

FIGHTING HIV/AIDS: RECONFIGURING THE STATE?

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\$10 billion goes to fight HIV/AIDS annually. This money has been accompanied by the introduction of quasi-governmental bodies, a mushrooming of civil society actors and high-level political commitments of states and international agencies. This paper argues that the multiplicity of actors involved in the HIV/AIDS response, their competing demands and desired outcomes has led to a re-modelling of the state in East Africa. Moreover, this re-modelling does not exist in isolation of wider trends within the global political economy, but is instead led by the World Bank as part of its wider governance reform agenda in which notions of sovereignty and partnership are challenged under the rubric of ownership. The paper considers the role of the National AIDS Council, the President, Civil Society and the Ministry of Health in Kenya, Tanzania and Uganda within the World Bank's Multi-Country AIDS Programme to explore this relationship.

Key Words: HIV/AIDS, World Bank, State, Governance Reform, Kenya, Tanzania, Uganda

According to received wisdom from academic research and the international community, effective responses to the HIV/AIDS crisis in sub-Saharan Africa rest on the role of the state. States have been identified as the main leaders and managers of HIV/AIDS programmes, and have been sought by donors and international organisations to accept and internalise dominant approaches to responding to this crisis. What is of concern, however, is that this over-arching emphasis is not initiated by the individual governments themselves, but is donor-led and donor-designed, specifically by the World Bank. Understandings of the state and HIV/AIDS focus upon the socio-economic impact of the epidemic, whilst failing to consider the effect of the international financial commitments and organisations that have come to form the global response and wider constructions of governance reform that the response operates within. This paper argues that through its Multi-Country AIDS Programme (MAP), the Bank has operationalised the reform measures it prioritised in the mid-1990s. This has confronted issues of state sovereignty within Kenya, Tanzania and Uganda, and due to the global nature of the epidemic, and the Bank's role within it, set the foundations for wider absorption of the Bank's particular form of governance reform through decentralised delivery mechanisms. To understand the inter-relationship between the HIV/AIDS epidemic and the state, it is crucial to unravel the role of the World Bank.

The paper proceeds in the following manner. First, the paper considers current debate surrounding HIV/AIDS interventions and the state. Second, the paper outlines how directives by international organisations have placed the role of the state at the centre of HIV/AIDS responses. The paper then considers how the Bank's HIV/AIDS interventions fit within the wider governance reform projects of the 1990s, and the relationship between existing research on such reform and the MAP. Fourth, the paper explores the impact of the response upon the role of the National AIDS Councils (NACs), the Ministries of Health, and Civil Society Organisations (CSOs). The paper's main findings and contributions are then drawn together in conclusion.¹

What We know about the State and AIDS

Questions of the impact of HIV/AIDS upon the state are not new. Research into the socio-economic measures and outcomes of the epidemic raise concerns over the capacity of states to address HIV/AIDS. Capacity in this instance has mainly referred to the money and political commitments needed to ensure widespread healthcare provision. The ability of states to address these issues has been undermined by a number of factors. First, state infrastructure is weak where a high death rate of state workers or civil servants exists (Barnett and Whiteside, 2002; Chirambo, 2007; deWaal, 2003). Death in this instance reduces government consistency and experience, and leads to under-staffing. Moreover, death of elected officials undermines democratic practice and the realisation of long term strategic plans in combating the epidemic (Chirambo, 2007).

Second, countries with high HIV/AIDS prevalence rates are often poor 'fractured societies' (Poku and Sandkjner, 2007) with weak state infrastructure and often lacking in the financial resources to provide healthcare for all. As Whiteside argues, state capacity in healthcare provision has been weakened by the International Monetary Fund (IMF) and World Bank structural adjustment policies of the 1980s and early 1990s, which opened provision to the

¹ The main findings of the paper are based upon research into the activities of the World Bank's Multi-Country AIDS Program (MAP) in Kenya, Tanzania and Uganda from 2004-2007. This research consisted of 163 semi-structured interviews with government officials, the Bank, multilateral and bilateral agencies and donors, and CSOs; 50 issued questionnaires, participant observation of community meetings and partnership forums.

market and thus reduced state intervention in basic services (Whiteside, 2002), exacerbated poverty, reduced budgetary spending on health, and thus undermining the capacity of African governments to deal with the HIV/AIDS epidemic (Peet, 2003, 141). Health care and education structures have been weakened through the transfer of resources from African countries in the form of \$13.5 billion in debt per year (Cheru, 2002, 300 & 303). Export promotion and debt repayment resulted in cuts in public welfare spending. The impact of debt burden and structural adjustment has seen a shift away from approaches to health that were based upon social justice and equity in provision to approaches that view such provision as a threat to public finances and therefore not productive for human development and economic growth (Poku, 2002, 531; Whiteside, 2002, 191-192). Conditionalities placed on countries that received structural adjustment loans have framed the welfare systems of countries that are now tackling high HIV/AIDS prevalence levels, and, as a result, the majority of such countries suffer from under-staffed and under-funded health systems (Schoepf et al, 2000, 108).

Third, high death rates of people of working age, affects countries' labour productivity and position within global knowledge economies. This particularly impacts upon small business and micro-enterprise as a tool of poverty reduction that bear the cost of this high prevalence rate (Poku and Sandkjaer, 2007). Productivity is reduced as absenteeism through sickness increases, people die, recruitment and training costs increase, and investors lack incentive to commit funds to countries where HIV/AIDS compromise returns (Barnett & Whiteside, 2002, 242). Thus, global corporations lack incentive to invest in countries with high prevalence levels, and job opportunities within the global economy are reduced, and the cycle of poverty continues. This is compounded by a 'brain drain' of highly skilled workers from developing countries with high rates of HIV/AIDS that travel abroad for better wages.

Both despite and because of these factors, academic emphasis upon the role of government and the state in leading the response to HIV/AIDS remains (Poku, 2001; Barnett and Whiteside, 2002). The role of the government is crucial as only they can put HIV/AIDS at the centre of the national agenda; create favourable conditions for other actors to play their role; and protect the poor and vulnerable (Poku, 2001, 199). Lack of government ownership and response to their individual country's crisis sets a model for people, who believe that if

the government is not taking the epidemic seriously then neither should they; doubts are subsequently reinforced, and stigma and misunderstanding continues (Caldwell & Caldwell, 1992, 1179). This emphasis has been met by a series of incentives by international organisations such as the United Nations (UN) and World Bank to place states, or more particularly governments, at the centre of the HIV/AIDS response.

The role of government became the nucleus of HIV/AIDS activity during the late 1990s and early 2000s. This was in part reaction to evidence from countries such as Brazil and Uganda that were deemed 'success stories' by the international development community in their handling of the epidemic (*Int. Garrison*, 27th April 2006). A, if not the, key component of their success was the role governments - and crucially Presidents - took in speaking out about HIV/AIDS. Up to this point, the central focus of the HIV/AIDS response was concerned with the biomedical side of the epidemic, with the World Health Organisation's (WHO) Global Programme on AIDS (GPA) concentrating upon a health response, ignoring the social side affects until they themselves became costly health problems (Ankrah, 1991, 967 & 973). The role of government and the state became a part of the agenda with the creation of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and efforts led by the UN to co-ordinate all state and international structures to address the socio-economic causes and consequences of the epidemic. However, it was not until the World Bank recognised this issue and built a project of unprecedented financial magnitude and scope that the role of the state and the impact of the global response upon it, came to the fore.

The Bank established its US\$1billion Multi-Country AIDS Program (MAP) commitment to fighting HIV/AIDS in early 2000. The purpose of the MAP was to make funds available for any country in sub-Saharan Africa with a high HIV/AIDS prevalence rate and to engender a widespread 'multi-sectoral' response to the epidemic that involved every aspect of state and society. As such, funds were made available to those states that would accept and commit to the following conditions: presence of a national strategic plan to fight HIV/AIDS; a national co-ordinating body; a commitment to directing 40-60 per cent of funds to CSOs and agreement by the government to use multiple implementation agencies, especially national non-governmental organisations (NGOs) and community groups. Key to the MAP's intervention was the role of governments and the state, and to reflect this role the Bank

implemented National AIDS Councils (NACs) in the highest political office of each of the 28 countries that have received MAP funding. These authorities were to co-ordinate the national response, select CSOs appropriate for funding, and implement the Bank's project (World Bank, 2007). The MAP was the first project of its kind to establish governmental structures and promote the inclusion of CSOs. Since its inception, the MAP's commitment to state responses and multi-sectoralism has come to underpin and lead the global response to HIV/AIDS (Harman, 2007).

Understood against research into HIV/AIDS interventions and governance of the epidemic, the prioritisation of the state appears a straightforward necessity to a problem that requires strong governmental leadership. What is not clear, however, is the impact these globally-designed state-led initiatives are having upon the government and the state, particularly in sub-Saharan Africa, or how this prioritisation of the state fits into the wider governance reform agenda of the World Bank. Research on the Bank's governance reform of the mid-1990s suggests that interventions under the rubric of 'the fight against AIDS' do not exist in isolation of such reform.

Structural adjustment programmes of the 1980s and early 1990s sought to reduce the role of the state as a stumbling block to stringent neoliberalism. Since 1990, international financial institutions such as the World Bank have come to see the state as a central vehicle in which to promote market based reforms. This shift in thinking has been attributed to developments in economic thinking (Berlotti and Perotti, 2007), wider Bank commitments to governance reform (Tuozzo, 2004), and the logic that economic reform can only occur through social development (Griffin, 2006, 574). The Bank's approach to governance reform is based upon capital and efficiency in public sector management, rule of law, accountability and transparency impacted on states in various ways (Harrison, 2005; Tuozzo, 2004; World Bank, 1994). As Williams describes it, the Bank became engaged in 'detailed and intrusive activities' in countries in the pursuit of establishing market-based systems (Williams, 1999, 80). Berlotti and Perotti suggest that through such reform the state encompassed a form of 'residual ownership' wherein it adopted responsibility or 'ownership' of national programmes and priorities but became 'progressively removed' from direct involvement in the economy (Berlotti and Perotti, 2007, 61-64). For example, in Mexico, the state's reform agenda was

ideationally identical to that of the Bank's second generation reform agenda of governance, state ownership and civil society partnerships, encapsulated by the Comprehensive Development Framework and World Development Reports of the 1990s. The successful realisation of such reform however was limited by 'domestic political squabbles' where the managers of reform, i.e. politicians, failed to fully implement or subscribe to the Bank's governance agenda (Charnock, 2006, 84-91). This example of second generation reform in Mexico fits with Harrison's conception of the term.

Harrison characterises the Bank's shift from stringent 'Washington Consensus'-typified first generation reform to an era of post-conditionality, second-generation reform, in which it operates through 'governance states' within the 'sovereign frontier.' In so doing, 'governance states' - typified by their attainment of 'showcase status', favourable growth rates, stability, 'new beginning'-styled transition, and the prominent role of finance ministries - have become the central vehicles in which to embed market-based governance reform within sub-Saharan Africa (Harrison, 2004, 41 & 82-90). Harrison suggests that the Bank's form of governance reform refers to the public sector's ability to enhance economic growth (Harrison, 2005, 241). The Bank 'cherry-picks' between states with 'good' and 'bad' governance in sub-Saharan Africa which in turns divides states as 'good' and 'bad' adjusters (Harrison, 2004, 76). Conditionality is presented within the context of state-ownership and 'development' as a means of legitimising reforms. Sovereignty is thus being reconfigured through the 'sovereign frontier' in which it is constructed by an interplay of actors under the rubric of World Bank-led second generation reform (Harrison, 2004, 26). Civil Society Organisations (CSOs) are central to such interplay; embedding and legitimising this new form of governance and sovereignty and engaging in agendas set by donors (Harrison, 2004, 97-107 & 131; Harrison, 2005, 244). Similar to Charnock's findings, Harrison suggests the Bank's ability to fully enact governance reform are limited to the ahistorical and apolitical nature of the Bank's conception of the state that produces short-term, quick-fix market solutions to historically-embedded issues (Harrison, 2005, 255). The findings of Charnock, Harrison, Tuozzo, and Williams are pertinent to any understanding of HIV/AIDS governance, and in particular the prioritisation of the state at the forefront of the global agenda. As this paper will demonstrate, HIV/AIDS is used as a vehicle in which the Bank can enact its specific market-based governance reform throughout Kenya, Tanzania and

Uganda, and in using its HIV/AIDS interventions as a model for best practice, export its agenda throughout countries with high HIV prevalence.

The NACs and DACs: the new armies in the war on AIDS

National, District, Regional and Community AIDS Councils co-ordinate the national response to HIV/AIDS at every level of government in line with each country's national strategic plan. They were established in 2000 and are a pre-requisite of any country in receipt of World Bank MAP funds. In keeping with the Bank's model of governance reform that prioritises the executive and Ministry of Finance (Tuozzo, 2004), these AIDS councils are principally housed in the Office of the President, and funded through the Ministry of Finance. The main role of the NACs is to co-ordinate the national response to HIV/AIDS by identifying those CSOs that should receive funds; strengthening the District AIDS Councils; working with partners to articulate the strategic plan; mobilising partners and working with line ministries and donors in strengthening capacity and filling the gaps in the national response to HIV/AIDS (*Int. Bahati*, 14th November 2005; *Int. Byenka*, 11th October 2005; *Int. Kalinga*, 14th February 2006; *Int. Temba*, 10th February 2006; *Int. Tembele*, 6th January 2006). The NACs are the main focal point of the HIV/AIDS response, and are the subject of much capacity building by UNAIDS and UNDP, and have, in some countries, accommodated the Global Fund's central operative body – the country-co-ordinating mechanisms (CCMs) within their overall structure. In Kenya, Tanzania, and Uganda the staff of the NACs take the form of 'governance habitus' described by Harrison, wherein they are dominated by similar public sector elites, using training workshops and agendas paid for by donor money (Harrison, 2005, 256).

The ability of the NACs to enact their own form of HIV/AIDS response has been mired by problems of CSO mistrust, bureaucracy, corruption, capacity, direction and ownership of their national responses. A healthy mistrust exists between the NACs and CSOs. Interviews with CSOs within East Africa suggest that this mistrust is based upon specific CSOs' views that the NACs are political entities conditioned by wider government spending plans and objectives (*Int. Kalimire*, 17th October 2005) or a political institution that distorts outcomes and achievements to make the government look successful (*Int. Mwai*, 29th November 2005; *Int. Ruranga*, 31st October 2005). Other CSOs interpret the actions of the NACs as directed

by donor demands, and that for states to realise their objectives in the response to HIV/AIDS they must be more dynamic in the management of such demand (*Int. Mwai*, 29th November 2005). Competing demands reduce the NACs disposition to actual governance of community empowerment, thus reducing the already limited space for social activity that exists in East African society (*Int. Southern*, 9th January 2006). CSOs feel that mistrust could be better managed by CSOs through improved co-ordination (*Int. Hervey*, 27th January 2006); presence within the community to gain first hand experience of the problems CSOs face; greater publicity of their work (*Int. Ogen*, 19th October 2005; *Int. Kaloli*, 4th January 2006; *Int. Simbaya*, 7th February 2006), and the promotion of transparent funding methods to get rid of 'briefcase NGOs' (*Int. Mubondo*, 20th January 2006; *Int. Mulimila*, 19th January 2006). These factors would minimise mistrust and as a consequence strengthen the response at the national level (*Int. Hervey*, 27th January 2006).

A commonly perceived problem within state sponsored activity in sub-Saharan Africa is corruption. The perception of corruption presents a powerful obstacle to the effectiveness of the NACs. In 2005, Uganda was tarnished by the Global Fund's withdrawal of support resulting from the discovery of mis-managed funds by independent auditors PriceWaterhouseCoopers. The Global Fund suspended all of its five grants to Uganda until the Ministry of Finance had established a structure that would ensure effective management of the funds (Global Fund, 2007). This issue has since been rectified, and the Global Fund was quickly re-established in the country. The Global Fund issue was minor in comparison to the problems experienced by the Kenyan National AIDS Council – the National AIDS Control Council (NACC) - and the country's wider reputation for corruption (*Int. Kinzett*, 23rd November 2005).² Levels of misappropriation were such that national NGOs alleged the then Head of the NACC was reputedly paying herself KSh2million (approximately UK£13,500) out of MAP funds earmarked for the community (*Int. Mwai*, 29th November 2005). This allegation was supported by *The Lancet* that revealed the total sum of Gachara's financial impropriety was obtaining US\$315,789 (approximately UK£157,894) in salary

² In 2005 Sir Edward Clay, the then UK High Commissioner to Kenya made a speech documenting the levels of corruption within the Kenya government, accusing the government of bribery, accounting for 8% of Kenya's Gross Domestic Product (GDP), that is undermining Kenya's economic growth and donor aid commitments. Such an accusation made international headlines because of the comment 'they can hardly expect us not to care when their gluttony causes them to vomit all over our shoes' (BBC News, 2004)

(Siringi, 2004, 193). The corruption scandal led to all senior NACC management having to re-apply for their jobs, removing the NACC's funding decision-making capability, the then Head of the Council being imprisoned, and an external audit conducted by PriceWaterhouseCoopers.

The bureaucratic structures and processes within the NACs make corruption hard to detect. Bureaucracy complicates transparency and perceptions of NAC activity and thus does little to dispel CSO concerns over corruption. Upon implementation, the structures and processes of the NACs were cumbersome and bureaucratic (*Int. Kataka, 23rd November 2005*), as management units, they added an additional layer of bureaucracy to already complex government-donor relations (*Int. Tayyab, 25th April 2005*). The levels of day-to-day bureaucratic inertia range within the NACs, TACAIDS seems consistent in its processes, deadlines and ability to keep appointments, UAC follows a similar pattern in consistency and transparency, yet could be problematic in terms of deadlines and appointments, however, the bureaucratic structures of the Kenyan NACC resemble a complex ad-hoc system of protocol that is seemingly without process or procedure, varying by the day. Access to information depends on who you engaged with in the NACC, with some individuals being open; some changing the necessary requirements on a daily basis, and other representatives denying any knowledge of individuals or previous processes.³

The institutional capacity of the NACs have been marked by under-funding, lack of staff and a rapid accumulation of responsibility. Initially established to manage the MAP, the NACs now have the responsibility of bilateral basket funds, the Global Fund and co-ordinating all HIV/AIDS activities in-country (*Int. Malangalila, 20th January 2006*). International organisations such as UNAIDS and CSOs view this as a result of their inability to delegate responsibility to their partners, such as the Ministry of Health (*Int. Mubondo, 20th January 2006; Int. Tembo, 25th May 2006*). Staff members within the NACs are targeted as lacking

³ These findings are based on extensive visits to the NACC: in one instance the NACC was open to participation in the Joint Annual HIV/AIDS Programme Review and were extremely accommodating and helpful in this respect; the corollary of this was attempting to access information on the District Technical Committees and being told that the information i.e. names and addresses were classified without a letter of introduction from the British High Commission, British Council or whoever they then chose. In a separate incident when attending the NAC for information on the NGOs nationally funded under the MAP the researcher was left waiting for 6 hours after being told the person she needed was in a meeting, and then eventually that that person had gone home.

the skills and ability needed to support the community and partner CSOs effectively (*Int. Margery*, 6th January 2006). Capacity issues are the responsibility, not the fault, of the NACs. Fault lies in the design and responsibilities placed upon them by international donors, principally the Bank, and CSOs arising out of the empowerment and government-ownership models advocated by such donors. The need for one co-ordinating body within the response, the rapid demands of funding disbursement, preference towards CSO funding not government funding, and the multiplicity of actors involved in the response, all place stress upon the NACs' capacity and confuse their initial mandate.

Confusion as to the NACs' mandate exists over their role as co-ordinators of the national response and implementers of the MAP (*Int. Malangalila*, 20th January 2006; *Int. Austen*, 18th November 2005; *Int. Tembo*, 25th May 2006). Representatives of the NACs, the World Bank and UN agencies all stress that the NAC's role is co-ordination not implementation (*Int. Bahati*, 14th December 2005; *Int. Lekule*, 4th January 2006). However, in articulating the strategic plan, selecting those CSOs to receive MAP funds, monitoring and training the DACs, and strengthening public sector responses, the NACs are heavily involved in operational implementation (*Int. Lekule*, 4th January 2006; *Int. Tembele*, 6th January 2006; *Int. Zewdie*, 3rd May 2006). The NACs present their roles as co-ordination, but on further enquiry admit that they have become involved – unintentionally – in implementation. This presents a conflict of interests, confusion, and over-burden on the part of the NACs, rendering them unable to do either co-ordination or implementation successfully (*Int. Kibamba*, 20th January 2006; *Int. Kinzett*, 23rd November 2005). As co-ordinating bodies, the NACs should not house projects as it contravenes their mandate. This is problematic in the NACs wider relations with CSOs, as in implementing the project the NACs are directly competing for funds with the project's traditional implementation partners - CSOs (*Int. Mugumya*, 1st November 2005). As one CSO characterises the situation 'how can you referee when you are a player?' (*Int. Mulimila*, 19th January 2006).

The key factor that underpins the problems surrounding NAC capacity and their mandate is the discrepancy over ownership. Contrary to Bank and NAC affirmations of state ownership of the MAP and the national strategic plans, such ownership is articulated and directed by the Bank and international donors. The objectives and CSO engagement structures within

the NACs were first created by the World Bank, and have since been developed by international organisations and donors under the rubric of ‘capacity building’. This is evident in the Bank’s implementation of the MAP in East Africa. First, the Bank used the MAP to establish or re-craft the NACs. The UAC in Uganda technically existed previous to the MAP but underwent an institutional reform and is now fully funded by the Bank under MAP funds, the NACC in Kenya is funded by the Bank and only existed in discussion paper form before the MAP, and TACAIDS in Tanzania was established under the MAP but is supported by government funds (*Int. Voetberg, 15th November 2005; Int. Okwero, 1st November 2005*). In the UAC, for example, once work-plans were articulated they had to be approved by the Bank, once the CSO proposals were reviewed the UAC prepared recommendations for approval to the Bank, and once the MAP was accepted, the UAC had to sign an agreement to support CSOs (*Int. Byenka, 11th October 2005*). The central objective of the Bank was to use MAP funds to give states ‘the push that was needed’ to facilitate a high-level political commitment (*Int. Zewdie, 3rd May 2006*). Thus not only did the Bank use the MAP as a catalyst for the NACs inception, it promoted an agenda that structured NAC practice alongside Bank working principles.

Upon implementation of the MAP at country-level states did not have a role in articulating the project’s main objectives. The Kenyan Bank team were adamant that ‘the Bank has no objectives behind the TFWOA (total war on AIDS), it is the government, we are supporting the government. That’s the point, and don’t forget it’ (*Int. Lagerstedt, 16th November 2005*). The task team leader for Tanzania provided a more contradictory response to the question of ownership, suggesting it should be the Tanzanian government that designs the project, but in practice it is always the Bank,

The preparation has to be with the country. Actually the project should be prepared, ideally it should be prepared by the government, ideally, you know, we are not preparing the project as a Bank, I mean this is, but in most cases you find that it is the Bank preparing, doing most of it, it is supposed to be the government preparing a project and the Bank assisting, providing you know, assisting the country to prepare a project, so that there is ownership of that project, right from the word go and throughout the implementation and even after implementation. So that is how it should look like but for most of the projects of the Bank you will find that because of the capacities of the country er, a lot is being done by the Bank. (*Int. Malangalila, 20th January 2006*).

The requirement to channel 40-60 per cent of funds to CSOs was heavily resisted by the governments of Kenya, Tanzania and Uganda, who have little practice of CSO engagement fostered by mutual distrust and dislike (*Int. Malangalila, 20th January 2006*). As such, the Bank made states recognise the role CSOs had in the national responses to HIV/AIDS and the need to adopt a new approach to development work (*Int. Zewdie, 3rd May 2006*). The Bank was able to make states recognise the use of CSO and adopt suitable mechanisms of engagement through the promise of desperately needed funds. Hence, the imposition of the CSO principle and the NACs under the MAP represented stringent conditionalities. Keen to dispel any use of conditionality on account of its association with controversial structural adjustment policy, ACT Africa avoided the issue by preferring to characterise such influence as ‘arm twisting’ or working with NACs to ‘remind them ruthlessly’ of their role (*Int. Mohammed, 24th April 2006*).

The origins, roles, and problems of the NACs reveal several key concerns over state sovereignty and the impact of international financial commitments and organisations upon the state. First, the creation of a Bank-funded governmental body at the height of political office, established to implement a Bank mandate, presents an unprecedented and significant confrontation of state boundaries within understandings of global governance. The NACs are characteristic of the second generation reform measures depicted Harrison and Charnock in which the Bank utilises government agencies to implement its reform packages through subscription to, and ownership of, a shared agenda. The national application of the MAP represents a sophisticated incarnation of such reform through its systematic use of CSOs and a specific form of CSO empowerment model. Second, this creation is undermining state objectives and government legitimacy, which ultimately threatens governments’ position within its electorate. The ability of state structures such as the NACs to respond to community concerns are bounded by the conditionalities agreed upon at the outset of donor funding commitments. Under the rubric of state ownership, states have to assume responsibility and implement what is perceived by international organisations to be in the state’s best interest. Third, the ahistorical and apolitical nature of the Bank has established the NACs in isolation of any real understanding of the state in each of the three countries examined or the relationship between state and civil society, as such, similar to Charnock’s

depiction of governance reform in Mexico, 'domestic squabbles' have restricted the NACs ability to implement the Bank's project. The desperate situation HIV/AIDS has led to, binds governments in a vicious cycle of dependency upon foreign aid and a loss of sovereignty that infers a growing legitimacy upon non-state and international interventions. This situation is enhanced by competition and mistrust between state agencies, and the decline of the health sector.

Ministry of Health: the old guard

The implementation and prioritisation of multi-sectoral approaches to HIV/AIDS with NACs at the centre of leading state responses has undermined the position and capacity of traditional state agencies, most notably, the Ministries of Health. In all three countries studied, the Ministry of Health provides the technical arm of the response; addressing medical issues of anti-retroviral therapy (ART), opportunistic infections, voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT), procurement, logistics, and technical support for hospitals and health centres. Each of the Ministries of Health, except Uganda, have a special HIV/AIDS section: National STD and HIV/AIDS Control Programme (NAS COP) of Kenya; National AIDS Control Programme (NACP) in Tanzania; and Zanzibar AIDS Control Programme (ZACP) in Zanzibar. However, the global response did not consider these agencies as suitable actors in which to co-ordinate the response due to a commitment to non-health based responses and the problems faced by Ministries of Health across the region. These systems are strengthened with WHO technical support, resource mobilisation, training materials, and policy guidance (*Int. Gavyole*, 13th February 2006). However they remain clinically oriented with few sectoral ministries accepting their authority (*Int. Lagerstedt*, 16th November 2005). The Bank justifies the introduction of the NACs through the need for a regulating body that prioritised a multi-sectoral approach to HIV/AIDS alongside the health sector dimension (*Int. Lagerstedt*, 16th November 2005).

The shift in focus from a biomedical to a multi-sectoral response to HIV/AIDS resulted in a contention between the NACs and the Ministries of Health. This contention was in part based upon an overlap in implementation and an unclear delineation of roles and responsibilities (*Int. Query*, 31st December 2005; *Int. Duolf*, 4th January 2006; *Int. Hervey*,

27th January 2006; *Int.* Tembo, 25th May 2006). A great force for contention was over who had ultimate authority over the national response, principally arising out of who had greater funds (*Int.* Nyantahe, 9th January 2006). In terms of authority, an anonymous representative of USAID in Uganda described the Ministry of Health as 'pissed' that they did not house the Uganda MAP. The conflict between these two agencies is widely recognised as problematic in that they do not work together generating further overlap and distrust. However, despite suggestion of conflict, representatives of the NACs and the Ministries of Health acknowledge a degree of initial animosity (*Int.* Lekule, 4th January 2006; *Int.* Chale, 10th January 2006; *Int.* Malangalila, 20th January 2006) but then consistently state their co-operative relationship (*Int.* Tembele, 6th January 2006) by issuing examples of their joint working practices and inter-linkages between staff and committees.

The division and conflict between the Ministries of Health and the NACs has been heightened by the arrival of the President's Emergency Plan for AIDS Relief (PEPFAR) and a re-medicalisation of the epidemic. PEPFAR is a pledge of US\$48 billion towards care, treatment and prevention programmes across the world, with a focus upon rapid disbursement and results, that is, large commitments to the provision of anti-retroviral therapy (ART), and strengthening Ministry of Health capacity. The financial capacity alone has led the US to subsequently dominate the HIV/AIDS response. PEPFAR officially recognises but does not function within pre-established processes or co-ordination mechanisms such as the NACs, yet it does integrate system strengthening and procurement practices within health ministries to facilitate the widespread scaling up of anti-retroviral treatment. The financial commitment of PEPFAR and its shift away from the NAC approach assists in the schizophrenic position of governments trying to appease multiple international actors, whilst maintaining their own objectives and political mandates. The consequence of this is further division and competition of state agencies to prove their legitimacy not only to central government - as is often the case within line ministries wanting to secure parts of the state budget - but to the priorities of international donors. The decline of the Ministry of Health as a result of the introduction of the NACs is characteristic of the Bank's governance reform, in which it promotes bodies within the executive, and stresses new forms of ownership as replacement to existing structures and political cultures.

However, bilateral money and the 'old guard' political structures of the state promote competition, but not the sort the Bank wants.

CSOs, the State and the Service Economy

At the core of multi-sectoral responses to HIV/AIDS has been the role of CSOs as key forms of service delivery. CSOs in this regard refer to community groups of varying scale and size, national NGOs, regional networks, and international non-governmental organisations. This has led to the upsurge of civil society actors throughout sub-Saharan Africa, and it is the role of the government and state structures such as the National, District and Community AIDS Councils to monitor and facilitate their involvement. Relations between governments and CSOs within sub-Saharan Africa, specifically the case study countries, have been traditionally marked by distrust. However, under the 'ruthless reminders' of the Bank and international influence, governments not only have to reach out to CSOs, but accommodate them within wider state structures of health, education and the Office of the President. States have thus become the managers of non-state actors, mapping their work, sponsoring their activities, and then monitoring their interests, needs and success as if they were a central part of the state structure.

The omnipresence of CSO groups, particularly community based organisations within sub-Saharan Africa sees a shift in the types of economies promoted by the Bank through state structures. What has emerged in response to the large sums of money channelled to HIV/AIDS is an AIDS business, in which economies of production are shifting to service economies, and the establishment of CSOs as a means of profit-making activity. Profit in this sense does not refer to substantial capital gain, but does enable unemployed workers to gain a low salary, globally-inferred prestige of working in the fight against HIV/AIDS, and in some cases a company four-wheel drive vehicle. This vision is re-enforced and to a degree sanctioned by the state in the quantity of money it directs to this service economy, and the form of 'residual ownership' adopted by the state in which basic services are provided for by the CSO-led private sector.

Conclusion: What does this mean for the state?

The impact of the HIV/AIDS response upon changes in government, state structures and sovereign boundaries confronts both how this dynamic is important to understanding the governance of HIV/AIDS and its implications, and the need to consider the unprecedented nature of this financial and global political commitment when attempting to make any theoretical conception of the state in sub-Saharan Africa. HIV/AIDS is only one aspect of government activity, and thus to talk of reconfiguration may be rash. However, the epidemic reveals a complex picture of the interventions of international financial institutions and the paradox between state ownership and conditionality under the World Bank's governance reform agenda. The MAP is a clear example of the implementation of the World Bank's governance reform agenda through a specific social policy that by its very nature as a multi-sectoral public health issue has wider ramifications for the state and CSOs. However, the success of the project is limited by the ahistorical and apolitical underpinnings of it. The Bank's approach was apolitical and ahistorical in the application of a blueprint model that ensured: (i) the establishment of the NACs whilst ignoring pre-existing structures within the Ministry of Health and potential tensions within the internal bureaucracies of these countries; (ii) the requirement of national and district state agencies to engage with CSOs despite longstanding mutual distrust; and (iii) crucially ignoring or obfuscating the socio-economic and historical determinants of each of the countries' HIV/AIDS epidemic. These factors have ultimately limited the ability of the HIV/AIDS response to fully shift the dynamic of state activity as divisions within the state, between the state and CSOs, or 'domestic squabbles' (Charnock, 2006) reduce its wider absorption.

The multi-sectoral approach to combating HIV/AIDS led by the World Bank, adopted by the international community, and articulated as the global response, is having the following affects on the state in sub-Saharan Africa. First, the need to prioritise HIV/AIDS as an emergency and as a development project has given international organisations license to transcend sovereign boundaries and establish agents of international organisations within the state structure. The originality and scope of the MAP as a rapid response to a development emergency combined with the acquiescence of states in need to the multi-sectoral agenda confers legitimacy onto the Bank and the types of interventions it prioritises. Second, this 'legitimate' transcendence of state boundaries has been extended to the community level,

with CSOs becoming intertwined with the service sector aspect of state provision. Similar to states, these actors internalise and promote the logic of the Bank whilst assuming ownership of the project at the local level. As such these actors promote and internalise the initiatives of international organisations and donors, once more under the justification of the HIV/AIDS emergency. It is the involvement of these national NGOs and community groups that offer the main contribution to how we can understand governance and state reform in the context of the World Bank.

The positioning of CSOs at the centre of the MAP reveals a systematic extension of governance reform on the part of the Bank. The Bank is very candid in this, freely expressing the need for the involvement of these actors to ensure mechanisms of good governance, i.e. transparency, accountability and participation in government processes and decision-making. As critical understandings of governance reform would suggest, these actors perform a central function in embedding Bank-led reforms within states. However, in the context of HIV/AIDS, in performing this function, these actors play a more crucial role in the governance agenda of the Bank. CSOs provide an outlet for the Bank to address any 'bad reform' within a state. Where governments fail to fully implement specific reform strategies, or are mired by internal disagreement, NGOs and community groups are targeted by the Bank to provide the following vital functions: service delivery, transmission of good reform to the community, and pressure on the state for wider reform. This pressure on the state is not exerted through popular protest, campaigns and lobbying, but through competition for funds and legitimacy as good reformers. Where the state fails to comply with reform measures, funds are channelled to the community or NGO sector, on the legitimate grounds of people infected or affected by HIV/AIDS needing the resources. What we see then is an extension of post-conditionality that not only internalises governance reform practices and Bank ideology within the state and civil society; but the funding of civil society that operates as competition for who can demonstrate the most 'good' reform. CSOs are thus used as means of circumventing or addressing failures within the state to fully reform. The 'sovereign frontier' thus becomes challenged at the state and community level of governance.

The role of NGOs and community groups in transferring ‘good’ reform to decentralised parts of the state not only presents a new battleground within the ‘sovereign frontier’ but further embeds market-oriented social policy at the community level. The funding of these CSOs through the MAP is organised in such a way as to promote the Bank’s brand of accountability and legitimacy – holding the state as owners of the project to account – and limiting any emancipatory function of these groups in targeting the wider mechanisms of the MAP or the Bank itself. Civil society within this category is thus organised by funding, and market logic of competition for funds as a means of promoting efficiency, and low cost delivery. The wrong kind of advocacy, questioning the main structures of the global HIV/AIDS response suggests ‘bad’ reform and thus limits the direction of funds towards these ‘bad’ groups.

HIV/AIDS represents a new frontier for the Bank in which it can extend its governance reform agenda through healthcare and gain access to the most remote aspects of society through initiatives sanctioned and promoted by the state. The Bank’s role in HIV/AIDS contributes to our understanding of governance reform in unravelling the practical nuances of implementing such reform, the role of CSOs and their position within state reform, and the global reach and disciplinarity of the Bank’s reform agenda. The difficulties of implementing the MAP highlight the practical blockages associated with a reform agenda that promotes a specific form of ahistorical and apolitical governance. Nationally-based CSOs play a crucial role within the Bank’s agenda to circumvent or address arising blockages or problems of ‘bad’ reform within the state. Thus in extending governance reform beyond the government-focused approach to state reform to include CSOs, the Bank is not only embedding its liberal reform agenda of competition-based free market-led interventions at every level of governance, it is confronting the ‘sovereign frontier’ from the bottom-up by bringing CSOs into the wider functions of the state. The method in which the Bank has embedded this agenda within state and society enables its continued existence and influence upon HIV/AIDS beyond the MAP. The MAP already presents the model of HIV/AIDS governance in which the Global Fund to fight AIDS, Tuberculosis and Malaria and the UN agencies adhere to, yet the permeation of MAP structure to every level of community, state, and global governance will ensure the maintenance and expansion of this reform agenda well after the end of the project. What we see then is a sophisticated expression of the Bank’s

reform agenda that addresses the state as a stumbling block to market-led reform by appropriating state structures as a means of promoting private service delivery through civil society. Addressing the failures of the HIV/AIDS response by looking at state agendas in isolation from the international influence depoliticises any understanding of the response to the epidemic, and thus reduces the ability to tackle it and its long-wave expression.

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