

Multilateral, regional, and national determinants of policy adoption: the case of HIV/AIDS legislative action

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Abstract

Objectives This article examines the global legislative response to the HIV/AIDS epidemic with a particular focus on how policies were diffused internationally or regionally, or facilitated internally.

Methods This article uses event history analysis combined with multinomial logit regression to model the legislative response of 133 countries.

Results First, the results demonstrate that the WHO positively influenced the likelihood of a legislative response. Second, the article demonstrates that development bank aid helped to spur earlier legislative action. Third, the results demonstrate that developed countries acted earlier than developing countries. And finally, the onset and severity of the HIV/AIDS epidemic was a significant influence on the legislative response.

Conclusion Multilateral organizations have a positive influence in global policy diffusion through informational advocacy, technical assistance, and financial aid. It is also clear that internal stressors play key roles in legislative action seen clearly through earlier action being taken in countries where the shock of the onset of HIV/AIDS occurred earlier and earlier responses taken where the epidemic was more severe.

Keywords Multilateral organizations · HIV/AIDS · Policy process · Event history analysis · Policy diffusion

Introduction

In the more than 30 years since HIV/AIDS ascended to one of the most visible public health battles, the transmission of HIV/AIDS and how to manage the disease have become well established. The understanding of the process of HIV/AIDS policy development, however, is not well developed (Paget 1996; Backer and Rogers 1998; Altman 1999; Pisani 2008; Clark 2009). Since the HIV/AIDS epidemic peaked globally in 1999 new inflections are down 19 % (UNAIDS 2010), making it clear that interventions have had some success. However, early efforts to coordinate the global multilateral response were notorious for their infighting and disorganization (Pisani 2008; Walt et al. 2004). Consequently, the primary aim of this article is to investigate the role of multilateral organizations in the diffusion and mobilization against HIV/AIDS—in particular the World Health Organization (WHO) and development banks.

The findings from this article show that multilateral organizations are positive catalysts in advancing policy innovation in the diffusion of public policy, reaffirming prior works in this and other policy areas (Tews et al. 2002; Altman 1999). The results also provide support for the assertion that all types of governments reacted forcefully to the initial shock of the epidemic and the associated death toll.

Influences on HIV/AIDS legislative action

Global policy diffusion

Multilateral organizations, developed to solve international problems, have created asymmetric power structures between the wealthy countries that control them, and the

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countries receiving their assistance—with poor countries adopting policies at the behest of the powerful (Tews 2005). The international focus of multilateral organizations can also help to create an environment that is fertile for global policy diffusion (Simmons et al. 2006).

In 1986, the WHO's Global Program on AIDS (GPA) was created as the first multilateral effort to combat HIV/AIDS. The effect of the GPA is debatable, with some arguing the international community made positive contributions in mobilizing against the epidemic with the start of the GPA (Paget 1996; Altman 1999), while others (see Walt et al. 2004; Pisani 2008; Clark 2009) arguing the international and multilateral efforts slowed or hindered the effort. The hypothesis proposed for this article suggests that despite the discord within the WHO, its program will result in the increased likelihood of adopting incremental steps toward mobilizing against the spread of HIV/AIDS.

H1: The creation of the World Health Organization's Global Program on AIDS will lead to a quicker incremental legislative response.

Financial aid from multilateral institutions has been shown to influence policy adoption. Development aid broadly, and funding for HIV/AIDS programs specifically, are more often than not restricted in how they can be used (Killick 2004). Policies favored by donors are often one of the stipulations of aid disbursement. For example, the U.S. President's Emergency Plan for AIDS Relief funds were specifically directed to abstinence programs.

Monetary aid may be a more efficacious lever to get policy action in low- and middle-income countries because donors and NGOs are able to exert substantial coercive influence (Clark 2009; Walt et al. 2004; Simmons et al. 2006). The proposed hypothesis suggests that as aid to a country increases, the ability to control the policies they are adopting will be more likely.

H2: Greater levels of multilateral financial aid to a country will increase the likelihood of policy adoption.

Regional policy diffusion

The societal, political, and economic ties between neighboring countries facilitate regional policy diffusion (Tews and Busch 2002; Tews 2005). Regional diffusion differs from global diffusion because the actions by multilateral organizations are characterized as coordinated action, while country-to-country diffusion is characterized as “uncoordinated interdependence” (Elkins and Simmons 2005, p. 35).

Two prior works have studied HIV/AIDS policy diffusion. The first was a qualitative investigation of an

advocacy and information program done by the CDC for US corporations (Backer and Rogers (1998). The second study demonstrated that an increasing proportion of neighboring countries with policies actually increased the time to policy adoption (Clark 2009). This finding, while counter-intuitive, may be evidence that HIV/AIDS policy diffusion is a learning process where countries are taking time to learn from their neighbors' success or failure prior to adopting a policy of their own.

Despite the mixed evidence from the HIV/AIDS policy literature, the broader policy diffusion literature would suggest that as more neighboring countries adopt policies, a country will have an increasing opportunity to adopt legislation to combat the HIV/AIDS epidemic.

H3: The increasing presence of neighboring states with policies in place will increase the likelihood that a country will adopt more comprehensive policies.

Democracy

Many AIDS-ravaged countries lack the political stability necessary to govern, which contributes to an ineffective response by the public sector (Goliber 2002). “Democracy provides a stable political environment which reduces unconstitutional government change” (Feng 1997, p. 392). This results in longer-term political stability and provides a clear path to connect the presence of democracy to an adequate and prompt legislative response to the HIV/AIDS epidemic.

Democracy also encourages the respect of human rights, which help to limit the spread of HIV/AIDS (Brown et al. 2003). The proposed hypothesis suggests that the more democratic a nation is, the greater the likelihood that they will have a quicker legislative response to the HIV/AIDS epidemic.

H4: Greater levels of democracy increase the likelihood of a policy response.

Epidemiology

Without a “real threat of infection” it can be difficult to incite government action (Gauri and Lieberman 2006, p. 48). The acuity and timing of the onset of the HIV/AIDS epidemic are potential internal catalysts of policy action (Clark 2009). Beyond the moral or electoral pressures on governments, they are further pushed to act as HIV/AIDS hits employers in all sectors with higher turnover and absenteeism-related costs, providing bottom-line pressure on legislatures to act.

HIV/AIDS acuity and timing pose threats to governments though the loss of human capital, manifested in the

loss of cross-generational skill transfers, which impact a nation's short- and long-term financial and economic security (Bell et al. 2004). These losses provide additional stress to government coffers as the tax base shrinks. The proposed hypothesis suggests that as the epidemic worsens, the pressure for legislative action increases. Additionally, the earlier that HIV/AIDS cases are recognized, the greater the pressure to act will be.

H5: Mounting deaths from AIDS will increase the pressure for legislative action.

H6: The shock of the first reported case within a country will increase the likelihood of legislative action.

Methods

The analysis in this paper uses event history analysis (EHA) because it is able to test a unified theory of influences on policy adoption—because “neither [a] pure regional diffusion model nor a pure internal determinants model is a plausible explanation of state innovation in isolation” (Berry and Berry 1990, p. 396). EHA is able to determine the probability of adoption in a given time period (Berry and Berry 1990).

The dependent variable, with a nominal data structure with four possible outcomes, leads to the model estimations using multinomial logit maximum likelihood (MNL). Tests to assure that the correct method was used show anomalies in the ordered logit predictions indicate it will not properly estimate the model; consequently a multinomial logit is the preferred method (Long 1997).

These data are left truncated at the start of the epidemic (1980) and right censored after 1993 (the limit of the dependent variable). This time period provides a fertile basis of investigation because of the intense uncertainty surrounding the still rapidly spreading HIV/AIDS epidemic. A pooled cross-sectional dataset has been constructed, with data clustered by country—resulting in robust standard errors.

All models use the same variables, with two exceptions. The multilateral aid variable constrains the number of countries to only developing world countries, since it is the developed world that provides this aid, thus it is included only in Model 1. The constraint of the multilateral aid in Model 1 excludes the North American and Western European regional control variable from that model.

Multicollinearity may be a concern in the models, as some of the variables measure different aspects of the same concepts. Tests reveal that there are correlations between many of the variables, but perfect multicollinearity, which is the real concern, is not present in either of the models.

Dependent variable

The dependent variable is legislative/authoritative response to the AIDS epidemic (Paget 1996). The data originate from Paget's (1996) study of HIV/AIDS policies. This article uses only the country-level observations from her data. These data indicate the year in which four stages of legislative action took place—though the article only uses three of these stages due to data limitations. Stage 1 (no action) is defined as “no reporting of AIDS cases; no legal instruments or legal instruments which only attempt to keep AIDS out of the country” (Paget 1996, p. 33). Stage 2 (recognition) is defined as “reporting of AIDS cases to WHO; legal instruments on the reporting of AIDS and/or HIV infection” (Paget 1996, p. 33). And finally, Stage 3 (mobilization) is defined as “legislative strategies to prevent the spread of AIDS” (Paget 1996, p. 33). The variable is coded such that 0 = no action; 1 = denial; 2 = recognition; and 3 = mobilization. The relatively few cases of official denial (only 3) prevent the MNL model from converging and thus were not included in the models.

The policy options presented in this variable are assumed to be independent of irrelevant alternatives (IIA). IIA post estimation tests with MNL are not encouraged because of their unreliability and inconsistency (Long and Freese 2006). The Wald test conducted demonstrates that the outcomes are independent of one another (Long 1997)—consequently the ‘no action,’ ‘recognition,’ and ‘mobilization’ outcomes are used in all models.

Independent variables of interest

The GPA, created in 1986, is coded as a zero in years prior to 1986 and equal to 1 in years 1986 and later. Multilateral aid is measured using the level of aid a country has received from international and regional development banks. The natural log is used for interpretive purposes. The aid data are sourced from the *World Development Indicators* (2005).

Regional policy diffusion is measured through two different variables: diffusion of Stage 2 policies and diffusion of Stage 3 policies. Both are the percentage of neighboring countries that have adopted a particular stage of the dependent variable—with a 1-year lag since diffusion is a learning process and the policy would need to be in place before it could influence a neighbor. Values range from 0 to 100.

The Polity score measures democracy within a country (Marshall et al. 2005). Subtracting the “Institutionalized Autocracy” score from the “Institutionalized Democracy” score generates these scores, with a scale ranging from +10 (strongly democratic) to −10 (strongly autocratic).

AIDS deaths are reported annually and were sourced from the *UNAIDS/WHO Epidemiological Fact Sheets for 2004*. For interpretive purposes, a zero-skewed natural log is used. These data are admittedly flawed because of a lack of political will to provide accurate statistics, or poor institutional quality or capacity, but they are the best publicly available data.

The first reported cases come principally from the World Health Organization (2005). For a select number of countries, other data sources have been used: Mauritania (Mann and Tratatola 1996); Ecuador, Mali, Mexico, Oman, and Peru (UNAIDS/WHO 2004); Botswana (United Nations Development Program 2005); and Guinea (World Council of Churches 2004).

Control variables

The models also control for other factors that may influence the HIV/AIDS epidemic, they are: national wealth, gender parity, urbanization, religion, region, and a year trend.

The ability and capacity of a country to manage epidemics has been tied to country wealth (Gregson et al. 2004), this is done using a country's wealth with the purchasing price parity adjusted GDP per capita, in 1995 dollars. The natural log of GDP/capita is used for interpretive purposes. Missing values in the data appear to be random. Missing values were linearly extrapolated and interpolated. These data are sourced from the *World Development Indicators* (2005).

Gender parity is a factor in how HIV/AIDS spreads (Zierler and Krieger 1997). This article uses the World Bank's Gender Parity Index (GPI) (World Bank 2005) to measure parity. It measures the ratio of primary and secondary education gross enrollment of females to males. These data are coded such that a value of 100 indicates perfect gender parity.

Urbanization is linked to the spread of HIV/AIDS (Altman 1999; Gregson et al. 2004). The urbanization control variable data are the percent of total population that live in urban area and come from the *World Development Indicators* (2005).

The religious composition of a country has shown to impact differences in HIV/AIDS epidemiological outcomes and the national response (Weiss et al. 2000). Four variables measure the percent of each religious group within a country, they include: Protestant, Muslim, Other Religion (the sum of all other religions), and Roman Catholicism (the omitted group) (La Porta et al. 1999).

Each region in the world has been hit by HIV/AIDS with differing severity and at different times. Sub-Saharan Africa is the omitted region, and Model 1 drops the North American and Western European controls because neither

region has a country present in the model. These data are from Easterly's (2005) social indicator data.

A year trend variable is included to account for the time during the study period, coded such that: 1980 = 1, 1981 = 2, etc.

Descriptive statistics can be found in Table 1. The top of Table 1 provides descriptive statistics of the dependent variable in its raw form. The bottom of the table provides the descriptive statistics of all variables as they are coded for the models. Log-likelihood and Wald tests show that the joint probability of all independent variables being zero can be rejected.

Results

Model 1 includes the multilateral aid variable, limiting the analysis to 96 countries, while Model 2 includes all 133 countries. A listing of all countries in the sample can be found in the "Appendix". The results of both models provide evidence for five of the six hypotheses, with limited evidence for the sixth. Table 2, below, can be split into two parts: the results of Model 1 and the results for Model 2. Each model can be broken down further into two parts, where one column compares the "recognition" to "no action" stages and the other column compares "mobilization" to "no action." Significance is reported at the 0.1, 0.05, and 0.01 levels. The pseudo-R-squared statistic, with a value of 0.592, indicates that the model explains a substantial portion of the variation in the dependent variable.

Model 1 reveals that the GPA had a positive and significant effect on HIV/AIDS policy adoption—a finding that persists when modeling the transition from "recognition" to "mobilization." This indicates that the GPA assisted in ushering in both the "recognition" and the "mobilization" legislative actions. Odds ratios give a fuller picture of these relationships. The shift from "no action" to a "recognition" stage has an odds ratio of 3.230, meaning that there is a 3.230 times greater likelihood of adoption after the implementation of the GPA. The presence of the GPA increased the likelihood of the shift from the "recognition" stage to "mobilization" by nearly five times. The shift from "no action" to "mobilization" is increased by 16 times with the presence of the GPA. Model 2's results are similar to Model 1's, though significant results are only found in the shifts from "recognition" to "mobilization" (odds ratio of 3.306) and "no action" to "mobilization" (odds ratio of 7.320). The lack of significance for the "no action" to "recognition" shifts could likely be attributed to an earlier average legislative response for "recognition" in this full sample. The results suggest that developed countries acted earlier than the developing world.

Table 1 Descriptive statistics [Country–year observations (1980 to 1993)]

	Obs	Mean	Std. Dev.	Min	Max
Dependent variable—details of years of legislative response (raw data not coded for analysis) ^a					
<i>Restricted sample</i>					
Recognition	93	1986.29	2.72	1981	1993
Mobilization	46	1987.65	2.23	1983	1992
<i>Full sample</i>					
Recognition	127	1985.76	3.13	1981	1993
Mobilization	74	1987.03	2.26	1983	1992
Dependent variable (as coded in analysis)	732	1.316	1.042	0	3
Start of GPA	732	0.605	0.489	0	1
Multilateral aid (logged current US\$)	732	12.758	1.518	6.685	16.849
Diffusion of Stage 2	732	0.394	0.334	0	0.9
Diffusion of Stage 3	732	0.126	0.146	0	0.455
POLITY Score	732	−2.478	6.669	−10	10
Number of AIDS deaths (logged)	732	1.396	3.588	−2.538	9.836
First reported AIDS case	732	0.075	0.264	0	1
Log of GDP per capita (\$1995)	732	7.556	0.774	5.602	9.399
Urban population (% of total)	732	36.472	18.960	4.708	87.902
Gender Parity Index	732	81.625	19.719	36.5	142
Protestant	732	10.319	14.367	0	66
Muslim	732	32.997	37.680	0	99.7
Other religions	732	29.689	26.024	0.1	100
East Asia and Pacific	732	0.060	0.238	0	1
East Europe and Central Asia	732	0.030	0.171	0	1
Middle East and North Africa	732	0.112	0.316	0	1
South Asia	732	0.074	0.262	0	1
Latin America and Caribbean	732	0.187	0.390	0	1
Year trend	732	8.678	3.740	1	14

^a The number of observations is less than total number of countries in analysis because not all countries adopted these policies in the timeframe of this study

In Model 1, the multilateral aid variable is significant and positive in the policy shift from “no action” to the others stages. The results show a one percent increase in aid leads to a 1.566 times great likelihood of the shift from the “no action” to “recognition” stages. The results show that a one percent increase in aid will lead to a 1.863 times greater likelihood of a shift from the “no action” to “mobilization” stage. Aid does not significantly influence the transition from “recognition” to “mobilization,” which may be an indicator that the strings that came with the aid are pushing for any kind of policy, rather than increasing the specificity.

Third, the results show an inconsistent influence of regional policy diffusion. Diffusion was measured with two variables, the increasing presence of “recognition” policies as well as “mobilization” policies within a region. In Model 1, moving from the “no action” stage to the “recognition” stage is not significantly influenced by either

diffusion variable. The likelihood of adopting a “mobilization” policy is 1.046 times more likely with a 1 % increase in the “recognition” diffusion variable. The “mobilization” diffusion variable negatively influences the transition from “no action” to “mobilization.” Model 2 is also inconsistent with the hypothesis.

Democracy positively influences the likelihood of adoption in both models, though it is not significant across all outcomes. In Model 1, a 1 unit increase in democracy increases the odds of adoption from “no action” to “recognition” by 1.080 times. Democracy is not a significant factor in the move between “no action” or “recognition” and “mobilization.” Model 2 shows a 1 unit increase in democracy increases the odds of adoption from “no action” to “recognition” by 1.067 times. For both models, these coefficients are signed in the theorized direction, though the significance or lack thereof leads to limited or no findings.

Table 2 Multinomial logit regression of global legislative response stages (1980–1993)

Dependent variable: legislative response stages	Model 1						Model 2					
	Outcome: recognition versus base of no action			Outcome: mobilization versus base of no action			Outcome: recognition versus base of no action			Outcome: mobilization versus base of no action		
	Stage = 2			Stage = 3			Stage = 2			Stage = 3		
	Coef.	Robust st. error	Sig. level	Coef.	Robust st. error	Sig. level	Coef.	Robust st. error	Sig. level	Coef.	Robust st. error	Sig. level
Start of GPA	1.172	0.628	*	2.775	0.827	***	0.795	0.508		1.991	0.703	***
Multilateral aid (logged Current US\$)	0.448	0.164	***	0.622	0.211	***						
Diffusion of Stage 2	0.012	0.014		0.045	1.815	**	0.019	1.125	*	0.059	1.488	***
Diffusion of Stage 3	-0.112	3.440	***	-0.145	5.996	**	-0.067	2.227	***	-0.059	3.176	*
POLITY Score	0.076	0.044	*	0.046	0.051		0.064	0.035	*	0.040	0.042	
Number of AIDS deaths (logged)	0.467	0.117	***	0.409	0.140	***	0.471	0.096	***	0.493	0.109	***
First reported AIDS case	0.993	0.475	**	1.566	0.754	**	1.184	0.429	***	1.384	0.634	**
Log of GDP/capita (in 1995 US\$)	1.203	0.474	**	1.439	0.527	***	0.502	0.330		0.927	0.417	**
Urban population (% of total)	0.016	0.018		0.019	0.019		0.005	0.011		0.008	0.012	
Gender Parity Index	0.017	0.016		-0.001	0.021		0.020	0.014		-0.002	0.017	
Protestant	0.022	0.028		-0.041	0.041		0.017	0.015		0.003	0.014	
Muslim	-0.014	0.015		-0.037	0.020	*	-0.010	0.010		-0.020	0.013	
Other religions	0.004	0.012		-0.019	0.015		0.001	0.008		0.003	0.008	
Western Europe							0.115	1.013		0.521	1.254	
East Asia and Pacific	-1.491	1.221		0.465	1.295		-0.517	0.819		1.694	0.983	*
East Europe and Central Asia	-2.715	1.364	**	2.439	1.755		-3.102	1.005	***	1.400	1.215	
Middle East and North Africa	0.093	1.017		1.035	1.349		-0.132	0.771		0.823	1.062	
South Asia	-2.027	1.004	**	-2.367	1.278	*	-0.297	0.686		0.398	1.466	
Latin America and Caribbean	0.206	0.969		0.363	1.464		0.795	0.797		1.727	0.915	*
North America							-1.761	1.343		-3.561	1.849	*
Year trend	0.786	0.210	***	0.536	0.337		0.499	0.143	***	-0.016	0.209	
Constant	-											
22.521	4.634	***	-									
26.207	6.100	***	-	9.732	2.933	***	-					
12.279	4.037	***										
Number of observations	732						970					
Number of country clusters	96						133					
Log pseudolikelihood	-											
257.37												
414.11												
Pseudo R2	0.592						0.523					

* Significant at 10 %; ** Significant at 5 %; *** Significant at 1 %

Increasing deaths from the HIV/AIDS epidemic did push countries to act. Model 1's results indicate that for each percentage increase in the number of AIDS deaths, the likelihood of adoption from "no action" to "recognition" increased by 1.6 times. They also indicate that for each percentage increase in the number of AIDS deaths the likelihood of adoption from "no action" to "mobilization" increased by 1.5 times. Model 2's results are similar to Model 1's. The "no action" to "recognition" and

"mobilization" odds increases are 1.60 and 1.637 times, respectively.

In both models, the timing of the first reported case was a factor in increasing the likelihood of policy adoption. The first case introduces a 2.701 times greater likelihood of adoption when moving from the "no action" to "recognition" policy stages. When moving from the "no action" to "mobilization," the odds of adoption are increased by 4.786 times. In Model 2 the results are similar, where the

“no action” to “recognition” and “mobilization” shifts due to the shock of the first reported case increases the likelihood of adoption by 3.267 and 3.992 times, respectively.

The region variables are inconsistent across all of the models. In all instances, they are demonstrating the difference between the listed region and the sub-Saharan African (SSA) nations. With the exception of the Latin America and Caribbean variable in Model 2’s “no action” to “mobilization” shift, all significant regional variables show a slower response than the omitted region (SSA).

Discussion

The goal of this article is to improve and refine our understanding of the national and international policy responses to HIV/AIDS during the 1980s and early 1990s. The most important factors in determining when a country responded to the epidemic are the number of AIDS deaths in a country and *when* the first reported case occurred. This demonstrates that countries were taking steps to fight against the epidemic, and not necessarily because they understood it. These results do not address the quality of the legislative actions, as it is possible that some early legislative actions actually hastened the spread of HIV/AIDS—though that is outside the scope of this article. Problems with data quality related to the number of AIDS deaths may show a stronger response that actually existed. Countries with the capabilities and desire to respond to the HIV/AIDS epidemic more quickly were also likely to be those countries that were better at collecting and reporting accurate counts of the number of AIDS deaths. This can be clearly demonstrated with Spain having a larger reported death toll from AIDS than South Africa.

Democracy’s role in the HIV/AIDS legislative process remains unclear. The results may indicate that regardless of where a country sits on the democratic–autocratic scale, HIV/AIDS was such a serious problem that all governments were forced to act. It is less clear if a response by a government—whether “recognition” or “mobilization”—was done better in a democratic or autocratic environment. However, any broad measure of democracy such as the POLITY score will be incapable of measuring this sort of question. A detailed qualitative analysis would be a more appropriate approach to address this question.

Next, the mixed results pertaining to diffusion do not provide a clear answer as to its role in the process of HIV/AIDS legislative action. The mixed, and at times contrary, results demonstrate that our understanding of how policies are diffused remains incomplete. These results may be a consequence of incomplete or inaccurate assumptions of how policies are diffused from country to country, or flaws in how diffusion is being measured.

Both multilateral action variables have a positive influence in speeding the adoption of HIV/AIDS policies. The WHO is shown to have a positive role in improving the likelihood of a legislative response across multiple policy stages: no action all the way to mobilization. This demonstrates that the multilateral organizations can play a positive role in global policy diffusion through informational advocacy and technical assistance. The results from the analysis also provide evidence of the power of multilateral financial aid in spreading these HIV/AIDS policy innovations. While some have claimed that the WHO “spent so much time defending itself from slings and arrows of other agencies that its own work crumbled” (Pisani 2008, p. 14), the evidence provided in this article demonstrate that multilateral organizations can and do have a positive impact on policy adoption. Prior research (Clark 2009) using a more simplistic measure of policy development—simply measuring the presence or absence of *any* type of policy—indicated that the WHO slowed the adoption of AIDS programs. The greater depth and detail of this current article’s data is the likely the reason different effects are seen than that prior work. In both cases, the bluntness that the WHO and aid variables could be cause for concern. Detailed qualitative or archival research to verify the use of these measures would be appropriate, but are outside the scope of this article.

While this article provides more clarity to the role of multilateral organizations in the policy adoption process, numerous questions that need to be answered remain. Future works need to address the process of regional policy diffusion with a more exact measurement of the diffusion process. Two possible ways to address this gap in the knowledge would be to conduct in-depth interviews with those involved in the legislative process and/or to conduct a detailed investigation of legislative archives, hearings, and testimony. These types of study will help to inform not only the public health community but also the broader public policy community, as our understanding of diffusion remains incomplete despite decades of work in this area.

In summation, this article sought to discover what drove the legislative process during a crisis without a clear solution. What can be demonstrated from the results is that multilateral organization can play an important role in coordinating a response during a crisis where there are not global leaders pushing an agenda. Leaders and policy scholars can use this article’s framework as an example for understanding why actions are being taken on other policy issues, and potentially how they might influence that process. While the analysis did not produce results demonstrating a robust regional diffusion effect, these results certainly do not rule out that other policy issues might be more strongly linked to a region. HIV/AIDS is a truly international crisis that no one country can combat

alone. This public health crisis, like so many others, can often be best addressed by these multilateral organizations, rather than relying solely on national or regional efforts alone.

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Appendix

Countries in Models 1 and 2	Countries only in Model 2
Albania	Australia
Algeria	Austria
Angola	Azerbaijan
Argentina	Bahrain
Armenia	Belgium
Bangladesh	Bulgaria
Belarus	Canada
Benin	Cyprus
Bolivia	Denmark
Botswana	Finland
Brazil	France
Burkina Faso	Greece
Burundi	Ireland
Cambodia	Israel
Cameroon	Italy
Central Afr. Rep.	Japan
Chad	Kuwait
Chile	Mongolia
China	Namibia
Colombia	Netherlands
Comoro Islands	New Zealand
Congo	Norway
Costa Rica	Philippines
Croatia	Portugal
Djibouti	Rep. of Korea
Dominican Rep.	Russian Federation
Ecuador	Saudi Arabia
Egypt	Slovenia
El Salvador	South Africa
Equatorial Guinea	Spain
Estonia	Sweden
Ethiopia	Switzerland
Fiji	Tajikistan
Gabon	Ukraine
Gambia	United Kingdom

Appendix continued

Countries in Models 1 and 2	Countries only in Model 2
Georgia	USA
Ghana	Uzbekistan
Guatemala	
Guinea	
Guinea Bissau	
Guyana	
Haiti	
Honduras	
Hungary	
India	
Indonesia	
Iran	
Ivory Coast	
Jamaica	
Jordan	
Kazakhstan	
Kenya	
Latvia	
Lebanon	
Lesotho	
Madagascar	
Malawi	
Malaysia	
Mali	
Mauritius	
Mexico	
Morocco	
Mozambique	
Nepal	
Nicaragua	
Niger	
Nigeria	
Oman	
Pakistan	
Panama	
Papua New Guinea	
Paraguay	
Peru	
Poland	
Rep. of Moldova	
Romania	
Rwanda	
Senegal	
Sierra Leone	
Sri Lanka	
Sudan	
Swaziland	
Syria	

Appendix continued

Countries in Models 1 and 2	Countries only in Model 2
Thailand	
Togo	
Trinidad & Tobago	
Tunisia	
Turkey	
Uganda	
Un. Republic of Tanzania	
Uruguay	
Venezuela	
Yemen	
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