The last sixty years witnessed an unprecedented expansion of international trade. The system created by the General Agreement on Tariffs and Trade and later by the World Trade Organization (WTO) has proved to be an efficient tool for the elimination of trade tariff barriers. This process also coincided with the increased national risk regulatory controls. Governments, responding to the demands of their domestic constituencies, have adopted a wide range of regulatory measures aimed at protecting the environment and human health. Although for the most part, these new regulatory initiatives served legitimate objectives, it has also turned out that internal measures might become an attractive vehicle for protectionism, taking the place that was traditionally occupied by tariff barriers. The WTO Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) is an attempt by the international community to limit possible abuses while accepting a considerable margin of regulatory discretion of WTO Members. Does it optimally strike a balance between competing objectives of international free trade and regulatory freedom in the field of risk regulation? In answering this question, the book engages in a comprehensive and critical examination of the substantive provisions of the SPS Agreement and the corresponding case law. Special attention is paid to three specific issues: the appropriateness of the disciplines established by the SPS Agreement, the consistency of their interpretation by the WTO case law, and the normative content of those requirements that have not yet been addressed by SPS jurisprudence. The book concludes that despite some failures of the SPS system, the Agreement provides an operable and efficient mechanism for the supervision of domestic SPS measures.
The book’s last chapter provides a more systematic presentation of the call for a sociology of decision-making in three interrelated ways. First, it formulates and schematically articulates how the main analytic components featured in the earlier, empirical chapters become entangled during the process of decision-making. Second, it theoretically elaborates this proposed conceptual framework of the decision-making process along three analytically distinct dimensions: practice, temporality, and risk. And third, by drawing on the extant literature on medical decision-making and financial decision-making respectively, it provides some external validity for the proposed framework and extends it along two additional analytic dimensions: intervention and performativity.

Interpreting the AIDS Epidemic
Jenny Trinitapoli and Alexander Weinreb

This chapter argues that AIDS in Africa, like illness in religious societies in general, is interpreted both religiously and biomedically. The chapter identifies five core characteristics of AIDS that shape its interpretation in SSA. It then describes scholarly and African perceptions of the risk environment, local understanding of divine judgment, and differences between proximate and ultimate causes of infection. Outside western biomedical discourses, proximate causes tell us how someone became infected, and ultimate causes provide explanations of why. The chapter ends by reviewing two general issues that also shape how AIDS is understood. The first is local views about the origins of HIV—there are a range of narratives. The second deals with the relationship between attitudes to AIDS and attitudes to fertility.