

Norm diffusion and ASEAN's adoption and adaption of global HIV/AIDS norms

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Abstract

This article examines the diffusion of norms from a global actor, the Joint United Nations Programme on HIV/AIDS (UNAIDS), to the Association of Southeast Asian Nations (ASEAN). This entails using three processes of norm diffusion (localization, subsidiarity, and mimetic adoption) to examine and explain the adoption and adaption of global norms in the Association's four ASEAN Work Programmes (AWPs) on HIV/AIDS. In so doing, the article reveals that these different processes can be seen at work in different AWP. The article also reveals the limitations of the AWP and hence the lack of a coordinated regional response to the virus.

1 Introduction

At the 19th ASEAN Heads of State Summit held in Bali, Indonesia, in November 2011, the Association of Southeast Asian Nations

(ASEAN)¹ launched its First Regional Report on HIV and AIDS (ASEAN Secretariat, 2011a) and issued a Declaration of Commitment to achieve Zero New Infections, Zero Discrimination and Zero AIDS-Related Deaths (ASEAN Secretariat, 2011b). Although the *First* Regional Report, the prominence given to HIV at the 19th Summit was done to mark the 10th anniversary of its first declaration on AIDS and, within the regional report, is contained its *fourth* work program on HIV/AIDS. Therefore, far from something new, ASEAN's First Regional Report marks another document, and series of commitments, that member states have made about HIV. Indeed, ASEAN's interest in the virus can be traced back to its fourth Summit held in 1992 – over 20 years ago – where member states agreed to coordinate their efforts to curb the virus, and in November 1993 established a task force, known as the ASEAN Task Force on AIDS (ATFOA), to fulfill that goal.

The First Regional Report provides a current overview of the virus' prevalence and incidence throughout the region.² It indicates that the number of people living with HIV in the ASEAN region in 2009 was 1.5 million, which represents a decline from 1.6 million reported in 2006, and that the number of people able to access antiretroviral therapy has increased, with some member states reaching the 2010 Universal Access target of 80% (ASEAN Secretariat, 2011a, p. vi). The good news is that prevalence rates are mostly declining and this is partly a consequence of effective prevention methods among key affected populations (KAPs).³

1 The 10-member states of ASEAN are Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.

2 Prevalence rates refer to the number of people infected in a population at any one time. Incidence rates refer to the number of new infections that occur over a period of time. Prevalence rates are given as a percentage, while incidence rates refer to the number of new infections per specified unit of population in a given time period, for example 1 per 1,000 over a week or 100 per 10,000 over a year (see Barnett and Whiteside, 2006, pp. 53–55).

3 The field of HIV/AIDS is full of data that needs careful analysis because claims have been made that either manipulate the data or inadvertently make causal claims that may not be true. In order to drum up support and resources to fight HIV, for example, Elizabeth Pisani has openly admitted that UNAIDS in the 1990s would present data to support this objective; she refers to it as 'beating it up' and writes, 'always be deeply suspicious when you hear phrases like "one of the world's fastest-growing epidemics"'. It's the first sign of a beat-up' (2008, p. 26). For more on the profusion of data being used as hardened facts, called 'factoids', see Barnett and Prins (2006). While I have no reason to believe that the data in ASEAN's First Regional Report are misleading, it is important to be aware that just because it identifies a slowing down and decline in prevalence among KAPs that this indicates prevention methods are the explanation (ASEAN Secretariat, 2011a, p. 2). It means that the

This is particularly the case with prevalence rates declining among sex workers; from 20–38% in 2000 to 5–18% in 2006–08, with Cambodia, Burma, and Thailand in particular noted as implementing effective, comprehensive, measures. There is also a steady decline in prevalence rates among people who inject drugs, with notable declines in Cambodia, Thailand, and Vietnam. Two ASEAN countries, Thailand and Malaysia, have been cited as ‘Global Superstars’ in preventing mother-to-child transmission (PMTCT), while Brunei and Singapore have also reached 100% coverage of PMTCT (ASEAN Secretariat, 2011c). However, the incidence rates vary among the member states, hence the Report’s description of the epidemic as ‘latent, increasing, maturing and declining’ (ASEAN Secretariat, 2011a, p. 1). For example, despite the decline in prevalence among injecting drug users (IDUs) noted above, it is increasing in Indonesia, and although the Philippines and Laos have low prevalence rates, their incidence rates are rising. While there are similarities in the KAPs among the member states (IDUs, men who have sex with men, sex workers and their clients), the variation in the epidemic’s growth or decline within the ASEAN region points to the heterogeneous response to the virus by the member states. It suggests that a coordinated response, at the regional level, is lacking.

At face value, this is rather surprising given that ATFOA was established 20 years ago and ASEAN is now into its fourth ASEAN Work Programme (AWP) on HIV and AIDS. There are likely to be a number of explanations for the lack of a coordinated regional response. These will include deeply entrenched principles and proclivities among the ASEAN membership to limit the coordinating function of ASEAN’s Secretariat and its various bodies (Collins, 2013). It could be that the primary means of responding to HIV/AIDS is through national authorities, thus inadvertently undercutting a regional response. It could be that, despite best intentions, ASEAN simply lacks the resources and expertise to coordinate its member states’ actions. In this article, one explanation of why a regional

percentage of people in a particular KAP categorization living with HIV has declined. This could be because of survey anomalies between the two sets of data or the decline in HIV-positive numbers through death. It could, of course, also be that while the number of people participating in the high-risk behavior has increased, they are taking HIV-preventative methods and consequently are not becoming infected. Hence, the drop in the prevalence rate. It is because there are a number of explanations of why a decline in prevalence can occur that I write this is ‘*partly* a consequence of effective prevention methods’.

response is lacking will be examined, and this is the one that is concerned with how global norms have been adopted. This is worth examining because, as will be argued in this article, ASEAN has welcomed the involvement of external agencies in helping to guide its response to the virus.

In order to determine whether norm diffusion helps to answer the question of regional coordination, or lack thereof, three explanations for norm diffusion are examined: localization, subsidiarity, and mimetic adoption. The article is not concerned with evaluating the accuracy of the data or explaining why some ASEAN members have been more or less successful than others in responding to the virus. Instead, I seek to explain which of these processes explains the diffusion of norms from one organization (Joint United Nations Programme on HIV/AIDS, UNAIDS) to another (ASEAN). In other words, the focus of the article is on norm diffusion at the regional level, not norm diffusion at the national level. The article is divided into three sections. The first is concerned with examining the three explanations for how global norms are adopted at a regional level. The second with identifying the norms that guide the HIV response and the role of the UNAIDS. The final section evaluates the ASEAN work programs to determine the utility of the three explanations. In order to do this, I examine a series of documents issued by ASEAN on HIV/AIDS and I have conducted interviews with representatives at the ASEAN Secretariat as well as United Nations (UN) officials in Bangkok.⁴

2 ASEAN and norms

Norms are those rules and principles that guide practice, and they emerge from the activities of actors that are promoting particular interests and circulating ideas in a variety of settings, such as epistemic communities, policy forums and networks, and public organizations. These actors have been variously labeled as ‘policy entrepreneurs’ (Kingdon, 1984), ‘transfer entrepreneurs’ (Dolowitz and Marsh, 1996), ‘idea brokers’ (Smith, 1993), and ‘transfer agents’ (Stone, 2004). In this article though I adopt the label

4 The interviews were semi-structured and conducted with officials from the Health and Communicable Disease Division within the ASEAN Secretariat and with UN officials at UNAIDS and the Joint United Nations Initiative on Mobility and HIV/AIDS in Southeast Asia (JUNIMA) in Bangkok. For reasons associated with confidentiality, the author does not quote or mention individuals by name.

‘norm entrepreneur’ (Finnemore and Sikkink, 1998), and while it is possible for states to be the source of new norms, it is also possible for them to come from non-state actors. In the field of HIV/AIDS, the primary norm entrepreneur is UNAIDS.

With regard to Southeast Asia and the extent to which norms guide ASEAN members’ behavior, there is a sizable literature. They include historical explanations for norm creation (Ba, 2009), their prevalence in community building (Acharya, 2009), their centrality to debates over the merits of a Realist or Constructivist explanation for state behavior (Acharya and Stubbs, 2009), and whether they exist at all (Jones and Smith, 2006; Jones, 2011). There is also a growing literature on how norms are created and diffuse within South and East Asia. The ASEAN Regional Forum has been likened to a norm ‘brewery’ (Katsumata, 2009), while the adoption and adaptation of norms has been explained as a process of ‘localization’ (Acharya, 2004), ‘subsidiarity’ (Acharya, 2011), and ‘mimicking’ (Katsumata, 2011). It is these three explanations for how norms diffuse and alter that concern this article. It will be argued that each process has been prevalent at different times in ASEAN’s adoption of international HIV/AIDS norms. We begin with an explanation of each of these processes of norm diffusion.

In the case of localization and subsidiarity, the region-specific actors, which in this case are both the ASEAN member states represented by their officials in ATFOA and officials within the ASEAN Secretariat that write the AWP, adopt global norms and then develop them by either adjusting them to fit with local beliefs and practices (localization) or adjusting them to preserve the local actors’ autonomy from powerful global actors (subsidiarity). Acharya provides five key differences between localization and subsidiarity (2011, pp. 97–99). In essence, localization is the acceptance and adjustments of global norms for the regional context; it is inward-looking. For example, the ASEAN notion of cooperative security, with its emphasis on inclusivity and rejection of deterrence-based systems, is an example of localization of the norms of common security. However, unlike the European interest in common security, it was adjusted in the early 1990s for the East Asian region by rejecting the legalistic measures that underpinned the embodiment of common security in the Conference on Security and Cooperation in Europe (CSCE). Hence the rejection of an Asian version of the CSCE and the establishment of a dialogue body – the ASEAN Regional Forum (Acharya, 2004, pp. 254–260). Cooperative

security is thus an Asian version of common security as the norms that underpin common security have been adjusted to fit the 'local', which in this instance is regional, context. Note that the rejection of the legalistic measures is not a rejection of the idea of common security *per se* but the method of its implementation; hence rejection here is a case of localization and not subsidiarity.

In comparison, subsidiarity is where global norms are either rejected or adjusted in such a fashion that local actors can use the adjustment to ward off dominance from external powers; it is outward-looking. With subsidiarity, therefore, the rejection or adjustment of the norm concerns the idea. An example of subsidiarity is the rejection by Southeast Asian states of a regional collective defense arrangement to emulate the North Atlantic Treaty Organization (NATO). Known as the Southeast Asian Treaty Organization (SEATO), SEATO was a failed project because the regional actors (in this instance, Thailand and the Philippines) had little, to no, input into the principles that underpinned the alliance. It appeared to be a means by which the great powers could continue to dominate the region's security and thus it failed to attract additional members (Acharya, 2011, pp. 102–112).

The third diffusion process, mimetic adoption, is defined by Hiro Katsumata as a legitimizing tool for local actors. Where a global norm has become widely accepted and is championed by actors central to the norm's issue area, 'actors who seek an identity or status as a legitimate member of the community', Katsumata writes, 'mimetically adopt the champion's norm' (2011, p. 565). For Katsumata, this is a means of norm diffusion; the norm is adopted because it acts as a symbol of a state's or institution's rightful place within the community. Those that do not adopt the norm run the risk of being labeled as a rogue. For example, the global response to the threat of the proliferation of weapons of mass destruction has established a series of norms around counter-proliferation, such as the proliferation security initiative. Adopting these norms entails bandwagoning with the norm champion (the United States) and enjoying the benefits that flow from this. To reject the norms invites unwanted interference. The notion of mimetic adoption enables us to posit that norm diffusion could be one of imitation. That is, actors rhetorically adopt the norm, not because they intend to be guided by it, but rather to give the impression that they are in congruence with the norm champion and thus deflect unwanted attention. Since this will entail public declarations of support for

the norms, this constitutes a form of diffusion, but careful examination of implementation will be needed to determine whether mimetic adoption is purely rhetorical.

The case presented here, as will be explained below, is that the response to HIV at the regional level is moribund. To determine whether this can be explained by the process of norm diffusion entails asking the following questions. First, with the process of localization, where norms are being adjusted for the regional context, does the adaptation nullify their effect? ASEAN is an inter-governmental organization, not super-national, and, therefore, the Secretariat does not possess the means to enforce compliance on member states. Evidence of localization can be discerned where global norms that place demands on member states are adapted so that compliance is imprecise, ill-defined, or even unknowable. The extent to which ASEAN requires the monitoring and evaluation of HIV/AIDS responses will give important insights here. Second, could the moribund regional response be because a process of subsidiarity is taking place, where the re-interpretation of the norm to ward off interference from the global norm entrepreneur is, consequently, hindering a regional response to HIV? Evidence that subsidiarity is the process of norm diffusion will come from either global norms not being evident in the ASEAN response, or, an adjustment of the norm so that critical elements are missing. The latter may appear to be a case of localization, but it is important to recall that subsidiarity is not an adjustment to make the norm acceptable for the local context but to reject it. ASEAN's changing approach to the 'Three Ones' will be instructive here. Finally, is a process of mimetic adoption, to enhance ASEAN's legitimacy as the region's international organization, purely rhetorical? Can we, therefore, understand why the regional approach is moribund because there is a clear distinction between what ASEAN says it does and what actually happens? For mimetic adoption, we should expect to see the wholesale adoption of global norms. Since international bodies fighting the virus require the monitoring and evaluation of actions undertaken, this is a good criterion for determining whether there is a gap between rhetoric and deed. Thus, whereas evidence of localization could come from whether compliance with monitoring and evaluating is possible, with mimetic the process of monitoring and evaluating should be clear, and if it is only rhetorical imitation, is it actually happening? Before answering these questions, which entails identifying which of these three diffusion processes is the most accurate in understanding

ASEAN's adoption of the global HIV/AIDS' norms, we must first identify what these norms are, and, their champion.

3 Norms and actors that guide the response

While there remains much ignorance over how the virus is transmitted, and stigma and discrimination continue to obstruct HIV prevention, treatment, and care responses, the situation today is markedly better than it was 20 years ago when ASEAN first addressed the virus. This improvement is in no small part a consequence of a concerted international reaction that has identified the virus as a threat to international security and galvanized substantial resources to underpin the three-pronged response of prevent, treat, and care.⁵

What is particularly notable is that ASEAN's response has mirrored the international response, and this indicates that at a regional level international norms have been adopted; as a result of previous research, I identify three norms that guide actors' behavior: (i) people living with HIV/AIDS (PLHA) should be part of the response; (ii) it should be multisectoral; (iii) there should be one coordinating body providing leadership.⁶

It is possible to discern the emergence of these norms from an appreciation of how public bodies have responded to the virus. For example, the need to involve PLHA is one of the earliest norms and it has its origins in the lack of response from the US government when people in the gay community began to die of AIDS in the early 1980s. The lack of response from the authorities was actually a mixture of inaction and condemnation with AIDS portrayed as punishment for the 'perversions' of homosexuality. Faced with condemnation and inaction, it was the gay community that responded (for details, see [Shilts, 2000](#)). It was their campaigning that ultimately galvanized governmental response and began altering the image of AIDS as a solely gay disease. It is this experience of government

5 The United Nations Security Council first discussed HIV/AIDS as a threat to international peace and security in January 2000, and in July UN Security Council Resolution 1308 was adopted, which officially designated the virus as a threat to international peace and security ([Barnett and Prins, 2006](#), p. 360).

6 There are other specific norms that guide the response, such as gender-based programs or the need for culturally grounded responses, etc., but the three identified here are inclusive and it is the multisectoral norm which in particular captures the multifaceted nature of the response. This includes the need for the response to be sensitive to such significant factors as gender and culture, among others, as well as the stigma and discrimination that victims suffer.

inaction and societal bigotry that lays behind the prevailing belief that PLHA and non-governmental organizations (NGOs) are critical elements in responding to HIV/AIDS. PLHA and NGOs are, therefore, watchdogs to ensure that government action is being taken. This role was established as a norm at the second annual AIDS Forum in Denver, CO, in 1983 and has subsequently become known as the Greater Involvement of People with AIDS (GIPA) initiative (Patterson, 2007, p. 208). GIPA was formalized at the 1994 Paris AIDS summit, and the GIPA principles are regarded as the enduring legacy of that summit. While GIPA includes such principles as strengthening the capacity and coordination of networks of PLHA, and promoting the rights of those living with or those most vulnerable to HIV/AIDS, its key principle is to fully involve PLHA in decision-making, formulating, and implementing HIV/AIDS policies. Not something, therefore, to be left to the governing elite alone. This was given its strongest expression and support in the 2001 UNGASS Declaration of Commitment on HIV/AIDS, which acknowledges:

the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programs is crucial to the development of effective responses to the HIV/AIDS epidemic. (United Nations, 2001, para. 33)

This declaration is signed by nearly all UN member states and the GIPA principles were reaffirmed in the 2006 and 2011 UNGASS political declarations. Putting PLHA at the center of the response is a clarion call that Elizabeth Pisani rightly notes, 'Everyone, but everyone, now pays lip service to' (Pisani, 2008, p. 183).

This appreciation that HIV infection is more than a medical problem and carries with it stigma and discrimination helps to explain the second norm of multisectorality. When the international response to HIV/AIDS began in the mid-1980s, the World Health Organization (WHO) took the lead role and formed the Global Programme on AIDS (GPA). From the outset the GPA married the need to provide a scientific diagnosis over how to test for the virus, improve information about infection and mortality, and conduct surveillance studies, what might be referred to as the public health response, with an appreciation of the stigma, discrimination, and gender inequalities the virus revealed. This led the GPA to incorporate

into its decision-making apparatus not just the WHO officials but also NGOs that had direct experience of working with those infected and the complexities this created in their daily lives. However, a consequence of adopting a holistic approach toward HIV was that responding to the virus meant working in areas that fell outside WHO's remit and into those of other UN agencies. Once HIV had been tied to development, the United Nations Development Programme (UNDP) became involved, and indeed it was the UNDP that introduced the term multisectorality to the discourse (Harman, 2009, p. 166), and soon after other UN bodies became involved as they saw the HIV response encroach on their 'turf'. With little progress being made, the states that fund the UN dissolved the GPA and in its place came the UNAIDS, the only UN body established to fight a specific disease. Formed in January 1996, UNAIDS is designed to coordinate the responses to HIV of five UN actors; the number of co-sponsors has since risen to 10.⁷

UNAIDS's mandate is two-fold: outward and inward looking. Outside the UN, it is tasked with building partnerships with a variety of actors, such as NGOs, civil society organizations (CSOs), the private sector, and the media, to enhance international cooperative ventures and sustain policy dialogue. It is in this function that UNAIDS has been involved in ASEAN's response as noted below. Its inward mandate is to strengthen inter-organizational collaboration among the co-sponsors. This entails ensuring the convergence of policy goals, facilitating agreements on work practices, elaborating common tools and instruments, sharing knowledge, and jointly delivering programs; in essence, enabling the UN to speak with one voice. UNAIDS is a norm entrepreneur. Much like its predecessor, UNAIDS initially suffered from a lack of commitment from the co-sponsors, as well as a lack of resources, and to a lesser extent these remain problems. However, Olivier Nay identifies three reasons as to why UNAIDS has been able to strengthen its position within the UN response (Nay, 2012, pp. 65–66), and this has helped it emerge as a key explanation for why the response is multisectoral.

7 The original sponsors were the WHO; UNDP; World Bank; United Nations Children's Fund (UNICEF); and United Nations Educational, Scientific and Cultural Organization (UNESCO). The other five sponsors that have joined since are United Nations High Commissioner for Refugees (UNHCR); World Food Programme (WFP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); and International Labour Organization (ILO).

Nay's three explanations are, first, that UN member states by 2000 were becoming frustrated by the lack of coordination among the co-sponsors and this helped strengthen UNAIDS's legitimacy to coordinate their efforts. Second, the Secretariat staff at UNAIDS were gaining a comparative advantage over the staff in its co-sponsors about the virus because they played, and still do, such a central role in the flow of information about the epidemic. Nay writes, 'They serve as liaison officers among cosponsors. They play a crucial role in information dissemination. ... They are at the heart of organisational routines and procedures. They also control the "backstage information" with which most actors develop their expectations and strategies' (2012, p. 66). Finally, unlike the other UN bodies, UNAIDS is solely concerned with HIV and AIDS, thus enabling it to react quicker to developments. This is not to suggest that co-sponsors did not contest UNAIDS's growing centrality, but it has avoided the fate of GPA and has emerged as the key actor in the UN's HIV/AIDS response. Nay concludes, 'the Secretariat no longer develops the UNAIDS programme as a compiling of the cosponsors' individual plans; now it is the cosponsors' responsibility to prove their capacity to align their own AIDS strategies with the UNAIDS programme' (2012, pp. 69–70).

The third norm has emerged as a consequence of recognizing the diversity of topics the response encapsulates and the multiple actors that need to be involved. Initially thought of as coordination, it has evolved into the need for leadership. It is most strongly articulated in the UNAIDS's 'Three Ones' principle: (i) one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; (ii) one National AIDS Coordinating Authority, with a broad-based multisectoral mandate; (iii) one agreed country-level Monitoring and Evaluation System. This need to empower one body to guide/lead the response can also be witnessed in the requirements from other leading international bodies. Thus, leadership also underpins the World Bank's requirement for national AIDS councils and the country coordinating mechanism (CCM) required by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). In this context, leadership means that national activities are coordinated by a central, national, body. It does not mean that leadership is exercised by international bodies, although inevitably those that control the purse strings determine the parameters in which the AIDS response can take place. A key feature of the national body is that it is not solely a government body. The CCMs, for example, are composed of

representatives from government, NGOs, multilateral and bilateral donors, and the private sector. The focus on a *national* response is, therefore, highlighted to distinguish it from a purely governmental response.

The three norms are not, therefore, mutually exclusive but reinforcing, although it would be erroneous to assume that action guided by these norms are harmonious and complementary.⁸ Pisani notes that despite the Three Ones championing one national monitoring and evaluating system, all funders, quite naturally, want to account for how effective their input is. This leads to NGOs spending more time monitoring what is happening than actually using their resources to respond to what is happening. Pisani writes, ‘everyone wants to be able to account for what was done with *their* one dollar’s worth of programming. ... It is a massive waste of time and energy to measure and report the same things over and over again ... yet you can see why it happens’ (2008, pp. 289–290; emphasis in original). With reference to the Three Ones, she writes, ‘Everyone prays to this Holy Trinity in public, but most honour different gods in private’ (2008, p. 289). Likewise, when it comes to preventing the transmission of the virus, different funders have different approaches that can undermine the efforts of one another. Thus, while UNAIDS and GFATM promote condom use by sex workers, George W. Bush’s AIDS initiative – Presidential Emergency Plan for AIDS Relief (PEPFAR) – requires those organizations receiving funding to agree to an Anti-Prostitution Loyalty Oath and promotes abstinence rather than safe sex as a solution. Nevertheless, although the action plans and strategies adopted may not always complement one another in the manner envisioned by the Three Ones, these principles, coupled to GIPA, have emerged as the global norms guiding the response and they have been adopted by ASEAN. We begin the next section detailing ASEAN’s response and the prevalence of the three norms.

8 It is not the purpose of this article to scrutinize whether a holistic approach creates mutually reinforcing elements or whether there are tensions between the elements that complicate an effective response. The purpose here is to identify that a comprehensive approach contains these three elements and they act as criteria for guiding national responses. However, it is self-evident that as treatment becomes more effective, there are more people living with HIV and this poses additional demands on prevention. Pisani refers to questioning the conventional wisdom that the elements of the response are mutually reinforcing by calling them ‘sacred cows’, and she does an effective job of casting doubt on just how mutually reinforcing they are (2008, pp. 161–187).

4 AWP on HIV/AIDS

ATFOA is the ASEAN body tasked with coordinating the Association's response to HIV/AIDS and it has initiated four AWP: AWP I (1995–2000); AWP II (2002–05); AWP III (2006–10); AWP IV (2011–15). In addition to the AWP, ASEAN has also convened special sessions during three of its Heads of State Summits and issued declarations (2001, 2007, and 2011), and finally, responding to HIV is a specific goal in its ASEAN Socio-Cultural Community (ASCC) blueprint ([ASEAN Secretariat, 2009](#)). ATFOA comprises members' health ministers or members of their national AIDS commissions; it meets once every year, while the body that it ultimately reports to, the ASEAN Health Ministers Meeting (AHMM), meets biennially.⁹

ASEAN has clearly not shied away from responding to HIV, which is itself worthy of note. After all, given the nature of HIV transmission (homosexuality, prostitution, injecting heroin) and societal norms in some member states (illegality/immorality of sodomy, prostitution, safe sex, drug use), the subject matter may have been considered too sensitive for member states.¹⁰ It is also apparent that ASEAN's response, via its work programs and its declarations, does reflect global norms. Thus, GIPA is supported with NGOs representing PLHA, such as APN+, APCASO, and CARAM Asia, attending open sessions of ATFOA. All the AWP contain comprehensive, holistic, multisectoral action plans for KAPs, while leadership is prominent in AWP III and the 2001 ASEAN Declaration, which explicitly stated the need for national responses to be led and guided at the regional level ([ASEAN Secretariat, 2001](#); also see [ASEAN Secretariat, 2011a](#), p. 3).

The prominence of all three norms is not surprising; international actors play an active involvement in the drafting of ASEAN's AWP.

9 ATFOA directly reports to the Senior Officials Meeting of Health and Development (SOMHD).

10 By 'nature' of HIV transmission, I do not mean how the virus is transmitted; HIV transmission occurs via the transfer of infected human blood and certain other bodily fluids based on the biology of the virus itself. It can, therefore, be acquired by hemophiliacs where their blood transfusions are not effectively screened for the virus. By 'nature', I am referring to the settings in which transmission can occur, and that in the case of the three mentioned, they are topic areas that politicians in Southeast Asia, as elsewhere, are uncomfortable devoting public funding too. The use of sodomy rather than anal intercourse is deliberate because the point is that it is illegal and was famously made so with the case of sodomy brought against Anwar Ibrahim in Malaysia in 1998.

Hence, AWP II was ‘prepared through multi-sectoral collaboration at the national, regional and international levels. The process involved a wide array of individuals and organizations from governments, communities, NGOs, and the business sectors, as well as UN and other international agencies’ (ASEAN Secretariat, 2002, p. ii). Likewise, AWP III was drafted with inputs from ‘regional and international non-governmental organisations, the business sector and experts’ (ASEAN Secretariat, 2006, p. iii). Of these actors, UNAIDS, our key norm entrepreneur, had a prominent role in the drafting of AWP I, AWP II, and AWP III, while it provided financial assistance for AWP IV. This active involvement reflects a lack of capacity within the ASEAN Secretariat. The Health and Communicable Diseases Division has a staff complement of four and only one of these works specifically on HIV. Therefore, the drafting of the work programs, although not the fourth one, is done with the assistance of staff from UNAIDS.¹¹ The secondment of staff from international agencies, such as the UN, is not unusual for the ASEAN Secretariat, which is hampered by a small staff complement (Collins, 2013, p. 33). In the case of AWP I, UNAIDS assisted the ASEAN Secretariat to ‘operationalize’ the work program (ASEAN Secretariat, 2002, p. 1), while in AWP II, UNAIDS has a section devoted solely to it, entitled ‘Pro-active Involvement of UNAIDS in ATFOA Activities’. The objective was to utilize the expertise of UNAIDS by, among other things, inviting ‘UNAIDS to present thematic papers at the ATFOA annual meetings’ (ASEAN Secretariat, 2002, p. 32). Clearly, UNAIDS, as a norm entrepreneur, had direct access to the policy-making process. In the case of AWP III, Peter Piot, the then Executive Director of UNAIDS, and his team were given special thanks for their ‘outstanding support’. It is evident, at least with the first three AWPs, that UNAIDS has fulfilled its outward-looking mandate and played a significant role in helping formulate ASEAN’s response. In addition to UNAIDS, and reflecting GIPA, NGOs, such as those from the Seven Sisters coalition,¹²

11 UNAIDS was brought in to act as consultants in drafting AWP III. Interviews were conducted at the ASEAN Secretariat on 16 November 2009 and 14 October 2011.

12 In 2001, NGOs responding to HIV/AIDS formed a coalition called Seven Sisters. The members are Asia Pacific Network of People Living with HIV/AIDS (APN+), AIDS Society of Asia Pacific (ASAP), Asian Harm Reduction Network (AHRN), Asia Pacific Network of Sex Workers (APNSW), Asia Pacific Network of Lesbians, Gays, Bisexuals and Transgender, Asia Pacific Rainbow (APR), Coordination of Action Research on AIDS and Mobility (CARAM-Asia), and the Asia Pacific Council of AIDS Service Organizations (APCASO).

were also commended for their inputs in AWP II and III. Consequently, AWP II and III appear to be exemplary; multisectorality is prominent in both, they reflect the need for leadership, and PLHA are active agents in the response. There can be little doubt that norm entrepreneurs had access to the policy-making process that resulted in the AWP, and as a consequence, their dissemination of global norms infuses ASEAN's response.

Not all, though, is as it might seem. The mixed pattern of incidence rates among member states identified in ASEAN's First Regional Report signifies that national action is not as coordinated as it could be. This is particularly noteworthy over the issue of migrant labor. Migrants were recognized as a vulnerable group in the 2007 ASEAN declaration on HIV and AIDS (ASEAN Secretariat, 2007) but a 2008 *Rapid Assessment* document, co-written by the ASEAN Secretariat, UNDP, and JUNIMA, found the 'operationalization of national HIV strategic plans has yet to include comprehensive and coordinated national and regional responses that meet the needs of migrant and mobile populations', and, reflecting on the lack of progress in implementing bilateral and regional work plans, such as AWP III, they conclude, if 'envisioned results are to be achieved, regional coordination of the implementation of national plans and cross-border interventions in support of signed agreements is essential' (UNRTF *et al.*, 2008, pp. 8, 10–11).¹³

The article now turns to examine the AWP to ascertain which of the processes of norm diffusion is evident, and indeed whether it has altered, and in doing so also reveal why the regional, as opposed to individual member states, response has been less effective than might be envisaged. In order to determine which process best explains how the global norms have been adopted, the article, for reasons of space constraints, focuses on the changing interpretation given to one of the three norms: how ASEAN 'leads' the regional response to HIV in its AWP. Before doing this, though, it is worthwhile noting that in the largest, most detailed, and comprehensive work program (AWP II), a frank assessment of AWP I is provided. Noting the lack of a mechanism for monitoring and assessing projects and activities, it stated that an assessment and evaluation of the

13 JUNIMA is the Joint United Nations Initiative on Mobility and HIV/AIDS in Southeast Asia and it is the new name for the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction (UNRTF). In addition to Southeast Asian countries, JUNIMA also covers the southern provinces of China (Guangxi and Yunnan).

projects must be included in AWP II (ASEAN Secretariat, 2002, p. 8). There is also a lament at the poor resources available to the ASEAN Secretariat, the need to better publicize the activities of ATFOA, enhance NGO involvement, and increase collaboration with other international actors. Such an explicit criticism of the previous work program, while in keeping with UNAIDS's *modus operandi* for monitoring the effectiveness of a program, is atypical for ASEAN. ASEAN rarely explicitly criticizes past activities, and thus AWP II's frank assessment of AWP I's shortcomings indicates that on the question of monitoring and evaluating, AWP II was an example of mimetic adoption. As will be noted below, such a frank assessment of AWP I is not evident in the summary of past AWPs that appears in ASEAN's First Regional Report (ASEAN Secretariat, 2011a, pp. 46–48). This indicates that when examining ASEAN's adoption of norms from the global champion, we should be mindful that the process of norm diffusion can change. Indeed, it will become evident that as ASEAN has failed to fulfill the obligations set by the norm champion its process of norm adoption has evolved from purely mimicking UNAIDS's norms to re-interpreting them for the ASEAN region. We can, therefore, witness a process of localization and, arguably in AWP IV, subsidiarity.

This article focuses on the leadership norm because it raises the question of how an inter-governmental body such as ASEAN directs its member states' behavior? Since member states do not furnish the ASEAN Secretariat with sufficient resources, as lamented in AWP II, implementation is done by the member states. This was referred to in AWP II as member states exhibiting a commitment to 'self-reliance'; hence, self-reliance would remain the 'strategy for the operationalisation of the second work program' (ASEAN Secretariat, 2002, p. 7). The notion that you can have a coordinated regional response that is accomplished by the member states relying on self-reliance does not make for natural bedfellows. Indeed, if member states are to rely on self-reliance, what is ASEAN's function? AWP II asserts:

ASEAN projects should, but often do not address issues for which a regional approach has 'value added' or comparative advantage. In this regard, the second work programme should identify and prioritise special issues that especially require a regional approach. (ASEAN Secretariat, 2002, p. 8)

ASEAN's 'value added' is found in the following:

Given the dynamism and the diversity of regional and national programmes, there is a great opportunity to compliment and facilitate greater synergy of the efforts of the different regional partners-UN agencies, bilateral aid agencies, international NGOs, the private sector and most important of all, the national programmes. (ASEAN Secretariat, 2002, p. 9)

The recognition of the diversity of the national programs and the need to coordinate them – 'facilitate greater synergy' – captures the ambiguous notion of a regional approach based upon self-reliance. More pertinently though for the question of leadership, it indicates that the regional approach is one of facilitating synergies. ASEAN's 'value added' is classified in AWP II as 'regionality'. This means: (i) regional activities are those that address problems, which are transboundary in nature or require inter-country cooperation; (ii) activities that facilitate the implementation of, or commitment to, international conventions; (iii) activities that promote the formulation of consensus on international and regional health issues; (iv) activities that promote learning from regional best practice; (v) activities that promote linkages among centers of excellence through the establishment of networks; (vi) activities that build capacities for compiling regional indicators for trends on health and HIV/AIDS; (vii) activities that take advantage of the economies of scale (ASEAN Secretariat, 2002, pp. 25–26). The prevalence of 'promote' and 'facilitate' in four of the six tasks is an important indicator of how ASEAN intends to lead the regional response.¹⁴ Facilitating and promoting may amount to little more than convening meetings. Promote can, of course, mean much more, after all promoting best practice, for example, can entail establishing criteria by which national, self-reliant, responses can be assessed and evaluated. ASEAN's interpretation of promote and facilitate will, therefore, give important insights into whether its 'value added' is an example of mimetic adoption, localization, or subsidiarity.

In AWP II, specific objectives were established to be achieved in a multitude of activities that reflect the multisectoral nature of the response. Member states were identified to lead the development and implementation of the activities and they were known as 'lead shepherds'. Since these

14 Although seven criteria of regionality are listed, the first is not a task. It simply identifies what the tasks should be addressing, which in this instance are transboundary problems.

were tasked with leading the response, lead shepherds can be thought of as norm leaders promoting best practice (Finnemore and Sikkink, 1998). There are two reasons to believe, however, that this approach was not successful. First, AWP III states,

Each strategic initiative identified in the Work Programme will be further developed in collaboration among the ASEAN Member Countries and potential partners, to address specific details and evaluation indicators in line with ASEAN's needs and priorities. Because this will involve ongoing negotiation and development of more effective strategies, the Work Programme has *avoided over-specifying* exactly what will need to occur during the five year period of its implementation. (ASEAN Secretariat, 2006, pp. vii–viii; emphasis added)

Clearly, 'over-specifying' in AWP II had created hostages to fortune, and to avoid that fate again AWP III would simply avoid detailing 'what will need to occur during ... its implementation'. This indicates that although the key norm entrepreneur, UNAIDS, was able to help create a work program that reflected global norms, and included lead shepherds to act as norm leaders, the program's obligations on member states were too taxing. The member states were not guided by these norms, and this is evident in the second indicator of why AWP II did not fulfill its objectives. This can be discerned from the lament in AWP III that,

Monitoring and evaluation were conducted in AWP II within specific projects. Only minimal information was collated centrally by the ASEAN Secretariat. Within AWP III (2006–2010), monitoring and evaluation will become a more central objective of the ASEAN Secretariat. (ASEAN Secretariat, 2006, p. 37)¹⁵

In other words, despite establishing specific objectives in AWP II, member states did not report back to the ASEAN Secretariat and thus no central monitoring was conducted. This is significant for evaluating norm diffusion. It reveals that there is a disjunction between what the norms set as guidance for member states and what they were prepared to implement. This indicates that AWP II is an example of mimetic adoption at a

15 Despite the hope that it would be 'a more central objective', AWP III was in fact to fare no better. This was confirmed in an interview conducted at the ASEAN Secretariat on 16 November 2009.

rhetorical level. In order to appear to subscribe to the international norms guiding the response to HIV/AIDS, AWP II is infused with the champion's norms. There is little adaption of the norms, however, and thus when implementation does not follow, this adoption can be only said to mimic at a rhetorical level. The explanation for this can be found, first, in the direct involvement of UNAIDS staff in the drafting of the AWP, hence, the correlation between the global and regional norms. Second, the lack of localization meant that member states simply did not act in accordance with those requirements, such as providing the evaluation data, that would lead them to be accountable to the ASEAN Secretariat. Third, mimicry, as opposed to explicit rejection, occurs because ASEAN is able to present to global actors, through its exemplary AWP, that it is responding to HIV in an appropriate manner.

However, when AWP III was published, there were changes. Gone are specific objectives with which to evaluate the success or failure of the work program and gone are the 'lead shepherds' identified to lead (facilitate and promote) the activities. These changes indicate that norm adoption has been adapted to fit the local context. However, does this indicate a process of localization or subsidiarity?

AWP III was also heavily influenced by UNAIDS, and in this work program, UNAIDS's then-new 'Three Ones' principle is prominent. This suggests mimetic adoption, but in subtle ways AWP III adapts the norm of leadership, and here a process of localization can be discerned. For example, in AWP III, legislation is noted as an example of where governments can play a leadership role, with ASEAN able to help member states by establishing a 'minimum set of policies, laws and regulations' on matters of: 'confidentiality of medical results and records; provision of adequate information before HIV testing; and discrimination on the basis of HIV status'. Success in these areas could then develop enough confidence to enable over-spill with the reviewing of 'legislation affecting more difficult issues such as sex work, drug use, the vulnerability of unregistered migrants and their access to health services, and the impact of laws and policies on human trafficking' (ASEAN Secretariat 2006, p. 16). The lack of any mention of this in the First Regional Report's review of AWP III is testimony to the lack of progress in leading member states toward a minimum set of policies, laws, and regulations. However, that is not the point here. Instead, what is notable is the attempt to achieve success on less sensitive and controversial issues before seeking to build on this by harmonizing legislation

on 'difficult issues'. This reflects ASEAN's proclivity for consensus decision-making, where agreement is only possible with all member states concurrence. In such settings, it makes sense to seek consensus on the less sensitive matters before seeking to do the same on more difficult issues. We can think of this as localization since it is an adaption of the leadership norm designed to make it more acceptable to the regional actors, rather than subsidiarity where the adjustment of the norm is designed to ward off interference. If this were a case of subsidiarity, then we would not expect leadership to engage with harmonizing member states' legislation at all. Even in the post-ASEAN Charter era with the legal status this confers on ASEAN, the member states have not empowered ASEAN to review and harmonize their domestic legislation. The case for subsidiarity lies in the broader, and vaguer, notion of leadership and this can be traced from AWP II through to the latest work program: AWP IV.

The first noticeable feature of AWP IV is that it is not a separate document, unlike its predecessors, but is an element within the First Regional Report. It is, consequently, a much shorter document; while section 5 of the Report is devoted to ASEAN's regional response, only approximately two pages actually detail AWP IV (*ASEAN Secretariat, 2011a*, pp. 49–50). If size matters, this would imply the declining importance of a regional HIV/AIDS program and it is noticeable that UNAIDS has had less involvement in AWP IV's creation. Whereas AWP II and III were drafted with UNAIDS's active engagement, and this is certainly reflected in the infusion of UNAIDS's terminology in these programs, AWP IV, while continuing to reflect international goals, has a more in-house flavor. There is a distancing from the spirit of the Three Ones, for example, and unlike previous AWPs, although the UNAIDS's regional office in Bangkok was consulted, it was not actively involved in its drafting.¹⁶ While this does not in itself indicate a process of subsidiarity, it does reveal that with less influence from the norm champion, mimetic adoption is a less likely explanation for norm diffusion.

Since it is a much shorter document than its predecessors, it contains scant detail in comparison. The functions to be undertaken are called 'strategic thrusts' and there are three: policy advocacy at regional and

16 This was confirmed in an interview conducted at the ASEAN Secretariat on 14 October 2011. Thus, unlike AWP II and III, staff from UNAIDS were consulted, but were not consultants, on AWP IV.

global level; strengthening the sharing of capacity and knowledge among members; strengthening regional mechanisms ‘to take advantage of available opportunities’ (ASEAN Secretariat, 2011a, p. 49). It is not clear what ‘available opportunities’ are, but ASEAN seems to have retreated from championing regional mechanisms coordinating and leading the response, to seizing opportunities as and when they occur to strengthen regional mechanisms. This stands in marked contrast to the case of UNAIDS noted above. Whereas Nay notes the central position of the UNAIDS Secretariat enabled it, over time, to assume a leadership function, the ASEAN Secretariat appears to be becoming more peripheral. Indeed, it is not entirely clear what regional mechanism is being strengthened. To strengthen something, it must already exist, and in this regard it is worth noting that one of the AWP IV’s ‘strategic outcomes’ is the *establishment* of an ASEAN ‘regional mechanism to work with other regional bodies to address issues on HIV prevention, treatment and support’ (ASEAN Secretariat, 2011a, p. 50).

The notion of ‘advocacy’ in the first of the strategic thrusts is pertinent. There appears to be a reinterpretation in ASEAN’s ‘added value’ or comparative advantage. In AWP II, the added value was ASEAN identifying member states to lead activities and thus develop greater synergies among the various actors involved in the response. In AWP IV, lead shepherds are not mentioned, and although it is claimed that AWP III implementation was facilitated by nominating member states to lead activities, this is not explicitly stated in AWP III (ASEAN Secretariat, 2011a, p. 48). The development of leadership is certainly prominent in AWP III, reflecting UNAIDS’s Three Ones mantra, but this is concerned with enhancing member states’ capacity to act, not about identifying member states to lead activities, hence the lack of lead shepherds in the details of AWP III (ASEAN Secretariat, 2006, pp. 14–39). Without member states to lead norm adoption, the ASEAN Secretariat has increasingly relied upon ‘advocacy’. What is evident in previous AWPs, and it is continued in AWP IV, is a greater importance attached to advocacy. In AWP III and IV, advocacy is at both the regional and global level and it amounts to persuasion. Thus, in AWP III, promoting synergies was interpreted to mean the creation of a ‘leadership platform’ to ‘influence global and regional issues affecting Member Countries’ (ASEAN Secretariat, 2006, p. 14).¹⁷

17 For leadership platform, see ASEAN Secretariat (2006, p. 19).

Notwithstanding the notion of a 'leadership platform', which was not defined and therefore impossible to determine whether this was designed to reinterpret global norms for the member states (localization) or reinterpret the global norms in order to reject them (subsidiarity), the primacy attached to advocacy is an adjustment of ASEAN's added value. Advocacy is not what actors who lead and guide do. While advocacy is a means of promoting and facilitating, and thus an interpretation of ASEAN's comparative advantage, advocacy is the activity of actors' peripheral to the decision-making process. It is the activity of those on the outside trying to influence those on the inside. CSOs advocate; politicians lead by formulating and implementing policy. The focus on advocacy thus indicates that for ASEAN its added value of promoting and facilitating is essentially about cajoling member states. The prominence of advocacy could indicate either localization or subsidiarity. Which of these it is is actually determined by what is missing in AWP IV: the Three Ones.

To appreciate this, it is worth noting the evolution of leadership in the AWP. In all four AWPs, the notion of advocacy is prevalent and thus it is necessary to examine its growing significance by how other elements of leadership have evolved. In AWP II, the adoption of UNAIDS's leadership norm is an example of mimetic adoption, as ASEAN adopted the notion of norm leaders (lead shepherds) and a monitoring and evaluating function for the Secretariat:

The implementation of the monitoring and evaluation framework will be the responsibility of the Member Countries and the ASEAN Secretariat, with data being collected annually and presented in the Annual ATFOA Report. (ASEAN Secretariat, 2002, p. 62)

In AWP III, the leadership norm's adoption also contained adaptation. This was noted with regard to the coordination of legislation being achieved in less sensitive areas before seeking to replicate this in more delicate/troublesome matters. This captures ASEAN's proclivity for incremental progress accomplished via consensus; it is easier to get harmonization on less sensitive matters first. In addition, AWP III drops the lead shepherds and gives more prominence to advocacy, thus representing a reinterpretation of leadership that also reflects localization as this captures the impotence of the Secretariat; the strength of ASEAN lies in its member states, not in its Secretariat. Advocacy remains prominent in the fourth AWP, including at the global level, which is an outward-looking focus that resonates with

subsidiarity. However, it is not this that provides evidence of subsidiarity in AWP IV but rather the dropping of UNAIDS's Three Ones mantra coupled to advocacy. While leadership and monitoring are prominent within the Three Ones, and indeed ASEAN's First Regional Report notes as a regional priority improving 'leadership and governance coupled with a strong monitoring system' (ASEAN Secretariat, 2011a, p. 3), the Three Ones places the responsibility for leadership, monitoring, and evaluation in the hands of one authority. It could be argued that AWP IV is a form of localization because the norm of leadership remains, but is adjusted so that the means of achieving this is not via UNAIDS's prescription of a central coordinating authority, but rather, an ill-defined 'regional mechanism' in which activity is undertaken by the member states. The global norm champion interprets leadership through the Three Ones and thus to adjust the notion of leadership in AWP IV so that the mantra of the Three Ones, which infuses AWP III, is removed amounts to rejecting not just how leadership is accomplished but providing leadership at all. Thus, while AWP IV does not amount to explicitly rejecting global norms, and indeed it codifies the international goal of 'getting to zero', its prescription for achieving leadership implicitly rejects this global norm by omitting the Three Ones. Hence why advocacy, which is evident in previous AWP, now has more prominence is because the other means of achieving leadership are missing.

If AWP IV and, more broadly, ASEAN's First Regional Report are examples of subsidiarity, UNAIDS would presumably not welcome these documents. Yet this is not the case, and the reason lies in UNAIDS's focus on national responses. UNAIDS champions a national response, and while this is more than a governmental response, capturing the GIPA norm and watchdog function undertaken by NGOs, it is nevertheless a country's response. The global norms, unintentionally, undercut a regional response by prioritizing a national one.¹⁸ Given the considerable sums of money devoted to responding to HIV/AIDS, it is not surprising that member states adopt the norms nationally, since they would not be eligible to receive funding without doing so, and thus in this respect we can interpret the AWP as bolstering the credibility of the member states' individual responses to the virus.

18 In an interview conducted on 20 November 2009 at UNAIDS in Bangkok, it was stated explicitly that ASEAN was a 'small player' and states dealt with each other on a bilateral basis. There was no expectation that Southeast Asian states would be monitored to determine compliance with commitments in the AWP.

ASEAN is not so much leading the response, therefore, as providing the mirage of coordinated regional action in support of national programs, thus bolstering the national programs' efficacy.

5 Conclusion

The article has been concerned with explaining that different processes of norm diffusion are in evidence within three AWP (II, III, and IV). Each of these processes has enabled ASEAN to present the Association as actively responding to a virus that has much stigma and discrimination attached to it. Thus, mimetic adoption enables ASEAN to establish an exemplary AWP (II) that creates the impression of a regional body acting in concert with global norms. However, whereas for Katsumata mimicry is a means of norm diffusion, in this case mimicking global norms enables ASEAN to rhetorically imitate a global response, thus gaining any kudos attached to this, and it is pertinent to note that ASEAN's HIV/AIDS response is perceived as a success story,¹⁹ without actually having to implement the norms. Norm diffusion occurs, but it is constrained to a discursive response rather than an implementation response to the virus.

The problem with an imitation, though, is that since the mimetic adoption is limited to rhetoric, there is little evidence, as noted above, of compliance with the norms. In order to avoid the impression that the norms have not been adopted, ASEAN, despite the catalog of unfulfilled promises made in the AWPs, lauds their accomplishments. Thus, in ASEAN's First Regional Report, previous AWPs are praised: AWP II had 'demonstrable accomplishments, specifically the strengthened leadership in the regional response', while fulfilling five objectives are noted as indicating a successful AWP III ([ASEAN Secretariat, 2011a](#), p. 47). One of these objectives was evidence-based policy advocacy. Whatever the merits of the 'evidence-based' advocacy, it is worth reiterating the lament within AWP III over the lack of data given by member states to the ASEAN Secretariat, and this has remained a problem with the main data used to compile ASEAN's First Regional Report not supplied to ASEAN by its member states but taken from the data the member states were obliged to present to the UN under their UNGASS commitments.

19 This was made explicitly clear to the author by Ong Keng Yong, ASEAN Secretary-General 2003–07. The meeting took place at Singapore on 24 November 2009.

By the time ASEAN is preparing its third work program, UNAIDS, the global champion, is promoting its Three Ones approach. Whereas the prevalence of the Three Ones mantra in AWP III might indicate mimetic adoption, a process of localization better captures the diffusion of norms. Thus, the work program did not create the hostages to fortune that were used to note AWP I's and II's shortcomings, plus it contained the incremental approach to harmonizing legislation. By adjusting the norms to reflect better what member states were prepared to do vis-à-vis the ASEAN Secretariat, AWP III was able to (i) endorse the global norms while (ii) adjusting them so that failure to accomplish them would not be so evident. Once we get to AWP IV, the marginalizing of the Three Ones, as well as the program's brevity, can be said to bring it more into line with ASEAN norms that ensure that the Association places very few demands on its member states. We can, thus, interpret AWP IV as an example of subsidiarity, with the norms at the regional level more reflective of ASEAN norms. Hence, leadership is not provided by a central authority at the regional level but instead held at the national level, with leadership at the regional level left ill-defined as one of advocacy within a regional mechanism to be created. Since UNAIDS's primary interest is in national responses, this helps to explain how those drafting AWP IV, and its pertinent to recall UNAIDS staff were not active in this, could distance the program from the spirit of the Three Ones without attracting criticism from the norm champion.

This article raises at the outset the questions of whether a moribund regional approach was a consequence of the processes of norm diffusion. The article has revealed that this is not the case. Whether mimetic adoption, localization, or subsidiarity, although in fairness it is too early to judge AWP IV, the AWP's have either failed to accomplish goals (I, II, and III) or have been scaled down (IV). The failure to accomplish goals is not though a consequence of norm diffusion.²⁰ The AWP's failure reflects the reality that member states are not prepared to empower ATFOA and the

20 Although beyond the scope of this article, it would be interesting to determine whether the process of norm diffusion within other regional organizations, such as the Economic Community Of West African States (ECOWAS) and the Southern African Development Community (SADC), helped to explain the efficacy of their response. For example, SADC adopted the Maseru Declaration in 2003 to combat the virus, and the First Strategic Plan adopted by ECOWAS' West African Health Organisation undertook measures to combat, among other diseases, HIV. Although not specifically about HIV/AIDS, in their recent examination of explaining governance transfer by nine regional organizations, Tanja Börzel, Vera

Secretariat to ‘lead’ the response, regardless of how the AWP defines promoting, facilitating, and advocacy. Identifying the process of norm diffusion helps to witness a decline in the demands the AWPs have placed on member states, and thus reveal that Southeast Asia is further from the type of leadership promoted by the norm champion than they have ever been. While it is right to note that Thailand and Cambodia, for example, are recognized by UNAIDS as examples of good practice, and generally, as stated in the introduction, there are signs of national success – the failure to replicate this at the regional level means that such success can be easily reversed. This is especially the case where people’s movement is encouraged and inadequate attention is given to a coordinated response to migrants’ needs and their vulnerability to the virus. It is worth recalling the warning contained in ASEAN’s First Regional Report that while the virus is declining in some areas, it remains latent, increasing and maturing in others. With weak regional coordination of the national responses to HIV, the virus, because it is a transnational problem, will remain an ongoing problem; getting to zero will remain a forlorn hope while the regional response is leaderless.

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References

- Acharya, A. (2004) ‘How ideas spread: whose norms matter? Norm localization and institutional change in Asian regionalism’, *International Organization*, 58 (Spring), 239–275.

van Hüllen, and Mathis Lohaus conclude that localization is the most prominent explanation for why norms are adopted and then adapted (Börzel *et al.*, 2013).

- Acharya, A. (2009) *Constructing a Security Community in Southeast Asia: ASEAN and the Problem of Regional Order*, 2nd edn. London: Routledge.
- Acharya, A. (2011) 'Norm subsidiarity and regional orders: sovereignty, regionalism, and rule-making in the Third World', *International Studies Quarterly*, 55 (1), 95–123.
- Acharya, A. and Stubbs, R. (2009) *Theorizing Southeast Asian Relations: Emerging Debates*. London: Routledge.
- ASEAN Secretariat (2001) *7th ASEAN Summit Declaration on HIV/AIDS*, 5 November, Brunei Darussalam. <http://cil.nus.edu.sg/2001/2001-7th-asean-summit-declaration-on-hiv-aids-adopted-on-5-november-2001-in-bandar-seri-begawan-brunei-darussalam-by-heads-of-stategovernment/> (19 July 2013, date last accessed).
- ASEAN Secretariat (2002) *The ASEAN Work Programme on HIV/AIDS II (2002–2005)*. Jakarta: ASEAN Secretariat.
- ASEAN Secretariat (2006) *Stopping Aids, Acting Together: Strategic Framework for the Third ASEAN Work Programme on HIV and AIDS (2006–2010)*. Jakarta: ASEAN Secretariat.
- ASEAN Secretariat (2007) *ASEAN Commitments on HIV and AIDS*, 13 January 2007, Cebu, Philippines. <http://cil.nus.edu.sg/2007/2007-asean-commitments-on-hiv-and-aids/> (19 July 2013, date last accessed).
- ASEAN Secretariat (2009) *ASEAN Socio-Cultural Community Blueprint*. Jakarta: ASEAN Secretariat.
- ASEAN Secretariat (2011a) *Addressing AIDS in ASEAN Region: First Regional Report on HIV & AIDS*. Jakarta: ASEAN Secretariat.
- ASEAN Secretariat (2011b) *ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths*, Bali, Indonesia, 17 November. http://www.asean.org/archive/documents/19th%20summit/ASEAN_Declaration_of_Commitment.pdf (19 July 2013, date last accessed).
- ASEAN Secretariat (2011c) *Statement of ASEAN Task Force on AIDS (ATFOA) in the Asia Pacific Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support*, Bangkok, 31 March. <http://www.asean.org/communities/asean-socio-cultural-community/item/statement-of-asean-task-force-on-aids-atfoa-in-the-asia-pacific-regional-consultation-on-universal-access-to-hiv-prevention-treatment-care-and-support-bangkok-31-march-2011> (19 July 2013, date last accessed).
- Ba, A.D. (2009) *[Re]Negotiating East and Southeast Asia*. Stanford: Stanford University Press.
- Barnett, T. and Prins, G. (2006) 'HIV/AIDS and security: fact, fiction and evidence—a report to UNAIDS', *International Affairs*, 82(2), 359–368.

- Barnett, T. and Whiteside, A. (2006) *AIDS in the Twenty-First Century: Disease and Globalization*, 2nd edn. Basingstoke: Palgrave Macmillan.
- Börzel, T.A., van Hüllen, V. and Lohaus, M. (2013) *Governance Transfer by Regional Organizations: Following a Global Script?*, SFB-Governance Working Paper Series, 42. http://www.sfb-governance.de/en/publikationen/sfbgov_wp/wp42_en/wp42.pdf?1359030919 (19 July 2013, date last accessed).
- Collins, A. (2013) *Building a People-Oriented Security Community the ASEAN Way*. London: Routledge.
- Dolowitz, D. and Marsh, D. (1996) 'Who learns what from whom: review of the policy transfer literature', *Political Studies*, 44(2), 343–357.
- Finnemore, M. and Sikkink, K. (1998) 'International norm dynamics and political change', *International Organization*, 52(4), 887–917.
- Harman, S. (2009) 'The causes, contours and consequences of the multisectoral response to HIV/AIDS', in S. Harman and F. Lisk (eds), *Governance of HIV/AIDS: Making Participation and Accountability Count*, pp. 165–179. London: Routledge.
- Jones, L. (2011) *ASEAN, Sovereignty and Intervention in Southeast Asia*. Basingstoke: Palgrave.
- Jones, D.M. and Smith, M.L.R. (2006) *ASEAN and East Asian International Relations: Regional Delusions*. Cheltenham: Edward Elgar.
- Katsumata, H. (2009) *ASEAN's Cooperative Security Enterprise: Norms and Interests in the ASEAN Regional Forum*. Basingstoke: Palgrave.
- Katsumata, H. (2011) 'Mimetic adoption and norm diffusion: 'Western' security cooperation in Southeast Asia?', *Review of International Studies*, 37(2), 557–576.
- Kingdon, J. (1984) *Agendas, Alternatives and Public Policies*. Boston: Little Brown and Co.
- Nay, O. (2012) 'How do policy ideas spread among international administrations? Policy entrepreneurs and bureaucratic influence in the UN response to AIDS', *Journal of Public Policy*, 32(1), 53–76.
- Patterson, A.S. (2007) 'The UN and the fight against HIV/AIDS', in P.G. Harris and P.D. Siplon (eds), *The Global Politics of AIDS*, pp. 203–224. Boulder: Lynner Rienner.
- Pisani, E. (2008) *The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS*. London: Granta.
- Shilts, R. (2000) *And the Band Played On: Politics, People, and the AIDS Epidemic*. New York: St Martin's Press.
- Smith, J.A. (1993) *The Idea Brokers: Think Tanks and the Rise of the New Policy Elite*. New York: The Free Press.
- Stone, D. (2004) 'Transfer agents and global networks in the "transnationalization" of policy', *Journal of European Public Policy*, 11(3), 545–566.

United Nations (2001) *Declaration of Commitment on HIV/AIDS*, United Nations General Assembly Special Session on HIV/AIDS, 25–27 June. http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf (19 July 2013, date last accessed).

UNRTF, UNDP and ASEAN (2008) *HIV/AIDS and Mobility in South-East Asia: Rapid Assessment*. Bangkok: UNRTF Secretariat.