

## Dissertation Abstract

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How are global disease priorities developed? In the contemporary evidence-based policy environment, health policy decisions are expected to be objective, standardized, and based on scientific research. As medical historian Charles Rosenberg writes, however, “Explaining sickness is too significant – socially and emotionally – for it to be a value-free enterprise” (1992: xiv). Likewise, the identification of health policy priorities is a value-laden enterprise that is continuously shaped by social processes. This dissertation examines the social processes that have informed the ongoing construction and diffusion of global AIDS priorities at three distinct levels: 1) the transnational elite, 2) government and non-government organizations, and 3) ordinary citizens. Using a novel dataset that I have created from four waves of UN country progress reports, I consider how organizational ties among states and elites have shaped the diffusion of AIDS programming priorities. I test the role of these organizational ties in the diffusion of AIDS programming priorities against other prominent theories of social change. Additionally, I employ original survey and ethnographic data from Africa in a closer examination the social underpinnings of organizational and popular resistance to global health priority diffusion. In the current international environment in which more than two and a half million new HIV infections are recorded each year, the broader implications of this project are to assess not only how and in whose interests global health policy is made, but also to examine who is deemed at risk of disease and how they come to be identified – or not.