach to ABC. Similarly, interviewees also stated that ABC should be a balanced approach, but had a very different understanding of what ‘balance’ was:

‘ABC was being reinterpreted, and it had gone from ... one of balance A, B or C according to individuals needs, to one where it was a hierarchy – A, then B then C.’ (KI-US11)

‘[In Uganda] there was a component on ‘Zero Grazing’ [a local prevention slogan seen to promote partner reduction], there was a component on delay of sexual debut, but it was balanced. It wasn’t a strong thrust ... there wasn’t stigmatisation rhetoric coming from government ... there wasn’t a predominant focus on abstinence and faithfulness programming, it was balanced.’ (KI-US2)

This shows a clear divergence on the notions of balance and comprehensiveness. To supporters of PEPFAR, the balance arises from having all three elements promoted to the ‘correct’ groups. The initial congressional allocation that one third of all prevention funds be spent on abstinence until marriage programmes could equally be seen as providing ‘balance’. To critics, balance arises from providing individuals with information on all possible behavioural options to prevent HIV. A programme is balanced when an individual learns about abstinence, fidelity and condoms, not if some groups get abstinence education, while others get condoms. Whether one or another approach makes sense as ‘balanced’, however, will depend on the cognitive frames used to create the policy arguments, and the beliefs on which they are based.

Interpretive frame

As in the case of PEPFAR supporters, further data help to understand the ideological and moral positions of PEPFAR critics. While PEPFAR and its supporters often conceptualised ABC as representing the correct behaviours for individuals, critics tended to construct ABC as providing *options* to individuals.

Advocates for Youth was one of the most outspoken organisations opposing the Bush administration's approach to sexual education, including its ABC policy. The organisation published reports that criticised PEPFAR's ABC as incorrect, and claiming that 'ideology trumps science' in PEPFAR's approach (Dhingra, 2007).

The organisation's underlying values, however, are evidenced in other statements. In 2001, the president of Advocates for Youth, James Wagoner, argued more broadly against abstinence-only education by writing:

Instead of fear, denial, and blame, let's try *rights*, *respect*, and *responsibility*. Young people have a *right* to accurate and complete information that could protect their health and even save their lives. Young people deserve *respect*. Too often they are viewed solely as part of the problem when we should include them as part of the solution.... Finally, young people have an obligation to act *responsibly*, to make safe and sound decisions about sexuality. (Wagoner, 2001, emphasis in original)

Responsibility is emphasised, but the *choice* and *independence* of youth are also seen as essential. A former Clinton administration HIV/AIDS adviser also emphasised the importance of providing multiple options to people, as they may choose not to follow a proscribed behaviour: "[Multiple elements] should be part and parcel of every prevention message that we are developing, because if someone chooses not to abstain, they still should be able to understand how to reduce their harm" (KI-US12).

Discussion

The notion of evidence-based policy is often conceptualised to be value neutral, or free of ideology. Cognitive psychology, however, points to the ways that belief systems can shape the understanding of evidence itself, as well as how pieces of evidence may be interpreted in ways consistent with worldview or explanatory models through framing processes. As such, it is the understandings and interpretations of complex information that is most consistent with core beliefs that are most likely to be developed into ideas, decisions and arguments. Critical theories further point to the legitimising function served by linking a contested view to established bodies of formal knowledge and discourse, which is often served in health debates by appeal to science and medical evidence. An understanding of these processes has been used here to analyse how public health evidence had been constructed into competing policy recommendations for HIV prevention.

The discourse of the ABC debate has tended to centre on Uganda, and its history in reducing HIV. Both sides of the debate have referred to Uganda's experiences to justify their contrasting, and at times conflicting, policy recommendations. Both sides similarly justify their understanding of ABC by referring to it as *balanced*, *comprehensive*, or as an approach that enables *responsibility*.

These terms take on different meaning between the competing groups. What is seen as balanced, comprehensive or responsible will be based on the roles those terms play within the explanatory system utilised and the interpretive frame linking them to underlying values. Crucially, any construction using these terms must be internally

consistent with deep core beliefs held by each group. Analysis of explanatory terms and justification statements illustrates that the fundamental difference between opposed groups stems from their core belief systems on sexuality. Table 1 presents a summary of the key aspects of these opposed belief systems and how they influence the understanding of evidence and construction of policy around ABC.

Table 1: Summary of discursive and cognitive systems shaping ABC considerations

	PEPFAR (and supporters)	Critics/opponents
Understanding of ABC in Uganda's success	ABC worked because it promoted abstinence to youth and fidelity within marriage in particular President Museveni and his wife promoted abstinence to youth and fidelity within marriage	ABC worked because it provided information on all options to Ugandans and gave them choices and options
Understanding of abstinence	Abstinence is 100% effective/ abstinence works	Abstinence promotion has been shown not to work
Key terms of explanation applied to constructions of ABC or Ugandan evidence	Evidence based Balanced ABC Comprehensive ABC	Evidence based Scientific/science based Balanced ABC Comprehensive ABC
Value concepts and terms utilised in broader discussion around sexuality or sexual health	Responsible behaviour Moral Correct Directive Expectations	Responsibility for behaviour Options Rights Respect Choice
Underlying core beliefs	There is a correct way to behave sexually Correct behaviour should be promoted	Freedom over sexuality and lifestyle is paramount Choice over behaviour should be respected

To those who believe that there is a correct sexual behaviour for individuals to follow, discourse and argument around ABC will make logical sense when they are internally consistent with this moral belief system. To these *moral absolutists*, abstinence promotion is a particularly attractive premise. It promotes the 'correct behaviour' that they believe in, as well as being seen as the most effective way to prevent HIV. The axiom that 'abstinence works' or that it is '100% effective' is consistent with both the goal of HIV prevention and the moral foundation of correct behaviour.

The B element of ABC is defined by these groups as 'being faithful' – typically within marriage. Epidemiologists alternatively will speak of 'partner reduction' for this element of HIV prevention – a concept that does not necessarily imply fidelity (nor any assumption of marriage), but which captures the biological mechanism by which HIV risk is reduced. Reducing from five to two sexual partners may not be 'being faithful', but it reduces risk. Framing the 'B' element as 'faithfulness', however, aligns with the moral absolutist belief of the correct sexual behaviour.

Condom promotion, however, is the least consistent with the moral absolutist belief system, as condoms appear only suited for those individuals who are doing the 'wrong

things' in the first place. As such, they are often mentioned least, or advocated only to those who 'cannot do' the first two. Finally, within a moral absolutist position, youth are seen as needing to be guided to correct moral choices, which is seen as being 'responsible'.

These understandings contrast with critics whose core beliefs hold that individuals should have freedom over their sexual lives. To these *freedom primacists*, promotion of abstinence, or restricting people to a single partner, is internally inconsistent with their core belief system, as it amounts to taking away choice and control over one's sexuality. In contrast, promotion of condoms fits much better with their beliefs. Condoms enable people to make choices while avoiding HIV – they can still choose to have the sexual partners they desire, just in a more 'responsible' way. Here responsibility means reducing harm from any choices made. Condoms are also a form of contraception, which gives women choice over their reproductive function – a function which in the past has led to their systematic social domination and lack of freedom. As such, condom promotion is again internally consistent with the ideals of freedom and choice over lifestyles.

These value systems can introduce bias when translating primary evidence into recommendations for interventions. This can be seen most clearly when looking at how concepts of evidence and effectiveness of different strategies play out in policy recommendations. Many have criticised supporters of abstinence education as failing to distinguish between the notion of clinical *efficacy* – how effective something is in perfect conditions – and *effectiveness* – how well something works in practice. Abstaining from sex is efficacious in preventing the spread of sexually transmitted infections, but there have been few successful programmes that have had a sustained impact on whether people actually abstain. Yet this bias works both ways. For instance, one public health researcher in Uganda interviewed stated: "The question that comes to my mind is: Where is the evidence for the effectiveness of the abstinence part? ... there is evidence to show the effectiveness, or even the efficacy, of consistent condom use in preventing HIV transmission – the evidence is there" (KI-UG7). The respondent expresses a belief in the efficacy of condoms because studies have calculated the percentage of protection that a condom can provide ("the evidence is there"). But, as with abstinence, this clinical efficacy is different from considering how effective condom promotion efforts have been in practice. Indeed, there is limited evidence that wide-scale condom promotion on its own has had much impact on population behaviours. The same framing processes take place in understanding evidence among both communities, although rather different frames are utilised, leading to opposed conclusions on whether to promote abstinence or condoms.

Finally, in conducting this research, a small cadre of academics were identified who have extensively studied Uganda's HIV experience, and who arguably understand the complexity of Uganda's HIV experience better than most. These individuals have, at times, pointed to the marginalisation of the 'B' component – understood as 'partner reduction' – in the face of behavioural and epidemiological evidence showing that reductions in partners may have been the largest behavioural component driving the reductions in HIV in Uganda. How and why partner reduction, as a concept, might be left out from policy debates can be better understood when considering

the framing mechanisms of the two communities analysed here. Partner reduction is not the same as fidelity per se, and as such does not fit well with the moral absolutist position unless it can be defined or linguistically framed as such. Promoting fewer partners similarly comes across as dictating what others should do, and thus also does not fit well with the freedom primacist position. The framing mechanisms of both sides of the debate may pre-bias individuals to one or another strategy (abstinence or condom promotion), limiting the learning that can be done from the existing, if complex, body of historical evidence.

Conclusions

The field of public health often searches for generalisable solutions to problems it faces. This was equally the case when Uganda saw declining HIV prevalence in the 1990s. The power of statements of what worked in Uganda has therefore been particularly strong, influencing national and international programmes. Yet Uganda's HIV prevention history is complex, and in situations of complexity, humans typically rely on mechanisms of interpretation and framing both to understand evidence and to construct strategies of action internally consistent with belief systems. This interpretive process has been shown by political scientists to be a common feature of policy making where deep divisions exist between opposed groups (Schön and Rein, 1994; Fischer, 2003). As such, making this process explicit is critical to improve the use of evidence, as well as to overcome the seemingly intractable debates that arise around highly contested issues such as sexuality. While it has been long known that ideology can affect the selection of evidence in a strategic way, this study helps to further illustrate how cognitive processes can affect the mechanism by which evidence itself is understood. Both sides of the ABC debate argue for reducing the spread of HIV. But the realities of their opposing strategies, and the subsequent effectiveness of any strategy developed, directly follow from the interpretive processes explored here. Recognition of these processes, and making them more explicit, can help to make visible the ways in which evidence is used, and in doing so avoid incorrect or misleading uses of public health evidence. Better-informed decision-making processes are crucial for effective responses to social problems such as the HIV pandemic – indeed, such a health crisis is too important to not look critically at how HIV prevention policy is developed.

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