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Edited by

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University of Bradford, UK
ALAN WHITESIDE
University of KwaZulu-Natal, South Africa
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United Nations Economic Commission for Africa, Ethiopa

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Chapter 8

Syncretism and Subversion in AIDS Governance: How Locals Cope with Global Demands

Ann Swidler[1]

AIDS is changing the face of Africa, bringing life expectancies in parts of southern and eastern Africa, which had begun to approach First World standards, down to an expected 38–40 years. But also, and perhaps more consequentially, the definition of the AIDS pandemic as an epochal crisis is generating an organisational response that may alter patterns of governance across Africa. We know something about the effects of the pandemic on life, health and education, and on matters like food security and defence, but hardly anyone has analysed the epidemic's effects on forms and cultures of governance.

This chapter attempts to lay out a set of broad theoretical questions, illustrated with material from two visits to sub-Saharan Africa (Botswana in July 2003 and Malawi in June and July 2004), including interviews with government officials and international organisation representatives in Botswana and Malawi, and about 70 interviews with staff from AIDS NGOs across sub-Saharan Africa, and an initial effort at mapping the universe of organisations responding to Africa's AIDS pandemic. The chapter focuses on four issues: (1) the nature of the organisations responding to AIDS in Africa; (2) the relation of AIDS governance to existing patterns of African governance, including the possibilities of syncretism and, conversely, a stand-off between the organisational models created by AIDS NGOs and existing patterns of authority and cooperation in African societies; (3) the problems and possibilities of 'cultural match' between existing repertoires of 'collective action schemas' and those proffered by NGOs and international organisations (Cornell and Kalt 2000, Swidler 2000 and 2001); and (4) the slippery matter of the play of power, money and identity in a field of power with very unequal players.

African Governance

While AIDS and the global response to the epidemic are worldwide phenomena, they have distinctive effects in Africa; and African governance in turn has

fundamental lessons to teach about the nature of politics, governance and institutional change. Post-colonial African states have typically been both more porous (easily penetrated) and less deeply integrated into the societies they govern than western states (Callaghy et al. 2001). Thus in Africa generally, and in dealing with AIDS in particular, one cannot think about the local without considering the global. While African states vary enormously in the integrity and effectiveness of their national governments, many are so weak or so poor that they depend on outside organisations to fund, and sometimes to administer, their AIDS and other public health programmes (Herbst 2000, Bayart 1993). Some African states are relatively strong and effective; but, ironically, these more effective states then attract the largest number of donors and NGO partners who, in turn, seek to alter elements of governance and policy.

How is AIDs Governance Tracked and Managed at Local Levels?

The AIDS pandemic is tracked and 'managed' by an enormous, world-spanning collection of organisations, some loosely coordinated through the UNAIDS umbrella and now the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); some funded by major international organisations such as the World Bank, UNFPA and the WHO; many funded directly or indirectly by USAID (and now the President's Emergency Plan for AIDS Relief, PEPFAR), the Danish International Development Agency (DANIDA), Norwegian Agency for Development Cooperation (NORAD), the UK Department for International Development, and the other major bilateral donors; and others funded by a hodge-podge of smaller groups and foundations, basically freelancers, many with their own funds and their own ideas and interests.

Even a brief look at what the 'structure' of such an organisational universe might look like illustrates the complexity of this system. Just to map this universe is an enormous challenge. All sorts of organisations – upstart freelancers, pseudo-independent NGOs, and many 'consort' organisations from universities to traditional foundations to church and missionary organisations (for example, Catholic AIDS Alliance or World Vision) – have jumped into the AIDS fight. This universe is organised partly as a hierarchy, with the big funders and the regulatory organisations like the Global Fund, WHO, the World Bank and UNAIDS at the top; but it is also organised as a network of 'partnerships' and projects, often with specialised foci or target groups. And then in many respects it is unorganised, with entrepreneurial actors at all levels inventing (or reinventing) themselves as actors in the AIDS drama.

In the AIDS arena, as with development, human rights, peace, women's rights, and environmental movements, complex networks of international and locally based NGOs define issues, carry out projects, mobilise local activists, and lobby in international forums (Khagram et al. 2002, Bornstein 2003). However we define the relevant system, multiple levels are interacting simultaneously, and our usual ways of thinking about boundaries, or even about nested hierarchies

of social processes (local, regional, national, international, global, for example) do not work very well (Callaghy and Kassimir 2001).

African governance is deeply interpenetrated with international actors, but the degree to which such actors actually influence governance is much more ambiguous. Three brief examples will illustrate how complex such processes are.

An internal report advising the Government of Uganda on decentralisation begins with a list of 32 'Abbreviations and Acronyms' for various political units, officials and programmes of the Ugandan government, but also includes CARE, CUAMM (Italian Cooperation), DANIDA, SNV-Netherlands, United Nations Capital Fund and USAID. Thus Uganda cannot even discuss its own governance structures without frequent reference to the international organisations with which it interpenetrates.

A second example is a 'Monitoring and Evaluation' report for Malawi's National AIDS Commission, produced with funding (and a consultant) from the World Bank, to develop a reporting system for all of Malawi's AIDS programmes (Malawi National AIDS Commission 2004). This Monitoring and Evaluation system was a prerequisite for grants from the Global Fund (GFATM) and an international donor pool supporting Malawi's antiretroviral (ARV) drug programme.[2] Thus, to get resources from global donors, Malawi had to mobilise local actors to enact organisational forms and procedures required by global actors. (I take up below the question to what extent the organisational isomorphism such requirements would imply is actually achieved in practice.)

The third example is simpler, but perhaps even more typical. A volunteer for a small NGO bringing international students to do AIDS work in Kenya for a few months reported that she ended up writing and then helping to promote a new AIDS curriculum for the local school system because the region, having not supported Kenya's ruling party, had received no curricular materials to carry out government-mandated AIDS education.

These examples illustrate both that African governments are dependent on and interpenetrated with international actors, and also that those actors may often be used to advance very local agendas.

Paradoxes of Permeability

African states differ however in how permeable they are, and thus indirectly in how NGOs function and how they relate to government. An intriguing contrast is that between Zambia and Botswana. The Director of a Zambian AIDS hospice – the first in the country and highly regarded – explained that her organisation had operated for more than 10 years without licensing or regulation because Zambia had no licensing category for hospices. The local government administrators, village headmen, police and hospital personnel have a good relationship with the hospice, but its integration into both state and community is essentially informal. Botswana, in contrast, has a remarkably effective, organised, administratively coherent and non-corrupt government. But ACHAP (the African Comprehensive

HIV/AIDS Partnership), a $100 million AIDS initiative funded by the Gates and Merck foundations, has felt hampered, and sometimes hamstrung, by the very government competence and integrity that have made Botswana such a magnet for outside foundations, international organisations and bilateral funding.

One issue illustrates the paradox of Botswana's competence and Zambia's relative incompetence. Botswana, like most African countries, has a shortage of trained medical personnel. Thus one obstacle to rapid 'scaling up' of ARV treatment has been the shortage of doctors, nurses, laboratories, and so forth (Grunwald 2002). Botswana also has a comprehensive system of professional regulation, according to which only physicians (and, on the ground, nurses) can draw blood, an essential part of AIDS treatment. But ACHAP's suggestion that phlebotomists – specialists in drawing blood, but without other medical training – might reduce the pressures on medical personnel were met with fierce, and ultimately successful, resistance by Botswana's licensed medical professionals. At the same time, in Zambia, no one was regulating what medical professionals as opposed to volunteers and other workers in medical settings could do. Indeed, after hearing how the dearth of medical professionals and the extensive lab work required for ARV therapy were limiting Botswana's options, I learned from the Zambian hospice director that she (an American college graduate with no formal medical training) had, in collaboration with the hospice's part-time physician, 'just written' the (quite simple, thus manageable) protocol that would guide her hospice's ARV treatment programme.

Institutional Isomorphism

One effect of the ramified global universe of AIDS organisations has been to create a proliferation of organisations and a homogenisation of organisational forms across the AIDS terrain. UNAIDS has, for example, insisted on 'multisectoral' approaches to coordinating AIDS prevention and treatment, often marginalising traditional ministries of health, while generating national, regional, and local-level coordinating bodies, the NACs, DACCs and VACs (National AIDS Commissions, District AIDS Coordinating Committees and Village AIDS Committees) that populate the AIDS landscape. The 'Monitoring and Evaluation' specialists dispatched from the World Bank as countries line up for funding from the GFATM provide another example of nearly all the processes DiMaggio and Powell (1983) saw as producing 'institutional isomorphism' – the development of similar organisational forms, professional titles and programme labels. But it is not clear how much this proliferation of organisational forms actually affects what happens on the ground.

John Meyer and his collaborators suggest far-reaching 'institutional' effects of current international and transnational activities. John Boli, Meyer and colleagues have written about an emergent world cultural order, a world agenda of human rights, gender equality and democratic participation advanced by the NGOs that have proliferated across the globe (Boli and Thomas 1997 and 1999).

The global NGO order certainly presses its understanding of gender equality, human rights and community participation, but these interact on the ground with local understandings in ways that often differ from the paper trail international organisations leave in their mission statements. Indeed, the West has been trying to reshape Africa along lines it thought appropriate for centuries, and only some of those efforts at institutional transformation have taken root, often in ways far removed from what their authors imagined.

Syncretism and Subversion

While there is an enormous amount of literature on religious syncretism, we know remarkably little about syncretism at the level of organisational form and content. Some recent studies of economic institutions – and especially of the 'economic transition' in formerly communist economies – have asked how imported institutional forms fare when transplanted to new soil (Evans 1995, Guthrie 1999, Fligstein 2001). But we lack a culturally rich theory about when and why transplanted institutional forms sometimes take root and flourish but so often wither or become deformed.

Ultimately such a theory will have to incorporate both something of the 'cultural match' arguments discussed below and an understanding of how groups with particular interests invest in institutions and how institutions become embedded as they get 'filled up' with the aspirations and agendas of particular interest groups.[3] For now, however, I want to start with an inventory of some of the organisational forms NGOs attempt to use in their AIDS work. (In part this provides an answer to what people mean when they talk about 'AIDS prevention' on the ground.)

Social Marketing

One of the most widespread – and, in its own terms, 'successful' – innovations in service delivery has been the development of 'social marketing', particularly the marketing of condoms by organisations like Population Services International. Such programmes both presume markets (and market actors) and induce them to distribute subsidised versions of goods the donors regard as desirable. This involves marketing campaigns (focus groups to choose the name – for example, the 'Chisango' ('shield' in Swahili) condom; elsewhere the 'panther' as a logo; staging publicity campaigns; and working through existing community leaders to persuade people to seek and use condoms) and the notion that condoms will achieve wider distribution if every actor in the chain of distribution makes a profit from marketing the product. Social marketing has met with wide success in a number of areas. But we should remember that, rather than introducing a completely new concept into African societies, 'social marketing' of course piggybacks on the enormous importance of petty trading across most of Africa.[4]

Volunteering

It was clear from both my interviews and my observations that the most widespread form of AIDS intervention on the ground is the establishment of volunteer 'clubs' of various sorts. In rural Malawi, Save the Children (USA) established 'AIDS Toto' ('stop AIDS') clubs in many villages. Similarly, World Vision founded its own village youth clubs, targeted on youth of different ages. Some clubs were supposed to mount drama groups to spread the AIDS message to young people in other villages. Other youth were to be drawn in by netball competitions. The Malawi Broadcasting Company organised a set of innovative radio programmes, meant to encourage even illiterate villagers to discuss AIDS and to develop their own suggestions for doing something about it. The broadcasters establish village-level clubs that meet during the weekly radio broadcast to listen together and then to formulate their own programme through discussion.

Such volunteer groups – sometimes women's groups, sometimes youth clubs, and sometimes mobilising through churches, in schools, or across age and gender lines – were an important feature of Uganda's successful mobilisation against AIDS. Zambia developed the remarkable Society for Women and AIDS in Zambia (SWAAZ), a volunteer organisation now claiming a membership of about 10,000 women organised in chapters all over Zambia, that has held meetings to educate people about AIDS among market women, factory workers, villagers, school pupils and so forth across the country. Indeed, I have argued elsewhere that the mobilisation of volunteers may itself matter much more in successful AIDS prevention than whether the mobilisation promotes condoms, abstinence, fidelity, or simply 'information and education'.[5]

Clubs are only one aspect of the very widespread reliance on volunteer workers as the core staff of many NGO interventions – those like World Vision's Area Development Projects, family planning programmes, and many AIDS interventions, from youth drama clubs to village AIDS committees. A widespread way of delivering medical care, for example, is 'home-based care', dependent on the volunteer efforts of local women who visit the sick and their caregivers. On the one hand, such volunteer mobilisation is a remarkable example of a kind of synergy between the organisational forms western donors understand and promote, on the one hand, and existing patterns of African social life on the other, most important among them expectations of 'generalised reciprocity' that make people obligated to other members of their own families, clans or villages when there are shortages or crises. On the other hand, such arrangements illustrate where slippage and subversion can occur as embedded understandings alter the meanings of organisational forms.

Turning informal obligations to family, clan or neighbours into more organisationally distinct clubs, projects or programmes – as many development projects from micro-lending organisations to women's cooperatives to community health projects do – has proved surprisingly successful. But it is not clear that

the international sponsors of such programmes understand very well the kind of cultural/organisational syncretism that has occurred there. I have only a couple of speculative suggestions about how the understandings of western AIDS workers (many of whom are themselves 'volunteers') about 'volunteer' activities do or don't correspond to those of local actors. First, it is clear that, despite the appearance of pure volunteerism, some hope of access to resources – money for transportation, possible access to a bicycle, food or an outing for a youth group, an actual soccer ball – is a critical complement to volunteering for those from societies so poor that any extra resource is enormously valuable (Smith 2003). Second, volunteer participation in organisations that involve international personnel create the ever-present possibility of contact with and help from the outside. This is, on a local level, the same pattern that Bayart (1993 and 2000) has called 'extraversion', when African political leaders plead their nations' neediness as a way of generating external resources for themselves.

More important than specific resources may be the possibility (like winning the lottery) of contact with outsiders that might lead to almost unimaginable benefits. The local director of a small AIDS NGO operating in Kenya was careful to cultivate the local district commissioner, who let it be understood that he wanted to be consulted about the NGO's projects – in essence, incorporating them into his patronage network. No bribes were requested or offered, but he wanted to be kept informed and to be consulted about decisions such as which local families might house the organisation's idealistic young volunteers who, in addition to their volunteer labour, could potentially offer contacts of enormous value. One young volunteer reported that she became so attached to the family she lived with that she became the godmother of the youngest child and committed herself to pay the child's school fees. Another volunteer in her programme arranged a full scholarship for the son of his Kenyan host family to attend an American university.

The enormous disparity in resources between the international organisation's personnel (however modestly they live and however poorly funded the organisation) and the local community is, in Africa, the inescapable background against which all interactions between international organisations and the local society have to be understood. A fascinating paper by Harri Englund (2003) on Malawian Pentecostals argues that conflict and schisms among Pentecostals often occur because religious leaders keep for themselves the material and spiritual goods that outside sponsors potentially offer, so that others break away to try to establish a purer, uncorrupted tie to those external sources of value. Thus local people at all levels, at least initially, inevitably regard an international organisation as a potential source of money, goods or contacts that are otherwise unavailable.

Community Mobilisation

Another important form NGO interventions take is 'community mobilisation'. In the AIDS world, the phrase is used by both Family Health International (FHI) and 'Humana People to People', and it is listed in the World Health Organisation's 'HIV Testing and Counselling Toolkit' (WHO 2004).[6] Whatever the name, the practice of direct community mobilisation is widespread among AIDS and development organisations. The basic practice involves announcing a community meeting and then using the meeting to educate people, recruit volunteers, or publicise a new programme. Thus a Peace Corps Health Extension Volunteer in Burkina Faso reported that one of her major responsibilities was 'community mobilisation'. She and the clinic volunteers were supposed to organise community meetings to discuss issues like basic hygiene, latrines, or safe water. Similarly, a micro-lending organisation in Uganda would come into a new area and start by announcing a community meeting to explain the programme and recruit the 'solidary groups' of five to seven women who would ultimately receive loans. Another volunteer in Burkina Faso did '*sensibilisations*' ['sensitisations'] with local women about 'child spacing'. When the clinic did a guinea-worm project, 'they chose a guinea worm *responsable* from each village, and then did a week-long campaign. They went to villages, talked with the chiefs, then gathered the women, each of whom was supposed to bring her filter, to make sure the filters had no holes and to demonstrate how to use them.

Community mobilisation – both community meetings where information or education is dispensed and mobilisation of groups to accomplish some task – is important in societies where people have little access to modern communications media like mail, telephones, and newspapers. Such 'mobilisation' is also fundamental to local structures of mutual help, such as burial societies in Ethiopia (Donnelly 2005), the Comités de Gestion that manage clinics and other local affairs in Burkina Faso, or the women's cooperatives that till land together in Côte d'Ivoire. But another pervasive aspect of community mobilisation in the reports of my NGO informants is the role of chiefs, subchiefs, prefects, and other local authorities in calling their communities together.

In Botswana I attended a rural funeral, whose most striking feature was the role of the local chief, who three times interrupted the service – twice cutting the local pastors off in mid-sentence – to insist that the 200 or so people gathered at the graveside service sing more forcefully, stop gossiping and pay more attention, and press more closely around the grieving mother. The chief's speech was the highlight of the ceremonial meal, but he was also clearly responsible for the quality of collective solidarity at the burial service (indeed, his small, dusty van was equipped with a bullhorn powered by the van's engine, so that his assistants could interrupt hymns or sermons at his discretion). In a poor, isolated village in rural Malawi, I observed as people gathered from scattered huts in the surrounding area for a meeting the local sub-chief had announced. Perhaps 50 people attended, gathering slowly in mid-afternoon, sitting on the ground, waiting. The sub-

chief, who said he was responsible for 53 villages, had his headmen make the announcement of an adult literacy programme the government was sponsoring, asking those who were interested to gather under a nearby tree. Local informants said that the chief could also ask for volunteer labour for a village project, and people would be fearful to be seen as uncooperative.

So when NGOs use a strategy of community mobilisation, they are also drawing on the expectation–in rural areas at least–that local authorities can call people together for a meeting or to do work for the community. The link between the influence of chiefs, headmen, prefects, and others and the ability to mobilise community effort is evident again and again in descriptions of NGO projects. The head of the Zambian AIDS hospice, which had an extensive network of volunteers in outlying villages, reported how central the chiefs were to the organisation of 'volunteers'. She said that they made the local chief or headman 'head' of home-based care. That was 'the only way it would work'. The chiefs were crucial to having permanent access to all the homes where AIDS patients were being cared for, being able to communicate with them, and being able to take care of people. Where they didn't have a chief or a headman involved, they couldn't get people to take responsibility. She gave as a typical example a situation in which they realised that a parent was too sick to cook and the children weren't being fed. If a chief or headman were involved, he would just tell the next-door neighbor to feed the children and it would happen. But where they weren't involved, she said, no one would do anything.

One of the Peace Corps volunteers who worked in Burkina Faso wrote in an e-mail home:

> It can be incredibly frustrating at times, as protocol is incredibly important with the ethnic group I am working with, the Mossi, and so there will be days when my 'work' will just be talking to the chiefs of the village and informing them of what I am planning and making sure that they will allow me to do it.

Community mobilisation, like other 'on-the-ground' approaches NGO workers actually use, turns out to be a kind of intersection point between the ideals of the NGO workers, who value community participation, 'empowerment', and local democracy, and long-standing practices through which chiefs and other local authorities mobilise and control community activities.

Patron–Client Ties

The hope – even the distant hope – of material benefit is not all that accounts for the wide diffusion and the frequent success of forms of 'volunteer' organisation in successful NGO projects. When international initiatives recruit influential local women to distribute condoms or to act as staff on a community health programme, they are tapping into another important form of local social organisation, what I will refer to broadly as patron–client ties. Even in our own society, as Peter Blau noted long ago, being a person who can offer help to others, who then feel

gratitude or consider themselves indebted to the helper, is at minimum a source of psychological gratification and status (Blau 1964). But village communities – not only in many parts of Africa, but in many other communities as well – are often organised around fundamental patterns of unequal interdependence (Eisenstadt and Roniger 1984, Barnes 1986, Roniger 1990). Amy Kaler and Susan Watkins, in a study of community-based distributors (CBD) of birth control in rural Kenya, noted just such a pattern of patron–client ties among women volunteers and their clients. They note:

> In this context, CBD work is a means for women to earn respect and obligation from other people, where earning money is difficult. The GTZ/MOH CBD program may enable these women to attain a measure of power and respect by giving them new ways to take advantage of one of the few avenues open to women. International and national agendas and resources are thus being drawn into a local, historically rooted dynamic. (Kaler and Watkins 2001)[7]

The possibility of relationships of exchange or of interdependence among unequal partners may account for the ease with which international NGOs of many sorts establish working relationships with local communities. Interviews with staff in very different sorts of local NGOs suggest that these NGO workers found ways to ally themselves with members of the local community by becoming both patrons and clients of those they could help and who could help them. The director of the Zambian hospice arranged to enroll the families of the local police in the hospice's clinic, and the van they sent out to pick up patients who had fallen ill in the local villages often stayed to provide vaccinations and other medical services to village children. The hospice depended on a network of volunteers in the 10 local villages and compounds in its catchment area, who looked out for those living at home with AIDS and notified the hospice when one of their patients needed acute care. The hospice carefully cultivated good relations with the chiefs and headmen of local villages and with the physician who also worked at the local hospital. A young Peace Corps volunteer in Côte d'Ivoire similarly depended on the cooperation and help of the head of the local men's organisation (the Président des Jeunes) to help her initiate projects, and she was unable to advance AIDS-related projects until she won his assent. The volunteer working on an AIDS curriculum in Kenya was in a sense a client of the district commissioner, who allowed her organisation to work in his district, and effectively a patron to the local superintendent of schools, for whom she provided AIDS-related curricular materials for his schools.

If the friendships and alliances that NGO staff, both country nationals and outsiders, form with local leaders and clients account for how NGO organisational models sometime form a reasonable symbiosis with local patterns, the absence or failure of such processes may also help to explain cases where there appears to be a misfit or mismatch with local patterns of authority, influence or community.[8]

Bureaucratic Controls

The example I described above of Malawi's plans for 'Monitoring and Evaluation' of its AIDS programmes suggests something of the feel of centralised 'administration' of AIDS programming. But where the actual services are provided by a motley assortment of organisations, most of which have their own sources of funding, and their own schedules, priorities and local contacts, it is unlikely that bureaucratic administration will apply to more than the attempt to collect information in some – at least ostensibly – centralised place. Malawi's National AIDS Commission seems to have taken its role in 'monitoring' AIDS organisations seriously. It has produced a comprehensive list of all AIDS NGOs, faith-based organisations, community organisations and government AIDS projects, organised by district; and each year every organisation is sent a form asking for an update on their programmes, numbers of people served, and so forth. But the local branches of key NGOs like Save the Children, World Vision and PLAN (an international development organisation focused on children) get much of their money from child sponsorship by individual donors who are moved to sponsor a child or a family. At the local World Vision office we visited, we were shown a picture on the wall of an American couple who had sponsored a major share of its programming. And in classical patron–client style, when the visiting foreigners – Germans, Dutch, Swedish, American – come, the local World Vision workers take them out to meet the families whom they have helped, to see the AIDS club perform a drama, or to watch a netball match.

It takes only a brief period on the ground in Malawi to run into groups of American church members who are travelling around the country looking for villages that need boreholes (deep wells) dug, a group of international students doing a summer AIDS project in a village, or Japanese engineers designing an irrigation project. And when we paid the obligatory visit to a local chief (the 'traditional authority' over more than a hundred villages), after initial pleasantries he asked us, the visiting researchers, whether we might help his people acquire fertiliser and seeds and whether we might have ARV drugs for the family members of one of his headmen. So bureaucracy at the top often monitors a bevy of independent actors on the ground. Paperwork may flow both to the national and international offices of the NGO and to the government, describing the number of programmes under way each month or each quarter, the number of youth involved or homes visited and so forth, but the actual practices on the ground are closer to a patron–client arrangement in which what the clients provide their NGO patrons is evidence that the programme actually has participants, households, or needy children that it serves.

Indeed, in Malawi responsibility for implementing the complex new reporting system at the district level falls to five 'umbrella organisations' – ActionAID, World Vision, CPAR (Canadian Physicians for Aid and Relief), PLAN and Save the Children (USA) – each of which is responsible for data collection (and for the 'training of trainers' required to teach local organisations the forms of reporting

required) in several of Malawi's 28 districts. These organisations are already skilled at turning in monthly, quarterly and annual reports enumerating numbers of children served, numbers attending programmes, numbers attending school, and so forth, by compiling reports duly submitted by their field personnel. But these personnel are rewarded for turning in the reports without much scrutiny from the home office staff. So in the long run, what these organisations really need to provide in order to survive are enough children; so that when the infrequent visitor comes, local relationships can be used to mobilise an acceptable number of children or adults to demonstrate that something is happening on the ground.

Such an example demonstrates the real limitations of the institutional theorists' stress on 'isomorphism' in institutional form. Although each country is supposed to have a 'national AIDS commission', and they all employ a 'multisectoral approach', even to enact these formulas local actors do not so much 'resist' as discover that they must mobilise other actors who in turn have their own agendas and priorities.

Cultural Match

In an important series of papers, Steven Cornell and Joseph Kalt (2003) have explored the causes and consequences of effective governance among American Indian groups. They suggest that the degree of 'cultural match' between original forms of governance and current forms best explains why some groups are well governed while others are not. The fragmentary data I have collected so far do not equip me to test such arguments. Indeed, the variety of African cultural groups and the diversity of forms of traditional governance, as well as the upheavals of colonial experience, would make any direct effort to 'match' contemporary forms of NGO governance with traditional forms a chimera.

Nonetheless, I want to suggest that at least thinking about 'cultural match' may help us understand some of the paradoxes and frustration of current global AIDS campaigns. First I want to return to a problem I have discussed elsewhere: Uganda's success in AIDS prevention, despite a history of dictatorship and civil war and its relative poverty, in contrast to Botswana's stunning failure to lower the highest HIV prevalence in the world, despite its administrative competence and integrity, its stable democracy and its relative wealth. At the most superficial level one might say that Uganda's situation was so desperate that when Yoweri Museveni came to power as president in 1986 and recognised the threat AIDS posed he had no choice but to mobilise his population and to welcome AIDS prevention efforts from every quarter, including international NGOs, local churches and community organisations of all sorts. Botswana, in contrast, followed international advice with its usual care, but has been highly resistant to organisations operating independently of government. Indeed, it has followed the 'good government' principles that brought it peace, prosperity and stability, such

as limiting the growth of government spending, even when these have frustrated outsiders who see AIDS as an overriding emergency.

We can also think about the contrast between Botswana and Uganda at a deeper level, however. In very interesting work unrelated to Uganda's AIDS fight, Mikael Karlström (1996 and 1999) has argued that the National Revolutionary Movement, the political party that was formed during Uganda's civil war and has ruled the country since 1986, has deep cultural resonances with traditional Buganda political forms, so that Uganda's one-party 'democracy', with election of the best individual but no party competition, is understood in the rural areas as being 'the same' as the civility, clan loyalty and rule by responsive chiefs that are considered the Buganda political legacy. In the Buganda areas Museveni has brought back the chiefs (who fled into exile under Idi Amin and Milton Obote) to provide local rule and enhanced political legitimacy.

In a similar way, Botswana's extraordinary democracy and political stability are attributable in part to the continuity in its political culture and its forms of political leadership (Holm and Molutsi 1989). It has a bicameral legislature with an elected Congress and a House of Chiefs made up of the hereditary chiefs of the eight main Tswana tribes. Its democratic traditions derive in part from the traditional role of the chief or *kgosi* and the village council or *kgotla* (Holm and Molutsi 1989). Before independence, Botswana managed to avoid colonisation by British settlers, and its traditional political forms were little disrupted by the benign indifference of a nominal British protectorate. Its first president, Sir Seretse Khama, was simultaneously an Oxford-educated national hero, the paramount chief of a major Tswana tribe and the grandson of King Khama III, whose diplomacy had preserved his nation's 'autonomy from white-settler rule'. But Botswana's democratic stability is also directly linked to its heavy reliance on a centralised bureaucracy for policy decisions.

Botswana's political system thus also seems to have a 'cultural match' between traditional and contemporary political culture and institutions. But this is not a system that encourages NGOs. Indeed, the effectiveness of government and prestige of the civil service make outspoken demands from below seem like threats to stability. And this lack of a robust non-governmental sector of local NGOs and community organisations may explain why Botswana has failed so completely in its AIDS prevention efforts, despite ample outside funding and a strong commitment to AIDS education and treatment on the part of government.

Current developments in Botswana offer a fascinating suggestion of the importance of cultural match. To summarise a complex story, Botswana's advantages of small population, excellent public health infrastructure and political stability made it an ideal place to roll out a radically ambitious project to give free ARV drugs to everyone who could benefit. Backed by $100 million from the Gates and Merck foundations, and with additional contributions of money, lab facilities, drugs and technical expertise from Bristol-Meyers Squibb, Harvard and Baylor College of Medicine, among others, ACHAP (African Comprehensive HIV/AIDS Partnership) began in 2000 (Khan 2001). Reports from the first three

years of this programme were disconcertingly disappointing. ACHAP enrolled only a fraction of the patients anticipated, and it appeared that the combination of bureaucratic inertia, 'stigma' that kept Batswana from coming forward for treatment, and the inability of ACHAP's international staff to relate to the local population was leading an ambitious and much-heralded experiment to a dismal conclusion. But Botswana has had something of a breakthrough. In January 2004 Botswana began making HIV testing 'routine', rather than following the American-promoted VCT approach (voluntary counselling and testing): 'Instead of simply offering H.I.V. tests to those who sought them, [Botswana's president, Festus Mogae] ordered routine tests of everyone who came into a hospital or clinic, unless the patient objected' (LaFraniere 2004). This routinisation, unlike all the government's and private foundations' earlier efforts to reduce stigma, seems to have changed the entire dynamic of AIDS testing and treatment. The numbers in treatment have started to soar, and the sense of stigma and isolation seems to be dissipating (Leithead 2004). So Botswana, which has not been able to respond adequately to AIDS through the models promoted by the international NGO ideology – informed individual choice, human rights, participation and VCT – has found a very 'Botswanan' way to meet the epidemic.

Power, Money and Identity

The NGO presence in Africa can reasonably be seen, for good or ill, as the latest successor of earlier colonial penetrations. The enormous disparity in wealth and power between the donor countries and African recipients, compounded by the frightening, often overwhelming, aspects of the AIDS pandemic, make NGOs certain that their procedures and policies are right, that the crisis is urgent, and that resistance to their programmes is madness or malice.

On the whole, I share the view of the urgency of the crisis, despite awareness that many of those dying of AIDS might otherwise die of malaria or tuberculosis – or indeed cancer or heart disease – and that if AIDS were suddenly to disappear many if not most Africans would once again find themselves of little interest and no 'value' to the wider world. Indeed, the cynic in me thinks that AIDS philanthropy, AIDS research and what might be called AIDS tourism have become Africa's most successful 'export' and certainly its major source of foreign exchange.

Earlier European interventions in Africa, both the well- and the ill-intentioned, would not suggest optimism about the current round. Much of the institutional legacy that Europe sought to impose or bequeath was from the beginning a kind of catch-22. Jeffrey Herbst (1996–1997) has argued that the European state form never fit African circumstances. But before Africans had the possibility of forming modern states, they had already been pillaged, their populations displaced, and their indigenous political institutions ravaged. For most of the twentieth century, when the West paid attention to Africa at all, it was to prop up leaders who

were responsive to their external sponsors rather than to their own people, or to undermine or destroy African political formations that did not serve the interests of western powers (Mamdani 1996).

The current moment is unusual only because the AIDS crisis has focused the world's attention on Africa. I would argue that for AIDS, as for every other form of participation in the modern world, effective governance is probably the fundamental precursor to all other forms of progress (Evans 1995 and 1997). But governance cannot be directly imported. All the external pressure – for 'transparency', 'democracy', 'human rights' and other goods valued in the global arena – has accomplished very little. And indeed, that pressure, which is aimed at fostering stronger, more capable states that could advance and protect their citizens, is constantly undermined by the aspiration of western capital for prostrate states that leave their markets unprotected.

This is a period of the reconfiguration of power and politics at the global level. While 'nation-building' may be a bitter joke, there is massive institutional and cultural reconfiguration afoot at the global level in which Africa and Africans may yet be able to play new roles. In part, the very variety of forms of contact and connection between global actors and local systems makes traditional nation-state politics more difficult but creates more degrees of freedom for actors at other levels of the system. In such a world it is possible for institutional forms that make local sense – like the patron–client ties that sometimes indigenise what start as foreign-inspired NGOs, or policy inventions like Botswana's routine AIDS testing – to emerge and thrive, not in spite of the inequalities of power and resources that separate Africans and the West, but at the intersection where institutional and cultural forms meet, sometimes taking syncretic forms that come to have a vibrant life of their own.

Notes

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2   The report's author, a 'Member of M&E Country Support Team, The World Bank Global HIV/AIDS Program', describes the genesis of the report as follows: 'One of the priorities for the Malawi National AIDS Commission and its partners has been the set up of an HIV/AIDS monitoring and evaluation system. The need for this M&E system was not only driven by external demand from pool donors and the GFATM, but also by internal demand within NAC to drive the establishment of a system through which the NAC can track the progress made with Malawi's response to HIV/AIDS, within a multisectoral context.

'During the conceptualization, design and operationalisation of NAC's M&E system, the Malawi NAC received technical assistance. The M&E advisor left Malawi in Dec. 2003 after 12 months of support to Malawi, but returned to Malawi from 18 June 2004–7 July 2004 as a follow up to the technical assistance provided last year and to focus on how to improve the operationalisation of NAC's M&E system.'

3 Kathleen Thelen, in an important recent book (Thelen 2004), explores how an institutional complex – in this case, the institutions of skill formation in industrial democracies – can change over time as political conflict and the clash of interest groups either graft 'new elements onto an otherwise stable institutional framework' (p. 35) or 'convert' the institution when 'the adoption of new goals or the incorporation of new groups into the coalitions on which institutions are founded can drive a change in the functions these institutions serve or the roles they perform' (p. 36). This may mean that an institution's current 'functions' have little or nothing to do with its origins. Thelen's model also suggests that institutions become more established and robust as new groups invest them with their own interests and purposes. In this sense contestation might lead to more stability as institutions recruit new participants. Joel Migdal's work (Migdal 2001) on weak states describes the opposite dynamic, in which state institutions never become effective enough to persuade important groups to invest the state with their core interests, so state institutions never become robust.

4 The importance of petty trading should not be confused with 'market relations' more generally. The sale of labour as a commodity usually originated in coercive systems of labour control and the often brutal efforts of colonial powers to impose wage labour under the most unequal conditions, from slavery and direct coercion to the imposition of the head tax and migrant labour systems meant to force workers into the cash economy.

5 See Swidler (2003). The idea that collective moral mobilisation may be more important for successful AIDS prevention than particular prevention programmes is sobering. If the whole A, B or C debate is a distraction from the real issue, then public health experts do not know what formula or technique to promote, what to fund, or even how to generate useful research. The fascinating study by Catherine Campbell (2003) of the failure of a 'gold standard' South African project that was supposed to generate stakeholder commitment and community buy-in is a chilling reminder of how little we understand why some forms of collective action – in Uganda, and to a lesser degree in Zambia and regions of Tanzania – succeeded when so many AIDS-prevention efforts have had no apparent effect on AIDS prevalence (Green 2003, Hearst and Chen 2004).

6 Humana's version of community mobilisation is primarily a technique of going door-to-door to educate individuals about HIV/AIDS. See descriptions of Humana's US-funded projects in Humana (no date) and Johnson & Johnson (no date).

7 Amy Kaler and Susan Cotts Watkins (2001) argue that such patron–client relationships sometimes lead volunteers to subvert the policies of the NGO. Because they don't want to be blamed for family discord, or to have family planning blamed when women can't conceive, they impose their own standards – or rather what they perceive as community standards–which may violate the explicit guidelines of the international organisation for which the volunteers work. For example, the CBDs often refuse to give oral contraceptives to women who haven't yet had two or three children.

8 One additional issue makes it difficult for Americans and other Europeans to think fruitfully about the importance of patron–client ties in Third World settings. We tend

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to think of love and money as opposites, and to cast 'genuine' relationships as those that are free of self-interest (see Collier 1997), but we know that for most societies throughout most of human history, ties of personal dependence combined deep emotional connection with economic, social and personal dependence (Weber 1968 [1920–22]; Bloch 1961 [1940]).

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