WHO GOVERNS THE MICROBE?

Exploring the Emergence of Authority as a Response to the Risk of Infectious Disease
Project Microbe: South Africa
Summer 2008
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Players:
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Ali Kelley
Motivation

- In today's globalized world, effective authority is needed to contain the spread of infectious disease.
- Diverging perceptions of and responses to these threats on global, national, local levels.
- Competing theories of governance and government responsiveness.
- Efforts of governments, international NGOs, and traditional healers vary across time, space, and infection.
- Technology exists, but in many cases is not implemented.
Goals & Research Questions

BROAD GOALS

To investigate how local government thinks about public policy priorities, especially infectious disease

To identify links and gaps between scientific knowledge and its implementation at the local level

To explore the range of variation in approaches across space, time, and infection

Ultimately, to develop theories of infectious disease governance (IDG) - who takes responsibility?

FURTHER QUESTIONS

Why do some communities receive more development-enhancing public goods than others?

What is the affect of these diseases on government capacity?
Why South Africa?

- Large population
- Ethnically Diverse
- High prevalence of infectious disease
- Republican government est. 1996
Research Methods: The Sample

- 9 provinces → 284 municipalities → 10,000 councilors
- Limited time and resources → sample size of 120 councilors across 15 local councils and 1 metro
- Ward vs. PR councilors – we want equal amounts of both

120 councilors
Research Methods: The Sample

- **Western Cape**: greatest demographic and party diversity at the municipal level.
- **Eastern Cape**: to control for "provincial effects" given similarities at border.

Challenge is to parse out effects of different factors that are highly correlated.

ANC vote share (dark Brown is >50%)
We selected councils based on 2 factors:

- Degree of racial heterogeneity/fractionalization
- Relative strength of political parties

For the local councils, we created categories based on these factors and then randomly selected 2-3 councils from each group. We used a similar process to select ward councils in Cape Town (of which there are 105).

<table>
<thead>
<tr>
<th>Racial Fractionalization</th>
<th>ANC Plurality</th>
<th>No ANC Plurality</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;.45 (most homogenous)</td>
<td>AA Pick 2 of 4</td>
<td>BB Pick 2 of 2</td>
</tr>
<tr>
<td>.45-.6</td>
<td>CC Pick 3 of 8</td>
<td>DD Pick 0 of 0</td>
</tr>
<tr>
<td>&gt;.6 (most heterogeneous)</td>
<td>EE Pick 2 of 2</td>
<td>FF Pick 2 of 3</td>
</tr>
</tbody>
</table>
Research Methods: The Sample

- Potential Factors of Influence:
  - Ethnic/racial identities;
  - International organizations;
  - Levels of electoral and citizen participation;
  - Strength of institutions (courts, political parties, electoral rules);
  - Prevalence of problems and corresponding cultural attitudes.
Research Methods: The Survey

May 2008: Designing the survey
June-August 2008: Conducting the survey

- Contacting councilors
- 2 team members per interview
- Length of interviews

Structure of survey: substantive then personal

- “What are the most important problems that YOU believe face this municipality?”
- “Do you think people generally trust your local government...?”
- “Does the council ever discuss what has been done in other municipalities?”

1 to 5 scales

Statement A/Statement B

Personal: education, economics, religion, race, occupation

Emphasis on health-related questions

- “What are the main health risks in your area...?”
- “Do you believe that antiretroviral drugs are effective?”

Data analysis
Research Methods: Logistics

- Life in Cape Town
- Journey to the Eastern Cape
- Transportation (thank you, Billy)
- Communications
  - Cell phones
  - Portable modems
- Provisions
- Obstacles?
What We Saw Along the Way...
Independent Work

- **Gwyneth:**

- **Alex:**

- **Brittany:**

- **Ali:**
THANK YOU, GRAND CHALLENGES!