

Of gifts and return gifts

BEYOND THE POLITICAL AND PRACTICAL DEFICITS OF DONOR ASSISTANCE

Donor aid for AIDS constitutes a major part of the funds that are available for HIV prevention and treatment in Southern Africa. While this money is vital and welcome, **Peris Jones** warns that it is also replete with dangers. In this article he reviews the history of donor interventions in development, examines some of the fine print of donor aid for HIV prevention and treatment, and highlights its pitfalls.

This article is dedicated with love in memory of H. Ben Campbell.

Introduction

As a perennial target of critique from both left and right of the political spectrum, the aid industry is no stranger to assessments depicting generally disappointing results of donor aid (Killick, 1998). Some observers even refer to the inherent 'pathologies' of aid (Fowler, 2001), products of the externally driven motives of donors rather than recipient needs. At the outset, however, we should also recognise that donors have been easy targets for misunderstanding, for critiquing and, often, for caricature. Donors are all too often convenient 'fall guys' for the complex reasons why 'development' often fails.¹ The 'donor community' is in fact highly heterogeneous, reflecting a diverse range of actors, funding mechanisms and differentiated responses. In acknowledging the medical, humanitarian and developmental emergency associated with HIV/AIDS, particularly in Southern Africa, critics must surely also recognise that *more* not less intervention is required. And isn't there an important role for donors in a situation where governments cannot, or will not, respond to the needs of their citizens? The purpose of this critically informed review is to seek ways to recalibrate aid in such a way that it serves as a genuine vehicle for social justice amidst the devastation of the HIV/AIDS epidemic. But in the fragmented landscape of development interventions, this task is a highly complex one. Not least, it is a puzzle where the solution is contingent upon the diverse actions of states, civil society, multi-lateral institutions and private corporations. One critical initial entry point, at least, is to dissect the nature and scope of donor intervention concerning HIV/AIDS.

These donor interventions are not static. Indeed, could it be that amidst the social dereliction and misery wrought in the wake of the epidemic, we are beginning to take to heart Coutinho's suggestion (2004) that the HIV/AIDS epidemic can be considered something of an opportunity to do things differently? More specifically, is the epidemic something of a catalyst for change in the landscape of donor interventions? Or is it business as usual?

In order to navigate this complex landscape of interventions, the article does the following:

First, to get an angle on the scope and nature of donor influence, it is necessary to locate contemporary interventions in an overview of the historical role of aid in development. Not least, consideration of whether donors are able to relinquish control

¹ See, for example, Escobar's influential critique (1995).

of the aid machine requires some degree of understanding that failures may be related to the historical notion of 'trusteeship'. Although some historical continuities persist, there are also significant shifts in donor policy. Some of these shifts are tracked in discussion of the contemporary role of 'partnership' in development – illustrated by the UK's Department for International Development's (DFID) and Norwegian Agency for Development Co-operation's (NORAD) development agendas.

Second, a brief mapping is provided of the prominent financial flows from key global actors, within the mosaic of regional aid to Southern Africa. The high level of aid dependency in the region is of particular concern. These concerns are amplified when considering the woefully poor co-ordination that has traditionally plagued the aid sector. The phenomenon of 'crowding out' is examined in the context of HIV/AIDS, and is indicative of how donors are responding to these challenges. More specifically, both the Global Fund and the 'Three Ones' reflect important new pioneering approaches to donor interventions: but are they working?

Third, for all these donor responses, the final section draws attention to some of the more explicit externally driven agendas. In doing so, it is important to uncover the discursive and ideological currents underpinning specific bilateral policies. It should be noted that the discussion is not intended as a critique of the professional and personal commitment that many donors exhibit. Rather, it is in order to highlight the ideological underpinnings attached to the act of giving of aid. At one end of the ideological spectrum, contemporary United States policy on HIV/AIDS is scrutinised as it is highly influential yet so replete with controversy. An unlikely alliance of theology and Pharma contrives to promote an abstinence-led prevention policy and branded ARVs for treatment. Alternatively, NORAD is often depicted as the more flexible, even neutral, donor. Even here, at the other end of the donor spectrum, we find that the 'gift' of aid is often intertwined with Norwegian national aspirations. These discourses must be 'outed' if we are to uncover and deconstruct the external lens through which so much aid policy is constructed (and distorted).

By way of conclusion, the article will come back to the question of whether donors can let go, and concludes that it is imperative to go beyond negotiated elite arrangements to focus upon engaging the citizenry in the politics and governance of aid.

Locating aid: The history of the loss of an illusion?

Before asking, as Fowler does, 'what has caused a generally disappointing level of achievement?' for aid, it is first necessary to locate it in a broader landscape of development interventions. 'Development' itself is not a neutral concept. It should be considered as the product of an historical and geographical encounter between the so-called 'First' and 'Third' Worlds. Edward Said, the Palestinian-born literary critic, draws attention to 'the systematic discipline by which European culture was able to manage – and even produce the Orient', and, more generally, the Third World – 'politically, sociologically, ideologically, scientifically, and imaginatively during the post-Enlightenment period' (Said, 1979:3). In many respects the colonial era was the forerunner of development policy in its more modern guise. Of particular significance for post-World War Two development discourse and practice is how these older geographical metaphors like the 'Dark Continent', the 'Orient', persist. More generally, they are bound up, according to Bell, with a 'combination of moral concern and fascination with the exotic [which] forms the basis of our geographical imagination and continues to underlie much contemporary interest in non-Western societies' (Bell, 1994:193). A range of powerful critiques – so-called 'anti-', and even 'post-' development approaches – has since emerged, premised upon contesting this imagery of the 'Third World'. Escobar (1995) powerfully refers to the disenchantment with development as the 'history of the loss of an illusion' and, that

the kingdom of abundance promised by theorists and politicians in the 1950s, [with its] discourse and strategy of development produced its opposite: massive underdevelopment and impoverishment, untold exploitation and oppression. The debt crisis, the Sahelian famine, increasing poverty, malnutrition, and violence are only the most pathetic signs of the failure of forty years of development (Escobar, 1995:4).

While reading potentially like a critique of the capitalist relations and neo-liberal economic agenda of the World Bank and International Monetary Fund, what is in fact at issue for Escobar, and others such as James Ferguson (1991), is not that development has not worked because of some capitalist or systemic logic. Rather it is 'development' itself as an all-powerful controlling discourse that is able to legitimise all kinds of fanciful interventions in the 'Third World'. Seemingly devoid of 'development', the landscape of the Third World has been represented as ripe for modernisation and,

critically, *intervention*. Most notable, for Ferguson (1991), is that 'development' too often becomes synonymous with technical programmes and interventions, which serve to depoliticise development. In other words the 'giver' is simply instilling development through aid and is therefore somehow supposedly neutral. There is not the space here to detail the critique, nor, indeed, the critique of the critique.² What should be obvious to consider, however, is the pivotal role development aid has been given as the head of the vanguard of development interventions in the Third World.

From its origins, aid, according to Fowler, has been 'about benevolent self-interest rather than a historical duty or obligation. Recipients should be 'thankful'' (Fowler, 2001:2). Fowler shows how this self-constructed legacy was initially a product of the Cold War. Aid was used to further foreign policy objectives of the 'giver': to contain communism for the 'West' and instil economic (i.e. capitalist) growth. These specific origins also encouraged short-termism because aid was directed at furthering the bilateral interests in question. Aid was usually tied in order to benefit the giver economically or strategically. Another outcome, with all these competing motivations and objectives, was to create inter-donor competition, which resulted in lack of co-ordination and consistency and an inability to learn from mistakes.

The 'giver' is under pressure to disburse the funding rather than taking a more long-term perspective. In sum, aid has been characterised as being externally-driven. However, to fully understand the forces driving aid, we must consider a deep-rooted notion that the donor 'giver' has historically had, called 'trusteeship'. Trusteeship was integral to the colonial powers' belief that it was their duty to instil civilization into colonies. Their intervention was often represented as apparently protecting the infantile 'native' depicted as child-like and under the tutelage of the 'adult' colonial supervisor. Trusteeship has been played out in different locations and, significantly, out-lived colonialism in the post-World War II era (Mercer *et al*, 2003).³ Updating this to the post-war period, the core issue is the giver's ability to exert control over the development because it is a process in need of management by 'experts' on behalf of recipients. The result is debilitating to the recipient with a lack of genuine participation and ownership. Fowler mentions at least six outcomes:

² Such as whether critics confuse development as a process with how the development is done, i.e. different actors.

³ Trusteeship was integral to apartheid rationalisation of separate development in South Africa, for example, until the 'Bantu' could presumably fend for him/herself.

First, the lack of a common agenda leads to funds being misappropriated, or diverted to what the recipient believes is most important. Second, the donor imperative to disburse funding can be met with recipient foot-dragging, obstruction and delay to create leverage for the recipient. Third, recipients can also play donors off against one another because aid is devoid of a consensus and each donor wishes to implement 'their' specific project and account for it. The result can be that civil servants demand *per diems* for attending meetings, for example. Four, another tactic can be to direct aid to areas where the recipient feels there is most political benefit. Again, under pressure to disburse funding, donors often acquiesce. Five, a loan or grant from the donor can be used by the recipient donor to displace the government's own allocation. The significance of this is that recipients can also blame donors in the event of policy failure. Overall, because of external factors, defined and designed by donors, the recipient does not feel or accept responsibility:

In sum, because of the historical moment of its birth, international aid has not sufficiently evolved as a shared endeavour where both parties face similar levels of risk and jointly carry the consequences of success or failure (Fowler, 2001:3).

Additional factors creating these 'pathologies' include the fact that a vertical chain of command structures aid programmes. One particularly significant feature of the hierarchy is that the parameters and their pre-conditions are set externally and never questioned. In a qualitative review of six, Lervåg (2000) identifies the 'project paradox', whereby funding through discrete projects ensures the giver a degree of control over the development process rather than being conducive to flexibility and learning. Sometimes these practices are merely habit: donors are used to these funding mechanisms and controls and resistant to change. The upshot is that in the eyes of recipient and taxpayer alike, the credibility of aid is diminished (Fowler, 2001). According to Mercer,

Just as in colonial times, the frameworks and strategies of development are authored outside of the country concerned, grounded in foreign (especially neo-liberal) ideologies and backed up by the long arm of debt conditionality (Mercer, *et al*, 2003:423).

These are just to mention a few technical and practical issues concerning the landscape of donor interventions. I wish to now turn more specifically to how donors are responding to the HIV/AIDS epidemic. The first major response is to promote the virtues of

'partnership', in recognition, perhaps, of previous unequal power relations. Then, in the section discussing the specific implications for the Southern Africa context, there is further evidence – through the Global Fund and 'Three' 'Ones'⁴ – of more substantial donor policy departures.

The paradox of 'partnership' in Aid

In order to diffuse some of the criticisms of externally-driven aid, and to adapt and adjust policy, bilateral agencies have responded. One strategy has been to promote 'partnership' between giver and receiver. This section provides a brief overview of the fundamental paradox of 'partnership' as read through the strategies of both DFID and NORAD.

There are remarkable parallels between DFID and NORAD's overall development strategies. One is the organising theme of 'eliminating' and 'fighting' poverty (DFID, 2000; and the Norwegian Ministry of Foreign Affairs (NMFA), 2002, respectively). Indeed, the Millennium Development Goals – including halving the number of poor surviving on less than a dollar a day by 2015 – are common objectives. Both are infused with a moral discourse stressing moral duty to the poor. 'Norway as one of the richest countries in the world has an obligation to take this seriously' because, we are told, '[P]overty is an attack on human dignity' and it is 'morally and politically intolerable that basic human rights are being violated in such a massive and constant way' (NMFA, 2002:6). The vehicle for delivering us from poverty, we are also told, is common to both, namely, globalisation, seen as essentially benign (NMFA, 2002:39). It is better management that is required, rather than allowing oppositional voices from within the Third World to identify problems intrinsic to the neo-liberalism that both strategies promote. It is not so much the moral concern, which is necessary for commitment to distant strangers, which is problematic. It is rather how this morality is connected to who is considered to provide the necessary leadership in effecting better management.

There is a fascinating interplay and apparent contradiction in these key guiding documents between the ideal of partnership and co-operation – as stated on numerous occasions – and, who, exactly, is considered to possess the appropriate skills for this management process. As with DFID, NORAD also places emphasis on 'national ownership' and on developing 'countries taking over the leading role themselves' (NMFA, 2002:43).

⁴ The 'Three Ones' is the term for the principles agreed upon by donors and low- and middle-income countries to work more effectively together in scaling up national AIDS responses (see UNAIDS, 2004a and 2004b).

However, Bell and Slater (2002) suggest that DFID's strategies situate developing countries in the position of being passive recipients to be managed and monitored, and in need of having (western) technology and knowledge (read, 'globalisation') bestowed upon them. While draped in the terms of egalitarian 'partnership' between donor and recipient, a more deep-seated geopolitical 'continuation of tutelage under a globalising guise' is revealed (Slater & Bell, 2002:351). Another area of commonality is that both strategies propose – a rather interesting departure from recent policy – the move away from isolated projects to consolidating and channelling assistance through sector-wide programme and budget support to national poverty reduction strategies (NMFA, 2002).

It is also important to identify policy differences. The Norwegian strategy, for example, does differ slightly in that, first, there is more emphasis placed upon distribution of wealth, reducing debt burdens, and creating a fairer system of world trade. Second, there is a welcome self-critique through recognition of the need to 'remedy the deficiencies in donor co-ordination in development co-operation' and to change the 'administrative burden caused by international assistance'. This self-reflection is another important reminder that development assistance is not the static entity sometimes portrayed in post- and anti-development accounts. Dialogue is ongoing within different aid agencies in the West and between the latter and their considerably varied bilateral recipients.

The limits of an apparent two-way donor-recipient relationship show up, in particular, when considering the struggles to extend treatment for HIV/AIDS that took place in recent years. Although the South African government's apparent U-turn on treatment has received a great deal of international coverage, less documented but arguably just as dramatic is the significant policy shift undertaken by donors.

Prevention/Treatment

HIV/AIDS is a priority area for DFID and NORAD's overseas aid. The clearest message coming through their respective strategies is that, initially, for DFID:

Prevention must remain the priority. Only prevention can make the difference between 38 million infected worldwide by 2000 or 40 to 45 million (George Foulkes, Under-Secretary of State for International Development, 1999).

'We know that four things work', stated the Under-Secretary (Foulkes, 1999), with funding priorities focused upon: information, condoms, STD treatment and safe blood.

In a package of aid announced by Prime Minister Tony Blair to support the fight against HIV/AIDS in developing countries of almost 28 million pounds, over half was directed towards another important priority – the International AIDS Vaccine Initiative. The remainder of this package was to assist a regional Southern Africa Task Force and also to fund 700 volunteers from the UK Voluntary Service Overseas, apparently 'to raise awareness of the HIV epidemic in Southern Africa'. Of an additional package of over 100 million pounds, also pledged in 1999, to HIV/AIDS in Africa, almost all was directed at broad health sector support and sexual and reproductive health:

Until there is an affordable vaccine or cure, the most effective way to arrest the HIV epidemic is to reduce *risky behaviour* that might lead to infection and spread of HIV (DFID, Press release, 12th November 1999 (emphasis added)).

In the same paragraph, HIV/AIDS is described as a 'death sentence for poor and marginalised people' and DFID's goals are stated as being 'to contain the spread of HIV and to minimise the impact'. Although true that antiretrovirals (ARVs) are not a cure in the long term, they have been shown to extend life considerably for people living with HIV/AIDS in the West. But at this stage of DFID's policy the issue was sidestepped.

Even in one of its most recent major strategy paper for HIV/AIDS, DFID's (2001) position was that:

Responses will vary from country to country, but the priority will be strategies to promote prevention, whilst reducing the impact of AIDS (DFID, 2001:2).

There is recognition of the broader inequalities fuelling and being fuelled by HIV/AIDS and reference to the role of poverty. Prevention, however, is still the guiding philosophy. Meanwhile, the Norwegian policy to combat the HIV/AIDS epidemic was stated as follows:

There will continue to be a focus on preventing new infection, with emphasis on greater breadth and diversity. Prevention and the consequences of HIV/AIDS will be evaluated in all development programmes and integrated where relevant (NMFA, 2002:60).

These more recent policy positions do mention treatment:

Norway will seek to ensure that treatment is more easily available and cheaper for everyone, including poor people (NMFA, 2003).

This reference to treatment was undoubtedly a response to international activist pressures in recent years to broaden access to ARVs by reducing high prices. So, around the time both the Norwegian and DFID strategies were being drafted (2001), again we see that donor discourse began to adapt to external pressures concerning access to treatment.

What is particularly interesting to note is how these seemingly common-sense policy statements on HIV/AIDS policy are linked to prevailing rationalities. There is a range of themes consistent in rationalising policy approaches, which initially served to skew priorities towards prevention and against treatment. Jones (2004) documents in more detail these prevailing rationalities. They concern, first, representations of Africa as simply too unsophisticated and poor for the science and sophistication of ARV treatment. In a similar vein, the continent has been represented as too 'corrupt' for ARV – it will only encourage corruption and inequity. Finally, and arguably, the most influential donor discourse has been centred upon the 'behavioural change hypothesis'. This has been the prevailing public health orthodoxy explaining people's vulnerability to HIV/AIDS. It is an approach premised upon narrow epidemiological definitions of the individual and certain 'risk groups', assuming that people make rational choices based upon the information given to them about health risks. This approach does not tend to recognise the interplay between broader societal factors, development issues and the HIV/AIDS epidemic.

While the NORAD and DFID approach is notionally grounded in developmental, human rights and societal issues, the majority of bilateral funding is nonetheless rooted in a view of the individual requiring change in behaviour. Donor funds have tended to concentrate on prevention programmes rooted in Western science, which often underplay complex social dynamics (Campbell, 2003; Campbell & Williams, 2001). Whether such information – for example, about condom use – has altered behaviour, is highly doubtful in many settings. Rather, economic and ideological constraints, most notably to do with constructions of gender (like 'being a man', the expectations about 'the role of a woman') appear also to be determining factors in shaping behaviour. In one of DFID's own regional strategy papers for Southern Africa, it is recognised that for all the information and condom programmes, condom use is still low (DFID, 2002). Although

awareness about HIV/AIDS was claimed to be 'nearly universal', DFID claimed that this was 'not translating into behaviour change'. Nonetheless, '[I]mproving access to relatively simple treatments required for frequent opportunistic infections is', it was stated, 'a more immediate priority than provision of antiretroviral drugs' (DFID, 2002).

Recent policy positions on treatment have shifted considerably. DFID's new HIV/AIDS strategy clearly indicates a shift in policy towards what it calls 'promoting a comprehensive action to tackle prevention, treatment and care' (DFID, 2004). More generally, the United Kingdom has made major commitments totalling over 1.5 billion pounds. It has doubled its pledges to the Global Fund for 2005-2007 (to provide more than 150 million pounds). However, with only 10 per cent of the United Kingdom's AIDS expenditure to be allocated to the Global Fund, is there still a detectable lingering scepticism about treatment?

It is necessary to examine how some of these issues are being played out in the specific context of aid flows to the Southern African region.

Southern Africa aid context

In terms of major global sources of funding for HIV/AIDS, UNAIDS (2004b) categorises the key donors as follows. First, PEPFAR (The President's Emergency Plan for AIDS Relief) is set to be a massive component of external financing. Of the 15 countries selected, 2.4 billion US dollars is available for 2004. Not all these recipients are in Africa. Where they are, however, like Zambia, in 2004 PEPFAR will be larger than the yearly allocations of the Global Fund and World Bank. Second, the World Bank is the largest source of funding among the UN-system contributions. From 2000, the Multi-Country AIDS Programme has approved 1 billion US dollars as either grants or interest-free loans. Third, the Global Fund has, to date, approved 2.1 billion US dollars, of which 60 per cent is awarded to sub-Saharan Africa. Fourth, these figures compare to the global total for bilateral contributions, which in 2003, UNAIDS calculates as approximately 3.6 billion US dollars (i.e. excluding PEPFAR). Fifth, other significant sources of funding include private grant-makers, of whom, in 2002, the top 15 in the US contributed approximately 228.9 million US dollars. International NGOs contributed 95.5 million US dollars in 2002. There is also a significant number of private initiatives, for example, for vaccine research and microbicides. Finally, trans-national corporations and private businesses also fund AIDS expenditure, through work-place treatment schemes, for example.

GLOBAL SOURCES OF FUNDING TO SOUTHERN AFRICA IN ORDER OF SIZE OF CONTRIBUTION

| DONOR | AMOUNT | COMMENTS |
|-----------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| President's Emergency Plan for AIDS Relief (PEPFAR) | US \$ 2,4 billion (2004) | 15 recipient countries Not all recipients in Africa |
| World Bank Multi-Country AIDS Programme | US \$ 1 billion per annum from 2001 | Funding via UN Structures and Systems Grants or interest-free loans |
| Bilateral contributions | US \$ 3,6 billion (excl. PEPFAR) | UNAIDS estimate |
| Global Fund for HIV/AIDS, Tuberculosis and Malaria | US \$ 2,1 billion | 60% allocated to sub-Saharan Africa |
| Private Grantmakers | US \$ 228,9 million | Combined contributions of top 15 grantmakers in USA |
| International NGOs | US \$ 95,5 million | 2002 contribution |

Table compiled by P. Jones

In considering all the above sources of funding, a complicated picture emerges. This complexity is manifested, on the one hand, as technical programming, reporting, monitoring and so on. The specific objectives of donors in what they wish to fund, on the other hand, must also be considered. Can it be expected, for example, that if PEPFAR is the predominant source of funding in Zambia, then this will mean that from now on the abstinence-led agenda will feature prominently in that country's HIV/AIDS prevention expenditure? There are other correlations between, say, DFID – as one of the largest funders in Mozambique – and specific earmarking of funds for 'epidemiological and microbiological programmes for communicable disease'. DFID also shows a preference for prescribing expert technical support. Other priorities show up in specific country contexts. In Botswana, for example, in 2000, this country's expenditure on HIV/AIDS is characterised by the strong presence of partnership arrangements and private foundations. Both the African Comprehensive HIV/AIDS Partnership (ACHAP) and the BOTUSA Project (Botswana Ministry of Health and U.S. Centers for Disease Control (CDC) and the Global AIDS Programme), contribute far more than all the other bilateral contributions combined. The Bill and Melinda Gates Foundation is the second-largest external contributor after ACHAP. In contrast, Lesotho, also highly dependent upon external sources, appears to have more prominence for NGOs, such as CARE and

World Vision – two of the largest donors.⁵ In that country, CARE prioritises what they call ‘sexual health and rights’, while World Vision focuses on Orphans and Vulnerable Children work (HSRC, 2003).⁶ This is not the place to question the quality and effectiveness of this individual work, but rather to note how these different organisations reflect very different interests and objectives.

An additional consideration is the large disparities in funding per capita received by recipient countries. Botswana, for example, receives almost 30 times more funding per capita than many other countries in the region. The disparity can perhaps be related to which countries are deemed by donors to be more receptive to externally defined ‘good governance’ agendas.

The HSRC study also provides evidence of the extent to which regional countries are dependent upon donor contributions for expenditure on HIV/AIDS. The study sought to map financial flows for HIV/AIDS funding in five Southern Africa countries, and reveals the following pattern of a high level of dependency in external funding. Botswana, for example, has government expenditure of just 15 per cent of the overall total with external funding for HIV/AIDS accounting for 85 per cent; similarly, Lesotho was even higher, 14 per cent to 86 per cent; Mozambique 18 per cent to 82 per cent; and Swaziland 21 per cent to 79 per cent.⁷ We should also expect similar figures for Zambia. The one country that stands out as the total opposite of this regional trend is South Africa. Although the HSRC calculates HIV/AIDS expenditure as 100 per cent government expenditure in South Africa, we should note that there is, nonetheless, considerable donor expenditure through NGOs.

With such extensive dependency on external aid, it is paramount to ask whether countries have devised strategies to gradually ‘exit’ from aid and replace the financial and technical assistance of donors (see, for example, related article in this issue on Botswana). One critical indication of this, as well as overall commitment to health, is the extent to

⁵ With the World Bank and DFID funding at similar levels, while the World Food Programme is the single largest contributor.

⁶ However, the HSRC study also has a number of flaws. Not least, in the context of Mozambique, it mentions significant bilateral contributions, which do not appear to be factored into the figure of 73 million US dollars given for total donor expenditure. For example, in descending order of contribution, the UK is twice as big as the next, Italy, followed in turn by Ireland and Denmark. All these bilaterals mentioned (and they are the largest) account for approximately 28 million US dollars.

⁷ The HSRC could not obtain figures for the extent of Zimbabwe’s external funding.

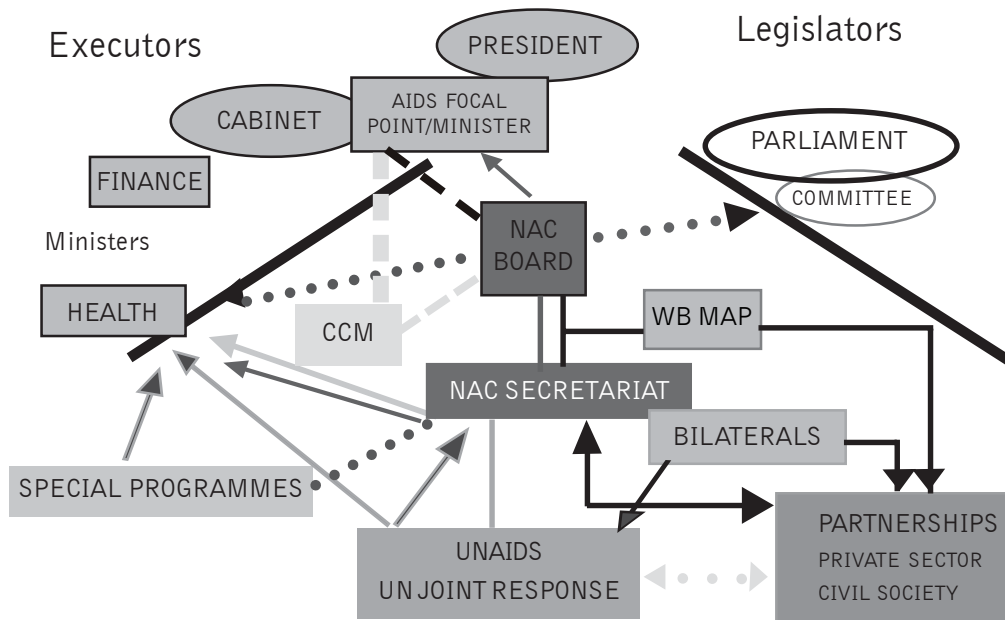
which government expenditure on health shows signs of moving towards the 15 per cent of GDP target laid down at the Abuja declaration of commitment.⁸ The HSRC suggests that only Zimbabwe and South Africa have met the Abuja-level pledges. Furthermore, as the figures used are for 2001/2002, the HSRC suggests that the figure is likely to be met by Botswana and Swaziland but not Lesotho and Mozambique. However, in an alternative study, IDASA (2004) shows that the only African country in its own study to meet the Abuja commitment is Mozambique at 15 per cent (with South Africa spending calculated at 12 per cent for health).

'Crowding'

Another consequence is the extreme nature of poor co-ordination in the context of HIV/AIDS funding, which places multiple demands upon the recipient. These dilemmas are depicted in the diagram, with at least 15 different actors, and illustrated by the frenzy of arrows pointed towards the Ministry of Health, in particular (reflecting the context of Malawi, adapted from Møgedahl, 2004). Different donors have different reporting mechanisms and agendas. One outcome is the heavy demand placed upon recipient Ministries to attend an endless cycle of meetings with donors rather than implementing policy. Furthermore, amidst all these arrows, to whom is the development process accountable? Once again, in recent years, donors have attempted to remove some of the tensions inherent in controlling the process, following accusations in some quarters of neo-colonialism. Development discourse has been characterised by a turn towards promoting 'empowerment' and 'participation' and, as we have seen, 'partnership'. However, the trick of the light, as shown in the diagram, is the one-way flow of the arrows (particularly those in bold rather than dotted). One outcome is the danger of an apparent political deficit characterising aid. In considering accountability, for example, for donors is this accountability to government or civil society?

⁸ In April 2001, in the Nigerian capital, Abuja, African leaders committed themselves to allocating at least 15 per cent of government expenditure to the health sector.

FIGURE ONE: THE CROWDED ENVIRONMENT (FROM MØGEDAHL, 2004)



There has hitherto been little scope for direct and effective civil society action through political channels (other than encouraging electoral reform in particular). The Poverty Reduction Strategy Papers, for all their promise, rather than engendering genuine inclusion, have cultivated a new trans-national technocratic elite. Yet these dynamics would appear to reinforce Ferguson's (1991) observation of the unintended consequences of development that occur 'behind the backs' of the most well-intentioned participants. A Faustian bargain is apparently struck between two highly unequal partners. With all this in mind, the diagram also, however, illustrates a potentially profound shift in the landscape of donor responses through two inter-related developments detailed below.

Global Fund

First, the Global Fund for HIV/AIDS, Tuberculosis and Malaria (the Fund), established in January 2002, arguably reflects a dramatic break from historical methods of aid allocation. According to Poku (2002:283), in pursuing the creation of the Fund, '[A] key challenge is to devise a governance structure that makes effective action likely, satisfies donors, responds efficiently and produces observable results'. Although beset by slowness in receiving funding, perhaps indicating donor scepticism as reflected earlier in this section, the Fund has emerged as a major funder for HIV/AIDS

interventions. It is possible that donor reluctance is partly related to the innovative nature of the funding allocation. For the Fund is not an implementer and does not impose conditionalities upon recipients. Rather, its innovation lies in the apparent attempts to promote local ownership and planning. Countries are asked to identify needs and come up with solutions, which the Fund will finance.

The reliance upon local country input could be interpreted as an effort to restore decision-making powers to national bodies, thus breaking with years of tied aid and conditionality. The key mechanism at country level, shown in the diagram, is the 'CCM', the Country Coordinating Mechanism. The CCM is, in theory, envisaged as a multi-sectoral partnership body responsible for developing and submitting grant proposals to the Fund, following Fund guidelines. CCMs also have an oversight role in project implementation and review reports from grant recipients. There are at least two considerations here. One is the extent to which the CCMs adequately include diverse constituencies, not least civil society and People Living With AIDS, in its decision-making processes. In June 2004 the so-called 'Governance and Partnership Committee' of the Fund raised concerns about inclusivity. The Committee made a number of recommendations to the Fund's Board calling for reform of the Fund, which were, however, rejected. Then, at the Global Fund's first ever 'Partnership Forum' at the 15th International AIDS Conference in Bangkok, many delegates criticised the composition of CCMs, suggesting they were unrepresentative. Representation, they suggested, was skewed towards government ministers and partners. A number of proposals were resubmitted to the Board, concerning the composition of the CCMs, and noting that:

- CCMs include 'meaningful and effective participation of NGOs, and of people living with HIV/AIDS, TB and Malaria';
- NGO CCM members should be elected by their own constituencies rather than nominated;
- CCMs should create transparent procedures for input into proposal development and for participation in grant implementation;
- The Fund Secretariat should set up a system to monitor CCM performance (see *The Correspondent*, Issue One, XVth International AIDS Conference, July 12 2004).

In addition to these concerns, and with ongoing funding problems, another recommendation was that CCMs should build technical support into project proposals. Although problems persist, an important observation is that, nonetheless, in a number of instances the CCMs and the Fund have successfully enabled recipients to bypass the

constraints of direct bilateral funding and government bureaucracy. As expressed by the director of a coalition of HIV/AIDS organisations in Zambia, for example:

The fact that we can receive money directly [from the Fund] is a big factor. Government doesn't kid itself that they would be anywhere without the NGOs. It is important to recognise the country level programme and that NGOs are just one important constituency and knowing government is in the driving seat. [However] The Fund has enabled us to bypass the bureaucracy of government. For example, the Ministry of Finance haven't got their first disbursement [from the Fund], whereas NGOs are on their third disbursement and can respond to the felt needs of society. [Prior to this] there was no flow of information concerning what bilateral aid was going through government.⁹

Donor support of CCMs and the promotion of inclusivity would appear – at least at face value – to be a valuable element in unshackling aid from some of its previous constraints.

'Three Ones'

Second, and related to efforts surrounding CCMs, additional shifts in the governance of HIV/AIDS have been promoted by UNAIDS in particular. In response to the burdens of 'crowding out' and inefficiencies of limited co-ordination, UNAIDS has expressed its commitment to the 'Three Ones' principles. These principles are detailed elsewhere (UNAIDS, 2004b) in more detail. In short, they reflect a significant effort to promote:

- One agreed HIV/AIDS Action Framework (as the basis for co-ordinating work of all partners);
- one National Aids Coordinating Authority (with a broad-based multi-sectoral mandate); and
- one agreed country level Monitoring and Evaluation System.

Echoing more recent shifts in development discourse, UNAIDS emphasises 'national ownership'. Revealingly, however, they also talk about promoting 'accountability', not only 'upward' to donors (bearing in mind one of Fowler's criticisms of aid in an earlier section) but, critically, also 'downward': 'To those infected and directly affected by the disease in the countries (the individual level – helping people in need and making sure

⁹ Interview, Lusaka, September 8, 2004.

they benefit from investments); and 'horizontally': 'Within and across partnerships, donor-donor, public/private sector and civil society' (UNAIDS, 2004a). Of course, when coming down to country level, the move to implementation is fraught with problems, not least as the Zambian country representative of UNAIDS suggested:

Who is the 'Three Ones'? I will tell you. It is the National AIDS Council. And if they don't have capacity then how is it going to do this. NAC does technical work through technical working groups – but itself needs technical support.¹⁰

The role and function of the NACs is therefore proving to be pivotal to the 'Three Ones'. Donors have turned their attention to providing support for the NACs. Without the space here to review some of the issues constraining NAC performance, it is enough to note that country results to date are highly uneven. Lastly, harmonisation of donors in practice is extremely difficult. This is in turn related to donor 'politics of the flag': donors are under pressure to produce visible results of 'their' aid and 'their' added value. Even here, however, it is not uncommon to hear some bilateral embassy staff increasingly refer to 'like-minded donors', with whom they can work and co-ordinate efforts. However, at best, 'like-minded' is a minority, and also tends to exclude the largest contributors, the United States Agency for International Development (USAID) and Japan. The potential impact of this on adherence to the 'Three Ones' is a major consideration.

The final section seeks to uncover some of the ideological strings attached to the 'gift' of aid, specifically related to bilateral agency HIV/AIDS interventions.

Uncovering Aid

Although replete with often unintended negative side-effects, it is important also to expose the *intended* consequences of aid, that is, to inquire as to some of the more blatantly conditioned intentions of donor assistance. Even when not so blatant, donor assistance is nonetheless riven with the prevailing worldviews of the giver rather than the recipient. I seek to illustrate this paradox of the 'gift' of aid by briefly discussing the contemporary development policies and HIV/AIDS programmes of two donor agencies, namely, USAID, and at the other end of the donor spectrum, supposedly 'neutral', NORAD.

¹⁰ Interview, Lusaka, September 8, 2004.

US AIDS policy: theology and pharma

At one end of the spectrum of ideologically-driven aid is surely the controversial abstinence-led sexual education policy currently being promoted by the conservative Christian-right Bush administration. In an otherwise balanced and quite favourable review of Bush's first term, even the *Economist* nonetheless suggests that in the context of social policy:

No doubt Mr. Bush's convictions are sincere; but they were not to the fore in 2000 and they are not shared by many of those who supported him then nor by this newspaper (*Economist*, August 28th 2004).

Indeed, the Christian right has taken many observers by surprise with its rapid mobilisation around key social policy issues. Their influence now exerts itself upon HIV/AIDS policy. Taking a broader view, Girard, however, suggests:

As indicated by the strong connections between the Bush Administration and far-right, religious conservative groups, the agenda being pursued is a sweeping, comprehensive attack on sexual rights and gender equality, and not merely a concern about discreet issues such as abortion or gay marriage... It is remarkable how, time and again, ultra-conservatives use vehicles like welfare and health programmes for low-income individuals to implement their sex policing agenda (Girard, 2004:4-5).

One of the first acts of the Bush Administration concerning its 'sex policing' was to reinstate the so-called 'Global Gag Rule', or, 'Mexico City Policy'. This was first instated during the Reagan era in 1984, and is aimed at prohibiting those organisations receiving family planning funding from USAID from making information about abortion available. The Bush Administration has since extended the 'gag' to cover US Department of State funds as well. Organisations that defy the 'gag' have had services cut and can no longer obtain contraceptives donated by USAID.

The 'sexual policing' is reflected further in repeated audits of organisations receiving federal funding through the Centers for Disease Control and Prevention (CDC).¹¹ This applies to organisations critical of abstinence and who argue instead for more

¹¹ The CDC is the federal government's single funder of HIV prevention work.

comprehensive sexual education. Even the CDC itself then became a target of this policing. In 2002, the CDC was forced to remove and then substantially revise its 'Facts about Condoms and their use in Preventing HIV Infection' web pages. This censorship followed soon after the CDC had been forced to remove some other web pages dealing with sexual education. Most emphatic to date has been the issuing of new 'Proposed Revision of Interim HIV Content Guidelines for AIDS-related Materials, Instruments, Marketing, Advertising and Website Materials, and Educational Sessions in CDC Regional, State, Territorial, Local and Community Assistance Programs'. Proposed guidelines also deal in addition with 'School-Based Assistance Programs'.¹² Some observers cite these proposals as 'censorship guidelines' (Ireland, 2004). In a random sample of just twenty from thousands of the online submissions to the CDC for comment on the guidelines, it was noticeable that all those sampled heavily condemned the proposals, regarded as being driven by religious fanaticism and denial of scientific evidence. Not one submission supported the proposals. What is at stake are funding considerations subject to review and approval of HIV/AIDS educational materials and their compliance with the Public Health Service Act 2000.

However, the strong reaction to the proposals has to be situated alongside the full picture of what is being proposed. For example, Ireland (2004) claims that sex education 'content' must be obligated to include information on the 'lack of effectiveness of condom use'. While this is mentioned in the guidelines proposed, the full wording is in fact 'regarding the effectiveness or lack of effectiveness of condoms'.¹³ Less ambiguous, however, is the proposal that funded recipients must be independently certified to comply with the Public Health Service Act definition of what constitutes 'obscenity', construed also as promoting or encouraging homosexual or heterosexual sexual activity or intravenous substance abuse (Sec. 2500 'Use of Funds'). These proposals therefore have the potential to forbid anything regarded as sexually suggestive, such as showing how to put a condom on. In addition, the school-based proposals refer more explicitly to the positive role of abstinence. These guidelines are mentioned because domestic policy is a stone's throw away from broader ambitions to influence global consensus on HIV/AIDS and sexuality. Although not necessarily bound by similar domestic restrictions, it is important to indicate that USAID policy (and PEPFAR itself) is increasingly encroached upon and vulnerable to this domestic agenda.

¹² Federal Register, June 16, 2004, Vol. 69. No. 115, pp. 33823-33826. Available at www.wais.access.gpo.gov.

¹³ See 'The Proposed HIV Content Guidelines, (2).

In 2001, for example, at the United Nations Special Sessions on HIV/AIDS, and then at the United Nations Special Session on Children, 'the U.S. delegation – working closely with the Holy See – made repeated attempts to insert language that would promote abstinence to the exclusion of other education modalities' (Girard, 2004:8). This led to an unlikely alliance between the U.S. and nations it condemns as comprising the so-called 'Axis of Evil' such as Sudan, Libya and Syria. Although Ireland (2004) claims that any references to 'reproductive health services and education' were eliminated, according to Girard, the 'plan for action for children' makes no mention of abstinence with the 'quid pro quo [of] only a few very general provisions on the sexual and reproductive health of adolescents' (Girard, 2004:8). Similarly, the U.S. did manage to succeed in getting abstinence included in one paragraph of the Declaration on HIV/AIDS but reciprocally had to accept a companion reference to male and female condoms. Perhaps most significant of all for U.S. interest in 'policing' HIV/AIDS policy concerns is the 2003 legislation enabling the President's Emergency Plan for AIDS Relief, or PEPFAR. The HIV/AIDS Act¹⁴ builds a platform for its abstinence-first policy upon a rather distorted use of evidence in the context of Uganda, portrayed as vindicating abstinence and monogamy (see Girard for more detail).

These powerful discourses indicate that aid is far from an innocent act of humanitarian giving to those less fortunate. However, with this in mind, can we therefore expect PEPFAR to forego supporting condom use and, overall, be biased towards prevention instead of treatment? It is claimed that of the twenty per cent of total PEPFAR funds allocated for 'prevention', one-third of this is earmarked for 'abstinence until marriage' programmes.¹⁵ Although far from the major component of PEPFAR, it is nonetheless worth considering whether the funding for abstinence-only programmes may distort public health programmes (see later regarding Zambia). The picture is made more complex when we consider the assertion that 'the American conservative movement has always been a marriage between 'western anti-governmentalism' and 'southern moralism' (*Economist*, 28 August 2004:10). A significant component of the marriage concerns the corporate sector. For example, Bush's appointment of Randall Tobias – until recently head of a large pharmaceutical company – as Global AIDS Co-ordinator, has raised anticipation of a central role for treatment in PEPFAR. Indeed, the HIV/AIDS legislation states that not less than 55 per cent of funds be used for treatment and that at least 75 per cent of this allocation be earmarked specifically for ARVs. The proviso, however,

¹⁴ Act to provide assistance to foreign countries to combat HIV/AIDS, Tuberculosis, and Malaria, and for other purposes, Public Law 108-25, (HIV/AIDS Act of 2003).

¹⁵ Treatment Action Campaign's 'Invest in Health Not War: Call for Global Demonstrations', www.tac.org.

appears to be that Tobias will not sanction purchase of generic ARVs for PEPFAR, with the law being used to protect patents for brand-name drugs. The Bush Administration has consistently attempted to undermine access to generic drugs. More recently efforts have been made to undermine the safety and efficacy of fixed dose combination (FDC) generic ARV medicines, especially in view of funds now becoming available for PEPFAR. Even here, though, PEPFAR reflects some ambiguity.

If we take PEPFAR's 'Zambia's Emergency Plan: Overview', there is indeed a clear earmarking of over 3 million dollars under 'Abstinence and Faithfulness Programs', out of around 60 million dollars in total. However, somewhat surprisingly, there is a far bigger allocation under 'Other Prevention Initiatives' (which receives over \$7 million, the second largest allocation) where there is significant mention of support for 'increased condom use' and 'condom distribution'. However, one should pay attention to wording which qualifies condom use through reference to establishing and supporting 'condom retail outlets in areas frequented by *high risk populations*'; and 'Social market 680 000 condoms to *high risk groups*' (PEPFAR Zambia, 2004:2, emphasis added). Furthermore, a significant component of PEPFAR in Zambia will be directed through American NGOs such as World Vision and faith-based organisations, which are more generally inclined to promote the abstinence-only rule, particularly for youth.

In terms of earlier discussion regarding who is guiding and controlling the aid process, it is salient to note that the PEPFAR plan was written in New York and was only recently presented to Zambian stakeholders, as if a *fait accompli*. Treatment itself is the biggest allocation, at over 15 million dollars – around a quarter of all funding for Zambia. Furthermore, although the U.S. is doing its own procurement there are indications that it will permit two Indian (generic drug) companies to submit applications to the FDA for the tendering process for ARV medication.¹⁶ As welcome as this is, there is the additional complication added to the 'Crowded Environment' of HIV/AIDS funding. PEPFAR proposes to create its own system of funding governance parallel to that which exists in-country. There are additional concerns about the extent to which PEPFAR will adhere to national Zambian guidelines on treatment rather than the U.S. Food and Drug Administration guidelines.¹⁷ Finally, it is also important to question the effectiveness of funding for treatment if there are not concomitant funds available to strengthen health systems.

¹⁶ Personal communication with Dr. Catherine Sozi, UNAIDS/Zambia.

¹⁷ Personal communication with Dr. Sungutu, WHO, Lusaka. These issues were also raised by the TAC in South Africa who point out the dubious science of the U.S. opposition to fixed dose ARV medication, and the extra costs and delays in applying for approval from the U.S. F. D. A.

The discourses underpinning policy direction will be further examined through a discussion of the broader role of aid in Norway.

The 'Good Samaritan' of development

I was initially stimulated to write this and a previous article following my reaction upon seeing the front page of an issue of the NORAD newspaper back in 2002. Below a picture of an activist demonstration with banners proclaiming 'treatment now' was the provocative editorial response with the headline: 'Can AIDS pills save Africa? Sceptics believe in better outcome with other means' (translated from Norwegian by author). At that stage, promoting treatment was somehow taboo, and I wished to explore further what the discursive rationale was which set the parameters on policy.

To that end, a recent book by Norwegian academic Terje Tvedt has generated a great deal of debate in Norway. Part of a broader project looking at power in Norwegian state and society, the book, 'Development Aid, Foreign Policy and Power', dealt specifically with the constellation of Norway's 'aid industry'. Tvedt shows how Norway's 'giving' is part of a national project to portray itself as 'global peace-broker' and 'aid superpower' (giving almost 1 per cent of GDP to aid) in order to construct a national identity. This self-construction aims to locate Norway's place in the world as a 'Nation of peace/nation of solidarity'. Under this national mission a system has been put in place over the last forty years, which Tvedt calls '*Godhetsregimat*', literally the 'Regime of Goodness'. This dominant discourse shapes and legitimises the behaviour of not only government intervention overseas, but has incorporated NGOs, journalists, researchers and others into the '*Godhetsregimat*'. This partly explains the unusual degree of public debate on the book – compared to most academic works – exactly because it sought to confront these taboos. The holy cow of the Norwegians as development 'do-gooders' or global aid Samaritans, was scrutinised in order to demonstrate how critically informed debate has been paralysed in pursuit of aid because it is some kind of incontestable 'good cause' (Tvedt, 2003).

The outcome is manifested also as an erosion of NGO independence, with Norway's five biggest NGOs almost totally dependent on state support; and, according to Tvedt, an outreach of government.¹⁸ An aid elite is identified as circulating between civil service

¹⁸ Indeed, the significant platform given to 'development' co-operation appears to be beyond party politics. One exception, however, is the populist 'Progressive Party': although to date they have never been in a ruling coalition, the 'Progressive Party' is one of the biggest parties and has threatened to dramatically reduce aid if they come into power.

and political positions. NGOs, researchers and journalists lend uncritical support to the 'national corporate system'. We can, of course, debate whether Tvedt tends to overplay the homogeneity of actors in the aid sector. Nonetheless, for our purposes here, his critique provides a powerful example of how aid is implicated in a great deal more than supposedly 'neutral' 'giving'.

Another manifestation of the intertwining of domestic issues and global ambitions concerns the considerably increased funding to faith-based organisations within Norway in recent years. For example, since a Christian People's Party-led coalition government came to power, the number of Norwegian missionaries overseas has never been higher.¹⁹ The irony is that while some of these organisations have been denied funding for work *within* Norway – such as the Norwegian Lutheran Missionary Organisation – because they are seen as generally undemocratic, and against women priests, against women in leadership positions, against co-habitation outside of marriage and against homosexuals, amongst other things, they receive funding for overseas aid work.²⁰ Although the full impact on HIV/AIDS policy of these funding patterns to religious NGOs²¹ is undocumented, in some instances, such as Ethiopia, evangelical organisations have been given responsibility for official Norwegian policy on HIV/AIDS.

Conclusion

The article has sought to reveal how the 'gift' of aid is inherently linked to both unintended, as well as intended consequences. A range of distortions ensues, premised upon the highly unequal relationship between giver and most recipients. How do we begin to address this predicament? What the article also depicts is that donor positions can and do alter. One avenue is surely to highlight the ambiguities and contradictions in donor discourse and practice. Treatment activists have already demonstrated a particularly striking example of the ability to confront seemingly self-constructed authoritative positions of donors (i.e. with their initial bias to prevention). Unravelling the Gordian knot of aid tied to bilateral and government control also requires that donors commit to genuine partnerships on equal terms. We face the reality, however, that aid is a geopolitical expression of global inequity. We also face the reality that

¹⁹ In fact, the present Minister for Overseas Development is herself from a missionary background.

²⁰ This organisation has received over 300 million kroner, roughly 45 million US dollars from the Foreign Office since 1990. See TV 2, 1.03.2003. www.pub.tv2.no/TV2/magasiner/dokument2/article193133.ece

²¹ Complete with tax concessions granted by government to Faith-based Organisations, and then following outrage by the mainstream NGOs which extended to all NGOs.

donors have to deal with some recipient states that systematically violate human rights, yet hide behind the cry of 'sovereignty'. Too often, though, the current development orthodoxy of human rights, good governance and democratisation, with aid at the vanguard, remain as elite negotiations and with minimal institutional reforms. What is desperately required to make the governance of HIV/AIDS interventions more effective are new, alternative spaces and political channels for effective participation in decision-making and co-ordination. Arguably, these spaces have already been carved out of the landscape of donor interventions, for all their imperfections, through the Global Fund Country Co-ordinating Mechanisms and the 'Three Ones' principles. The task, then, is to invigorate these structures and principles. But this should be done without losing sight of, nor avoiding the structural preconditions – especially debt – that enjoin a situation whereby donors give with one hand while global inequity takes away with the other. The AIDS crisis does not just call for a more imaginative use of aid. It demands it.

References

- Bell, M. 1994. Images, Myths and Alternative Geographies of the Third World. In Gregory, D., Martin, R. & Smith, G. (eds.). *Human Geography; society, space, and social science*. Basingstoke: MacMillan, pp. 174-199
- Bell, M. & Slater, D. 2002. Aid and the Geopolitics of the Post-colonial: Critical reflections on New Labour's Overseas Development Strategy'. In *Development and Change* 33 (2) 335-360
- Campbell, C. 2003. *Letting them Die: Why HIV/AIDS prevention programmes fail*. London: James Currey
- Campbell, C. & Williams, B. 2001. Briefing: Riding the Tiger: Contextualizing HIV Prevention in South Africa. In *African Affairs* 100, 135-140
- Coutinho, A. 2004. Prevention, care, support and treatment in HIV/AIDS. Presentation, *Swedish/Norwegian HIV/AIDS Focal Point Seminar*, September 8-10. Lusaka
- Department for International Development. 1997. *Eliminating World Poverty: A challenge for the twenty first century*. London: DFID
- Department for International Development. 1999. *Blair announces support for HIV/AIDS prevention in the developing world*. Press release. Available at <http://62.189.42.51/DFIDstage/news/PressReleases>
- Department for International Development. 2000. *Eliminating World Poverty: Making Globalisation Work for the Poor*. London: DFID
- Department for International Development. 2001. *HIV/AIDS Strategy*. London
- Department for International Development. 2001b. *Prevention of Mother to Child Transmission of HIV*. London
- Department for International Development. 2002. *Southern Africa: Strategy Paper*. London
- Department for International Development. 2004. *Taking Action: The UK's strategy for tackling HIV and AIDS in the developing world*. London

- Escobar, A. 1995. *Encountering Development: The making and unmaking of the Third World*. Princeton: Princeton University Press
- Ferguson, J. (1991) *The Anti-Politics Machine*. New York: Syracuse University Press
- Fowler, A. 2001. Aid Pathologies: Why are they, and what can be done about them? Paper presented at the conference *Donors in Transitional South Africa: The Contested terrain of Development Aid*, 30-31 October. School of Development Studies, University of Natal
- Girard, F. 2004. *Global Implications of U.S. Domestic and International Policies on Sexuality*. International Working Group for Sexuality and Social Policy (IWGSSP) Working Paper No. 1, June
- Human Sciences Research Council. 2003. *A Comparative Analysis of the Financing of HIV/AIDS Programmes: Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*. Pretoria: HSRC Press
- IDASA. 2004. Funding the Fight: Budgeting for HIV/AIDS in Developing Countries. Seminar to present the *Findings of the HIV/AIDS Budget Study in Africa and Latin America*. Available at <http://www.idasa.org.za>
- Ireland, D. 2004. An Unholy Alliance. *The Nation*. 30th June
- Jones, P. S. 2004. When "Development" Devastates: donor discourses, access to HIV/AIDS treatment in Africa and rethinking the landscape of development. *Third World Quarterly* 25 (2): 385-404
- Killick, T. 1998. *Aid and the Political Economy of Policy Change*. London: Routledge
- Lervåg, A. 2000. *Donors' Accountability Requirements and the process approach to development interventions: Contradictory or complementary?* Dissertation submitted to the University of Manchester. Manchester: IDPM
- Mercer, C., Mohan, G. & Power, M. 2003. Towards a critical political geography of African development. In *Geoforum* 34: 419-436
- Møgedahl, S. 2004. Status and Challenges in implementing the UNAIDS 'Three Ones'. Presentation, Swedish/Norwegian HIV/AIDS Focal Point Seminar, September 8-10. Lusaka
- NORAD. 2001. Internal Action Plan for NORAD's intensified efforts to combat HIV/AIDS during 2001. Oslo
- Norwegian Ministry of Foreign Affairs. 2002. Fighting Poverty: the Norwegian Government's Action Plan for Combating Poverty in the South Towards 2015. Oslo
- Norwegian Ministry of Foreign Affairs, 2000. HIV/AIDS and Development. Oslo
- Poku, N. K. 2002. The Global Aids Fund: context and opportunity. In *Third World Quarterly*, 23, 2:283-298
- President's Emergency Plan for AIDS Relief. 2004. Zambia. American Embassy, Lusaka, Zambia
- Said, E. 1979. *Orientalism*. London: Verso
- Tvedt, T. 2003. *Bistand, Utenrikspolitikk og Makt*. Oslo: Gyldendal akademisk
- UNAIDS. 2004a. *Commitment to principles for concerted AIDS action at country level*. Conference paper summary. Washington Consultation, 25 April
- UNAIDS. 2004b. *World AIDS Report*. New York