Chapter 7: Lessons for Other Campaigns

"Regardless of the structure of the coalition, early work done to get all participants on the same page philosophically and strategically seems to be crucially important. Given enough time and mutual trust, a group can often find a way to converge around a rough policy agenda." – 2005 Center for Nonprofit Studies report on *Lessons from Six Successful Campaigns*, including U.S. advocacy that contributed to PEPFAR

Since the global AIDS treatment movement helped catalyze a dramatic increase in resources to fight the pandemic, advocates for other global causes have sought to learn from its success. In 2005, for example, the Center for Nonprofit Studies and the Aspen Institute issued a report of six successful campaigns that helped stimulate U.S. engagement internationally on development and poverty, one of them being AIDS treatment mobilization (Chawla 2005). Likewise, in 2007, the U.S. Coalition for Child Survival sponsored a report that sought to explain why advocates were successful in pushing for the creation of PEPFAR (McDonnell 2007).[1] As we will see later in this chapter, "malaria activists" have also sought to draw lessons from the HIV/AIDS campaign.

Indeed, movements for universal access to such goods as education have sought to emulate some of the specific organizational innovations wrought by AIDS treatment advocacy. In 2009, in a Brookings Institution paper, David Gartner, himself a former spokesperson for the Global AIDS Alliance, championed a funding mechanism for education, writing, "A Global Fund for Education should also draw on the successful experience of other innovative global development financing mechanisms. Among the most successful of these new organizations is the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)." He credited the Global Fund with mobilizing

[1] While less self-consciously systematic and academic in tone, these studies raise similar themes about the importance of framing and a common agenda.

billions of dollars for health and noted that "[o]ne of the keys to the GFATM's success in resource mobilization has been the strong engagement of both civil society and developing countries as full partners with donors in its governance" (Gartner 2009b).

Moreover, advocates for other health causes were incredulous that AIDS seemed to command the resources it did. In a 2008 brief, "U.S. HIV/AIDS and Family Planning/Reproductive Health Assistance: A Growing Disparity within PEPFAR Focus Countries," Population Action International complained that money for reproductive health and family planning had stalled and even fallen while funding for HIV programs increased dramatically. Similarly, the consulting firm FSG has highlighted the disparity between funding for HIV/AIDS and the diarrheal diseases that are major killers of children, especially in Africa (FSG 2008). These kinds of concerns triggered a debate about whether HIV/AIDS was diverting money from other health causes (Shiffman 2006; Garrett 2007; Farmer 2007; Shiffman 2008).

Scholars like Jeremy Shiffman have also sought to understand why AIDS generated the response it did while other health issues languished, applying such insights to the study of maternal mortality, newborn survival, and health systems strengthening (Hafner and Shiffman 2012; Shiffman and Smith 2007; Shiffman and Quissell 2012; Shiffman 2010). As he notes in a 2009 publication, "One reason for pursuing this question is that many global health analysts present evidence that material factors such as mortality and morbidity burden and the availability of cost-effective interventions may not explain the variance in the levels of attention health issues receive" (Shiffman 2009).

Rather than seek to explain differences in agenda-setting, we specified another, perhaps more ambitious task for ourselves: to understand why some campaigns for market transformation are more successful than others, using AIDS treatment advocacy as our model case study. Methodologically, the focus on a single issue area poses challenges about "external validity" or the wider generalizability of our argument. Fortunately, our case possesses what social scientists refer to as "within-case" variation. Because some of the factors we identified as important in movement success changed over time, this before and after quality gives us more than a single observation to understand the success of AIDS treatment advocacy. For example, prior to cohering around access to treatment as its focal point, the nascent movement registered few successes. Once the movement articulated a clear ask for treatment and forged a strategy aimed at lowering drug prices, the movement was able press its case more effectively. We have also shown how, as the U.S. AIDS movement splintered over time, its policy influence diminished.

That said, the true test of our argument is still its ability to travel to other domains. This chapter makes the case that the AIDS treatment movement possessed a number of features that facilitated market transformation, and more importantly, these factors are germane to a set of other cases in the health arena and beyond. The first section of this chapter outlines a typology of our five factors to understand the potential generalizability of our argument. We then apply the typology to a number of different cases including malaria, maternal mortality, water/diarrheal disease, non-communicable diseases, education, climate change, the ivory trade, sex trafficking, and abolition of the transatlantic slave trade, where we make predictions about the likely success of different movements.[2] The subsequent sections of the chapter develop mini-cases for each of these areas, which are meant to be illustrative and suggestive rather than definitive.

Applying our Argument to Other Cases

How might our framework help us understand other cases? As we suggested, we see the following five factors – *a highly contestable market, a compelling frame, a coherent ask, low/favorable costs, and stabilizing institutions* – as being sequential steps in the advocacy process that can either hinder or facilitate advocacy success in transforming markets. Having favorable conditions on all five presents a most likely case for a long-run transformation of the market.

Other situations may not auger well for long-run stable market transformation and are at risk of backsliding to previous patterns of allocation or access. Specifically, if the first four forces are aligned in support of advocates' aims but stabilizing institutions have not been created, then the new market structure in favor of access (or in support of campaigners' goals on other dimensions) may not endure. In other words, where advocates face a contestable market, have created a compelling frame, are unified in their demands, and have minimized the costs of their ask, but no institutions are in place to reinforce the new order, then the market transformation might not prove stable or durable.

Where advocates face markets that possess low contestability (either because the markets are very fragmented or the rules benefiting incumbents have a long history), then the road they face is harder. The chances of a market transformation are much less

[2] Since some of these other issues like climate change are discussed in previous chapters, some cases receive more extensive treatment than others.

probable but not impossible. Further, if campaigners fail to frame their case in a compelling way, their chances of success are diminished. Similarly, where advocates fail to cohere on a common ask, they also reduce their likelihood of success. Finally, if the costs of their ask are high and/or campaigners cannot make inaction costly, then this too would reduce the likelihood of success.

While difficult to assess the relative weight of these different factors, we would assert that even where all the other factors are favorable but costs remain high, then this may pose a particularly challenging barrier to market transformation, in part because changing the costs of a market transformation may be the least tractable to human agency. Where advocates lack a compelling frame, for example, they can re-cast the issue. Where advocates have yet to reach consensus on a policy ask, they can organize and come together. But the immediate costs of market transformation may be substantial regardless of what advocates do, as with the case of climate change.

If we simplify so that each of our five factors takes on dichotomous properties (high/low market contestability, compelling/not compelling frame, coherent/incoherent ask, high/low costs, presence/absence of stabilizing institutions), then there are 2^5 or 32 possible combinations. However, more usefully, we can group possible outcomes on a continuum from most likely to least likely cases of market transformation. While we do not present all of the possibilities here in the text, we array some of the cells from the *most likely* cases as well as the *least likely* cases to give some intuitions about how these factors potentially conjoin (see Table 1).

Table 1: Representation of Continuum from Most Likely to Least Likely Cases

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In the next section, we apply these insights to a series of other cases, some of them related to global health (malaria, maternal mortality, water/diarrheal disease, non-communicable diseases) but others like education, climate change, the ivory trade, sex trafficking, and abolition of slavery in areas further afield from the health arena. These cases were chosen largely because they encompass some of the most important access campaigns and global problems of the early 21st century. In his guide to writing dissertations, Steven Van Evera urges young scholars to select cases of "intrinsic importance" (Van Evera 1997, 87). We believe this is useful advice for older scholars as well. The cases in this chapter and the HIV/AIDS case qualify, and we hope by selecting important cases with demonstrated utility in a wide array of cases, we can convince the reader that our theory of strategic moral action makes a major contribution.

At least one case – slavery – was selected because it is a historical example that has been extensively examined in the literature on social movements and international relations (Keck and Sikkink 1998; Kaufmann and Pape 1999; Nadelmann 1990). If our framework can tell us something new about a case that is well known, we believe it can help us approach even well-trodden areas with fresh eyes.

For each of these cases, we seek to classify them on a continuum from most likely to least likely cases for market transformation based on the configuration of the indicators at a particular point in time. Each case is represented with a line in the table, with our prediction about likely market transformation the final cell in the table. Some advocacy movements, like those promoting maternal mortality and climate change, have changed in important respects over time, providing what social scientists call "within-case variation." For example, in the case of maternal mortality, advocates initially were divided over the correct course of action but have increasingly rallied behind a common platform. The same might be said of advocates who are trying to bring a stop to sex trafficking. By contrast, climate advocates once were united behind a common approach of targets and timetables of binding emissions reductions. In the face of perceived high costs of action and political obstacles, however, the movement has become less united (see Table 2 for our list of cases).

The aim of these mini-cases is to demonstrate the potential generalizability of our argument to a series of important issue areas. The discussion for each is only cursory and subject experts will undoubtedly find fault with our efforts to code individual attributes. Nonetheless, we believe that this extension of our argument to other domains should prove useful, both to scholars interested in the conditions under which social movements can succeed in transforming markets but also advocates themselves as they seek to analyze why their efforts succeed or why they might be faltering.

Table 2: Application of Our Approach to Other Cases

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Malaria: No More?

On April 1, 2011, the *New York Times* ran a remarkable article; one might have almost thought it as an "April Fool's" joke if the topic were not so serious. It reported that "[a] few nonprofit groups have recently announced plans to wind down, not over financial problems, but because their missions are nearly finished. Most notable, perhaps, is Malaria No More, a popular nonprofit that supplies bed nets in malaria zones. Its goal is to end deaths from malaria, a target it sees fast approaching" (Strom 2011).

What made this commentary remarkable (and disconcerting) is the fact that malaria is still Africa's second-leading killer disease, following on the heels of HIV/AIDS. While malaria was largely eliminated on other continents through the active use of the DDT pesticide during the 1950s and 1960s, that method of eradication proved ineffective in Africa, where the disease and its mosquito-borne carriers were just too widespread (for useful background, see Gladwell 2001; Litsios 2002). For nearly 40 years, malaria was essentially a ticking time bomb, forgotten in the industrialized world until the late 1990s when its awful toll, especially on African children, again began to command public attention.

Given this renewed awakening about the malaria disease burden, a coalition of international agencies and health organizations came together in 1998 under the umbrella of the United Nations to form the "Roll Back Malaria" campaign, the objective of which was to cut malaria deaths in half by 2010. But according to the World Health Organization, that objective was still far from being realized. Whereas the number of deaths from malaria reached between 1.1 to 1.3 million in 2000, that had fallen by only around 20 percent, to some 863,000, by 2008.[3] In fact, already in 2005 the *New York Times* had penned an editorial entitled "How Not to Roll Back Malaria," which criticized the campaign's management and strategy (New York Times 2005).

It is an irony of history that contemporary malaria advocacy would, to some degree, galvanize around the early failures of the Roll Back Malaria (RBM) campaign, as opposed to any successes it might have enjoyed. In particular, the UN had decided to spend a "substantial proportion" of RBM's campaign funds on the purchase of various monotherapies that had long been used in malaria treatment, like chloroquine. But these

[3] For the latest data see http://www.cdc.gov/malaria/. See also http://www.who.int/topics/malaria/en/

monotherapies were “often ineffective in Africa because of parasite resistance” so malaria “activists” instead focused on getting artemisinin-based combination therapies (ACT) to sufferers from malaria (The PLoS Medicine Editors 2009). Unfortunately, these therapies were also considerably more expensive. Facing these high costs, some advocates would turn their attention to less expensive anti-malaria solutions, like treated bed nets. In fact, providing these bed nets to malaria-plagued regions of Africa became the primary focus of the Malaria No More campaign.

But bed nets were only a partial solution at best, since they could not help treat those who were already sick. In thinking about how to roll out ACT to those who could not afford these drugs, malaria advocates drew lessons from what the AIDS movement had managed to achieve. A 2009 editorial in *PLoS Medicine* explicitly calling for greater “malaria activism” began as follows: “Probably no other disease in human history has been associated with social and political activism to the extent that the HIV epidemic has…. Such activism played a huge role in reducing the costs of antiretroviral drugs in developing countries.’ Similar political engagement, the editors said, is “needed to raise awareness of shortfalls in global efforts to control malaria.” In particular, this new ‘wave’ of malaria activism needed to focus on “ACT scale-up” (The PLoS Medicine Editors 2009).

What was the likelihood of successfully transforming the market for malaria treatment and prevention? In terms of market structure, like many drug markets in the developing world, “the anti-malarial market is huge in terms of those in need; it is small in terms of profit. By 1999, this had led to a virtually empty pipeline of new anti-malarial drugs” (Medicines for Malaria Venture 2012). A 2002 study documented that between

1975-1999 only four new malaria medications were approved as new chemical entities, and two more were approved shortly thereafter. This result, which was nonetheless better than other neglected diseases, constituted 0.3 percent of all the drugs approved during the same period (Trouiller et al. 2002, 2189). In the mid-1990s, malaria research received only $42 per fatal case, 80 times less than HIV/AIDS and 20 times less than asthma (Trouiller et al. 2002, 2191). By 2012, the WHO had prequalified only 25 medicines to treat malaria from ten different suppliers. Compare this to HIV/AIDS for which there 299 different prequalified medicines (WHO 2012b).

That mismatch between needs on the one hand and potential profits on the other is a leading cause of market failure in the global health arena. Here, the challenge was not so much that the market was diffused to a large number of suppliers, but malaria sufferers in low-income countries, particularly children, did not generate enough demand to create much of a market to begin with. In the context of HIV/AIDS, when the first antiretrovirals appeared on the market, the pharmas imagined a drug that was “low volume, high price,” but given that there was a population with resources (or at least with insurance and government support), there was enough incentive to create products to serve that market.

For malaria, until the creation of the Global Fund, that was largely not the case. In a sense, the market for malaria therapy was contestable, in that new producers could join the market, but there was not that much to contest. While we focus on market concentration and rules that reward incumbents, every market has its own particularities. This observation reminds us that advocacy in the world of pharmaceutical treatment must often focus on the challenge of how to change the way the drug market allocates its products.

In terms of the potential framing of this issue, advocates have a disease that kills large numbers of people, particularly children. Indeed, Malaria No More's basic motivation taps into that sentiment: "Malaria No More was born of a simple, startling insight: that ending malaria's death grip on Africa is the best humanitarian investment we can make in the world today" (Malaria No More Undated). The disease is, as our surveys suggested, identified with death, although it is seen as a developing country problem that might complicate mobilization in countries where people are not affected by the problem. In part, it might be harder for people who the lack familiarity with the disease to empathize with those affected, and it might also diminish their sense of the international transmission risk (though that might shift in the future if climate change extends the range of malarial mosquitoes).

Not surprisingly, malaria activists, like those in many other disease arenas, are divided between advocates of prevention and advocates of cure. In the particular case of malaria, the choice might be spending money on, say, bed-nets and indoor spraying versus spending money to buy drugs. Perhaps the deepest source of division has been between advocates of eradication and those of control. In 2007, Bill Gates suggested that eradication of malaria might be possible, triggering a vigorous debate in the global health community. A number of other health experts including Richard Feachem, the Global Fund's first executive director, as well as researchers associated with the Clinton Health Access Initiative (CHAI), worried that eradication or even local elimination efforts would fail like the previous effort in the 1950s and 1960s (Kelland 2011; Tanner and de Savigny

2008; Bowdler 2010; IRIN News 2010b; Feachem et al. 2010). Feachem suggested that Gates' push for eradication constituted "a shock to the system for the malaria community, because for a couple of decades the 'E' words, eradication and elimination, were not used in polite company" (IRIN News 2010b). While some health experts were cautiously optimistic (Das and Horton 2010), others questioned whether the costs of elimination and eradication efforts might prove more costly than control (Sabot et al. 2010).

In terms of costs, some specific interventions are relatively inexpensive. Bed nets cost about $5-10 per net. With the help of a Global Fund initiative described below, costs of ACT therapy have fallen by 80 percent, to between $.46 cents and $1.67 (ReliefWeb 2012). That said, the net costs to donors might be fairly significant if the most aggressive efforts to expand the map of countries where malaria is eliminated are funded.

When the Global Fund was created, malaria had the fortune of being selected as one of the three diseases (along with AIDS and TB) that would be a core concern of the new organization. As a consequence, spending on malaria, like HIV/AIDS, would dramatically increase during the 2000s, by the Global Fund, the World Bank's Booster Program, as well as bilateral programs like U.S. President George W. Bush's Malaria Initiative. Funding for malaria increased from less than $200 million in 2004 to nearly $1.8 billion in 2009. The WHO estimated that more than $6.1 billion would be needed in 2010 to implement the Global Malaria Action Plan (falling to nearly $3.4 billion in 2025) (WHO 2010e, 12). The incremental cost of mobilizing an additional $4 billion at a moment of economic turmoil and competition for foreign aid resources suggests that this cost might be a bridge too far.

More importantly, the estimates of lower long-run costs were contingent upon full funding in the early years that would lower treatment and control costs later on. Since the initiative by 2009 was already well off-track of these funding goals, then these savings may never be realized. It is worth emphasizing that part of the reason for the failure of the eradication effort in the 1950s and 1960s was a growing realization by governments that the costs were going to be much larger than they anticipated (Yekutiel 1981).

As we suggested, a major problem that advocates for enhanced malaria control faced was the absence of effective remedies. Many of the drugs like quinine and chloroquine that were available had increasingly become ineffective in the face of drug-resistant parasites. It was not until ACTs were approved in the late 1990s (beginning with Novartis' Coartem) that the international community had a potent tool to treat malaria and guard against drug resistance (Lite 2008).

Into this particular breach between human need and pharmaceutical markets stepped Nobel Prize-winning economist Kenneth Arrow, who had long been interested in the medical industry. In 2004 he urged the Institute of Medicine (IOM) of the National Academy of Sciences (NAS) to convene a committee that would address the drug shortage regarding malaria. The committee's recommendations were straightforward, at least in the economic sense of how a market failure in drugs might be most efficiently addressed. Specifically, Arrow's committee called for subsidization of the ACT market, stating that the industrialized world's foreign aid agencies, the World Bank, private donors and philanthropies (like the Gates Foundation), and international organizations like the Global Fund should purchase ACT from the companies that manufactured the drug at negotiated prices. In turn, these agencies should sell the drugs at 90 percent off the negotiated price to developing world governments. Governments would thus be able to sell the drugs at a greatly reduced price (on the order of 20-50 cents per treatment) to those in need. This kernel of an idea was further developed by the World Bank, and by 2009 it was unveiled as the Affordable Medicines Facility for Malaria (AMFm), under the aegis of the Global Fund.

As a "Policy Brief" describing the AMFm put it, "The principle of the AMFm program is simple: it provides a co-payment to manufacturers covering a majority of the sales price for every ACT they sell to wholesalers. The wholesalers thus pay a lower price for ACTs and prices will fall throughout the supply chain, increasing affordability for the final consumer…." The ACTs would then to be sold over the counter in privately owned pharmacies and dispensaries; these subsidized drug supplies would thus "compete" to some degree with the public provision of the medications where (and when) they are available (a major issue in many developing countries with respect to medical care in general and drugs in particular is that there are two quite distinct markets, one private and one public. Public health insurance, however, is extremely limited, and often it is only the very poor who rely on publicly provided medical care; still, the presence of two different markets can create arbitrage opportunities). And with these lower prices for ACT, global health specialists also hope that excessive use of monotherapies will be reduced, because they are no longer effective against malaria and have become so cheap in Africa that they are often given to patients – especially children – instead of aspirin for common colds.

It should be noted that the creators of AMFm did not believe that its model would necessarily be limited to malaria; quite the contrary. They have argued, for example, that "within the global health space, the applicability for antibiotics should be explored, as these drugs face similar challenges of resistance and indiscriminate usage…" (AMFm Policy Brief, March 2010). Indeed, AMFm's founders thought the model could be potentially rolled out to any drug which could benefit from a similar co-payment scheme. This was not, of course, the model applied to antiretroviral drugs, where pharmaceutical companies were pressured to adopt differential pricing on the one hand while drug companies in India were urged to enter the generics market on the other. In an important sense, then, there are different models for how drugs should be rolled out to the developing world, and these different models rely on different forms of subsidy, with one relying on taxpayers, the other relying on shareholders (although both could be fiscally equivalent).

Even though the AMFm does not as of this writing have a long track record, criticism of it has been forthcoming from various quarters. The U.S. government, for example, initially expressed skepticism that the program will work "and that the limited money available to tackle malaria could therefore be better spent" (A. Jack 2009). And while the right answer in this particular case is that money almost certainly needs to be spent on both, a World Bank study usefully reminds us that "policymakers have to tradeoff between investments in AMFm and malaria prevention tools" (Laxminarayan, Klein, and David Smith 2008).

Further, the AMFm scheme requires careful monitoring of wholesalers and retailers, which is costly. Wholesalers must be monitored to ensure that they really pass along the subsidy to retailers, and retailers must pass it on to consumers. How such monitoring could be carried out in a cost-effective manner in the African context remains to be seen. In addition, retailers must be educated about the new drug. One fear, for example, is that patients will end up taking both ACT for malaria and the existing monotherapies to treat fevers and colds, again pushing up resistance.

Since ACTs are derived from plants rather than from chemical synthesis, there are also lingering questions about how the price will evolve in the face of greatly increasing demand. If prices double, for example, what would that mean for the amount of ACT that could be subsidized? Apparently these sorts of questions still have not been answered. The AMFm ten-country pilot has already altered the market, driving prices down from about $6 to less than a dollar per dose, but the question is whether this market transformation is sustainable. As Amy Maxmen noted in *Nature Medicine*, "But some global health coordinators voice concerns about how dramatically the initiative has altered the supply chain and funneled ACTs into just a handful of the countries that need them" (Maxmen 2012). Sixty percent of global ACT orders have been routed through the AMFm, and stockouts and delays quickly became the norm. In 2011, Novartis, the company that initially patented combination therapy, announced that it could not fulfill a major order.

One result of the AMFm process was a shift from local drug wholesalers to AMFm approved vendors, only one of which is located in Africa. As James Tibenderana of the Uganda-based Malaria Consortium notes: "ACT manufacturers outside of the AMFm are moving on to making other drugs, leaving fewer companies in the market. So if AMFm comes to an end, the only players that will be capable of providing ACTs are the ones who had been included in the program" (Maxmen 2012). With a major review of AMFm pending at the end of 2012 (and some suggestion that the United States may be hostile to it), whether or not the experiment of the AMFm proves to have lasting effects on the market for malaria medicines remains up in the air at the time of this writing (Fan 2012). With the selection of Mark Dybul to lead the Global Fund in November 2012, the Global Fund Board also appeared to signal that the AMFm experiment would end as a stand alone program and be integrated in broader grantmaking efforts (D. Butler 2012; The Economist 2012).

What is clear from this case study is that malaria advocates have yet to converge on a strategy for how best to advance the objective of "Malaria No More." Should dollars be allocated toward bed nets or to new drugs? Eradication or control? The openness of the market to new providers, the deadliness of the disease, and financial support from a variety of donors has made the malaria market transformable. However, it is unclear if the strategy itself will ultimately bear fruit in terms of a long-term reduction in malaria deaths and eradication of the disease itself. Without a coherent strategy aimed at cost reduction and market stability let alone the biological imperatives of battling the malaria parasite, malaria advocates may be disappointed to find that they are making less progress than hoped in conquering this disease.

Maternal Mortality

Advocates concerned about maternal mortality seek universal access to health services for women to prevent deaths before, during, and after childbirth. In terms of the market for maternal mortality services, the notion of a "market" may be somewhat strained when the expectation is that such services should be provided by the state. In some countries private providers, either health clinics or midwives, are present to assist in childbirth. The central point to emphasize here is that even where there are markets for maternal care, there is no homogenous universal product that a few firms provide that would change the delivery of service if only a movement materialized to push in that direction. There is no pill or nutritional supplement that a few firms might provide for a woman to take to ensure a safe and healthy birth. Transforming service delivery could only be a piecemeal process at the national level that would require transforming health systems as well as local service provision.

In terms of frames, maternal mortality advocates have a compelling moral frame: medical services to ensure safe childbirth are necessary for life. Potential challenges to this frame are that the problem, even though ostensibly universal, may be perceived as exclusively a developing country issue and also disproportionately salient to women. International support by rich countries might be needed to fund a healthy motherhood initiative. Because most women in Western countries have access to such services, they might be taken for granted to the extent that it is more difficult to envision a context in which those services are lacking, dampening the salience of a putative appeal. Given that many decision-makers are men, this too might diminish the resonance of a maternal mortality campaign. That said, the necessity of these services for life gives them the potential for universal resonance.

However, as Shiffman and Smith argue, maternal mortality advocates at least through the mid-2000s were divided on what the appropriate policy “ask” should be. It was only when advocates converged on a common solution – expansion of community care services coupled with more skilled clinical services in the event of an emergency – that the maternal mortality movement began to gain traction.

Such services, particularly the training and deployment of community workers, could be done relatively inexpensively. Malawi, for example, was able to successfully deploy health workers at the community level and help address maternal and infant health despite being a very poor country (Dugger 2009). Because many poor countries lack established health clinics in the first place, it is not clear that there are incumbent service providers, like doctors or nurses, who might resist this move to protect their business, although in some countries this could happen. The upshot of this observation is that costs to donors and costs to firms might not be especially onerous to achieve significant reductions in maternal mortality. That said, the implementation costs of extending services in remote, rural areas might be more costly.

In 2010, Ban Ki-Moon launched an initiative on women and children's health, dubbed Every Woman and Every Child, and attracted commitments of $40 billion over five years. A portion of those funds were to be directed to support access to family planning as well as other women's health issues (WHO 2010d). By 2012, supporters claimed that it had successfully mobilized $20 billion in two years and disbursed $10 billion (United Nations 2012c). Since the effort encompassed expenditures on other issues like HIV/AIDS, it's unclear how much of that total was specifically for maternal mortality. That said, as noted in Chapter 4, thanks to increasing unity among advocates, funding for maternal and child health had already increased from $563 million in 2003 to more than $1.2 billion in 2008 (in constant dollars). A 2012 report by the UN Commission on Life-Saving Commodities for Women and Children identified thirteen commodities that could be procured to support the Every Woman and Every Child initiative, including such drugs as oxytocin for post-partum hemorrhages, contraceptive implants, and oral rehydration therapy to treat infant diarrhea. The commission estimated that $2.6 billion over five years would be sufficient to avert 6 million deaths including 230,000 maternal deaths, suggesting that significant gains could be had at relatively low costs (United Nations 2012d).

In terms of institutions, Shiffman and Smith's initial view was that "[w]ith respect to actors, the global policy community has been fragmented, no powerful institutions have emerged to guide the initiative, and organisational rivalries have persisted throughout its history" (Shiffman and Smith 2007, 1377). They contrasted that with other issues like child survival (UNICEF), family planning (UNFPDA), and technical advice (WHO) where a single organization took charge over these issue areas (Shiffman and Smith 2007, 1374). An Inter-Agency Group for Safe Motherhood created in response to a 1987 conference was not regarded as successful, given its exclusive membership and low-level technical officers of important agencies. No organization owned this issue to really drive the process (Shiffman and Smith 2007, 1374). The Millennium Development Goals (MDGs) process established reduction of maternal mortality by 3/4 as a core goal (United Nations 2012). Shiffman and Smith pointed helpfully to the emergence of the Partnership for Maternal, Newborn and Child Health with the 20-year anniversary of the first initiative on the topic potentially yielding major progress (Shiffman and Smith 2007, 1378). The Every Woman and Every Child effort created in 2010 had as of this writing the strong support of the Secretary General, but it is unclear what new institutional structures might be needed to make good on the 2012 recommendations from the Commission on Commodities.

To date, progress on this issue has been meager. The World Bank reported: "Of all the MDGs, the least progress has been made on the maternal health goal – worldwide, the maternal mortality ratio declined at less than 1% from 1990 to 2005." A 2010 study estimated that only 23 of 181 countries were on track to meet the goal to reduce the maternal mortality ratio by ¾ (Hogan et al. 2010). A 2011 study suggested that only 11 countries would meet that goal (Lozano et al. 2011).

Thus, this particular issue possesses a mix of favorable attributes for successful market transformation. The structural fragmentation of health service delivery is perhaps the most difficult challenge, given that there are so many providers whose behavior would have to be influenced in the event of a major push for change. At the same time, the absence of markets in this space, the expectation of state provision but the paucity of clinics, doctors, and nurses, might prove to be a second formidable challenge, even if the ultimate price tag and absence of incumbents might not. The centrality of maternal survival bodes reasonably well for finding a compelling frame, and the lack of a coherent policy ask appears to have been overcome. Institutionally, the portents of a coordinating body suggested that this issue might be increasingly ripe for a successful market transformation, at least at the end of the 2000s before the financial crisis hit.

Clean Water and Diarrheal Disease: A Right to Water?

In the wake of mobilization to address HIV/AIDS, campaigners for other issue areas like clean water access have sought to emulate the success of treatment advocates. A number of organizations emerged to press for expanded access to clean water with significant implications for water-borne diseases like diarrhea. Examples include the

European effort Right 2 Water,[4] a Canadian effort Blue Planet Project,[5] the Right to Water campaign from Green Cross International,[6] the Global WASH campaign (Global Water, Sanitation and Hygiene for All) from the Water Supply & Sanitation Collaborative Council,[7] and the End Water Poverty coalition.[8]

Like maternal mortality, water provision is fragmented among many different service providers, even if, in some countries, there may be a national water authority that has responsibility for providing access. A handful of private water companies have begun to have multinational responsibility for water systems and infrastructure in different countries (and have become prominent targets of advocacy in countries like Bolivia where water services have been privatized). However, water by and large is still fragmented into national or even municipal systems of provision with many local services providers. In many poor countries, again despite an expectation of state provision, clean water services are often lacking, forcing people to rely on for-profit vendors of water services, often small-scale entrepreneurs. Like maternal mortality, this problem cannot be addressed with a single product or technological innovation that a handful of providers can make available. Sanitation systems, water infrastructure, behavioral change, as well as procurement and billing systems are all needed.

That said, the necessity of clean water to life bodes well for successful framing, as our surveys suggest. A specific emphasis on diarrheal disease too could be linked to survival in ways that are compelling, although our survey evidence suggests that U.S. survey respondents do not appreciate the potential severity of diarrhea as a leading cause

[4] http://www.right2water.eu/
[5] http://www.blueplanetproject.net/RightToWater/human_right.html
[6] http://www.watertreaty.org/index.php
[7] http://www.wsscc.org/wash-advocacy/campaigns-events/global-wash-campaign
[8] http://www.endwaterpoverty.org/

of death, particularly of children, in developing countries (on this point see FSG 2008). This might make it more difficult to elevate the problem's significance from being perceived merely as an inconvenience. Addressing the broader problem of infant death rather than diarrhea per se might be a more productive strategy. Indeed, advocates have sought to fuse concerns about maternal and child mortality through the UN-supported Every Mother Every Child initiative, launched in 2010 as part of the UN Millennium Development Goals Summit (United Nations 2012a).

As for water, given the fragmented structure of the market, it is not particularly clear what the specific ask of this emerging movement might be. In 2012, campaigners pressed governments to label access to water as a human right (Provost 2012). Some potential examples might include a global fund for water. The Millennium Development Goal process established improvement of access to clean water and reduction of diarrheal deaths as goals. In March 2012, the WHO announced the MDG goal to halve the number of people who lacked access to safe drinking water had been reached in 2010, five years ahead of schedule, meaning that 89% of the world's population had access to "safe" or at the very least improved water sources (L. Ford 2012). That said, movement coherence demands more than a normative goal but some indication of a strategy for realizing those ends.

In terms of costs, it is not clear given the lack of specificity regarding the policy ask how much it would cost to provide clean water universally. Certainly, measures to prevent deaths from diarrhea through oral rehydration therapy cost pennies, but the broader goal of universal access to clean water is a much more ambitious goal. If provision of clean water demands the extension of modern piping and sanitation systems, then the costs to governments might be quite high. One 2010 estimate put donor support for water and sanitation at $8 billion annually (Provost 2012). In some countries, if extending access required privatization of national water systems, regulation, or even renationalization of private sources, then these actions might trigger incumbent resistance. Certainly, efforts to privatize water delivery in some countries such as Bolivia triggered massive protest movements in the 2000s (Malkin 2006). Further, privatization has not always succeeded, as governments then balk at giving the utilities the price adjustments they require in order to be profitable while making huge capital investments.

Clean water is an under-institutionalized area. While there are national systems that support universal access particularly in wealthy countries, there are not clear rules to incentivize providers to reward access, particularly in under-served countries. While the triennial World Water Forum has been meeting since 1997, it is unclear what leverage this particular body might have beyond agenda setting.

As a consequence, this area appears somewhat less favorable than maternal mortality for a successful market transformation since the structure of the market, such as it is, is highly fragmented. The nascent movement has a compelling issue but lacks a coherent policy ask. Further, whatever the movement asks for may prove costly to provide and will require institutional development to reinforce and stabilize a new market structure. Again, even where countries have engaged, for example, in water sector privatization, the results have often proved disappointing as governments were unable to put in place the necessary regulatory structures that gave these utilities an acceptable level of profit.

Non-Communicable Diseases: The Next Big Thing in Global Health?

In September 2011, the United Nations hosted a high-level meeting on non-communicable diseases (NCDs), diseases that include cancer, heart disease, diabetes, and chronic respiratory disease. The meeting concluded with a General Assembly resolution declaring that the United Nations would seek to "address the prevention and control of non-communicable diseases worldwide" (Fan and Khan 2012). This was only the second health meeting of this stature that the United Nations hosted, the last comparable meeting being the 2001 General Assembly meeting on HIV/AIDS.

While historically such diseases were identified largely with conditions of affluence and aging populations in Western countries, rising prosperity and changing diets and lifestyles have made NCDs among the most deadly killers in middle-income and increasingly lower-income countries, killing 57 million annually (WHO 2011d; Fan and Khan 2012). As Bollyky notes, 80% of NCD deaths are in low- and middle-income countries, up from 40% in 1990 (Bollyky 2012).

By most accounts, the 2011 meeting, coming at a time of acute weakness in the global economy generally and the European Union in particular, produced few concrete results. As Sherri Fink and Rebecca Rabinowitz noted, "[T]he U.S., Canada and the European Union – along with several other developed countries – generally opposed setting immediate targets for reducing the prevalence of NCDs and resisted explicit calls for taxation on unhealthy products, industry regulation, and patent exemptions to lower drug prices" (S. Fink and Rabinowitz 2011). In spring 2012, the World Health Assembly did adopt a global target of a 25 percent reduction in premature mortality, but it is unclear what that will mean in practice (Fan and Khan 2012).

Given the diversity of industries and diseases covered, there is no single market that would be transformed by an NCD campaign. Tobacco, drug, beverage, and food companies could all be subject to some “anti-corporate” actions depending on the agenda of particular movements. At present, these agendas are rather diffuse, although a clearer set of priorities and targets may be emerging. Thus, whether or not these markets are contestable might depend on the affected industry and the policy ask.

On the pharmaceutical side, some drugs like for insulin and asthma are off patent and open to generic competition (Bollyky 2012). For other diseases like a number of cancers, the treatment technologies are produced by only a handful of companies that enjoy patent protection, the industrial structure making a market transformation possible but the patent rules shielding incumbents from competition by new entrants. In this context it is intriguing that contestation over cancer drug patent rights was at the heart of legal disputes between Western companies Novartis, Bayer, and Roche, and Indian generic companies in 2012 (Ahmed and Sharma 2012; Chatterjee 2012). Though Indian patent courts decided in favor of generics in these cases, the rules over intellectual property both for and against generic competition remain very much in question.

Since NCDs are now among the leading killers in low- and middle-income countries, a campaign for universal access to treatment has some chance of universal resonance. As our surveys suggested, while some of these diseases are seen as arising from lifestyle choices, cancer broadly was regarded as a disease that affects people through no fault of their own. Furthermore, these NCDs are generally viewed as widely affecting everyone around the world. Given these results, a campaign for access likely has some resonance.

As Bollyky noted, “NCDs that are preventable and treatable in developed countries are often death sentences in the developing world.” It is not too hard to imagine an effective campaign drawing attention to access to the vaccine against the human papillomavirus and cervical cancer, the leading cause of death for women in sub-Saharan Africa and South Asia (Bollyky 2012). Indeed, former President George W. Bush made just such a connection on World AIDS Day 2011 when he announced a new initiative, Pink Ribbon Red Ribbon, as part of his work as a former president to extend breast and cervical cancer screening and treatment to women. He made the case for why such an effort was important: “It is heart-wrenching to save a woman from AIDS, only to watch her die from cervical cancer, which is more prevalent in women with HIV” (Bush 2012).

However, advocates for addressing NCDs were only united in their demand that the issue get on the global agenda; unfortunately, they lacked consensus on their policy ask or what needed to be done. One of the leading campaign groups, the NCD Alliance, is made up of diabetes, heart, cancer, and lung disease advocacy federations. Supported by a dozen major pharmaceutical and medical device companies, the NCD Alliance opposed easing patent protection, whereas a block of 132 low- and middle-income countries had a different view (S. Fink and Rabinowitz 2011). As Bollyky notes, health campaigners also clashed over other issues. Some advocates complained that mental health was not included in the agenda. The Gates Foundation, for its part, worried that the focus on NCDs could divert attention and support away from other health measures (Bollyky 2012). This disagreement suggests that advocates concerned about NCDs have not united on a common ask, and until they cohere on a common agenda, they are likely to struggle.

In terms of developing a strategy for meeting the costs associated with greater access to treatment of NCDs, advocates face a number of challenges. First, the timing of the issue's emergence is not fortuitous, given the parlous state of the global economy and foreign aid budgets. In any event, the net costs to governments might be quite large. The WHO estimated that a range of measures to address the four major risk factors (tobacco, alcohol use, physical inactivity and unhealthy diet) would cost $11.4 billion a year in developing countries (Bollyky 2012). Nils Daulaire, director of the Office of Global Affairs at the U.S. Department of Health and Human Services in the Obama administration, expressed the view of donor governments: "We don't feel there should be cuts for maternal and child survival, AIDS, immunization programs, or the control of pandemic diseases. The U.S. Congress has made it crystal clear: Budgets will not be increased, they will be reduced" (S. Fink and Rabinowitz 2011). Further, some of the incumbent industries that would be affected by measures to address NCDs, such as tobacco and alcohol, will see potential existential threats to their industries and oppose them strongly. Since these industries also happen to be large tax revenue generators for developing world governments, their concerns will likely be taken quite seriously.

These circumstances led Fink and Rabinowitz to conclude that "[b]y all indications, the breathtaking advances made in AIDS treatment in developing countries are unlikely to be replicated here" (S. Fink and Rabinowitz 2011). Bollyky was more optimistic, but he cautioned that advocates needed to change strategy and focus on the most important risk factors. He suggested that the meeting would have likely been a failure even in good economic times. Failure was a result of "poorly conceived collective action" and that "trying to address these diseases as a single class and on a global level broadened opposition and diffused support for effective action." By lumping all these health conditions together, Bollyky notes that otherwise "disconnected industries" including agriculture and pharma companies, all came together to oppose targets and actions against various risk factors. He also argues that a broad agenda made it harder to mobilize sufferers since the benefits for any particular affected constituency are unclear (Bollyky 2012). In this sense, NCDs face a classic collective action problem in terms of organizing those who would benefit from greater access to treatment.

Citing tobacco as a key risk factor, Bollyky emphasizes that the existing WHO Framework Convention on Tobacco Control provides a possible model of an institutional platform that is seeking to address taxation, advertising, and overall consumption of that product. This raises the question of how broadly applicable the tobacco convention is to other NCDs. If it provides a "focal point" for the NCD campaign, it could help advance this movement's agenda and chances for success. Conversely, until advocates focus their efforts on contestable industries, and articulate a clear, narrower policy ask, they are likely to engender significant opposition from donors worried about the costs (and governments worried about lost tax revenues) of the initiative, as well as the industries whose profits will be affected.

Education for All

Like the campaign for universal access to clean water, education advocates, inspired in part by the ARV treatment access movement, have emerged to press for wider access to schooling. Like maternal mortality and clean water, the education goal also received some institutional backing through the Millennium Development Goals (MDG) process. Specifically, MDG 2 called for universal access to primary schooling by 2015.

Here too, an education campaign may suffer from some of the same weaknesses that likely will affect both maternal mortality and clean water. To begin, the structure of the market for education differs enormously from one country to the next. Even in countries where education is virtually a state monopoly, for example, multiple organizations may influence the curriculum and who controls the classroom. In France, for example, where the state exercises control over most education at all levels (even influencing the curriculum of private and parochial schools), teachers' unions continue to be extremely powerful. In other cases, one finds a mix of public and private educational establishments, with entry into the market being relatively easy. Today, "online" or internet-based education may be a "disruptive technology" that will change market structures. The important point is that unlike pharmaceuticals, where a handful of firms produces drugs for a given health problem, there are few global brands in education whose behavioral change would unilaterally transform the market. This factor alone makes a structural transformation in the market unlikely.

That said, there may be pieces of the market where transformation of products related to education could be said to be more concentrated and thus more contestable given the demand for high quality instructional software and the related hardware. For example, a number of firms dominate the laptop and software markets. An effort has emerged to produce low-cost laptops for less than $100 (Fildes 2007), associated with the One Laptop Per Child campaign.[9] A former Amazon executive also started an effort in

[9] http://one.laptop.org/

2010 to distribute free e-books or electronic readers to children in developing countries (Stone 2012).

One could imagine that some software applications would be subject to pressure for universal access, whether for word processing, spreadsheets, bibliographic resources, or language translation. Linux-based collaboration among computer programmers was intended to overcome the proprietary restrictions of fee-based operating systems. Indeed, freeware programs like Zotero, a bibliography-building program, offer some scope for expanded access to those who cannot afford to buy programs like EndNote.

Another example hits closer to the scholarly home. Academics have started to grumble about the proprietary, fee-based access to scholarly journals that places much of their work behind a pay-wall, restricting access to universities with extremely expensive subscriptions, and keeping their readership lower than it otherwise might be (Gusterson 2012; Nexon 2012). This movement for open-source publications could have more success since a handful of publishing houses are responsible for academic journals, making market entry by new open-source publications a potential new equilibrium or focal point or if the incumbent journal publishers themselves feel the need to provide more access. The appropriate business model will remain a challenge. Perhaps these firms will experiment with differential pricing across different classes of academic institutions, if they have not already done so. Some of the challenges associated with pharmaceutical drugs will surely be of concern here as well, with the possibility of copyright violations and re-importation of scholarship from low-income markets to wealthier markets through email or web-based file-sharing services. Google, for example, ran into precisely this kind of trouble and resistance from publishers when it tried to offer books through Google Books on-line (G. Gross 2012; Reuters 2012a).

Another example may also have some promise to revolutionize access. Stanford and Harvard universities, for example, have begun to offer on-line courses in a handful of subjects for free, part of an initiative called edX (Associated Press 2012; Lewin 2012). Two Stanford computer scientists also launched a competing for-profit venture called Coursera, which has agreements with a wider set of universities (Lewin 2012). Such courses may in time, given the stature of these two universities (and the schools that make up Coursera), create pressures for mimicry from other institutions but also challenge some of the fee-based degree programs at other incumbent universities. While other on-line university programs exist, the more prestigious universities are uniquely capable of resisting market entry by new rivals as they are global brands with a pedigree. Indeed, one might question why a student from Bangalore would want to pay money to get a degree in computer science from an American state university if s/he could get a certificate of completion from Stanford or Harvard.

In terms of a compelling frame, our survey evidence in Chapter 3 suggested that the issue, while regarded as important, might potentially be more salient in poorer countries than rich countries. Though education is universally seen as desirable, people in advanced industrialized countries may be as preoccupied by their own access needs and those of their children before being able to imagine much scope for global generosity. Primary education, which already has more universal coverage in rich countries, may be an exception. Seeing young children lack schooling and educational opportunities, particularly young girls, can be evocative as individual campaigns. Note the ubiquitous late-night television commercials from actress Sally Struthers on behalf of the Christian Children's Fund and, more recently, Alyssa Milano on behalf of UNICEF.

In terms of a coherent policy ask, we would argue as outsiders to this movement that it is unclear if one has emerged. As we noted, some advocates favor a global education fund, modeled on the Global Fund for AIDS, TB, and Malaria. Though this model may potentially inspire, its function and purpose would likely have to be further specified to generate real support. Despite interest from the Obama administration in a fund, the results have been "disappointing," according to Desmond Birmingham, who notes, "The high-level U.S. political commitment has eroded, partly because of a lack of clear vision in the education community on how best to use potential support" (Birmingham 2010).

As we suggested, there are a variety of other goals that, given the fragmentation of the market, might possess more latent potential for market transformation. Some of them, like campaigns for one laptop per child, already exist. Still, we believe that the policy ask is in need of further refinement. For example, since 2002, the advocacy NGO RESULTS has championed the Education for All campaign and in 2012 focused its advocacy on a specific ask, targeting the World Bank and its apparently failed 2010 pledge to provide $750 million for education over five years (Results 2012).

While this demand has a specific price tag (and a fairly expensive one), it is difficult to evaluate the costliness of the broader call for universal education access in the absence of a clear policy ask. Many of the likely measures to extend educational access, for example, would likely entail significant costs, particularly if they involved construction of new schools and funding for more teachers. Gartner's Global Fund for

Education imagined an organization capable of disbursing $7 billion a year, a rather sizable figure (Gartner 2009b). Again, new technologies could bring down substantially the costs associated with greater access to education, and it might behoove advocates to focus on such opportunities.

As for institutions to support global access to education, obviously these are either non-existent or, if built on the back of existing organizations, then woefully under-funded. In a sense, the campaign would already have to have succeeded in putting global education access front and center on the agenda of the international community. Yes, organizations like UNESCO exist, but the point about institutions is that they have the authority to create and sustain the rules of the market in a way that they do not today in the education space. The MDG process has put education access on a long list of important items for development, but the education-related goal of universal access to primary education is unlikely to be achieved by 2015 as initially intended (United Nations 2012b). The process of goal-setting on its own is unlikely to create lasting incentives for access in the absence of more significant institutionalization.

In 2011, the Global Partnership for Education was launched in Copenhagen, a renaming of the Fast-Track Initiative, a process that started in 2002 and which over ten years mobilized a modest $2 billion (Pfeifer 2011). At that meeting, the World Bank reaffirmed its funding commitment of $750 billion over five years while other donors pledged about $1.5 billion (Oxfam 2011). In 2012, the UN Secretary General launched another new initiative on education called Education First, appointing former British Prime Minister Gordon Brown to lead it.[10] It remains to be seen if these efforts, re-

[10] See http://globaleducationfirst.org/

branded and recast, will be successful given the modest progress made in the previous decade.

Still, given the fragmentation of the market for education, the structural obstacles for market transformation are perhaps the first barrier that advocates have to overcome, as identifying tractable pieces of the education market will likely shape the frame and policy ask that campaigners ultimately deploy. These, in turn, will shape the perceived costliness of these initiatives both to governments and incumbent providers. Disruptive technologies, however, could radically alter the education landscape, especially if prestigious institutions begin to offer certificates of completion (if not yet degrees) for courses of study. Advocates who wish to promote greater access to education around the global might well focus their efforts on working with these "new" entrants.

Climate Change: How About Changing the Market, Too?

The advocacy movement to address climate change has, unlike access campaigns, largely sought to forestall a global public bad. Nonetheless, the metaphor of market transformation applies. Where the treatment campaign sought expanded access to ARVs largely through changes in the price mechanism, climate activists wish to generate incentives for the replacement of carbon-intensive dirty energy with lower and/or zero carbon resources. While this could in theory be achieved in a variety of ways, through regulation, prices, and subsidies, the challenge fundamentally is to increase the price on carbon and make it more attractive for incumbents to shift to cleaner energy sources and/or to encourage market entry by cleaner energy sources. One could conceive of the climate campaign in terms of universal access, access to clean energy or protection from a global public bad.

Looking at our framework, we can anticipate the expected success or failure of climate change advocacy. In terms of market structure and contestability, there are diverse sources of greenhouse gas emissions that come from different market activities, some from the production of energy primarily for electricity, others from the transport sector, still others from emissions that emerge from agriculture and land-use changes. Emissions come from different energy sources – coal, oil, natural gas, burning trees, dung, etc. – as well as from different chemical compounds in the case of chlorofluorocarbons that in addition to their contribution to the ozone hole are also potent greenhouse gases. Transforming the market therefore requires a simultaneous transformation in multiple domains, in multiple markets with there being few concentrated points along the way.

Internationally, some sectors, like oil, may be relatively concentrated, but the number of firms, between multinational oil companies and national oil companies, still is large and disaggregated. The same could be said of the number of car companies. Some areas, like electric power production, may be controlled by a limited numbers of companies at the national level (in some cases controlled by a national power company), but internationally, the number of producers is quite large. In terms of the fluidity of the rules, the climate rules that exist are of recent creation and are thus contestable; they are, in fact, the very rules that are meant to encourage a transition to clean energy, like the Kyoto Protocol, the EU emissions trading scheme, and the taxes on airline travel in the EU. Where rules are more stable and durable, they tend to be national ones that subsidize the advantages of incumbent fossil fuel firms.

Climate change, while increasingly implicated in the deaths of individuals from increased exposure to climate-related hazards, is not so closely identified with survival (However, in some low-lying island countries, climate change is certainly regarded as an existential threat). Nonetheless, advocates have struggled to identify a compelling frame. Its master frame, climate change framed as a global crisis, has had in some cases demobilizing effects, as the severity of the problem reinforced the notion that the problem was intractable (J. Busby 2010a; J. Busby and Albertson 2011; FrameWorks Institute 2001; Obelisk Seven Blog 2010). As climate change becomes increasingly identified with local effects (that is, geographically proximate effects on people's nearby surroundings), then appeals by advocates may prove more compelling, though this would imply a universal strategy of emphasizing local effects rather than global ones.

As we argued in the chapter on movement coherence, climate change advocates were united around a common ask of binding emissions reductions and targets and timetables, but as that effort proved contentious and unsuccessful in enlisting important countries like the United States, the movement has fractured into a less united force.

In terms of costs, incumbent firms, including producers of carbon-intensive energy sources and electric utilities, have vigorously fought to defeat policies that would raise their costs. While advocates have tried to downplay both the aggregate costs to countries of transitioning to a clean energy future, many incumbent firms, particularly producers of coal and oil, regard climate policies as costly and antithetical to their business (J. Busby 2010a; J. Busby 2008). Governments, asked to pay for the transition costs of their own countries, also see the price tag as costly. While a true cost-benefit analysis would compare the costs of action to inaction,[11] the upfront costs to a clean energy transition have proven more salient than avoiding the long-run costs of climate damage.

Finally, the institutional edifice in support of clean energy as suggested above is largely absent and where it exists, the rules are new, contested, weak, and only provide partial coverage to some countries (with the U.S., China, India, and others either by choice or by design excluded from having obligations). The strongest rules are present in the European Union, but like its new aviation tax, are strongly contested (J. Busby 2010b).

Thus, from this perspective, chances of market transformation appear unlikely. Unless advocates can find a structural handle of concentrated activity, identify a more compelling frame, cohere on a common demand, lower the costs of action, and institutionalize policies that reward clean energy activity, the chances of market transformation remain slim. Of course, a crisis might generate a transformation in some of these dynamics, making the existing order seem less defensible, but such an external event may only emerge when it is too late to do much to avoid the problem.

As Victor et al. point out, some short-lived but potent greenhouse gases like black carbon, methane, lower atmospheric ozone, and CFCs might be more susceptible to swift reduction and market transformation. They suggest that technologies already exist to realize deep emissions reductions from these sources, and that, importantly, addressing

[11] The Stern Report for the UK government represents one such controversial effort to assess the long-run costs and benefits of addressing and failing to address climate change. Its findings are contested, in part because of assumptions about the discount rate and how to treat the future costs of climate change. The Stern Report assumes a low discount rate, which weighs future costs more heavily than traditional cost-benefit analysis that typically discounts that future more heavily, potentially skewing analysis to weigh present costs more heavily over future benefits (HM Treasury 2006; Nordhaus 2006).

these emissions could yield a favorable benefit-cost ratio: "[C]ontrolling these pollutants would actually serve the immediate interests of developing countries, where pollutants such as soot and ozone damage vital crops and cause respiratory and heart diseases" (Victor, Kennel, and Ramanathan 2012). Similar efforts to identify lower-cost emissions savings from Reducing Emissions from Deforestation and Degradation have a similar potential to transform the timber sector and provide important benefits in averted emissions (World Bank 2007; R. Butler 2012). Advocates will have to be creative in identifying favorable opportunities for action in an arena that otherwise looks like an unlikely case for market transformation.

The Elephant Ivory Trade: A Market Transforms and a Movement Loses Ground

Throughout 2012, a series of stories about poaching of endangered elephants and rhinos appeared about record numbers of both animals slaughtered, mostly in Africa but also remnant populations in Asia (Gettleman 2012; Revkin 2012; Christy 2012). For many observers, the decimation of elephant and rhino populations was shocking by the speed with which it was unfolding. In 2011, 38.8 tons of illegal elephant ivory (equivalent to about 4,000 elephants) was seized around the world, a record amount since records began to be kept in 2002. Since this figure likely reflects a fraction of the amount actually traded, the numbers of elephants killed was as high as 25,000 to 30,000 (out of a population that perhaps was between about 500,000 and 700,000) (Gettleman 2012; Christy 2012). Through the first nine months of 2012, more than 400 rhinos were killed in South Africa alone, more than 250 of them in the heart of the country's magnificent

Kruger National Park (Cota-Larson 2012). The killings of elephants and rhinos undermined what had been earlier conservation movement successes. Indeed, a market *had been* successfully transformed but now things were moving in the opposite direction. What happened?

To understand the recent turn of events, we focus on the market for elephant ivory. At the urging of Western conservation groups like the NGO Traffic and its parent organization the World Wildlife Fund among others, the ivory trade had initially been outlawed in 1989 with apparent success through the Convention on the International Trade in Endangered Species (CITES). After a decade in which as many as 600,000 elephants were killed, the United States unilaterally banned ivory imports in 1989, and Kenya burned 13 tons of ivory in the same year. The CITES ban went into effect in 1990, although Zimbabwe, Malawi, Namibia, Botswana, and Zambia entered reservations and remained outside the ban (Christy 2012). CITES has long been considered one of the most successful international environmental agreements, enforced through national legislation and international collaboration through Interpol.

While African state weakness is an important part of the story why rhinos and elephants are vulnerable, the biggest change that has imperiled wildlife is increasing Asian demand, particularly in China, where rising wealth and consumerism are allowing people to afford items once the preserve of the wealthy. Gettleman explains:

> The vast majority of the illegal ivory – experts say as much as 70 percent – is flowing to China, and though the Chinese have coveted ivory for centuries, never before have so many of them been able to afford it. China's economic boom has created a vast middle class, pushing the price of ivory to a stratospheric $1,000 per pound on the streets of Beijing. (Gettleman 2012)

Christy makes a similar point, “For the first time in generations many Chinese can afford to reach forward into a wealthy future, and they can also afford to look back into their own vibrant past” (Christy 2012). A U.S. State Department official put the argument starkly: “China is the epicenter of demand. Without the demand from China, this would all but dry up” (quoted in Gettleman 2012).

There are a number of important loopholes that have gradually undermined the sticking power of this ban. First, ivory bought prior to the ban can still be traded within countries, making it easy for people to claim their ivory items are “pre-ban.” Moreover, some countries like Thailand, which has its own domestic elephant population, have rules that allow the trade in ivory from elephants that died of natural causes or where the tips of tusks of living elephants have been cut off. Corrupt customs and wildlife officials who look a blind eye to the ivory trade or themselves take part in it are also part of the problem (Christy 2012).

Most importantly, in the face of rising elephant and rhino numbers, some countries like Zimbabwe that have collected ivory from culled animals or from those that had died from natural causes sought a means to gain revenue from the sale of such ivory in exchange for their participation in the CITES ivory ban. In the 1997 meeting of the conference of parties of the CITES regime, an occasional sale of ivory was approved, beginning with a 1999 sale to Japan that yielded 55 tons for five million dollars. In 2004 and 2005, China along with Japan petitioned for another sale. In July 2008, the CITES regime approved the sale of 115 tons of ivory by Botswana, Zimbabwe, South Africa, and Namibia to Japan and China. This set the stage for the massive efforts to kill elephants and stockpile ivory in the late 2000s and early 2010s. What was the intent of the sale and how did it go awry?

Revkin suggests that the Chinese government "has cornered the ivory market" and "by raising prices, intensified poaching pressure on elephants." The initial idea of the sale was to "flood the market and drop prices, stifling the illicit trade" (Revkin 2012). However, as Christy reports, the 2008 auction process was gamed by the Japanese and Chinese who colluded to keep prices low but then, in China's case, turned around to sell the ivory at high prices. The Japanese buyers noted that they preferred "primarily medium-size, high-quality tusks" while the Chinese preferred "either large, whole tusks for big sculptures or small pieces for decorative touches." With each country bidding on different types of ivory, they kept the sales price low (Christy 2012).

Though Japan and China were able to obtain ivory at relatively low prices ($67 a pound compared to the previous black market price of $386 a pound), the Chinese ended up keeping the price of legal ivory high to more than $500 a pound. Again, Christy provides the details:

> Instead the Chinese government did the unexpected. It raised ivory prices. Through its craft association, CACA, the government charged entrepreneur Xue Ping $500 a pound, a markup of 650 percent, and imposed fees on the Beijing Ivory Carving Factory that brought the company's costs to $530 a pound for Grade A ivory. China also devised a ten-year plan to limit supply and is releasing about five tons into its market annually. The Chinese government, which controls who may sell ivory in China, wasn't undercutting the black market – it was using its monopoly power to outperform the black market. (Christy 2012)

The result of this market scarcity is actually encouraging ivory traders to try to kill elephants and hoard more ivory, based on the expectation that possessing ivory from extinct species might be very lucrative. As one Thai-based conservationist put it, "Ivory traders are stockpiling. Since CITES has a history of relaxing trade bans, they feel it's a safe gamble" (quoted in Christy 2012). In the parlance of our argument, we are witnessing how a concentrated market structure, characterized by a monopoly buyer, can swiftly transform a market.

While advocates have historically framed the argument in terms of saving endangered species for their own sake, this argument has had difficulty convincing cash-strapped governments in Africa that sales of ivory are shortsighted. To be sure, efforts to support eco-tourism have attempted to create value in live elephants, but the lucrative possibilities of the ivory trade were hard to resist. With elephant populations recovering, the thinking was that the sale of already seized ivory could potentially marry conservation and commerce.

Such logic was certainly compelling to a number of African governments, though many, if not all, conservation groups opposed the lifting of the ban for the auction. Indeed, this suggests that if a ban is to be successful advocates of species conservation must convince countries that possess the animals to also support the ban. Importantly, both Traffic and WWF endorsed the 2008 auction (Christy 2012). Ivory and elephant conservation, including requests from Tanzania for a new sale of ivory, were on the CITES agenda in the lead up to its 2013 "conference of parties," the meeting of the convention's members that occurs every three years (The Guardian 2012).

With ivory prices in 2012 twenty times the price paid in Africa, "[t]he genie cannot be returned to her bottle: The 2008 legal ivory will forever shelter smuggled ivory." Any policy to help restore elephant herds depends in part on convincing consumers to change their habits. Former NBA basketball player Yao Ming embarked on a summer 2012 tour to try to draw attention to the Chinese role in poaching. Christy noted that large amounts of ivory have been implicated in religious trinkets and encouraged Catholic and Buddhist religious leaders to change norms. In Christy's view, the only thing that could work is a return to a ban "[a]n ivory ban is only thing we've seen that's worked. When there was a ban in place, elephant populations recovered. They relaxed the ban and poaching has soared" (quoted in Revkin 2012).

With the CITES conference of parties meeting in March 2013, the institutional edifice to address the trade remains in place, but the secretariat appears to have limited capacity for oversight. Christy reported that until 2011, CITES had only one enforcement officer and depended on the outside support of groups like TRAFFIC to monitor the trade. That said, with the ivory trade concentrated in China and largely controlled by the Chinese government, the potential to transform the market still exists. However, whether or not the Chinese will feel compelled to rein in the ivory trade may well determine the fate of the world's elephant population.

Sex Trafficking and Modern Slavery

No global market would seem to be more in need of transformation than the market for sexual services, which involves the trafficking of women and girls across borders. Human trafficking is, in essence, a modern form of slavery, and when most people think about slavery – if they think about it at all – they probably assume that it was eliminated during the nineteenth century. Unfortunately, this is far from the truth; in fact, it is likely that more people are being trafficked across borders against their will now than at any point in the past (this section draws in part on Kapstein 2006b).

What does "market transformation" mean in the case of human trafficking? Would it mean the elimination of prostitution? Would it mean the end of women crossing borders to provide sexual services? Or would it just focus on the *coercive, transnational* aspects of the sex trade? Coming to agreement on these questions has prevented the international community, including governments and nongovernmental organizations, from cohering around a unified set of policies.

Further, the very structure of the market makes transformation quite difficult. Providers of slaves are not very concentrated, and the demand is equally diffuse. Thus, targeting the market on the demand and supply sides is challenging (and of course those who demand sexual services are unlikely to be convinced that it should be terminated).

The modern global slave trade generally involves the use of deception and coercion to induce victims to cross national borders in search of new jobs; once the target has arrived in a foreign country, she (for it is usually a she) is then forced into some form of labor bondage. Although hard figures are difficult to obtain, the U.S. government estimates that some 600,000–800,000 people are subjected to such treatment each year. Approximately 80 percent of today's slaves on the global market are female, and up to 50 percent are under the age of 18. Most of the slaves come from countries such as Albania, Belarus, China, Romania, Russia, and Thailand, while the most frequent destinations for traffickers are in Asia, followed by the advanced industrialized states of Western Europe and North America and a number of states in the Middle East (including Israel).

Slavers typically recruit poor people in poor countries by promising them good jobs in distant places. A recruiter will then offer a victim a generous loan – at an exorbitant interest rate – to help with travel arrangements, papers, and locating a job in the new community. On arrival, the promised job never materializes, and thus the large debt – up to several thousand dollars – can never be repaid. The victim is then stripped of all travel documents, given a false identity, and forced into a job. He or she – and his or her family – are threatened with disfigurement or death should the slave try to alert the authorities or escape. Girls and women in the sex trade are also often compelled to take drugs, and the cost of these is added to their debt.

As a result of low entry costs of the modern slave trade, the business is characterized by numerous criminal gangs instead of one large mafia. These gangs are mainly from Asia, Eastern Europe, and Latin America. Besides easy profits, the slave trade offers another advantage to criminals: the risks of arrest are low and the penalties are relatively light. In the United States, for example, drug traffickers generally face much stiffer sentences than do those who traffic in humans.

Slavery is widely recognized as the most abhorrent violation of a person's liberty, and the practice runs counter to the entire modern history of human rights, suggesting that framing the issue in these terms would very likely be quite effective. However, advocates are not unified on what should be done. In both the United States and Western Europe, numerous nongovernmental organizations and media outlets are concerned with this issue (the *New York Times* columnist Nicholas Kristof, for example, has often written about sex trafficking), and many celebrities (such as the actress Demi Moore) now speak out regularly against human trafficking. These groups have had some success in criminalizing human trafficking, particularly in the U.S. (including in individual American states). Outside the industrialized world, such nongovernmental forces play a much smaller role, and the situation for women and girls is often much worse as a result. In Thailand, for example, traders who bring in Myanmar women for prostitution are rarely prosecuted. In Russia, government officials show little concern over the plight of young women trafficked into or out of their country. And in the Persian Gulf, the use of slaves remains widespread even though it has been illegal since the 1960s.

Washington and its allies in the industrialized world have traditionally taken the position that rather than target governments, they should focus their efforts on the demand and supply sides of the slavery problem. But Western countries and nongovernmental organizations that focus on this problem disagree about what those steps should be. Many European officials, for example, argue that it would suffice to tackle the demand side of slavery by legalizing prostitution in the industrialized world, which would supposedly reduce human trafficking by curbing the demand for slaves; conversely, it is also asserted that the supply side should be addressed by promoting economic development and growth in poor countries. For their part UN officials generally focus on the need to strengthen the 2000 protocol, for example, by educating police officers and prosecutors about its content.

The weakness of these differing solutions is evident by contrasting the positions taken in the Netherlands and Sweden. The Dutch government has explicitly stated that its legalization of sex work was meant to facilitate “action against sexual violence and abuse and human trafficking.” The idea was that once brothels were permitted and regulated, the police would be better able “to pick up signs of human trafficking” and prevent it. But the Dutch strategy has not achieved much. Sex slaves have continued to enter the black market, providing their services at lower prices than those charged by prostitutes in the officially sanctioned red-light district. The slaves work in areas such as railroad stations and on those streets that are off-limits to legal prostitutes, and they attract clients who are too poor to pay official prices. The police, meanwhile, have proved no more able than in the past to stop such practices.

Interestingly, Sweden – a country usually known for its relaxed attitudes toward sexuality – has taken the opposite tack, criminalizing the buying of sex. Since 1999, when this new law was introduced, some 750 men in Sweden have been charged with seeking to purchase the services of a prostitute, a crime punishable by up to six months in jail. The Swedish government claims that this policy has greatly reduced the number of prostitutes working the country's streets, although some analysts claim that the law has merely driven Sweden's prostitutes and their clients deeper underground. Some states have alternatively focused on acts committed by their citizens while abroad. France, for example, has played a leading role in prosecuting "sex tourists," who seek pleasure in countries such as Thailand.

The differing positions of governments are mirrored by the absence of clear asks on the part of the relevant NGO community. The websites of such American-based groups as the Polaris Project and the Human Trafficking Project suggest that their focus is on educating the public about sex trafficking and calling for tougher state laws aimed at combatting this trade. In Europe, however, there are efforts to draw distinctions between "prostitution" – which at least some NGOs seem to accept or even support – and sex trafficking, which most groups seek to stop, even though there are disagreements about which policies would be most effective. Echoing this view was Noy Thrupkaew whose 2012 *New York Times* opinion piece called the punitive Swedish style advocacy efforts to "end-demand" a "misguided moral crusade," suggesting that:

> [t]he best law-enforcement strategy to prevent trafficking into forced prostitution is not an end-demand campaign that harms current sex workers. What's needed instead is a commitment to seriously investigate and prosecute traffickers and impose harsh punishment on those who rape and assault sex workers. (Thrupkaew 2012)

Depending on the policy ask, the costs of addressing modern slavery may vary greatly. A strategy devoted to criminalizing the sex trade and stifling demand may run into major implementation costs. While sex workers themselves are a weak political constituency, their employers have more power, if only through their ability to steer some profits toward the buying off of law enforcement officials.

In order to thrive, the slave trade requires the direct or indirect involvement of national governments, at both the source and the destination. For example, in a September 2005 memorandum to Secretary of State Condoleezza Rice, President Bush stated that the Cambodian government had "failed to address the trafficking complicity of senior law enforcement officials" in that country and that the Myanmar military was "directly involved in forced labor." Bush also singled out a number of other governments – including those of Ecuador, Kuwait, Saudi Arabia, and Venezuela – for failing to "show a serious commitment" or to devote "sufficient attention" to stopping human trafficking in their countries. Thus, efforts to shut down the slavers will be resisted, but it is unclear how expensive efforts to curtail the trade would be.

Institutionally, this area has a number of international treaties on its side. One of the UN's first acts after its establishment was to pass the Convention for the Suppression of the Trafficking in Persons, which the General Assembly approved in 1949. That convention updated international agreements from 1904 and 1910 on the "suppression of the white slave trade." Although it dealt largely with prostitution, the 1949 treaty was far more ambitious in certain respects than anything that has been proposed in more recent times. In fact, the convention's blanket condemnation of all forms of prostitution and brothels looks almost quaint by today's standards, given the number of governments (such as, most famously, that of the Netherlands) that have since legalized the sex trade.

The most authoritative modern international agreement aimed at the slave trade is the "Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children," which was approved by the UN General Assembly in 2000. Unlike earlier slavery treaties, the protocol does not mention prostitution; instead, it aims to serve as the "universal instrument that addresses all aspects of trafficking in persons." Also in 2000, the United States passed the ambitious Trafficking Victims Protection Act (TVPA), which was signed into law by President Bill Clinton and reauthorized and strengthened by President Bush in 2003. The TVPA, which is widely regarded as a model for other countries, establishes a more precise definition of what constitutes human trafficking, imposes stronger penalties than had previously existed, and allocates funds for compensation to the victims of human trafficking and for cooperation with foreign countries.

Since the passage of the TVPA, the United States has charged nearly 200 individuals with sex trafficking, up from only 34 during the five years before the law went into effect. Federal prosecutors have won 109 convictions in these cases, up from 20 in the preceding period. Sentences have ranged from 16 months to 23 years. The U.S.

government has also charged 59 defendants with labor trafficking (two major cases involved 24 of these individuals). These cases led to, among other things, the first-ever extradition of Mexican citizens to the United States to face labor-trafficking charges.

Most other governments, however, have not made combating the slave trade as high a priority as Washington has. This includes many western European governments, which (with a few notable exceptions, such as in Sweden and the Netherlands) have done little to stop the flow of slaves from Eastern Europe. As a result, ever-increasing numbers of young women and girls are being forced to work the streets of France, Germany, and Italy.

Although the United States has sought to cooperate with foreign governments in combating the slave trade, it has rarely punished a country for failing to act against human trafficking. It is probably no coincidence that the lists of noncompliant states include important oil producers (such as Kuwait and Saudi Arabia), key allies in Washington's war on terror (such as Uzbekistan), and great powers (such as China, India, and Russia). Under U.S. law, the president has the authority to impose economic sanctions on states that fail to combat the slave trade by blocking foreign aid and military assistance. Unfortunately, this is rarely a useful tool, since most of the countries in question either do not receive U.S. aid or are of such compelling importance to national security that the president is unwilling to crack down on them. The Bush administration, like its European counterparts, seemed to feel that a few slaves should not be allowed to get in the way of high politics.

That attitude may have started to change. In 2012, at the Clinton Global Initiative, President Obama made human trafficking a priority, announcing a series of measures that would punish government agencies and contractors for any involvement in the trade (Feller 2012). At the same time, more anti-trafficking movements are cohering around the policy ask of tougher penalties aimed at those engaged in the sex trade.

Drawing from our analysis of what features of a social movement are most likely to promote a market transformation, we would argue the following with respect to those who wish to advance the cause of eliminating the global traffic in women and girls: first, as noted above, focusing on a clear ask of criminalizing human trafficking (where U.S.-based groups have probably had their greatest success in lobbying state governments); second, and related, an effort to raise the costs associated with trafficking by (a) demanding tougher sentences on those who are prosecuted for this crime and (b) by "naming and shaming" governments that continue to allow the trade to flourish (perhaps by holding demonstrations when officials from such countries visit Washington or European capitals). We are under no illusions, however, that the end of human trafficking will occur anytime soon.

Abolition of the Transatlantic Slave Trade

How might our framework help us explain historic cases of market transformation by principled advocacy movements? One example is the Atlantic slave trade, highlighted in scholarship by Kaufmann and Pape as one of the rare exemplars of costly moral action (Kaufmann and Pape 1999). What features of the slave trade made it amenable to attack by an organized campaign that ultimately succeeded in its effort to halt the traffic? Or, put a little differently, what questions would we need to answer to be able to definitively assess the likelihood of market transformation (meaning the abolition of the Atlantic slave trade) and advocacy success.

First, we would need to know something about the structure of the market. We would want to know how many shipping companies were involved in the practice. Was the slave trade highly concentrated among a few entrepreneurs, or was it quite diffuse? In other words, how easy was it to target those who supplied shipping services? On the demand side, we do know that there were points of control that aggregated demand geographically through ports. The slave trade was one in which a handful of largely UK-based ports – first London, then Bristol, and later surpassed by Liverpool – were responsible for sending slaves between Africa and the New World (Nadelmann 1990). This concentration suggests a source of leverage because controlling the trade through these ports could disrupt the entire practice, provided no substitute ports could be established.[12] Initially, the rules gave monopoly power to the city of London as the country's unique slave port. This was later contested by other ports including Bristol and Liverpool, which wanted to profit from the slave trade themselves. Later, in response to mobilization by the abolitionist movement, the rules that shaped the buying and selling of slaves were changed to outlaw the practice altogether.

Next, we would want to know about the relevant frames. While universal campaigns might need to draw on globally resonant themes like the sanctity of life, this was an era before true transnational mobilization by advocacy movements took place (although it is true that American and British abolitionists were in regular contact).

[12] Barrett makes the same argument with respect to controlling the fur seal trade that also was controlled through a single port in the UK (see Chapter 2 in Barrett 2003).

Indeed, this case is more akin to one where locally resonant frames were more important than global ones, since the Royal Navy alone could determine the Atlantic trade's fate.

Given that that there was a dominant power in the world that possessed the ability to exercise unilateral control over the slave trade, there was less need for a truly universal movement for abolition. Interestingly, the "frame" used to shape the battle against slavery did not make use of the phrase "human rights" or invoke man's cruelty to his fellow man. As Kaufmann and Pape point out, abolitionists focused instead on the corrosive nature of the political corruption associated with slavery, namely the financial hold that slavers had on British politicians, and it was this frame that helped agitate the broader public for reform.

In addition to information on market structure and framing, we need to know something the movement's coherence to assess the likelihood of market transformation. The London Committee for the Abolition of the Slave Trade, founded in 1787, was the main vehicle for coordinating abolition groups in the country. As Kaufmann and Pape note, while abolition of slavery was the ultimate goal, advocates focused on a particular market transformation as their primary policy ask: abolition of the slave trade. The British movement came to be led by the charismatic William Wilberforce and after more than two decades of struggle, campaigners from the Society for Effecting the Abolition of the Slave Trade successfully convinced the British parliament to ban the trade in two pieces of legislation in 1806 and 1807. The 1807 legislation banned the imports of slaves into the West Indian colonies, forbid citizens from engaging in the slave trade, and banned foreign slavers from using British ports (Kaufmann and Pape 1999, 649).

Fourth, we need to understand the costs of this policy ask. Kaufmann and Pape suggest that the costs to the British government in the form of lost soldiers lives and extra costs of sugar, lost exports, etc. amounted to less than 2 percent of the nation's annual income each year for sixty years (Kaufmann and Pape 1999, 637). Still, that is a substantial sum for a single policy action. By this metric, the abolition of the slave trade poses a hard case for us, and one where, just looking at costs, we would not have predicted a favorable outcome. It should also be noted that abolishing the trade took sixty years, well beyond the time horizon of most economic agents.

However, the slave trade had other characteristics that made it susceptible to transformation, namely the concentration of the trade through British ports and, most important from an institutional perspective, the backing of a hegemonic power and its navy. These structural and institutional features of the traffic in humans made abolition more likely to achieve once the British state adopted this cause. The important point here is that the British government made a persistent effort at gunpoint (it took many decades to bring a halt to the trade) to change the incentives of slavers. These institutional incentives reinforced the principle that the slave trade had no place in modern society.

Still, the abolition case poses a tough test for our argument. Favoring market transformation, some aspects of the Atlantic slave trade were concentrated through the port structure in the UK. While the freedom of the individual could have been a globally resonant frame, the centrality of Britain, both to the trade itself and the preeminent economic position of the country more generally, made locally resonant frames more important from an advocacy standpoint. While *ex post*, we can understand how anti-corruption frames resonated, it is harder to claim that we could have predicted that such a frame would have resonated *ex ante*. Further, the biggest barrier we would have expected advocates to face was the sheer cost of the enterprise and the time it took for the campaign to ultimately succeed. Sixty years of effort, considerable lost revenue to the national treasury, and the costs of human lives lost in the struggle, make for a relatively tough case in favor of market transformation.[13]

Conclusions

These short case studies are hardly comprehensive and we recognize that each may engender discussion and debate among subject experts. While some of the cases, like climate change and sex trafficking, are close to our substantive areas of research, our judgments and coding of the other cases are largely based on our reading of the secondary literature. We encourage scholars of these cases to critique and expand the arguments put forward here.

While we sought to ensure that the application of our argument did not on its face do violence to the historical record, the most important question is not whether our argument is factually correct in all particulars but whether it is useful.[14] We believe that our theory of strategic moral action passes that test. The attention our argument brings to market structure, resonant frames, movement coherence, the costs of the policy ask, and

[13] As one of us has argued in a previous work, where financial costs and social values are in conflict, governments will be more likely to support the moral-based claims of advocacy movements if the country's "gatekeepers" or decision-makers ultimately believe that the pursuit of those values is important. This has a structural component to it as it depends on the number of gatekeepers and the spread of their views. Where there a few gatekeepers with decision-making authority who share the view that values are important, a government is more likely to support the movement's position. In countries with more gatekeepers with diverse views, policy change is less likely. The British parliamentary system, with strong party discipline, is thought to have few gatekeepers (J. Busby 2010a; Gatekeepers theory is inspired by foundational work on veto players by Tsebelis 2002).

[14] For a similar argument about the role of theory, see (Waltz 1979).

stabilizing institutions individually and together provide important guides to assess the likelihood of market transformation and advocacy success in a variety of areas.

For advocates themselves, we also believe our analysis bears close examination. To some extent, our theory may be seen as a "checklist" that can guide movements as they seek to influence particular issue-areas. By asking whether industry structures are contestable, frames are compelling, policy asks are coherent and relatively low-cost, and institutions are present, traps may be avoided and strategies recalibrated. And while these variables may not cover the waterfront of all the issues that advocates face (we have, for example, paid little attention to the internal workings of social movements, which are a focal point of much of the earlier literature), we do think that our comparative analysis indicates the potential of the approach we have adopted.

Our theory of strategic moral action is useful for another reason, in that it can be viewed in sequential terms, allowing us to see where movements are placed in terms of their "life-cycle." If the market structure that advocates face is difficult to contest (e.g. because of excessive fragmentation on the supply or demand sides), movements may never really gain traction. Next, in the absence of a compelling frame, advocates may have trouble generating much interest about their issue from the media or the wider public. Even with a compelling frame, unless and until movements cohere around a common ask, we would expect them to have difficulty convincing target actors to listen to them. Even where they are able to overcome this obstacle, they may face an uphill battle to win meaningful policy changes if the costs of their "ask" are too high. Finally, in the absence of institutions that help stabilize the market around a new principle of access, the commitments that advocates have won may not endure. In the face of such difficulties, a movement may fracture and backslide to an earlier stage.

Along these lines, one piece of unfinished business that we must now confront concerns the "inter-temporal" problem of social movements, or their long-run influence and how deeply institutionalized the principles of transformation actually become in a given market. Slavery, for example, was abolished in most countries many years ago, but by some accounts it is still thriving today. With respect to HIV/AIDS, our main concern in this book, experts have been raising red flags in recent years with respect to donor exhaustion and the approaching limits of the universal access regime. Does this mean that the AIDS treatment "model" may be more limited in its applicability then we have implied, even in the global health arena? Since the social science literature often asserts that, once established, institutions are "sticky" and not prone to change without powerful exogenous shocks, it is also important from a theoretical perspective to revisit that conceptualization from the perspective of a longer time-horizon or what the French call the "longue durée." It is to those themes we now turn in our concluding chapter.