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The Political Economy of Highly Pathogenic Avian Influenza in Cambodia

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Abstract: This study investigates the political economy of policy processes surrounding the response to Highly Pathogenic Avian Influenza (HPAI) in Cambodia, identifying key actors, networks, associated narratives and practices of policy. With the emergence and spread of HPAI in Cambodia in 2004, international donors and governments intervened in their self-interest in supplying foreign aid in order to control the outbreak as an emergency response to a global health threat. Although the outbreak subsided in 2007 with the assistance of foreign aid, the livelihood of those affected was inadequately addressed. Because 90 per cent of Cambodian poultry is raised in backyards, almost anything achieved with poultry (or livestock) can be considered pro-poor, but this, regrettably, is not of particular interest do donors.

Key words: Cambodia, avian influenza, political economy, foreign aid

INTRODUCTION

In 2003 outbreaks of Highly Pathogenic Avian Influenza (Influenza A subtype H5N1) in animals and humans from China and Vietnam prompted a global public health response that varied widely depending on individual nations' resources, health infrastructure and politics. On the one hand, China's government was criticized for its silence over Severe Acute Respiratory Syndrome (SARS) and hesitancy to share data on and samples of A/H5N1 (Nature, 2006), while the United Nations and countries such as Thailand reacted more openly. For Cambodia, HPAI was discovered in January 2004 in poultry on a farm outside Phnom Penh. Cambodia's experience with HPAI reveals important aspects of how a developing country with limited resources and capabilities responded to a crisis with global public health implications and how the global response in turn affected Cambodia. Already awash in donor money[2], Cambodia played its role on a global policy stage by clamoring for its share of the HPAI pie and by becoming an incubator for donor trial-and-error experiments on how to minimize the risk of HPAI's spread inside Cambodia and more importantly, how to reduce potential pandemics from striking donor countries themselves[3].

A key turning point in shifting the focus from animal health to human health took place in January 2005 with the discovery of Cambodia's first confirmed victim, not in Cambodia, but in Vietnam. This led to the publication of news accounts critical of Cambodia's notoriously weak health infrastructure, or lack thereof. Indeed, a one page 18 February 2005 story in Science, the magazine of the American Association for the Advancement of Science, entitled 'First Human Case in Cambodia Highlights Surveillance Shortcomings' warned that 'The diagnosis was made not in Cambodia but in neighboring Vietnam, where the 25-year-old woman had sought treatment and died on 30 January,' adding that 'the woman's 14-year-old brother had died earlier of an apparent respiratory disease now suspected to be H5N1, but his remains were cremated before any samples were taken'. (Normile, 2005) Two weeks later, a 5 March Wall Street Journal article by Jaems Hookway entitled 'In rural Cambodia, dreaded avian influenza finds a weak spot' relates the valiant efforts of Cambodia's 'chief flu-hunter at the cash-strapped Ministry of Health' whose 'emergency budget for educating [Cambodia's] 13 million people about bird-flu dangers is just $2,500.' (Hookway, 2005).

As of the Sixth International Ministerial Conference on Avian and Pandemic Influenza, which took place in Sharm El-Sheikh, Egypt, on 24-26 October 2008, Cambodia ranked seventh among the top 10 'main recipients' in terms of country assistance with $35 million in 'Commitments'.

In terms of commitments per capita and commitments per outbreak, Cambodia ranked only second to Lao PDR. With respect to per human cases and commitments per human deaths, it ranked fourth. Moreover, Cambodia relies heavily on donors (in the recent past, more than half the country's budget came from aid), making it an important case study for aid effectiveness. Examining donor and government interventions and interactions in the realm of HPAI control further sharpens the blunt instrument that is simply foreign aid into one specific aspect of an emergency response to a global health threat.

MATERIALS AND METHODS

What seems immediately apparent in Cambodia's political economy of HPAI is the numerous external actors involved in a country of only 14 million people. Since the UN-managed elections in 1993, which brought in a plethora of NGOs, Cambodia's political terrain has been transformed. Most obviously, the international community provided billions in development aid. At least in part, aid was utilized by the governing Cambodian People's Party to consolidate its control over the rural

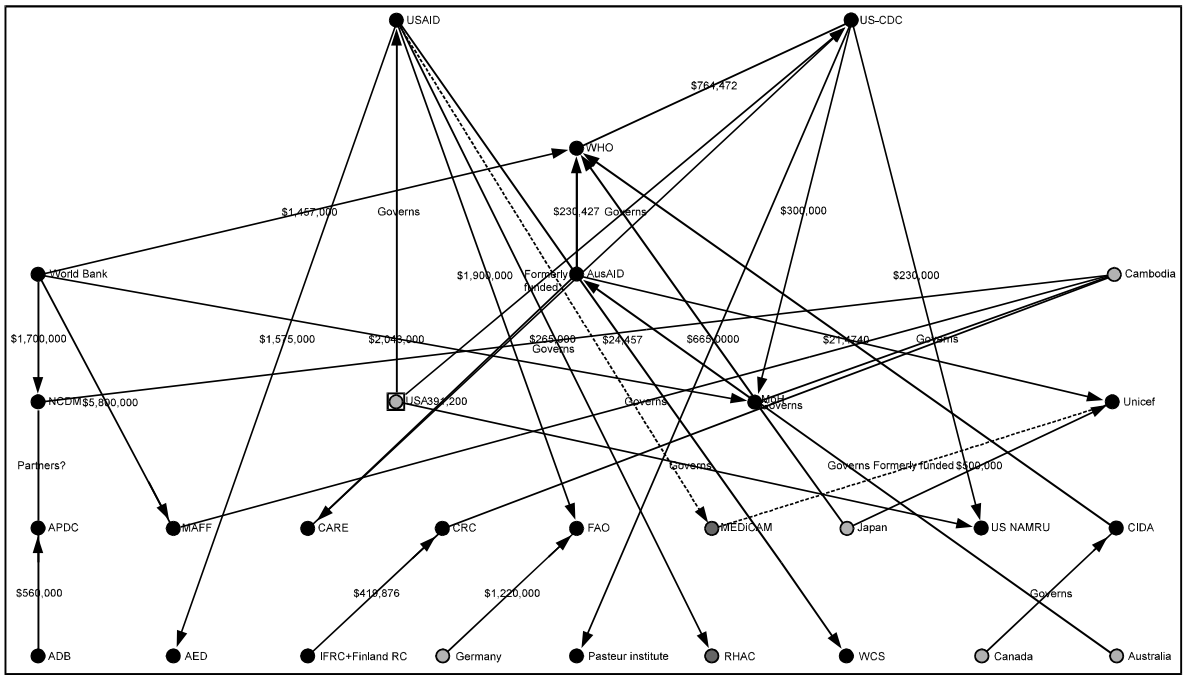

Fig. 1: Interest Mapping Ranked by Node Degree 2008-2009. Source: Adapted from data originating from UNRC (2008)

provinces. Equally important, international intervention provided new space in which non-state actors could contest state authority. Invoking democracy and human rights, activists in Cambodia were able to bypass the State and appeal directly to the international community. Local ownership is a serious problem not just in Cambodia but in all of the developing world and a donor-driven agenda can sometimes result in "wag the dog" effects where the government nominally leads by 'chairing' a committee or thematic working group, but donors are in fact calling the shots. Moreover, more than 160 NGOs have had HPAI-related activities in Cambodia. While it is not possible to map the 160+ NGOs, Fig. 1 shows the Node Degree (defined as the number of physical links per node) ranking of different actors involved in HPAI interventions. The blue dots (black in grayscale) represent country governments, while the red dots (dark in grayscale) represent local NGOs. Most notably, while dozens of local NGOs were engaged in HPAI activities at some point, only two remain in this map and one, MEDiCAM, actually had received no commitment of funding as of the matrix's creation and as determined by an interview with a representative of the organization in early June 2008. The situation is not known to have changed since then. It is immediately apparent that the US government has taken a very active role in funding HPAI activities using the United States Agency for International Development (USAID) and US-CDC. Both organizations enjoy six links or node degrees, more than any other entity mapped.

As this Interest Map is based on funds and official flows of partners officially recognized by the United Nations Resident Coordinator's Office, it cannot reveal informal arrangements and interests, an important aspect of the political economy of HPAI. The private sector, as represented by conglomerates like Charoen Pokphand (CP) Cambodia, is also not represented because of the opacity of its operations in Cambodia.

This paper uses a qualitative research methodology consisting of mostly one-on-one semi-structured interviews across government, the private sector and the non-governmental sector. These include, but are not limited to: government officials, donor and NGO representatives, the private sector (including conglomerates, farmers and wet market stallholders) and civil society representatives. These interviews were conducted over the course of three visits to Cambodia in total.

More than 40 face-to-face interviews were conducted in Khmer, French and English primarily in Phnom Penh and the environs, but with one site visit to the province of Kampong Som. A visit to Phnom Penh's Psah Orussey, where a wet market is located, was also made to gain an appreciation for conditions on the ground. The author was not well received when photographing the wet market and sternly warned "not to spread false stories in newspapers" by a wet market seller. Average interviews lasted anywhere from 45 min to hours (if over a meal typically). Information from informants used in this paper is coded numerically (1 through 40+) to protect identities

and a complete list is shown in Appendix 1. The number in parenthesis following that informant's title descriptor appears to the left in the list of informants and is randomly assigned.

Given the sheer number of actors engaged in HPAI control activities in Cambodia, it was impractical to obtain input from, much less interview even a majority of these actors. This includes for instance the Ministry of Health's Communicable Diseases Control Department, which is incharge of surveillance of human diseases; USAID, which was able to fund a number of activities in 2005 because of leftover (unspent) funds allocated to the 26 December 2004 Indian Ocean earthquake and tsunami; the US-CDC, which works with the Ministry of Health by providing technical assistance to strengthen public health capacity to respond to HIV/AIDS, avian influenza and other public health priorities; the Ministry of Agriculture, Forestry and Fisheries (MAFF), which does veterinary epidemiological and diagnostic services within the Department of Animal Health and Production through the National Animal Veterinary Research Institute. To increase the likelihood that a larger number of informants could be reached, a confidential elite survey was launched on 27 May 2008 and sent to individuals[4] known to be involved in Avian Influenza work in Cambodia[5]. The results offer a glimpse of how effective government and donors were in intervening against HPAI across animal, human, livelihoods, pandemic preparation, or some other dimension of the respondent's choosing[6].

RESULTS AND DISCUSSION

Respondents were asked to rate a series of statements and to add written comments to their ratings. As will become apparent, with respect to Avian Influenza, greater government-donor coordination is needed to align national and international interests.

A majority of respondents agreed or strongly agreed that the Royal Government of Cambodia intervened effectively and appropriately, given resource allocations, in humans, animals and pandemic preparedness (56%, 54% and 60%, respectively). Protecting livelihoods, in contrast, only saw 33% of respondents agreeing or mostly agreeing. Clearly, protecting livelihoods was rated by those deeply involved in Avian Influenza interventions to have been shaky at best. While one respondent (1) felt the damage to livelihoods was limited because of the short duration of outbreaks, others were left totally unimpressed: 'Nothing is done to take [care] of the livelihoods of the smallholders' (6) and 'No specific livelihoods intervention that I am aware of. In fact, there is no record of any discussions on compensation for loss of poultry in the event of outbreak.' This was not the only criticism. Among humans, one informant claimed that 'Instances of suspected [cases were] not being investigated' (17). Indeed, some of the written comments in the area of protecting livelihoods were among the harshest[7]. There was remarkable contrast between MAFF and MoH effectiveness.

In contrast, donors were somewhat more positively viewed in terms of effectiveness in HPAI interventions among humans and animals than the Royal Government of Cambodia (77% and 67%, respectively rated as agree or strongly agree). Not surprisingly, donors were also dismally rated on protecting livelihoods, with only 38% of respondents agreeing and none strongly agreeing that donors had effectively and appropriately intervened, given resource allocations. More surprisingly, only 43% of respondents agreed or strongly agreed that donors were effective in pandemic preparedness interventions. Overall, respondents conveyed differences in effectiveness both within government and among donors and NGOs.

It seems apparent that if donor interventions reflect government performance, the absence of a compensation policy is not seen as a failing of the donor community's response in protecting livelihoods. This may represent a silenced narrative for the lack of willingness by respondents (again, mostly self-selected from the donor community) to take a hard look at themselves in the mirror. Protecting livelihoods cannot be assumed. Responses suggest neither government nor donors were particularly effective in this area.

Table 1: With respect to avian influenza, the Royal Government of Cambodia has intervened effectively and appropriately, given resource allocations

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	N/A
(a) Among humans	6%	50%	25%	6%	0%	13%
	1	8	4	1	0	2
(b) Among animals	7%	47%	40%	0%	0%	7%
	1	7	6	0	0	1
© Protecting livelihoods	8%	25%	25%	17%	0%	25%
	1	3	3	2	0	3
(d) Pandemic preparation	13%	47%	13%	13%	0%	13%
	2	7	2	2	0	2
(e) Other (please name) and rate	17%	0%	0%	0%	0%	83%
	1	0	0	0	0	5

The top percentage indicates total informant ratio; the bottom number represents actual number of informants selecting the rating.
Source: Results of author's survey launched on 27 May 2008

Table 2: With respect to avian influenza, Donors (including all non-Royal Government of Cambodia entities whether local or international) have intervened effectively and appropriately, given resource allocations

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	N/A
(a) Among humans	18%	59%	12%	0%	0%	12%
	3	10	2	0	0	2
(b) Among animals	7%	60%	33%	0%	0%	0%
	1	9	5	0	0	0
© Protecting livelihoods	0%	38%	31%	15%	0%	15%
	0	5	4	2	0	2
(d) Pandemic preparation	7%	36%	29%	7%	0%	21%
	1	5	4	1	0	3
(e) Other (please name) and rate	0%	0%	0%	0%	0%	0%
	0	0	0	0	0	0

The top percentage indicates total informant ratio; the bottom number represents actual number of informants selecting the rating. Source: Results of author's survey

Conclusion: The overall analysis reveals key challenges, obstacles and opportunities for responding to Avian Influenza and potentially other global epidemics. For example, one of the reasons given for non-compensation revealed the tremendous amount of confusion there was about its effectiveness. How effective is compensation when used elsewhere and more importantly, in countries neighboring Cambodia? What we have learned about the bureaucratic politics of the country in light of Avian Influenza has been the need to increase the credibility of MAFF as a partner by building its technical capacity and financial management[8]. In some ways, MoH's "success" has been path-dependent. History determines the future in this sense because money has been directed at MoH and so good financial management begets more money. At the same time, the issue of livelihoods main streaming for HPAI policy was laid bare. Protecting livelihoods should not be assumed, but made explicit in the form of "pro-poor HPAI risk reduction".

On a more specific level, building effective surveillance systems cannot be an exclusively technical exercise; sending equipment and reagents to Cambodia, training lab staff in their use on study tours, etc., is necessary but not sufficient. Capacity building can take decades; using volunteer lab staff from overseas might be an effective intermediate solution to bridge the gap until reform of the country's civil service and political economy takes place. To begin and further reform efforts, donors and the RGC need to align interests better. Donors need to impose greater self-discipline; instead of funding ghost labs all over the country (a problem of quantity), donors need to focus on quality (make fewer labs function properly). The implications for the global health situation and international relations are enormous. Maintaining the status quo means playing Russian roulette with global public health.

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Appendix: The below titles have been generalized to prevent identification of informants. For example, several informants were heads of trade associations, which would make their identities obvious. Also, government officials do not have their ministries listed for the same reason. The number in parenthesis following that informant's title descriptor throughout the text now appears to the left of the below list and is randomly assigned.

Appendix 1

Informant list	
1. Veterinarian and Consultant	16. Donor Staff
2. Veterinarian	17. Donor Staff
3. Economist	18. NGO and IO doctor
4. IO Senior Officer	19. IO Staff
5. AI Expert (E-mail)	20. Wet Market Seller
6. AI Expert	21. Embassy Staff
7. IO Veterinarian	22. Health Expert
8. Vice President, agribusiness	23. Education Expert
9. IO Officers	24. AI Expert
10. Livestock Expert	25. Health Expert
11. AI Expert	26. Donor Management
12. AI Expert	27. Embassy Staff
13. AI Expert	28. AI Expert
14. AI Expert	29. NGO Management
15. NGO Doctor	30. Livestock Expert

Appendix 1 cont.

Informant list	
31. Donor Staff	41. Government official
32. Donor Staff and Doctor	42. NGO Representative
33. Government Official	43. NGO Representative
34. Provincial Vet	44. Travel Agency Owner
35. Senior Government Official	45. Member of Parliament
36. Livestock Expert	46. Sister of Member of Parliament
37. NGO Staff	47. Entrepreneur and former Secretary of State
38. AI Expert	
39. AI Expert	48. Civil servant employee
40. Farmer	49. Adviser

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[2]In 2006, aid was 7.6% of Gross National Income, a relative decline from previous years which from 1993-2006 averaged nearly 11%. The total amount of official development assistance and official aid totaled nearly $6 billion in that same period and per capita aid averaged a relatively generous $33 per capita per year, peaking at $48 per capita in 1995 and remaining above $35 per capita since 2002.

[3]Indeed, as the STEPS Centre (undated) website notes, "The potential of human-human transmission of virulent influenza derived from an avian flu viral strain has raised alarm bells across the world. The prospect of a major public health catastrophe on the scale of that experienced in 1918 or worse - has meant considerable resources have been invested in developing surveillance and response systems. But how effective are these responses? And who are the likely winners and losers? Are such response systems robust, durable and resilient, in the face of unknown and perhaps unknowable, shocks and stresses and a complex and dynamic viral ecology?"

[4]The e-mail sent asked recipients to respond, or to refer the author to individuals who worked on Avian Influenza in Cambodia. Responses online were completely anonymous save for an optional question towards the end of the survey requesting an e-mail address if follow-up was desired.

[5]The online portion of the survey was open for informants for a period of 10 days. Of these, 44 visited the survey website and 17 completed responses were received. The survey contained 14 questions, requesting that respondents rate the effectiveness of government and donors, respectively, on a Likert scale, as well as provide written responses where appropriate.

[6]Of the respondents, 59% (10) had 1-3 years experience, 24% (4) had 4-6 months experience and 18% (3) had less than three months experience working on HPAI in Cambodia. The capacity in which these individuals worked on HPAI ranged widely because cross-listing was permitted: human health (24%); animal health (16%); disaster management (24%); livelihoods (4%); wildlife (8%) and 'Other' (24%). This other category included six written responses: (1) Risk reduction and capacity building at the village level (animal and human health); (2) combining animal health and livelihoods impacts; (3) UN agency; (4) Communication for transmission risk reduction; (5) Communication and (6) AHI Coordination incorporating all of the above. Respondents worked in a wide variety of areas related to HPAI control activities, including wildlife. Overwhelmingly, respondents were 'Donor Agency or Foreign Government (Bilat/Multi/UN, etc.)' (65%), to a much lesser extent the international NGO community (24%), For-Profit Private Corporation (6%) and 'Other, Please specify' (12%). The survey focused on perceptions of effectiveness of the HPAI response.

[7]'Nothing is done to take [care] of the livelihoods of the smallholders' (6); 'I am one of the population in Cambodia and I do not hear about the Govt. strategy for responding to AI' (10) and 'No specific livelihoods intervention that I am aware of. In fact, there is no record of any discussions on compensation for loss of poultry in the event of outbreak' (17).

[8]Underscoring the weakness in Cambodia's statistical knowledgebase, participants of a Workshop on Avian Influenza Research Activities in Cambodia that took place 8-9 October 2008 in Sihanoukville underscored "(i) the urgent need for a livestock/agricultural census to obtain current figures on livestock numbers and production in Cambodia; (ii) the lack of information authorities have on cross-border movements of poultry and poultry products and how these could be estimated through indirect assessments and (iii) the need to 'benchmark' the sensitivity of the current surveillance activities and to test the surveillance and response system by conducting simulation exercises" (Otte and Ronald-Holst, 2008).