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TRANSNATIONAL POLITICS

FIGHTING HIV/AIDS: RECONFIGURING THE STATE?

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Working Paper CUTP/004

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This is a work in progress. Feedback welcome.

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Introduction

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. To understand the inter-relationship between the 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 positions itself within the current debate surrounding the inter-relationship between HIV/AIDS interventions and the state, highlighting what is known, and what is ignored about the impact of the global response. 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 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, Civil Society Organisations (CSOs), and the President, and how it has confronted boundaries of state sovereignty, and fits in with wider patterns of implementation of the Bank's governance reform agenda.

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 raises 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 from basic palliative care to the availability of testing kits and anti-retroviral therapy (ART), and universal free primary education, specifically to target girls. 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. 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.²

Second, countries with high HIV/AIDS prevalence rates are often poor 'fractured societies' 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 prescribed structural adjustment policies of the 1980s and early 1990s, which opened provision to the market and thus reduced state intervention in basic services, exacerbated poverty, and reduced budgetary spending on health, thus undermining the capacity of African governments to deal with the HIV/AIDS epidemic. The link between poverty and HIV/AIDS cannot be extrapolated from wider structural impacts and inequalities resulting from globalization. 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. Export promotion

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.

² For the relationship between AIDS and state capacity see: T. Barnett, and A. Whiteside, *AIDS in the Twenty-First Century: Disease and Globalization* (London: Palgrave, 2002); K. Chirambo, 'AIDS and Democracy in Africa' in N. Poku, A. Whiteside, and B. Snadkjaer, *AIDS and Governance* (Hampshire: Ashgate, 2007), 67-92; A. deWaal, 'How will HIV/AIDS transform African governance?' *African Affairs* 102(406), 2003: 1-23.

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.³ Subsequently, the 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. As Poku has explained the situation, 'at a time when up to 70 per cent of adults in some hospitals are suffering from AIDS-related illnesses. Many African countries have had to cut their health expenditure in order to satisfy IMF and World Bank conditionalities'.⁴

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. 90% of deaths from HIV/AIDS affect adults aged 20-49 and half of those infected are aged 15-24 - the most productive working age for labour based economies.⁵ Thus, 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 threatens returns in investment. Businesses avoid such problems by investing in areas and setting up production sites where there is no, or a low prevalence rate of HIV/AIDS; mandatory testing of potential employees; and movement towards low labour production methods. 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. According to

³ For further information on the inter-relationship between debt, conditionalities, and AIDS see: T. Barnett and A. Whiteside, *AIDS in the Twenty-First Century: Disease and Globalization*; F. Cheru, 'Debt, adjustment and the politics of effective response to HIV/AIDS in Africa' *Third World Quarterly* 23(2), 2002: 299-312; K. Chirambo, 'AIDS and Democracy in Africa'; R. Peet, *Unholy Trinity: The IMF, World Bank and WTO* (London: Zed Books, 2003), p141; A. deWaal, 'How will HIV/AIDS transform African governance?'; N.K. Poku, 'Poverty, debt, and Africa's HIV/AIDS crisis' *International Affairs* 78(3), 2002: 531-546; N.K. Poku and B. Sandkjaer, 'HIV/AIDS and the African State' in N.K. Poku, A. Whiteside, B. Sandkjaer *AIDS and Governance* (Hampshire: Ashgate, 2007), 1-28; A. Whiteside, 'Poverty and HIV/AIDS in Africa' *Third World Quarterly* 23(2), 2002: 313-332.

⁴ N.K. Poku, 'Poverty, debt, and Africa's HIV/AIDS crisis', p. 538. AIDS-related illnesses here refers to opportunistic infections such as tuberculosis and pneumonia.

⁵ N.K. Poku and B. Sandkjaer, 'HIV/AIDS and the African State'.

Barnett, it is important not to over-generalise the impact of the epidemic on the state, as it is a 'long wave' event that will have a differing impact upon the types of states it affects.⁶

Despite these factors, academic emphasis upon the role of government and the state in leading the response to HIV/AIDS remains. The role of the government is crucial as only it 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. 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.⁷ 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. 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 medical 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 effects until they themselves became costly health problems.⁸ 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 United Nations 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

⁶ For more on understanding HIV/AIDS as a long-wave event see: T. Barnett, 'HIV/AIDS, a long Wave Event: Sundering the Intergenerational Bond' in N.K. Poku, A. Whiteside, B. Sandkjaer *AIDS and Governance* (Hampshire: Ashgate, 2007), 29-48.

⁷ See T. Barnett and A. Whiteside, *AIDS in the Twenty-First Century: Disease and Globalization*; J.C. Caldwell, I.O. Orubuloye, and P. Caldwell, 'Under-reaction to AIDS in sub-Saharan Africa' *Social Science and Medicine* 34(11), 1992: 1169-1182; N.K. Poku, 'Africa's AIDS Crisis in Context: 'how the poor are dying'' *Third World Quarterly* 22(2), 2001: 191-204.

⁸ This opinion on the WHO was expressed in an interview – John Garrison, 27th April 2006, World Bank – Washington DC, USA – and in M.E. Ankras, 'AIDS and the social state of health' *Social Science and Medicine* 32(9), 1991: 967-980.

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 civil society organisations (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 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.⁹

The MAP was the first project of its kind to establish governmental structures and promote the inclusion of CSOs. The project existed before Goal 6 of the UN Millennium Development Goals, the UN's commitment to multi-sectoralism and CSO inclusion, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). 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 as evidenced in the parallels between the project and the Global Fund's working mechanisms and priorities, and UNAIDS' 'The Three Ones' that all actors within the response subscribe to.¹⁰ All bilateral donors such as the Department for International Development (DFID), UK, and multilateral donors such as the Global Fund have acknowledged and subscribed to the principle of government – in most cases the NACs - at the centre of the response. The most notable exception to this

⁹ World Bank, "The Multi-Country AIDS Program" (2007) accessed March 2007, available at www.worldbank.org/aids.

¹⁰ 'The Three Ones' have become the central co-ordinating mechanism within the HIV/AIDS response that all actors working on the epidemic subscribe to. 'The Three Ones' are national and international commitments to: one co-ordinating body, one monitoring and evaluation system, and one strategic plan. See UNAIDS, *Three Ones' Key Principles – 'Coordination of National responses to HIV/AIDS' Guiding principles for national authorities and their partners* (Geneva: UNAIDS, 2004). For how the World Bank has shaped the global response to HIV/AIDS, see S. Harman, 'The World Bank: Failing the Multi-Country AIDS Program, Failing HIV/AIDS' *Global Governance* 13(4), 2007: 485 – 492.

trend has been the United States' President's Emergency Plan for HIV/AIDS Relief (PEPFAR), a project that commits US\$15 billion to the HIV/AIDS response. PEPFAR does not by rule work through the pre-established state co-ordinating bodies such as the NACs, but does aim to strengthen systems within the Ministry of Health. The exceptionalism of the US in this regard does not undermine the central argument of this paper, but as will become evident, impacts upon the state rivalries and inter-agency complexities born of international intervention.

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 the reform agendas promoted by international organisations in sub-Saharan African states, and moreover fit in with the Bank's wider use of government ownership as a means of state 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, wider Bank commitments to governance reform, and the logic that economic reform can only occur through social development. The Bank's approach to governance reform of 1994 based upon capital and efficiency in public sector management, rule of law, accountability and transparency impacted on states in various ways. As Williams describes it, the Bank became engaged in 'detailed and intrusive activities' in countries in the pursuit of establishing market-based systems.¹¹ Berlotti and Perotti suggest that through such reform the state encompassed a form of 'residual

¹¹ For further research on the World Bank and the African state see G. Harrison, *The World Bank and Africa: the construction of governance states* (London: Routledge, 2004); G. Harrison, 'HIPC and the Architecture of Governance' *Review of African Political Economy* 31(99), 2004: 125-164; G. Harrison, 'The World Bank, Governance, and Theories of Political Action in Africa' *British Journal of Politics and International Relations* 7, 2005: 240-260; D. Williams, 'Constructing the economic space: the World Bank and the making of Homo Oeconomicus' *Millennium* 28(1), 1999: 79-99; M.F. Tuozzo, 'World Bank, Governance Reforms, and Democracy in Argentina' *Bulletin of Latin American Research* 23(1), 2004: 100-118; World Bank, *Governance: The World Bank's Experience* (Washington: World Bank, 2004).

ownership' wherein it adopted responsibility or 'ownership' of national programmes and priorities but became 'progressively removed' from direct involvement in the economy. According to Tuozzo, in Argentina, this approach affected the model of state-society relations, reducing social rights and democracy in the push for more market-oriented social policy. The state in terms of the government and civil service was reduced in the delivery of services with the Bank promoting the executive and the Ministry of Finance and non-governmental forms of service delivery.¹² In Mexico, Charnock's Marxist reading of the World Bank's involvement in governance reform suggests that the state's agenda was ideationally identical to that of the Bank's second generation reform agenda of governance – that of states not being subjected to stringent conditionalities of 'first generation reform' but internalising the Bank's approach to development and the political economy, i.e. acting in the interests of the Bank through practice, rather than through conditionalities – as expressed through state ownership and civil society partnerships. Second generation reform is 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 fully to implement the Bank's governance agenda. Charnock argues that as such, the Bank has had to confront the role of the state in implementing market-based reforms, to such an extent that it is the 'state managers' that enact such reforms and embed them within society.¹³

Charnock's use of second generation reform as a form of understanding shifts in governance reform and the Bank in Mexico fits with Harrison's conception of the term. Harrison characterises the Bank's shift from stringent 'Washington Consensus'-typified first generation reform of conditional-based loans to an era of post-conditionality, second-generation reform; in which the Bank operates through 'governance states' within the 'sovereign frontier.' In so doing, 'governance states' - typified by their attainment of 'showcase status' within the Bank, 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

¹² See B. Bortolotti. and E. Perotti, 'From Government to Regulatory Governance: Privatization and the Residual Role of the State' *World Bank Research Observer* 22, 2007: 53-66; P. Griffin, 'The World Bank' *New Political Economy* 11(4), 2006: 571-581; Tuozzo et al, 'World Bank, Governance Reforms, and Democracy in Argentina'.

¹³ See G. Charnock, 'Improving the mechanisms of global governance? The Ideational Impact of the World Bank on the National Reform Agenda in Mexico' *New Political Economy* 11(1), 2006: 73-98.

governance reform within sub-Saharan Africa. Harrison suggests that the Bank's form of governance reform refers to the public sector's ability to enhance economic growth. The Bank 'cherry-picks' between states with 'good' and 'bad' governance in sub-Saharan Africa which in turn divides states as 'good' and 'bad' adjusters. 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. 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. Similar to the findings of Charnock, Harrison suggests the Bank's ability to fully enact governance reform is 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.¹⁴

In sum, the Bank no longer influences state interest through conditional lending; but is able to influence state behaviour by getting states to absorb the Bank's approach to development through practice. This is what is meant by second generation reform. Those states that do are hailed as success-stories, implementing a form of good governance based on state ownership of the development agenda and civil society inclusion. As a result, states that engage in good governance behaviour receive more financial support and status within the international system. States are thus becoming 'governance states' in which their historical underpinnings are ignored in the pursuit of the Bank's good governance agenda.

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 AIDS interventions as a model for best practice, export its agenda throughout countries with high HIV prevalence. This paper considers this relationship between HIV/AIDS and the state in regard to questions of sovereignty and state/civil society boundaries. It does so by focusing upon the position of the President, the role of

¹⁴ G. Harrison, 'HIPC and the Architecture of Governance'; G. Harrison, *The World Bank and Africa: the construction of governance states*; G. Harrison, 'The World Bank, Governance, and Theories of Political Action in Africa'.

the National AIDS Councils, the rivalries between line ministries, and the proliferation of civil society organisations (CSOs) as the main providers of basic healthcare and HIV/AIDS prevention methods.

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, 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.¹⁵ 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. The NACs are composed of civil servants, many of whom had previous positions within the Ministry of Health, and most of whom have some form of public health postgraduate qualification. 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 to shape the national response to HIV/AIDS.¹⁶

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. Each of these issues has undermined their ability to respond to problems within the national response and is underpinned by questions of sovereignty and international influence. A healthy

¹⁵ These findings are drawn from the following interviews: Ursula Bahati, 14th November 2005, National AIDS Control Council – Kenya; Julius Byenka, 11th October 2005, Uganda HIV/AIDS Commission – Uganda; Hashim Kalinga, 14th February 2006, TACAIDS – Tanzania; Joseph Temba, 10th February 2006, TACAIDS – Tanzania; Rustica Tembele, 6th January 2006, TACAIDS – Tanzania.

¹⁶ G. Harrison, 'The World Bank, Governance, and theories of political action in Africa'

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 or a political institution that distorts outcomes and achievements to make the government look successful. CSOs, such as the National Guidance and Empowerment Network of People Living with HIV/AIDS (NGEN+) in Uganda, prefer not to be involved in the Uganda National AIDS Council – the Uganda AIDS Commission (UAC)'s - partnership committees as once involved they have to agree to government policy and its financial and political 'monopoly' of the AIDS agenda under collective responsibility, when in certain instances the government acts against the needs of people living with HIV/AIDS (PLWHAs). 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. 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. CSOs feel that mistrust could be better managed by CSOs through improved co-ordination; presence within the community to gain first hand experience of the problems CSOs face; greater publicity of their work, and the promotion of transparent funding methods to get rid of 'briefcase NGOs'. These factors would minimise mistrust and as a consequence strengthen the response at the national level.¹⁷

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. 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

¹⁷ These findings were drawn from the following interviews: Duncan Hervey, 27th January 2006, Save the Children – Zanzibar; Dorothy Kalioli, 4th January 2006, Dogodogo Centre – Tanzania; Barabona Mubondo, 20th January 2006, WAMATA – Tanzania; Victor Mulimila, 17th January 2006, Faraja Trust Fund – Tanzania; Eve Mwai, 29th November 2005, St John's Ambulance – Kenya; Patrick Ogen, 19th October 2005, Youth Alive – Uganda; Rubaramira Ruranga, 31st October 2005, NGEN+ - Uganda; Kenneth Simbaya, 7th February 2006, SPW – Tanzania; Nick Southern, 9th January 2006, Care International – Tanzania.

experienced by the Kenyan National AIDS Council – the National AIDS Control Council (NACC) - and the country's wider reputation for corruption.¹⁸ 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. This allegation was supported by *The Lancet* that revealed the total sum of head of the NACC Gachara's financial impropriety was obtaining US\$315,789 (approximately UK£157,894) in salary. 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. CSOs were consulted, involved and recruited within the re-hiring process.¹⁹ The NACC continues to face accusations of preferential treatment to CSOs of similar tribal identity and there are claims that 'there have been bigger thefts than that of the NACC', although there is no clear evidence of this happening.²⁰

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 as management units, they added an additional layer of bureaucracy to already complex government-donor relations. The levels of day-to-day bureaucratic inertia range within the NACs: TACAIDS (Tanzania Commission for HIV/AIDS) 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 whom you engaged with in the NACC, with some individuals being open; some changing the requirements necessary as if

¹⁸ 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). The issue of corruption was also discussed in an interview with Steve Kinzett from John Snow International - 23rd November 2005, in Kenya.

¹⁹ Parts of this process were described in the following interviews: Anne Austen, 18th November 2005, Futures Group – Kenya; Eve Mwai, 29th November 2005, St John's Ambulance – Kenya.

²⁰ Rowland Lenya, 10th November 2005, TAPWAK – Kenya.

they were making them up, and other representatives denying any knowledge of individuals or previous processes.²¹

The institutional capacity of the NACs have been marked by under-funding, lack of staff and a rapid accumulation of responsibility, for example in Tanzania 'TACAIDS is still put upon in this country... its just volume of expectation... it is simply the expectation of that organisation, and that doesn't mean they deliberately don't fulfil that requirement, its just unrealistic' therefore TACAIDS has to operate in limited space. 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. 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. Staff members within the NACs are targeted as lacking the skills and ability needed to support the community and partner CSOs effectively.²² 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. Representatives of the NACs, the World Bank and UN agencies all stress that the NAC's role is co-ordination not implementation. 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.

²¹ These findings are based on interviews with Hannington Kataka, 23rd November 2005, KUSCCO – Kenya; and Yasmin Tayyab, 24th April 2006, World Bank – Washington DC, USA; and 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.

²² This opinion was expressed in interviews with: Emmanuel Malangalila, 20th January 2006, World Bank – Tanzania; Alex Pius Margery, 6th January 2006, TANEPHA – Tanzania; Barabona Mubondo, 20th January 2006, WAMATA – Tanzania; Nick Southern, 9th January 2006, Care International – Tanzania.

Initially the NACs were not supposed to engage in such activities, but the demands of the MAP resulted in them doing so: MAP-1 established the NACs as implementers and MAP-2 reinforced this role. 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. As co-ordinating bodies, the NACs should not house projects as it contravenes their legal 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.²³

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. In Mozambique, a co-ordinating body already existed within the government, however the task team leader of the MAP had to keep to the overall blueprint and insisted on establishing an additional body and subsequently causing friction with the government, if the government had refused it would have not received the badly needed funds. In the UAC, once work-plans were articulated they had to be approved by the Bank, once the CSO proposals were reviewed the UAC prepared recommendations for

²³ This opinion was expressed in interviews with: Anne Austen, 18th November 2005, Futures Group – Kenya; Ursula Bahati, 14th November 2005, National AIDS Control Council – Kenya; Amy Cunningham, 25th October 2005, USAID – Uganda; Morris Lekule, 4th January 2006, TACAIDS – Tanzania; Emmanuel Malangalila, 20th January 2006, World Bank – Tanzania; Nadeem Mohammed, 24th April 2006, World Bank – Washington DC, USA; Herbert Mugumya, 1st November 2005, Save the Children – Uganda; Victor Mulimila, 17th January 2006, Faraja Trust Fund – Tanzania; Rustica Tembele, 6th January 2006, TACAIDS – Tanzania; Debrework Zewdie, 3rd May 2006, World Bank – Washington DC, USA; Deus Kibamba, 20th January 2006, TGNP – Tanzania; Steve Kinzett, 23rd November 2005, JSI – Kenya.

approval to the Bank, and once the MAP was accepted, the UAC had to sign an agreement to support CSOs. In Tanzania, TACAIDS found the US\$34million out of the US\$50million MAP budget earmarked to line ministries disproportionate to that of the community fund. However the Bank has not changed its position on the funding. In all three cases state-level response to HIV/AIDS was inactive. 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. 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.²⁴

Upon implementation of the MAP at country-level states did not have a role in articulating the project's main objectives. States are only able to articulate the agenda by choosing to accept the terms and conditions of the initial contract. When asked how the UACP was devised, Peter Okwero, the World Bank's task team leader in Uganda, responded 'I can't really say how it developed, it just came by itself... the Bank did not come with any idea, I don't think the government came with any particular idea'²⁵ The Kenyan Bank team were adamant that 'the Bank has no objectives behind the TWA, it is the government, we are supporting the government. That's the point, and don't forget it'²⁶ 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 a lot is being done by the Bank.²⁷

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. 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. The Bank was able to make

²⁴ Julius Byenka, 11th October 2005, Uganda HIV/AIDS Commission – Uganda; Morris Lekule, 4th January 2006, TACAIDS – Tanzania; Peter Okwero, 1st November 2005, World Bank – Uganda; Albertus Voetberg, 15th November 2005, World Bank – Kenya; Debrework Zewdie, 3rd May 2006, World Bank – Washington DC, USA.

²⁵ Peter Okwero, 1st November 2005, World Bank – Uganda.

²⁶ Adam Lagerstedt, 16th November 2005, World Bank – Kenya.

²⁷ Emmanuel Malangalila, 20th January 2006, World Bank – Tanzania.

states recognise the use of CSOs 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 stressing that requirements such as the implementation of the NACs were not a conditionality, preferring to characterise such influence as ‘arm twisting’ or working with NACs to ‘remind them ruthlessly’ of their role.²⁸

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 by Harrison and Charnock in which the Bank utilises government agencies to implement its reform packages through subscription to, and ownership of, a shared ideology. 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 a 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. If government objectives refute donor interests or the mandate prescribed for them to implement, governments are framed in a moralistic renunciation of their commitment to help the sick. 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.

²⁸ This opinion was expressed in interviews with Bank staff both in country and in Washington: Emmanuel Malangalila, 20th January 2006, World Bank – Tanzania; Nadeem Mohammed, 24th April 2006, World Bank – Washington DC, USA; Debrework Zewdie, 3rd May 2006, World Bank – Washington DC, USA.

Fourth, as we would expect under the Bank's wider governance reform structures, state attention towards the provision of basic services is channelled to the non-state sector, and the emergence of service economies throughout the country, as opposed to strengthening state mechanisms directly. 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.

Ministries 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 (NASCOP) 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. In Tanzania, the Ministry of Health reflects the knock-on impact of structural adjustment, in that 40% of health staff positions are under-filled. Managerially, Ministries of Health are seen as inefficient throughout the world. In countries such as Nigeria, the public health system has all but collapsed. These systems are strengthened with WHO technical support, resource mobilisation, training materials, and policy guidance. However they remain clinically oriented with few sectoral ministries accepting their authority. 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.²⁹

²⁹ This justification was expressed in multiple interviews: Awene Gavyole, 13th February 2006, WHO – Tanzania; Morris Lekule, 4th January 2006, TACAIDS – Tanzania; Chudi Okafor, 27th April 2006,

The shift in focus from a medical 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. A great force for contention was over who had ultimate authority over the national response, principally arising out of who had greater funds. In terms of authority, a 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.³⁰ However, despite suggestion of conflict, representatives of the NACs and the Ministries of Health acknowledge a degree of initial animosity but then consistently state their co-operative relationship, as Rustica Tembele of TACAIDS describes the relationship, 'for me, we are just a wedding' and issue examples of their joint working practices and inter-linkages between staff and committees.³¹

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 US\$15 billion, five year strategy that integrates 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. Its main expenditures are channelled to the management of the chronically ill, which is seen as problematic and economically unviable in terms of productive years added and the benefits of prevention. The financial capacity alone has led the US subsequently to dominate HIV/AIDS efforts at the risk of UN marginalisation. To stress its relevance, it has been suggested that the UN must now align its interests and activities within a US led framework. PEPFAR does not function within pre-established processes or co-ordination

World Bank – Washington DC, USA; Nick Southern, 9th January 2006, Care International – Tanzania.

³⁰ This opinion was expressed in interviews with: Bob Duolf, 4th January 2006, Care International – Tanzania; Duncan Hervey, 27th January 2006, Save the Children – Zanzibar; Carole Kariuki, 16th December 2005, Kenya Private Sector Alliance – Kenya; Deus Kibamba, 20th January 2006, TGNP – Tanzania; Samuel Nyantahe, 9th January 2006, Utegi Technical Enterprises – RFA Dar es Salaam, Mara, Shinyanga – Tanzania; Aisling Quiery, 21st December 2005, Merlin.

³¹ The need to express co-operation was expressed in interviews with multiple government actors: Stella Chale, 10th January 2006, NACP – Tanzania; Dorcus Kameta, 11th November 2005, NASCOP – Kenya; Emmanuel Malangalila, 20th January 2006, World Bank – Tanzania; Idi Saadat, 31st January 2006, Zanzibar HIV/AIDS Commission – Zanzibar; Joseph Temba, 10th February 2006, TACAIDS – Tanzania; Rustica Tembele, 6th January 2006, TACAIDS – Tanzania.

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. Divisions between state agencies and the balance governments must strike between international initiatives and national priorities are made more complex by the mushrooming of non-state actors, and the impact their role within service delivery has upon the functioning and role of the state. 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 to promote free-market economic practice.

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 refers to community groups of varying scale and size, national NGOs, regional networks, and international non-governmental organisations. Projects such as the MAP, international non-governmental organisation, and Global Fund grants specifically target CSOs in-country to provide a variety of care, treatment, prevention and support services. The types of CSO 'empowered' through HIV/AIDS interventions are community groups that do not pose any significant threat to the Bank's mandate.³² 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

³² See A. Bebbington, D. Lewis, S. Batterbury, E. Olson, M.S. Siddiqi, 'Of texts and practices: Empowerment and Organisational Cultures in World Bank-funded Rural Development Programmes' *Journal of Development Studies* 43(4), 2007: 597-621.

between governments and civil society within sub-Saharan Africa, specifically the case study countries, have been traditionally marked by distrust. However, under the 'ruthless reminders' (as conditionalities were referred to in an interview with a member of the World Bank's AIDS Campaign Team Africa) 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. This point is particularly pertinent when looking at the inter-relationship between District and Community AIDS Councils and international non-governmental organisations.

In response to problems with funding disbursement from the government to the community, NACs in some of the MAP countries have established Regional Facilitating Agents (RFAs). The introduction of these agents was made in response to suggestions by the Bank to speed up funding disbursement through the use of private consultancies or international non-governmental organisations. The RFAs would operate as an extension of the NACs' mandate thus increasing the working capacity of the MAP and the national strategic plans at the national and district level. The central role of RFAs is to build the capacity of the regional secretariat, the Local Government Authority (LGA), the DACs and the community and oversee and co-ordinate the overall implementation of the MAP community component. RFAs build capacity by mapping the number of CSOs in the area, their activities, shortfalls and successes, demonstrating successful models for implementation and monitoring of projects to both the DACs and the community, assisting the DACs with project appraisal and subsequently disbursing funds to communities. The RFAs see their central role as facilitators of community participation.³³ As private actors, the RFAs have become an extension of the state, and work in line with international donor-led, government mandates. What we thus see, is a mechanism introduced by international donors to conduct and implement the mandate of international donors, within the sovereign structures of the state and individual

³³ This opinion was expressed in interviews with the following RFAs: Robert Mukama, 8th February 2006, RFA Iringa and Ruvuma – Tanzania; Nicodemus B. Mwaduma, 6th January 2006, RFA Lindi and Mtwara – Tanzania; Rustica Tembele, 6th January 2006, TACAIDS – Tanzania.

governments' mandates to wage a war on AIDS through the disbursement of funds to the community at the district and local levels.

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.

Presidents and the War on AIDS

The adoption of the Bank's HIV/AIDS projects and the success of state-led interventions are dependent upon the role of the President. Since the inception of the MAP, and the increased availability of HIV/AIDS financing, Presidents within sub-Saharan Africa such as Mwai Kibaki of Kenya, Jakaya Kikwete of Tanzania, and Yoweri Museveni of Uganda have all called for a 'war on AIDS'. Museveni was unique in the leadership role in combating HIV/AIDS at the outset of his Presidency, which has since become a key component in Uganda's labelling as a 'success story' in the fight against HIV/AIDS. Explanations as to why Museveni adopted such a role are blurred. A popular argument is that at the time of Museveni's rise to power through military coup in 1985, soldiers and civilians began to exhibit symptoms of HIV/AIDS. Aware of the fragility of his power – and according to rumours in Uganda, under the advice of Fidel Castro - Museveni sought to encourage voluntary testing and counselling first within the army and then within the wider aspects of society as a means of maintaining political stability. What is clear, however, is that Museveni's role led to wider financial commitments and support from the donor community. Those Presidents and states that were willing to declare 'war' against the epidemic were seen as appropriate countries in which to invest resources and become prioritised by institutions such as the World Bank, as models of best practice in terms of intervention.

Presidents must be seen to commit to combat stigma to receive donor funding and approval from the international community that the country is taking the epidemic seriously and is thus willing to commit to international objectives. This in itself does not lead to any systematic reconfiguration of the state, or breaches of sovereignty, however it is the associated measures conditional to donor funding to which Presidents commit that ultimately undermines their leadership and position of power. The crisis of HIV/AIDS in countries such as Kenya, Tanzania and Uganda re-iterates leaders' dependence on foreign aid, and the latent governance reform measures inherent to HIV/AIDS interventions.

Conclusion: What Does this Mean for the State?

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 effects on the state in sub-Saharan Africa. First, it is positioning the role of the President as a ceremonious head of state that publicly promotes the international agenda on HIV/AIDS, and endorses donor-led state strategies to combat the epidemic. Second, the need to prioritise HIV/AIDS as a development project has given international organisations license to transcend sovereign boundaries and establish agencies of international organisations within the state structure. Third, this transcendence of boundaries has been extended to the community level, with civil society actors becoming intertwined with the service sector aspect of state provision. As such these actors promote and internalise the initiatives of international organisations and donors, once more under the justification of the HIV/AIDS emergency.

The impact of the HIV/AIDS response upon changes in government, state structures and 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 is a snapshot 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 this reform through a specific social policy that by its very nature as a multi-sectoral public health issue has wider

ramifications for the state. However, the success of the project is limited by the ahistorical and apolitical underpinnings of it, in which it ignores the context and culture of the state within which it operates. This has ultimately limited the ability of the AIDS response fully to shift the dynamic of state activity as divisions or 'domestic squabbles' reduce its wider absorption.

Taken in the context of the global aspect and financial commitments of what constitutes the AIDS response these findings have several repercussions. First, in underpinning the central foundations of global AIDS policy, the Bank's governance reform will continue to impact on states with high HIV prevalence. Second, the shortcomings of the project will ultimately undermine international interventions. This may lead to states designing and implementing their own policies; however, dependence on the high level of foreign aid would suggest that national interventions would also fail. Third, understandings of the role of the state in the epidemic need critically to consider the role of international donors and organisations within the context of their wider reform and ideological policies. Ignoring the power relationship between the state and international organisations will reduce the ability to tackle the long-term socio-economic consequences of HIV/AIDS and its devastating effect on countries with high prevalence rates.

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