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**The Politics of the Idea of
Partnership:**

**From contemporary aid policy to
local health governance in practice
in Zambia**

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of Doctor of Philosophy

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For my mum and dad

Declaration

I certify that this thesis submitted for the degree of Doctor of Philosophy is the result of my own research, except where otherwise acknowledged. No portion of the work presented in this thesis has been submitted for another degree or qualification to this, or any other, university or institution.

Amy Barnes

Abstract

This thesis explores the idea of partnership in contemporary aid policy and practice. Drawing on a multi-disciplinary body of literature that is broadly 'constructivist' in orientation, and using the Global Fund to Fight AIDS, Tuberculosis and Malaria, the health Sector-Wide Approach (SWAp) and the health sector in Zambia as case studies, the research uniquely explores how (and why) the idea of partnership is a pervasive feature in aid policy, and how this relates to and shapes local practice, including the practice of politics that this enjoins.

Drawing on textual analysis of policy documents and on qualitative field research conducted in Zambia between November 2008 and July 2009, the thesis provides a number of important and novel insights. Firstly, it shows how the idea of partnership began its contemporary life in the socio-political relations of aid institutions and in the context of an aid crisis in the 1990s. Secondly, it shows how the idea travelled ideationally and geographically, through an elite network of aid agency actors (cf. Mosse, 2007), eventually becoming an expected and symbolic motif of aid policy. Thirdly, the thesis suggests why partnership remains a pervasive policy idea; featuring in SWAp and Global Fund policy because it symbolically conceals the existence of different perspectives about the right relations of health and developmental governance. Fourthly, and at the same time, the thesis shows how partnership is dominantly constructed in aid policy in a depoliticised way – as a technical and economic way to organise action – due to the prevailing power of donor governments and aid agencies in the socio-political processes that produce aid policy and the context of inequality in which aid is governed. Finally, the thesis shows how the depoliticisation of policy is 'unravelling' in the health sector in Zambia as partnership is translated, in and through the politics of collaboration, contestation, and compromise (Mosse, 2007, p.2, 2005a p.645; Rossi, 2006; Bending and Rosendo, 2006). This shapes, contorts and constrains local health governance in diverse and unexpected ways.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordinating Mechanism (of the Global Fund)
CHAZ	Churches Health Association of Zambia
CIDA	Canadian International Development Agency
CMH	Commission on Macroeconomics and Health
DAC	Development Assistance Committee
DANIDA	Danish International Development Agency
DfID	Department for International Development
GBS	General Budget Support
GDP	Gross Domestic Product
GNI	Gross National Income
IEC	Information Education Communication
IFIs	International Financial Institutions
IPE	International Political Economy
IMF	International Monetary Fund
IR	International Relations
MDGs	Millennium Development Goals
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organisation
ODA	Overseas Development Aid
OECD	Organisation for Economic Cooperation and Development
PE	Personal Emoluments
PRSPs	Poverty Reduction Strategy Papers
SAG	Sector Advisory Group
SDA	Service Delivery Area
SIDA	Swedish International Development Agency
SIP	Sector Investment Programme
SWAp	Sector-Wide Approach
TB	Tuberculosis
TWG	Transitional Working Group (of the Global Fund)
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNZA	University of Zambia
US	United States
USAID	US Agency for International Development
WB	World Bank
WDR	World Development Report
WHO	World Health Organisation
ZNAN	Zambian National AIDS Network

Chapter One:

Why partnership?

Overview

- *Introduces the research topic: the politics of the idea of partnership in contemporary aid policy and practice*
- *Explains why focusing on the idea of partnership is an important topic for academic inquiry*
- *Sets out the substantive research question and discusses how it is answered in the chapters that follow*

Partnership is a pervasive idea in contemporary policy debates about aid and international development, and is frequently invoked to describe and justify a range of practices, organisations and relationships. It not only appears in the official texts of bilateral and multilateral development agencies, but is also evident in the written documents of almost every actor who receives aid, be it national governments or various local, regional or international organisations. As Kent Buse and Andrew Harmer (2009, p.245) have remarked: ‘The rise of partnership has been meteoric: in the late 1980s... [it was] a nascent experiment... now [partnership is] part of mainstream discourse and a dominant model for cooperation in a complex world’. Given its widespread use, it seems as though partnership is accepted, relatively unquestioningly, as the right aid policy and development practice. To borrow the words of Pierre Bourdieu (1977, pp. 164, 168), it is as though partnership is *doxa* – a component in the ‘universe of the undiscussed’; a taken-for-granted, natural and self-evident way to do or rather to *govern* aid and international development.

Yet why is partnership such a pervasive feature in contemporary aid policy? What does the idea actually mean in different policy contexts? How does this affect the local practices of development that such policy is expected to generate or legitimise (cf. Mosse and Lewis, 2006, p.9)? And moreover, what does this tell us about the practice of politics? Despite widespread official commitment to partnership, these are questions that have received only limited critical attention in the existing literature. While many academic works and

indeed grey literature refer at least in some way to partnership, few theorise or problematise it directly, or in any depth. For example, there is little consideration of how or why partnership appears in policy, or how it is received and applied in specific settings. As a consequence, partnership has been described as ‘one of the most over-used and under-scrutinized words in the development lexicon’ (Harrison, 2002, p.589).

The central concern of this thesis is to start to fill this intellectual space by exploring the idea of partnership in detail and moreover, in so doing, to challenge and ‘denaturalise’ it; that is to say, to make this familiar idea strange (cf. Maclancey, 2002, p.7). The thesis attempts to unpack the idea of partnership by questioning how and why it has come to feature and be framed in aid policy; what it means and how it is understood; and how it shapes, enables, contorts and / or constrains local socio-political action. Essentially, it looks at what the idea of partnership is and what it does in both aid policy and practice. The substantive research question can be summarised as follows:

- *Why is the idea of partnership a pervasive feature in contemporary aid policy and how does this relate to and shape local practice, including the practice of politics that this enjoins?*

In order to answer this substantive question however, the thesis must also address a number of associated theoretical puzzles, namely:

- *In what ways do we understand aid policy?*
- *In what ways do we understand what partnership means as a component of aid policy?*
- *And, how can we conceptualise the relationship between what partnership means in aid policy and how it shapes practice?*

In other words, the research must develop an understanding of what partnership, policy and also practice are before the intellectual journey can begin. It must also have an understanding of what the relationship between policy and practice is. While these issues are considered in the context of a literature review in Chapter Two, it is useful to briefly consider them in this opening chapter, so as to fully introduce the topic.

Understanding policy, practice and the idea of partnership

There are many different ways in which policy, practice and the idea of partnership can be understood. While accepting that what follows is something of a simplification, existing literature has tended to approach the topic in one of two broadly counter-posing ways: from a *pragmatic-instrumental* perspective, and from a more *critical* position.¹

Partnership in *pragmatic-instrumental* literature

The first perspective treats the idea of partnership as an inherently progressive and morally-sound policy intention, which should be implemented and, moreover, be *implementable* in practice. It is understood as being about realising equality, trust and / or mutuality in development relationships, and, moreover, to be about ensuring that recipients of aid in poorer countries, especially recipient governments, are empowered as agents of their own effective development (see Brinkerhoff, 2002; Maxwell and Riddell, 1998; Conway *et al.*, 2006; Tennyson and Wilde, 2000).

The need to create more equal and synergistic relationships has been a recurrent issue in the history of international development aid, with persistent charges of ineffectiveness, imperialism and neo-colonialism directed towards western donor agencies (Baaz, 2005, p.6; Abrahamsen, 2004, p.1455). These criticisms became particularly acute during the 1980s however, due to the conditions that were attached to much multilateral and bilateral aid in order to induce recipient governments to enact a series of structural reforms that aid agency actors saw as necessary for development (defined somewhat narrowly here as market-based economic growth). This aid conditionality was not only attacked for being an undue and coercive form of external governance intervention that undermined local ownership of development, but also for its

¹ This classification builds on the literature categorisations on partnership of Ian MacDonald (2005) who identifies *critical-pragmatic* and *structuralist* accounts of partnership; Rita Abrahamsen (2004) who identifies *positive* and *critical* accounts of partnership; and David Mosse (2004, 2005a) and Mosse and David Lewis (2006) who categorise the literature on international development policy more generally into *instrumental* and *critical* perspectives.

failure to effectively generate the intended neoliberal result of economic growth (Abrahamsen, 2004; Crewe and Harrison, 1998).

From a *pragmatic-instrumental* perspective, working in partnership is understood as the right way to rectify this situation. It is not only promoted as a way to return power, influence and leadership to recipient country actors – transforming a donor-driven and paternalistic relationship into one of equality – but also as a way of ensuring complex development challenges are met and of securing aid effectiveness (Abrahamsen, 2004). In consequence, *pragmatic-instrumental* literature is concerned to assess the extent to which these policy intentions can be, or have been, achieved, and, where there are issues, to suggest ways in which these can be overcome (Mosse, 2004). Here then, the relationship between partnership in aid policy and in practice is understood in simple and instrumental, means-ends terms (Mosse and Lewis, 2006); it is about having clear partnership intentions (equality and mutuality) and about linearly generating these as outcomes in practice.

While *pragmatic-instrumental* literature often highlights the existence of various gaps between intention and outcome – noting, for example, that the inherently unequal nature of aid relationships (where one partner has resources and the other does not) complicates the successful achievement of partnership in practice (see Maxwell and Riddell, 1998; Abrahamsen, 2004) – it tends to be assumed that these can be bridged through the creation of appropriate incentives for engagement, good institutional design, and / or the ‘tweaking’ and improvement of management tools, procedures and techniques (cf. Guljarani, 2009, p.7). There are questions however, as to whether the relationship between aid policy and practice is as linear and instrumental as this literature seems to suggest. And whether there are actually a multiplicity of political values, interests and assumptions that underpin the idea of partnership in aid policy; not one shared or common goal. There is little intellectual space in this literature for the broader political and economic environment in which partnership policy and practice are situated, or for any consideration of unintended and potentially contradictory socio-political effects that might result from partnership in practice, such as relations of power that might unexpectedly be promoted or entrenched between those who are included, or indeed excluded, from being a development partner (Cardini, 2006, p.396;

Mosse, 2005a; Long, 2001). There is also little consideration of the way in which partnership incentives or aid management procedures may be *differentially* received, interpreted and enacted by actors involved in aid and development. In short, *pragmatic-instrumental* literature diverts conceptual attention away from these issues, and thus from the social and political life of the idea of partnership in policy and practice (cf. Mosse, 2004).

Partnership in *critical* literature

The second *critical* approach is much more politically aware, and is imbued with greater scepticism about the underlying ideational premise and socio-political effects of partnership in aid policy and practice. It challenges the above-mentioned view in various ways; either from a *critical-ideological* position or from a *critical-governmentality* perspective.

***Critical-ideological* literature**

Critical-ideological literature tends to see partnership as a political slogan or ‘tactic’ that conceals other motives (Baaz, 2005, p.7; for examples of this literature see Crawford, 2003 or Fowler, 2002). Partnership is not seen to be ‘for real’; it is not about equality or the transfer of power to actors in poorer countries (Abrahamsen, 2004, p.1456). Rather, it is understood as a rhetorical ‘disguise’ or *misrepresentation*, which simply rebrands old-style paternalistic intentions of donor agencies and nullifies opposition to their dominant interests: namely economic integration and the embedding of global capitalism (Crawford, 2003; Abrahamsen, 2004; McDonald, 2005; Baaz, 2005). Here then, the policy and practice of partnership is seen as a neo-colonial and, moreover, a neoliberal project of governance, through which dominant western actors continue to promote their economic interests and to control poorer countries; thereby perpetuating their dependent development (Matlosa, 2002; Crawford, 2003).

While this *critical-ideological* approach offers important insights into the way in which the idea of partnership may embed and reflect the interests of particularly donor agencies, it attributes too much coherence to the policy and practice of partnership as a successful project of neoliberal governance; relying

on claims about donor ‘power over’ poorer countries, which are poorly substantiated (Watts, 2001 in Mosse, 2005b, p.13). Not only are intentions more unclear, contradictory and inconsistently expressed within and between aid donors (Mosse, 2005a; Eyben and Leon, 2005; Gardner, 1997; Oliver de Sardan, 2005), but also their practices are often more contested, complicated and ‘dirtier’ than this literature suggests (cf. Harrison, 2010). While donor agencies may, and indeed often do, dominate aid and development relationships, they cannot completely determine the course of events, and thus monolithically control partnership in practice (Crewe and Harrison, 1998).

Critical-ideological literature then, overlooks ‘the collaboration and complicity’ of marginalised actors in development, and the possibility that they may translate, consume, appropriate and remanufacture (what may well be) rhetorical partnership ‘disguises’ for their *own* benefit (Mosse and Lewis, 2006, p.4, Rushton, 2008; Rossi, 2006; Orlandini, 2003). All this is not to suggest that the interests of donors or neoliberal thinking have no influence over the way in which the idea of partnership appears in aid policy and local practice and, indeed, the later chapters of this thesis will demonstrate this. The point is however, that there is less ideational coherence than *critical-ideological* literature suggests (Baaz, 2005, pp.7-9).

Critical-governmentality literature

A different critical understanding is put forward in literature that is written from a *critical-governmentality* perspective. Inspired by Michel Foucault, this work understands the policy and practice of partnership as a distinct form of governing rationality, which operates through subtle, complex and productive workings of power; empowers yet restrains local action in poorer countries; and also serves to technically depoliticise the governance of development (Abrahamsen, 2004; Gould, 2005b; Li, 2007; Mosse, 2005a). Indeed, drawing on Foucault’s notion of ‘government’ as ‘the conduct of conduct’, this literature tends to see partnership as a liberal attempt (by western authorities and agencies) to shape, improve, and therefore govern the conduct (or behaviour) of actors in poorer countries ‘from a distance’ through more or less calculated means (Li 2007 p.5; Dean, 2009, p.18). It operates by educating and (re)configuring habits, aspirations and desires, and, in so doing, produces

modern and self-disciplined citizens by enlisting them as responsible agents of their own liberal development (Larner and Butler, 2004; Abrahamsen, 2004).

Indeed, through promises of inclusion and donor cooperation, and the deployment of a series of calculated managerial partnership technologies (such as aid contracts, Memorandums of Understanding, auditing, and monitoring and evaluation) the policy and practice of partnership is seen as a way to voluntarily (rather than coercively) enlist and educate aid-recipient actors 'to do as they ought'; that is, to act responsibly and thus reform their behaviour according to accepted liberal standards (Abrahamsen, 2004, p.1463; cf. Li, 2007). In so doing, this literature therefore provides the insight that, while these calculated partnership technologies may come across as technical tools for regulating the 'conduct of conduct', they reflect a fundamentally political and, moreover, a liberal rationality that pervades the aid and development arena.

A similar point is made by James Ferguson (1990) in his seminal work on development processes in Lesotho. While Ferguson (1990) does not address the idea of partnership directly, he does show how the technical rendering of aid and development interventions in order to regulate the conduct of others routinely converts problems into apolitical issues for which there are technical solutions. While Ferguson (1990) argues that these technical interventions mostly fail in their own terms (they do not achieve the results that were intended), he indicates that they have regular 'instrumental' and 'ideological' effects, namely and respectively: the entrenchment of bureaucratic state power, wherein more power relations are referred through state channels; and depoliticisation, the projection of a representation of economic and social life which denies politics (Ferguson, 1990, p.xiv-xv, p.256, p.273-274).

Although Ferguson's (1990) work and *critical-governmentality* literature more broadly offers important insights for this research – including, for example: the way in which the idea of partnership may reflect particular, liberal modes of thinking; how calculated 'partnership' technologies and techniques may be employed to induce particular forms of conduct; and how the technical rendering of aid policy interventions operate as an 'anti-politics machine' whisking 'political realities out of sight' (cf. Ferguson, 1990, p.xv) – it also has limitations. Perhaps most importantly, this literature understands partnership in

policy and partnership in practice as one and the same: as an expression of a particular rationality and also *its effect*. As a result, there is a lack of conceptual space for agency and human reflexivity, and thus limited consideration as to whether dominant rationalities can be challenged, transformed or resisted at particular historical moments or in particular contexts (Mosse, 2005b, p.14; Li, 2007). It remains to be seen whether liberal partnership rationalities are as internalised by, or as constitutive of, actors in poorer countries as this literature seems to suggest. And whether instead, the calculated and depoliticised partnership technologies mentioned above may actually be translated, manipulated and perhaps even symbolically performed by reflexive actors in specific contexts. These are clearly important topics to consider and are returned to in the later chapters of this thesis.

The later chapters seek to address these issues and the other limitations highlighted above by drawing on an alternative analytical framework, namely *critical-constructivism*. While *critical-constructivism* is discussed in more detail in Chapter Two, it is necessary to briefly explain it here, so as to be clear about the way in which it has shaped the substantive arguments of the thesis.

An introduction to *critical-constructivism*

A *critical-constructivist* approach to the policy and practice of partnership offers a way forward and ‘middle-ground’ (cf. Adler, 1997) between the *critical-ideological* and *critical-governmentality* literature described above. While sharing this literature’s scepticism about the underlying premise of the idea of partnership and its socio-political effects (as well as a desire to challenge the *pragmatic-instrumental* view), this analytical approach *differs* because it seeks to restore notions of complexity and agency to, and the importance of ideational factors in, analyses of partnership (cf. Hay, 2002, p.201-202).

Ontologically, core assumptions are: 1) that social and political phenomena and their meanings are inherently complex; 2) that actors are inherently *social*; and 3) that it is not possible to understand socio-political life, including the idea of partnership in aid policy and practice, without recourse to the ideas that actors hold, their interests and to the context in which they find themselves (Reus-

Smit, 2009, p.217; Hacking, 1999, p.11; Hay, 2002, p.254; Long and van der Ploeg, p.65; Hay, 2002, p.208). By extension, epistemologically, it is assumed that it is only possible to understand and generate knowledge about the politics of partnership in aid policy and practice if we consider and interpret the meanings, beliefs, preferences and actions of the actors who are involved, and assess how these have been shaped by the broader context in which they find themselves (Hacking, 1999; Hay, 2002; Long and van der Ploeg, 1994).

In consequence, in order to answer the substantive research question outlined above, this thesis aims to: 1) consider how ideational factors and the interests, of actors, as well as broader structures, are implicated in processes of ‘mutual creation and reproduction’ of the meaning idea of partnership; 2) assess and interpret how actors’ understandings of partnership and their social interactions may be shaped and constrained by their histories and wider structures of knowledge and power; and 3) consider how actors may themselves reproduce or transform these broader structures through their application of partnership in aid policy and practice (cf. Hay, 2002; Barnett, 2002, p.101). It seeks to draw attention then, to how the meaning of the idea of partnership is produced, contested and legitimised in *both* aid policy and social practice, in and through broader relations of power (Mosse, 2005b, p.15 quoting Soederberg, 2003, p.14); where aid *policy* is understood here and in the forthcoming chapters of the thesis as written doctrine, texts or official representation, and *practice* as courses of action (or inaction), understandings, and experiences (cf. Jenkins, 2007).

By being sensitive to complexity and agency, the thesis seeks to reveal fractures and points of divergence in partnership policy (as texts) and practice (as action). And therefore, as suggested in the introductory paragraphs above, to destabilise what *appears* to be the idea of partnership’s fixed and monolithic status in the world of aid and international development. In short, it aims to reveal the constructed nature of the meaning of partnership, and to show that the established order of things could, and indeed should, be different (cf. Hay, 2002, p.138, p.202; Hacking, 1999).

Importantly, given the above-mentioned assumption of complexity, the ambition of *critical-constructivism* and therefore of this current research is not

to generate hypotheses or universal theoretical principles about the politics of partnership because such parsimonious explanations do not reflect what is a complex reality (Yanow, 2009a). *Theory* in this research is less about developing or testing models that predict how and why partnership is pervasive in aid policy and relates to action, and more about sensitising and guiding an empirical, in-depth and interpretive analysis of the topic, and the identification of broad explanatory themes (Hay, 2002, pp.46-47; see Chapters Two and Three). Indeed, the objective ‘is not illumination of a theory but the illumination of the *real world* or *worlds* [of partnership in policy and practice]’ (Poku, 1998, p.39 *italics added*). Before turning to discuss how *critical-constructivist* insights have informed an analysis of the topic, it is necessary to be more clear however, about which real worlds of partnership have been studied in the research and why.

The real worlds for exploring the idea of partnership

A number of case studies of the real worlds of partnership are used in this research. The overall case (cf. Sundewall, 2009) is of course the idea of partnership itself. Two policy and practice couplets are however, also used in order to allow a comparative and in-depth analysis of how and why the idea is pervasive in aid policy, and how and why it relates to and shapes local practice. The official texts of the Global Fund to Fight to AIDS, Tuberculosis and Malaria² and the health Sector-wide Approach (SWAp)³ were selected as suitable policy cases, and the Zambian health sector was chosen as an exemplary arena in which to explore how such policy relates to and shapes practice (where policy and practice are, as indicated above, seen as texts/representation and action/experiences respectively). The Global Fund,

² The Global Fund to Fight to AIDS, Tuberculosis and Malaria is an international organisation based in Geneva, which provides aid, in the form of grants, to address HIV/AIDS, tuberculosis and malaria. Grants go primarily to low income countries that have a high burden of the three diseases. The Global Fund does not currently have staff or offices in any of the countries it gives funding to; rather, it operates from its Geneva headquarters and relies on local organisations and management systems to coordinate action. More detail is provided in Chapters Five and Six.

³ Sector-wide approaches or SWAps are a specific way of managing aid and also sectoral development in low income countries. This approach emerged in the 1990s and has been used in relation to agriculture and education, but particularly health. SWAps tend to involve the use of particular forums for dialogue between actors involved in health and also specific systems for allocating and managing resources. More detail is provided in Chapters Seven and Eight.

SWAp and Zambian health sector are all introduced in more detail in later chapters of the thesis (along with the specific methods that were used to generate insights about them). It is, however, perhaps useful to introduce them here and to justify why they were selected.

Although the idea of partnership is evident in much contemporary aid policy, it is particularly a feature of aid policy for health; appearing in a range of the official texts or programmatic titles of international donors, governments and civic actors, and describing or justifying different aspects of their operations and health management practices (Buse and Harmer, 2004, 2009). The idea of partnership appears, for example, in various policy texts about health Sector-Wide Approaches (SWAs), which were widely promoted in the late-1990s by the likes of the World Health Organisation (WHO), World Bank and various bilateral agencies as a new model for coordinating health sector development in poorer countries, including the delivery and management of aid. SWAs are now a feature of national health policy in more than twenty countries globally, including Bangladesh, Ghana, Mozambique and Zambia (see Foster, 2000) and a common feature to all is a focus on partnership (see Chapter Seven). Similarly, when the Global Fund to Fight AIDS, Tuberculosis and Malaria was established in early 2002 as an entirely new organisation in the world of aid, it was set up under the rubric of the idea of partnership (see Chapter Five). Indeed, with a purpose to ‘attract, manage and disburse additional resources’ for its three target diseases in ‘countries in need’, the decision-making about grants that it provides, the operation of the country-level structures that it supports, and the management and oversight of the health programmes that it funds, are all officially to be governed on the basis of partnership (Global Fund, 2002, p.1; see also Chapter Five).

While the idea of partnership also features in a range of other health aid-related initiatives and, perhaps most recently, has been reflected in the name of the International Health Partnership (IHP) which was launched in 2007 (see IHP+, 2011), academically, SWAp and Global Fund aid policy provide what Alan Bryman (2008, p.56) calls ‘exemplifying cases’ for this research. They are not necessarily unusual or extreme, but provide a useful intellectual context in which to locate an analysis of the idea of partnership and thus to answer the research question.

Relatedly, the health arena in Zambia – a low-income and landlocked country in central Southern Africa – is also a highly suitable exemplifying case to explore partnership in practice (cf. Bryman, 2008, p.56). Most particularly because both the Global Fund and SWAp mechanisms have been in operation in relation to health for an extended period of time – the SWAp since the late-1990s and the Global Fund since its inception in 2002. Both are also an important focus of health-related action in Zambia due to the considerable and increasing volume of aid monies that are channelled through Global Fund and SWAp structures (Chansa *et al.*, 2008; MoH Zambia, 2009a, 2009b). In early 2011, more than US\$ 1,018 million had been committed to Zambia by the Global Fund alone, growing from nothing in 2002 (see Table 5 in Chapter Six). Furthermore, Zambia is a useful case study context for this research because the Zambian Ministry of Health refers to the idea of partnership in its policy texts (MoH Zambia, 2006), and so also do many donor agencies (DGIS, 2004; NZAID, 2006; Schleimann *et al.*, 2003) and civic actors (Thandizani, 2011; ZNAN, 2011). In consequence, the Zambian health sector provides an insightful setting for unpacking partnership and for making this pervasive and familiar idea strange (cf. Maclancey, 2002; see above).

***Critical-constructivist* insights about partnership: Social construction, multiple translations, contestation and depoliticisation**

As indicated in the discussion above, in order to take forward the investigation of how and why the idea of partnership features in Global Fund and SWAp policy and how this relates to and shapes action in the health sector in Zambia, this research embeds a *critical-constructivist* analytical framework. More specifically, constructivist insights from a range of academic disciplines, including interpretive public policy, international relations (IR) and development ethnography / critical anthropology have been drawn upon to inform and guide the analysis. Although it is perhaps uncommon to trespass across traditional disciplinary boundaries in this way, the common constructivist fabric that courses through them makes this pursuit legitimate. It has therefore been fruitful to look widely to inform the study.

While the thesis certainly draws on a range of literature, it takes particular inspiration from the ‘entangled social logics’ or ‘interactionist’ perspective of development ethnography / critical anthropology (see Long, 2001; Mosse, 2005a; Oliver de Sardan, 2005). Although more is said about this in Chapter Two, as David Mosse and David Lewis (2006, p.9) summarise, this particular body of literature provides insight into the way in which the meanings of ideas are produced and negotiated by actors within the structured context in which they are located, and how processes and interactions may have different significance for those who are involved. Drawing on this literature in particular then, this thesis offers a range of new insights into why the idea of partnership is a pervasive feature in contemporary aid policy, and how this relates to and shapes local practice in Zambia, including the practice of politics that this enjoins.

Firstly, it draws attention to the way in which aid policy and the practice of partnership are embedded in both international and Zambian politics, and to the way in which the meaning and ubiquity of the idea of partnership is constructed socially, in and through relations of power (Mosse, 2004; 2005a). It illustrates how the meaning of partnership and its use in aid policy of the Global Fund and about SWAps is shaped by the values and interests of, as well as the confrontations between, a diverse range of actors – including aid donors like the World Bank, key individuals within the Zambian Ministry of Health, and also a diversity of NGOs. It also shows that, more often than not, policy texts about partnership reflect an uncomfortable and political compromise.

Secondly, and in contrast to the extant works discussed above, the thesis demonstrates that, despite its apparent pervasiveness, there is actually *no* single meaning or understanding of the idea of partnership in aid policy; nor in local practice in health in Zambia. Indeed, much like other political ideas such as poverty and participation, it shows that there is no discrete or authentic way in which the meaning of partnership is or can be defined (Freeden, 1998, p.53; Long, 2004, p.27). Rather, it is produced in specific contexts through socio-political processes of interaction. This is not to say that the range of possible meanings for partnership is infinite. Whilst there is no single meaning for partnership, the thesis shows that it does have, to borrow the words of Michael Freeden (1998, p.53), certain ‘ineliminable’ features, in that it is always about

relationships and the organisation of action. Indeed, in all of the literature and empirical material that is discussed in this research, the idea refers, at least in some way, to these broad themes. Given that partnership is essentially about relationships and the way in which action is coordinated, guided and steered, at its core then, the idea of partnership is about who, how and why different actors are involved in aid, health and development; in other words, it is about *relations of governance*.

Thirdly, and importantly, the thesis shows that, although there is no single understanding of the idea of partnership, this does not preclude the existence of *dominant* meanings. While the chapters that follow certainly show that there are multiple and contested meanings for partnership in both SWAp and Global Fund aid policy, which reflects the contradictory beliefs and assumptions of different actors about relations of governance, they also show how the agency of actors, both at the international level and in the health sector in Zambia, is constrained by wider 'paradigms of thought' and power relations, which serves to privilege certain representations of partnership over others (Atkinson, 1999, p.59). Indeed, as implicitly suggested in the discussion above, the thesis draws attention to the way in which the idea of partnership tends to be *dominantly represented* within contemporary aid policy as an objective, technical and win-win way to organise action for development (Buse and Harmer, 2004). That is to say, it tends to be constructed in a *depoliticised* way; devoid of any overt reference to the ideas, values, beliefs and assumptions that underpin it about who should be involved in health and development governance. The thesis considers how and why this might be the case; and also how such depoliticisation relates to and shapes health-related action in Zambia. It discusses whether the dominantly depoliticised way in which partnership is framed in Global Fund and SWAp policy limits and constrains conceptual debate about who, how and why different actors are involved in aid, health and development? Whether this narrows the scope for political engagement in socio-political practice in the health sector? And whether this supports or destroys the possibility of challenging existing relations of governance?

Finally, and drawing on the work of David Mosse (2004, 2005a) in particular, the thesis shows how depoliticised policy schemes of partnership governance cannot simply be imposed locally. Indeed, the chapters that follow reveal how

the depoliticisation of partnership in aid policy is ‘unravelling’ (cf. Mosse, 2007 p.2) in the health sector in Zambia as it is translated, in and through the politics of collaboration, contestation and (feigned) compliance; and how this shapes, contorts and constrains local health governance in diverse and unexpected ways (Mosse, 2005a; Rossi, 2006; Li, 2007).

Chapter Structure

Having provided a brief introduction to this thesis, it is useful to set out the structure and broad content of the forthcoming chapters, so as to provide a clear overview of how the research question is answered. As indicated above, the next chapter of the thesis (Chapter Two) reviews existing literature on the idea of partnership in policy and practice. It builds on the high-level discussion above, and more fully introduces and justifies the *critical-constructivist* approach of the research. This is a somewhat detailed and lengthy chapter, and has been included by virtue of the lack of existing work on partnership.

Chapter Three sets out the methodological strategy that was used to inform the substantive research question. It explains that a qualitative research strategy was employed and describes the research design and research methods in some detail. It argues that a qualitative research strategy was appropriate for exploring how and why partnership features in contemporary aid policy and shapes practice because it fits the underpinning ontological and epistemological orientation of the research.

Chapter Four is the first substantive and empirically-grounded chapter about the idea of partnership in contemporary aid policy. It situates partnership in historical context, tracing the idea’s history, and puts forward an explanation as to how and why, at some point during the 1990s, it seems to have risen to prominence. A number of important factors are implicated here, but most significant is an apparent crisis in the legitimacy of aid following the ending of the Cold War, during which the need for, and governance of, aid was questioned by a variety of different actors. The chapter shows how the rise of partnership was a means to re-legitimise aid, how its incorporation into key policy texts was designed to enrol powerful aid critics (particularly neoliberal

actors in the US), and how it eventually became a type of expected symbolic motif of aid policy, by which any new initiative was to be decorated and judged.

Having set out this background, the thesis moves on to the policy and practice chapter couplets referred to above. Chapters Five and Six explore the policy and practice of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Chapter Five considers why the Global Fund was established under the governing rubric of partnership, and discusses how a series of different factors, including, for example, political contests between G8 actors and activist NGOs over why more resources were needed for AIDS, TB and malaria and how aid-related action should be governed, shaped the way in which the idea is framed in the Fund's official texts. Through its analysis of partnership, this chapter (and also Chapter Seven) provide new insight into the complexity of, and conflicts that shape, global health politics, and how the governance of global health, while porous to the views of a diverse set of actors, is actually dominated by an elite coalition of largely donors. These actors promote particular depoliticised (technical and economic) arguments about partnership, and the way aid and health should be governed.

The second part of the Global Fund couplet of chapters (Chapter Six) considers how the Fund's official policy of partnership relates to and shapes action when it is set to work in Zambia. It shows how the depoliticisation of partnership is translated, consumed and remanufactured (cf. Orlandini, 2003; Rushton, 2008) by different actors in Zambia and how the managerial techniques that partnership policy legitimises are reconfiguring the political landscape and governance of health in the country; not only shifting who is included and excluded from accessing resources, but also entrenching already-existing 'etiquettes of hierarchy' (cf. Green, 2003, p.135), and closing down opportunities for open and deliberative debate.

Chapters Seven and Eight explore the idea of partnership in the policy and practice of health SWAps. Chapter Seven starts by discussing how and why partnership features in SWAp policy. It shows how a number of different factors, yet most particularly efforts by the World Bank to respond to criticisms of its neoliberal thinking, were influential here. The chapter shows how the Bank's efforts, and the politics surrounding this, resulted in the idea of

partnership being framed in a dominantly depoliticised way in SWAp policy and how this reflects the inherently unequal way in which aid policy processes are governed. Chapter Eight moves on to consider how the idea of partnership in official SWAp policy relates to and shapes action in the health sector in Zambia. In so doing, this chapter demonstrates the highly political nature of the SWAp partnership in practice, yet shows how this politics is strategically, necessarily, and routinely *concealed* in public arenas by government, aid agency and also civic actors. This is a means to demonstrate compliance with depoliticised policy models of partnership and to sell the Zambian health sector in what is a competitive global marketplace for aid (cf. Mosse, 2005a; Rushton, 2008).

The final chapter (Chapter Nine) draws together the arguments of the preceding chapters into a summative conclusion, reflecting in particular on how the dominantly depoliticised way in which partnership appears in contemporary aid policy, relates to and shapes local action and governing practice in the health arena in Zambia. It considers the wider significance of the research, both academically and practically, and where a future research agenda aligned to this study might begin.

A brief note about *critical-constructivism*: The significance of an interpretive epistemology

Before we move on to these substantive chapters, it is important to briefly draw attention to the interpretative epistemology that the research embeds, because it affects the way in which arguments about the idea of partnership are asserted in the thesis. The research is not a scientific and positivist work. As a consequence, the substantive arguments are not presented as a form of objective truth or facts. Instead, they represent one particular understanding of the politics of partnership, and moreover an understanding that is shaped by the author's own ways of thinking and doing. Following Dvora Yanow (1997) then, the chapters that follow are presented with 'passionate humility'; that is to say, with conviction, but with 'an acknowledgement of the possibility that one might be wrong' (Yanow, 2009b, p.587). It is hoped that this humility demonstrates academic openness, and can be a driver for further research, questioning and critique.

Chapter Two

The idea of partnership in aid policy and practice: A review of existing literature

Overview

- *Explores, probes and problematises how the idea of partnership, as a component of contemporary aid policy and local practice, has been understood and explained in existing literature from a range of disciplines*
- *Details the limitations of and gaps in existing academic work*
- *Sets out and justifies the critical-constructivist analytical framework for this research*

Introduction

Having provided an introductory background and justification for exploring why and how partnership features in contemporary aid policy and practice in the last chapter, this current chapter seeks to review what is known about the topic in more detail, so as to provide a comprehensive starting point for the rest of the thesis. Although, as indicated in Chapter One, the idea of partnership is a relatively under-explored component of aid policy and practice, which goes some way towards justifying the focus of the research on the topic, a limited number of existing studies spread across a range of academic disciplines, from international political economy (IPE), international relations (IR), development ethnography / critical anthropology, and development studies, have either focused explicitly on the idea (for example, Crawford, 2003; Abrahamsen, 2004; Gould, 2005), or touch on it more tangentially (see Craig and Porter, 2005, 2005, 2006). Given the lack of existing literature on the topic, this chapter seeks to bring together and review these disciplinary disparate works, drawing out different understandings of partnership, and of how we can conceptualise aid policy and practice. In so doing, the chapter seeks to build on the initial discussion in Chapter One and to further contribute to an understanding of the theoretical puzzles that arise from the thesis' substantive research question, namely: *In what ways do we understand aid policy and what*

partnership means as a component of this policy? And how can we conceptualise the relationship between what partnership means in aid policy and how it is practiced?

The first sections of the chapter explore, probe and problematise how partnership has been understood and explained in existing literature; identifying a series of gaps and limitations. The final section moves on to detail the *critical-constructivist* framework of this research.

As indicated in Chapter One, the chapter argues that the idea of partnership has generally been approached in two broadly counter-posing ways:⁴ firstly, from a *pragmatic-instrumental* perspective, in which it is understood as an inherently progressive policy intention that should be managed and moreover be *manageable* in practice; and secondly, from a more critical position, in which there is greater scepticism about the underlying premise and socio-political effects of partnership in policy and in practice. While the *pragmatic-instrumental* perspective is representative of, what can perhaps be considered, mainstream literature on partnership by virtue of its prevalence, the more critical literature challenges the prevailing view; either from a *critical-ideological* or *critical-governmentality* position (see also Chapter One). Although categorising the literature in these ways is clearly an oversimplification, it serves as a useful discursive and ordering device, so that key insights of, and overlaps and fractures between, extant literature can be highlighted.

While each of the above-noted literatures are detailed in the discussion that follows, the chapter censures *pragmatic-instrumental* literature for uncritically accepting aspects of official policy narratives, in which partnership is presented as a self-evidently progressive idea and inherent good. It argues that *critical-ideological* and *critical-governmentality* works provide more productive lines of thought, yet nevertheless also have limitations (see Appendix One), which suggests the need for an alternative analytical framework. The chapter argues that a *critical-constructivist* approach offers a ‘middle-ground’ (cf. Adler, 1997)

⁴ As indicated in Chapter One, this classification builds on the literature categorisations on partnership of Ian MacDonald (2005); Rita Abrahamsen (2004); David Mosse (2005a) and Mosse and Lewis (2006); see the footnote in Chapter One for more details.

here, transcending some of the limitations of the critical works. Building on the arguments of Chapter One, the chapter explains how such a framework provides the basis for a valuable analysis of why the idea of partnership has risen to prominence in contemporary aid policy, how and why partnership is framed in such texts, and how this relates to and shapes local action, and the practice of politics that this enjoins.

A review of *pragmatic-instrumental* literature on partnership

The first body of literature to be reviewed in this chapter is labelled here as *pragmatic-instrumental* and, as indicated above, represents the most prevalent or mainstream perspective on the idea of partnership. While there is some level of diversity in the analytical approach within this literature, it shares a number of similarities. Perhaps most importantly, these works tend to see partnership as a somewhat self-evidently progressive policy intention and practical mode of governance. It tends to uncritically accept specific definitions of partnership that are presented in official policy texts (MacDonald, 2005; Abrahamsen, 2004; Martens, 2007): as the realisation of equality and mutuality in development relationships not only between donor- and recipient- governments of aid, but also between other actors in society (for example, business groups, consultants, non-governmental organisations and other civic actors) (see Kayizzi-Mugerwa, 1998; Brinkerhoff, 2002; Maxwell and Riddell, 1998). As a consequence, it tends to be promoted as the *right* way of governing aid and international development and, in turn, is usually concerned to understand and suggest how intentions can be realised (or implemented) in practice; through rational and manageable means (cf. Mosse, 2005a).

In presenting partnership as a morally-sound policy intention, this literature draw on notions of equality and, more specifically, to the creation of more equal governing relationships between the donors and recipients of aid. The need to create more equal relationships has been a recurrent issue in the history of aid, with persistent charges of imperialism, neo-colonialism and undue intervention directed at the donor community (Abrahamsen, 2003, p.1454; Baaz, 2005, p.6; see also Chapter Four). It was not until the 1980s however, when stringent conditions were attached to aid (aid conditionality) in order to encourage recipient governments to make a series of structural reforms to the

way in which development processes were organised, that these accusations became increasingly widespread (see Chapter Four).⁵ As Emma Crewe and Elizabeth Harrison (1998, p.70) emphasise, the use of conditions was widely perceived as a way for aid donors to exert control over recipient countries and reflected an implicit acknowledgement of unequal relations of power; ‘We have the money, you want it, so you had better behave as we think correct’. Such conditionality was widely criticised for being coercive and for promoting donor-driven models of development (Clarke, 2004, p.307).

Given this history, the move towards the policy and practice of partnership tends to be explained in *pragmatic-instrumental* literature as a reflection of a moral concern to redress this unequal situation. Indeed, it is suggested that, through working *in partnership*, an unacceptable and paternalistic way of organising action will be transformed into one of equality, with recipient country partners empowered as agents of their *own* development. Simon Maxwell and Roger Riddell (1998, p.257) note, for example, that partnership is an ‘admirable commitment’ given that it is founded on ‘mutual respect and maximum feasible equality in political power’; a view that is broadly shared by Derick and Jennifer Brinkerhoff (2004, p.255) who argue that it is a policy intention of ‘great promise’.

Significantly however, the promise of partnership is not only perceived to come from its moral soundness, but also from its instrumental value, in that it brings together actors to deal with complex development challenges *efficiently* and *effectively*. As Jennifer Brinkerhoff (2002, p.7) explains, ‘The most obvious motivation for establishing a partnership is the desire to enhance the effectiveness and efficiency of development efforts’. Existing actors, operating alone, are believed to lack the knowledge, practical tools and financial resources to solve global, national and local development problems in an era of globalisation (Tennyson and Wilde, 2004; Brinkerhoff, 2002). Drawing on notions of inter-dependency and comparative advantage, *pragmatic-instrumental* works argue that working in partnership is a ‘rational and highly appropriate response’ here (Brinkerhoff, 2002, p.18). By bringing together a

⁵ As noted in Chapter Four, the conditions for receiving aid were wide-ranging and included not only macro-economic changes, but also social sector reforms. In health, this included the implementation of user fees and accounting procedures; the maintenance of essential drugs lists; and the decentralization of services (Donaldson, 1994, p.5-6; Périn and Attaran, 2003, p.1216).

multi-sectoral assemblage of donors, governments, business groups, and other civic actors, issues can be overcome in an efficient and effective way. As Jennifer Brinkerhoff (2002, pp.3-4) explains:

Partnership contributes to effectiveness by affording actors access to crucial resources... that would otherwise be inaccessible... Creativity may emerge from the assembling of diverse actors with different perspectives and expertise, resulting in efficiency improvements... [and] win-win solutions heretofore unimaginable.

Here then, working in partnership will ensure that aid is effective because the resources that donors bring will, if used by a range of actors who have the *right* expertise, provide new and efficient opportunities to solve complex development challenges.

A similar view is put forward by Tim Williamson *et al.* (2008, p.31) in a recent review paper on approaches to aid delivery. Williamson *et al.* (2008) argue that aid is often ineffective because of the way in which donor-driven agendas undermine local ownership of development efforts, including, for example, the institutional capacity of recipient governments to effectively prepare development policies, to allocate budgets, to deliver public services and to ensure domestic accountability. Partnership is promoted as a way to reverse this situation because working together and providing mutual support should act in reverse: it should support ownership, build institutional capacity, and support domestic accountability. Indeed, it is through partnership that a 'vicious cycle of aid ineffectiveness' will be turned into a 'virtuous' one (Williamson *et al.*, 2008, pp.31-35). To this end, a number of specific aid modalities are advocated, including the SWAp and general budget support, which will support this intended partnership approach.

Importantly, the idea of partnership is also envisioned as a common-sense 'democratic development' (Kjaer, 2003 in Rein *et al.*, 2008, p.7); a way of bridging so-called 'participation gaps' that are believed to exist in current forms of governance (Martens, 2007, p.33). Interestingly however, it is the instrumental (rather than political) benefits of participation through partnership that are emphasised here. While it is noted, for example, that opening up aid and development to a multi-sectoral variety of actors will allow more inclusive forms of decision-making, the real benefit emphasised is that development

action is made more effective (Brinkerhoff, 2002, p.6; Kjaer, 2003 in Rein *et al.*, 2008, p.7). In other words, participation through partnership is seen as a *means* to an end, and not an end in and of itself. Indeed, this emphasis on the *instrumentality* of partnership in policy and practice is common to mainstream literature. As Jens Martens (2007, p.32) indicates, it often seems as if there is ‘no alternative’ to this apparently solution-oriented, efficient and accountable mode of governance.

Although it should be clear from the discussion above that the idea of partnership is generally perceived as an inherent good in *pragmatic-instrumental* literature, it is perhaps important to highlight that this does not preclude some level of critical reflection. While partnership is invariably regarded as the right policy, a common conclusion is that it is inherently difficult to implement *in practice*. As Simon Maxwell and Roger Riddell (1998, p.258) note, ‘the road to greater partnership is littered with potential pit-falls’. In other words then, there are certain gaps between policy intention and outcome or results. Because the policy of partnership is seen in broadly positive terms however, this literature tends to be reformist in orientation. It focuses on the extent to which practice can be brought more fully into line with partnership intentions (as equality or mutuality); that is to say, the ways in which it can be made ‘more effective’ in practice (Martens, 2007, p.9).

Invariably in this literature, the *ingredients* for a successful partnership are highlighted; a series of *gaps* are identified between policy and practice; and a *recipe* for future success is proposed, in the form of a series of recommendations. A range of conditions for success tend to be put forward, which include for example: that time needs to be taken to build and strengthen organizational relationships; that the right skills and capacity to administer the policy of partnership are required; and that practices must be built on good communication, trust and reciprocity (see, for example, Druce and Harmer, 2006; Conway *et al.* 2006; Morse and McNamara, 2008).

The paper by Maxwell and Riddell (1998) provides a good example of this. Maxwell and Riddell (1998, p.257) argue that there are different degrees of partnership in practice – both weak and strong – due to unequal relations of power between actors in development. While ‘strong’ partnership is

characterised by equality, as well as mutual rights and obligations, and should be reflected in jointly agreed country programmes and guaranteed financial flows, they argue that a much 'weaker' form is likely to be found in practice (Maxwell and Riddell, 1998, p.258, p.264). As Maxwell and Riddell (1998, p.258, p.264) explain, a strong partnership requires a high level of formal reciprocity or 'contractuality': a 'partnership contract' must be jointly drawn up by the donors and recipients of aid, in which the terms of engagement, reciprocal commitments and compliance procedures are set out. Because aid donors however, could lose control over the way in which aid funds are used, they are likely to take the lead in drawing up these partnership 'criteria', with the resultant risk that the views and 'ownership' of aid recipients will be undermined (Maxwell and Riddell, 1998, p.264). Without the joint establishment of mutual rights and obligations, they argue that the policy and practice of partnership slips back into conditionality, as reflected by the following statement:

We know how best to achieve development. We know how you should alleviate poverty. Either you accept the approaches which we think are right for you or you will not qualify for a long-term partnership with us. If you do not accept our view of development, then we will not provide you with aid (Maxwell and Riddell, 1998, p.264).

In other words, inequalities in relations of power mean that dominant actors could impose their views and thus control the practice of partnership; a view that is broadly shared by Brinkerhoff and Brinkerhoff (2004, p.255), who note that power imbalances can 'inhibit the mutuality needed for partnership work', which prohibits the raising of new ideas or the proposal of new approaches.

While the existence of unequal power relations in the practice of partnership is clearly a key point, and highlights the importance of reflecting on power in any analysis of this kind, there is an implicit assumption in the paper by Maxwell and Riddell (1998), and indeed in *pragmatic-instrumental* literature more generally, that this type of implementation problem can be addressed; through the creation of appropriate incentives for engagement, good institutional design and / or good management. Maxwell and Riddell (1998) appear to suggest, for example, that the formalisation of partnership into aid contracts can redress power imbalances and ensure the 'mutual accountability' that is achieved. Similarly, Brinkerhoff and Brinkerhoff (2004, p.255) indicate that changes can

be made to operational management procedures of donor agencies in order to improve the ‘goal-setting and collaborative interactions that make partnerships work effectively’. In other words, it is implicitly assumed that it is possible to ‘tweak and improve’ procedures and processes – that is, to apply the right tools, techniques, targets and incentives (Guljarani, 2009, p.7) – in order to *make partnership work* accountably and effectively.

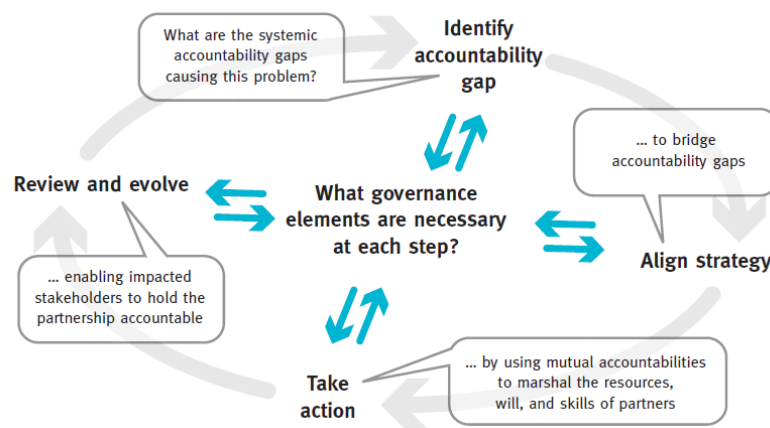
This perspective is problematic because there is only limited consideration of how and whether relationships are important here; and how and whether wider political-economic or historic-contextual factors may be fundamental and deeply embedded structural constraints to partnership in practice. Where these factors are acknowledged they are rendered as ‘technical impediments’ that can be managed and overcome (cf. Guljarani, 2009).

This criticism is perhaps related to the way in which policy and practice, and the relationship between them, is conceptualised in *pragmatic-instrumental* literature. Here, policy and practice are understood respectively as intention and outcome, and as being causally-related through simple, linear and discretely manageable processes, so as to achieve partnership results (cf. Mosse, 2005a; Long, 2001, p.33). Indeed, it seems to be assumed that if a series of appropriate activities are sequenced and followed correctly, in a logical order, partnership will be implemented effectively; see, for example, the partnership design cycle outlined in Figure 1 or the ‘causality map’ for partnership general budget support expressed in IDD and Associates (2006).

As noted above, this understanding of policy and practice not only nullifies the significance of the broader political and economic environment, along with the significance of relationships and interactions between different actors, but also diverts conceptual attention away from unexpected and potentially ‘complex and contradictory’ effects of partnership in practice, including for example: relations of power that partnership practice might unintentionally promote or entrench, and thus ongoing and active transformations in the relations of governance between the various actors who may be included or, indeed, excluded from implementation (Cardini, 2006, p.396). Whether intended or not, Norman Long (2001, p.33) indicates, for example, that the representation of policy intentions and their implementation in this way tends to have a powerful

legitimising effect for ‘experts’ in the world of aid and development, for it is only those who understand the various technical and logical stages of implementation that can fully be engaged in practice. Here, technical experts are implicitly conferred with an important role in diagnosing partnership problems, identifying the ways in which partnership can be made more effective, and in subsequently designing or managing partnership procedures in practice, in accordance with the explicated chains of cause and effect (Long, 2001).

Figure 1. A partnership design cycle (from Rochlin *et al.* 2008, p.34).



Interestingly, this *pragmatic-instrumental* literature seems to use insights from rational choice institutionalism in order to devise managerialist solutions to the practice of partnership. Robert Axelrod (2001), for example, specifically applies game theory (the Prisoner’s Dilemma) to specify the ‘conditions’ necessary to sustain effective and accountable partnership practice. A number of issues are identified, including: that in setting up a partnership there must be clear obligations, prompt feedback and institutionalised reciprocity (the ‘contractuality’ that Maxwell and Riddell (1998) refer to above). In the practice of monitoring and evaluating partnership, Axelrod (2001) suggests that accounting standards should be promoted to allow timely feedback on the performance of partners; the fulfilment of obligations could be certified; and procedures or sanctions should be in place if obligations are not met. Interestingly, as the later chapters of this thesis will show, many of these technical tools have been put in place to monitor the implementation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the health sector-

wide approach (SWAp) in Zambia, which both attest, at least in official policy narratives, to embody the idea of partnership.

While formal tools, managerial techniques, and the institutional design of partnership can, and indeed does, structure the governing relationship between different actors in various ways and their related action, this perspective is problematic because it is politically naïve. As argued above, such technical mechanisms do not and *cannot* address deeper structural and contextual challenges, and a presumed ability to be able to do so is perhaps reflective of the apolitical and managerialist perspective on partnership that this literature adopts, in which management tools and techniques are seen as neutral, objective and rational fixes to fundamentally political problems (Guljarani, 2009). At the same time, and to borrow the words of Glyn Williams (2004, p.573), there is also a ‘relative silence’ in this literature on the political beliefs, values and assumptions that not only affect the practice of partnership, but also underpin policy intentions.

An example of the failure to consider the political significance of the values and ideas that might underpin partnership is found in the work of Kenneth Abbott (2008, p.38-41), who uses insights from rational choice institutionalism to explore the ‘partnership-promoting’ Poverty Reduction Strategy Papers (PRSPs) of the World Bank and the partnering activities of the Global Fund to Fight AIDS Tuberculosis and Malaria. Abbott (2008, p.41) appears to conclude, quite positively, that ‘the Fund and Bank use their economic leverage to reach into the domestic societies of client countries, empower and encourage societal actors to participate in national politics and governance, communicate norms and expectations of participation, and blunt government resistance’. In other words, partnership unproblematically ‘teaches’ the recipients of aid norms of participation, ‘communicating its appropriateness and legitimacy’ (Abbott, 2008, p.38). While this process of political socialisation is interpreted in a relatively positive and apolitical light in Abbott’s (2008) work, a more critical appraisal of this statement suggests that the policy and practice of partnership sustains a paternalistic approach to development, in which the recipients of aid are educated about the *right* liberal way in which to govern and be governed; that is to say, it encourages the internalisation of specific liberal ideas, values and norms (cf. Cooke, 2001; Abrahamsen, 2004). As we will see a little later in

the chapter, when *critical-governmentality* literature is reviewed, this actually suggests that partnership is an inherently *political* undertaking and, moreover, is a way to try and shape the conduct of poorer nations.

As the next section of this chapter will now show, this and many of the issues discussed above are confronted in the more *critical* literature on partnership. Indeed, rather than understanding the policy and practice of partnership as an inherently positive and apolitical undertaking, *critical* literature questions this neutrality and, moreover, argues that partnership is actually highly political. It is to this *critical* literature that this chapter now turns.

Critical-ideological literature: Political economy, (neo)liberalism and external imposition?

Critical literature about the policy and practice of partnership challenges the view discussed above; either from a *critical-ideological* or a *critical-governmentality* perspective. While these literatures are separated-out here for discursive clarity, as the forthcoming discussion will now show, they are far from mutually exclusive and make a number of resonant political points.

Much of the literature that is categorised here as *critical-ideological* is associated with the academic field of IPE, neo-Marxist or dependency theory schools of thoughts. It is labelled as *critical-ideological* here because it tends to link the idea of partnership, in some way, to relatively coherent political ideologies. Indeed, the failure of partnership as a component of aid policy and practice tends to be taken as self-evident in this work because of its ideological linkage (Mosse, 2005a, p.4). It has, for example, been interpreted as a rhetorical ‘disguise’ – a purposeful ideological screen designed to nullify opposition to dominant (donor) interests, notably the wider penetration of neo-liberalism and the embedding of global capitalism (Crawford, 2003; Fowler, 2002; see also reviews in Abrahamsen, 2004, p.1454; Baaz, 2005, p.7) – or as an apolitical catchword that legitimises the ‘inclusive’ liberal ideology of donor organisations (Craig and Porter, 2003; 2005; 2006).

The former (ideological screen) perspective is exemplified in the work of Alan Fowler (2002, p.248-249) who argues that partnership is ‘a terminological

Trojan Horse’, whose initial appearance as an inclusive, open and all-embracing policy doctrine is a distraction that not only conditions political debates to the exclusion of alternatives, but also legitimises the deeper penetration of foreign economic concerns into domestic choices and processes; one effect of which is to turn the accountability of aid recipients ‘on its head’, so that they are more accountable to powerful external actors than to their own civic constituents (Abugre, 1999, p.18 in Fowler, 2002, p.249). This is broadly shared by Gordon Crawford (2003), who argues that while the idea of partnership as expressed in aid policy implies equality in power relations between donors and recipients, this is not actually intended, nor achieved in practice.

Drawing on an empirical analysis of the ‘Partnership for Governance Reform’ in Indonesia, a type of governance sector-wide approach (SWAp), Crawford (2003, p.156) argues for example that partnership is an instrumental policy rhetoric; a useful disguise for international agencies, like the World Bank and UNDP, to pursue their own reform agenda – economic liberalisation – and thus ‘the opening up of the Indonesian economy to market interests’. This serves to conceal their continued exercise of *power over* Indonesian actors. Indeed, Crawford (2003) argues that aid donors have ‘successfully’ embedded their neoliberal ideas by keeping items off, and people away from, decision-making agendas if they do not support their neoliberal economic interests. In so doing, it is argued that the policy rhetoric of partnership not only secures the wider penetration of global capitalism, but also accords aid donors greater legitimacy; free from the criticism that previous structural adjustment policies attracted (Crawford, 2003, p.157).

In contrast, the latter perspective is exemplified in the work of Craig and Porter (2003; 2005; 2006). While Craig and Porter (2003, p.54) do not discuss the idea of partnership at any length,⁶ they argue that partnership functions as an ‘inclusive’ liberal policy catchword; part of a ‘Third Way’ re-morphing of more overtly neo-liberal modes of governance that have been embedded in aid policy in the past; and in particular during the structural adjustment era. As

⁶ Unfortunately, like much of the literature that is currently available, Craig and Porter (2003, 2005 and 2006) refer to the idea of partnership in passing; they do not consider or theorise about it in any detail. While this observation certainly supports the intellectual focus of this research on partnership, it limits the number of sources that are available for review in this chapter.

Craig and Porter (2006, p.11) explain, structural adjustment policies were characteristic of ‘conservative neoliberalism’, which is concerned to ‘get the state out of markets, deregulate and privatize, [and to] reduce social and bureaucratic spending’. Inclusive liberalism is a hybrid of this; it retains conservative macroeconomic and pro-market tendencies, but adds ‘positive liberal’ approaches that focus on inclusion and consensus (Craig and Porter, 2006). In other words, inclusive liberal ideology, and its policy expression as partnership, purports to include everyone (including multinational companies, consultants government officials, NGOs and the poor) and thus to empower actors who were previously marginalised in global, national and local governance. Importantly however, as Craig and Porter (2003, p.54) argue, there is an implicit ordering of priorities that conflicts with these apparent ideals; it is macroeconomic concerns and global economic integration first, followed by inclusive participation and empowerment.

Interestingly, Craig and Porter (2003; 2005) draw attention to the legitimating role that the idea of partnership serves for specific actors and specific practices of aid. Drawing on an assessment of the practices associated with PRSPs, which the World Bank promotes as an expression of its ‘partnership’ approach to development, they indicate that NGOs and ‘civil society groups’ are routinely invoked as legitimate, ‘proxy representatives’ for ‘the poor’ (Craig and Porter, 2003, p.54). Moreover, because specific practices of partnership associated with PRSPs (including consultation forums and multi-sectoral meetings) are presented as legitimate proxies for more formal and statutory forms of participation, aid policies, and aid donors more generally, are supplied with a ‘badge of legitimacy’ (Craig and Porter, 2005, p.240). Craig and Porter (2005) argue that these practices end up limiting political contest and discursive challenge given that in a partnership issues are to be addressed *consensually*.⁷

⁷ This point resonates with the work of Chantal Mouffe (2005) who suggests that ‘consensual’ politics is symptomatic of a broader ‘post-political’ liberal vision of the world that has emerged since the end of the Cold War, in which conflict and confrontation are believed to be a thing of the past and that consensus can be reached through dialogue that is ‘beyond politics’. Mouffe (2005) cautions against this liberal ‘consensus’ political model as ‘not only [being] conceptually mistaken... [but] also fraught with political dangers’.

In this way, the practice of partnership is seen to undermine democratic development by moving political decision-making away from formal state institutions and into spaces that are populated by various non-elected actors, who ‘all *claim* to represent’ a broader public good (Kjaer, 2003 in Rein *et al*, 2008, p.7). More specifically, and as Jens Martens (2007, p.49) puts it, the practice of partnership ‘implicitly devalue[s] the role of governments, parliaments and intergovernmental organisations, and overvalue[s] the political status of private [and other societal] actors’ who become involved in organising action: ‘whether or not partnerships actually lead to democratisation... depends entirely on *who selects* the participants, *how transparent* the partnership is, *how representative* its composition is, and *how accountable* the partners are to their own constituency’ (Martens, 2007, p.49). Importantly, these observations conflict with the assertion, in selected examples of the *pragmatic-instrumental* literature described above, that partnership fills participation gaps or ‘democratic deficits’ in previously existing modes of governance. These are clearly significant points, yet ultimately they can only be explored empirically; that is to say, through the consideration of specific examples of partnership in practice.

The work of Craig and Porter (2003) also makes another significant contribution to understanding the policy and practice of partnership. They indicate that partnership tends to be framed in policy in *technical* and *apolitical* terms, which conceals the ‘inclusive liberal’ framework that, they suggest, underpins it (Craig and Porter, 2003, p.54). As Craig and Porter (2004; 2003, p.60-61) argue, this apparent depoliticisation is achieved in policy through the use of a persuasive, management ‘tool box’ language, and the use of a range of management and measurement techniques, such as audit and legal compliance instruments, which are actually disciplinary practices. Importantly, they indicate that such apolitical framing is common to the activities of aid organisations, whose role *requires* the presentation of policy remedies in these terms (Craig and Porter, 2003, p.58).

This *depoliticisation* of the policy of partnership is significant because of the implications that it has for local action, and the practice of politics that this enjoins; not only does it obscure the prevailing relations of power between different actors, which may be highly unequal and hierarchical, but it also

limits the number of options available to local actors, given that debates around local action and governance tend to occur in technical terms (Craig and Porter, 2003, p.53, p.60, p.66). As Craig and Porter (2004, p.413) summarise: ‘In short, the whole inclusive rubric seems to reinforce a triumph of the technical and consensual over the political and contested’. Significantly, these points about depoliticisation clearly resonate with the earlier criticisms that were made about the way in which *pragmatic-instrumental* literature presents partnership in apolitical terms and, moreover, support the insights and arguments of the *critical-constructivist* approach that is advocated and explained a little later in this chapter.

While the work of Craig and Porter (2003, 2005, 2006) and Crawford (2003) have somewhat necessarily been simplified and condensed in the confines of this discussion, it is clear that there are both differences and similarities between these works. Perhaps most importantly, although the idea of partnership is understood as a facet of liberal ideology, Crawford (2003) links the idea of partnership to neoliberalism, whilst Craig and Porter (2003, 2004, and 2006) associate it with a rather more inclusive form of liberal thought. While this certainly highlights the significance of liberal thinking to the way in which the idea of partnership is understood and practiced, it also seems apparent from this brief discussion that partnership can actually be understood in *different* ways and therefore that it actually has *multiple* meanings; a point that this *critical-ideological* literature fails to fully capture.

Indeed, *critical-ideological* literature can be criticised for tending to suggest that there is a degree of coherence to the way in which partnership is framed and understood as a component of aid policy and local practice, which does not appear to be borne out upon closer analysis. As other studies show, there are often fractures, contradictions and inconsistencies in the way in which aid policy ideas are presented and in the way in which they are practised (see Mosse, 2005; 2005; Eyben and Leon, 2005; Crewe and Harrison, 1998; Gardner, 1997). This is not to suggest that liberal thinking has no influence over the way in which partnership is framed in aid policy and practice, rather that the underlying thinking is less ideologically coherent than this literature seems to suggest. Reflecting on Crawford’s (2003) work in particular, Maria Eriksson Baaz (2005, p.7-9) argues that to suggest that the policy of partnership

is not intended and actually a coherent ‘tactic’ to conceal neoliberal intent is ‘too simple’; while the world of aid and development is ‘increasingly homogenized, it is still too diversified and heterogeneous to harbour [such] a coordinated conspiracy’ (Baaz, 2005, p.8). Significantly, David Mosse (2005b, p.28) suggests that policy coherence is actually ‘after the fact’; the product of socio-political negotiations in particular contexts, and is reliant upon the practice of politics that depoliticised development policy frameworks so often deny.

Critical-ideological literature can also be criticised for a number of other reasons. In particular, it is perhaps ‘too quick to impute an economic function’ to the policy and practice of aid institutions and, relatedly, for assuming that the policy and practice of partnership serves the ‘objective’ economic interests of dominant ‘external’ donor actors (cf. Ferguson, 1990, p.14). This type of approach tends to occupy itself with the notion of interests; with identifying their configuration in any given situation and with attributing events, structures and also power, rather straightforwardly, to this (Ferguson, 1990, p.16). While not denying that the interests of donor agencies are important in aid and development arenas, and may shape the way in which partnership is framed in policy and shapes its practice, it is not sufficient to equate these with economic factors, nor to ‘simply read off’ political outcomes from them, as if one is the ‘direct effect’ of the other (Ferguson, 1990, p.16). To do so would suggest that the interests and intentions of aid agencies become reality through a simple, linear and mechanistic process of implementation, which is not so different from the way in which mainstream *pragmatic-instrumental* literature conceptualises policy and practice (Baaz, 2005, p.8).

While donor intentions about relations of governance may well be inscribed in the policy idea of partnership ‘they may not simply be accepted or replicated’ by others (Cooper and Packard, 1997 p.23). Moreover, while particular practices might *appear* to be the result of the power of dominant actors, these actors do not and cannot consciously determine or control the course of events (Crewe and Harrison, 1998, p.88-89). As Ferguson (1990, p.13 *italics in original*) argues, ‘one ought to be interested enough to look and see *how* this control is effected’; that is to say, to look inside the mysterious ‘black box’ between policy and practice.

Although Crawford (2003) does appear to try and do so by reflecting on processes associated with the governance SWAp in Indonesia, the overarching conclusion is that partnership (as economic liberalisation) is successfully imposed on developing countries by external agencies. Indeed, as Crawford (2003, p.155) summarises, ‘despite efforts to create the impression of Indonesian control... [it] remains externally driven, shaped and influenced by international agencies’. In other words, there is a more or less scripted or linear translation of donor agency intentions from policy into practice, and power therefore operates here, through the singular, external and intentional force of western aid agencies (Mosse and Lewis, 2006, p.9; Brigg, 2002, p.422, 424). This leaves little room for the agency of Indonesian actors, who are relegated to a position of passivity and subordination.

Interestingly, in a response piece to Crawford’s (2003) article, Andi Mallarangeng and Peter van Tuijl (2004) draw out a number of these criticisms, producing an alternative account of the Indonesian partnership in practice. In doing so, they indicate that local actors are not ‘mystified’ or controlled by aid agencies; instead, action is characterised by an ongoing series of contests and negotiations between a range of different actors over ways to organise processes of reform, which are mediated by historical relationships and unexpected events (Mallarangeng and Van Tuijl, 2004, p.929, 931). As Mallarangeng and Van Tuijl (2004, p.929) argue, this is not to say that aid agencies do not have particular strategies, attempt to exercise power or support ‘what they see’ as neoliberal priorities, but the interests of donors do not converge to the extent that Crawford (2003) implies; ‘let alone to a consensus about strategy that would allow donors to use the Partnership as a joint cover-up [for economic liberalisation]’. Instead, they highlight that local action, and the practice of politics that it enjoins, is situated in rather more ‘complex and transnational settings’, characterised by shifting alliances and the blurring of boundaries between the international and domestic:

‘To situate the Partnership in a one-dimensional North-South, donor-recipient dichotomy is too narrow. It assumes a single antithesis between the international and the Indonesian side, as well as homogeneity within each side, respectively, which is over simplistic’ (Mallarangeng and van Tuijl, 2004, pp.927-928).

Emergent *critical-ideological* works

There is a body of emergent *critical-ideological* literature that is more sensitive to these latter criticisms about the complex and interpenetrated relationships of actors who are involved in aid policy and local development practice. In seminal contributions to this field, Graham Harrison (2001a, 2004) argues that it is increasingly difficult to identify clear boundaries between international and domestic actors, noting that these boundaries have been rendered so 'porous' that, rather than conceptualising donors as a 'strong external force on the state, it would be more useful to conceive of donors as part of the state itself' (Harrison, 2001a, p.661, p.669). While Harrison does not focus explicitly on the idea of partnership, he does indicate that the idea is implicated in the deepening of this process of 'mutual assimilation', as its practice, intentionally or unintentionally, legitimises the role of aid agencies in the development policy arenas of those who receive aid (Harrison, 2001a; Gould, 2005a).

A recently published book 'The Politics of Aid: African strategies for dealing with donors' edited by Lindsay Whitfield (2009), reflects on Harrison's (2001, 2004) work and also seeks to address many of the criticisms noted above. More specifically, it seeks to address, what Lindsay Whitfield and Alastair Fraser (2009b, p.27-28) call the relative 'neglect' of the agential strategies that African governments in particular pursue in the aid and development domain. Casting aid relations as 'negotiation' rather than simply 'external imposition', the various chapters attempt to draw attention to the *entanglement* of different actors and to the way in which African governments strategize, bargain and collaborate with aid donors over aid policy and in local practice (Whitfield and Fraser, 2009a). Alastair Fraser (2009) explains, for example, how African governments have adopted 'non-implementation' strategies or have undertaken 'stroke of pen' reforms that are quickly reversed once aid funds are released, in order to avert the discipline and control of aid agencies. Moreover, Whitfield and Fraser (2009b, p.28) illustrate how African governments have strategically supported particular policies in order to create or maintain an international reputation as a 'good partner' or as an African 'success story', so as to either secure popular support, access funds or 'oil' the patronage networks of ruling elites; and thus entrench existing relations of power.

A brief discussion about literature on neo-patrimonialism

This latter point about patronage provides an important intellectual link to a substantial body of *critical-ideological* literature within the field of African political studies that focuses on neo-patrimonialism. This literature argues that African elites tend to cohere networks of support through hybrid regimes of political practice, within which patrimonial practices (patron-client relations, the personalisation of decision-making, a culture of deference to the ‘Big Man’, informal rules, corruption as a political logic and so on) coexist with elements of a Weberian rational-legal system (formal rules and procedures) (van de Walle 2001, pp. 51-2; Erdmann and Engel, 2006, p.17). It tends to argue that features inherent to African political systems and political culture (often interpreted as failings) lead to the capturing of aid policy ideas, like partnership, for the benefit of ruling elites.

As Whitfield and Fraser (2009a, pp.9-11) indicate, while the literature on neo-patrimonialism draws attention to the importance of understanding the socio-political context within which aid policy is made and practiced, it is, in some senses, a direct corollary of the *critical-ideological* literature that was criticised above, in that it tends to misrepresent the complexity and *messiness* of experience within and between African countries. Conversely however, rather than over-emphasizing the role of western aid agencies in pursuing their own agenda, this neo-patrimonial literature tends instead to over-emphasise the ability of African elites to manipulate aid policy for their *own* (personal and economic) gain. It thus fails to capture the creativity of African actors more broadly and their capacity to counter neo-patrimonial forms of political manipulation (Meagher, 2006).

While Whitfield and Fraser (2009b) attempt to redress these limitations by focusing on the twin concepts of ‘negotiation’ and ‘actor entanglement’, and by drawing attention to recipient agency, socio-political context and donor-recipient government interaction in their edited work on aid policy, the analytical framework that Whitfield and Fraser (2009) set out tends to give the impression that the interests and preferences of ‘donors’ and ‘recipients’ are materially given and relatively fixed, *a priori* to social interaction; which works to maintain a separation between recipient and donor identities and interests. It

precludes the possibility that these may be *transformed* and reflexively questioned by those same actors during negotiation. While actors in development arenas can often be associated with particular social groups, to assume fixed divisions between them and a lack of self-reflexivity results in an incomplete understanding of the way human agency may shape the policy and practice of partnership. It is important to be aware how relationships and boundaries between apparently different actors may well be bridged, transformed and blurred, in and through the practice of politics (Crewe and Harrison, 1998, p.19).

Consequently, while the above-mentioned works and *critical-ideological* literature more broadly are highly significant to this current research, raising a number of important conceptual points, it is argued that the policy and practice of partnership should be conceptualised as a more complex *socio-political* process. The final section explains how a *critical-constructivist* approach seeks to capture this sociality. Before turning to discuss this approach however, *critical-governmentality* literature will first be reviewed.

***Critical-governmentality* literature: (Neo)liberal governing mentalities and the calculated deployment of managerial partnership techniques**

Taking intellectual inspiration from the work of Michel Foucault, *critical-governmentality* literature draws on Foucauldian notions of governmentality to offer insight into how the policy and practice of partnership can be considered as a distinct liberal form of governing rationality; how it involves the subtle, complex and productive workings of power (both freedom *and* restraint); and how it serves to technically *depoliticise* governance and development (Abrahamsen, 2004; Gould, 2005b; Li, 2007). Before examining the substantive content of this literature however, it is perhaps useful to first consider what is meant by governmentality.

Although the concept has been understood and applied in a variety of different ways, essentially governmentality refers to ‘how we think about governing’; that is to say, the rationality of modern liberal ‘government’ – where government is understood broadly here in Foucauldian terms as ‘the conduct of conduct’ (Dean, 2009, p.17, p.24). In other words, it refers to the attempt by

different authorities and agencies to shape and improve human conduct (behaviour) from afar, through more or less calculated means (Li 2007 p.5; Dean, 2009, p.18). Indeed, as Tania Murray Li (2007, p.5) explains, ‘the conduct of conduct’ is concerned with inducing the reform and improvement of well-being, health, and longevity of human populations. It is distinct from coercion or discipline as it does not seek to reform behaviour through detailed supervision (it is not possible to achieve population well-being by coercing and regulating every individual). Instead, governmentality as ‘the conduct of conduct’ operates ‘at a distance’ through the education of desires, and by ‘configuring habits, aspirations and beliefs’ so that they ‘*will do as they ought*’ (Scott, 1995 in Li, 2007 p.5 *italics in original*). It does this through calculated and technical means, which constitute new and improved subjects; these are not only the objects of improvement, but also the subjects that do the improving themselves (Abrahamsen, 2004, p.1459; Li, 2007, p.5). As a consequence, while governmentality entails a mode of power and rule, it simultaneously affords individual actors a degree of (liberal) freedom, autonomy and responsibility for their decisions and actions about their self- improvement and reform (Abrahamsen, p.1459, p.1463; Dean, 2009. p.23).

Importantly, and as Li (2007, p.6) indicates, the notion of ‘calculation’ is central to the analytic of governmentality because ‘the conduct of conduct’ requires that the ‘right manner’ is defined; distinct ‘finalities’ are prioritised; and that specified tactics are used to achieve intended results. In turn, such calculation requires that processes and actors to be governed must be characterised in technical (rather than political) terms because ‘only then can specific interventions [to achieve results] be devised’ (Li, 2007, p.6). Indeed, this technical and moreover apolitical rendering of action is seen as central to governmentality, yet it is not seen to be ‘invented ab initio’ by any one actor or their political ideology (as suggested above); rather, it draws upon, and is situated within, collective systems of knowledge and discursive practice; and is thus ‘pulled together from an existing repertoire, a matter of habit, accretion and bricolage’ (Abrahamsen, 2004, p.1459; Li, 2007, p.6).

In a seminal article, Rita Abrahamsen (2004) draws on this notion of governmentality to understand the idea of partnership as a component of aid policy and practice. While Abrahamsen (2004, p.1459) is careful not to over-

state its analytic potential, emphasising for example that insights from other literature on partnership is useful, she argues that governmentality provides a new way for thinking about the policy and practice of partnership. Abrahamsen (2004, p.1459-60) indicates that partnership can be seen as a form of modern liberal governmentality, and thus as the calculated, technical and distant 'conduct of the conduct' of poorer nations. In the same way as above, it works by educating the desires of aid-recipient countries and by (re)configuring their habits, aspirations and beliefs. In so doing, it produces modern, self-disciplined populations and citizens by enlisting them as responsible agents of their own liberal development.

Indeed, as Abrahamsen (2004, p.1462) explains, partnership operates through promises of inclusion and cooperation by donor agencies. In principle donors are willing to enter into partnership with all poorer countries; the onus however, is 'on them to prove that they are committed, responsible and willing to govern themselves wisely' (Abrahamsen, 2004, p.1461). Resources will only be provided if they can show they are self-disciplined enough to exercise their agency responsibly: that is to say, by constituting themselves in ways that are consistent with the norms of liberal governance. To this end, a number of calculated technical interventions or 'partnership technologies' are deployed, including aid contracts (such as Memorandums of Understanding), auditing, and monitoring and evaluation (M&E), which are intended to voluntarily (rather than coercively) enlist, educate, and thus produce recipient actors who are agents of their own liberal reform (Abrahamsen, 2004, p.1463; see also Larner and Butler, 2004). Indeed, it is through these partnership technologies that poorer countries are proffered the voluntary opportunity to learn to act, manage and practice their freedom responsibly. As such then, these technical partnership interventions are simultaneously empowering and disciplinary because they allow a degree of freedom, but also regulate behaviour and conduct (Abrahamsen, 2004, p.1462).

In contrast to the works critiqued above, here, policy and practice tend to be seen as one and the same; they are simultaneously intention and outcome. The idea of partnership is both the liberal art of governing and its effect (cf. Larner, 2009). Moreover, rather than being a disguise or intentional misrepresentation of neo-liberal ideology, which operates through control or domination, the idea

of partnership is situated here within a much broader way of thinking about and acting upon the world; it is part of a wider political rationality or ‘regime of truth’ that ‘to govern less is to govern better’, and operates through a more productive (consensual) power that is voluntary and coercive, exclusionary and inclusionary ‘at the same time’ (Abrahamsen, 2004, p.1460, p.1462, p.1464, p.1459). It is not donor agencies who coercively discipline and ‘withhold aid’ from recipients, rather poorer nations must ‘live up to the [liberal] principles that merit co-operation’; a failure to meet these norms for inclusion in a partnership can be cast as the ill-discipline of ‘incapable agents’, who have not lived up to their responsibilities (Abrahamsen, 2004, p.1464).

Importantly, while the managerial partnership technologies (contracts, MoUs, M&E and so on) referred to above might *appear* as calculated technical tools for regulating the ‘conduct of conduct’ – a point that resonates with aspects of the foregoing discussion about the apolitical way in which partnership is presented in aid policy – this *critical-governmentality* literature clearly demonstrates that they reflect a fundamentally *political* and moreover liberal rationality that pervades the international development arena.

Interestingly, drawing on similar notions of governmentality and calculated technical interventions, James Ferguson (1990) shows in his seminal work on development processes in Lesotho how this now standardized rationality or ‘discourse’ which is embedded in the aid and development ‘apparatus’ routinely and *necessarily* converts and constructs problems into technical issues, for which there are technical interventions and solutions. Of significance here, while Ferguson (1990) argues that these interventions mostly fail in their own terms, they do not achieve the results that were intended, they actually have regular ‘instrumental’ and ‘ideological’ effects (Ferguson, 1990, p.xiv, p.256). Instrumentally, bureaucratic state power is expanded and entrenched, wherein more relations of power are referred through state channels (Ferguson, 1990, p.273-274). Ideologically, the effect is depoliticisation, which Ferguson (1990, p.xiv-xv) describes as ‘the projection of a representation of economic and social life which denies “politics”’. As Ferguson (1990) argues, these effects are not the result of any particular kind of intention or conspiracy, rather they are the work of governmentality as an ‘anti-

politics machine'.⁸ In other words then, and of relevance to our understanding of partnership, Abrahamsen's (2004) and Ferguson's (1990, p.xv) work together suggest that the idea of partnership may itself operate as a depoliticising governmentality machine that whisks politics 'out of sight'.

While *critical-governmentality* literature certainly offers, what Mosse (2005b, p.14) calls, 'a productive line of thought' it also has limitations. Perhaps most importantly, there is a lack of theoretical space for human agency (Mosse, 2005b, p.14). While the possibility of agency is not discounted entirely (see Rose *et al.*, 2006), there is little suggestion as to whether, how, or when prevailing mentalities or relatively 'taken for granted' theories, ideas and philosophies (cf. Dean, 2009, p.25) might be challenged, transformed or resisted at particular moments in time, or in particular contexts (Li, 2007). There are questions as to whether liberal partnership mentality is actually *internalised* and as *constitutive* of poorer countries as suggested above. Could a liberal partnership mentality, for example, be translated, appropriated and, perhaps even symbolically performed by reflexive actors in local practice?

This *critical-governmentality* literature tends to overestimate the capacity to which it is possible to *embed* liberal governing mentalities (Mosse, 2005b, p.14; Li, 2007; Larner, 2009). As Li (1999, p.314) succinctly explains, it 'provides a better guide to the project of rule than it does to an understanding of how [or whether] rule is accomplished'; it fails to consider what occurs when governing mentalities, and their associated techniques, tactics and routines, become entangled with the sociological processes that they would reform, improve and regulate (Li, 2007, p.27). In other words, by condensing the policy and practice of partnership into both cause *and* effect, this literature understates the significance of the messiness of local political practice; in particular, the role of *contestation* and how political conduct and context may be creatively and reflexively 'invented' by different actors 'from below' (Larner and Butler, 2004, p.8).

While not wanting to dismiss the literature on governmentality entirely, it is clear from the discussion above that it has limitations: there is an under-

⁸ As Ferguson (1990, p.256) argues, 'it really does just happen to be the way things work out'.

specification of a role for agency and a lack of attention to the relationship between the ‘project’ of rule (invariably narrowly analysed empirically as that which is articulated in policy texts) and as to what happens *in practice* (cf. Larner, 2009; Li, 2007). Perhaps the most important contributions however are that: while power relations can be unequal and hierarchical, they are not always zero sum – all actors may be able to exert some kind of power; and also that there are prevailing liberal mentalities or logics of rule, which shape how the meaning of the idea of partnership is constructed as a component of aid policy and practice; and, moreover, tend to do so in a largely technical and depoliticised way that whisks politics ‘out of sight’ (cf. Ferguson, 1990, p.xv).

Interestingly, to overcome these criticisms, Li (2007, p.19) complements the use of the notion of governmentality with other insights – in particular, those from the work of Antonio Gramsci, which are alert to the way power relations are consciously produced and reproduced, how actors may mobilise to contest their circumstances and how creativity arises – arguing that the ‘untidiness’ introduced by using different theoretical traditions can be tolerated because of the conceptual tools that they offer for empirically-based analysis. This type of hybrid approach appears to be advocated by other political scholars who work broadly in the field of governmentality. Nikolas Rose *et al.* (2006, p.100) note, for example, that the notion of governmentality should be ‘regarded as part of an analytical toolbox, good for some purposes but not for others, and capable of being used in conjunction with other tools’. A position that is broadly shared by Mitchell Dean (2009, p.13) who indicates that concepts used and produced in governmentality studies can be borrowed, modified and ‘mashed up’ with others. As a consequence, insights from *critical-governmentality* literature can legitimately be used in this current research, in conjunction with its *critical-constructivist* approach, so long as this is within the limits of intellectual consistency. It is to *critical-constructivism* that the chapter now turns.

The outlines of a *critical-constructivist* approach to partnership

As the preceding discussion has shown, while existing literature offers a number of important insights into how we can understand the idea of partnership as a component of aid policy and practice, it also has limitations (see Appendix One). This suggests the need for an alternative analytical

framework. *Critical-constructivism* offers a productive way forward here, providing something of a ‘middle-ground’ (cf. Adler, 1997) between the *critical-ideological* and *critical-governmentality* literature described above. While sharing this literature’s scepticism about the underlying premise of the idea of partnership and its socio-political effects (as well as a desire to challenge the *pragmatic-instrumental* view), this analytical approach *differs* because it seeks to restore notions of complexity and agency to, and the importance of ideational factors in, analyses of partnership, as the discussion below will now explain (cf. Hay, 2002, p.201-202).

What is *critical-constructivism*?

Critical-constructivism can be characterised and understood in relation to its normative and analytical commitments, which are explained by Ian Hacking (1999) (see also Hay, 2002, p.201). Hacking (1999) makes a number of pertinent observations about the nature of constructivist work, noting that it tends to assume the following:

In the present state of affairs, *X* is taken for granted; *X* appears to be inevitable (Hacking, 1999, p.12)
X need not have existed, or need not be at all as it is (Hacking, 1999, p.6).
X, or *X* as it is at present, is not determined by the nature of things; it is not inevitable (Hacking, 1999, p.6).

In other words, a *critical-constructivist* approach adopts a particular normative position about *X* (where *X* is an idea, concept, categorisation or so on) and therefore seeks, either implicitly or explicitly, to criticise and change something about the established order of things, with a view to highlighting alternative political possibilities (Hacking, 1999, p.7).

In the context of this research, *X* can be substituted for the idea of partnership and, therefore, its normative position is typically *critical-constructivist*, because, as outlined in Chapter One, this research specifically seeks to make this familiar idea strange. Indeed, restating Hacking’s observations, this project is underpinned by the view that: ‘In the present state of affairs, [the idea of partnership] is taken for granted; [the idea of partnership] appears to be inevitable’; and, moreover, that ‘[the idea of partnership] as it is at present, is

not determined by the nature of things; it is not inevitable'.⁹ While this normative position clearly resonates with the *critical-ideological* and *critical-governmentality* literature discussed above, in that it questions the underlying premise of partnership, a different analytical framework is advocated.

Analytically, and as Hacking (1999, p.6) emphasises, *critical-constructivism* aims to draw more attention to the 'contingent or open-ended nature of social and political processes' (Hay, 2002, p.201 *italics in original*). It seeks to illustrate that, although the idea of partnership appears to have a fixed and static place in the world of aid policy and local development practice, the *constructed* nature of partnership means that things could, and indeed *should*, be different (cf. Hay, 2002, p.138, p.202). Moreover, in so doing it seeks to restore notions of complexity and agency to, and the importance of ideational factors in, analyses and explanations of the policy and practice of partnership (cf. Hay, 2002, p.201-202).

Given this analytical commitment to complexity, agency and ideas, it is perhaps unsurprising that a *critical-constructivist* approach reflects a fundamentally 'relational ontology' (Carol Gilligan 1993, pp. 25-38 in Ruggie, 1998, p.4). That is to say, it tends to assume that actors are inherently social, and that it is not possible to understand socio-political life (including aid policy and the practices that it is expected to generate or legitimise), without recourse to the ideas that actors hold and to the context in which they find themselves (Reus-Smit, 2009, p.217; Hacking, 1999, p.11; Hay, 2002, p.254; Long and van der Ploeg, p.65; Hay, 2002, p.208). Like the related academic tradition of critical theory,¹⁰ it is sceptical of the view that actors are 'atomistic egoists', whose interests and identities are materially given and fixed (Reus-Smit, 2009, p.217) and that structures affect political outcomes in a deterministic, linear or mechanistic way (Long and Van der Ploeg, 1994, p.63). Instead, a *critical-constructivist* approach seeks to show the mutually constitutive or dialectical

⁹ Reflecting on Hacking's (1999, pp.19-20) six 'grades' of constructivism, the research resembles an 'unmasking' constructivism as the intention is to 'strip [partnership] of a false appeal or authority'. While the arguments presented in later Chapters also embody elements of more 'rebellious' or 'revolutionary' constructivism, they are, perhaps, more restrained than these labels would suggest (and also, perhaps, more restrained than other aid and development critics might say that they ought to be).

¹⁰ Reus-Smith (2009, pp.218-219) notes that Critical Theory is, arguably, one (of many) precursors to constructivism as a broad theoretical tradition.

relationship between ideas and material factors and between structure and agency in any understanding of socio-political life (Reus-Smit, 2009, p.212; Hay, 2002), which fits the underlying assumption of complexity. In other words, and to borrow from Michael Barnett (2002, p.101), *critical-constructivism* embodies:

a bundle of social theoretic commitments and concerns, including the attempt to understand: how agents and structures are involved in a process of mutual creation and reproduction; how actors' interaction is constrained and shaped by that structure; and how this very interaction serves to either reproduce or transform that structure.

Importantly, the underlying assumption of complexity has implications for the way in which theory is used in, and generated as part of, a *critical-constructivist* research process. Given the assumption of complexity, the ambition of *critical-constructivism* is not to test or formulate general, predictive theories or hypotheses – in this instance, about the policy and practice of partnership – because such parsimonious explanations are not reflective of, what is assumed to be, a complex reality. Theory then, is less about developing or testing universal models, and more about sensitising, guiding and informing empirical exploration and the identification of broad explanatory themes (Hay, 2002, pp.46-47).

Relatedly, in terms of research output the intention is to provide compelling and plausible interpretations of particular contexts (here, about the policy and practice of partnership) that are theoretically-informed, as opposed as to theoretically-predictive (Reus-Smith, 2009, p.226; Hay, 2002, p.46-47). Consequently, *critical-constructivist* research tends to result in 'thickly-described' (cf. Geertz, 1973) narratives, which seek to capture the complexity of not only the context under study, but also of the complexity of interactions between material and ideational factors, and between actors and structures (Hay, 2002, p.47). Rather than using theory then to predict or hypothesise about how the idea of partnership appears in aid policy and shapes local practice, including the practice of politics this enjoins, the aim of this research is to explore this empirically and in specific contexts, drawing on relevant

theoretical insights from other broadly *critical-constructivist* scholarship, or by reviewing other literature through a *critical-constructivist* lens.¹¹

As Chapter One and indeed the next chapter of this thesis explain, a number of different contexts were selected for this exploration: the partnership policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria, policy about Sector-wide Approaches (SWAp) to aid and health sector development, and the health sector in Zambia. Before moving on to discuss how the empirical work was completed and the methodological strategy in more detail (in Chapter Three), it is first necessary to consider in more detail here how *critical-constructivism* can provide the basis for a productive analysis of how the idea of partnership as framed in aid policy relates to and shapes local practice, and the practice of politics that this enjoins.

The significance of a *critical-constructivist* approach for an analysis of partnership in policy and practice

As argued in the discussion above, while existing *critical* approaches provide a number of useful insights on the research topic, they tend to overstate the level of control of and homogeneity between donor agencies, and the static and fixed way in which the idea of partnership appears in aid policy and relates to local practice. Given its ambition to restore notions of complexity, agency, and the importance of ideational factors to analyses, a *critical-constructivist* approach aims instead to explicitly reveal the fractures and points of divergence in what might *seem* like a monolithic and unchanging world of aid and development, by drawing attention to how the meaning of policy ideas like partnership are produced, contested, legitimised and, perhaps even, strategically appropriated socially, in and through relations of power (Mosse, 2005b, p.15 quoting Soederberg, 2003, p.14).

Work from the academic fields of critical public policy or interpretive policy analysis explores the complex and contested dynamics of policy and practice in

¹¹ Importantly, the *critical-constructivist* analytical framework advocated here should not be equated with constructivism in IR, most particularly because the IR literature over-emphasises the existence of norms or widely shared beliefs. While this research does not preclude the existence of common meanings for ideas like partnership, it takes a less essentialist position; and privileges the possibility that there are *multiple* meanings of partnership.

this way. It draws attention to the way in which policy and practice are embedded in politics and shaped by values; how written policy texts are politically produced and constructed; and are also received, contested and translated in practice, using concepts such as: discourse coalitions, epistemic communities or policy communities (groups of actor who share the same views, perspectives and understandings of a particular policy issue) (Hajer, 1995; Fischer, 2007); and street level bureaucrats (actors who may not have been involved in producing policy texts, but who are faced with doing something with it and who interpret and can substantially modify it in their local context, through their own views, values, assumptions and everyday routines) (Lipsky, 1980). While much of this work focuses on public policy and practice, rather than aid policy and practice *per se*, many of these conceptual insights overlap with insights from *constructivist* work from the field of development ethnography / critical anthropology, which has focused more specifically on the latter. It is argued here that this latter work is particularly relevant to this research and it is therefore discussed in more detail below.

Drawing on what Olivier de Sardan (2005, p.11) calls an ‘entangled social logics’ or interactionist perspective, the development ethnography / critical anthropology literature draws on two overlapping theoretical traditions, both of which are *constructivist* in orientation: the ‘Manchester School’ associated with the work of Norman Long (see, for example, Long, 2001; Long and Long, 1994) and the ‘French tradition’ associated with APAD (Association Euro-Africaine pour l’Anthropologie du Changement Social et du Développement) (see, for example, Olivier de Sardan, 1988, 2005).¹² The work of Norman Long has been characterised as an ‘actor-oriented approach’ and focuses on the social life of aid policy and practice; drawing attention to the way in which policy ideas (in written texts) are socio-politically produced, enter the ‘life-worlds’ of different actors, and how these actors shape, reshape, and devise ways of coping with the rules, conventions and resources that these policy ideas bring, in the constraints of the context within which they are situated (Long, 2001, p.14; Long and van der Ploeg, 1994, p.64) – which is similar to the ‘street-level bureaucrat’ notion of Lipsky (1980) as noted above. As Long and Long (1992, p.35) emphasise, this approach deconstructs the notions of

¹² This translates as the Euro-African Association for the Anthropology of Social Change and Development.

policy and practice, so that they are seen for what they are – ‘an ongoing, socially constructed and negotiated process’, not simply rational intentions and decision-making with expected outcomes, and its specified execution.

In this way then, instead of understanding the idea of partnership in policy as part of a rationally-generated decision-making process, which results in practice in technical implementation (as suggested in the *pragmatic-instrumental* literature), or as the scripted execution of neoliberal ideology (as suggested in certain *critical-ideological* approaches), a *critical-constructivist* approach explores partnership by looking at how the meaning of partnership is not only negotiated and produced in policy – understood here as authorised or official development texts – but is also produced, contested and legitimised in the messiness of local socio-political practice (Mosse and Lewis, 2006, p.9). While the approach does not preclude the existence of shared or coherent meanings for policy ideas like partnership, this is not assumed a priori (Long, 2001); indeed, multiple meanings are assumed to be the norm.

Importantly, while this analytical approach is labelled as ‘actor-oriented’, it actually emphasises a dynamic understanding of the interplay between actors and the contexts within which they find themselves – between human agency and the broader structural environment – as indicated in the introductory discussion about *critical-constructivism* above.¹³ As David Mosse and David Lewis (2006, p.11) indicate, the labelling of the approach as actor-oriented reflects a conscious effort on the part of Norman Long to move away from the notion of external determination and the implicit characterisation of those who are affected by policy as passive receivers, or simply ‘resisters’ of, intervention and therefore from, what Long and van der Ploeg (1994, p.62-64) regard to be, the ‘structuralism’ of Marxist analytical approaches that were prevalent in the 1990s.¹⁴ Rather, the intention is to show the interplay and mutually constitutive relationship between structure and agency and between material and ideational factors. In this way, Long and van der Ploeg (1994, p.64, p.66) argue that all actors are ‘knowledgeable’ and ‘capable’; they have the capacity to process information and their experiences, to strategise in their dealings, and to devise ways of coping, ‘even under the most extreme forms of coercion’ (Long and

¹³ And therefore does not fall into the intellectual trap of intentionalism.

¹⁴ Indeed, this approach was developed during the so-called ‘impasse’ in theorising about international development (see Booth, 1994).

van der Ploeg, p.64, p.66). In other words, all actors are able to exercise some kind of power, even in the most highly unequal or hierarchical contexts (Long and van der Ploeg, 1994, p.66).¹⁵

This is not to say that material and ideational structures are insignificant. Indeed, the ‘actor-oriented’ approach draws attention to the way in which agency may be constrained and shaped by, for example, macro-processes or ‘larger frames of meaning’, which Bourdieu might call *habitus* (Long and van der Ploeg, 1994, p.65), and which the *critical-governmentality* literatures might call ‘mentalities of rule’. Rather, the point is that structures should not be considered as *explanans* – simply path-dependent determinants of outcomes (Long and van der Ploeg, 1994, p.77). It is the way in which these structures are produced and reproduced in and through different actors; the way in which struggles are played-out over the attribution of meanings to ideas like partnership and in action; and whose representations prevail, in what circumstances, and with what effects, that are important topics of investigation (Long and van der Ploeg, 1994, p.67); and indeed are important topics in this research about the policy, practice and politics of partnership.

Understanding the idea of partnership in aid policy and aid practice

Drawing on these theoretical insights, it seems clear that there is no single understanding of the idea of partnership in aid policy, nor in the practice of aid or the practice of politics that this enjoins. Indeed, much like other political ideas, such as poverty and participation, there is no discrete or authentic way in which to define the meaning of partnership (Freeden, 1998, p.53; Long, 2004, p.27); rather, the meaning of partnership is constructed in and through processes of socio-political interaction. This is not to say that the range of possible meanings for partnership is infinite. Whilst there is no single meaning, the idea does have, to borrow the words of Michael Freeden (1998, p.53), certain ‘ineliminable’ features in that it always seems to be about relationships and the organisation of action.¹⁶ Indeed, in all of the literature and empirical material that is discussed in this research, it is argued that the idea of

¹⁵ A point that resonates with Scott’s (1985) notion of ‘weapons of the weak’ and with Lipsky’s (1980) ‘street-level bureaucrats’

¹⁶ Ineliminable feature should be taken to mean the feature(s) that are common to all usages of the term.

partnership refers, at least in some way, to these broad themes. Given that the idea of partnership is essentially about relationships and the way in which action is coordinated, guided and steered, at its core then partnership is about who is involved in the giving and receiving of aid, how and why; in other words, it is about *relations of governance*.

Importantly, while there are multiple ways in which partnership may be understood as the relations of governance, as suggested in the discussion above, there may be dominant constructions, or rather dominant ways of framing the idea of partnership in policy (as texts) and in local practice (as action, experiences). As Atkinson (1999, p.59) explains, while there is no single meaning to the idea of partnership, its meaning is constructed in, and through, relations of power, which may privilege certain representations over others. Reflecting back on earlier discussions of the mainstream *pragmatic-instrumental* literature, and also on the critical observations of Craig and Porter (2003) and Ferguson (1990) in particular, it seems apparent that the idea of partnership tends to be framed within contemporary aid policy (*as texts*) as an objective, technical and win-win way to organise action for development (Buse and Harmer, 2004, p.51). In other words, the meaning of the idea of partnership is constructed in a *depoliticised* way, devoid of any overt reference to the ideas, values, beliefs and assumptions that underpin it about who should be involved in development action, how and why.

Understanding depoliticisation in policy (as texts)

Yet how might we understand depoliticisation? Why does it occur? And how might this shape local practice and the practices of politics that this enjoins? While these are questions that are explored in the following chapters of this thesis, it is useful to consider briefly what existing *constructivist* literature might tell us about this here.

There are a number of possible explanations for the apolitical construction of the idea of partnership in policy texts. It may for example be because actors involved in the production of aid policy are habituated to producing depoliticised policy narratives; and therefore that it is something of a routine or normalised component of the socio-political processes through which aid

policy is produced (cf. Green, 2007). In other words, depoliticisation and the technical representation of policy ideas is structured through ‘dominant paradigms of thought’ or a depoliticized ‘governing mentality’. Indeed, in relation to this and in a similar line of reasoning, it could be because of the dominance of liberal, positivist and economic thinking, which shapes how actors understand and interpret the world, in which actors are assumed to be rational and autonomous individuals, rather than political and relational, and with this underpinning, see and present policy in technical terms.

Alternatively, or perhaps even at the same time, the depoliticisation of aid policy may occur because it is something of a political necessity for those actors involved in its social production: that is, because their continued existence is dependent on being able to create a convincing technical policy representation that justifies how they can ‘intervene in’ and ‘manufacture’ development in practice (cf. Green, 2003). In short, to acknowledge the messiness of politics in practice would *destroy* a convincing and necessary policy argument. Indeed, as Maia Green (2003) explains, the overall purpose of aid policy is to support financial transfers with a view to justifying interventions and achieving carefully costed outcomes; as a result, aid policy is more like a political ‘marketing text’ than a document which is produced to reflect on and embed socio-political and economic analyses (Green, 2003, p.129).

Finally, and again perhaps even at the same time, the depoliticisation of aid policy, and thus of ideas like partnership which as argued above is fundamentally about relations of governance, could be a somewhat conscious and instrumental strategy to conceal dissonance about who, how and why different actors should be involved in the organisation of development action; and thus construct the ‘appearance’ of consensus (cf. Cornwall and Brock, 2005, p.13). In other words, and to borrow a concept from the literature on governmentality, depoliticisation may serve to disguise the contradictory assemblage of knowledge that is an inevitable part of the socio-political processes that produce aid policy, masking conflicts and placating different actors, facilitating the enrolment of their support (cf. Stone, 2002; Mosse, 2005a). Interpreted in this way, potentially depoliticised policy framings of the idea of partnership serve an instrumental ‘political-symbolic function’ (van

Gastel and Nuijten, 2005, p.101); they help to mobilise, win and retain the support of a range of actors around a particular governance agenda, who might have different interests, ideas, beliefs, and assumptions about who and how development action should be organised (cf. Mosse, 2004, pp. 650-651).

Importantly however, while the idea of partnership may be framed in a technical and apolitical way in authorised policy texts, *critical-constructivist* literature provides the insight that divergent points of view may still be encoded within. As Mosse (2005a, p.15) notes, the process of aid policy-making is characterised by negotiation and contestation over development meanings, and these political differences are frequently not resolved. As a consequence, political contest is often ‘embedded’ in official policy texts (Mosse, 2005a, p.15). This suggests therefore that, while the idea of partnership may be framed in policy texts in a technical, depoliticised way, closer critical analysis is likely to reveal a set of divergent arguments, interests and points of view. Reflecting on the work of Mosse (2001, p.29), the idea of partnership may actually be particularly useful in this task of strategic *concealment* and consensus-building because it is ‘sufficiently ambiguous’ to allow many different readings. Indeed, as van Gastel and Nuijten (2005, p.101) indicate, aid policy ideas like partnership can consciously be made vague, since they have to be negotiated and discussed in different transnational sites and contexts; definitional precision is much more likely to result in disagreement over who, how and why different actors should be involved in development action.

The relevance to local practice and the practice of politics that this enjoins

Importantly, while the idea of partnership may be constructed to appear in a depoliticised way in official policy through socio-political processes (as indicated above), existing *critical-constructivist* work also provides the insight that this depoliticisation may not be a ‘secure accomplishment’ in practice because policy is not linearly implemented (Li, 2007); and indeed it *cannot* be if partnership intentions are consciously kept vague (as suggested above). While the policy idea of partnership might encode particular contradictory ideas, beliefs and assumptions about *relations of governance* then, the meaning of partnership and therefore the implications as to how development action is organised are interpreted and translated in specific local contexts, through

complex and political social processes of collaboration, contestation and compromise (Mosse, 2005a; Rossi, 2006; Bending and Rosendo, 2006). As a result of these local processes of translation, there are likely to be ‘disjunctures’ between policy (as texts) and practice (local action and experience), as the meaning of policy is worked out in the political messiness of local action (Lewis and Mosse, 2006; Li, 2007).

Although the importance of official constructions of the idea of partnership in aid policy should not be over-stated, they may or may not have a ‘performative quality’, in the sense that they provide a kind of structuring context or certain ‘boundaries’ for action (Mosse, 2005a, p.232; Gains and Clarke, 2007, p.136; Green, 2007, p.145). Indeed, to borrow from Maia Green (2007, p.146), once produced, texts may have the ‘attributes of agency’ and thus socio-political effects; conditioning, for example, what might be do-able and say-able in particular circumstances, events and development contexts. One possible structuring effect, and indeed one that is discussed in the forthcoming empirical chapters of this thesis, is highlighted by Andrea Cornwall and Karen Brock (2005, p.16). They indicate that policy ideas that shelter multiple meanings while, at the same time, giving the impression that there is little dissonance, can shield those actors who use it from attack. A potential effect of depoliticized policy ideas and their use in local practice then, is therefore discursive or deliberative closure (Cornwall and Brock, 2005, p.16); and, in particular, in relation to partnership, closure about the nature of relationships and the way action is organized: in other words, about relations of governance.

This is problematic because of the historic structural inequalities, social patterns of dominance (cf. Stone, 1989) and ‘etiquettes of hierarchy’ (cf. Green, 2003, p.135) that invariably shape the relationship between actors who give and receive aid, and who shape local development practice. In short, it means that these inequalities and structures of dominance may be difficult (though certainly not impossible) to challenge and resist. This and the other insights from *critical-constructivist* literature discussed above are all considered in the forthcoming chapters of the thesis, as the idea of partnership is explored empirically in specific policy settings and practical contexts, namely: in the partnership policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria, in policy about Sector-wide Approaches (SWAp) to

aid and health sector development, and in the socio-political practice of the health sector in Zambia.

Conclusions

The intention of this chapter has been to bring together and review existing literature on the idea of partnership in aid policy and practice from a range of different academic disciplines, so as to more fully understand what is already known about this topic. The chapter has argued that there is a limited body of scholarly work on the idea of partnership in relation to aid policy and practice, and that, while these works offer a number of important insights, there are also a number of gaps and limitations. Given these shortcomings, the chapter has argued that a *critical-constructivist* approach offers a potentially important way forward, and will help to offer new and original contributions.

To be sure, the chapter has not argued that the product of a *critical-constructivist* approach is superior to other works, nor that the insights from other literature should be discounted. Rather, it has been argued that this analytical framework offers an alternative mode of understanding the idea of partnership in contemporary aid policy and how it relates to and shapes local practice, which can provide *complementary* insights to existing academic work on the topic (and, moreover, is ontologically and epistemologically resonant with the position and views of the author).

Having set out the theoretical fabric of the *critical-constructivist* analytical approach that is advocated in this research, the forthcoming chapters of this thesis will go on to explore why the idea of partnership has risen to prominence in contemporary aid policy, and how partnership, as framed within such policy, shapes, enables, contorts and / or constrains socio-political action; that is to say, how the global policy idea of partnership is experienced, translated, transformed and appropriated in local practice (Jenkins, 2007, p.34; Mosse, pp.940-941). Before doing so however, it is first necessary to outline the methodological strategy that was employed, including the modes of data generation and analysis, so that it is clear how the forthcoming arguments were conceived. It is to the methodology then, that the thesis now turns.

Chapter Three:

The methodological strategy

Overview

- *Sets out and explains the methodological research strategy*
- *Outlines how the research strategy fits with a critical-constructivist perspective*
- *Discusses the overall research design and the specific methods that were used to generate data and insights into the idea of partnership*
- *Explains how the analysis of the research data proceeded*

Introduction

The previous chapter reviewed the literature on partnership and set out the key characteristics of the *critical-constructivist* perspective that this thesis embeds and reflects. The intention of this chapter is to build on the last by detailing the methodological strategy that was employed and to justify how it not only fits intellectually with *critical-constructivism*, but also helps to answer the substantive research question of the thesis, namely: *Why is the idea of partnership a pervasive feature in contemporary aid policy and how does this relate to and shape local practice, including the practice of politics that this enjoins?*

The chapter starts by explaining the broad research strategy. It then moves on to discuss the research design in more detail, the specific methods that were used in order to generate data and insights into partnership, and how this was subsequently analyzed and interpreted. Essentially, the chapter argues that a qualitative research strategy was used because it is consistent with the ontological and epistemological basis of a *critical-constructivist* approach and the overall goals of the research. The chapter goes on to explain that a ‘collective case study’ design was also fitting (cf. Creswell, 2007, p.74) because the research question has more than one component: it is not only concerned with ‘how and why’ the idea of partnership features in *policy*, but

also how and why it shapes *practice*. Relatedly, the chapter argues that multiple research methods were needed in order to unpack partnership, with different techniques required for understanding policy, and understanding practice.

Importantly, and as Alan Bryman (2008, p.392) indicates, qualitative research is often criticised for lacking transparency; that is, for failing to clearly outline what was done, how and why. In order to respond to this criticism, this chapter purposively aims to explicitly discuss the research strategy and the methods that were employed. It also aims to be clear about how the research data was analysed, so as to assist readers in evaluating the credibility of the arguments that follow (Yanow, 2006; Devine, 2002).

The intellectual basis for a qualitative research strategy

In all research studies, it is important for the methodological strategy to have a degree of intellectual fit with the ontological and epistemological underpinnings of the research. As detailed in Chapter Two, this study embeds a *critical-constructivist* perspective, and thus reflects a relational / constructivist ontology and an interpretive (rather than positivist) epistemology. The ontological orientation of the research can be considered as relational / constructivist because a core assumption is that social and political phenomena and their meanings are context- and time- dependent, and that the meaning of policy ideas, like partnership, are constructed, contested, legitimised and perhaps even strategically appropriated socially, in and through existing relations of power (see Chapter Two; Bryman, 2008; Hay, 2002; Mosse, 2005b). By extension, epistemologically, it is assumed that it is only possible to understand and generate knowledge about socio-political life, including the policy and practice of partnership, if we consider and interpret the meanings, beliefs, preferences and actions of the actors who are involved, and appraise how these have been shaped by the broader context in which they find themselves (Hacking, 1999; Hay, 2002; Long and van der Ploeg, 1994). It is because of these ontological and epistemological commitments, that the study embeds a qualitative (rather than quantitative) research strategy; for qualitative research is widely accepted to be ‘good at capturing meaning, process and context’ in this way (Devine, 2002, p.199).

Yet what actually is qualitative research? While there are certainly many different definitions and understandings, it is widely accepted that qualitative research has a number of key elements that give it a distinctive character (Snape and Spencer, 2008; see also Bryman, 2008). For the purpose of this study, and following Snape and Spencer (2008, pp.3-5), a qualitative research methodology can be understood as having the following characteristics:

- 1) Aims to provide an in-depth and interpreted understanding of the idea of partnership in policy (texts) and practice (actions and experiences) by learning about the socio-political factors, perspectives and histories that have shaped its use and translation into policy and in practice;
- 2) Focuses on specific, purposively selected cases of aid policy and practice, which are explored through methods that are flexible and sensitive to context, and generates data that is detailed, information-rich and extensive (see below for more details); and
- 3) Embeds a theoretically-informed analysis that is however, open to emergent concepts, and seeks to produce detailed narratives and ‘rounded understandings’ about how and why partnership features in policy and in socio-political practice (see below for more detail).

Having set out and explained the broad methodological strategy of the research, it is now necessary to outline the design of the research in more detail, and to describe and explain the specific research methods that were employed; that is to say, to outline the overall framework used for generating data and related insights on partnership, and to describe the specific techniques that fed into this (Bryman, 2008). The remaining sections of the chapter will attend to these issues.

The research design: A ‘collective case study’¹⁷

As with other research that has endeavoured to make sense of the ideas embedded within aid policy and practice (Buse, 1999a, 1999b; Sundewall, 2009), this study adopted a case study design. Case studies involve the intensive and in-depth investigation of a specific research context, enable the

¹⁷ As indicated in the main body of the text, the term ‘collective case study’ is borrowed from John Creswell (2007, p.74).

capturing of a multiplicity of perspectives on a particular issue, and are invaluable where the research topic is complex and under-studied (Keen and Packwood, 1995; Bryman, 2008; Creswell, 2007; Lewis, 2008). As argued in the earlier chapters of this thesis, the world of aid policy and practice is complex and messy, and the idea of partnership is also poorly understood in existing academic literature (see Chapter Two). A case study design was therefore particularly useful here, as it allowed a detailed exploration of this under-studied and complicated topic, and of the potentially multiple ways in which the idea of partnership is constructed, appropriated and contested.

The overall case (cf. Sundewall, 2009) was an in-depth exploration of the idea of partnership. However, because the research question has two different components – 1) about understanding partnership in *policy*, and 2) about how and why it features in *practice* – an investigation of specific cases within the case was also necessary. Two policy and practice couplets were therefore selected in order to allow a comparative and in-depth interpretation of these topics. The official texts of the Global Fund to Fight to AIDS, Tuberculosis and Malaria (hereafter Global Fund) and the health Sector-wide Approach (SWAp) were selected as suitable policy cases, and the Zambian health sector was chosen as an exemplary arena to explore how such policy relates to and shapes practice. In consequence then, the overall design of the research was actually what Creswell (2007, p.74) calls a ‘collective case study’, within which a number of embedded cases were used to investigate the policy and practice of partnership.

As indicated in the introductory chapter to this thesis, the Global Fund, SWAp and the Zambian health sector were chosen as suitable embedded cases within the case for a number of different reasons – both academic and practical. Although the idea of partnership is evident in much contemporary aid policy, it is particularly a feature of aid policy for health, having appeared in a range of the official texts of donors, governments and NGOs alike for many years: including health SWAPs in the late-1990s, Global Fund procedures at the turn of the twentieth century and more recently, in the texts (and titles) of a range of other Global Health Partnerships, including the International Health Partnership (IHP) which was launched in 2007 (see Buse and Harmer, 2009; IHP+, 2010). Academically then, Global Fund and SWAp policy provided,

what Bryman (2008, p.56) describes as, ‘exemplifying cases’; they were not necessarily extreme or unusual, but provided a useful context in which to locate an analysis of the idea of partnership and thus to answer the research question.

Relatedly, the Zambian health arena was a highly suitable ‘exemplifying case’ (cf. Bryman, 2008, p.56) to explore practice (actions and experiences); most particularly because both Global Fund and SWAp mechanisms have been in operation in the country for an extended period of time (the SWAp since the 1990s, and the Global Fund since its inception in 2002) (see also Chapter One). Importantly, Zambia was also a suitable case for studying partnership for logistical reasons; most particularly because the research was supported by a collaborative (CASE) partner – Harewelle International – that has satellite offices in Lusaka through PMTC (Zambia). In consequence, there was a ready-made support network available whilst conducting the field research. Indeed, PMTC (Zambia) provided invaluable contextual advice and assistance in organising the fieldwork in Zambia, including providing office space in Lusaka.

It is perhaps necessary to point out here that, although the CASE partner is well-connected into the aid environment in Zambia, it has limited involvement in health. Consequently, the company had limited influence over the conduct of the research process and / or over the analysis of data. Indeed, intellectual freedom was encouraged throughout. As a result then, it should be emphasised that the arguments in the chapters that follow are entirely the responsibility of the author, and do not necessarily reflect the views of Harewelle International / PMTC (Zambia). At the same time however, the involvement of the CASE partner has meant that the research was conducted with practical-relevance in mind. The concluding chapter therefore highlights how the research is relevant for practitioners (see Chapter Nine).

As the study progressed, it also became apparent that it was important to understand and contextualise the idea of partnership in a broader, global aid policy context; that is to say, to consider and explore the broader socio-political context for the rise of partnership in policy and practice. In consequence, in addition to the collective case studies described above, a case study investigation of the global environment for contemporary aid policy was conducted, with the results of this presented in Chapter Four ‘The rise of the

idea of partnership in contemporary global aid policy'. Indeed, to summarise, the collective case study design for this research involved:

- A case study of the global context for aid and the rise of the idea of partnership in official policy (Chapter Four);
- A couplet of cases focusing on how and why partnership features in Global Fund to Fight AIDS, Tuberculosis and Malaria policy and how it shapes local practice in Zambia (Chapters Five and Six);
- A couplet of cases focusing on how and why partnership features in SWAp policy and how this shapes practice in Zambia (Chapters Seven and Eight).

As with other qualitative and case study-based research, the chapters which have been produced are characterised by thick description (cf. Geertz, 1973) and a detailed narrative in order to capture the complexity and multiplicity of perspectives about the politics of partnership in policy and practice.

Details of the specific research methods

Having argued that a qualitative research strategy and collective case study design was appropriate for this study, it is important to be clear about the specific methods that were used to generate data and insights about the idea of partnership. As various authors have indicated, there is no single, accepted way of doing qualitative research (Snape and Spencer, 2008; Stoker and Marsh, 2002); rather, the methods should fit with the topic of investigation. Because the question for this research had two broad components – one about interpreting aid *policy* (as texts) and one about interpreting aid *practice* (actions and experiences), and is concerned with the relationship between the two – two different *sets* of methods were used. Qualitative research commonly uses multiple methods (see Devine, 2002), and the following section of this chapter will explain these in more detail.

Interpreting *policy*: Critical textual analysis

In order to understand why the idea of partnership has risen to prominence and how it is framed in aid *policy*, three different research methods were used. First,

academic literature on aid in general, and the Global Fund and health SWAps more specifically, was identified and analysed through a *critical-constructivist* lens, in order to critically consider how the dynamic interplay of different (f)actors (ideas, interests, relationships and the prevailing context) contributed to the rise, use and embedded meanings of the idea of partnership. Literature was located through standard academic search mechanisms, including using academic databases (including Pubmed and Cambridge Scientific Abstracts) and online search engines (such as Google Scholar).

Second, and at the same time, official policy texts that mentioned the idea of partnership were identified by probing specialized aid- and donor- websites (for example, SDC-Health, 2010) and by contacting certain aid donors directly. These texts were then subjected to a critical ‘backward’ analysis (cf. Mosse, 2005a, p.15), which involved considering their political sociology. In other words, rather than reading policy documents and their references to the idea of partnership at face value, they were analysed and deconstructed by thinking about the social and political relations that produced them, and about the arguments, interests and divergent points of view that they might encode (Mosse, 2005a, p.15). In so doing, the following key questions were considered: When was the policy written? Who was the policy written by and for (the audience)? How was it produced (for example, by an elite group or through open deliberation)? What purpose was it supposed to serve / what was it supposed to accomplish? Whose voices or world views are embedded within, dominant or left out? And what was the broader context in which it was produced? (Atkinson and Coffey, 2004; Bryman, 2008; Jennings, 2010)

Thirdly, and to supplement these two methods, various primary commentaries about aid, the Global Fund and SWAps were also collated and analysed (for example, press releases, media reports and interviews with policy-makers), in order to piece together and unpick the social and political processes, including the actors, ideas and interests, that contributed to the rise and pervasiveness of the idea of partnership in contemporary aid policy. Chapters Four, Five and Seven all draw on this type of interpretative analysis of source documentation to consider why the idea of partnership features in contemporary aid policy.

Interpreting *practice*: Qualitative fieldwork in the Zambian health arena

In order to extend the research into the realm of current local practice (actions and experiences), qualitative field work was conducted in the health arena in Zambia, in order to understand and interpret how the idea of partnership is currently used and translated by those involved with Global Fund and health SWAp activities; thus providing a contrast between policy and practice (between textual representation and action).

Fieldwork in Zambia

The fieldwork in Zambia was conducted with an ethnographic sensibility. While it involved some degree of immersion (cf. Hodgson and Irving, 2007, p.197) in local Global Fund and SWAp settings; a commitment to what Merlijn van Hulst (2008) describes as ‘being there’; and involved many of the methods that are associated with ethnographic work (including the writing of a field journal, the conduct of semi-structured interviews and participant observation), it did not involve as much direct participation in local practice as an ethnography *per se* might demand.¹⁸ Many of the people who are involved with the Global Fund and SWAp in Zambia tend to be busy, senior or high-ranking officials in government ministries, donor agencies or NGOs, whose time is limited. Gaining day-to-day access to them on an ongoing basis was therefore difficult. In consequence, rather than being *fully* ethnographic, the field research relied instead on less participative methods whilst, at same time, taking every opportunity to be immersed in the local health setting where possible.

Indeed, the overall aim of the field work was to spend a prolonged period of time engaged in the Zambian setting, so as to improve the validity of the findings. Importantly, this was not an attempt to improve validity in the sense that it provided time to verify or test the truthfulness of the findings (as in positivist studies). Rather, it allowed time to build up an understanding of the Zambian context, build relationships with participants, and unpick the complexity of the situation and diversity of perspectives (cf. Sundewall, 2009)

¹⁸ While semi-structured interviews were a key method during the fieldwork, the qualitative research process in Zambia was certainly more than simply the generation of interview data (Yanow, 2009).

on partnership, so that the subsequent interpretation and argumentation was constructed from a broad and, moreover, credible basis (Bryman, 2008).

Planning and logistics

In terms of planning and logistics, the fieldwork was planned during the first year of the research, and was subsequently carried out in a series of visits to Zambia during the second and third year of study:

1. Preliminary field visit

An initial trip to Zambia took place in November to December 2008. The purpose of this visit was to establish relationships with actors in Zambia (including with the Ministry of Health, aid donors, NGOs and the University of Zambia); to apply for and secure the necessary ethical and Ministerial approvals for the research (see Appendices Two to Four); and to conduct a limited series of preliminary and in-depth interviews with relevant actors who were involved with either the Global Fund or the health SWAp. These interviews proved to be significant for a number of reasons: not only were they an opportunity to practice interviewing skills, but they were also an initial opportunity to explore the Zambian context in detail, to identify significant gaps in knowledge, to sharpen the research agenda, and to start identifying key issues relating to the practice of partnership (Bryman, 2008).

2. Main field visit

The main field visit took place from March to July 2009, during which much of the data collection took place and interpretive analysis started. As detailed below, multiple methods were used during the field research. The bulk of the work took place in Lusaka (the capital city), as this is where much Global Fund and health SWAp activity occurs. However, visits were also made to the Eastern, Central and Southern provinces in order to collect data from a broader constituency. The length and timing of the main fieldwork period was determined by the balancing of a number of different factors including: cost; practical considerations concerning access to key stakeholders at particular times; the timing of SWAp meetings; and the anticipated time that was

needed to develop relationships with and conduct an appropriate breadth of interview and observations in-country.

Importantly, although this research is presented as an academic thesis, because it was funded through a collaborative (CASE) award between the UK Economic and Social Research Council (ESRC) and Harewelle International (an international consultancy firm / development management company), the intention was always to feedback the findings to appropriate audiences involved in the world of aid. During the main field visit to Zambia therefore, emerging observations and issues were reported informally back to Harewelle International's local partner (PMTC Zambia), the Zambian Ministry of Health, the lead aid donor for health (the UK Department for International Development) and colleagues at the University of Zambia.

3. Dissemination visit

A third visit was made to Zambia in October 2010 after much of the interpretive analysis of the field research had been completed. The purpose of the visit was to feedback observations at a workshop in Lusaka, where the audience included Zambian academics and advocacy NGOs (Ministry of Health officials and aid donors were invited but did not attend). Although this was an important event, the dissemination of research should be an ongoing activity. Further events in Zambia are therefore planned and journal articles are being developed, so as to promote discussion about not only the politics of the idea of partnership, but also about the linkages between policy and practice. Elements of the couplet of chapters on the Global Fund (Chapters Five and Six) and Chapter Four have already been incorporated into a book chapter (Barnes and Brown, 2011a) and a peer-reviewed journal article (Barnes and Brown, 2011b) respectively.

Fieldwork methods

Multiple research methods were used during the fieldwork, as detailed below. The use of different methods was invaluable as it provided a variety of insights into socio-political practice in Zambia, which would not have been possible

using one method alone. Using different methods thus helped to challenge emerging perceptions about the idea of partnership, verify or complicate impressions about how policy relates to and shapes practice, and therefore helped to broaden the basis upon which the arguments in the forthcoming chapters were formed (Bryman, 2008; Manheim *et al.*, 2006, p.334). In other words then, the use of multiple methods acted as a type of qualitative *triangulation* – a means to expose conflicts of views, and the complexity or divergent positions and interpretations about the practice of partnership. In some senses, this was a way to improve the validity of the findings; where validity here should be taken to mean how well the research captures and describes divergence and complexity, and whether it provides an authentic and convincing argument (Fochsen, 2007; Angen, 2000); rather than objective truth. The specific fieldwork methods used are now explained in more detail.

Document Collection and Review

A variety of paper and electronic documents were collected during the fieldwork in Zambia (to complement those that had already been compiled during desk-based research in the UK). Documentation was collected in a variety of different ways, including scheduled visits to the National Archive and to local libraries in Lusaka, and during interviews with research participants. Examples of paper and electronic documents collected included: aid agreements, meeting minutes and agendas, national and district-level plans, Global Fund and SWAp operating procedures, and various monitoring and evaluation reports (gathered from government, donors and NGOs alike). These documents were reviewed to build up an interpreted picture of socio-political practice relating to the Global Fund and the health SWAp in Zambia, and how the idea of partnership is used and translated.

'Being There': Observations, email trails, informal visits and discussion

A range of observations were made during the research as a result of 'being there' in Zambia (cf. Merlijn van Hulst, 2008). These ranged 'from the formal to the casual' and were an important source of information and insight into the local socio-political setting (Sundewall, 2009, p.31; Bryman, 2008). Indeed, observations provided an opportunity to see if and how the idea of partnership is applied in practice, and to observe whether, and how, the behaviour of actors in SWAp and Global Fund settings relates to partnership in policy.

In terms of formal observations, throughout the field work, arrangements were made with the Ministry of Health to observe a number of different meetings, including coordination fora, donor meetings, discussion forums, and national health SWAp meetings. Unfortunately however, although such arrangements were made, some of these meetings were cancelled due to the changing socio-political environment in Zambia at the time of the field research and, in particular, as a result of alleged corruption within the Ministry of Health (see Chapter Eight for more details).¹⁹ Despite this however, at least two key meetings were observed during the field work, including: 1) a national health Sector Advisory Group (SAG) meeting (2nd April 2009) and 2) a national budget support Review Meeting (24th June 2009). In line with Gold's (1958 cited in Bryman 2008, p.410-411) typology, the mode of observation at these meetings was as a 'complete observer'; that is to say, there was little active interaction in dialogue and discussion. This observational method was particularly useful at the SAG meeting, providing highly relevant insights into how different actors use, apply and 'enact' partnership in public settings (Cunliffe, 2009a; see Chapter Eight).

Although there were difficulties in observing formal meetings, there were a number of more casual opportunities for observation during the fieldwork, which provided insight into the Global Fund and health SWAp in action. A positive relationship was built up with people within the Ministry of Health, and therefore many informal visits took place in order to touch base and observe office-based activity there for short periods. Observations were also possible while waiting in the corridors of donor, NGO and government buildings, to record a general sense of what was going on. A number of informal visits to local clinics, hospital departments and NGOs funded by the Global Fund were also organised, so as to observe how projects were run on a day-to-day basis. Importantly, it was also possible to observe SWAp processes in action electronically, by being included in email communications between the Ministry of Health, donors and NGOs in relation to the SWAp.

¹⁹ Examples of key meetings that were cancelled included: International Health Partnership High Level Forum meeting on 30th April 2009 and SWAp Policy Meeting on 28th May 2009.

Because the fieldwork took place over an extended period of time, there were many opportunities to engage in unsolicited discussions with health workers, consultants, members of the local community, and even taxi drivers about the Global Fund and health SWAp, and in general conversations about health provision and donor-government relationships. After any such discussion, detailed notes and critical reflections were recorded in a field journal, as will now be discussed below.

Field journal (including newspaper scrapbook)

A detailed journal was maintained throughout the fieldwork process in order to capture impressions and interpretations of the discussions and observations noted above. The journal was also used to record daily events, personal reflections on the research process, and feelings about news reports and conversations, and to log emerging ideas about the way in which the policy idea of partnership relates to socio-political practice. This journal was used to inform later analysis (see below).

A newspaper scrapbook was compiled as a component of the field journal in order to capture the progress of broader socio-political events in Zambia and general coverage of health and aid-related issues. This scrapbook was particularly useful for capturing media coverage (in May and June 2009) of alleged corruption in the Ministry of Health (see above and Chapter Eight), providing insights into donor-donor, donor-government and government-NGO relationships, which were reflected upon to assess how partnership policy relates to practice. Some of the issues that were raised in newspaper coverage, and in the field journal more generally, were followed-up in semi-structured interviews where possible. The interviewing process will now be explained in more detail below.

Semi-structured interviews

Interviewing those people who were (or had been) involved in or exposed to Global Fund or health SWAp processes was an important component of the field work in Zambia. The interviews were an opportunity to explore some of the themes that had been identified from existing literature on the topic of partnership (see Chapter Two), and also to explore how different people understood and experienced partnership in relation to the Global Fund and the

health SWAp, and to assess whether there was consensus or conflict. Overall, the idea of the interviews was to explore the idea of partnership and socio-political practice from the interviewee's point of view, and to try and unfold the meaning and complexity of views and experiences (Kvale and Brinkman, 2009).²⁰

The overarching interviewing strategy was to speak with the broadest cross-section of people involved in Global Fund and health SWAp activities as possible; where broadest here meant speaking to those with differing expertise, roles and organisational affiliations, and in different locations in Zambia, where practicable. This meant speaking with not only senior civil servants in the Ministry of Health, representatives of funding agencies, and implementing or advocacy NGOs, but also management consultants, University staff, journalists and front-line health workers. As indicated above, because much activity relating to the Global Fund and the health SWAp occurs in Lusaka, much of the interviewing took place there. Trips were however also organised to the Eastern, Southern and Central Provinces, to speak with Ministry officials, NGOs, and health workers there.

Interviewees were identified through a combination of purposive selection and snowball sampling. As indicated by Bryman (2008, p.458) purposive sampling is 'essentially strategic' and involves interviewing people who are relevant to the research question. Given that, in this case, the research question was about the way in which the idea of partnership in Global Fund and SWAp policy relates to and shapes socio-political practice in Zambia, a number of key individuals involved in the Global Fund and SWAp activities were identified through general investigative research into the health sector. A database of relevant participants was developed in the UK and then continually updated during the field work as new contacts were realized or suggested by others. As the interviewing progressed then, the identification of interviewees snowballed as new potential participants were referred by others. Importantly, new interviewees were also identified during the course of the fieldwork, as

²⁰ While the objective of the research was to generate new knowledge and to address identified gaps in existing scholarship on partnership (see Chapter Two), PhD research is also a training endeavour. The interviewing process was therefore an important opportunity to develop, what Steinar Kvale and Svend Brinkman (2009, p.99-100) call, interviewing 'craftmanship'; so as build the skills (and confidence) for a future academic career.

discussions opened new issues and avenues of thinking. In some cases, follow-up interviews were also arranged with certain individuals where this was necessary. By using this process, a total of seventy interviews were conducted during the field work (see Appendix Five).²¹

In terms of the way the interviews were conducted, it was recognised at the outset that there was no single right way to carry out an interview (Kvale and Brinkman, 2006). As Katie Willis (2010) indicates, not only should each interview suit the research topic, but also the person being interviewed, and the context within which the interview occurs. Therefore, while each interview used a topic guide²² and was treated as an elite process – in the sense that interviewees were approached as experts about the topic at hand (Leech, 2002, p.663) – the questioning and conversation was tailored to each separate situation. A different interviewing strategy was therefore used to speak with Ministry officials, donor agency staff, local health officials, and NGOs. For example, for some of the more senior-ranking officials, a more structured interviewing style seemed to be expected and was thus appropriate. This was not however, always the case, with others directing the interview towards a more conversational style. Although preparations were therefore made for each interview, it was important to be flexible and constantly adapt the approach taken (sometimes even mid-way through the interview).

Each interview lasted approximately one hour. Some were however, shortened due to the time constraints of interviewees, whilst others extended to two hours where an interviewee was particularly engaged in the topic. A decision was taken not to tape-record interviews, as this was judged to be intrusive for both

²¹ It was difficult to know in advance how many interviews should be conducted: what is enough? Warren (2002, p.99 in Bryman, 2008 p. 462) notes that for a qualitative study to be published the minimum number of interviews is twenty to thirty. While this number was used as an indicator of the minimum acceptable, the aim was to reach some kind of subjectively-determined ‘saturation’ point, at which no substantively new or relevant information emerged (Yanow, 2009, p.285). With each new interview however, there are always new issues that emerge; new questions that come to mind; and new suggestions as to other people to whom one could speak. In this study, interviews continued up to the end of the planned fieldwork period. However, ethical questions about who was being interviewed became increasingly pertinent, and so before each new interview a critical assessment was made as to whether it should take place.

²² This was an outline of topics to be covered in each interview, with examples of questions (Kvale and Brinkman, 2009, p.130). An example of the guide had been ethically reviewed.

the interviewer and interviewee (Woliver, 2002). Instead, written notes were taken during each interview. Care was taken to record certain important points accurately, where it was thought that they might be quoted in later academic arguments about partnership. The notes were transcribed into electronic format as soon as possible after each interview (usually on the same day), and general reflections were also recorded about the interview environment and process, so as to have a contextual record for future reference and to help understand and interpret the views of each interviewee (Woliver, 2002).

In general, there were few problems in gaining access to speak with different actors involved with the Global Fund or the health SWAp. Although gaining access was a constant process of negotiation, a key gatekeeper at the Ministry of Health and a letter of approval from the Ministry of Health (see Appendix Four) certainly helped to secure interviews. There are however, limitations with any research method and problems were certainly encountered. Due to the highly-centralized system of control within the public health system in Zambia, and a political etiquette of hierarchy, it was sometimes difficult to speak with district and provincial health officials, despite having approval from Ministry of Health headquarters. This was resolved in some cases by asking a central contact to email (or telephone) through to a colleague in advance of an interview request. Due to political protocols and sensitivity in the civil service, access to speak with Ministry of Finance personnel was largely denied.

Importantly, the difficulty in securing access to Ministry of Health officials at district and provincial level was particularly acute in the time immediately after alleged corruption was uncovered in the Ministry of Health (see above and Chapter Eight). Moreover, during interviews with government officials and certain donors at this time, there was a tangible sense of discomfort with the interviewing situation, and suspicion as to how the information would be used. Providing reassurance as to the academic nature of the study and emphasizing confidentiality was therefore paramount. Although the broader context certainly made interviewing in this immediate period difficult, it also provided a useful insight into the sensitivities that existed, and, in particular, in relation to SWAp processes. As immediate sensitivities dissipated, many subsequent interviewees actually seemed to share a more open and personal account of their experiences and understandings of partnership, which was an

unanticipated benefit to the study (reflections on this are built into the arguments of Chapter Eight).

While Appendix Five gives further detail about the interviewees and provides an overview of the organisational affiliations of those involved, because of the changing socio-political environment in Zambia (as mentioned above) and the ongoing sensitivity around the way in which aid for health is managed and organised, the identities of interviewees (and / or their respective organisations) have not been disclosed in any of the arguments of the forthcoming chapters. While it is recognised that, for the reader, this means there is less contextual detail about the practice of partnership in Zambia, such anonymity and confidentiality was necessary so as not to cause harm to those who gave their time to be involved in the research (Kvale and Brinkman, 2009; Lewis, 2008).

Analysis of practice: An iterative and ongoing process

Analysis of the fieldwork on the Global Fund and SWAp in Zambia was an ongoing and iterative process, and proceeded by way of what Colin Hay (2002, p.47) calls ‘a dialogue’ between theory and fieldwork data. Similar to the analysis of *policy* described above, it involved the building-up of a detailed interpretation of how partnership is used and translated, including the multiple and competing understandings of the idea. This involved the ongoing identification of plausible evidence from meeting observations, semi-structured interviews and field notes; the identification of emerging themes, conflicts, and competing understandings of partnership; the conduct of more interviews and observations to provide further critical insight; and the subsequent construction of a coherent explanation as to how the policy idea of partnership relates to and shapes socio-political action in Zambia (Lynch, 2006). The software package NVivo 8 was used within this process. However, this was simply to help interrogate, understand, identify themes within, and make connections between, the transcripts of interviewees and field-related notes (not to quantify the data in any way).

To be clear, the analysis was both inductive and deductive in nature. While the entire research process was guided (deductively) by theoretical insights, and in particular the *critical-constructivist* insights highlighted in Chapter Two (and

helped, for example, to construct the interview topic guide), the arguments about the policy and practice of partnership were also built from the ‘bottom-up’ (Creswell, 2007); incorporating emergent ideas and reflections about the way partnership is, for example, appropriated and performed (see Chapters Six and Eight). To be sure, theory was not used to deductively test a model or hypothesis about partnership, but rather to sensitise, guide and inform empirical exploration and to help interpret field data, so as to capture and make sense of the complexity of partnership in practice.

As indicated above, given the assumption of the complexity of partnership in practice, and also the complexity of interactions between material and ideational factors, and between actors and structures, the aim of the analytical process was to produce detailed narratives and ‘rounded understandings’ about how and why partnership policy relates to and shapes socio-political practice (Hay, 2002, p.47). The product of the above analytical process is therefore two somewhat ‘thickly-described’ (cf. Geertz, 1973) narratives about the Global Fund (Chapter Six) and the health SWAp (Chapter Eight) in Zambia.

A note on researcher bias

It is important in qualitative research to reflect critically upon and account for the position, views and values of the researcher, in order to help the reader understand how this has shaped the study (Creswell, 2007; Angen, 2000). Maureen Angen (2000) calls this ‘reflexivity’ and indicates that it involves being clear about how the researcher’s own background and understandings of the topic have shaped the research process, interpretations and argumentation. Importantly, such reflexivity should not be seen as a means to create ‘objectivity’ from which the topic can be more fully addressed (to suggest so would be antithetical to the study’s ontological and epistemological underpinnings), but rather as a way to show how the researcher has inter-subjectively and co-creatively shaped the creation of knowledge (Angen, 2000, p.383). While it is not possible to be explicit here about all the factors that have influenced the researcher, research process and thus the construction of arguments about partnership, selected positional biases are now discussed

below (these points complement the critical discussion about the research process above).²³

Being 'keen to "denaturalise" partnership'

As indicated in Chapter One, a key intention of the study was to 'denaturalise' partnership so as to make this familiar idea strange, and to stimulate new questions and dialogue about its policy and practice (Gadamer, 1994 in Angen, 2000). As a consequence, the research process started from the perspective that there was something inherently disturbing with the apparent hegemony of the idea, and from a normative view that the world of aid policy and practice can and, indeed, should be made more transparent, open, equitable and socially just. This perspective did not change throughout the course of the research, and the arguments in Chapters Four to Eight, and conclusions presented in Chapter Nine, reflect this normative view.

Being an 'outsider'

The exploration of the policy and practice of partnership in this study was carried out from an outsider's position (cf. Sundewall, 2009). At the same time however, every effort was made to consider how and why partnership features in policy and practice from an insider's perspective, by considering the social and political processes (including the ideas, interests and values) that were contributory factors. The exploration of practice in Zambia spanned an extended period of time, and involved the development of personal relationships with some interviewees who were involved with the Global Fund and / or SWAp. While this allowed trust to develop and discussion to be particularly frank and open with these people, it also meant that, over time, it was impossible to be as distanced from the interviewing and interpretive process as a 'complete outsider' would be (Sundewall, 2009). The interpretations and arguments that follow are therefore shaped by a degree of empathy with the difficult and complex nature of the world of aid that many of those interviewed (including government, donors, and NGOs alike) have to navigate on a daily basis.

²³ The sub-headings here follow those used by Grethe Fochsen (2007).

Being a 'young, female PhD student'

As Jesper Sundewall (2009, p.38) indicates, many people who are based in the field offices of donor agencies, in senior government positions, in NGOs and who are involved in Global Fund and SWAp processes tend to have considerable experience of aid and health work. In Zambia, the work of such people is also embedded in a context that tends to be characterized by hierarchy based on age and gender (in which older generations and males are typically deferred to). As a consequence, conducting and interpreting fieldwork as a relatively young, female PhD student was, to borrow the words of Sundewall (2009, p.38), 'both a challenge and an advantage'. It was challenging because it was difficult to gain access to busy individuals, and to be taken seriously as an academic researcher. At the same time however, it was also advantageous because the perceived lack of experience and social ranking disarmed some (though not all) interviewees, and meant that they were relaxed and relatively open during discussions (Sundewall, 2009). At times, it also allowed the posing of naive questions, in order to explore taken-for granted views about the idea of partnership, and Global Fund and SWAp processes (Fochsen, 2007).

Conclusions

This chapter has described and reflected upon the general methodological strategy that was used to inform the study's substantive research question. It has explained why a *qualitative* research strategy was employed and set out the research design and specific research methods in some detail. In summary, the chapter argued that a *qualitative* research strategy was appropriate for exploring how and why partnership features in contemporary aid policy and shapes practice because it fits the underpinning ontological and epistemological orientation of the research. The chapter also explained that a 'collective case study' design (cf. Creswell, 2007, p.74) and a variety of qualitative methods were used because of the two differing components of the research question – different cases and methods were required to explore *policy*, and to explore *practice*.

The remaining five chapters of the thesis are, together, the product of this methodological approach and collectively provide an answer to the question as to why partnership has risen to prominence and how this affects the practice of

aid, and the practice of politics that this enjoins. Indeed, the remaining chapters go on to critique how and why the policy idea of partnership has been produced and framed in the policy texts of the Global Fund and SWAps, and considers how this shapes, enables, contorts and constrains local socio-political action in Zambia. The next chapter starts this intellectual journey by situating the idea of partnership in historical context, and puts forward an explanation as to why, at some point in the 1990s, it rose to prominence. It is to this topic that the thesis now turns.

Chapter Four

Historical context: The rise of the idea of partnership in contemporary aid policy

Overview

- *Situates the rise to prominence of the idea of partnership in contemporary aid policy in historical context*
- *Discusses the (f)actors that were influential in the rise of the idea*
- *Considers how these (f)actors help to explain how the idea of partnership comes to be used and framed within official texts*
- *Provides an introduction to issues that forthcoming chapters of the thesis will probe and explore*

Introduction

As argued in the introductory chapter to this thesis, the idea of partnership is currently a pervasive feature in contemporary aid policy. It not only appears in the official texts of many bilateral and multilateral aid agencies, but also in the written documents of many actors who receive aid, be it national governments or various different local, regional or international organisations. The idea of partnership has not, however, always been so prominent. Although it has certainly featured in aid policy before now – figuring, for example, in the plans of the Rockefeller Foundation’s hookworm eradication campaign as early as 1913 (Fosdick, 1989, p.34);²⁴ in the 1969 report of the World Bank-supported Pearson Commission on International Development;²⁵ and in the various Lomé Conventions (the first of which was signed in 1975)²⁶ – its use was somewhat sporadic. Indeed, it was not until sometime in the 1990s that the idea of

²⁴ The official aim of the campaign was to extend the control and treatment of hookworm to fifty-two countries across the world (Fosdick, 1952, p.50). Anne-Emanuelle Birn and Armando Solórzano (1999) argue that it had a number of other aims.

²⁵ World Bank President, Robert McNamara, set up the Commission in 1968 to conduct a ‘grand assize’ of aid and to re-articulate a strategy for aid based on a ‘convincing rationale’ (World Bank, 2003). It is often referred to as the ‘Pearson Commission’ because the Chair was Lester Pearson – a former Canadian Prime Minister and Nobel Peace Prize Winner.

²⁶ The Lomé Conventions are aid and trade agreements between the European Union and EU-African Caribbean and Pacific (ACP) countries.

partnership seemed to stick; that is to say, it was not until this time that partnership began to be more widely articulated as a way to *govern* aid and international development. What then, might have contributed to the apparent rise in the use of the idea of partnership in contemporary aid policy? And how might these (f)actors help to explain how the idea of partnership is framed within these texts?

The purpose of this chapter is to seek to answer these questions. It situates the rise of the idea of partnership in contemporary aid policy in historical perspective and puts forward an explanation as to why, during the 1990s, the idea appears to have started to rise to prominence. In so doing, the chapter seeks to contribute to the first aspect of this thesis' substantive research question as outlined in Chapter One, namely: 'Why is the idea of partnership a pervasive feature in contemporary aid policy?'

Methodologically, the chapter draws on a range of secondary literature about the history of aid, including, for example, the work of Carol Lancaster (2007); Alastair Fraser (2009); and David Hulme (2007; 2009a). As explained in Chapter Three, this literature is analysed through a *critical-constructivist* lens, in order to understand how the interplay of different (f)actors (actors, their ideas, interests, relationships and wider structural environment) may have contributed to the rise of partnership. To complement this, the chapter also draws on a critical 'backward' analysis (cf. Mosse, 2005a) of a range of aid-related policies from the 1990s, including, for example: various World Bank Reports; the 1997 Department for International Development (DfID) White Paper; and also (and importantly as the chapter will go on to show) the 1996 Strategy of the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) 'Shaping the 21st Century'.²⁷

In line with the *critical-constructivist* approach of this research (as outlined in Chapter Two), the chapter argues that the rise of the idea of partnership in contemporary aid policy was the emergent outcome of a complex and

²⁷ As explained in Chapter Three, this involved considering the political sociology of policy texts; deconstructing them by thinking about the social and power relations that produced them, and the arguments, interests and divergent views they encode (Mosse, 2005a, p.15).

historically-mediated, socio-relational process. That is to say, it was the product of the dynamic interaction between a range of differently related actors, and also therefore of the interplay between their ideas, interests and the prevailing political and economic context within which they found themselves (Hacking, 1999, p.11; Hay, 2002, p.208, p.254; Long and van der Ploeg, 1994 p.65). More specifically, and borrowing from Alastair Fraser and Lindsay Whitfield (2009), it is argued that the idea of partnership rose to prominence in the midst of an apparent crisis in the legitimacy of the international system of aid, during which the need for, and governance of, aid was questioned by a variety of different actors.

As the chapter explains, the crisis was not only influenced by the ending of the Cold War, which removed a key perceived rationale for many donor governments to give aid – that of strategic advantage – but also by macro-economic problems in many aid-giving nations, and growing anxiety on the part of many bilateral and multilateral donors about the effectiveness of aid (Lancaster, 2007; Fraser, 2009; Fraser and Whitfield, 2009; Hulme, 2009a). It was in the context of this crisis that a select group of representatives from bilateral aid agencies, who were members of the DAC of the OECD, met with concerns about the future of aid (Hulme, 2009a). Through a series of relatively *closed* negotiations, a number of policies were produced, which not only clearly restated the case for aid (Hulme, 2009a; de Renzio and Mulley, 2006), but also, and of particular significance here, invoked the idea of *partnership*.

While the idea of partnership was certainly not a new invention of the DAC policy-makers, it appears to have been strategically useful at that particular *moment* in time due to its *malleability*; its propensity to be easily reframed in a number of different ways and thus to be interpreted in different ways by different people (Cornwall, 2008). Indeed, it is argued that this pliability was particularly useful for the DAC policy actors because it allowed the idea to serve as a ‘bridge’ between the multiple and competing perspectives of different actors (cf. Mosse, 2005a) at the time, about the need for and governance of aid. The incorporation of the idea of partnership into the DAC policy texts is thus interpreted as a bid, on the part of the DAC actors, to sell the need for aid to a diverse potential constituency of support (cf. Mosse, 2005a, pp.34-36) at a time when they believed that enthusiasm for it was lagging. As

the chapter goes on to show, the way in which partnership was framed in the DAC policy texts is ambiguous and generally positive-sounding, which seems to be an attempt to generate this community of support. A broadly neo-liberal economic version of partnership does however appear to dominate, which perhaps reflects the power of actors from particular bilateral aid agencies, most notably the United States, United Kingdom and Japan, and also the World Bank in the shaping of the DAC policy texts, and thus the somewhat *exclusionary* nature of the policy process.

Importantly, while the chapter emphasises that the idea of partnership was not a new invention of the DAC policy actors, it is argued that their particular way of framing and *reusing* the idea in the context of an apparent crisis was influential in propelling it to prominence in aid policy, though not in any linear or deterministic way. Indeed, while the DAC actors may have consciously intended the 1996 Strategy document, with its guiding notion of partnership, to have widespread appeal, a number of rather more chance events (cf. Keeley and Scoones, 2003, p.34) influenced the more widespread adoption of the idea. In particular, and as the chapter goes on illustrate, the idea of partnership resonated with (and arguably borrowed aspects of) the prevailing official position of the World Bank at the time, and also, for example, with that of the Department for International Development (DfID), which was newly established in 1997 following the election of the New Labour government in the UK. It was thus unexpectedly (and enthusiastically) taken up and *marketed* by these two influential actors. While partnership is certainly framed in different ways in the official texts of the Bank and DfID – which seems to reflect differences in their negotiated positions about how aid is, and should be, governed – it is argued that their articulation of partnership was influential in exposing other actors to the idea and marked the start of, what Maia Green (2007, p.142) calls, its ‘acceptance’ into the ‘cognitive architecture of intelligibility’ of a wide range of different agents involved in aid. Indeed, it is argued that by the late 1990s, partnership had become a type of expected or symbolic norm of contemporary policy about aid; a necessary ideational motif by which any aid policy initiative was to be decorated and judged.

Before discussing this normalisation of the idea of partnership however, the chapter must first consider, in more detail, how the historical environment for

aid and the dynamic interaction of various different (f)actors shaped the rise of the idea, and so it is to this topic that the chapter will shortly turn. A short caveat is, however, first required: the narrative that follows should not be taken as a definitive account of the rise of the idea of partnership, nor, therefore, as a specification of mechanisms of direct causality; rather, it should be read as a ‘contingent and partial’ representation (Price and Reus-Smit, 1998, p.272) of those (f)actors that have, *here*, been judged as important and influential. It is hoped that, in so doing, the thesis’ intention to ‘thickly describe’ (cf. Geertz, 1973), recognise and emphasise the complexity of global aid policy and local practice is not undermined, and thus that an appropriate balance between generalisation and detail has been achieved.

From the Cold War to the 1990s: Changes to the prevailing climate for aid

As indicated in the introduction to this chapter, the idea of partnership appears to have risen to prominence in aid policy at some point during the 1990s; a period that is, not insignificantly, often understood as a time of ‘great changes’ in the world (Lancaster, 2007, p.44). Perhaps most notably, the ending of the Cold War – which was marked somewhat definitively by the collapse of the Union of Soviet Socialist Republics (USSR) in 1991 and the breakdown of previously socialist regimes in Eastern Europe (Lancaster, 2007) – served to reshape many facets of the international political and economic system and, in consequence, transformed the prevailing climate for the policy and practice of aid. Indeed, as the discussion below will now show, a *relatively stable* climate for aid during the Cold War shifted to one of apparent *crisis* in the 1990s, which seems to have created ideal conditions for the rise of the idea of partnership.

During the Cold War: A stable ideational framework for aid

During the Cold War, perceived tension and rivalry between broadly liberal capitalist and communist countries (and between the United States and Soviet Union in particular) provided a relatively stable ideational framework (cf. Klotz and Lynch, 2007) for the policy and practice of aid. While there were certainly many different political and economic events, and shifts in actor-relationships during this time, which modified the environment for aid (see

Fraser, 2009), the persistence of perceived hostilities meant that, at a *macro-level*, one important factor remained relatively constant over time: policy elites within donor governments, *on both sides* of the ideological divide, believed that there was a clear *need* for aid (Lancaster, 2007; Fraser, 2009; Degnbol-Martinussen and Engberg-Pedersen, 2005).

Indeed, not only was aid seen as a necessary way to *procure* the support of potential allies in poorer countries, who may have been tempted to align themselves with the rival ideological bloc, but it was also seen as a means to demonstrate the superiority of, and thus to advance, favoured models of political and economic governance (Hulme, 2009a; Fraser, 2009; Westad, 2005). This is not to suggest that there were no other perceived needs for aid during the Cold War – rationales for aid-giving certainly varied from country to country and from actor to actor over time (see Degnbol-Martinussen and Engberg-Pedersen, 2005; Fraser, 2009). Rather, what is argued here is that a prevailing, and indeed influential, view, in and amongst key policy elites in the highest tiers of many donor governments, was that aid was needed to gain strategic advantage (Lancaster, 2007; Fraser and Whitfield, 2009; Degnbol-Martinussen and Engberg-Pedersen, 2005).

As Fraser (2009) argues, the collapse of the colonial world order between 1945 and 1966 was certainly a significant factor here. As many newly independent nations emerged from colonial rule, often expressing an explicitly socialist ideology,²⁸ they appear to have been considered as *legitimate sites* for the strategic use of aid, and thus became important political spaces within which the ideological battles of the Cold War played out (see Westad, 2005). In many liberalist capitalist countries – the United States in particular, but also many countries in Western Europe and also Japan²⁹ – key policy elites (including Heads of State) often saw aid as a means to buy the support of potential allies in ex-colonial countries, and to advance models of liberal democracy combined with capitalism (Degnbol-Martinussen and Engberg-Pedersen, 2005; Westad,

²⁸ Examples include Julius Nyerere's socialist-oriented ujamaa perspective in Tanzania and, arguably, Kenneth Kaunda's humanism in Zambia.

²⁹ Grant (1998, p.58) notes that Japan's aid during the Cold War 'often complemented Washington's [US] efforts to reward strategic allies and punish Moscow's clients'.

2005; Stokke, 1989).³⁰ Indeed, something of a prevailing view appears to have been that aid could not only be used to stimulate market-based economic growth and poverty reduction in these poorer nations, thereby preventing them ‘from seeking solutions in Communism’ (Cornwall and Brock, 2005, p.5), but that it could also, and simultaneously, help to secure the continued expansion of capitalist development more broadly (Westad, 2005). Indeed, this norm appears to have *infused* – though certainly did not entirely *dictate* (Woods, 2000) – the policy and practice of many of the bilateral aid agencies from liberalist capitalist countries and also the international financial institutions (IFIs) (the World Bank and IMF). As Odd Arne Westad (2005, p.153) argues in relation to the latter, the IFIs tended to favour ‘those countries that chose a market-oriented and open economy over those that did not, and as a result provided loans primarily to anti-Communist regimes and those in which Western investments already existed’.³¹

In contrast to this, many policy elites in richer socialist countries often saw aid as a way to advance various socialist aspirations, including, for example, the demise of transnational corporations, collectivisation or the establishment of central economic planning (Lawson, 1988).³² Playing on the historic sensibilities of many post-colonial governments, some socialist donors tended to portray themselves as the ‘natural anti-imperialist ally’ of poorer nations and, at various different times, offered aid for economic stability (arguably with limited success) or to support highly visible, government-led infrastructure projects (Fraser, 2009, p.49; Lancaster, 2007; Lawson, 1988).³³ In some cases, the Soviet Union also attempted to use aid to bolster radical factions in order to increase support for socialist modes of governance (Fraser, 2009; Lancaster, 2007).

³⁰ For example, as Odd Arne Westad (2005, p.156) argues, the 1961 US Foreign Assistance Act was ‘explicitly intended to use aid to fight the Cold War’ in ex-colonial countries; President Kennedy claimed in presenting the Act to Congress that: ‘...new nations need help for a special reason. Without exception they are under Communist pressure... [American aid would show that] economic growth and political democracy can develop hand in hand’.

³¹ A perspective that is shared by Ngaire Woods (2000, p.146) who notes that the Cold War ‘heavily influenced [though did not completely control] World Bank lending throughout the period 1948-1990’.

³² The Soviet Union and also China were ‘major’ socialist donors, although various Eastern European countries also provided aid (see Lawson, 1988). In terms of the ‘policy elites’ who articulated this perspective, the Soviet leaders Nikita Khrushchev and Leonid Brezhnev would be examples.

³³ Examples include the Aswan Dam in Egypt (financed by the Soviet Union) and the Tanzania-Zambia railway (financed by China).

All this is not to suggest that the perspectives, relationships with, and actions of, various different actors in recipient countries did not matter; they were certainly *not passive* and, indeed, manipulated, negotiated and thus considerably shaped the way in which aid was used during this time (see Fraser, 2009; Fraser and Whitfield, 2009). Rather, what the above discussion serves to illustrate is that, throughout much of the Cold War, the policy and practice of aid had a continuous constituency of support *where it mattered* – in the highest echelons of decision-making in many donor governments.³⁴ It appeared then, that those actors who were involved in the giving of aid would have a relatively safe and secure future. This situation changed however when the Cold War came to an end. As the next section of this chapter will now go on to show, a relatively stable climate for aid shifted to one of apparent crisis and, as we shall see, provided fertile ideational ground for the rise of the idea of partnership.

The end of the Cold War: From a climate of stability to a climate of crisis

The prevailing climate for aid shifted relatively quickly as the Cold War came to an end in the early 1990s. While the collapse of the Soviet Union in 1991 and the breakdown of previously socialist regimes in Eastern Europe led to the somewhat automatic, and complete, disappearance of a whole group of aid donors (Degnbol-Martinussen and Engberg-Pedersen, 2005), those bilateral and multilateral aid agencies that were left faced at least three inter-related problems; which, for clarity, are discussed separately below.

1) The elimination of the Cold War strategic need for aid

Firstly, the ending of the Cold War eliminated what had been one of the main perceived reasons for donor governments to give aid – that of strategic advantage (Fraser and Whitfield, 2009). As a consequence, the perceived need for aid-giving lessened in and amongst key policy elites in many donor governments, the United States in particular; with some actors even suggesting that there was no longer *any* role for aid in a post-Cold War era (Riddell, 2007;

³⁴ Indeed, even as perceptions of Cold War rivalry seemed waned during the 1980s, Cumming (1996) notes that UK aid still had an ‘anti-Communist bias’ - successive Thatcher governments refused to support liberation movements or Marxist governments in Ethiopia, Cuba, Vietnam and El Salvador.

Nijman, 1998).³⁵ Since such policy elites had been an important constituency of support for aid (as indicated above), their apparent loss of interest in aid-giving meant that many bilateral and multilateral aid agency actors were suddenly at risk of losing their political relevance, status and legitimacy; in other words, and to borrow from Martha Finnemore (1996, p.x *italics added*), they were at risk of losing their ‘*place* in the world’ in the post-Cold War era.

While there was arguably now more ‘political space’ for other perceived needs, and for other purposes, for aid (Lancaster, 2007, p.45; de Renzio and Mulley, 2006), there does not appear to have been much clarity in the early 1990s, on the part of either bilateral or multilateral agencies at the time, as to what these other purposes should be; and so little basis upon which to advocate for renewed levels of support. As Lancaster (2007, p.241 *italics added*) recounts from her experience as deputy administrator of USAID in the early 1990s ‘the end of the Cold War rationale caused a *search* for other, compelling purposes for foreign aid... we *consciously sought* to redefine our mission... in order to garner maximum relevance and support’. Fraser and Whitfield (2009, p.77 *italics added*) argue that many development practitioners suggested that aid should now have a ‘clear focus on *economic* development’, but, as the section below will now show, this presented many aid agency actors with a second pressing problem: reflecting on historical experience, they were uncertain as to whether aid was an *effective* way to drive economic growth (Fraser and Whitfield, 2009).

2) Anxiety about the effectiveness of aid

As already mentioned above, throughout the Cold War, a prevailing *norm* in many of the bilateral aid agencies from liberalist capitalist countries and also multilateral agencies, like the World Bank, was that aid could be used to drive market-based economic development (and poverty reduction) in poorer countries, thereby demonstrating the superiority of liberal capitalist models of governance. In the 1980s in particular, a specifically neoliberal model of political and economic governance had been pursued by many (though

³⁵ US Senator, Patrick Leahy, argued in 1992 that aid was ‘exhausted intellectually, conceptually, and politically. It has no widely understood and agreed set of goals, it lacks coherence and vision’ (Leahy, 1992 in Nijman, 1998, p.29).

certainly not all) aid agencies, led by the World Bank and IMF (Fraser, 2009; Degnbol-Martinussen and Engberg-Pedersen, 2005).³⁶ Indeed, dubbed the ‘decade of structural adjustment’ by de Renzio and Mulley (2006, p.2), a considerable proportion of the aid that was provided during this time was enmeshed in the (more or less coherent) neoliberal belief that: ‘if governments retreated from the economic sphere, and allowed market forces to operate *freely*, they would spur [economic] growth, and in turn reduce poverty’ (de Renzio and Mulley, 2006, p.2).³⁷

More specifically, aid was seen as a means to *buy* a series of structural reforms that aid agency actors believed were necessary to bring about economic growth, which meant that a number of conditions were attached to loans that were provided by the World Bank and IMF, and to related balance-of-payments support from a number of bilateral aid agencies (de Renzio and Mulley, 2006). These conditions specified the reforms that recipient governments were expected to implement in exchange for aid, and included, for example: currency devaluation; the elimination of subsidies on basic goods and food supplies; the reduction of public sector expenditure; the introduction of user fees for social services (including health services); the privatisation of publicly owned enterprises; and many more measures aimed at promoting a shift to a market economy (and perhaps market society) (de Renzio and Mulley, 2006, p.2; Riddell, 2007; Robb, 2005; Eyben, 2006a).

Although this neoliberal approach to aid had been pursued with some level of conviction by the World Bank, IMF and some bilateral aid agencies (see Fraser, 2009; Harrison, 2010), Fraser and Whitfield (2009) argue that, by the mid-1990s, there was ‘widespread acceptance’ (including amongst aid agencies themselves) that it had not only been ineffective in driving economic growth, but had also entailed considerable social costs. While there were of course dissenting voices, it was widely acknowledged that the economic performance of many countries (measured by GDP per capita) that had received adjustment

³⁶ As Degnbol-Martinussen and Engberg-Pedersen (2005) indicate, the UN system (excluding the Bretton Woods institutions), the Nordic countries, Holland and Canada can be considered ‘partial exceptions’. The Nordic aid agencies, in particular, had a more ‘socially-oriented’ focus, but the stand-alone ‘projects’ they funded ended up within an overall *neoliberal* framework.

³⁷ In 1982, for example, it was claimed in World Bank policy that ‘economic growth is the *ultimate remedy* for rural poverty’ (World Bank, 1982 in Wood, 1986, p.231 *italics added*).

loans, and those in sub-Saharan Africa in particular, had been disappointingly low,³⁸ and that many official social indicators of development (again, in Sub-Saharan Africa in particular) were either poor or getting progressively worse (Mkandawire and Soludo, 1998; Fraser and Whitfield, 2009; Lancaster, 2007; de Renzio and Mulley, 2006).³⁹ Indeed, as de Renzio and Mulley (2006, p.2) argue, by the mid-1990s, many aid agency actors had come to accept an earlier assertion, made by various left-leaning critics of aid (see Cornia *et al*, 1987; Pinstруп-Andersen, 1988), that structural adjustment had not only failed to drive long-term economic growth, but had resulted in social injustice and harm.

Importantly the reason *why* this was the case was however, more vigorously disputed; with the World Bank claiming, for example, in a 1994 report that the lack of economic growth was a result of the ‘incomplete’ or ‘lack of’ implementation of structural reforms by recipient governments (World Bank, 1994). In other words, that it was the result of faulty governance *within* recipient countries, rather than the conditions that had been prescribed or the way in which *aid agencies themselves* were involved in the governance of aid (this point will be explored in more detail in the context of Chapter Seven, when we explore the way the Bank shaped the production of policy about health SWAs).

Nevertheless, despite such disputes, by the mid-1990s, there does seem to have been some level of *sensitivity*, in and amongst many aid agencies (including within the World Bank), to criticisms about the way in which they related to recipient actors; and, in particular, in relation to their use of conditionality and stand-alone aid projects. Around this time, aid conditionality and projects were, for example, criticised by various different academics and NGOs for being ineffective and, moreover, unjust ways to organise aid relationships because they were both intrusive and coercive – in other words, they conveyed the idea that ‘donors know best’ – and were thus symptomatic of the paternalistic, neo-

³⁸ Ross Hammond (1993) suggests, for example, that a 1992 ‘leaked’ draft review of Bank operations in Africa entitled ‘Why Structural Adjustment has not Succeeded in Sub-Saharan Africa’ concluded that adjustment lending had not significantly affected economic growth or inflation and had actually contributed to a drop in investment.

³⁹ In Zambia for example, the country case study for this research, at the height of the implementation of the structural programme between 1980 and 1984, hospital deaths of infants under one due to malnutrition rose from 2.4% to 5.7%, and from 38.0% to 62.2% for children aged one to four (Kanji and Manji, 1991 in WHO/SIDA 1996, p.13).

colonial and therefore unequal way in which aid was governed (Crewe and Harrison, 1998, p.70; Clarke, 2004). Apparently reflecting on such criticisms, the World Bank not only acknowledged in a leaked 1992 study that its staff often 'aren't open to hearing what the country has to say' (Wapenhans, 1992 in Chatterjee, 1994), but also in a later report that 'home-grown' programmes might be more effective (World Bank, 1995 in Fraser and Whitfield, 2009). In other words, aid agencies like the World Bank appeared to be showing some level of concern about the possible weaknesses in their *own* schemes of governing aid (Fraser, 2009; Hammond, 1993).

To emphasise then, by the mid-1990s there were generalised feelings of disappointment, anxiety, and uncertainty, in and amongst many aid agency actors, as to the overall effectiveness of aid (Michel, 2005; Fraser, 2009). As a result, and to emphasise a point that has already been made above, they did not seem to have a firm basis upon which to re-justify the need for aid, nor to advocate for renewed levels of political support. This appears to have become something of a critical issue given the third problem that aid agencies faced in the aftermath of the Cold War: a sharp decline in their aid budgets.

3) A decline in aid agency budgets

The budgets of many aid agencies declined relatively quickly after the Cold War came to a definitive end in 1991. Indeed, with only a few exceptions,⁴⁰ and as illustrated in Figure 2, total levels of aid (as a share of gross national income) started to decline in 1992 and continued to do so until 2000 (Hulme, 2009). In terms of the relative speed of the decline, it is estimated, for example, that in 1994 alone the total aid budget (from governments who were members of the DAC) fell by almost 6% (Watkins, 1996, p.517).

While the problems recounted above – 1) the elimination of the strategic need for aid and 2) anxiety about the effectiveness of aid – certainly seemed to open

⁴⁰ ODA provided by Finland, Switzerland and Ireland are cases in point (Hopkins, 2000). For example, contributions from Irish aid rose from 0.16 to 0.31 as a percentage of GNI between 1992 and 1996 (see OECD statistics on this, available from <http://stats.oecd.org>). Unfortunately, there is little room to explore why contributions from these bilateral donors increased during this period, whilst the contributions of many other DAC donors declined, although their relative 'isolation' from Cold War politics is certainly a factor.

the way for these reductions in aid, budget cuts were also further encouraged by unanticipated problems in the economies of many donor countries in the early 1990s and also by criticisms from actors on the right of the political spectrum, who tended to argue that aid was a type of government welfare subsidy, which encouraged a culture of dependence, inefficiency and passivity, and that international market forces should be allowed to prevail (Degnbol-Martinussen and Engberg-Pedersen, 2005, p.23; Baaz, 2005; Watkins, 1995, p.520). In the US in particular, significant federal fiscal deficits and vocal criticisms about aid from prominent Republican (New Right) senators in Congress (for example Newt Gingrich and Jesse Helms), led the first Bush and then Clinton administrations to cut aid budgets considerably (Hulme, 2009a; Watkins, 1996; Lancaster, 2007).⁴¹ It is estimated, for example, that between 1992 and 1997 the US aid budget fell in real terms by half (Riddell, 2007). These cuts not only affected US bilateral aid, which was largely provided through USAID, but also contributions to multilateral aid agencies like the World Bank (Watkins, 1996). Indeed, multilaterals were certainly not spared from the spectre of cuts; with noticeable declines between 1992 and 1997 (see Figure 2).

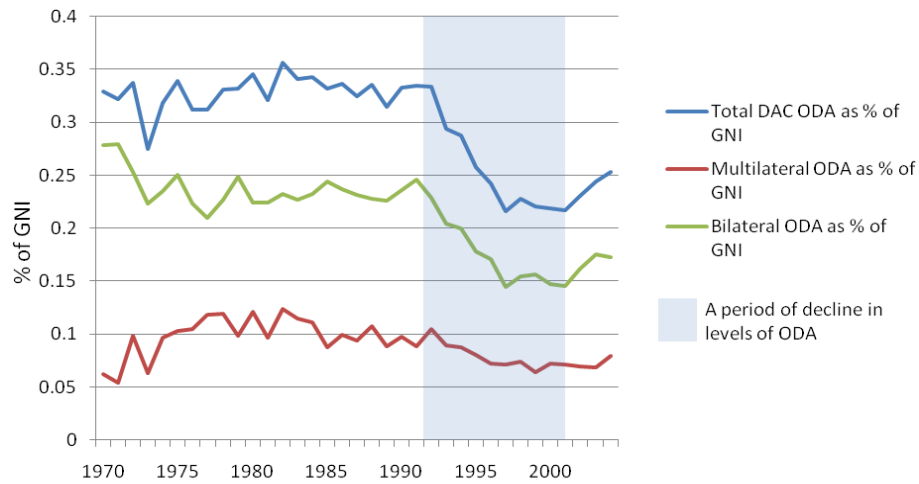
These budget cuts certainly seemed to consolidate the disappointment, disorientation, and anxiety (cf. Fraser, 2009) that many aid agency actors appear to have been experiencing in the wake of the ending of the Cold War (as indicated above). In 1996, the UK Minister for Overseas Development (Lady Chalker) is, for example, reported to have indicated that she was ‘more than disappointed’ by the UK government’s spending plans for aid, which for 1995-1996 envisaged a 5% cut in bilateral support to Africa (Watkins, 1996; Economist, 1996).⁴² Given the significant reductions to the USAID budget around this time, Hulme (2009, p.13) describes the organisation as a somewhat ‘demoralised’ agency. Furthermore, there was also reportedly some level of ‘confusion and demoralization’ among World Bank staff (Hammond, 1993, p.16) and many Ministers of International Development or equivalent (that is, the politicians who head bilateral aid agencies and often engage with the

⁴¹ Jesse Helms and Newt Gingrich were vocal members of an informal ‘anti-aid’ lobby in the US. Jesse Helms once stated in a Senate Foreign Relations Committee meeting: ‘I do not support foreign aid... it is incomprehensible to me how a nation which is \$.49 trillion in debt can continue to spend nearly \$14 billion annually on foreign aid’ (Jesse Helms in Watkins, 1995, p.519).

⁴² This was around \$26m in real terms (Watkins, 1996).

multilaterals in various ways) were also reportedly dissatisfied with what they felt was their increasing ‘marginalisation’ (Hulme, 2009).

Figure 2. Overseas development aid (ODA) from DAC countries as a % of gross national income (GNI), 1970-2004



Source: OECD.Stat Extracts, <http://stats.oecd.org>

Therefore, a combined result of the three problems mentioned above, and in stark contrast to the Cold War era, was that aid agencies were not only losing their constituency of support where it mattered – in the highest echelons of decision-making in many donor governments – but were also losing their budgets, their political status and their legitimacy. In consequence, and perhaps unsurprisingly, many actors involved in the giving of aid were concerned about their future (Hulme, 2009). Indeed, the Chair of the DAC at the time, Jim Michel, seems to have reflected these sentiments when he suggested in 1995 that 'the entire development assistance project may be in jeopardy' (Watkins, 1996, p.517). In short then, and as Fraser and Whitfield (2009 p.77) argue, aid agency actors 'desperately needed a new story'; to construct a new and compelling policy narrative that would re-animate widespread support for, and so re-legitimise the practice of aid. As the next section of this chapter will now go on to show, it is here that the idea of *partnership* starts to become highly significant.

The DAC respond strategically to the apparent crisis in aid

When representatives of the DAC of the OECD met at their various meetings in 1994 (including aid ministers, bilateral aid agency heads and senior advisers),

the above-mentioned problems, and the need for a new and compelling policy narrative, appear to have been focal points for their discussions. As the DAC Chair, Jim Michel (2005 *italics added*) recounts:

A recurrent theme of DAC deliberations that year was the relationship between *aid volume* and perceptions of *aid effectiveness*... There emerged a consensus that the DAC should *disseminate a brief statement*... to the effect that development was a worthy and attainable goal... and that efficiently administered development assistance... was a vital component of success.

In other words, the DAC policy actors decided to take a strategic response to the apparent crisis in aid, and to use a brief statement as a basis upon which to argue that development was the goal to which everyone should strive in a post-Cold War era, and, moreover, that aid would ensure that it was achieved. As a consequence, and through a series of (what were) relatively *closed* negotiations between the DAC Secretariat and representatives of member states, such a statement was produced and, of particular significance here, articulated the idea of *partnership*.

Indeed, clearly appearing in the title of the document – ‘Development *Partnerships* in the New Global Context’ – partnership seems to have been intended as something of a guiding notion for the DAC’s argument about the future need for aid, although there was little explanation of, or reference to, the idea throughout (see DAC/OED, 1995). In fact, as a markedly brief two-page text, there was little substance to it at all; it did not narrate a coherent story about the importance of aid and was instead comprised of a list of seven (somewhat impenetrably termed) ‘strategic orientations’ for the future (DAC/OECD, 1995). This narrative was however soon to be revised, and the idea of *partnership* was to take centre-stage.

Revising the narrative: The rise of the idea of partnership

Although the above-mentioned statement on ‘Development Partnerships’ was taken to, and subsequently approved at, the DAC’s annual High-Level Meeting at the Chateau de la Muette (France) on 3-4 May 1995, it does not seem to have been considered to be enough to avert the apparent crisis that many of the aid agency actors who were present were facing. As Hulme (2009a, p.13) indicates,

the statement ‘...did little to change the mood of the meeting’, which had been far from optimistic; many participants had spoken vocally about their concerns about ‘aid fatigue’ and also about a perceived lack of political and public support. Although the meeting appears to have ended on a note of disappointment, a rather ‘serendipitous’ interaction between DAC actors from the US (Colin Bradford) and Netherlands (Jan Pronk), and the Chair of the DAC (Jim Michel) led to the establishment of an elite Groupe de Réflexion (Hulme, 2009a), comprised largely of Ministers of International Development and bilateral aid agency heads, and tasked with developing a more coherent narrative that would sell aid to a broad constituency of support (Bradford, 2006, p.2 in Gabay, 2009).

Indeed, as Hulme (2009a, p.14 *italics added*) argues, the Groupe wanted to ‘come up with something that would appeal to *politicians* [in donor countries], would be understood and supported by *OECD publics* and would contain a vision of the future that would *mobilise action*’. In other words then, they wanted to construct a convincing and persuasive story about aid, which would enrol the support of a range of different actors who may have competing perspectives about the future ‘need’ for and role of aid in the post-Cold War era (cf. Mosse, 2005a).

And so it was here, in the Groupe’s production of this *revised* narrative about aid, entitled ‘Shaping the 21st Century: The Contribution of Development Co-operation’ (see DAC/OECD, 1996), that the idea of partnership came to have a central role. Indeed, cited throughout the text, partnership comes across as the ‘master’ concept (cf. Mosse, 2005a); the guiding idea in, what Riddell (2007, p.41) calls, this ‘manifesto for the reinvention of aid’. But how and why did the idea of partnership come to be framed in such a central way in the production of the ‘Shaping the 21st Century’ text? And how did this influence its subsequent rise to prominence? It is to these questions that the chapter now turns.

Why partnership?

There are a number of possible reasons why the DAC Groupe came to use partnership as the central idea in their *revised* narrative about aid. The idea had,

of course, already been articulated in the previous brief statement, and continuing to use it would surely lend some level of consistency and therefore, perhaps, legitimacy to the DAC's arguments about the future need for aid. In fact, as the discussion below will now show, it is argued that the Groupe came to (re)use the idea of partnership precisely because it had a previous, and also more recent, history in the international system of aid – this not only meant that it was an idea to which many actors had (perhaps somewhat unconsciously) been exposed, but that it was also an idea that could be strategically and usefully borrowed to meet their own perceived needs.

Exposure to the idea of partnership

The idea of partnership was certainly not a new invention of the DAC policy actors. As already mentioned above, the idea had featured in a number of aid policies much earlier in the history of aid, including, for example, in the oft-cited 1969 Pearson Commission Report (see Pearson, 1969) and in the texts of various different non-governmental organisations (NGOs) in the 1970s (Fowler, 2002). Rather more recently, the idea of partnership had also been sporadically mentioned in the discussions at, and Declarations emanating from, various UN Summits (see Table 1), which had been held in the early 1990s as part of the aforementioned search for compelling new purposes for aid following the ending of the Cold War. These prior uses of the idea of partnership in aid policy could help to explain why it was incorporated into the first and then revised DAC texts – in short, it was an idea to which many actors involved in aid, including that of the DAC, would have been exposed. In consequence, it may have leaked into their general field of consciousness and thus have been incorporated into the revised narrative through a relatively unconscious and unquestioned process of recollection.

The DAC strategically *borrow*s and *reuses* the idea of partnership

At the same time however, it is also possible that rather more strategic actions of the elite Groupe influenced how and why partnership came to feature in the DAC's revised narrative. It seems, for example, that partnership may have been strategically borrowed from influential actors who had recently used it, and then reused to meet the DAC's *own* perceived needs. Appearing to borrow an

idea would have been useful for the DAC at this time of crisis because of the social work of *enrolment* that it can perform (cf. Mosse, 2005a, p.34); in short, because it is difficult for an actor to disagree with something that *seems* like their *own* idea, it helps to secure their support. From which actors then, might the Groupe have borrowed the idea of partnership?

The Groupe certainly seems to have actively sought to use ideas from the UN Summits that were held in the early 1990s. As Hulme (2009a, p.14) indicates, the Groupe asked staff from the DAC Secretariat to review and summarise the Declarations that had been agreed at these Summits, pulling them together into ‘something more coherent’;⁴³ a process that was, presumably, carried out in an attempt to secure the backing of the UN, and also the various different NGOs and developing country Heads of State who had attended the meetings. As indicated in Table 1, and of significance here, the idea of partnership had featured in the Rio, Cairo and Copenhagen Declarations and so it seems then, that through this process of strategically sifting through, and borrowing from, UN documentation, partnership came to be a focus for the Groupe’s drafts (Hulme, 2009a).

It also seems likely that the elite Groupe were induced to borrow the idea of partnership from another (key) part of the multilateral system of the UN: the World Bank. As indicated in Table 1, the World Bank had used the idea of partnership in a select number of policies in and around 1994 and 1995, the time at which the DAC was producing its new narrative about aid. Interestingly, and as argued above, both the World Bank and the DAC were facing a crisis around this time, and so they *both* needed a new story that would increase their constituency of support. As the representatives of the DAC met at their various meetings in 1994 to discuss how to produce this new story about aid (as described above), the World Bank, it seems, had already set about on a similar process. Indeed, seemingly prompted into action by the 50th anniversary of the meeting at Bretton Woods that established the Bank (and the associated (critical) ‘50 Years is Enough’ campaign, see Development GAP, 1994), the Bank developed and published a ‘vision statement’ in July 1994 entitled ‘Learning from the Past, Embracing the Future’, which not only marketed the

⁴³ As Hulme (2009a, p.14) indicates, the Groupe delegate for Denmark (Paul Nielson) suggested that the DAC’s new framework for aid ‘must encompass recommendations from... the UN conferences’.

Bank's prior 'achievements' or 'experience' in the governance of aid (selectively leaving out any criticisms of the Bank's operations), but also outlined its role in a 'changing' post-Cold War era; and, of particular relevance here, identified *partnership* as one of six 'guiding principles for the future' (cf. Kapur *et al.*, 1997; World Bank, 1994).⁴⁴

Although the significance of the idea of partnership to this policy should not be over-emphasised (it was, after all, only one of six future principles for the Bank's operations), it was a clearly identifiable and constituent theme. While it was not entirely clear what the Bank *meant* when it referred to the idea of partnership (something that is, as we shall see, common to many other policies that refer to the idea), it does seem to have been used to refer somehow to the intended nature of the Bank's future relationships with other actors involved in the international system of aid, and thus as a way to respond to criticisms about the effectiveness and propriety of the way the Bank's aid relationships were governed (as discussed above). In other words then, the Bank used the idea of partnership as part of a bid to enhance its *own* constituency of support at this time of apparent crisis.

Given that the Bank's vision statement was produced at around the time the DAC was seeking to produce a new narrative about aid, and the fact that World Bank representatives are often involved as observers in DAC processes (including the DAC Groupe), it is perhaps unsurprising that partnership came to feature in the 'Shaping the 21st Century' text – social connections between the DAC and the World Bank facilitate the sharing of such ideas. Moreover, because the Bank is generally perceived to be an influential actor in the international system of aid, it is likely that this will have induced the DAC Groupe to borrow the idea of partnership in order to secure the Bank's support. Given that the DAC policy actors were apparently under some pressure at this time of crisis to come up with a new narrative about aid, borrowing the idea of partnership may actually have been perceived as a particularly attractive option (cf. Dolowitz and Marsh, 2000).

⁴⁴ Apparently following this up, the Bank changed its logo in 1995 to refer to itself as a *partner* (Kapur *et al.*, 1997, p.373).

Table 1. Examples of aid-related policy texts produced during the 1990s in which the idea of partnership features (prepared by the author using the sources noted in the table).

<p>1992</p> <ul style="list-style-type: none"> ▪ Rio Summit Declaration on Environment and Development (UN, 1992) <p>1993</p> <ul style="list-style-type: none"> ▪ UNDP and Organisations of Civil Society: Building Sustainable Partnerships (UNDP, 1993) <p>1994</p> <ul style="list-style-type: none"> ▪ Summary of the Programme of Action from the International Conference on Population and Development (UN, 1994) ▪ Learning from the Past, Embracing the Future (World Bank, 1994a) ▪ The World Bank: A Global Partnership for Development (World Bank, 1994b) <p>1995</p> <ul style="list-style-type: none"> ▪ Report of the World Summit for Social Development (UN, 1995) ▪ New Partnership Initiative: Core Report (USAID, 1995) ▪ Development Partnerships in the New Global Context (DAC/OECD, 1995) <p>1996</p> <ul style="list-style-type: none"> ▪ Shaping the 21st Century (DAC/OECD, 1996) <p>1997</p> <ul style="list-style-type: none"> ▪ World Development Report ‘The State in a Changing World’ (World Bank, 1997) ▪ Eliminating world poverty: a challenge for the 21st century (DfID, 1997) ▪ Partnership Africa: Proposals for a New Swedish Policy towards Sub-Saharan Africa (Swedish Ministry of Foreign Affairs, 1997) ▪ The Rights of the Poor – Our Common Responsibility (Swedish Ministry of Foreign Affairs, 1997) ▪ A guide to sector-wide approaches for health development (Cassels, 1997) <p>1998</p> <ul style="list-style-type: none"> ▪ Partnership for development: proposed actions for the World Bank (World Bank, 1998). ▪ Comprehensive Development Framework (see World Bank, 2010a) <p>1999</p> <ul style="list-style-type: none"> ▪ Poverty Reduction Strategy Paper Initiative (see World Bank, 2010b) <p>2000</p> <ul style="list-style-type: none"> ▪ Danida Strategy ‘Partnership 2000’ (Danida, 2000) ▪ Millennium Development Goals (see UNDP, 2010) <p>2005</p> <ul style="list-style-type: none"> ▪ Paris Declaration on Aid Effectiveness

Importantly however, while it seems that the World Bank may have established some kind of precedent for using the idea of partnership in global aid policy at this particular moment in time, and was therefore influential in the DAC Groupe’s use of the idea, it was not simply transferred or copied into the ‘Shaping the 21st Century’ text. Rather than using the idea of partnership to respond to one specific criticism (as the Bank appeared to do), the DAC Groupe reformulated and reframed the idea into a much more coherent and generalised narrative about the need for aid in a post-Cold War era; strategically (re)using it in order to meet *all* of their perceived needs – namely,

and as already indicated above, to coherently demonstrate the need for aid; to persuade (donor) politicians (and OECD publics) that spending on aid was justified in the context of fiscal deficits; to respond to academic and NGO criticisms about the effectiveness of aid; and thus to enrol a broad constituency of support. The idea of partnership was particularly significant here because of its inherent malleability; that is, its propensity to be framed in a number of different ways. Indeed, as an ambiguous and pliable idea, which has no single or accepted meaning, it could be ‘easily reframed to meet almost any demand [that the DAC] made of it’ (Cornwall, 2008, p.269). Selected examples from the ‘Shaping the 21st Century’ text are included below in order to illustrate this point.

1) Demonstrating the need for aid

The DAC Groupe used the idea of partnership to construct a persuasive argument about the need for aid in a post-Cold War era. The narrative argued, for example, that the world faced a number of ‘new challenges’ at this ‘time of global change’ (DAC/OECD, 1996, p.5), and proposed the idea of partnership as the solution. More specifically, a number of clear ‘goals’ were identified (apparently drawn from the UN Summits), which, it was suggested, could only be achieved by working *in partnership*. As the DAC policy stated ‘We are proposing a global development partnership effort through which we can achieve together... ambitious but realisable goals’ (DAC/OECD, 1996, p.2).

Significantly, aid agency actors were framed as important ‘partners’ in this global ‘effort’, with the aid that they provided presented as a ‘crucial contribution’ (DAC/OECD, 1996, p.13). Indeed, it was argued that the ‘challenges ahead’ meant that there was not only a ‘compelling need’ for aid (DAC/OECD, 1996, p.6) – it could ‘make a *real difference* in achieving the [development] goals’ (DAC/OECD, 1996, p.2 *italics added*) – but also that it ‘must’ be delivered through partnership; as the policy stated: ‘we are *convinced* that a partnership approach is the way to meet the varied and complex challenges that we face’ (DAC/OECD, 1996, p.14 *italics added*).

2) Responding to criticisms about the effectiveness of aid

At the same time, the idea of partnership was also framed as a way to *solve* various criticisms about the effectiveness of aid and aid agency operations. It was, for example, suggested that aid agencies had ‘learnt’ a number of fundamental lessons from the past, and now knew that ‘partnership’ was the ‘key’ to aid effectiveness: ‘We have learned that development assistance will only work where there is a shared commitment of all the partners’ (DAC/OECD, 1996, p.1). It was, however, unclear exactly *who* was considered to be a partner in relation to aid.

More specifically, partnership seemed to be presented as an effective way to respond to criticisms (that had for example been raised by left-leaning NGOs and academics, and also some recipient governments) about the way in which aid had previously been organised, including accusations that conditionality and stand-alone projects were coercive, paternalistic and therefore reflected unequal relations of governance (see the discussion above). As the narrative stated:

In a partnership, development co-operation *does not try to do things* for developing countries and their people, but *with them...* Paternalistic approaches *have no place* in this framework. In a true partnership, local actors should progressively take the lead while external partners back their efforts to assume greater responsibility for their own development (DAC/OECD, 1996, p.13 *italics added*).

In summary then, this *particular* reading of the narrative seems to give the impression that partnership is about transforming aid (and also power) relationships in a positive and socially just way; with a paternalistic way of organising action transformed into a relationship of equality, with recipient country partners empowered as agents of their own development. In other words, partnership is about solidarity and collective action; an *ends* for organising action.

Importantly however, while the meaning of the idea of partnership can certainly be read in this way, partnership was described in a sufficiently ambiguous way to allow other interpretations. In particular, rather than partnership being about responding to criticisms about the relationships through which aid agencies give aid, partnership could also, and

simultaneously, be understood as a way to respond to critical perspectives about the behaviour of those actors (particularly governments) who receive aid; and, above all, the vocal criticisms of those actors on the right of the political spectrum (including the anti-aid lobby in the US and various actors within the World Bank) who were arguing around the early- to mid-1990s that aid encouraged a culture of dependence, inefficiency and corruption, and that institutional reform and market-economic governance should be encouraged (see above). In contrast to the reading above then, it was possible to also interpret the DAC's idea of partnership as about changing recipient behaviour and reforming recipient institutions; and therefore that partnership was a *means* to encourage the market economic values, motivations and relationships that certain (elite) actors believed were necessary to ensure that recipients of aid (and governments in particular) would actively take 'greater responsibility for their own development' (DAC/OECD, 1996, p.13).

In other words then, the idea of partnership served in the DAC narrative as a way to balance or bridge at least two competing perspectives (cf. Mosse, 2005a) about the governance of aid: on the one hand, the neo-liberal views that right-leaning actors espoused about the connection between aid, welfare and dependence, and, on the other hand, what can perhaps be characterised as the social justice views of left-leaning actors about aid, solidarity and global inequality. To emphasise, ambiguity about what the idea of partnership meant was it seems essential, because it allowed the DAC to create a narrative that actors with different interests and perspectives could 'read themselves into', thereby increasing the chance that they would back this new policy (Stone, 2002; Mosse, 2005a). The corollary of all this however, is that the DAC narrative contained various tensions and contradictions, which ultimately reflected unresolved debates between different actors about the way in which aid should be organised and governed.

3) Partnership as a way to achieve *economic* development

Indeed, another example of a tension or debate that was built into the DAC narrative comes from the clearly paradoxical way in the idea of partnership is framed in different parts of the text. On the one hand, partnership is presented as a way for recipients of aid to be responsible for their own development,

which seems to imply that these actors should be able to choose their own goals. However, in a different part of the narrative, partnership is presented as a way to achieve a rather more *specific* series of goals, the most important of which is presented as ‘economic well-being’ (DAC/OECD, 1996, p.2). In short then, it seems that the DAC narrative is saying that: ‘in a partnership, partners are free to “choose” their own path to development, so long as they “choose” to prioritise economic growth’ (King, 1998).

The dominance of economic framings of the idea of partnership is highly significant here, because it provides an insight into the social and power relations between the members of the DAC Groupe who were involved in producing the ‘Shaping the 21st Century text’. In short, the economic framing of the idea suggests that the negotiation of the DAC policy text may not have occurred between equals. Rather, it perhaps reflects: 1) the dominance of economists within the formal DAC Groupe,⁴⁵ who tend, by virtue of their intellectual training, to prioritise economic issues over social or environmental concerns (though this, of course, is something of a generalisation); 2) the relative power of Ministerial and bureaucrat members of the Groupe from the US and also UK, who Hulme (2009a) argues were keen, because of the orientation of their sponsor governments, for economic growth to be the focus of the new narrative; and 3) the perceived need to satisfy the New Right (anti-aid) politicians in the US, who were strongly in favour of promoting market-based growth as the provider of welfare (rather than aid), and who had considerable influence over the allocation of aid budgets in the US, and, more generally, over budgets in the multilateral system of aid. In consequence, partnership as a means to achieve economic development was apparently prioritised.

In summary then, it seems clear that by using the malleable and ambiguous idea of partnership, the DAC policy actors constructed *what looked like* a coherent and convincing policy narrative about the need for and governance of

⁴⁵ Many of the DAC Groupe had trained as economists: for example, Colin Bradford (US) was Chief Economist at USAID between 1994-1998 and Jan Pronk (Netherlands) also had economics training. Other members had links to the World Bank – John Vereker (UK) had worked there under President McNamara from 1969 to 1972 – an organisation that is characteristically (though not exclusively) an economic institution. As Hulme (2009a) indicates, in the UK at the time, many economists were also advisors to the Overseas Development Administration (which subsequently became DfID).

aid, but which also built in a series of *necessary* tensions and contradictions in a bid to secure the endorsement of a range of different actors who had opposing views about the need for aid in a post-Cold War era (cf. Mosse, 2005a). Indeed, it is argued that these specific features of the DAC narrative were particularly significant in the subsequent rise to prominence of the idea of partnership. In contrast to the way in which partnership had featured in aid policy in the past, it became the ‘master’ concept (cf. Mosse, 2005a); the guiding idea around which a persuasive and coherent policy ‘story’ about aid was constructed.

Using the idea of partnership in this way seems to have been influential in contributing to the idea of partnership’s subsequent rise to prominence after the publication of the DAC narrative because of the level of exposure that it provided. In short, any actor that read or happened across the DAC document would find partnership difficult to miss (and perhaps difficult to critique) and they could easily ‘read themselves into’ the narrative that had been constructed (Stone, 2002). However, as the next sections of this chapter will soon go on to show, while the particular way in which the narrative about partnership was constructed certainly seems to have been influential in its subsequent rise to prominence, the more widespread adoption of the idea did not occur in any linear or deterministic way.

A brief comment on the role and influence of recipient country actors

Before going on to consider how the idea of partnership rose to prominence after the publication of the DAC Strategy, it is perhaps important here to make a brief comment on the influence of recipient country actors in the above-described process because there has been little mention of their role so far. This is mostly because it is difficult to pinpoint how such actors were involved; and, indeed, it is tempting to argue that they had only limited involvement in or influence over the process. The development of the DAC Strategy does not, for example, appear to have been in response to any overt demand from recipient actors – although their criticisms of (and resistance to) structural adjustment policies were certainly influential. The apparent internal crisis for aid agencies appears to have been *more* influential.

While the role of actors in recipient countries should certainly not be completely *written out* of this narrative about the rise of the idea of partnership in contemporary aid policy – many recipient actors were certainly involved in the UN Summits that were mentioned above; were apparently consulted as part of the Groupe de Réflexion’s work through their representation at conferences in the Hague and Okinawa (Hulme, 2009a) and certainly now draw on the idea of partnership as part of their *own* policy and practice (in various different ways and, as later chapters of this thesis will argue, for various different reasons) – what the above discussion suggests, and indeed should be emphasised however, is that the rise to prominence of the idea of partnership in global aid policy was initially the negotiated product of a somewhat elite coalition of international actors who were predominantly on the giving, rather than the receiving side of aid. In other words, and perhaps unsurprisingly, the idea of partnership appears to have been borrowed and (re)used in a context of international inequality.

Influential (f)actors in partnership’s subsequent rise to prominence

The preceding discussion has set out those (f)actors that appear to have shaped the initial use of the idea of partnership in contemporary policy about aid, and has also considered how these (f)actors help to explain how partnership came to be framed within a particularly important text – the DAC’s ‘Shaping the 21st Century’ narrative. The next section of this chapter will now address one final and related issue, namely: What might have contributed to partnership’s subsequent rise to prominence?

Although, as noted above, the coherent construction of the DAC’s narrative about partnership was probably important in the more widespread adoption of the idea, its rise to prominence certainly did not occur in any linear or deterministic way. Indeed, while the DAC may have consciously intended the document, with its guiding idea of partnership, to have widespread appeal, it does not appear to have been immediately taken up. As Hulme (2009a) argues, although the policy was ‘successful’ in attracting considerable media attention in the US and UK following its launch in May 1996, and was somewhat consciously *marketed* by the DAC at several OECD Ministerial events and G7 meetings, there was little response from a number of actors – the UK and US

governments did not immediately, or enthusiastically, support the policy or adopt partnership into their aid policies, and nor did the IMF, and it ‘received little or no recognition’ by governments and NGOs in countries that received aid (Hulme, 2009, p.17). Indeed, as Hulme (2009a, p.17, p.18 *italics added*) argues, and in support of the point made above, it seems that the policy ‘barely registered’ with these actors because it was perceived as a document that had been ‘produced *entirely* by rich countries’.

A threshold level of exposure to the idea of partnership is reached: The role of the World Bank and DfID

Perhaps more instrumental in the widespread adoption of the idea was the way in which partnership seemed to resonate with the prevailing official position of the World Bank at the time and also, for example, with that of the Department for International Development (DfID), which was newly established in 1997 following the election of the New Labour government in the UK. Indeed, as the discussion below will now briefly show, these two actors seem to have been influential in increasing the exposure of other actors who are involved in aid to the idea.

1) Resonance with the World Bank’s official policy position

Although it was argued above that the World Bank had an *influential* role in the way the idea of partnership was incorporated into the ‘Shaping the 21st Century’ text, it does not seem as though the idea was taken up on any grand scale by the Bank until *after* the launch of the DAC narrative in 1996. A crude comparison of the Bank’s World Development Reports⁴⁶ (WDR) from around this time illustrates for example that, in 1997, the year following the release of the DAC narrative, the text was littered with the idea of partnership, which is in stark contrast to the 1996 WDR that hardly features the idea. Although the reasons why the Bank appears to have so enthusiastically taken up the idea of partnership in its aid policy texts in 1997 cannot be considered in full here, it seems that the idea resonated with the Bank’s evolving perspective about political and economic governance at the time, which emphasised the need for

⁴⁶ The WDRs are taken here to be an ‘official’ expression of the Bank’s evolving views about aid and development (Sindzingre, 2004)

state reform ‘in a changing world’ (World Bank, 1997). In short, the Bank emphasised that state institutions had been ineffective (read: irresponsible) in the past and needed to be reformed in order to promote market-based economic growth and liberal democracy. Indeed, it seems to have been easy for the Bank to enmesh the idea of partnership in this prevailing liberal capitalist perspective. As the World Bank argued:

...every state [needs to be] a *more credible, effective partner* in its country’s development (World Bank, 1997 *italics added*).

Governments are *more effective* when they listen to *businesses* and *citizens* and work *in partnership* with them in deciding and implementing policy (World Bank, 1997 *italics added*).

And so, from the Bank’s initial use of the idea of partnership in and around 1994 and 1995 to refer to the reform of the Bank’s relationships in the international system of aid (as argued above), the idea of partnership was reformulated to refer to the reform of government relationships with ‘the market’ and ‘civil society’. There may of course be other explanations. However, what does certainly seem clear is that, when an actor like the World Bank starts to vigorously and pervasively use an idea like partnership, as it did in and after 1997, this increases the exposure of the idea to many other agents involved in aid. As we will now see, this exposure appears to have been further encouraged by the unanticipated and somewhat enthusiastic adoption of the ‘Shaping the 21st Century’ text by DfID.

2) DfID adopts and sells partnership to a constituency of support

DfID was created as a new UK government department in 1997 following the rise to power of the New Labour government of Tony Blair. The role of the department was to oversee the UK’s aid programme; a job that had previously been the responsibility of the Overseas Development Administration (ODA) under the remit of the Foreign and Commonwealth Office (FCO). As newly autonomous body from the FCO, and headed by a new Secretary of State for International Development – Clare Short – there was something of a pressing need to develop a clear and compelling policy mandate, which would provide a focus for DfID and consolidate its role, both in the UK and internationally (Hulme, 2009; Short, 2004). Indeed, as Hulme (2009, p.23) argues, Clare Short

began to look for ‘a device’ that would help deliver this and it seems that she found it, somewhat serendipitously, in the form of the ‘Shaping the 21st Century’ text, due to an exchange with a senior official at the UN. As Short (2004, pp.53-54 *italics added*) recounts:

It was Richard Jolly (now Sir Richard), formerly of Unicef, who pointed me to the report of the Development Committee of the Organisation for Economic Co-operation and Development (OECD), entitled ‘Shaping the 21st Century’... [it] drew the international system together to work *in partnership* to deliver clear targets in each country... *I decided* I would work to make *this* the framework for our development efforts.

Given this admission, it is perhaps unsurprising that the idea of partnership was subsequently incorporated into DfID’s first White Paper in 1997 and that, in this official policy, it was argued that the provision of aid ‘...is about creating *partnerships* with developing countries and their peoples’ (DfID, 1997, p.5). Indeed, as with the ‘Shaping the 21st Century’ text, *partnership* comes across as something of a *guiding* policy idea.

What is significant here however, for our understanding of why partnership has risen to prominence, is how Short subsequently tried to consciously use this White Paper to influence some of the biggest donor players involved in the world of aid (including the G8, IMF and EU), as well as the UK public, UK government peers and African and Asian Heads of State (Short, 2004; Hulme, 2009a; 2007). While this process of marketing the UK’s aid policy may not always have been a complete success (see Hulme, 2007), it seems likely that, in the process, the idea of partnership was effectively *sold* to a range of other actors involved in aid (though not perhaps in a purposeful way) and that, ultimately, the efforts of Short and the DfID were influential in further exposing others to the idea.

The late 1990s: The idea of partnership becomes an aid policy norm

Indeed, once the DAC Strategy had been published in 1996, and both the World Bank and DfID had started to enthusiastically incorporate the idea of partnership into their aid policies, it seems as though some kind of threshold level of exposure was reached, from which point on a wealth of other policies were produced which incorporated the idea (see Table 1). In the present day, it

seems that almost *all* aid agencies and recipient actors incorporate the idea somewhere in their policy texts. The late-1990s then, seemed to mark the start of, what Maia Green (2007, p.142) calls, the ‘acceptance’ of the idea of partnership into the ‘cognitive architecture of intelligibility’ of a wide range of different agents involved in aid.

In other words, and to summarise the discussion above, it became a relatively habitualised and expected standard of contemporary policy about aid; a normalised component of the social processes through which aid policy is made, and thus a necessary ideational and symbolic motif by which any aid initiative was to be decorated and judged. Indeed, as a desk officer from the Swedish International Development Agency (SIDA) who is involved in producing various aid policies noted in a recent interview with Andrea Cornwall (2009, p.7): ‘It’s in the backbone of every desk officer that you need to talk about... partnership somewhere’.

Qualifying normalisation: The *appearance* of consensus

This discussion about the apparent normalisation of the idea of partnership could give the impression that partnership is now used or applied in aid policy and practice through, more or less, unconscious acts. While it is certainly likely that there is an element of routine in relation to current usages of the idea, this may not be the whole story. Actors are, after all, reflexive beings and there will always be rather more conscious or strategic reasons to use an idea, which may co-exist alongside more unconscious or structural ones. While this issue will be explored in more detail in later chapters of this thesis, it is perhaps useful to highlight one potentially important reason why the idea of partnership may now be so pervasive in contemporary policy (and practice) in relation to aid, and that is because of the ‘apparent’ consensus that using it constructs (cf. Cornwall and Brock, 2005, p.13).

In short, and as was mentioned in passing in the discussion above, if actors refer to the same idea, it gives the impression or appearance that ‘everyone is in agreement’ – that is, that there is a consensus (a single and unified perspective) about the way in which the international system of aid is, and should be, governed, even when there may in fact be multiple and competing perspectives

about this. Crucially then, when the idea of partnership is referred to in this chapter as an ideational motif or policy norm, this should not be taken to mean that ‘everyone is in agreement’ because different actors may interpret the meaning of partnership in different ways. To emphasise, while there may be *shared uses* of the idea of partnership, this does not necessarily mean that there are *shared meanings*.

The effect of consensus: Contesting the idea of partnership?

Significantly however, the apparent consensus that the widespread use of partnership tends to construct means that it is not an idea that is easy to contest. As Cornwall and Brock (2005, p.16) indicate, because partnership can shelter multiple meanings while, at the same time, giving the impression that there is little dissonance, this can ‘shield’ those actors who use it from ‘attack’. A potential effect of the rise to prominence of the idea of partnership is therefore discursive or deliberative closure (cf. Cornwall and Brock, 2005, p.16) about the nature of relationships and the way action is organised; in other words, about the way the world of aid is *governed*. This is problematic because of the dominance of certain actors and the structural inequalities that exist in the relationships between various actors who give and receive aid, as it means that these actors and inequalities become difficult to challenge.

To be sure, the deliberative space for contesting the use and meaning of the idea of partnership, and therefore of existing relations of governance, is not completely closed off (Cornwall, 2007, p.481). There are always opportunities for actors to mobilise alternative understandings and for less powerful actors to attempt to retranslate and appropriate the idea of partnership for their own perceived ends. However, and as the next chapters of this thesis will go on to show, in the practice of aid this deliberative closure does appear to limit the ability of certain actors to contest or challenge the perspectives of dominant actors, to narrow the opportunities of actors ‘hitherto excluded’ to gain access to resources, and to hold those in a position of power to account (Cornwall and Brock, 2005, p.17). In sum then, the idea of partnership serves to maintain what are, here, judged to be inherently unequal relationships, and the unfair system of governance that exist in relation to aid. It is to these topics that the thesis will shortly turn.

Conclusion

Before moving on to discuss these issues however, it is perhaps useful to briefly summarise the key points that have been made in this chapter, and thus to emphasise how it has contributed to the first aspect of this thesis' substantive research question, namely: 'Why is the idea of partnership a pervasive feature in contemporary aid policy?' The chapter has made a number of relevant points in relation to this question. Firstly, that the idea of partnership has come to be a pervasive feature in contemporary aid policy not through any preordained process – not through the intended or consciously planned actions of any one particular actor – but rather through a more *complex* and *fragile* set of historically-mediated circumstances and social interactions.

More specifically, it seems that the idea of partnership rose to prominence in the midst of an apparent crisis in the legitimacy of the international system of aid, during which the need for, and governance of, aid was questioned by a variety of different actors. Secondly, the chapter shows that it was through a series of relatively elite-dominated and closed set of complex socio-relational processes that new narratives about aid were produced, which not only restated the case for aid (and the role of aid agencies), but also invoked the idea of partnership. Thirdly, partnership was strategically useful at this moment of apparent crisis due to its inherent ambiguity and malleability. Indeed, this pliability was (and, as we shall see, continues to be) particularly significant because of the way it serves as a 'bridge' between multiple and competing perspectives (cf. Mosse, 2005a). While there may be different understandings and interpretations of partnership however, the chapter has shown that economic versions of the idea may come to prevail because of the power of particular donor actors, and their economic thinking, in the socio-political processes that produce aid policy; and thus its seemingly exclusionary nature. Finally, the chapter showed that partnership is now, to some extent, 'accepted' into the 'cognitive architecture of intelligibility' of a wide range of different agents involved in aid (Green, 2007); a necessary ideational motif by which any aid initiative was to be decorated and judged. The idea of partnership is *not* therefore the right policy and practice of aid; rather, it is just one, and moreover *one strategically useful*, way of describing and characterising aid relationships

and the organisation of action because of the multiple meanings and competing views and perspectives that it can shelter.

The forthcoming chapters of this thesis will probe and explore some of these points and issues in further detail, including, for example, how and why partnership is included and strategically (re)used in other policies and practices about aid. In particular, these chapters will focus on the idea of partnership in policy and practice relating to the Global Fund to Fight AIDS, TB and malaria, and to health Sector-wide Approaches or SWAps. It is to these topics that the thesis now turns.

Chapter Five

Partnership and *Policy*: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Overview

- *The first of a couplet of chapters about the idea of partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria*
- *Considers why the Global Fund was established as a new aid organisation under the policy idea of partnership*
- *Discusses the (f)actors that contributed to use of the idea of partnership*
- *Considers how these (f)actors help to explain how partnership is used and framed in the Fund's official texts*

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in January 2002 as a new organisation in the world of aid, whose official purpose is ‘to attract, manage and disburse additional resources’ for AIDS, tuberculosis (TB) and malaria in ‘countries in need’ (Global Fund, 2002, p.1). According to policy, the Global Fund seeks to make a ‘sustainable and significant’ impact on these three diseases and, of particular significance here, seeks to govern the grants that it provides under the rubric of the idea of *partnership* (Global Fund, 2002). Indeed, partnership is a pervasive feature in the Fund’s official documentation. It not only features in a guiding ‘Framework Document’ – the policy that sets out the organisation’s purpose, principles and scope, and whose adoption at the first meeting of the governing Board made the Global Fund ‘officially operational’ (Global Fund, 2010i) – but also in many other strategies, procedures and reports. It appears, for example, in various progress reports (Global Fund, 2007; 2009a; 2010h); the guidelines for Country Coordinating Mechanisms (the country-based structures through which grants are required to be overseen) (Global Fund, 2010c); and also a Monitoring and Evaluation Toolkit (Global Fund, 2009b). In other words, it is invoked to describe and

justify every aspect of the Fund's aid operations. As the Global Fund (2009a, pp.6-11 *italics added*) itself has stated, 'Partnership is *at the heart* of the Global Fund model... [it] is reflected at *every level* from the Global Fund Board through to countries... to the communities where programs are implemented'.

Yet why was the Global Fund established in January 2002 under the policy of *partnership*? What (f)actors contributed to the idea's pervasive use? And how does this help to explain how the idea of partnership is framed (and thus what it means) in the Global Fund's official texts? These are questions that have received relatively little attention in the limited (yet slowly expanding) body of scholarly literature that exists on the Global Fund. The central purpose of this chapter is therefore to consider and put forward some tentative answers to them. In so doing, the chapter probes and further explores many of the issues that were raised in Chapter Four and contributes to the first aspect of this thesis' substantive research question, namely: 'Why is the idea of partnership a pervasive feature in contemporary aid policy?' Importantly, it should be read as the first part of a couplet of chapters on the Global Fund. While this chapter focuses on what partnership is and does in relation to Global Fund *policy*, the next chapter moves on to consider and compare what partnership is and does in practice, using the health sector in Zambia as a case study of focus.

As with the other chapters of this thesis that explore aid *policy*,⁴⁷ the chapter draws, methodologically, on an analysis of academic literature and also on a critical 'backward' analysis of official texts (cf. Mosse, 2005a; see Chapter Three). More specifically, the chapter draws on academic literature on the 'history' of the Global Fund – including, for example, aspects of the work of Nana Poku (2002); Alan Ingram (2009); Kelley Lee (2009); Greg Behrman (2004) and Garrett Wallace Brown (2007; 2010). This literature has been analysed through a *critical-constructivist* lens in order to understand how the dynamic interplay of different (f)actors (ideas, interests, relationships and the prevailing context) contributed to the Fund's establishment. To supplement this, the chapter also draws on an analysis of various, primary commentaries about international aid for health (from NGOs, UN organisations and the G8) from

⁴⁷ Both Chapter Four (on the rise of the idea of partnership) and Chapter Seven (on the health sector-wide approach) analyse aid *policy* in this way, where policy is defined here as texts/representations. In this Chapter, Global Fund aid policy is considered to include not only official written procedures and plans, but also written progress reports, evaluations and even online webpages.

around the time the Global Fund was created, and on a ‘backward’ analysis (cf. Mosse, 2005a) of the Fund’s aid policies (see Chapter Three).

In line with the *critical-constructivist* approach of this research (which was set out in Chapter Two), this chapter shows that the establishment of the Global Fund under the policy of partnership did not come about as a rational response to objectively determined health needs, but was the emergent outcome of an historically-situated and complicated *socio-political process*; a product of the conduct of (and dynamic interaction between) different actors, the interplay between their ideas and interests, and the prevailing political and economic context within which they found themselves (Hacking, 1999, p.11; Hay, 2002, p.254; Long and van der Ploeg, 1994, p.65; Hay, 2002, p.208). The first section of the chapter discusses this process, drawing out three (f)actors that were particularly influential in the shaping of it. The second section then moves on to consider, more directly, how these three (f)actors influenced the way the idea of partnership is used and framed in the Fund’s official texts.

Essentially, the chapter argues that the Global Fund was established under the policy of partnership because of the way in which the prevailing international context for aid during the 1990s intersected with the conduct of different health advocates, eventually leading to the emergence of broad-based, yet *uneasy*, consensus that more priority attention and global funding was needed for AIDS, TB and malaria. On the one hand, there was broad-based *agreement* that the three diseases were priority problems and that more global funding was needed in order to combat them. On the other hand however, there was also considerable *disagreement* about *why* more resources were needed (that is, about why the diseases were problems) and about how aid-related action should be governed. The chapter argues that it was a result of this apparent clash of views and expectations about aid and health governance (cf. Williams and Rushton, 2009) that the Global Fund came to be established and, moreover, came to use the idea of *partnership* in its policies.

While the chapter supports the arguments of Chapter Four by indicating that partnership is used in Global Fund policy because it has been ‘accepted’ into the ‘cognitive architecture of intelligibility’ (cf. Green, 2007, p.142) of a wide range of different agents involved in the world of aid; it is an expected

ideational or symbolic motif by which the Fund, as a new aid initiative, 'has' to be decorated (see Chapter Four). It is also argued that the Fund's pervasive use of the idea and the particular ambiguous way in which it is framed in official texts reflects the uneasiness of the consensus that led to the Fund's establishment. Indeed, it is argued that, because the idea of partnership can be easily reframed in a number of different ways (and thus be interpreted differently by different actors) (Cornwall, 2008), it appears to have been a strategically useful way to 'bridge', and thus to conceal competing perspectives (cf. Mosse, 2005a) that had emerged about how AIDS, TB, and malaria should be governed as an aid priority. In consequence then, the way that the Global Fund uses the idea of partnership is interpreted as a persuasive bid, on the part of those actors who were (and are now) involved in developing the Fund's policies, to sell and market the organisation to a diverse potential constituency of support, to legitimise its existence and to secure its political future (cf. Mosse, 2005a). In line with this argument, the chapter shows however, how the dominance of a depoliticised, technical and economic, version of partnership seems to be an attempt to secure the support of *donor* governments (most notably the US), and therefore reflects the prevailing power of these actors, and the prevailing context of inequality in which aid for health is governed.

Having set out the general framework for this chapter, it is to the substantive arguments that it will now turn. A brief reminder is however, first required: the discussion that follows should not be interpreted as an attempt to specify 'causality in any generalizable way' (Cooper and Packard, 1997, p.16). Rather, it should be read as a 'contingent and partial' narrative (Price and Reus-Smit, 1998, p.272) about those (f)actors that have been judged as the *most* influential in explaining how and why partnership is used in Global Fund aid policy.

Context and conduct: The foundations for the establishment of the Global Fund under the policy of partnership

As indicated in the introduction to this chapter above, it seems that three (f)actors were particularly influential in shaping how and why the Global Fund was established under the policy of partnership.

1) Post-Cold War developments in aid: Crisis opens up political space for health issues (and the idea of *partnership*)

The first important factor was the ending of the Cold War, which, as indicated in Chapter Four, shifted the prevailing environment for aid: from one of relative stability to one of apparent crisis during the 1990s. This moment of crisis not only provided ideal conditions for the rise of the idea of partnership, which, as we shall soon see, helps to explain why the Global Fund draws on this policy idea, but also conditioned a context in which it was *possible* for health issues to move up the international aid agenda.

During much of the Cold War, issues of health were relatively neglected in the international system of aid (Fidler, 2007; Katz and Singer, 2007). Although there are various reasons for this, an important contributory factor seems to have been the way in which health tended to be understood by leading actors in multilateral agencies and in many donor governments. While there were many differing views, it seems clear that health was *generally* perceived as a technical (biomedical), humanitarian and domestic issue and, in consequence, was seen to be somewhat separate from, and therefore unimportant in relation to, dominant security and economic concerns at that particular moment in time (Fidler, 2005; Kickbusch, 2002; Behrman, 2004). As a consequence, when, for example, actors involved with the WHO or NGOs advocated for more aid to be provided for specific health issues, they did so in a relatively hostile political climate (see Fidler, 2006).

This is not to suggest that aid for health was never provided, or that health was never seen as an economic or security issue during the Cold War (see, for example, Justice, 1989; Doyal, 1981; Packard, 1997).⁴⁸ In the 1980s in particular, as the World Bank began to enter the arena of aid for health, a distinctly economic perspective was progressed through its co-funding of

⁴⁸ As Judith Justice (1989) shows, multilateral and bilateral aid agencies, and also foundations and voluntary groups, provided aid for health throughout the Cold War; influencing health systems in poorer countries (like Nepal) in various ways. Influential actors in the US (and Europe) also apparently believed that health aid (for example, the WHO's malaria eradication campaign) could help usher in market-based economic growth and reduce the 'security risk' of socialist revolutions in poorer countries (Packard, 1997; Doyal, 1981).

health sector programmes (see Harman, 2009c; Walt *et. al.*, 2009).⁴⁹ Despite this however, and what the above discussion seeks to suggest, is that health issues were generally relegated to a realm that can be called the lowest politics of aid (Fidler, 2005; Ingram, 2005).⁵⁰

This situation seemed to change when the Cold War came to an end. While the reasons for this are arguably still poorly understood, it seems that the collapse of the Cold War order shattered the prevailing ideational framework for aid (in which issues of health had been marginalised), creating an international political space in which it was now *possible*, and perhaps even *necessary*, for donor governments and aid agencies to rethink the purposes and priorities to which aid was put (Lancaster, 2007). In short, it became a possibility that issues of health could receive more priority attention.

At first, international events (and domestic politics in the US in particular) certainly seemed to push against this possibility. As Chapter Four indicates, fiscal deficits in donor countries, combined with vocal criticisms about aid *ineffectiveness* (most particularly from New Right politicians in US Congress), meant that aid agencies started to lose their constituency of support, their budgets, and their legitimacy; there was a tangible sense that aid was in crisis (see Chapter Four).⁵¹ From the late-1990s onwards however, this sense of crisis seemed to dissipate. Not only did a public backlash against declines in aid demonstrate that there was ‘a broader acceptance... of the importance’ of aid-giving than had previously been thought,⁵² but the initiatives of various aid

⁴⁹ The Bank’s co-funding of the health sector, combined with structural adjustment loan conditionality more broadly, tended to require decreases in public health expenditure, the introduction of user fees and thus the downsizing of public health systems – arguably, contributing to a *decline* in health outcomes in many poorer countries (see Perin and Attaran, 2003; Cornia *et al.*, 1987).

⁵⁰ To support this assertion, it is estimated that bilateral aid commitments for health from OECD/DAC members between 1980 and 1984 was only 5.3% of all aid (Piva and Dodd, 2009, p.932).

⁵¹ Indeed, as Lancaster (2007, p.44 *italics added*) suggests, ‘long-term observers... began to wonder whether they were watching the beginning of the *end*’ for not only aid for health, but the system of aid more broadly.

⁵² In the US in particular, which had experienced the most drastic cuts in aid (due partly to the powerful influence of ‘New Right’ Republicans such as Jesse Helms), there was a strong reaction, and a number of campaigns were launched (such as the ‘Just 1%’ initiative) aimed at reversing the decline (Lancaster, 2007, pp.90-91).

agency actors also served to regalvanize aid's constituency of support (Lancaster, 2007, p.90; Riddell, 2007).

Particularly significant for our understanding of the Global Fund were efforts to *reconstruct* policy narratives about aid. These narratives not only drew on the idea of partnership, which (through a somewhat complicated process) became a symbolic motif with which new aid initiatives, like the Global Fund, were expected to be decorated (see Chapter Four), but also allowed leading officials to 'claim' that (through the partnership-oriented reforms that they were introducing – such as 'new' poverty reduction strategy papers and the sector-wide approach) they were 'much better positioned to manage aid *more effectively* and to handle *substantially more aid* as well' (Lancaster, 2007, p.56; see also Chapter Four). Given these reactions, by the end of the 1990s, aid levels began to rise (albeit modestly to start) (see Figure 2 in Chapter Four).

While it became clear then, that aid would continue to have a '*place* in the world' in the post-Cold War era (cf. Finnemore, 1996), there was still some uncertainty as to which purposes and priorities aid should now be directed (Lancaster, 2007). A window of opportunity for the prioritisation of aid for health had it seems opened here – advocates just needed to find a way to move health issues *through it*. And this leads us to the second important factor for understanding the establishment of the Global Fund under the policy of partnership: the advocacy campaigns of NGOs.

2) Advocacy campaigns of NGOs: Activism about access to medicines

At around the same time as the above-mentioned window of opportunity began to open, many NGOs started to become much more active in lobbying on specific health issues, and to press for more international action and funding to address them (see Walt *et. al.*, 2009). Their advocacy campaigns over improving access to medicines were highly influential in generating political priority to address AIDS, TB and malaria, and thus helped to raise these three diseases (albeit AIDS in particular) to the top of the aid agenda (Ingram, 2009; Walt *et. al.*, 2009). Significantly, and as we shall soon see, the *particular way* in which these NGO 'access campaigns' were conducted was influential in

shaping the way the Global Fund was established under the policy of partnership. It is therefore necessary to outline, in a little more detail, how they were carried out.

Perhaps the first point to note here is that, when AIDS was first discovered in the 1980s, although various activist NGOs, scientists and medical professionals started to advocate about the disease, it received relatively little attention in the world of aid (see Goldberg, 1998; Berhman, 2004). While a WHO-backed global programme was certainly set up in 1986, under the seminal leadership of the late Jonathan Mann, it seems that the hostile Cold War climate (as described above); scientific contention (about biomedical and epidemiological aspects of the disease); denial and distortion (including by influential actors in Europe, the US and countries in Africa); and also ‘personal and bureaucratic tensions’ over leadership and funding between Mann, the US government and WHO, all converged to inhibit a significant aid response (Ingram, 2009, p.87; Poku, 2002; see also Behrman, 2004).⁵³

As the prevailing international context started to shift however in the 1990s (as described above), and as more information about the epidemic scale, impacts and possibilities for treating AIDS became known, this situation started to change. It is here that the conduct of NGOs starts to become important. A particularly key moment for NGO action was the 1996 International AIDS Conference in Vancouver, at which the efficacy of antiretroviral therapy (ART) in countering AIDS was reported (Ingram, 2009, p.88; see also Schwartländer *et al.*, 2006 and Table 2). This announcement, whilst ‘groundbreaking’ (EU, 2006), revealed a stark inequity in the availability of newly patented anti-retroviral drugs (ARVs): whilst they were relatively affordable in richer countries (like the US and European states), they were priced beyond the economic reach of poorer nations, where the disease was most acute (Ingram, 2009, p.88; Williams and Rushton, 2009).⁵⁴ As a consequence, a loose, yet transnational, alliance of activist NGOs was prompted into action; who

⁵³ As Ingram (2009, p.87) indicates, this was arguably even as the ‘rise’ of the disease was fuelled by the downsizing of many health systems in poorer countries due to the (neoliberal) ‘conditions’ of World Bank structural adjustment programmes (see Chapter 4).

⁵⁴ Laurie Garrett (2007) reports that ARVs were priced at around \$14,000 per year and required an estimated additional \$5,000 a year for tests and medical visits.

vociferously campaigned for equal access to AIDS medicines (and to medicines for co-infectious diseases like TB and malaria) and for more global funding from the G8 to realise this goal (ACT UP, 2000, 2010a; Garrett, 2007; see Figure 3).⁵⁵

Figure 3. Examples of NGO access to medicines campaign material (from ACT UP, 2010a).



Importantly, because many NGOs believed that high prices and patents were being unduly defended by the pharmaceutical industry (and also the US government), the governance of the trade and intellectual property rights regime became a focal point for their campaigns and provided a resonant topic around which they could ‘connect with... and draw episodic strength from’ the demands of a much wider group of actors – including lawyers; governments in poorer countries; anti-corporate activists; aid campaigners; and the media – who were simultaneously engaged in critiquing the adequacy, effectiveness and legitimacy of broader systems of global governance (Ingram, 2009, pp.88-89; see also Seckinelgin, 2008). Crucially, it seems that these actors were able to mobilise *together* (which gave visibility and thus an element of power to their arguments), because their campaigns tended to be underpinned by similar views about the appropriate governance of aid and health. Because these views considerably shaped the way the Global Fund was established under the policy of partnership, it is useful to be clear about them here.

Many activists seemed to share, what can be called, a social justice or human rights perspective (cf. Lee, 2009). The key arguments underpinning this

⁵⁵ Examples of the activist NGOs involved in these ‘access campaigns’ are: the Belgium-based Médecins Sans Frontières; Oxfam International; the US-based Consumer Project on Technology; the South African-based Treatment Action Campaign; Amsterdam-based Health Action International; the European Coalition of Positive People; and ACT UP.

normative position are: that people have the right to good health; that poor health is a result of inequalities and failures in prevailing (neoliberal) systems of governance (which give an unfair advantage to the private sector and the US); and that structural reforms are needed to create a more inclusive, socially just, and therefore more healthy world order (see also Katz, 2004). More specifically, it seems that the NGO access campaigns were underpinned by a belief that all people living with AIDS, regardless of their ability to pay, have a right to receive ARVs (and medicines that would also treat TB and malaria) and to participate in the systems of governance that affect their lives (indeed, it seems that participation was perceived here as a mode of accountability) (Lee, 2009; see also ACT UP, 2000).

Accordingly, the provision of more global funding for AIDS, TB and malaria was promoted as a type of legitimate right and indeed *entitlement*; a means to fairly redistribute global income in order to enable equal access to health. Importantly, and at the same time however, NGOs appeared to argue that more global funding was not the *only* answer – it needed to be provided as part of wider reforms to create more participatory, inclusive and legitimate systems of global (through to local) governance, including the system for organising aid.⁵⁶

Significantly, drawing on this shared set of views there was what Ingram (2004, p.89) describes as ‘an intense cycle of protest’ between 1997 and 2001, which was not only intentionally disruptive (with well-publicised acts of ‘civil disobedience’), but also specifically targeted towards securing the attention, and resultant action of powerful G8 actors – politicians and bureaucrats in the US in particular (see Robins, 2004; Sell and Prakash, 2004). The visible disruption of the US election campaign in 1999 is a significant case in point (see Figure 4) and seems to have been grounded in the assumption that, if the US could be persuaded to prioritise and redistribute funding to improve access to medicines for AIDS (and also TB and malaria), they would galvanize the action of the international community more broadly (see Sell and Prakash,

⁵⁶ In particular, many activist NGOs appeared to draw on criticisms (that had been raised earlier in the 1990s) about the intrusive, coercive and *ineffective* way in which aid (structural adjustment and aid projects in particular) had previously been governed, and thus called for changes in the nature of aid relationships – an issue that many aid agencies seemed to be increasingly sensitive to (see Chapter 4).

2004). Put simply (and arguably quite rightly), it was believed that: ‘America makes a [disproportionate] difference’ (Behrman, 2004, p.165).

Figure 4. ACT UP protestors demonstrate at a presidential election campaign speech by US Vice-President Al Gore, 17 June 1999 (from ACT UP, 2010b).



While the influence of NGOs is difficult to map, it certainly seems as though their campaigning tactics made a difference to the way in which funding for AIDS (and also TB and malaria) was prioritised internationally, and was also instrumental in influencing US participation in promoting this effort (Brown, 2007; Ingram, 2009). Indeed, following a campaigning high point at the Durban International AIDS Conference in July 2000, at which thousands of NGO activists, scientists, government actors and patients coalesced and at which ‘the legitimacy of the global order was called fundamentally into question’ (Ingram, 2004, p.89), the issue was added to the agenda (at times on the request of the US) of a series of high-level summits and meetings (Garrett, 2007, see Table 2); reflecting, what appears to have been, broad-based *agreement* that AIDS, TB and malaria were priority problems and that more global funding was needed to combat them.

Given the post-Cold War climate of crisis in which NGO campaigns occurred (see above and Chapter Four), it is perhaps unsurprising that the three diseases were repositioned in this way. It was, after all, a moment during which many of the most influential decision-makers – that is, politicians in *donor* governments, and also leading bureaucrats in multilateral (and bilateral) aid agencies – were more ‘receptive’ towards arguments about the prioritisation of health funding. The agency of NGOs is, however, only part of the story. While their conduct was certainly influential in escalating the issue up the aid agenda, a third important factor to shape the establishment of the Global Fund was the action of other prominent health advocates, who (significantly for the way the idea of

partnership is used in Fund policy) pushed forward somewhat *different* views about global health funding.

3) Prominent health advocates actively (re)construct AIDS, TB and malaria as exceptional economic and security issues

At the same time as the above-mentioned NGO activism, in the late-1990s a number of prominent health advocates (including the former heads of WHO and UNAIDS and also key actors in the Clinton administration in the US) appear to have become increasingly frustrated about the lack of political priority and funding that was accorded to issues of health, and so decided to try and consciously reposition the way that health was perceived – so as to induce the G8 (and the US in particular) to act (Ingram, 2009; CFR, 2005). While many of these advocates certainly acknowledged that people had a *right* to health (as embodied in the NGO access campaigns described above), it seems that they did not think that human rights arguments were sufficiently powerful, on their own, to secure health as an aid priority; for arguments needed to resonate more strongly with the seemingly dominant interests and perspectives of the G8 (Ingram, 2009; Shiffman and Smith, 2007). In consequence, a number of efforts were initiated to promote a perceptive shift towards the proposition that poor health was an ‘exceptional’ threat to economic growth and (inter)national security, and that investing in health was therefore a global imperative (Ingram, 2007 and 2009; CFR, 2005; Lee, 2009). As the former Executive Director of the WHO explains:

...to reach the minds of those who hold sway over real financial and political power, we... have to communicate in a language that these decision makers understand. *Good health is intrinsically important in its own right.* But we cannot ignore the fact that governments will *take more notice* when faced with robust *evidence* showing the true *economic [and security] impact* of avoidable illness (Brundtland, 2000 *italics added*; see also Lee, 2009).

Although the World Bank had certainly been progressing an argument about the economic impact of poor health since the 1980s (and in particular since the publication of its 1993 World Development Report (WDR) ‘Investing in Health’, see World Bank 1993), it seems that this had done little to increase the overall level of political priority and therefore funding for health more broadly. Not only had health remained a relatively marginal issue within the Bank itself,

but, given that (as indicated in Chapter Four) the Bank's approach was increasingly subject to questioning and critique, there was a level of broader scepticism (even within the Bank itself), as to whether its arguments could be relied upon (Hammond, 1993).

One initiative that seems to have been particularly successful in changing this situation and in generating support for more global funding to address AIDS, TB and malaria was the WHO Commission on Macroeconomics and Health (CMH), which was set up by the Director-General in 1999.⁵⁷ It seems that what the CMH did was to borrow some of the Bank's earlier arguments about health and economic growth, but then reformulate them in order to appeal more directly to the emerging post-Cold War sensibilities of leading political actors. While sharing much of the Bank's (neoliberal) economic rationale, the CMH promoted what Matthew Sparke (2009) calls a 'market foster-care' perspective, within which a key argument is that poor health is not only an impediment to market-based economic growth within poor countries (as the 1993 WDR appeared to suggest), but that it is also a proven threat to global growth and (inter)national security (see CMH, 2001, pp.28-29). Accordingly, investing aid in service delivery interventions to address specific major diseases (namely AIDS, TB and malaria) is promoted as a reliable and *cost-effective* way to reduce these vulnerabilities (Ingram, 2009; p.89; Kickbusch, 2002; Brundtland, 2000; Katz, 2004); it is a 'market foster-care' intervention that will not only help countries to 'help themselves' out of the 'trap' of poor health and poor growth in which they are in, but will also make sure that the world is 'safe and secure for economic globalisation' (Sparke, 2009, p.143).⁵⁸

Apparently appealing to the concerns of New Right aid critics in the US in particular, 'a strong part of the argument' was just how 'cheap' it would be for donor governments (and also business actors) to generate 'enormous health benefits', and that 'how great the contribution to global [and US] economic

⁵⁷ Gro Harlem Brundtland (2002 *italics added*) notes that: 'In 1999, I asked leading economists and health experts from around the world, to come together and consider the links between health and economic development. *I wanted them to change old dogmas.*'

⁵⁸ In short, providing aid is promoted as 'an investment in the well-being of the rich countries as well as the poor' (CMH, 2001, p.28).

growth would be that follows' (Kickbusch, 2002, p.135).⁵⁹ There was however, an important proviso: it was argued that aid must be governed on the basis of technical and economic rules, and so be practically relevant (that is, country- rather than donor- developed), targeted and measurable in order to be effective (Sachs, 2005). Indeed, it was suggested that this would prevent the culture of aid dependence that many New Right actors in the US (and also the World Bank) seem to have believed that aid caused (see also Chapter Four).

Because the CMH was a high-profile undertaking by the WHO, and its members were all well-connected (both personally and professionally) into broader international networks about aid and health,⁶⁰ the 'market foster-care' (cf. Sparke, 2009) perspective received a considerable degree of 'exposure' internationally. The advocacy of the CMH's Chair – economist Jeffrey Sachs – seems to have been particularly important here. Not only had Sachs' appointment placed him as a 'leading authority' on the relationship between health and economic growth, but it also gave him access (both publicly and privately) to an international audience (including G8 leaders, UN actors, businesses, African governments, medical professionals, and NGOs) through which he could try to generate agreement and support for more investments to fight AIDS, TB and malaria (Behrman, 2004). As we shall soon see, Sachs' actions appear to have considerably shaped the process through which the Global Fund was established under the policy of partnership.

Sachs' advocacy at the Durban AIDS Conference: An *uneasy* consensus starts to emerge

A highly significant example of Sachs' advocacy was his talk at the Durban AIDS Conference in 2000, which (as suggested above) was a high-profile, well-attended and, therefore, important political space to promote a 'market foster-care' view (cf. Sparke, 2009). Indeed, addressing a diverse audience of

⁵⁹ Indeed, as the CMH Report states: 'We believe that the additional investments in health - requiring of donors roughly one-tenth of one percent of their national income - *would be repaid many times over* in millions of lives saved each year, enhanced economic development, and strengthened global security' (CMH, 2001, p.7 *italics added*).

⁶⁰ Commissioner Eduardo Aninat was, for example, a Deputy Managing Director of the International Monetary Fund (IMF); Richard Feachem had links with the World Bank, International AIDS Vaccine Initiative, US Institute of Medicine and various academic institutions; and others had links to academia, various donor governments, ILO, UNDP and more (see CMH, 2001b).

thousands, Sachs put across the key aspects of this position: not only arguing that ‘the health crisis of the poorest countries’ trapped them in low economic growth, but that ‘donor support’ had been so ‘shockingly small’ and ineffectively delivered that they were unable to escape (Sachs, 2000; Behrman, 2004; Figure 5).⁶¹ What was urgently needed, Sachs argued, was ‘approximately US\$10 billion per year’ from both government *and* corporate sector donors to address the priority diseases of AIDS, TB and malaria, and the establishment of a technical and economically governed ‘*global fund*’ to realise this goal (Sachs, 2000; see also Figure 5).

Figure 5. Selected slides from a talk by Jeffrey Sachs at the Durban AIDS Conference, 13 July 2000 (Sachs, 2000).



As Jeffrey Sachs (2005) recalls, this proposal ‘created a lot of excitement’, especially on the part of NGOs. Not only was a high-profile and well-

⁶¹ Appealing to activists’ criticisms, Sachs called the World Bank’s (recently announced) \$500 million multi-country AIDS programme (MAP) ‘peanuts’, intimating that: ‘It will take 10 years to negotiate the conditions of the grant with the 40 recipient countries, and by then half the sum is used by salaries for World Bank consultants’ (Veeken, 2000, p.1357).

connected economist apparently calling (at a high-level at least) for the same *ends* as their campaigns: namely, more political priority and more funding for AIDS, TB and malaria, but also (and crucially here) Sachs had provided quantified economic evidence to back up their demands, which appeared to show that more funding not only possible, but *necessary*. There was certainly a degree of *difference* in their underpinning arguments (which, as we shall soon see, is significant for the way in which the idea of partnership is used by the Global Fund): with Sachs' 'market foster-care' perspective (cf. Sparke, 2009) intimating that poor health, and indeed aid ineffectiveness, was due to a lack of money for, and a lack of good (often government) behaviour and technical efficiency in the implementation of health programmes, rather than a result of structural inequalities, (neoliberal) governance failures, or the global distribution of power (Kickbusch, 2002, p.135; Waitzlan, 2003). However, it seems that a broad-based *agreement* was starting to emerge that more action was needed on the issue.

Although this Durban Conference reportedly provoked some level of official consternation due to various criticisms that had been directed at donor governments and aid agencies (Sachs, 2005),⁶² as von Schoen Angerer *et al.* (2001) argue, it nevertheless marked a turning point. Sach's pronouncements had, it seems, consolidated an ongoing process of reframing health as an exceptional economic (and security) issue. And this, combined with a receptive climate for such arguments and the disruptive advocacy of NGOs, converged to lay the foundations for a growing, yet evidently uneasy, consensus that more global aid funding was needed to fight AIDS, TB and malaria. As we shall soon see, it was the *uneasiness* of this consensus that was to shape the Global Fund's use of the idea of *partnership*.

From Durban to Okinawa to Abuja: Advocacy leads to agreement

From this moment onwards, the notion of more global funding for AIDS, TB and malaria seemed to stick and the world's political leaders started to increasingly act (Sachs, 2005; Behrman, 2005). Indeed, as already intimated above, only shortly after the Durban Conference, the issue appeared on the

⁶² As Sachs (2005) suggests: 'Officialdom doesn't exactly hold up a sign that says, "We're doing nothing." And they're not so happy when anyone else holds up a sign, either'.

agenda of a series of high-profile summits and meetings (see Table 2). At the G8 Summit in Okinawa in the same month, members acknowledged that more aid was needed to combat the three diseases. Apparently influenced by the ‘market foster-care’ (cf. Sparke, 2009) advocacy described above, which demonstrates the power of this perspective in shaping global aid policy processes, the G8 concluded that:

Health is the key to prosperity. *Good health contributes directly to economic growth...* Only through sustained action and coherent international co-operation to fully mobilise new and existing... resources, can we strengthen health delivery systems and reach beyond traditional approaches to *break the vicious cycle* of disease and poverty (G8, 2000 *italics added*).

Agreement on the issue was furthered through the efforts of the European Commission to organise round-table discussions in September 2000, a meeting of health experts in December 2000, and through ongoing activist campaigns aimed at influencing the continued commitment of the G8 (Barnes and Brown, 2011).⁶³ The emerging consensus on the need for more funding was subsequently consolidated at the African Summit in April 2001, when the UN Secretary-General Kofi Annan formally proposed ‘the creation of a global fund dedicated to the battle against AIDS and other infectious diseases’ (Annan, 2001; see Table 2). Again, seemingly influenced by the economic evidence put forward by Sachs, Annan indicated that this Fund should raise US\$10 billion per year; a ‘war chest’ in the fight against infectious disease (Annan, 2001). This proposal was immediately supported by many African leaders and, in the following two months, was also endorsed at the UN General Assembly ‘Special Session on AIDS’ (UNGASS) and at the G8 Summit in Genoa (Barnes and Brown, 2011; see Table 2). This long and complicated process of consensus-building subsequently culminated in August 2001, when a Global Fund Transitional Working Group (TWG) was set up and tasked with preparing the aid policy, including a guiding Framework Document, that would make Global Fund ‘officially operational’ (Global Fund, 2010i; WHO, 2002).

⁶³ A particularly influential example of this advocacy was the Harvard University ‘Consensus Statement’ on scaling up treatment for AIDS and other related diseases, because it provided more evidence on how a global fund could work (see Harvard University, 2001). Given that Jeffrey Sachs was a Professor at Harvard at the time, the preparation of this Statement appears to have been significantly influenced by the CMH’s ‘market foster-care’ (cf. Sparke, 2009) position, which favoured biomedical interventions, scientific measurement and cost-effectiveness analyses.

Table 2. A chronology of significant moments in the establishment of the Global Fund (prepared by the author using the sources noted in the table).

Date	Significant ‘moments’ leading up to the establishment of the Global Fund
1996 (Jul)	HAART is announced: Treatment inequities are revealed At the 11th International AIDS Conference in Vancouver, researchers announce the effectiveness of a drug regimen called Highly Active Anti-Retroviral Therapy (HAART), which offers (for the first time) the real possibility of treating those people living with the disease (Schwartländer <i>et al.</i> , 2006).
1998 (Jun)	Scale of AIDS epidemic becomes more clear: New data released At the International AIDS Conference in Geneva, UNAIDS publish the first, credible and ‘consensus-backed’ country-specific estimates on AIDS prevalence and mortality. The estimates draw worldwide attention to the scale of the epidemic and provide a means for key individuals (including the former head of UNAIDS, Peter Piot) to call for more action (Behrman, 2004; Schwartländer <i>et al.</i> , 2006).
1999	African leaders start to (more openly) acknowledge HIV/AIDS During 1999, various different African leaders start to acknowledge/launch campaigns about AIDS; Daniel Arap Moi in Kenya, for example, declares it a ‘national disaster’ (Behrman, 2004).
2000	WHO Commission on Macroeconomics and Health is set up: ‘Economic’ arguments about health grow WHO Director-General (Gro Harlem Brundtland) asks Jeffrey Sachs to Chair a WHO Commission on Macroeconomics and Health – reflecting growing belief that health needs to be repositioned as an economic and security issue. The role of CMH Chair places Jeffrey Sachs in an ‘influential’ role with access to an international audience (Behrman, 2004).
2000 (Jan)	UN Security Council debates AIDS UN Security Council debates a health issue – AIDS – for the first time. The discussion includes calls for the mobilisation of more resources (see UN, 2000). The debate drew attention to and legitimised international attention on AIDS (McInnes, 2007).
2000 (Jul)	13th International AIDS Conference in Durban: An intersection of activist campaigns and ‘economic’ arguments At the Conference a coalition of activists assert their <i>right</i> to receive ARV and call for more global financing (Schwartländer <i>et al.</i> , 2006, p.543). Leading economist Jeffrey Sachs gives a presentation (linked to CMH work) calling for a substantial increase in donor funding for AIDS, TB and malaria and for a ‘global fund’ to be created. (The figures Sachs presents become widely used as reference points in later debates.)
2000 (Jul)	G8 commit to provide more aid for health at the Okinawa Summit G8 leaders acknowledge that more action and funding is needed to combat AIDS, TB and malaria, and commit to provide additional resources.
2000 (Sep)	EU maintains momentum on global funding The EU organises a Round Table meeting - an agreement is reached on the tiered pricing of patented drugs for AIDS, tuberculosis, and malaria to provide affordable prices for poorer countries.
2001 (Mar)	Harvard University Consensus Statement maintains momentum Dissemination of a ‘Consensus Statement on Antiretroviral Treatment for AIDS in Poor Countries’ maintains momentum about the need for more global funding for AIDS and other related diseases (Harvard University, 2001).
2001 (Mar)	UN Secretary-General negotiates with US President Kofi Annan meets with President Bush at the White House and broaches the idea of establishing a Global Fund, to which Bush apparently agrees (Behrman, 2004).
2001 (Apr)	Kofi Annan calls for the creation of a Global Fund at the Abuja Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases UN Secretary-General Kofi Annan formally proposes ‘the creation of a global fund’ for AIDS, malaria and TB, to distribute an additional US\$7-10 billion from the ‘widest possible range of donors’ (Annan, 2001).
2001 (May)	President Bush Announces First Contribution to Fund In a special ceremony at the White House, President Bush announced the first contribution to the Global Fund, pledging \$200 million (Behrman, 2004, p.258).
2001 (Jun)	Commitment to Fund at the United Nations General Assembly ‘Special Session on AIDS’ (UNGASS) The UNGASS concludes with a ‘Declaration of Commitment on HIV/AIDS’, which agrees that a ‘global HIV/AIDS and health fund’ should be established (UNGASS, 2001). There was considerable debate at the Session as to <i>how</i> the fund should be

Date	Significant ‘moments’ leading up to the establishment of the Global Fund
	governed and, in particular, <i>whether</i> a new institution should be created (Barnes and Brown, 2011).
2001 (Jul)	Global Fund is endorsed by G8 at Genoa Summit The G8 endorses the decision to establish a global funding body and makes a funding commitment to it: ‘... we have launched with the UN Secretary-General a new Global Fund to fight HIV/AIDS, malaria and tuberculosis. We are determined to make the Fund operational before the end of the year. We have committed \$1.3 billion’ (G8, 2001).
2001 (Aug)	Kofi Annan sets up Global Fund Transitional Working Group Kofi Annan sets a Transitional Working Group to work to <i>negotiate</i> the initial policies and consolidate the <i>consensus</i> that would make the Fund operational (WHO, 2002; Behrman, 2004).
2001 (Oct, Nov & Dec)	Transitional Working Group holds consultations Regional consultations on the Global Fund are held in Africa, Asia, Latin America and Eastern Europe, along with thematic discussions with NGOs, civil society, the private sector, and academia.
2002 (Jan)	Global Fund to Fight AIDS, Tuberculosis and Malaria becomes operational The Global Fund Board meet for the first time, adopting the policies (including the Global Fund Framework Document), that make the Fund ‘fully operational’ (Global Fund, 2010i)

**The Transitional Working Group has a ‘weighty policy agenda’:⁶⁴
Addressing consensus *and* conflict?**

The Global Fund TWG had an unenviable and challenging task here, for although a broad *agreement* had certainly emerged that more funding was needed, as the discussion above suggests, there was also considerable *disagreement* about why more resources were needed, and this translated into divergent views and expectations about *how* the Global Fund’s aid-related action should be governed (Bezanson, 2005; see also Ehmer, 2002; Health GAP, 2001a). Indeed, reflecting the different underpinning arguments of the foregoing NGO access campaigns and of ‘market foster-care’ (cf. Sparke, 2009) advocacy (as outlined above), at the various meetings that the TWG held (and which informed the initial drafting of the Fund’s aid policy), many NGOs argued that the organisation should have a socially inclusive and transparent system of governance, which would not only actively strengthen the participation of the most vulnerable groups in society, but would also limit the influence of pharmaceutical companies (given their perceived culpability in worsening the AIDS epidemic in particular) and the influence of donors (given the apparently coercive and paternalistic way in which they had previously governed aid) (Global Fund, 2001a; Health GAP, 2001b; Poku, 2002).⁶⁵

⁶⁴ As explained later, this term is borrowed from David Mosse (2005a).

⁶⁵ Perhaps driven by an interest in securing *their own* access to resources, some NGOs also questioned the role and capacity of government, suggesting that

While these suggestions did not seem to be contested by the leaders of countries in Africa and Asia (who also argued for equal participation in the high-level governance of the Fund and limits on donor influence, see Global Fund, 2001c), they clearly diverged with the views and expectations of some members of the G8. Indeed, apparently influenced by market-foster care arguments and by concerns to demonstrate aid's (economic) effectiveness, some G8 actors (and the US in particular) seem to have expected the Global Fund to be governed through technical and economic rules, and to involve non-governmental actors (which here included private pharmaceutical companies) as legitimate and efficient decision-makers and implementers of health programmes and services. Many donor governments apparently expected the Global Fund not only to receive substantial new funding from pharmaceutical companies (something that many NGOs and African leaders were apparently content with), but also to incentivise the involvement of businesses in addressing AIDS, TB and malaria (a suggestion that was more contentious) (Behrman, 2004; Bezanson, 2005; EU, 2001).⁶⁶

Significantly, although many G8 actors appear to have been influenced by 'market foster-care' (cf. Sparke, 2009) arguments, it is important to emphasise here that their views were far from homogenous. There was, for example, considerable conflict *between* them (and in particular in discussions at the UN 'Special Session on AIDS' in June 2001) as to where the Fund should be located organisationally and geographically (Barnes and Brown, 2011; Behrman, 2004). The US government initially proposed that it should be managed by the World Bank, but this was quickly rejected by several other donor governments (who were apparently concerned about the Bank's (unequal) governance structure) (Bezanson, 2005; Barnes and Brown, 2010). Other G8 members, various UN actors and also leaders of poorer countries were (for various different reasons) keen for the Fund to be managed through UNAIDS or WHO, but this was strongly rejected by the US (apparently reflecting

they themselves were better suited to 'deal effectively' with the new funding (Bezanson, 2005, p.9).

⁶⁶ Interestingly, it seems that corporate representatives who were consulted about the Fund expected businesses 'to be part of *all stages* of the funding process',⁶⁶ but were less sure about the extent of their financial contributions; they did not want to be seen '*just as potential donors*' (Global Fund, 2001b *italics added*).

historical scepticism about the ability of these multilateral organisations to efficiently manage aid relationships) (Barnes and Brown, 2011; Kickbusch, 2002; Bartsch and Kohlmorgen, 2007).⁶⁷

Perhaps reflecting American hegemony at work, it was eventually decided that the Global Fund would be created as a separate entity that would only provide funding for programmes to combat the three diseases (not implement them as UN organisations often did) (Barnes and Brown, 2011; Kickbusch, 2002). The difficulty here was that the Fund needed the support of influential UN actors to become and remain operational; put simply, failure to secure their political backing risked resentment and the potential obstruction of Global Fund-supported programmes in-country.

In developing the Global Fund's official aid policies then, the TWG had to perform a delicate political balancing act and, to borrow the words of David Mosse (2005a, p.24), to fulfil a 'weighty policy agenda'. Indeed, to précis the above, the TWG not only had to: (1) demonstrate that the Fund represented a socially inclusive, transparent and participatory system of governance that would involve and be democratically accountable to the poorest in society (thereby satisfying the demands of NGOs and some governments of poorer countries); but also, and at the same time, (2) persuade the richest donor governments (and the US in particular) that the Fund was a financially accountable, economic and technical (read: efficient and cost-effective) way *for them* to invest aid for health. In so doing, they also needed to: (3) signal that the Global Fund was a positive move away from the inefficient multilateral system of the UN, whilst simultaneously enrolling the UN's support.

Given that the items on this 'weight policy agenda' (cf. Mosse, 2005a) were so divergent (and that not to fulfil them would have jeopardised the Global Fund's existence), how was it possible for the TWG, and the Fund's subsequent policy-makers, to produce a coherent set of policies that met all of these items simultaneously? Thereby potentially enrolling a diverse and critical

⁶⁷ Prominent New Right US aid critics had been particularly critical of the UN earlier in the 1990s, with Jesse Helms (1996) arguing that: 'As it currently operates, the United Nations does not deserve continued American support. Its bureaucracy is proliferating, its costs are spiralling, and its mission is constantly expanding beyond its mandate – and beyond its capacities'.

constituency of support? It is here that the idea of *partnership* becomes highly significant.

The idea of *partnership*: A symbolic and malleable policy device

As indicated a little earlier in the discussion above (and also in Chapter Four), by the time the TWG came to draft the Fund's first policies in late 2001, the idea of partnership had already been broadly 'accepted' into the 'cognitive architecture of intelligibility' of a wide range of different agents involved in the world of aid (Green, 2007, p.142). That is to say, it had become a relatively normalised component of the socio-political processes through which aid policy is produced, and thus a necessary symbolic motif by which a new initiative, like the Global Fund, was expected to be decorated and would also be judged. As such, there would arguably have been some kind of (implicit) expectation that the TWG should draw on the idea somehow as it developed the Fund's written texts. In short, referring to the idea was good for the Fund's 'international image' (cf. Boas and McNeil, 2004, p.2).

Significantly, the *particular way* in which the idea of partnership was to be drawn upon in the Fund's official texts was not however preordained. This is because, despite the apparent normalisation of the use of the idea of partnership in contemporary aid policy, its *meaning* has certainly not become standardised. Although partnership seems always to refer in some way to relationships or the organisation of action, it remains a polysemic and inherently *malleable* idea that can be easily reframed and thus interpreted in different ways by people, who may have competing views about appropriate modes of governance (Cornwall, 2008). It is because of this pliability then, that the idea of partnership seems to have been useful to the TWG; for while partnership had to be included in Global Fund policy, it could be strategically (re)used and (re)formulated to fulfil *all* of the items on the Global Fund's 'weighty policy agenda'; thus enabling the divergent views of, for example, activist NGOs and the G8 (and most particularly the US) about the governance of aid for health to be brought together (cf. Mosse, 2005a).

Indeed, as it stands today, it seems that the idea of partnership has become a pervasive and 'master' concept (cf. Mosse, 2005a) in Global Fund policy; a

central referent device through which the Fund attempts to inter-translate and justify all of its procedures, activities and actions (that is, its own mode of *governance*) to a broad range of actors who have disparate views about how and why AIDS, TB, and malaria should be governed as an aid priority. As such then, the *particular way* in which the Global Fund uses the idea of partnership is interpreted as part of a bid to sell and market the organisation to a diverse potential constituency of support, to legitimise its practices of aid and to secure its political future (cf. Mosse, 2005a). Selected examples are now taken from Global Fund aid policy in order to illustrate these points.

1) Signalling that the Global Fund is a new and innovative solution for AIDS, TB and malaria

Firstly, the idea of partnership seems to be used to help mark out the Global Fund as a kind of ‘new beginning’ (cf. Mosse, 2005a) for the way the diseases of AIDS, TB and malaria are addressed internationally. The Fund’s authorised texts seem to argue, for example, that the Global Fund is a ‘new’ and ‘unique’ partnership (Global Fund, 2010a) because of the way in which it *brings together* key partners at ‘every level’ of its operations: ‘from the Global Fund Board through to countries... to the communities where programs are implemented’ (Global Fund, 2009a, pp.6-11). Indeed, the novelty of partnership (cf. Mosse, 2005a) reverberates throughout the Fund’s official texts with its ‘partnership approach’ not only described as a ‘new way of doing business’ (Global Fund, 2002, p.18), but also as ‘one of the most *important innovations*’ in the fight against AIDS, TB and malaria (Global Fund, 2007a, p.17 *italics added*). In this way then, by referring to itself as a partnership the Global Fund seems to be implicitly arguing that it is a positive move away from the multilateral system of the UN, and this therefore seems to be some kind of attempt to appeal to those actors (namely *donor* governments – and most particularly the US) who have been (and still to some extent are) critical of the UN.

Significantly, and at the same time however, the Global Fund seems to simultaneously draw on the idea of partnership to emphasise the importance of relationships with multilateral UN agencies, in order to try and enrol their support. The Global Fund notes, for example, that ‘development partners’ like

the WHO, UNAIDS, UNDP and World Bank have an ‘important role’ in providing ‘complementary support’ to its grantees (Global Fund, 2010k). Indeed, ‘partnership’ with these multilateral agencies seems to be framed as something of a *necessity* for the Global Fund because it *only* provides grant funding. As the Global Fund states, ‘The Global Fund is a partnership in the fullest sense. Its *success relies on...* collaboration with *multilateral partners*’ (Global Fund, 2010h, p.10 *italics added*).

In short then, the idea of partnership seems to be used here as a malleable policy device, which enables the Global Fund to symbolically exclude itself from the UN (thus satisfying actors from the US and EU in particular), whilst also, and simultaneously, symbolically including and justifying the UN’s role in the governance of aid for health (potentially enrolling multilateral support).

2) Demonstrating (to activist NGOs) that the Global Fund is committed to an inclusive and participatory mode of governance

At the same time however, partnership also seems to be presented as a way for the Global Fund to achieve an equal, socially-inclusive, transparent and participatory system of governance, which evidently meshes with the human rights arguments and apparent expectations of many activist NGOs who were instrumental in the process that lead to the Fund’s establishment. Indeed, it seems to be argued that, by operating as a partnership, the Global Fund will open up decision-making about the use of resources for health to those who are currently marginalised in existing (statutory) systems of governance and, in so doing, will mobilise and democratically engage a range of different actors in the fight against AIDS, TB and malaria, thereby ensuring that everyone can exert their *rights* to good health and wealth. As the Global Fund (2007, p.29) states, such partnership can be ‘a catalyst for democratic processes where vulnerable and marginalized groups acquire a key voice’ (exactly *how* this is envisioned to occur however, is left rather vague).

In particular, the country-level organisational structures that the Global Fund sets out to work with – which the Fund calls ‘Country Coordinating Mechanisms’ – seem to be framed and justified as a particularly important way of practically achieving this. Often described as country-level ‘*partnership*

mechanisms’, CCMs are presented as an ‘*inclusive space*’ to influence national health programming (Global Fund, 2008a, p.1) and as a way to engage ‘all relevant partners in the fight against AIDS, TB and malaria, especially vulnerable and previously marginalized groups (Global Fund, 2002, p.10; Global Fund, 2010c). Indeed, it seems to be suggested that, by involving all key actors as ‘*equal partners... with full rights to participation, expression and involvement in decision-making*’ in CCM activities (including the development and submission of grant proposals and the oversight of implementation) (Global Fund, 2010c pp.2-3), the unequal, *donor*-driven and unaccountable way in which aid has previously been governed will be addressed. This will create a more participatory and downward mode of accountability to country publics and those most affected by AIDS, TB and malaria. In fact, this type of equal and inclusive partnership seems to be framed as something of a health *imperative*: ‘The Global Fund recognizes that *only* through a *country-driven*, coordinated and multi-sector approach involving *all relevant partners* will additional resources have a *significant impact* on the reduction of infections, illness and death from the three diseases’ (Global Fund, 2010c, p.1).

In summary then, this *particular* reading of Global Fund aid policy seems to give the impression that the idea of partnership is about transforming (power) relationships between different actors in a *positive* and *socially just* way; with a highly unequal (and unhealthy) way of organising aid and health governance transformed into a new relationship of equality, in which previously marginalised groups are *empowered* to participate in, and actively control, the decisions that shape their lives. In other words, the idea of partnership seems to be presented as being about less marginality and exclusion, and about more power, access and voice; it is a type of new participatory democratic space and thus *ends* for governing aid and people’s health.

3) Persuading donors that the Global Fund is a technical and economic mode of governance

Importantly (and in support of the arguments in Chapter Four), while the meaning of the idea of partnership can certainly be understood as described above, it is referred to in a sufficiently *ambiguous* way as to allow other interpretations. Rather than being about transformative power and marginalised

voices, the Fund's use of the policy idea of partnership can also be read as being about ensuring efficiency and effectiveness in the delivery of aid for health, and thus as a way to satisfy the apparently dominant expectation of many *donor* governments that the Global Fund will promote a technical and economic mode of governance (as outlined above). Indeed, the Fund's authorised policies seem to work the idea of partnership into a coherent and depoliticised theoretical model of cause and effect, which explains and justifies how the grants that the Global Fund Board approves will lead to *performance* in health delivery and *measurable results*.

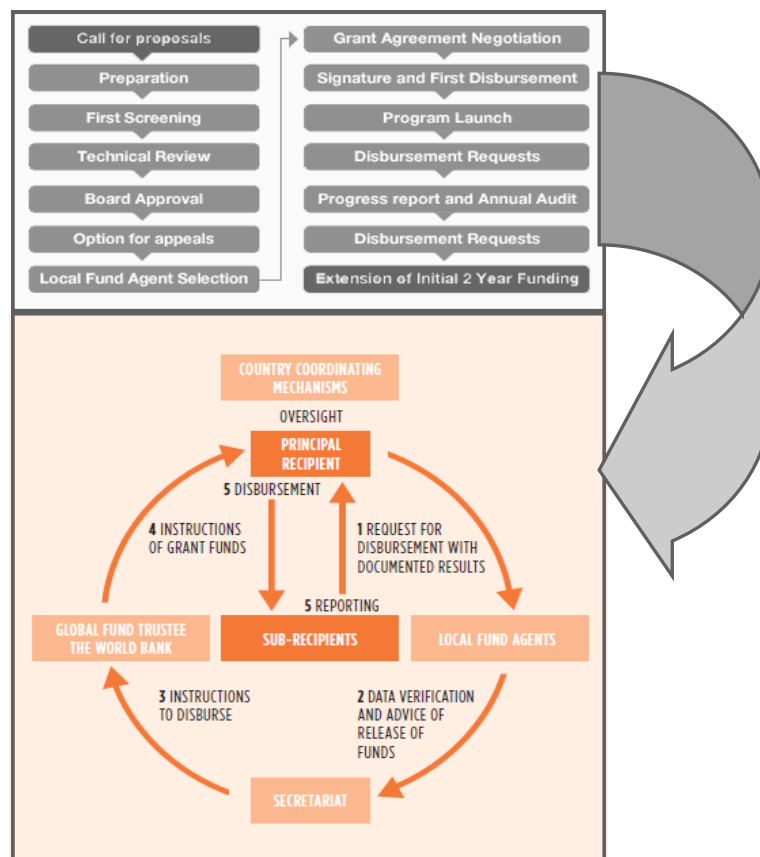
In a model partnership, the Fund seems to suggest that there are fourteen causally-linked stages, which, if managed and implemented appropriately, will join the internationally-determined health priorities of AIDS, TB and malaria to efficient, effective and responsible country-level action (cf. Green, 2007, p.143; Barnes and Brown, 2011). This theoretical model of partnership is illustrated in more detail in Figure 6 and Table 3. However, to summarise, it seems to be suggested that, if the Global Fund Board bases its funding decisions and ongoing disbursements on: 1) grant proposals that have been developed through country-level partnerships (CCMs) and which have been subject to expert technical review; and 2) the ongoing and standard monitoring and evaluation of performance against country-defined and time-bound health targets, then this will ensure that those partners who manage grant-funded health programmes, will do so responsibly and effectively.

In fact, it is suggested that by using a range of, what can be perhaps be called, performance-based *partnership techniques* – including technical grant proposals, contractual agreements, targeting, measurement and monitoring of results, and standardised progress reporting and audit, which are *all* linked to ongoing funding disbursement (see Table 3) – country partners will be provided with a 'sharp focus' and 'powerful incentives' to use grant funds efficiently and effectively, thereby ensuring they 'convert' the financing they receive 'into results' (Global Fund, 2007b, p.28, p.32; Global Fund, 2010g).

Drawing on the 'market foster-care' (cf. Sparke, 2009) arguments described above then, and therefore reflecting the power of this perspective in the shaping of Global Fund policy (and the somewhat elite group of actors who promoted

and signed-up to it), in this reading of partnership it seems to be asserted that AIDS, TB and malaria are a problem because of a lack of resources and a lack of appropriate (economic and technical) behaviour during the implementation of health programmes. The solution is therefore to invest more resources and to deliver them through the Fund's model partnership, which will incentivise the right way of behaving during implementation. In other words, what is needed is *more* donor investment, *more* technical design and *more* financially accountable and technical behaviour and the global problems of AIDS, TB and malaria will be resolved; and it is the Global Fund's performance-based partnership that can bring this about.⁶⁸ The apparent simplicity and correctness of this partnership model is reflected in the Global Fund mantra 'Raise it, Invest it, Prove it' (see Figure 7), which provides a seemingly persuasive explanation and *legitimation* of how Global Fund operations will bring the solution and, moreover, accountable use of funds that *donors* (and the US in particular) have called for.

Figure 6. The Global Fund grant process (modified from Global Fund, 2010i; Global Fund, 2010h, p.78).



⁶⁸ An argument that is strikingly similar to the pronouncements of Jeffrey Sachs mentioned earlier in the chapter.

Table 3. A description of the Global Fund’s theoretical model of performance-based partnership (modified from Global Fund 2010h, p.103; Global Fund, 2010d; 2010e; 2010f; 2010j).

Step 1. Call for Proposals: Global Fund Secretariat in Geneva announces a ‘Call for Proposals’.

Step 2. Preparation: CCM partnership prepares a grant proposal based on priority needs and financing gaps (and according to the Funds’ guidelines and procedures for proposals). In so doing, the CCM: 1) nominates one or more Principal Recipients (PRs) (and perhaps Sub-Recipients) who are responsible partners for implementing each grant; and 2) includes output targets and outcome and impact indicators, which form the basis for *measuring grant performance* if it is approved.

Step 3. First Screening: The Global Fund Secretariat reviews proposals to ensure they meet standard eligibility criteria, forwarding eligible ones to the Fund’s Technical Review Panel (TRP) – an ‘independent’ panel of ‘experts’ – for review.

Step 4. Technical Review: TRP reviews all eligible proposals for technical merit and makes one of four recommendations to Global Fund Board: (1) fund; (2) fund if certain conditions are met; (3) encourage resubmission; and (4) do not fund.

Step 5. Board Approval: Global Fund Board approves (or rejects) grants based on TRP recommendations and availability of funds.

Step 6. Option for Appeals: There is an internal appeal mechanism for applicants who have had their proposal rejected in two successive funding rounds.

Step 7. Local Fund Agent Selection: Secretariat ‘contracts’ with a Local Fund Agent (LFA) to certify the financial management and administrative capacity of each nominated PR. Based on LFA assessment, the PR may require ‘technical assistance’ to strengthen capacities before any disbursement of funds occurs.

Step 8. Grant Agreement Negotiation: Secretariat and PRs negotiate a contractual ‘grant agreement’, which identifies specific, measurable results to be tracked using a set of key indicators.

Step 9. Signature and First Disbursement: Once grant agreement is signed, Secretariat makes an initial disbursement to PRs who may make disbursements to Sub-Recipients who are ‘partners’ in implementing certain components of a program.

Step 10. Programme Launch: Grant programme and services begin. CCM oversees and monitors progress during implementation.

Step 11. Disbursement Requests: PRs regularly report to Global Fund on results achieved against targets, expenditures against budgets, and deviations from planned activities, making formal requests for disbursements for the next implementation period by submitting a ‘Progress Update/Disbursement Request’ form. LFA verifies this, recommending disbursement if there is demonstrated progress. On receipt of LFA verification, Secretariat conducts a ‘performance evaluation’, assigning each grant a performance rating. Lack of progress triggers request for corrective action.

Step 12. Progress Report and Annual Audit: PRs submit a fiscal-year progress report and an annual audit of financial statements to Secretariat through LFA.

Step 13. Disbursement Requests: Regular disbursement requests and program updates continue, with future disbursements tied to demonstrated progress.

Step 14. Extension of Funding: CCM requests funding beyond the initially-approved two-year period. Global Fund Board will approve continued funding based on a detailed assessment of results against targets and funding availability.

Figure 7. A depiction of the Global Fund’s mantra: ‘Raise it, Invest it, Prove it’ (from Global Fund, 2010g).



Here, the CCM and the Principal- and Sub-Recipient ‘partners’ who receive and disburse global funds have key roles in this theoretical model of partnership but, in contrast to the reading above, they are presented in rather more technical terms: as one part of a partnership ‘production line’ (cf. Stone, 2002) that will bring about efficient and effective action against AIDS, TB and malaria (see Table 4 for an illustration of key differences in these readings of the CCM partnership).

Table 4. Contrasts between opposed ‘readings’ of the CCM partnership in Global Fund policy (prepared by the author).

In the participatory reading of the CCM, <i>partnership</i> seems to be about:	In the more technical reading of the CCM, <i>partnership</i> seems to be about:
<ul style="list-style-type: none"> • Ensuring quality participation of marginalised actors • Opening-up decision-making • Inclusion and voice • Rights to be involved in decision-making • Empowerment of groups previously excluded from statutory systems of governance • Ensuring downward accountability to those affected by AIDS, TB and malaria 	<ul style="list-style-type: none"> • Ensuring expert and technical design of grant proposals (through objective and harmonious determination of needs) • Involvement of different actors to bring greater awareness of local conditions (to improve implementation) • Manufacturing the right technical behaviour during implementation and thus optimal resource use • Ensuring upward financial accountability to donors for investments

Indeed, an apparent emphasis on the *incentivisation* of partner performance, as described above, seems to reflect a type of business or manufacturing logic, in which it seems to be implicitly assumed that CCMs and Principal Recipient are

self-interested and autonomous utility maximisers, who can be enticed to respond in a technical and economic way to the Fund's partnership techniques as set out above (and in Table 3). For example, it seems to be suggested that the incentives that grant agreements, targeting, the linking of funding to targets, and standardised monitoring and audit procedures provide will instil (or perhaps *discipline*) these 'country partners' with new norms of financially accountable conduct; not only ensuring that 'government and other parts of society together *take responsibility* for the planning, coordination and implementation of [their own] health programs' (Global Fund, 2007b, p.17 *italics added*), but also and in so doing ensuring that *donors* see results from their investments. In this way then, rather than the CCM partnership being about voice and downward accountability to poor and marginalised groups (as suggested above), in this reading the CCM's role is recast in terms of self-responsibility, efficiency and delivering financial value from (and accountability for) donor investments (cf. Shore, 2008, p.281; see Table 4).

The participation of partners in the CCM seems to be cast in terms of this manufacturing logic. The different partners who participate in a CCM are presented as somewhat naturally existing, unified and thus easily identifiable groups (cf. Yanow, 2003) – the academic / educational sector; government; NGOs / community-Based organizations; people living with HIV/AIDS, TB and/or malaria; key affected populations; private sector; religious / faith-based organizations; and multilateral and bilateral aid agencies (Global Fund, 2010c) – who have no history and no particular or special role in health. Indeed, the private sector, government, civic actors are all envisaged as equal actors, who will engage in a market-like and somewhat technical, harmonious and depoliticised process (rather than a complex and *negotiated* one that is shaped by social relationships and power relations); thus manufacturing technically-sound grant proposals and facilitating the efficient and effective oversight of health interventions. The emphasis here is on participation as a market-like *means* to facilitate implementation and health impact, rather than as an *end* or fundamental political right (cf. Mathur *et al.* 2003 p.28). As the Global Fund Guidelines and Requirements for CCMs state: 'Each constituency brings a unique and important perspective, thus increasing the probability of achieving *measurable impact* against the diseases' (Global Fund, 2010c, *italics added*).

Similarly, the process of developing grant proposals and the subsequent management of grants by Principal- and Sub- Recipients is also presented as a harmonious, simple and technical process. The proposal development stage of a model partnership is, for example, constructed as a stepwise series of manageable activities: the involvement of a wide range of partners; the solicitation and review of the submissions for integration into the proposal; the identification of financing gaps; the prioritization of needs; the identification of ‘comparative advantages of each proposed partner’; and also the (unproblematic) transparent nomination of one more appropriate organization(s) to act as the Principal-Recipient(s) for a grant based on clear criteria (see Global Fund, 2003; 2010b; 2010c) (which, as we shall see in Chapter Six, actually misrepresents practice).

This theoretical model of performance-based partnership seems to despatch with the existing polity and statutory systems, and with any wider political-economic or historical-contextual factors that may shape the practice of aid and influence a countries’ AIDS, TB and malaria problems. Where they are acknowledged they are rendered as technical impediments to partnership, rather than more fundamental, deeply embedded structural constraints (cf. Guljarani, 2009). Indeed, following Craig and Porter (2003, p.61), it actually seems as though local relationships and political factors are implicitly seen as a ‘source of perverted priorities, corruption and malfeasance’, rather than as a critical determinant of how resources are used for health-related action or, moreover, a critical determinant of poor health and the problems of AIDS, TB and malaria.

In this way then, there is an impression that, if there are any perceived problems in the practice of implementing grants, they will not be down to the Fund or its partnership procedures, but the way country partners *conduct themselves*; which simultaneously legitimises the Fund’s practice and absolves it from any culpability or responsibility. Indeed, if implementation is a separate and technical partnership ‘stage’, it is easy to ‘blame’ any problems on the ‘inappropriate behaviour’ of ‘country partners’ and thus insulate its own operations from any criticism (cf. Schaffer, 1984). As Bernard Schaffer (1984, p.157) puts it, ‘it contributes to the whole game of responsibility avoidance’. This does well for the Fund’s international image. Not only does the Fund’s theoretical model of partnership then, ignore or despatch with the possibility

that socio-political relationships, or structural inequalities in the (international, national or local) political economy, could contribute to implementation problems or poor health (which, as the next chapter of this thesis shows, *misrepresents* country realities and local practice), but it also seems to be instrumentally useful for the Fund, serving as a type of political shield or ‘escape route’ from critical attack (cf. Clay and Shaffer, 1984). Put simply, if the Fund’s technical partnership model is right, then it cannot easily be criticised.

While it should certainly be emphasised here that the Global Fund actually appears to be rather open to criticism in practice, this observation (which is considered in more detail in Chapter Six) illustrates how partnership policy has the *potential* to insulate organisations like the Global Fund and their systems of (upwardly-oriented) aid and health governance from critical debate; and, moreover, as we shall see in Chapter Six, to produce ignorance about the socio-political factors that shape local practice (cf. Mosse, 2005a).

In summary then, and in contrast to the more participatory and downwardly accountable reading of the idea of partnership above, this discussion suggests that, rather than being about redressing inequalities and transforming power relationships in an equal and socially-just way, it is *also* possible to read partnership as being about the promotion of technical and economic changes in recipient behaviour; about efficiently reforming the way poorer countries govern aid and health; and therefore about encouraging poorer country actors to *become* politically responsible for their *own* health services (and economic growth) and for the accountable use of *donor* investments in health (and, by extension, the global economy) (Sparke, 2009); which, interestingly, does not appear to be all that different from the paternalistic way in which aid has previously been represented and practiced, as described in Chapter Four.

The idea of partnership as *enrolment*: Inter-translation, bridging and the concealment of a fundamental governance tension

What can be made of this foregoing discussion? Given that at least two readings of partnership are possible, it seems as though the idea is used pervasively in Global Fund aid policy as a symbolic technology to ‘bridge’ (cf.

Mosse, 2004), inter-translate and justify its activities and actions to actors who have divergent perspectives about how and why AIDS, TB, and malaria should be governed as an aid priority (and which became apparent throughout the processes that established the Fund as described above): on the one hand, a socially-oriented or human rights perspective (pushed by activist NGOs) that is seemingly concerned with transforming unequal relationships in prevailing (neoliberal) system of governance and, on the other hand, a rather more 'market foster-care' (cf. Sparke, 2009) position (backed by Jeffrey Sachs and many donor governments of the G8) that is more concerned with rectifying a lack of appropriate (economic and technical) governance behaviour in health, and thus with incorporating poorer nations *more fully* into (rather than challenging) prevailing neoliberal systems of governance. It is the inherent malleability of the idea of partnership that has allowed Global Fund policy-makers to strategically (re)use the idea in this way; permitting the creation of a set of *seemingly* coherent policy texts that actors – who have divergent views and expectations about how AIDS, TB and malaria should be governed as an aid priority – can read themselves into; thereby increasing the possibility that they will back (what is still) a relatively new organisation in the world of aid (Stone, 2002; Mosse, 2005a).

The corollary of this however, is that Global Fund policy actually contains 'mixed messages' (cf. Baaz, 2005), ambiguity and contradictions about the way that resources and Global Fund supported-programmes should be governed; with contradictions around the role of the CCM a key case in point (see above). While the Fund's policy-makers certainly seem to have constructed what appears on the surface to be a convincing and coherent narrative about the way that the Fund's action will be governed as an aid priority, as the discussion above shows, it builds in at least one necessary and *significant* tension in a bid to secure the endorsement of a range of different actors (Mosse, 2005a): namely, between a commitment to a deliberative, participatory and largely downwardly accountable system of democratic governance (to country publics and those affected by AIDS, TB and malaria), and a more hierarchical and upwardly accountable system of technical and economic governance (to donors). As Mosse (2005) and Deborah Stone (2002) indicate, the building-in of such ambiguity and tension is actually something of a common political strategy in policy-making precisely because it allows the masking of conflicts

and placation of different actors, and thus facilitates the aggregation of support. In short, without such ambiguity and tension, securing global funding and action to fight AIDS, TB and malaria would be difficult, if not *impossible* (Stone, 2002).

The tension does not however appear to be an equal one. While different readings (and therefore interpreted meanings) of the idea of partnership are certainly possible, the technical and economic theoretical model of partnership certainly seems to *dominate*. This, arguably, reflects a privileging of satisfying the ‘market foster-care’ (cf. Sparke, 2009) views and expectations of an elite group of donor actors (most particularly the US), rather than those of activist NGOs, African leaders, or those affected by AIDS, TB and malaria. Moreover, and in support of the arguments in Chapter Four about the way in which global policy is developed, it demonstrates that the production and negotiation of the Fund’s global policy texts has not occurred between equals, but rather has been shaped by the prevailing context of *inequality* in which aid for health is governed.

While the global policy processes that led to the establishment of the Fund, and which produced the organisation’s aid policy (as described above), were certainly *porous* to other perspectives about how AIDS, TB and malaria should be governed (which explains why a participatory version of partnership is evident in the Fund’s authorised texts), elite actors like Jeffrey Sachs who promoted (albeit benevolently) economic and technical arguments about aid for health were rather *more* influential. This reflects the power of technical and economic ways of thinking and argumentation, and the elite way in which aid policy processes are shaped more broadly.

To be fair, the Global Fund does seem to implicitly acknowledge this tension in its global aid policy and the awkward political balancing act that it faces. On the Fund’s website it is noted, for example, that ‘The proven performance of Global Fund grants is critical to raising additional funding from donors’ (Global Fund, 2010g) and, moreover, in a recent Progress Report that ‘perhaps the biggest challenge is to ensure that external accountability [that is, accountability to donors] is implemented alongside country-owned objectives and targets. These two principles form the axes and tension in the Global

Fund's performance-based system' (Global Fund, 2005, p.24). What the Global Fund *fails* however to officially acknowledge, is that the tensions and contradictions in the Fund's presentation of partnership and the dominant 'packaging' (cf. Petit and Wheeler, 2005) of the idea as a series of depoliticised, causal, expert-driven, and economically effective techniques has a number of rather significant social and political *effects* in the practice of aid for health; which fall far short of challenging dominant modes of governing and some of the structural inequalities that can lead to poor health. As the next chapter of this thesis will soon go on to show in relation to the health sector in Zambia, the Fund's socially and politically disembodied model partnership not only misrepresents and simplifies what happens in practice (cf. Schaffer, 1984), but the upward-orientation of the managerial techniques that this model seeks to legitimise also entrenches what is an already-existing 'etiquette of hierarchy' in the country (Green, 2003, p.135), and acts to close-down options for the type of open qualitative reflection and inclusive, deliberative debate, which could challenge the broader social, political and economic structures that lead to poor health.

Conclusion

This chapter has sought to provide a robust, yet inevitably *partial*, interpretive analysis of how and why the idea of partnership is used and framed in the official policy texts of the Global Fund to Fight AIDS, TB and malaria. In so doing, it has also sought to make a number of important contributions in answer to the first part of this thesis' substantive research question, which (as outlined in Chapter One and above) is namely: 'Why is the idea of partnership a pervasive feature in contemporary global aid policy?'

Through a 'backward analysis' of the Global Fund's aid policy texts, the chapter has shown that the idea of partnership features in Fund policy for a number of complicated reasons. Firstly, it argues that partnership features in Global Fund policy because it has been 'accepted' into the 'cognitive architecture of intelligibility' (cf. Green, 2007, p.142) of a wide range of different agents involved in the world of aid – it is an expected ideational or symbolic motif by which the Fund, as a new aid initiative, has to be decorated and is to some extent judged (see Chapter Four). Secondly, the chapter shows

that its pervasive use and the particular way in which it is framed – as an ambiguous and contradictory, yet dominantly technical and economic way to organise action – also reflects the uneasiness of a consensus that emerged in the late 1990s between a broad-based group of international actors – including activist NGOs, G8 leaders and elite policy advocates, such as Jeffrey Sachs – that more priority attention and global funding was needed for AIDS, TB and malaria.

While this group of actors agreed that the three diseases were ‘priority problems’ and that more global funding was needed in order to combat them, the chapter demonstrated that there was also considerable disagreement about why more resources were needed (that is, about why the diseases were problems) and about how aid-related action should be governed – with activist NGOs, on the one hand, advocating a socially-oriented or human rights perspective that is seemingly concerned with transforming unequal relationships in prevailing (neoliberal) system of governance, and on the other, G8 actors (the US in particular) advocating a ‘market foster-care’ (cf. Sparke, 2009) position that is more concerned with rectifying a lack of appropriate (technical and economic) governance behaviour in health, and thus with incorporating poorer nations more fully into (rather than challenging) prevailing neoliberal systems of governance. The chapter argues that it was a result of this apparent clash of views and expectations about how aid and health should be governed (cf. Williams and Rushton, 2009) that the Global Fund came to use the idea of partnership in its policies. Indeed, the chapter argues that the idea of partnership features in Global Fund policy because of its polysemic characteristics – that is to say, the fact that it has many possible meanings and can be easily reframed in a number of different ways (Cornwall, 2008) and thus because it can be employed as a strategic technology to ‘bridge’, inter-translate and conceal the existence of these competing perspectives, in order to sell and market the Global Fund to a diverse potential constituency of support, to legitimise its existence and to secure its political future (cf. Mosse, 2005a).

Although the Fund’s use and framing of partnership might appear on the surface to be coherent, the analysis above has shown that tensions and ambiguities are embedded within it, with at least two readings of partnership

being possible: firstly, and dominantly, partnership is presented as a technical and economic way to ensure financial accountability for donor investments in global health; and secondly, and subordinately as a participatory and largely downwardly accountable system of democratic governance to country publics and those affected by AIDS, TB and malaria. While the embedding of tensions and ambiguities about partnership in Global Fund policy certainly seems to suggest that the landscape of aid for health is contested (cf. Williams and Rushton, 2009), and that the socio-political processes that produce global policy are porous to the perspectives of different actors, the fact that the technical and economic model of partnership seems to dominate, arguably, seems to suggest that there has been a privileging of satisfying the ‘market foster-care’ (cf. Sparke, 2009) views and expectations of an elite group of donor (G8) governments (most particularly the US), rather than those of activist NGOs, African leaders, or those affected by AIDS, TB and malaria. In support of the arguments in Chapter Four then, the chapter demonstrates that the production of global aid policy does not occur between equals, but rather is shaped by a prevailing context of inequality in which aid for health is governed

To emphasise, by highlighting the tensions within the Fund’s official policy, and in demonstrating that the idea of partnership was produced through a socio-political (rather than objective and linear) global process, this chapter serves to destabilise any notion that partnership is an inevitably right way to govern aid. Rather than being an inherent good, it has shown that the idea is used because it serves as a symbolic policy technology of inter-translation, which allows the bridging of disparate views about relationships and the organisation of action; that is, about governance. In terms of the broader academic significance of this analysis then, it suggests that if there is one crucial need in thinking about partnership, it is to search for and explore the contradictions and potentially divergent perspectives that the idea can apparently conceal and encode in global aid policy texts.

Having emphasised what the idea of partnership is and does in relation to the Global Fund aid policy, the next chapter of this thesis (Chapter Six) will now move on to consider and explore how the Fund’s ambiguous, yet dominantly technical and economic representation of partnership relates to action when it is

set to work in the practice of aid, and the practice of politics that this enjoins in the health sector in Zambia.

Chapter Six:

Partnership and *Practice*: The Global Fund to Fight AIDS, Tuberculosis and Malaria in action in Zambia

Overview

- *The second in a couplet of chapters about the idea of partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria*
- *Analyses how the Fund's official policy idea of partnership relates to practice, using the health sector in Zambia as a case study of focus*
- *Considers how the idea of partnership is understood, received and applied (how it is translated, consumed and/or appropriated) by different actors involved with Global Fund in Zambia*
- *Explores how the partnership techniques that the Fund's official policy seeks to legitimise shape, enable, contort and/or constrain local socio-political action in relation to health*

Introduction

The last chapter of this thesis considered what the idea of partnership is and does in relation to Global Fund aid policy, arguing that it is presented in an ambiguous and contradictory, yet dominantly technical and economic way, in order to inter-translate and legitimise the Fund's activities to actors (G8 donors in particular) who have divergent views about how AIDS, tuberculosis (TB) and malaria should be governed as a global aid priority (cf. Mosse, 2005a). This current chapter addresses a related question about how the Fund's official representation of partnership relates to current practice, thus forming the second of a couplet of chapters on the Global Fund. It specifically seeks to answer the *second* aspect of the substantive research question, which, as indicated in Chapter One, is: 'Why is the idea of partnership a pervasive feature in contemporary aid policy and *how does this relate to and shape local practice, including the practice of politics that this enjoins?*' The chapter addresses this by not only considering how the idea of partnership is understood, received and applied (how it is translated, consumed and / or appropriated) by different

actors who are involved with the Global Fund in a specific contextual setting – the health sector in Zambia – but also by exploring how the partnership techniques that the Fund’s official policy seeks to legitimise, seem to shape, enable, contort and / or constrain socio-political action in Zambia. To emphasise, the primary focus of the chapter is not *whether* partnership works – it does not evaluate or measure the Global Fund against a normative partnership ideal – but rather seeks to understand *how* the Fund’s policy of partnership is understood and applied, and *how* it relates to and shapes action in the Zambian health sector.

Understanding how the Global Fund’s policy of partnership relates to current action in specific contexts is a pertinent issue given the volume of funding that the Fund provides to many different countries across the world, and thus the significant role that it now has in global health. As of December 2010, it was estimated, for example, that the Fund had approved nearly US\$20 billion to support AIDS, TB and malaria programmes in 144 countries (Global Fund, 2010a), which equates to nearly a quarter of all aid for AIDS, and almost half of all aid for TB and malaria (Ravishankar *et al.*, 2009).⁶⁹ Despite this however, there has been little academic analysis of how the Global Fund operates or how it shapes socio-political practice. While there is certainly an emerging literature on this topic, much of this is in the form of unpublished reports (so-called ‘grey literature’) (Schott *et al.* 2005; Banteyerga *et al.* 2006; Drew and Purvis, 2006; Mtonya and Chizimbi, 2006), rather than peer-reviewed academic articles (Brugha *et al.*, 2004; van Kerkhoff and Szlezák, 2006; Brown, 2010).⁷⁰ In other words, the policy and practice of the Fund therefore ‘remains only partially explored’ (Biesma *et al.* 2010, p.240); with no study (to date) having examined the idea of partnership in any detail. As a consequence, this chapter

⁶⁹ Global Fund reports suggest it provides different proportions of global funding for AIDS, TB and malaria. The Fund indicates, for example, that it provides a quarter of all aid for AIDS, two-thirds for TB and three quarters for malaria (see Global Fund, 2010a). Given that it is not clear where the data for this comes from, the estimates of aid volumes by Ravishankar *et al.* (2009) are used here, given that they are more transparent about data sources. There are inherent difficulties in generating reliable figures in relation to aid for health (see Sridhar and Batniji, 2008 and McCoy *et al.* 2009).

⁷⁰ A number of recent papers in a special issue of *Health Policy and Planning* (see Desai *et al.* 2010; Mounier-Jack *et al.* 2010; Trägård and Shrestha, 2010) were commissioned by the Global Fund, which arguably raises questions about the academic robustness of the findings. The grey literature referred to here also tends to be either funded by the Global Fund or other aid agencies.

seeks to try and address this gap, and so provide a basis for further research and critique.

In order to do this, the chapter draws on an interpretive analysis of Global Fund-related practice in the Zambia health sector and is informed by two periods of qualitative (and ethnographically-sensitised) field work; the first in November/December 2008 and the second from March to July 2009 (see Chapter Three). More specifically, the chapter draws on an interpretive analysis of: scheduled informal visits to (and discussions and observations at) the sites of Global Fund-supported programmes in two provinces in Zambia; textual analysis of grant proposals, agreements and progress reports; and also semi-structured interviews with actors who are involved with Global Fund-related activities in different ways – for example, as members of the Country Coordinating Mechanism (CCM) or its sub-Committees, or as Principal- or Sub-Recipients who can apply for and may (or may not) receive grant funds.⁷¹

Given the constraints of a chapter such as this, it is not possible to analyse and discuss every facet of partnership in practice. However, drawing on the above-mentioned interpretive analysis, and in line with the *critical-constructivist* approach of the research (see Chapter Two), the chapter puts forward **three** main points about how the Fund's ambiguous and contradictory, yet dominantly technical and economic, policy of partnership, is understood, received and applied (how it is translated, consumed and / or appropriated) by different actors in Zambia, and how the partnership techniques that the Fund's official policy seeks to legitimise, shape, enable, contort and / or constrain socio-political action.

Firstly, the chapter shows how some of the ambiguity and contradictions within the Fund's official policy of partnership are 'brought to life and replayed' (cf. Mosse, 2004, p.664) in the practice of aid in Zambia, particularly in relation to the way the Zambian CCM is understood by local actors in *multiple* and *competing* ways. At the same time however, the chapter highlights that there are certain 'disjunctures' between global policy and local practice (Lewis and Mosse, 2006), which demonstrates that local actors make their *own* sense (their

⁷¹ Further details about the semi-structured interviews are included in Chapter Three and at Appendix Five.

own translations) of partnership in practice. Given the existence of multiple local understandings of the CCM as a partnership, this first section of the chapter goes on to show how it is politics (with contests, disagreements and conflicts between differently-related actors who have different views, ideas and expectations) that characterises the practice of partnership in Zambia, rather than harmonious, technical and controllable interactions and decision-making, as the Fund's dominant policy model of partnership suggests (see Chapter Five).

Secondly, the chapter shows how the politics of partnership comes to be tactically and indeed *necessarily* concealed in the practice of producing lower-level policy texts that are submitted (upwards) to the Global Fund, including in the formulation of grant proposals, and in progress updates and reports. The chapter argues that the Fund's dominantly technical representation of partnership is, in effect, *consumed* and *remanufactured* in this practice of documentation, so that the disorderliness of local action is (re)presented as an orderly and model partnership. In this way, it is argued that local partnership practice is converted into a technical commodity that is used to market Zambia as a legitimate site to invest global health resources (cf. Rushton, 2008; Orlandini, 2003). In so doing however, the chapter shows how this remanufacturing practice not only validates and reinforces the Fund's technical model of partnership, but also, and significantly, produces ignorance of and obscures (cf. Mosse, 2005a) a number of socio-political effects that the Fund's partnership techniques seem to be having in the health sector in Zambia. Thirdly, and relatedly, the chapter gives examples and explains some of these socio-political effects, showing in particular how the Fund's emphasis on technical reporting and financial accounting (a managerial technique of a model partnership) is (re)shaping and contorting local socio-political action; not only structuring who is included and excluded from accessing global health resources, but also who is able to demand accountability in and lead the governance of health in Zambia.

Before moving on to these substantive arguments, by way of an introduction, the chapter starts by setting out the way in which the Global Fund arrived in Zambia, how current practice is broadly organised (CCM membership, funding rounds, Principal Recipients), and the wider context into which Global Fund-

related action has been layered. Having provided this background, the chapter moves on to set out and discuss the three main points that have been set out above.

A brief background: The Global Fund arrives in Zambia

It was sometime in mid- to late- 2001 that Global Fund-related activity started up in Zambia. As news of the Fund's imminent launch started to filter through to government officials, disease specialists and donor agency staff alike, discussions took place as to whether and how to apply for funding (Donoghue, *et al.*, 2005). Despite apparent scepticism from some donors about the country's prospects of success, the Ministry of Health (MoH) was keen to go ahead, and so work started on drafting a proposal in October 2001 (Donoghue, *et al.*, 2005). At this stage, those involved could only anticipate the Fund's official policy (it was still being developed by the TWG). However, as details emerged a series of meetings were organised to facilitate the writing process and a Country Coordination Mechanism (CCM) was hurriedly set up, in order to submit the proposal to the Global Fund Secretariat in March 2002 (Donoghue, *et al.*, 2005).

Established as a new structure that is nominally (yet *not* statutorily) under the remit of the National AIDS Council (NAC), the Zambian CCM brought together a somewhat disparate mix of actors, including government ministries, donor agencies, businesses, and local health organisations; the latter of which were 'invited' to attend by government (Donoghue, *et al.*, 2005). While government (including the MoH) and donor agencies have a long history of interaction in Zambia and therefore had some kind of historical (though not altogether uncontested) basis for a working relationship on the CCM, there was less precedent for government to work directly alongside local 'civil society' organisations in relation to health. During both the one-party regime of Kenneth Kaunda (from Independence in 1964 to 1991) and the subsequent administration of Frederick Chiluba's Movement for Multi-Party Democracy (MMD) (from 1991 onwards), there was a deep-seated sensitivity and intolerance towards many such organisations. Although church-led organisations have traditionally had an important service delivery role in the country, filling gaps in government health provision, particularly in rural areas,

they have little experience of directly and openly participating with governmental actors in deliberation, decision-making or debate (and indeed sometimes avoided it altogether) (Erdman and Simutanyi, 2003).⁷² When brought together on the CCM then, these actors were something of a complicated mix.

Significantly, the wider socio-political context into which Global Fund activity was layered from 2002 was also highly complex and was actively being reshaped by a number of significant developments. Not only was there a shift in political power in early 2002 as a new MMD President (Levy Mwanawasa) came to power – which brought changes in Ministerial and civil service appointments, and altered the composition of individuals on the CCM – but new ways of governing development were also embedding locally as a result of the World Bank / IMF's Poverty Reduction Strategy Paper (PRSP) initiative (which had started in 2000).

When Zambia's first grant proposal was approved by the Global Fund Board in mid-2002 then, it was into this complicated and shifting socio-political mix that AIDS, TB and malaria programmes had to be worked-up, managed and implemented. Four main Principal Recipients (PRs) were selected to carry out this implementation role – the Ministry of Finance and National Planning (MoFNP), the Churches Health Association of Zambia (CHAZ), the Zambian National AIDS Network (ZNAN) and the Central Board of Health (which was subsequently dissolved and incorporated into the Ministry of Health (MoH); a fallout from the political changes described above). These PRs have generally continued to be the main recipients of global funds to date, barring the MoH, whose role as PR was removed in 2011 and passed on to the United Nations Development Programme (UNDP) due to allegations of corruption (see also Chapter Eight). The PRs either implement programmes directly, or sub-grant funding to a number of Sub-Recipients (SRs) who are located across the country. As of June 2011, Zambia had been successful in five grant funding rounds, securing a total programmatic budget of over US\$ 1,018 million for projects that help to fight the three diseases (see Table 5).

⁷² Excepting perhaps certain actors associated with the Catholic Church (such as sisters / nuns) who have been vocally critical of the government at times (see Komakoma, 2000; 2001).

Table 5. Global Fund-approved grants awarded to Zambia (as of 22 June 2011).

Grant Round	Disease Area	Total Budgeted Amount (USD)	Principal Recipient	Total Grant Amount Committed (USD)
1	AIDS	90,325,778	Ministry of Health	40,884,928
			CHAZ	22,840,611
			Ministry of Finance	6,395,758
			ZNAN	20,204,481
1	Malaria	39,273,800	Ministry of Health	35,891,300
			CHAZ	3,382,500
1	TB	47,337,256	Ministry of Health	35,807,890
			CHAZ	10,364,690
			ZNAN	1,164,676
4	AIDS	205,198,428	UNDP	116,128,561
			CHAZ	71,400,023
			ZNAN	33,023,395
			Ministry of Finance	15,766,759
4	Malaria	37,439,655	UNDP	24,941,660
			CHAZ	12,497,995
7	Malaria	22,533,194	UNDP	12,489,971
			CHAZ	5,225,953
7	TB	24,729,563	UNDP	1,271,474
			CHAZ	1,874,509
			ZNAN	736,965
8	AIDS	292,561,947	CHAZ	31,289,518
			ZNAN	9,993,493
			Ministry of Finance	13,777,956
10	AIDS	259,216,608	tbc	

Sources: <http://portfolio.theglobalfund.org/> and <http://portfolio.theglobalfund.org/Grant/GrantList/ZAM> (accessed 22-Jun-11)

This funding, which must be managed according to the Fund's partnership policy and performance-based partnership techniques (see Chapter Five), actually forms part of a highly complicated system of resource management for health in Zambia, which includes the health sector-wide approach (SWAp) (itself the topic of Chapters Seven and Eight), many other stand-alone projects, and, more recently, many other global health initiatives, including the World Bank's Multi-Country AIDS Programme (MAP) and Malaria Booster Programme, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).⁷³ As a result then, the arrival and ongoing operation of the Global

⁷³ The ZANARA (Zambia National Response to HIV/AIDS) project was approved by the World Bank in Dec 2002 under the MAP (see also World Bank, 2010c and Harman, 2007; 2009a) and the Malaria Booster Program in Nov 2005 (World Bank, 2010d). PEPFAR was initiated in Zambia in 2006.

Fund in Zambia has therefore been a messy and complicated process, which perhaps sits in stark contrast to the way in which Global Fund policy suggests model partnership processes occur; a point that is discussed in more detail below as we move on to consider how partnership is currently understood, received and applied in practice.

Exploring how the policy idea of partnership is understood, received and applied in practice

Many different aspects of the Global Fund were explored during the field research in Zambia in order to understand how the official policy of partnership is understood, received and applied by actors in the health sector. This next section of the chapter however, focuses on how one *particular* facet of Global Fund policy – the Country Coordinating Mechanism (CCM) – is understood as a partnership in local practice, given the important (yet arguably unclear) partnership role that it seems to be accorded in the Fund’s official texts (see Chapter Five). Drawing on an analysis of interviews with people who were (or had previously been) involved with the Zambian CCM, it sets out how those most closely involved in the CCM currently interpret it as a partnership and considers how this relates to official representations.⁷⁴ Mindful of possible ‘disjunctures’ between policy and practice (Lewis and Mosse, 2006), is the CCM understood, for example, as a new participatory space (as one reading of the Fund’s policy might suggest); as a technical and economic way to ensure efficient action for AIDS, TB and malaria (as Global Fund policy dominantly seems to suggest); or even as none or all of the above?

The Country Coordinating Mechanism (CCM): Multiple translations of partnership

While all interviewees seemed satisfied to refer to the CCM as a partnership and to the various members of the CCM as their partners, discussions revealed that there were clear differences of opinion as to what the idea of partnership actually meant in relation to the CCM and, relatedly, as to how the CCM’s role is and should be operationalised in practice. In other words, there were

⁷⁴ Those involved with the CCM included full or alternate members, or those who were part of CCM sub-committees or working groups.

conflicting views about how the CCM fits into the governance of health in Zambia. While it is not possible to characterise all of the perspectives that were expressed here, or to capture all of the nuances between them, examples are discussed below in order to illustrate this point.

Some interviewees (who had an activist background and/or were working for ‘civil society’⁷⁵ organisations that had an advocacy role) expressed what perhaps be called a participatory or voice view of the CCM as a partnership. They discussed it in terms of social inclusivity and, to borrow from Mathur *et al.* (2003, p.31), not only seemed to suggest that its role was to bring about ‘equality of standing and power’ between actors in Zambia, but also to open-up decision-making about AIDS, TB and malaria (and indeed health more broadly) to those who have historically had only limited involvement and influence in local, statutory systems of health governance – *themselves* included (*Int.* 6 Apr 2009, *Int.* 15 Apr 2009, *Int.* 3 Jun 2009 civil society representatives). Recounting their own organisation’s difficulties in gaining access to fora such as the Sector Advisory Group, which is a biannual meeting associated with the health sector-wide approach (SWAp) in Zambia (see Chapters Seven and Eight), one CCM member noted, for example, that the type of partnership that the CCM brought meant that they were now ‘involved to sit as *equal partners*’ and that they therefore now had some voice in decision-making: ‘Even when it comes to decision-making and consultation, [x] have managed to participate. We are not ignored. We are not sidelined in the CCM’ (*Int.* 6 Apr 2009 civil society representative).

Similarly, a number of other interviewees interpreted the partnership as being about creating a different forum for engagement, which was helping to change and equalise (what they suggested was) an unbalanced power relationship between the Zambian government and other actors in the governance of health (*Int.* 15 Apr 2009, *Int.* 2 Dec 2008 civil society representatives). Arguably reflecting wider, underlying and historical tensions in the relationship between certain ‘civil society’ groups and the Zambian government (as referred to above), one interviewee indicated, for example, that the partnership was important because it meant that civil society could not now be ‘stepped on’ (*Int.*

⁷⁵ The term ‘civil society’ is used with quotes surrounding it in this chapter to recognise its contested nature.

9 Jun 2009 civil society representative). For those expressing this view then, it seemed that the CCM's role was interpreted as being about maximising inclusion in health governance, about transforming power relationships (especially the perceived dominance of government actors), and about increasing the levels of influence that previously marginalised groups have in decision-making about AIDS, TB and malaria. This perspective, arguably, resonates with the socially-oriented and participatory representation of the CCM that is written into official Global Fund policy.

Significantly, for some of those that expressed this view, it was clear that they did not think that everybody on the CCM shared their own perspective, which seemed to reveal tensions and the existence of socio-political divides within the CCM as a partnership in practice. One CCM member noted, for example, that 'For people who understand partnership, it works; some people don't see a role for others except themselves... it comes down to a philosophy' (*Int.* 9 Jun 2009 civil society representative).

It certainly seemed clear from interviews that other people involved with the CCM interpreted the partnership in different ways. Some interviewees who had a professional background in business or economics (which included some donor and also 'civil society' representatives), seemed to interpret it as being primarily about facilitating the implementation or delivery of AIDS, TB and malaria programmes in Zambia (*Int.* 24 Apr 2009, *Int.* 22 June 2009 aid agency representatives; *Int.* 3 Jun 2009 civil society representative). Rather than emphasising voice in decision-making then, these interviewees saw the CCM partnership as being about ensuring that health interventions have an impact and that resources are managed efficiently and effectively, with some even equating the CCM to a 'Board of Directors' of a commercial company (*Int.* 3 Jun 2009 civil society representative); which is in stark contrast to the more social perspective expressed above.

The Board of Directors analogy is interesting, and perhaps reveals something about how these particular interviewees saw their *own* organisation's and also the Global Fund's role in the governance of health in Zambia. While it is recognised that a Board of Directors can take different forms, in general it tends to involve a set of appointed Executives (technical specialists), who

supervise the affairs of a company on behalf of shareholders who have delegated them that role; in other words, they are responsible for ‘delivering shareholder value’ (Madura, 2006, p.283). It seemed that those who expressed the above business view of the partnership saw the role of the CCM (and that of their own) in a similar way; that is to say, that the CCM’s role was to bring together a group of appointed technical specialists, who were responsible for supervising the efficient and effective delivery of AIDS, TB and malaria programmes in Zambia on behalf of a set of shareholders – who, in this case, was perceived to be the Global Fund (in Geneva) and those donors who had invested their resources in it.

This is not to say that there was no concern for those who receive the health interventions or services. One interviewee emphasised, for example, that it was important for the CCM to ensure that funding goes to those organisations that ‘are the best to implement for the communities’ (*Int.* 3 Jun 2009 civil society representative). However, and as this quote emphasises, these actors seemed to see the role of the CCM as being about coordinating the delivery of programmes *for* the community with the resources available, rather than *with* them; an important difference in perspective, which, arguably, reflects an interpretation of the CCM as part of an economic, rather than social venture. Implicit to this view then, seemed to be the idea that it did not matter too much who delivered the AIDS, TB and malaria programmes supported by the Global Fund, rather what was important was that any implementing organisation was efficient and effective in delivery (though it was not altogether clear *how* efficiency and effectiveness were defined).

In contrast to this, a number of other interviewees (including some donor representatives and others who currently, or had previously, worked for or closely with the government) interpreted the CCM as a partnership that was about *external imposition*, with some indicating that it was only set up to fulfil Fund requirements, and that this reflected an unequal relationship between the Fund on the one hand, and various actors in Zambia on the other (*Int.* 26 Nov 2008, *Int.* 27 May 2009 ministry of health representatives; *Int.* 29 Apr 2009 aid agency representative). Indeed, some interviewees seemed to think that the CCM only existed because it was ‘required’ to prepare funding proposals (which, they were keen to emphasise, was often at great local cost – in terms of

time and money) (*Int.* 26 Nov 2008 ministry of health representative; *Int.* 30 Jun 2009 civil society representative). Recounting their understanding of partnership and the role of the CCM, one CCM member noted, for example, that the CCM ‘had to conform to Global Fund requirements’ and that: ‘Our job is to prepare proposals for the Global Fund. We are the people responsible for that’ (*Int.* 30 Jun 2009 civil society representative).

Apparently reflecting on their own historical experience of working in the health sector in Zambia, some of these interviewees argued that, because the CCM partnership was a non-statutory body and had no formal legal standing, it was a confusing and ‘parallel’ structure (*Int.* 12 Jun 2009 aid agency representative) that was ‘isolated and on its own’ (*Int.* 29 Jun 2009 aid agency representative). Some thought that the CCM partnership actually undermined statutory modes of health governance and the time and effort that they themselves (as individuals or as organisations) had invested in developing statutory processes, including, for example, various planning activities associated with the health SWAp in Zambia (*Int.* 26 Nov 2008, *Int.* 26 Mar 2009 ministry of health representatives; *Int.* 21 Apr 2009 aid agency representative). As one CCM member stated, ‘Partnership is very much host and rider; people that come with a pre-determined agenda. Global Fund, they come and expect you to write proposals after you have initiated a national health strategic plan, so it [the CCM] is a dicey partnership’ (*Int.* 21 Apr 2009 aid agency representative).

Although this particular interviewee recognised that the Global Fund was moving towards accepting national strategy applications, whereby a country’s national strategic plan could be reviewed and a funding decision was based on that rather than a specifically prepared grant proposal, there appeared to be little optimism that this would change the nature of the CCM partnership: ‘It is a positive move, but only if it is *really* a national strategic plan. If it is not *encouraged along* by people with the funds’ (*Int.* 21 Apr 2009 aid agency representative *emphasis added*). Implicit to this type of external imposition view then was the notion that the Zambian government, and in particular the Ministry of Health, should be leading the governance of AIDS, TB and malaria programmes in Zambia – the steward of health in Zambia – and that Global Fund practice constrained and undermined this.

Indeed, following on from this, some interviewees seemed to equate the type of partnership that the Global Fund brought with ‘old’ ways of working and paternalist thinking by aid donors (*Int.* 26 Nov 2008 ministry of health representative; *Int.* 16 Jun 2009, *Int.* 21 Apr 2009 aid agency representatives). Two aid agency representatives, for example, likened the CCM to the project era, during which donor agencies were perceived to impose their *own* priorities on recipient countries (see Chapter Four); with one noting somewhat dismissively that: ‘The CCM is *just* a project steering committee’ (*Int.* 16 Jun 2009 aid agency representative *emphasis added*). Perhaps also influenced by broader global paradigms of thought then, about the way aid should be seen to be managed, these interviewees were fairly critical of the CCM partnership.

Given the largely negative interpretations of the CCM as a partnership by these actors, it is perhaps interesting to consider very briefly why they continue to engage with it in current practice? While there are likely to be a number of reasons for this, it seems apparent that they do so not only because it is required by the global head office of their organisation (it is an expected component of their jobs), but also because they believe that there is a clear need for resources to fight AIDS, TB and malaria in Zambia, judged by the country’s overall disease burden, and that failing to be involved in this partnership could jeopardise the country’s receipt of funding for health.

Why are there multiple interpretations of the CCM as a partnership?

The above discussion has clearly illustrated that there are currently *multiple* interpretations of the CCM as a partnership in Zambia by those who have been most closely involved in its work. Yet why might this be the case? Why is there no widely held partnership norm? Well, given the ambiguous way in which the CCM is presented in Global Fund policy (see Chapter Five), and also the somewhat disparate group of actors that the CCM brings together in Zambia (as outlined above), it is perhaps unsurprising that there are competing ways in which this partnership is interpreted in practice. Not only does the absence of any clear partnership norm in Global Fund policy (which, as argued in Chapter Five, was something of a strategic move on the part of the Fund’s policy-makers) contribute to this situation, providing an unclear ‘guide for action’ (cf.

Mosse, 2005a), but also the hybrid nature of the CCM, which brings together actors who have, for example, different organisational affiliations; professional or disciplinary backgrounds; historical relationships with other actors in the health sector; experiences of other aid mechanisms, such as the SWAp; and even different material interests in accessing Global Fund resources, has clearly been important; leading, somewhat unsurprisingly, to the existence of different views about how this partnership fits into the governance of health in Zambia.

Although the above discussion illustrates that there are certain parallels between the representations of partnership in global policy and how it is interpreted in local practice – with, for example, a participatory view of the CCM as a partnership, co-existing alongside a rather more technical and economic view, as it does in Fund policy (see Chapter Five) – which suggests that policy does reflect practice in Zambia in some way, it seems clear that the actors involved in the CCM have drawn on different ideas, relationships, experiences and expectations to make their own sense of the partnership. While the contradictions that are embedded in the Fund’s official texts are to some extent ‘brought to life’ in practice (cf. Mosse, 2005a, p.105), there are also certain ‘disjunctures’ (cf. Lewis and Mosse, 2006) between the two; with the existence of the local external imposition view (as described above) a key case in point. This supports the assertion that the Fund’s partnership policy is not simply internalised or transferred ‘as is’, but rather is actively reinterpreted by actors in Zambia.

A key question is perhaps *whose* perspective dominates? Yet this is actually somewhat difficult to answer (at least in any definitive way). As the next section will go on to show, there actually appears to be a constant struggle between different actors involved in the CCM for influence, control and visibility of their views, as they participate in what is a complex and moreover political community ‘of ideas and of people’ (cf. Mosse, 2005a, p.107).

The CCM in Zambia: A political rather than technical partnership?

Indeed, as the different partners come together, it seems that their competing perspectives about this CCM partnership – its role and the way that it is, and should be, operationalised – manifest in various different contexts,

disagreements and conflicts, which, contrary to the Global Fund's dominant representation of the CCM, reveal that it is not simply a harmonious technical body, but rather is highly political. The example of how different actors are seen to participate in CCM discussions about AIDS, TB and malaria programmes illustrates the politics of this partnership quite well.

The politics of participation in the CCM partnership

While many of those interviewed who were involved in the CCM were generally satisfied that many of the key partners in the fight against AIDS, TB and malaria were nominally represented and could participate in the CCM, there were clearly sensitivities and conflicts about the way different actors had been involved in, and shaped the nature of, discussions and decision-making at various points in time, which revealed political fractures in the partnership. These fractures were not only between some (though not all) government and 'civil society' members, but also between some 'civil society' and donor members, and between 'civil society' members themselves. For example, and perhaps reflecting the expectation of certain 'civil society' actors that the CCM's role was to transform power relationships (especially the perceived dominance of government actors) (see the discussion above), some 'civil society' actors were it seems sensitive to, and somewhat critical of, the way in which the representatives of Zambian government ministries participated in the CCM (both now and in the past) (*Int.* 6 Apr 2009, *Int.* 15 Apr 2009, *Int.* 9 Jun 2009, *Int.* 3 Jun 2009 civil society representatives). One civil society representative noted for example that the government, by virtue of its implicit authority, exerted an unequal level of influence over decision-making about Global Fund-related AIDS, TB and malaria programmes on the CCM: 'But as government is government, you can only put so much. If a decision is made, it can bulldoze some others; people can speak though [sic]' (*Int.* 3 Jun 2009 civil society representative).

Similarly, other 'civil society' actors argued that the personality of specific actors within the Ministry of Health, combined with their high-ranking formal position in the civil service had (in the past) shaped the way CCM debates and decisions progressed (*Int.* 6 Apr 2009, *Int.* 15 Apr 2009, *Int.* 3 Jun 2009 civil society representatives). Recounting one particular incident (which cannot be

explicitly discussed here for reasons of anonymity), one ‘civil society’ member argued for example that a particular Ministry of Health representative had tried to control the CCM’s discussions about, and obstruct the submission of, a proposal for one particular grant funding round: ‘Ah, he was a bully... This is when it came to a head, and he was on the high and mighty here, “I am government”’ (*Int.* 15 Apr 2009 civil society representative).

Similarly, another ‘civil society’ interviewee raised concerns about the participation of the Director-General of the NAC on the CCM. As they explained:

...because the NAC hosts the CCM and the Director-General of NAC reports to the PS, to the PS of the Ministry of Health, a lot of practical decisions of the CCM are subject to their comments, as a partner of the NAC. The Chairperson could even be said to report to the Director-General... When the NAC Director-General says something, and says a particular thing, it will stand, because they provide the Secretariat. In fact the Director-General is a very powerful man. The Chairman has to ask the Director-General for advice. If the Director-General has an issue with individuals and biases and on things, the Director-General can make some decisions fail to be minuted, because they prepare those documents, and can change content, and send documents late (*Int.* 6 Apr 2009 civil society representative).

In other words, this interviewee argued that, because of the formal status of the Director-General and because the NAC provides Secretariat support for the CCM, certain decisions that the CCM may collectively take, or the perspectives of certain actors, can be effectively silenced. While it should be emphasised that these assertions cannot be proved here (and should not therefore be taken as given), this discussion clearly highlights that there are tensions and struggles between the members of the CCM partnership over participation, and that, as argued above, in practice the CCM seems to be highly political.

It is perhaps important to highlight that, while the above-noted politics surrounding participation may be reflective of wider, underlying and historical tensions in the relationship between ‘civil society’ and government (as indicated above), the critical comments and scepticism expressed by certain ‘civil society’ actors about the way that government Ministry representatives participate in and shape decision-making in the partnership may also be driven by more immediate material factors, given that they are all effectively eligible

to (and some of whom *do*) receive global funds – either as Principal- or Sub-Recipients. In other words, there is a possibility that certain ‘civil society’ members of the CCM may be critical of government representatives in order to show themselves in a more favourable light, and so attract resources. This assertion was supported by a number of other actors who were interviewed during the field research in Zambia, who suggested that *both* ‘civil society’ and government representatives on the CCM brought their own vested material interests when they participated in discussions.

On the government side, one aid agency member of the CCM suggested for example that certain Ministry officials formed silent coalitions in order to sway decisions about resource allocation in favour of government Principal Recipients: the Ministry of Health and the Ministry of Finance and National Planning; thereby influencing decision-making by keeping certain issues ‘off’ the agenda: ‘There are a huge number of members who are civil servants and one wonders in agreeing they would be silent, when it would affect the government PRs negatively’ (*Int.* 21 Apr 2009 aid agency representative). While the government PRs themselves are not supposed to be privy to discussions that relate to them (which as illustrated below in relation to a ‘civil society’ PR may not always occur), what this suggests is that prevailing socio-political relationships between Ministry representatives outside of the CCM, mean that they may be mutually enrolled in trying to secure government PR resources allocations through non-decision making.

On the other hand, a number of consultants who had been involved with the CCM in various capacities were critical of ‘civil society’ members for trying to influence the course of discussions so as to favour their *own* organisations. As one consultant noted:

There hasn’t been a great deal of capacity or satisfaction with their performance... Quite frankly, they have been bringing their own vested interests, to improve outcomes for their own organisations. There hasn’t been a culture of broader representation of civil society positions or even knowing what these views may be (*Int.* 27 Nov 2008 consultant).

The assertion that certain ‘civil society’ members bring their own material interests to the CCM was also made by other ‘civil society’ members of the CCM, which reveals that there are clear socio-political divides, and perhaps

even competition, between the ‘civil society’ actors on the CCM (this notion of competition will be explored further later in the chapter when considering the effects of performance-based funding). Much criticism was, for example, directed at the Zambian National AIDS Network (ZNAN), which is the main Principal Recipient of global funds for non-faith-based ‘civil society’ health organisations in Zambia. Recounting a particular incident when the CCM was discussing Principal Recipients, one interviewee was particularly critical, noting that the ZNAN representative stayed to participate in the discussion (which is contrary to the CCM’s formal Conflict of Interest policy). They suggested that this reflected the exercise of power by this particular individual, their interest in protecting their own position and in securing their own resources:

It is all about power. During that period, my affections for [x] just phased off. My expectations went down. We are discussing PRs and [x] is still in the room... I would have thought that this wouldn't happen. It is about politics (*Int.* 15 Apr 2009 civil society representative).

Interestingly, these latter points clearly raise broader questions about ‘who’ the partners on the CCM partnership actually represent? Are they representing their own organisational interests when they participate in the CCM, or a much broader Zambian constituency? As indicated above, when the Fund arrived in Zambia, the CCM was not formed through any open or democratically-elected selection process, but rather by government (largely Ministry of Health) appointment (Donoghue *et al.* 2005, p.14). Given that the CCM partners have changed little over time – the same organisations are present, albeit with ‘considerable turnover of individuals’ (Donoghue *et al.* 2005, p.15) – there is clearly an issue and politics here around whose views can be shared within the CCM partnership? And therefore whose ideas end up shaping the health agenda? While there actually seems to be a constant battle within the CCM (with no actor or their view dominating), because the organisational membership of the CCM has changed little over time (despite the Global Fund requirement that there is a transparent selection process from each members’ constituency), it seems that this battle itself is constrained to occur between something of an elite and now institutionalised group of actors in Zambia; with those who have historically been the most marginalised in society still excluded from decision-making processes that can affect their health – the issue of exclusion will be returned to a little later in the chapter.

It is perhaps important to highlight here that, while the above points may well be valid, some (though certainly not all) members of the CCM did express concerns about the quality of their participation and how they represented other groups, organisations or communities in the CCM; with some 'civil society' actors critically reflecting on their ability to effectively represent their perceived constituency when they participated in this partnership. As two interviewees commented:

The ability to consult our constituency widely is hindered... and when we make claim of representation, it makes us look, well, it is meaning that consultation is limited to very limited groups, urban-based... So those are serious challenges... to provide *serious participation*, which again comes back to tokenism because if you can't consult, it weakens the ability to meaningfully speak with the authority of your constituents (*Int.* 6 Apr 2009 civil society representative *emphasis added*).

How do I consult with those before I go? Sometimes these things do not come through the community. This could be this person's personal perception. You have to go out there and see for yourself... What form should these dialogues should take? Community conversation, community dialogue, communities at the grass roots level, to the level that it should be. We are not there yet (*Int.* 15 Apr 2009 civil society representative).

It seems evident from the above discussion that participation in the CCM partnership is clearly a complicated, difficult and perhaps elite-driven process, which is characterised by conflict and sometimes confusion. While the above discussion has certainly not provided a detailed analysis of how different partners participate in, represent and shape decision-making about AIDS, TB and malaria, or why this may be so, what it does clearly demonstrate is that, rather than being a harmonious and technical process (as the Fund's dominant theoretical model of partnership seems to suggest, see Chapter Five), the practice of this partnership is actually highly complicated, contested and inherently messy and, moreover, is shaped and constrained by prevailing socio-political relationships.

The politics of proposal development

Significantly, many other areas of Global Fund-related action in Zambia also seem to be complicated and highly political, which raises questions about the

way in which such practice is dominantly represented in the Global Fund's official model of partnership; with the practice of proposal development a key case in point. During the development of the Round 8 proposal in 2008 to the Global Fund for example, it was politics that seemed to shape the progress of events, rather than 'technical' and linear decision-making.

Firstly, the generation of submissions for the Round 8 proposal was clearly not a simple or entirely-controllable process, involving, for example: the involvement of a wide range of partners; the solicitation and 'objective' review of submissions for integration into the proposal; the objective identification of financing gaps and priority needs; the mutual agreement of the proposal; and the selection of one more appropriate organization(s) to act as the Principal-and/or Sub Recipient(s) based on objective criteria, as is suggested in the Fund's model partnership (see Chapter Five).

Not only did advertisements about the proposal development process (which the CCM certainly published in newspapers and on local radio) never reach some sections of the population – for example, remote rural households and communities – or reached them too late, meaning that they were effectively excluded from being partners, and thus from sharing their views or ideas about local needs and gaps for integration into the proposal (*Int.* 21 Apr 2009 aid agency representative; 3 Jun 2009 civil society representative), but the sharing of ideas by those who *were* aware of the call for submissions was also shaped by local political dynamics. As one interviewee explained, the anticipation of having to undergo a selection process and to apply for funds from local 'civil society' PRs, combined with previous negative experiences of being unsuccessful in this process, translated locally into suspicions (on the part of some local 'civil society' health organisations in particular) about what will happen to their ideas if they are shared; so that some of these actors, who may have been well-placed to make suggestions about HIV/AIDS objectives, priorities, gaps and possible ways to prevent and treat the disease locally, *consciously* never contributed to the Round 8 proposal: 'With proposal development, sometimes people don't respond, as they think that their idea will be used, and someone else will get the money' (*Int.* 30 Jun 2009 civil society representative). In other words, some actors self-excluded themselves from proposal development because they were unsure if their submissions would be

appropriated by more powerful actors, who would then receive the global health resources.

The problem is that if a community or local health organisation does not share their ideas about priority AIDS activities at the proposal stage, then they themselves, or another organisation that could work on their behalf, may not subsequently be able to successfully apply for a grant from one of the Zambian 'civil society' PRs (in this case CHAZ or ZNAN) in order to fulfil their local need, if that proposal is approved by the Global Fund, because their proposed activities may not match up to the objectives and priorities that were initially set. According to the Fund's partnership technique of performance-based funding, which will be considered in more detail below, only those activities that align with the initially-set objectives and priorities should be funded locally and there is some pressure for this to be carried through, given that additional funding will *only* be disbursed to a PR if there is ongoing, measurable results against the initial objectives and priorities that were set.

Essentially, in any proposal, the Global Fund requires that a series of objectives are set out, a number of 'service delivery areas' (SDA) are identified that detail the specific health services to be delivered, and indicators are identified to measure progress against these (which will trigger disbursement of funds). If the objectives and underlying SDAs do not match to activities that a local organisation may subsequently propose, then it is unlikely that they will be funded, as they will not be able to demonstrate measurable results against the proposal. Take for example the Round 8 proposal, in which a key objective was to strengthen communication and promotive activities to prevent and control HIV, under which a key SDA was mass media, and the key measureable indicator was the number of IEC (information education communication) materials printed / produced and distributed (see Global Fund, 2008b). If a local organisation has not shared their ideas at proposal stage, and subsequently applies for funding from a 'civil society' PR to do something a little different from this, such as sports activities to communicate AIDS-based messages or social drama, then they are unlikely to be funded as these do not fit with the mass media SDA and materials printed indicator that were set. In such cases, this can result in disappointment and local resentment (*Int.* 5 May 2009 civil society representative). As one CCM member explained:

When we apply, we have to set priorities... and we have to align [funded activities] to these priorities.... to change them would take years. We get complaints to say “Why are we not funded?” And we say “You have a good programme, but it doesn’t fit the priorities” (*Int.* 30 Jun 2009 civil society representative).

Unfortunately, the resentment and disappointment that results from the above front-loaded process could deter those same organisations from subsequently becoming involved in the development of any future proposals to the Global Fund – with the same process repeating itself. In some respects then, the partnership technique of proposal development interlocks with local political dynamics and may contribute to a vicious political cycle of non-engagement in priority-setting for HIV/AIDS, along with conflict and resentment, and thus raises questions about the extent to which the Global Fund proposals and activities reflect broadly-defined Zambian HIV/AIDS needs and to which partnership in practice is a technical and harmonious process (as Fund policy dominantly seems to suggest).

Secondly, and relatedly, there was political conflict around the pre-selection and listing of Sub-Recipients in the Round 8 proposal (to which PRs would directly sub-grant a proportion of the global funding that they received), which reveals the existence of considerable competition between ‘civil society’ HIV/AIDS organisations in Zambia. Essentially, during the course of developing the Round 8 proposal, the possibility of explicitly pre-listing SRs – who would subsequently receive global funds through PRs – was raised; of which some CCM members (including those who were PRs) were in support and some were against (*Int.* 6 Apr 2009, *Int.* 15 Apr 2009 civil society representatives; *Int.* 21 Apr 2009, *Int.* 24 Apr 2009 aid agency representatives). In particular, it seems that the Zambian National AIDS Network (ZNAN) – the main PR for non-faith-based ‘civil society’ health organisations (see above) – was largely against this, which caused ructions with some other members of the CCM.

While ZNAN’s opposition could have been for a number of reasons, including perhaps the somewhat self-interested logic that the organisation would lose control over the allocation of resources, and thus also their position and status, it seems that some of the CCM members who were in support of the listing

were also motivated by self-interest – that is to say, the prospect that their *own* organisations would be identified to receive global funds (which backs up the assertion above that some CCM members bring their own organisational interests to CCM discussions). It seems that the Global Fund provided little guidance on the matter and thus, through their silence, arguably contributed to what appears to have evolved into a tangible sense of frustration and confusion. As one interviewee recounted:

But the question was, what if we name it and then don't give them the money? Ok, so we're not going to name them, we'll provide a list... But, so, if we put it in a proposal, are we not obliged to give them the money? Global Fund were silent on this (*Int.* 29 April 2009 aid agency representative).

Despite the lack of clarity and clear existence of conflict, the proposal *did* list SRs to which it was suggested CHAZ and ZNAN would sub-grant funds. Yet this listing process, in itself, also seems to have been infused with politics; with behind the scenes negotiations between local actors apparently shaping the course of events. Indeed, getting the list of sub-recipients down to a manageable number does not appear to have been an easy or objective process. As one interviewee who was involved in one of three sub-committees that coordinated the development of the proposal recalled:

There was a call for proposals from sub-recipients. We had many and needed to get the numbers down. The process was written down, but I don't know how the others did it. We went through systematically, then had to get the suggested sub-recipients down from the sub-committees. Getting that version down, some could have been left out and some came, parachuted in, and had not been listed at all (*Int.* 29 April 2009 aid agency representative).

There were perceptions that donors tried to influence the listing process, which not only revealed sensitivity about the way that some donors are involved in proposal development, but also local tensions about the way international organisations are involved in governing AIDS, TB and malaria in Zambia. As one CCM member recounted:

There are times when they [donors] do try to change things. I can give you one example and I was like, how dare they? In Round 8, with country system strengthening, it is about local no? And one member says to me, do you know that there is some discussion that Clinton Foundation should be a sub-recipient? Thankfully, those dramas were

held in the corridors. What type of organisation is this? (*Int.* 15 Apr 2009 civil society representative).

While the Clinton Foundation did *not* come to be listed as a SR in the proposal (and it is unclear whether it was ever being seriously mooted as a named SR of funds), a number of other organisations *were*, and so it seems that, when the grant was approved by the Global Fund Board in November 2008, the politics of this sub-recipient saga continued. Despite the listing of SRs in the proposal, a selection process was initiated by the ZNAN, in which local ‘civil society’ health organisations were asked to submit a project proposal that would be reviewed by ZNAN before a sub-granting decision was made. By virtue of their local control of resource allocation processes then, it seems that ZNAN could effectively supersede the listing in the proposal; much to the apparent annoyance of other actors. As one donor representative commented:

Some people are peeved, specifically [x], I tend to side with them, as that gives strength to the proposal. And then when you are successful and you turn around and are told you have to bid... I believe you need to build capacity. ZNAN was an organisation that had absolutely no capacity... As late as 2002, you would have difficulty with ZNAN finding, to even pick up a cheque... it is a different organisation now (*Int.* 21 Apr 2009 aid agency representative).

While this selection process recently came to a standstill due to the identification of financial irregularities in the management of grants by *all* Principal Recipients in Zambia during a recent audit by the Office of the Inspector General (OIG) of the Global Fund (see OIG, 2010),⁷⁶ it seems clear from this discussion that the process of pre-selection for the Round 8 proposal was highly political and revealed the existence of conflicts and divides between different actors involved in the Zambian health sector.

Like the participation of partners in CCM partnership then, the local practice of proposal development is clearly *not* a simple, technical and apolitical process, but rather is shaped by prevailing relationships and embedded in local politics. Indeed to emphasise, the discussion above has illustrated that there is actually a clear disjuncture (cf. Lewis and Mosse, 2006) between the way in which

⁷⁶ The OIG was set up in July 2005 as an independent unit of the Global Fund, to audit and investigate various aspects of the programmes the Fund supports, including assessing allegations of fraud and misconduct. It reports directly to the Board (see OIG, 2010).

partnership is dominantly represented in official Global Fund policy (see Chapter Five), and the way it is translated and enacted in practice.

Consuming and (re)manufacturing the Global Fund's partnership model

What is interesting, is that this disjuncture and dissonance does not seem to be openly acknowledged by the Global Fund or, for example, in the 'lower order' (cf. Dar, 2008) policy texts that are produced to *document* local action in Zambia, including the grant proposals, progress reports and annual updates that are routinely written and submitted to the Global Fund by either the CCM or PRs (via the Local Fund Agent which, at the time of the field research, was PricewaterhouseCoopers). Although competing views clearly exist about the CCM as a partnership and there is clearly a politics around CCM participation and proposal development, it seems that this is tactically and, as we shall see below, *necessarily* concealed in local documentation practices (cf. Dar, 2008). In the Round 8 grant proposal for example, both the operation of the CCM and the proposal development are represented as technically-managed and depoliticised processes; with no mention of any of the politics described above.

What seems to have happened here then in the practice of producing this 'lower order' (cf. Dar, 2008) proposal document in Zambia? Apparently perceiving the importance of the way the Fund dominantly represents partnership in official global policy model – as a technical, economic and depoliticised process, as indicated above – it seems that the complexity and messiness of local events and interactions have been retranslated back into the logic of this model in order to request and secure global health resources (which they successfully did in November 2008); creating an orderly and technical documentary product (the proposal) that was used to 'sell' Zambia as a legitimate for the Fund's global health resources (cf. Eyben, 2010; Mosse, 2005a; Heyman, 1995).

Indeed, it seems that the Fund's dominant model of partnership has been *consumed* here as a type of policy commodity, and this has then served as an input into a local process of *(re)manufacturing*, which converted partnership in practice into an orderly written product (the Round 8 grant proposal) (cf. Orlandini 2003; Rushton, 2008). This was then 'traded' (cf. Orlandini 2003;

Rushton, 2008) to the Global Fund in order to secure access to resources. In this way then, the Fund's partnership technique of proposal development seems to have become locally in Zambia something of a (re)creative act and, moreover, as a way for Zambian actors to exercise their power in the arena of global health as they try to secure access to resources.

Consultants: (Re)creative partnership brokers?

Significantly, it seems that the technical consultants who are often hired by CCMs (funded by aid donors) to assist with proposal development have a key role in this (re)creative partnership practice. Consultants have been regularly involved in proposal writing in Zambia since the first round of global funding was announced in 2002 (see Donoghue *et al.*, 2005). During Round 8 in particular, over ten consultants were provided by UNAIDS (at a cost of over \$300,000), with additional consultancy support also provided by the UK Department for International Development (DfID) and UNICEF (*Int.* 29 Apr 2009 aid agency representative). It seems that these consultants are valuable locally because of the *interpretive work* that they perform in the proposal process; being well-versed in the Fund's model of partnership, they have the understanding and thus skills to remanufacture and abstract practice 'back into' the Fund's technical and linear partnership framework (Mosse, 2005a).

Interestingly, the use of consultants in this way actually seems to be common to many other countries that apply for and receive global funds. As Lorrae van Kerkhoff and Nicole Szlezák (2006, p.630) indicate, 'CCMs... commonly hire external consultants to advise on a range of issues, including technical matters, but *particularly grant-writing and interpretation* of the Global Fund's application form and requirements'. In other words then, not only in Zambia, but also in many other countries across the world, technical consultants act as a type of aid broker, who 'mediate[s] at the interface' between Global Fund partnership policy and local partnership practice, 'interpreting each to the other' (Mosse, 2005a, p.134).

Importantly, and following Mosse (2005a, p.162), 'there is no suggestion of duplicity' here; no lies are told. Rather, what occurs is the selective editing of local events, experiences and interactions, so as to whisk the socio-political

parts of the (partnership) story ‘out of sight’ (Dar, 2008; Eyben, 2010; Ferguson, 1990, p.xv; Marriage, 2006). It is a form of ‘self-censorship’ (cf. Atkinson, 1999, p.67) based upon the anticipated reception of the grant application document by the Global Fund.

Interestingly, insights from other studies reveal that it is common for politics and dissonance to be deliberately downplayed in this way, in order to give the impression that disorderly local practice is compliant with orderly policy models (Mosse, 2005a; Rushton, 2008). Yet why might this be case? The answer has much to do with the subaltern position of those who are involved in local aid practice, as compared with those who are involved in producing global policy models (which, in the case of the Global Fund, was a somewhat elite group of actors, see Chapter Five). As Mosse (2005a, p.235 *italics in original*) explains, ‘In the competitive market for success, it is difficult for dependent agencies *not* to portray their actions as achievements in terms of currently favoured models. The cost of breaking ranks is high and public disputes over meaning and interpretation are rare’. In other words, and in relation to the Global Fund in particular, actors in Zambia necessarily (re)manufacture local practice back into the Fund’s technical and managerial model of partnership when preparing grant proposals because not to do so would jeopardise their relationship with the Fund and the opportunity to access the resources that flow from it (cf. Eyben, 2010). In this way then, the local remanufacturing of partnership can be seen as a type of ‘weapon of the weak’ (cf. Scott, 1985); a way for Zambian actors to exercise their agency and power in the arena of global health and to secure health resources in a context of scarcity.

Unfortunately, by effectively complying with the dominant version of the Fund’s partnership model in this way, these actions actually serve to validate, reinforce and sustain it (cf. Mosse, 2005a); which arguably perpetuates the view that local practice is and indeed should be technical and economic; depoliticised, managed and *manageable*. The problem is that by reinforcing this view: not only is attention diverted away from the real politics, dissonance, relationships and inequalities that (it is argued here) inevitably shape local practice (and by extension the problems of AIDS, TB and malaria in Zambia); but also, and in so doing, it effectively closes down opportunities for open

deliberation, critical thinking and reflective learning about these issues (Dar, 2008; Eyben, 2010). In short, if such issues are not disclosed, how can they be learnt from and addressed?

The Fund itself has little political incentive to fully expose these issues, because it insulates the organisation from critique; and fabricates the ‘fantasy’ that its apolitical and managerial model will lead to results and performance (cf. Marriage, 2006). To openly acknowledge the political messiness of partnership in practice could destabilise its successful image and potentially delegitimise its operations in the eyes of its donors, who may refuse to buy into such contingent practice (cf. Eyben, 2010, p.13). Consciously or unconsciously then, the Fund will seek to sustain what Foucault (1980, p.131) might call its own ‘regime’ of technical truth about partnership, in order to secure its own position, status and power in the global governance of health.

Arguably then, the local reinforcement of the Fund’s technical model of partnership results in the type of discursive or deliberative closure about health and development (cf. Cornwall and Brock, 2005, p.16) that was mentioned in Chapter Four, and moreover produces ignorance (cf. Mosse, 2004) about the way in which the Fund’s partnership model, and the partnership techniques that the model seeks to legitimise (including proposal development, the use of targeting, the measurement and monitoring of performance against these targets, and the allocation of resources on the basis of performance results) intersect with, shape, contort and constrain socio-political action.

As the next section of this chapter will now go on to show, the Fund’s partnership techniques actually seem to have a number of rather significant socio-political effects as they become enmeshed in local health dynamics; shaping, contorting and constraining who is able to access global health resources, and, equally significantly, who is able to demand accountability in and lead the governance of health. While some of these effects have been implicitly mentioned in the discussion above (when, for example, discussing the partnership technique of proposal development), more explicit examples are given below before the chapter concludes.

Reshaping, contorting and constraining health governance

Although there is little doubt that the resources provided by the Global Fund have resulted in a significant increase in funding for AIDS, TB and malaria activities in many areas across Zambia – for example, enabling people to start anti-retroviral therapy and to sleep under an insecticide treated bed nets – it was striking that almost all of those interviewed expressed some kind of apprehension about certain aspects of the Fund’s partnership techniques (whether that included, for example, the use of targeting, standardised managerial reporting and audit procedures, or the linking of funding allocations to performance reports); with some discontent as to how these layer into and reshape health governance.

There was considerable concern that the technical and managerial focus was resulting in the exclusion of some local actors from accessing global funding and thus from benefiting from AIDS, TB and malaria programmes. In order to comply with the Fund’s partnership procedures, both CHAZ and ZNAN (the ‘civil society’ PRs) have set up elaborate sub-granting systems in order to manage and control the local allocation and use of global funds by SRs. In order to access funds from these PRs, a ‘civil society’ organisation must prepare and submit a costed and targeted project proposal, and demonstrate that they have the right management skills to complete and submit financial and performance reports on a quarterly basis.

The problem is that many local actors, usually the smaller organisations that are located in the most remote rural areas, often do not know what a successful technical proposal looks like, are unused to communicating in a dialect of data and numbers, and therefore find it difficult to demonstrate that they have the requisite mastery of management skills to receive global funds. As a result, they often fail in attempts to apply for funding; regardless of whether they have the capacity to implement AIDS, TB or malaria programmes that meet local needs. In contrast, larger international NGOs are well-placed to demonstrate that they have the right management skills and, in practice, it is these ‘usual suspects’ (cf. Harman, 2007) that therefore tend to be the main sub-recipients of global funds. As two civil society representatives succinctly explained:

How many organisations have received training in proposal development? We have very few technocrats that can do this... *Only those with technical know-how*, only those with the ability to engage a technical consultant can access resources. *Unless those politics change*, a lot of local organisations will not reach; not because they were not able to implement (*Int.* 6th April 2009).

I personally feel that the smaller organisations are disadvantaged. Their capacity to write proposals is limited; their capacity to have audited accounts is very limited... I'd like to think that community organisations can deliver in terms of health outcomes, capacity to implement. Do you think that there is a balance between looking at technical, written proposals and capacity to implement? No, no balance at all (*Int.* 21st April 2009 donor agency representative).

Instead of being recognised for potentially innovative capabilities then, or for their local experience and understanding of health governance, there is a risk here that smaller 'civil society' health organisations end up being seen as 'actors to be "*educated*" and "*supervised*"' in the Global Fund's partnership 'techniques' of financial and performance management (Sanz Corella *et al.*, 2006, p.42 *italics added*). Moreover, and as a result of all this, these actors, which may have a close and potentially accountable relationship to local people, may be left on the fringes of health governance feeling disappointed and frustrated. This creates a potentially more volatile political environment locally.

Many civil society organisations do seem disaffected with the Global Fund process (*Int.* 27 Mar 2009; 17 Apr 2009; 4 May 2009; 31 May 2009; 6 June 2009; 30 June 2009 civil society organisation representatives); a feeling that was entrenched by the funding delays that are somewhat endemic to this partnership in practice. The multiple checkpoints, performance management report, verifications and supervisory visits from PRs mean that if a local 'civil society' health organisation *does* manage to secure global funding for a project, there are often considerable funding gaps which disrupts implementation (*Int.* 17 Apr 2009; *Int.* 4 May 2009; *Int.* 4 June 2009; *Int.* 30 June 2009 civil society organisation representatives).

In many cases, the delays actually led to perverse implementation schedules, with many interviewees indicating that the initiation, management, monitoring and evaluation of four-month projects often had to be condensed into one to three weeks (*Int.* 4 May 2009; *Int.* 4 Jun 2009; *Int.* 30 Jun 2009 civil society organisation representatives). The issues that this creates are eloquently

captured in an online diary entry of an overseas volunteer that was interviewed during the research; it is therefore reproduced here at length:

[x] had delayed payment of its grant for three months. The 1.8 billion kwacha (US\$360,000) that had been earmarked for the last quarter of 2008 arrived in [x's] bank account in the middle of January 2009. These funds were to be [sub]granted a week later, spent the following week and then monitored in three weeks time... The original schedule was supposed to take almost four months. Instead... all had to be done within three weeks, while also hitting the same number of target beneficiaries.... Certain projects, regardless of the impact they would have on people's lives, were scrapped. Any project that took longer than two weeks to finish, like training new home-based caregivers (HBCs) for people living with HIV/AIDS, could not be considered. Re-training existing HBCs only takes a day, so any organization doing that got funding... It appears that the only criterion was if you could spend the money fast enough on things that can be easily counted. There was little attempt to assess whether the lives of 'beneficiaries' had been improved, but how could you possibly expect to measure such an improvement a week after the funding arrived? (Crockett, 2009).

Unfortunately, because there is no transparent *disaggregation* of the level or timing of receipt of funds, or performance data locally (the Global Fund only requires aggregated reports), and because local 'civil society' organisations are effectively competing for funds from PRs and also SRs, there is considerable conflict and mutual suspicion locally (rather than collaboration) as to who and how different organisations are accessing and managing Global Fund resources (*Int.* 27 Mar 2009; *Int.* 15 Apr 2009; *Int.* 5 May 2009; *Int.* 4 May 2009 civil society organisation representatives). The endemic nature of delays compounds this, leading many to question the role and motivations of 'civil society' PRs. There were, for example, conspiracy theories that global funding was temporarily stored in bank accounts in order to accrue interest for personal gain, before it was transferred on for programme implementation. It is not the purpose of this research to attest to the accuracy of such theories. What the above discussion does however clearly demonstrate is that as the Fund's partnership model is translated into local practice it layers into existing political dynamics; reshaping and fragmenting 'civil society' organisation relations of health governance.

Importantly, it is not only 'civil society' relationships that the Global Fund is shifting. It also seems to be affecting the dynamics within the governmental sphere; not only contorting how different actors within the MoH interact, but

also how the MoH and MoFNP inter-relate. As with many other countries globally, the public health sector in Zambia has historically been highly centralised, with planning, budgeting and decision-making focused around the MoH headquarters in Lusaka (see also Chapter Eight). As a consequence of this historical set up, MoH actors at the provincial and district-levels tend to be disengaged in Global Fund proposal development processes and in decision-making about resource use. This lack of engagement and communication is compounded by the difficulties that the MoH HQ has in assessing the level of Global Fund money that will come through in any given period, because the Fund's partnership techniques are not currently aligned with MoH planning cycles.⁷⁷ In turn, provincial and district-level actors find it hard, if not impossible, to budget for Global Fund monies in their local plans (*Int.* 9th June academic; *Int.* 26th June 2009 MoH official). As one provincial health official commented: 'For us, we just get sometimes' (*Int.* 18th June 2009 MoH official).

In fact, because of the endemic delays associated with the Global Fund's partnership system in practice, resources often end up being pushed in to provinces and districts, with a MoH HQ requirement to spend and, moreover, to spend quickly, in order to meet the performance targets that were initially set. As one provincial health official indicated: '[We often] have to implement almost gun point' (*Int.* 7th May 2009 MoH official). These actors are also required to send additional monitoring reports up to the MoH HQ, so that the MoH (as PR) can itself report upwards to the Global Fund Secretariat on programmatic performance; and this all pressures provincial and district actors to *neglect* activities that they had originally planned for (*Int.* 7 May 2009, *Int.* 12 June 2009, *Int.* 18 June 2009 MoH officials). As it works in local practice then, not only does the Fund's partnership model undermine the government's existing planning cycle, but it also distracts local government actors from pre-existing health priorities and activities, and reinforces what is an already existing 'etiquette of hierarchy' (cf. Green, 2003, p.135) within the government health system; further constraining how provincial and district-level actors are involved in health governance.

⁷⁷ It is recognised that this 'could' change with the Fund's move towards national strategy applications.

Moreover, because Global Fund monies tend not to be budgeted for in local action plans and are often pushed in unexpectedly to provinces and districts, when annual financial reports are subsequently prepared by these areas Global Fund resources often end up showing up as *over-expenditure* against AIDS, TB or malaria budget lines (see Figure 8); as does funding from many other global health programmes (including GAVI and PEPFAR) (see also Sundewall *et al.*, 2009).⁷⁸ While Global Fund money *appears* as over-expenditure however (because it was not originally budgeted for), there may actually be deficits in other areas of health because these resources are clearly earmarked for AIDS, malaria or TB. This not only risks the lop-sided funding of the government health system, but also frustrates the relationship between the MoH and MoFNP because it looks, somewhat badly, as though district facilities and the MoH have over-spent (*Int.* 26 March 2009 MoH official; *Int.* 9 June 2009 academic). At the same time, because performance reporting for the Global Fund occurs outside of statutory systems, and the information from non-governmental PRs tends to bypass the MoH HQ, the Ministry is often unclear as to what is being done, by who and where in relation to the Global Fund across the country (this is also the case for other global health programmes).

Even if reports *were* to be shared, the information is aggregated. While this is useful for the Global Fund, because the partnership results can be sold to donor governments, it is less relevant locally when trying to understand, respond to and be accountable for geographical challenges and inequalities in health. This information gap then, not only makes it difficult for the MoH HQ to fully understand and critique what is going on locally, but also makes it difficult for them to construct a persuasive political case to the MoFNP for an increase in the health budget, because they cannot be clear about the volume of resources already being spent – even if they wanted to (*Int.* 26 March 2009 MoH official; *Int.* 9 June 2009 academic). In these different ways then, because the Global Fund's particular partnership model of governance is layered over existing and statutory health sector practice, it actually undermines the MoH's stewardship and accountability role; and raises questions as to who is leading the governance of health locally?

⁷⁸ In the example from 2008, in Chipata in the Eastern Province of Zambia there was higher expenditure (278 million kwacha) on TB than had been budgeted for due to funds received from the Global Fund in the first quarter of the year.

Figure 8. The appearance of over-expenditure in district budgets in Zambia (from MoH Zambia, 2009c).

Total Expenditure		1,894	1,693	201
Expenditure Ceilings				
Per level	Ceilings	K'm	Actual %	Actual %
DHO	15%	1,200	16%	16%
Hospital	20-40%	1,504	21%	21%
Health Centre	45-60%	3,684	50%	50%
Community	10%	916	13%	13%
Per cost item				
Allowances	20%	1,284	18%	18%
Fuel	15%	1,110	15%	15%
Drugs	4%	297	4%	4%
Capital	10%	100	1%	1%
Debt Analysis (K'm)				
Total	Current	30 days	60 days	90 days
116	0	26	15	75
Imprest Analysis (K'm)				
Total	Current	30 days	60 days	90 days
22	0	11	4	7
Notes:				
1. The positive variance on income of K1.2b arose from funds received from GAVI for sinking of ferocoles and procurement of medical stations for community, and setting up of a community shop at Kapata (K410m) K141m received from WHO for PMTCT, K260m from NMCC for IRS, K50m from CIDRZ for PMTCT, On RBM expenditure was more by K 322m due to fund received for the IRS programme.				
2. On HIV/STIs expenditure was more than the budgeted by K107m due to extra funding from CIDRZ for RBM activities.				
3. On TB there was higher expenditure than budgeted by K224m due to funds received from GF in Q1 2008 for training in WHO modules.				
4. There was higher expenditure than budgeted by K223m on nutrition due to funds received from the NFNC for the infant feeding programme both in Q2 and Q3 2008.				
5. The higher expenditure on DHO by 1% (K12m) due to allowances paid during the IRS programme and action plan and budgeting for 2009-2011.				
Income Analysis				
Basket (GRZ/Co-operating partners)	Budget	Actual	Variance	
Drugs	K'm	K'm	K'm	
Medical levy	4,190	3,889	(301)	
Other	-	-	-	
In-kind	-	236	236	
Total Income	4,190	4,125	(65)	
Bank and cash b/f		65		

Income Analysis		Budget	Actual	Variance
	K'm	K'm	K'm	K'm
Bank and cash b/f		55		
Available for spending	7,660			
Total expenditure	7,304			
Bank and cash c/f		356		
Expenditure Analysis				
Health Service Delivery	Budget	Actual	Variance	
Provision of 1st level Referral service	K'm	K'm	K'm	
Roll Back Malaria	1,612	1,504	108	
HIV/AIDS/STIs	588	910	(322)	
TB	488	588	(107)	
Integrated Reproductive Health	260	538	(278)	
Child Health	474	522	(48)	
Environmental Health	605	696	(91)	
Mental health	252	281	(29)	
Oral Health	66	74	(8)	
Nutrition	14	28	(14)	
Epidemics Preparedness	130	353	(223)	
Other Public Health Intervention	78	109	(31)	
Total Expenditure	4,567	5,610	(1,043)	
Health Systems Management				
Performance Assessment		59	140	(81)
Supervisory visits		205	140	65
Administrative Costs		1,630	1,413	217

Handwritten notes on the right page:
 1. On TB there was higher expenditure than budgeted by K224m due to funds received from GF in Q1 2008 for training in WHO modules.
 2. On HIV/STIs expenditure was more than the budgeted by K107m due to extra funding from CIDRZ for RBM activities.
 3. On TB there was higher expenditure than budgeted by K224m due to funds received from GF in Q1 2008 for training in WHO modules.
 4. There was higher expenditure than budgeted by K223m on nutrition due to funds received from the NFNC for the infant feeding programme both in Q2 and Q3 2008.
 5. The higher expenditure on DHO by 1% (K12m) due to allowances paid during the IRS programme and action plan and budgeting for 2009-2011.

Handwritten notes on the left page:
 1. Other income comprises of K43m from NFNC for infant feeding, K302m from GAVI for purchase of stationary for community and sinking of boreholes in the community.
 2. There was over expenditure on Child Health K29m due funds for other activities that were not budgeted. This does not include TB which was higher than budgeted (K22m) due to the programme having received extra funds from GF. For other programme areas spend less than budgeted due to the receipt of funds in Q4 2008.
 There over expenditure on administrative costs due to implementation of activities which were funded by GAVI (K302m) and also unplanned activities as may have been called by the MoH HQ and the PHO.

Handwritten notes on the bottom left page:
 THIS CHINA DISTRICT over expenditure on GF 600
 Chipata
 Bank and cash b/f 55
 Available for spending 7,660
 Total expenditure 7,304
 Bank and cash c/f 356
 Over expenditure due to funds from GF

Conclusion

While the Global Fund clearly has an important role in global health governance, and provides much needed resources to combat AIDS, TB and malaria, this paper has questioned whether its partnership model is a technical, economic and, moreover, depoliticised way to ensure that those resources generate impact, as the dominant official ‘packaging’ (cf. Petit and Wheeler,

2005) of partnership seems to suggest. While partnership certainly provides a seemingly persuasive argument and legitimation for how the Global Fund will bring the solution and, moreover, accountable use of funds that many donor governments called for (see Chapter Six), in practice in the health sector in Zambia it becomes enmeshed in local political dynamics; induces local actors to tactically and *necessarily* conceal politics, in order to demonstrate compliance with what seems to be a hegemonic depoliticised partnership (governing) mentality; and also (re)shapes, contorts and constrains local health governance; in particular because it layers a new technical governance model over the existing polity.

The chapter has also shown that the managerial techniques that the Fund's model partnership seeks to legitimise have a number of (rather significant) social and political effects in health sector practice; which fall far short of challenging dominant actors and thus, ultimately, to some of the underlying structural inequalities that contribute to the prevalence of AIDS, TB and malaria. Global Fund partnership practice is then, clearly reconfiguring the political landscape and governance of health in Zambia; not only shifting who is included and excluded from accessing health resources, but also contributing to increasingly competitive relations between 'civil society' health organisations, centralisation (towards an elite group of actors who are based largely in Lusaka) and the entrenchment of 'etiquettes of hierarchy' (cf. Green, 2003, p.135) within the MoH governmental sphere. At the same time, it is also, arguably, closing-down the type of qualitative reflection and critical deliberative debate that could challenge the social, political and economic structures that lead to poor health.

Global Fund partnership activities are clearly not a technical, economic and depoliticised approach to governing aid and health, but rather are intimately caught up in the complexity, politics and power of local health sector action. While the idea of partnership clearly has something of a Zambian social and political life, the dominantly technical model of partnership does however, seem to shape local action as Zambian actors remanufacture practice back into a depoliticised logic. In other words, the depoliticisation of the policy of partnership seems to (re)shape health governing mentalities, though not necessarily in ways that are initially intended.

Chapter Seven

Partnership and *Policy*: The sector-wide approach (SWAp) for health

Overview

- *The first of a couplet of chapters about the idea of partnership and health sector-wide approaches (SWAps)*
- *Considers why policy about health SWAps was produced under the rubric of the idea of partnership*
- *Discusses the (f)actors that contributed to use of partnership*
- *Considers how these (f)actors help to explain how partnership is used and framed in official texts about health SWAps*

The sector-wide approach or SWAp emerged as a component of aid policy during the late-1990s, and has subsequently become an increasingly common feature of the world of aid. Not only do many bilateral and multilateral agencies now have official guidelines on SWAps (see HLSP, 2005; OECD, 2006; DGIS, 2004; NZAID, 2006; Schleimann *et al.*, 2003), but so do the governments of a number of aid-recipient countries, and specifically in relation to health sector development (MoH Ghana, 2007; MoH Uganda, 2010; MoH Zambia, 2005). Indeed, SWAps have gained particular popularity in the arena of aid for health, having been promoted at various times by the World Bank, World Health Organisation (WHO) and key bilateral aid donors, and are now a feature of national health policy in more than twenty countries globally, including Bangladesh, Ghana, Mozambique, Pakistan, and Zambia (the country case study for this research) (Hill, 2002; Foster, 2000).

According to official texts, a health SWAp is a way of managing and coordinating the health sector of a particular country, and is aimed at shifting the way in which aid is delivered and managed, away from a series of separate projects (Sundewall and Sahlin-Andersson, 2006).⁷⁹ In other words, it is an approach to governing aid and health sector development, and official policy is

⁷⁹ As indicated earlier in the thesis, aid projects are activities that are funded for limited period of time, and may be managed in specific, donor-specified ways.

clear how this should proceed: under the rubric of the idea of *partnership*. Indeed, partnership is a common feature of SWAp policy texts. Not only does it feature in the 1997 'Guide to sector-wide approaches for health' (Cassels, 1997), which, as we shall see, was the first official text to refer to a SWAp, but also in many more recent national strategies, donor procedures and reports. As Kenneth King (1999, p.8 *italics added*) observes, 'partnership is said to be *at the heart* of SWAps'.

Yet why did official policy about health SWAps emerge in the late-1990s incorporating the idea of partnership? What (f)actors contributed to the idea of partnership's pervasive use? And moreover, how does this help to explain how partnership is framed (and thus what it means) in official policy texts?

These are questions that have not been addressed in the burgeoning body of academic and grey literature that has been published on health SWAps. While there are certainly a number of consultancy reports and donor evaluations on the general topic, and a selection of peer-reviewed articles, many of these focus somewhat narrowly on explaining what SWAp policy is (or what it is *not*). They identify a series of key features or desirable outcomes, including, for example, that all donor agencies support a shared strategy and use shared processes for implementing it. Then assess the extent to which these are (or might be) achieved (see Chansa, 2008; Peters and Chao, 1998; Foster, 2000; Walford, 2003; Mirzoev *et al.*, 2010). Rather less work reflects critically on SWAp policy itself, how and why it was formulated and / or the wider practical implications in specific contexts (see Hill, 2002; Sundewall and Sahlin-Andersson, 2006; Sundewall *et al.* 2006). In other words, many existing studies can be characterised as *instrumental* in the same way that the literature on partnership was in Chapter Two; in the sense that they are concerned to understand and suggest how apparently positive SWAp intentions can be realised (implemented) in practice through rational and manageable means (cf. Mosse, 2005a). It is also clear that, to date, no study has explored the idea of partnership in any detail. The central purpose of this chapter is therefore to address these gaps, and also to put forward answers to the questions set out above.

In so doing, the chapter probes and further explores issues that have been raised in Chapters Four and Five, and contributes to the first aspect of this thesis' substantive research question, namely: 'Why is the idea of partnership a pervasive feature in contemporary aid policy?' As indicated in Chapters One and Three, this chapter should be read as the first part of a couplet on health SWAps: while this one focuses on what the idea of partnership is and does in relation to policy (texts) about health SWAps, the next chapter considers and compares what partnership is and does when it is set to work in practice, using Zambia as a case study of focus.

Methodologically, the chapter draws on a *critical constructivist* analysis of academic literature on SWAps and also a 'backward' analysis of official texts, in order to understand how the dynamic interplay of a range of different (f)actors contributed to the production of SWAp policy under the rubric of the idea of partnership (cf. Mosse, 2005a; see Chapter 3). It takes its cue from the more critical and indeed constructivist studies that have been published about health SWAps, which offer the insight that the meaning of ideas embedded within SWAp policy are not always clear, and that such policy is tailored to meet the needs, interests and expectations of a particular audience (Hill, 2002; Sundewall and Sahlin-Anderson, 2006; and Sundewall *et al.*, 2006). The chapter is therefore sensitive to the potentially ambiguous meaning of the idea of partnership, and also implicitly considers who the intended audience of SWAp policy is and how this might have shaped how the idea is framed.

In line with the arguments of Chapters Four and Five, the chapter shows that the production of policy about health SWAps under the rubric of the idea of partnership was the outcome of a complicated historical socio-political process during the 1990s; the product of the dynamic interaction between a range of different actors, and also of the interplay between their ideas, interests, and the prevailing context in which they found themselves (Hacking, 1999; Hay, 2002; Long and van der Ploeg, 1994; Hay, 2002). The first part of the chapter discusses this process, drawing out a number of inter-related (f)actors that were particularly influential in the shaping of it, including: the way in which the World Bank responded to critics and also how other donor agencies interpreted and reacted to the Bank's response (see below). The second part moves on to

consider how these (f)actors influenced the way the idea of partnership is framed.

The chapter argues that policy about health SWAps was developed as part of a broader response by aid agencies to the post-Cold War climate of ‘crisis’ in which they found themselves in the early-1990s, wherein the effectiveness and governance of aid was questioned by donor governments, academics and NGOs alike (see Chapter Four). It was in the context of this ‘crisis’ that various aid agencies attempted to strategically restate the case for aid, and it seems that policy about SWAps was produced as part of these efforts. As the chapter explains, the work of the World Bank was particularly influential here, and considerably shaped the way in which the idea of partnership came to feature in SWAp texts. In order to respond to the crisis, the Bank promoted sectoral investment programmes (SIPs) as an effective way to govern aid for health sector development, experimenting with them in countries like Zambia. The Bank’s SIP agenda however provoked unease among other aid agencies. While key bilateral agencies and multilaterals such as the World Health Organisation (WHO) agreed that aid should be provided to the health sector, there was some level of disagreement about how it should be governed and about the somewhat prescriptive, technical and (neoliberal) economic nature of the Bank’s thinking (Walt and Buse, 2006; Cassels, 1997). The chapter argues that it was a result of this apparent clash of views about aid and health governance (cf. Williams and Rushton, 2009) that policy about health SWAps came to be produced; and moreover, came to feature the idea of partnership.

While the chapter certainly emphasises that the idea of partnership features in SWAp policy because it had emerged as the ‘master’ concept (cf. Mosse, 2005a) within other key narratives about aid at the time; and was thus becoming ‘accepted’ into the ‘cognitive architecture of intelligibility’ (cf. Green, 2007, p.142) of various agents involved in the world of aid. It is also argued that the pervasive and ambiguous way in which the idea is framed in official SWAp texts reflects the existence of the conflicts referred to above. Indeed, in support of Chapters Four and Five, it is argued that because the idea of partnership is malleable – it can easily be reframed in different ways and thus be interpreted in different ways by different people (Cornwall, 2008) – it appears to have been strategically crafted into SWAp texts as a way to bridge

and enrol a range of different actors (the World Bank, other aid agencies, donor governments and also recipient actors), who all had somewhat different (though not necessarily mutually exclusive) views, values and expectations about the way in which aid for health should be governed (cf. Mosse, 2005a; Cornwall, 2008). Significantly the chapter shows however, how the dominance of a broadly technical, economic and, moreover, depoliticised version of partnership prevails in health SWAp texts, which perhaps reflects the power of the World Bank and neoliberal thinking more broadly, and thus the inherently unequal way in which aid policy processes are governed.

As with the chapters that have gone before in this thesis, the current chapter (Chapter Seven) and also the next (Chapter Eight) are not the complete story; rather, they are a partial interpretation of those (f)actors that have been judged here as the *most* influential in explaining how and why partnership features in health SWAp policy and practice.

The emergence of policy about health SWAps: The context for aid, the World Bank and ideas about (health sector) governance

As indicated in the introduction to this chapter above, a number of inter-related (f)actors contributed to the development of policy about health SWAps under the rubric of the idea of partnership.

An international context of crisis: Re-justifying the need for aid

The first important factor was the prevailing context for aid during the early- to mid- 1990s which, as indicated in Chapter Four, was one of apparent crisis. The crisis emerged for a number of complicated reasons. Not only had the ending of the Cold War eliminated the perceived geo-strategic need for aid, but also ongoing critical attacks about its economic ineffectiveness (by right-leaning actors in the US in particular) and the paternalistic way in which it was governed (by coalitions of NGOs), combined with fiscal deficits in aid-giving nations, meant that aid agencies were losing their budgets, their political status and their legitimacy. They ‘desperately needed a new story’ (Fraser and Whitfield 2009, p.77); to construct a compelling new narrative about the need for (and economic effectiveness of) aid in a post-Cold War era so as to re-

galvanise their constituency of support; and particularly where it mattered – in the highest echelons of decision-making in key donor governments.

As Chapter Four argues, the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) worked hard to this end; eventually publishing a new global strategy document in 1996 entitled ‘Shaping the 21st Century’. Significantly for our understanding here, the idea of partnership was the ‘master’ concept in this text (cf. Mosse, 2005a) and, as we shall soon see, this helps to explain why the same idea was subsequently incorporated into policy about health SWApS. In short, it had become a symbolic motif by which any new aid policy was expected to be decorated and would be judged (see also Chapter Four). However, to explain why SWAp policy itself was produced, as well as how and why the idea of partnership came to be framed within SWAp texts, we need to look to a second important (f)actor; and specifically, to the World Bank.

The role of the World Bank: Responding to criticisms of neoliberal thinking

While aid agencies in general were the subject of criticism during the early 1990s, the World Bank was a particular focus of attack due the way in which its structural adjustment programmes (SAPs) were governed and impacting on poorer countries. As Chapter Four explains, SAPs were introduced by the Bank (and IMF) during the 1980s to respond to the rising levels of foreign debt, declining terms of trade and negative economic growth in many poorer countries at this time (which had been sparked by the global oil crisis in the 1970s) (Lee and Zwi, 1996; Fraser, 2007). Grounded in the Bank’s neoliberal thinking and, through the promise of various forms of credit or debt re-scheduling, SAPs sought to buy a series of macro-economic policy reforms – including the tightening of fiscal discipline, financial and trade liberalisation and the reduction of public expenditure – that were believed necessary to roll back recipient states and bring about long-term market economic growth (and poverty reduction) (Harrison, 2010; Williamson, 1994; see Chapter Four).

Despite their neo-liberal fervour however, right leaning actors (neo-conservatives in the US in particular) criticised SAPs for being a form of

welfare aid that was economically ineffective (as evidenced by the continued debt crisis in Sub-Saharan Africa in particular), and thus chastised the Bank for intervening in matters that were ‘better left to the free-market’ (Ugalde and Jackson, 1995). Conversely, more progressive left-leaning academics and NGOs criticised SAPs for conveying the paternalistic view that ‘the Bank knows best’ and for entailing considerable social cost (Cornia *et al.* 1987; Crewe and Harrison, 1998). Indeed, these critics were particularly derisive of the negative health effects of the public expenditure reforms embedded into lending conditionality; with some arguing that SAPs had, for example, contributed to an epidemic of nutritional diseases (including yaws and yellow fever), to a growth in other diseases of deprivation (such as gastroenteritis and tuberculosis), and to the erosion of (and exclusion of the poor from) an already limited health care infrastructure (Buse, 1994; Alubo, 1990; Loewenson, 1993; see also Kanji *et al.*, 1991; Pfeiffer and Chapman, 2010).

While the World Bank certainly tried to militate against these latter criticisms by financing a growing number of health and nutrition projects in the late-1980s – areas not traditionally in the Bank’s purview (see Buse, 1994) – by the early-1990s the Bank had a considerable problem. Not only were criticisms increasingly being raised by people outside the Bank, but also increasingly *from within*; as exemplified by the leaked internal Wapenhans Report in 1992, which reported high levels of aid project failure (according the Bank’s own criteria) and also condemned the Bank’s organisational culture (Weaver, 2008). Perhaps even more so than other aid agencies then, the World Bank needed to ‘represent itself to the outside world’ (cf. Harrison, 2001b, p.529 *italics added*); to demonstrate that it was capable of changing the way that it governed aid; that it could deliver aid resources efficiently and effectively (and thus drive forward capitalist growth); and also, and crucially for our understanding of the development of health SWAs, that it could address the social, and specifically, the *health sector* costs of SAPs.

The search to *represent* the Bank

Yet how could the Bank go about *representing* itself in this way? It seems that the promotion of aid projects was not an option here. Not only had the Wapenhans Report produced a damning indictment of the Bank’s own project

portfolio, but there were also growing concerns at the time on the part of a wide range of other actors about the use of aid projects; and specifically those involving the health sector.

Although the overall volume and priority accorded to aid for health was still relatively low at this time (see Chapter Five), for various different reasons aid agencies were earmarking funding to a growing number of discrete health projects, often bringing parallel administrative systems, conflicting health priorities and even conflicting treatment regimes (see Buse and Walt, 1997; Walt *et al.* 1999). In consequence, by the early 1990s there were concerns on the part of a number of actors within recipient governments (including in Zambia), aid agencies, and NGOs alike that an ‘unruly mélange’ (cf. Buse and Walt, 1997) of uncoordinated projects and donors was problematic: causing confusion, duplication of effort, fragmentation in health service provision, and inefficiencies in the use of scarce (domestic and donor) resources (Justice, 1989; Clift, 1988; Walt *et al.* 1999). While different actors certainly seem to have had different interests in and explanations for this apparent ‘coordination problem’ (cf. Mosley and Eckhout, 2000), as David Peters and Shiyao Chao (1998, p.180) put it, there was a growing consensus that it was leaving a ‘mixed legacy’ in the health sector of many poorer countries.

Significantly, it seems that the World Bank was concerned about coordination, but its *particular* interest was the congruence between projects and structural adjustment lending (Mosley and Eckhout, 2000). As Kent Buse and Gill Walt (1997) indicate, the Bank was troubled by the way a proliferation of projects – some of which encouraged *greater* recurrent expenditure on public health – subverted the Bank’s neoliberal reform agenda; which (as indicated above and in Chapter Four) aimed to *limit* public expenditure and roll back the state. Indeed, it seems that the Bank was concerned that a lack of coordination had an erosive effect on the institutional capacity of recipient governments to develop and implement (or in the Bank’s words to *own*) the sectoral policies and budgetary management that the Bank saw as *necessary* to support a broader programme of macro-economic reform and market-based growth (Buse and Walt, 1997; Harrison, 2001b; 2005a). In other words, the Bank was concerned that projects encouraged inefficient and ineffective management of resources (both aid and domestic) at a sectoral level, and also a culture of passivity and

dependence; so much so that recipient governments were not responsible for their own market-based economic development (cf. Baaz, 2005).

While the Bank therefore needed to demonstrate it was doing something to address problems in the health and social sectors (so as to represent itself to left-leaning critics), it was keen to promote activities that would *coordinate with*, rather than *convert* its broader (neoliberal) reform agenda. It seems to be for this reason then, that the Bank started to explore and promote other aid mechanisms, so as to simultaneously solve the ‘coordination problem’ (cf. Mosley and Eckhout, 2000) and regitalize its constituency of support. This work complemented wider efforts of the Bank to enhance its international image around this time, as discussed in Chapter Four. Of particular significance here however, was one specific aid approach that the Bank decided to experiment with and subsequently sell in the early 1990s: the Sector Investment Programme (or SIP). As we will now see, it was in these efforts that the foundations for health SWAs (and indeed the Zambian health SWA in particular) started to be laid down.

The exploration and marketing of Sector Investment Programmes (SIPs)

It was staff within the Africa Region of the Bank that took the initiative to explore and then market SIPs as a way forward for the delivery and management of aid (Andersen, 2000). They were first pursued on something of an *ad hoc* basis in a select number of countries and a select range of sectors in Africa. Of particular significance here, one of the *very first* SIPs to be pursued by the Bank was in the health sector in Zambia – the case study for this research. It is therefore useful to consider what happened in Zambia in some detail.

Learning from *experiment*: The health SIP in Zambia

The trigger to explore a health SIP in Zambia was the electoral defeat of the country’s liberation party (UNIP) in 1991, and the subsequent rise to power of Frederick Chiluba’s Movement for Multiparty Democracy (MMD). The election implied the ending of UNIP’s one-party rule and a move towards democratisation – the earliest of this kind in the region – which marked Zambia

out internationally. At the same time, the MMD had risen to power with massive popular support and a strongly reform-oriented political agenda. In consequence, it was the hope of the World Bank that the country would provide an opportunity to explore how changes to health sector governance could be *coordinated with* a broader programme of neoliberal reform. Although the Bank had *no* previous projects or direct experience with lending for health in Zambia, the MMD had developed a particularly ambitious vision for health sector restructuring (see below). As a result, and in the Bank's own words, it sought to 'jump on a moving train' (World Bank, 2001, p.84), so as to quickly provide a basis from which it could affirm the international success of a coordinated neoliberal approach to aid in the health sector (cf. Fraser, 2007).

The possibility of demonstrating the success of this approach in Zambia was actually a particularly significant political opportunity for the Bank to *represent* itself to NGO and other left-leaning critics, due to the particularly devastating health effect that earlier SAPs had in the country (see Kanji *et al.*, 1991).⁸⁰ While the health situation was already serious given the country's economic decline in the 1970s, the reform measures embedded into World Bank (and IMFs) lending conditionality in the 1980s (including restrictions on health expenditure, public sector wage freezes, and the imposition of user fees) further eroded the health sector infrastructure, entrenched a human resources crisis; aggravated shortages of essential supplies; and also exacerbated inequitable social conditions, propelling tuberculosis, malaria and HIV/AIDS transmission (Freund, 1986; Lake and Musumali, 1999; Poku, 2005). In short, if the Bank could demonstrate that a SIP would address the 'jungle of problems' that one senior government official described the health sector as experiencing (Gilson *et al.*, 2003 p.36), this would go some way to re-galvanising the Bank's international constituency of support.

The problem was that the values upon which the MMD's *initial* health reform proposals were based differed to those of the Bank. As Erik Blas and Me Limbambala (2001) indicate, the MMD's national health policy and strategies document (which had been inspired by the earlier work of academic Dr Katele Kalumba) reflected egalitarian or communitarian values (see MoH, 1992). As

⁸⁰ A SAP had been introduced to Zambia in the 1980s due to the economic crisis that had resulted from a collapse in copper prices in the 1970s – copper was (and still is) the backbone of the Zambian economy.

such, it focused on popular participation, the removal of health inequalities and the ‘radical devolution of power’ to districts (Blas and Limbambala, 2001, p.38; Gilson, 2000). Indeed, it emphasised the need for Zambians to commit themselves to building a transformed health care system that guaranteed ‘*equity* of access to cost-effective, quality health care as close to the family as possible’ (MoH, 1992). In contrast, the Bank was more concerned with promoting and funding activities (a ‘SIP’) that would coordinate the rationing of public services, the investment of expenditure in specific critical health interventions, and building the institutional capacity to appropriately (in the Bank’s view) manage sectoral resources, both aid and domestic, for market-based economic growth.

There was clearly an issue here because the Bank did not want to impose a SIP agenda. Instead, the Bank wanted and indeed *needed* SIPs to be perceived as a move away from structural adjustment, and therefore as a new and less Bank-driven way of governing aid and development. As a consequence, SIP development had to be about *influence* rather than *imposition*. In the two missions that the Bank sent to the health sector in the second half of 1992 and the subsequent meetings that were scheduled with the Ministry of Health throughout 1993 and 1994, World Bank staff tried hard to show that they were working with the Zambian government and with other donors to effectively coordinate aid to support the government’s own reforms. The Bank did this by engaging in a series of dialogues with the Ministry and other donor officials.

Given the country’s continued economic crisis, part of this dialogue was inevitably about the resourcing of the health sector and it was here that the World Bank could exert its influence about a coordinated SIP: during discussion the Bank suggested that Zambia could no longer afford the type of health system planned and therefore *recommended* (and indeed secured agreement for) moving towards a reform approach based on cost-effectiveness (Blas and Limbambala, 2001, p.38; Kalumba, 1997; Kalumba *et al.*, 1994). This implied designing a completely new system based on the country’s ‘economic reality’ to which different aid donors would sign up to support (Kalumba, 1997). As Kalumba (1997, pp.20-21) explains:

The Bank mission suggested that the Zambia health system could be likened to a Cadillac which was maintained by a relatively wealthy

family for years. But as the family's economic situation changed, it could no longer afford to maintain this gas-guzzling vehicle without seeking assistance from cousins and relatives... The team argued that Zambia had sufficient resources to maintain a more efficient system which could provide essential health care services for all, but the "Cadillac" would have to be retooled.

This retooling or reform involved implementing a restricted package of health interventions, the withdrawal of the government from direct involvement in service provision, and the introduction of a new (efficient) planning framework – for example, a new and reliable accounting system, new indicators for monitoring, and new annual / quarterly reporting requirements – that would help the Ministry implement its reforms (Blas and Limbambala, 2001; World Bank, 2001).

At the time, senior officials within the Ministry of Health were somewhat overwhelmed by the problems they were facing and it seems that they believed one way to get the health sector back on track was to do everything possible to please donors, so as to secure access to resources for health (Fraser, 2007; Chansa, 2006). Given Zambia's indebtedness, the government had few other options and so it seems they accepted the Bank's SIP agenda (Gould *et al.* 1998). In consequence, the subsequent National Health Strategic Plan 1995-1998 that the Ministry prepared reflected a changed perspective: while egalitarian principles were still there, there was a clear shift in prioritisation towards governance reform for efficient resource use and cost-effectiveness (Blas and Limbambala, 2001).

For the Bank then, it seemed that this learning experiment with a health SIP was working – the Ministry of Health and indeed other aid donors had bought into the coordinated funding and restructuring of the health sector in a way that would work *in concert* with broader neoliberal reform. Although the Bank had actually been heavily involved in modifying the sectoral proposals, the way in which the Bank conducted itself made it possible to claim that the Ministry of Health had led the process, and that the Bank and other donors had only worked to support the government to fully develop its *own* programme of health governance reform.

The SIP experiment is sold more broadly

Given the early apparent success of the *Zambian* experience, and other similar experiments in Mozambique and Tanzania (see Harrold *et al.* 1995), staff within the Africa region of the Bank decided to sell SIPs more broadly, so as to try and mobilise a wider constituency of support for the approach. The marketing process started in early 1994 with the presentation of a paper entitled ‘Program aid *beyond* structural adjustment’ (*italics added*) by Stephen Denning (Director of the Southern Africa Department) at a workshop in Harare; during which the ‘defining characteristics’ of a SIP were outlined (Denning, 1994). This was followed by the assembling of a small ‘Thematic Team’ in early 1995 – led by Peter Harrold (an economic advisor in the Africa Regional Office) – whose job was specifically to promote the approach. As Kevin Cleaver (Director of the Bank’s Africa Technical Department) indicates, the team’s purpose was specifically ‘to determine what was needed to *popularise* these operations’ (Harrold *et al.* 1995, p.vii *italics added*). To this end, a report was drafted on the topic and discussed in Washington D.C. during the June meeting of the Special Program of Assistance for Africa (SPA) – the somewhat elite donor group that had been involved with SAPs in Africa (Hjertholm and White, 2000; Harrold *et al.* 1995).⁸¹ From this, a formal discussion paper was published in August 1995 entitled ‘The Broad Sector Approach to Investment Lending’ which was then marketed to an audience of World Bank staff, recipient government officials and the wider donor community (Harrold *et al.* 1995).

Nevertheless, before we move on to discuss how other actors – and particularly other donor agencies – engaged with the SIP approach, it is important to be more clear and specific about the what the Bank’s SIP proposals involved because, as we shall soon see, this was influential in shaping the way in which policy about *health SWAps* was subsequently produced; and, moreover, the way in which it features the idea of *partnership*.

⁸¹ The SPA (now known as ‘Strategic Partnership with Africa’) was the somewhat elite donor group involved with SAPs in Africa (Hjertholm and White, 2000).

The Bank's argument: *Reconstructing*⁸² rather than rolling back the state

Articulated through a series of 'confident declarations' (cf. Harrison, 2001b, p.529), the Bank's official discussion paper on the topic stated that there were 'some perceived problems' with the way in which aid was delivered and managed (Harrold *et al.* 1995, p.xi, p.4). While perhaps implicitly acknowledging that the Bank had gone 'too far' in its efforts to 'roll back' the state, and that action was now needed to 'soften' the social costs associated with structural adjustment lending (cf. Harrison, 2001b; Harrison, 2005b; Laurell and Arellano, 1996), in the main (and reflecting the discussion above) the diagnosis was that aid had not been fully effective because of a lack of coordination between different aid delivery instruments (projects and SAPs) and between different aid donors. This had undermined the institutional capacity of recipient governments (like Zambia) to develop, fully implement and responsibly own the sectoral policies and budgetary management processes that were necessary to ameliorate social problems (particularly those of the poor) and to facilitate long-term market-based economic growth (Buse and Walt, 1997; Harrison, 2001b; 2005a; Baaz, 2005).

What was needed, the Bank argued, was SIPs: the investment of aid in a coordinated manner in specific sectors (including the health sector), along with the appropriate reorganisation of sectoral action to ensure that certain critical expenditures were efficiently and effectively allocated to support economic growth (Harrold *et al.* 1995, p.4; Harrison, 2005b). Indeed, the allocation of resources (both domestic and aid) was advocated for 'essential' (pre-determined) social sector interventions, and particularly interventions for health, because of the way in which this would lead to growth (Harrold *et al.*, 1995; Harrison 2005b, p.1309; Koivusalo and Ollila, 1997). Apparently embedding and enmeshing parallel arguments of the Bank's recent health strategy Investing in Health (World Bank, 1993), it was suggested that coordinated investment (of aid and public resources) in such critical (cost-effective) health sector interventions, combined with the reorganisation of health sector governance was justified because it would not only support a wider (neoliberal) programme of reform (as it was apparently doing in Zambia), but also, by

⁸² The notion of 'reconstructing' the state is borrowed from Graham Harrison (2005b).

improving people's health, it would improve 'human capital and productivity,' and thus serve as a *means* to efficiently achieve economic growth (Laurell and Arellano, 1996). In short, the Bank's argument was simple: better (technical and economic) governance of resources by recipient governments would result in aid effectiveness, more health and more growth.

To this end, the Bank suggested that there were six new technical and managerial technologies associated with a SIP, which must be in place to bring about better sectoral governance. These included:

1. A coherent sectoral policy framework – which sets out appropriate principles and priorities for sectoral reform (including the 'respective roles' and 'reorganisation' of the public and private sectors) and which has been led and prepared by, and is thus owned, by local stakeholders (the Bank drew on the *Zambian* experience to demonstrate this); and
2. A single expenditure programme that links to and implements this sectoral policy – to which 'all' donors are signed-on and within which new aid contracts, performance indicators and harmonised 'methodologies' of budgetary and resource control are employed to oversee implementation (Harrold *et al.*, 1995).

While SIPs had been presented in countries like *Zambia*, and were now being globally promoted by the Bank through this formal discussion paper, as a relatively new innovation in aid – to show critics that it was capable of change and that aid could be effective (as indicated above) – few (if any) of the Bank's ideas were actually novel development thinking (cf. Peters and Chao, 1998). The problems with (and solutions to) ineffective aid, poor health and sectoral development were still understood through the Bank's neoliberal economics world view; with issues largely attributed to allocative and technical inefficiencies in the governance of resources by recipient governments (and indeed other donors) (Lee and Zwi, 1996); rather than the Bank's *own* approach to governing aid and development, or the wider international political economy. Indeed, the key premise was still that (neoliberal) structural reforms were relevant and necessary. However, rather than delivering aid to roll back the state, the pendulum had swung towards constructing a well-governed and

‘capable’ state from the social sectors up (Harrison, 2001b; 2005a; Walt *et al.* 1999, p. 209); that is to say, one that was capable of taking responsibility for their own market-based economic growth.

Seen in this way, the new managerial technologies that the Bank was promoting in countries like Zambia were apparently envisioned as a way to teach and embed in recipient governments the right capacities for growth including, for example, the right (neoliberal) ways to develop sectoral policy; the right ways to prioritise aid and public expenditure, and the right ways to manage and monitor sectoral performance. Interestingly, by coordinating other aid agencies, it also seems that SIPs were envisioned as an effective means to reform and *discipline* them to adhere to (what the Bank saw as) the right sectoral governance for market-based economic growth (Clift, 1988; Buse and Walt, 1996). Ultimately then, and as suggested above, SIPs were a way to represent the Bank’s neoliberal approach to governing aid and development at a time of considerable criticism and crisis.

Interestingly, and to return to the major theme of this thesis, there was no mention of the idea of *partnership* in the Bank’s textual arguments about SIPs (see Harrold *et al.*, 1995; Denning, 1994). As we will now see however, as other aid agencies, who had somewhat different views about the way aid and health should be governed, became exposed to and concerned about the Bank’s health sector reform agenda in countries like Zambia, SIPs evolved into SWAps and the idea of partnership soon took centre-stage.

Contesting SIPs: Different views about the governance of aid for health

As indicated above, in the early 1990s SIPs were already being implemented in countries like Zambia, and being widely marketed to donor governments, World Bank staff and other members of the aid community. While it seems that the arguments resonated little with high-level actors within key *donor* governments – who remained sceptical about the need for aid at this time (see Chapter Four) and took limited action to re-prioritise aid for health (see Chapter Five) – the somewhat *prescriptive* nature of the Bank’s approach, which linked the reform of health sector governance to (neoliberal) economic growth, and the active promotion of it in countries like Zambia, seemed to

invoke unease among some bilateral aid agencies and the World Health Organisation (WHO). While these actors were generally keen for there to be some kind of reform of, and *coordinated* international action in relation to, the governance of health, they had somewhat *different* perspectives on the issue.

Although representatives from many bilateral agencies would have been involved in the process of SIP policy development, including the June meeting of the SPA in 1995 referred to above and were certainly involved in discussion at the country-level, some were concerned that SIPs were largely a ‘World Bank “product”’ (Norton and Bird, 1998, p.8). There was unease about how SIPs could, and indeed already were, extending the Bank’s role, ideas and (economic) influence into social sectors which, as indicated above, had not traditionally been within the Bank’s purview (see Buse, 1994). The WHO in particular was sensitive to how the Bank’s proposals challenged what was, for various reasons, its own waning leadership in relation to international health (Walt and Buse, 2006; Brown *et al.* 2006). Some of the so-called like-minded bilaterals (such as SIDA and Danida) seem also to have been concerned about having to adhere to the Bank’s technical and primarily *economic* agenda in their country programming (Norton and Bird, 1998; WHO, 1996; Hill, 2002; Larsen, 2003). In Zambia for example, over time there was concern the Bank was pursuing ‘a self-imposed role of “midwife” to the reform process’, which countermanded the work of other donors (Lake and Musumali, 1999, p.256; Gilson *et al.*, 2000). In short, the advent of SIPs presented something of a challenge to other donors engaged with health.

While the Bank’s arguments about SIPs were certainly not completely rejected by these other actors, and indeed there were shared concerns about the need for some level of coordination and the effective use of aid, these actors had differing views about why this was so, and what this meant for aid and health governance. As indicated above, the Bank diagnosed the problems of aid ineffectiveness and poor health through the orthodox lens of neoliberal economics. Some other donor agencies had a more egalitarian (social democratic) perspective and therefore gave priority to other moral and ethical concerns (cf. Therien, 2002; Stokke, 1989). In the mid-1990s, SIDA officials had, for example, embarked upon a new initiative with the WHO on Equity in Health and, contrary to the contention of the World Bank, the key normative

argument here was: that access to health, and indeed access to aid, was a legitimate welfare right; that poor health and aid ineffectiveness were a result of inequalities and unfairness in prevailing systems of social, political and economic governance; and, more specifically, that there had been a lack of coordinated attention to issues of equity in the global distribution of resources (WHO/SIDA, 1996). It was not only argued that health projects (including donor projects) had been too narrowly focused, neglecting the social, economic and political barriers to health for all, but also, and apparently critiquing the Bank's economistic approach in particular, that the 'unfortunate result' of neoliberal reforms 'appears to be a shift in social values away from ensuring the good of all towards immediate economic opportunities for some, generally benefitting those socially positioned to profit most and most rapidly' (WHO/SIDA, 1996, p.13).

What was needed according to the WHO and SIDA was a transformation in relations of governance, 'equitable policies' and state intervention to ensure that there was a fair redistribution of resources. For the WHO and SIDA this would lead to aid effectiveness, the 'fair sharing of progress' and 'health for all' (WHO/SIDA, 1996, p.2, p.41). To this end then, it was argued that 'donor support' must be coordinated to 'reinforce, not undermine, more equitable policies' that address 'local needs', and which have been reached through public (democratic) consensus (WHO/SIDA, 1996, p.27, p.40). Used in this way, aid would be an 'effective instrument' for promoting international equality and solidarity (cf. Therien, 2002). In other words, this was a much more overtly political argument than that of the Bank, and the primary focus was on addressing health inequalities and social injustice, rather than economic growth. Given the differing orientation of the arguments then, there was a clash of perspectives here between the World Bank, certain bilaterals and the WHO about the way in which aid and health should be governed.

While the views of different donor agencies were certainly not mutually exclusive of the Bank's at the country or global levels, the differences were problematic at this particular moment in time because, as indicated above, aid was in crisis. Donor agencies needed to narrate a convincing new story about the need for and effectiveness of aid if they were to regitalize a constituency of support. The existence of ideational conflicts would not help in this pursuit.

If they could demonstrate however that there was a consensus this might re-legitimise their operations to key donor governments and thus secure their political future.

It seems to have been for this reason that moves were initiated to ‘further refine and adapt’ SIPs into a more widely acceptable policy vision (Walt *et al.*, 1999, p.216). A vision that would not only be agreeable to and thus enrol aid agencies who had somewhat different views and perspectives about the right way to govern aid for health, but would also be widely saleable to recipient country actors and donor governments, convincing them that aid was a beneficial and effective pursuit (Hill, 2002). As we will now see, it was in these particular efforts that policy about health SWAps came to be produced and, moreover, came to feature the idea of *partnership*.

From SIPs to SWAps: The rise of the idea of partnership

In January 1997, the Danish Government in association with the World Bank hosted an informal meeting of bilateral and multilateral agencies concerned with coming to a consensus on the SIP approach to health development (Hill, 2002; Cassels, 1997). As Andrew Cassels (1997, p.1) indicates, the aim of the meeting was ‘to achieve a common understanding... and to discuss options for joint activities that [would] help take the agenda forward’. While the meeting was a first step towards achieving this, it seems that more needed to be done. As a result, the European Commission (EC), WHO and UK Department for International Development (DfID) commissioned the production of a new guiding policy text on the topic, which would revise and rearticulate SIPs into a more consensual form. To this end, a series of draft documents were produced and subsequently considered at various international meetings and consultations (Cassels, 1997).

While actors from recipient countries were informally involved here, it was primarily *donor* agencies who were engaged in discussions, including: staff from the Health, Nutrition and Population (HNP) team of the World Bank; the health group of the European Commission; various aid officials from France, the Netherlands, Germany, Italy, Spain, the US and UK; and a specially-convened team of senior staff at the WHO (Hill, 2002; Cassels, 1997; King,

1999). It was *via* this somewhat elite group of *aid agency* actors then, that a final version was published in late-1997 entitled ‘A guide to sector-wide approaches for health development’ (see Cassels, 1997). The Guide officially *repositioned* SIPs as SWAps and, of particular significance here, publicly promoted the approach under the rubric of the idea of *partnership*. As the Guide announced, ‘The notion of sector-wide approaches builds on earlier work on both health care reform and sector investment programmes... [reflecting] an interest in moving towards broad-based partnerships’ (Cassels, 1997, p.1, p.7).

Why the idea of partnership?

Significantly, and as indicated above, the idea of partnership had not featured in the World Bank’s earlier policy about SIPs. So why was it now being incorporated into this reformulated official guide about health SWAps? It could be the case that partnership was somewhat randomly included in the drafting process through more or less unconscious acts. Given the prominent role that the idea plays in this SWAp policy text though, a rather more likely explanation is that drawing on the idea was strategically useful at that particular moment in time, as the discussion below will now show.

The strategic crafting of a policy idea: Constructing consensus and political enrolment

It seems that one reason why drawing on the idea of partnership was strategically useful was because of the ‘appearance of consensus’ that using it *constructed* (cf. Cornwall and Brock, 2005, p.13) about the need for and effective governance of aid in a post-Cold War era. As indicated above and also in Chapter Four, at around the same time as SWAp policy was being produced, parallel efforts were being initiated by other actors within the aid community to develop a convincing new narrative about aid, so as to re-galvanize support at a time of apparent crisis. Senior DAC officials had worked hard to this end, publishing and then widely marketing, a new strategy document in 1996 in which the idea of partnership had a ‘master’ role (cf. Mosse, 2005a; see Chapter Four). The strategy was widely marketed because there was something of an implicit need for aid agencies to show that they

shared the same views (even if they did not). By doing so it would add weight to their arguments and might help persuade key actors (particularly those within donor governments) that there was a role for aid in a post-Cold War era.

It seems that, because the idea of partnership was prominent in the ‘Shaping the 21st Century’ text, it became central to these efforts due to the ‘apparent consensus’ that drawing upon it constructed (cf. Cornwall, 2008). In short, if aid agency actors all referred to partnership it would create the powerful impression that they were in agreement and therefore that partnership was the right way to govern aid in a post-Cold War era. It was because of this that by late 1997 – the time around which the SWAp text was being drafted – partnership became something of a symbolic ideational motif by which other policy initiatives were expected to be decorated and would be judged (see Chapter Four). It was for this reason then that partnership was incorporated into the 1997 SWAp policy text: it was part of a wider strategic bid by aid agencies to construct the appearance that there was a global consensus about the future governance of aid.

Significantly however, and as Chapter Four argues, while there may have been (and indeed still are) shared uses of the idea of partnership in various aid policies, this does not necessarily mean that everyone actually was or is in agreement. While partnership certainly always refers to relationships and the organisation of action, it remains a polysemic and inherently malleable idea, which can be strategically reframed in different ways and thus mean different things to different people (Cornwall, 2008). Indeed, to borrow the words of Andrea Cornwall (2008, p.269), it is an idea that ‘can easily be reframed to meet almost any [policy] demand made of it’.

What specific policy demands then, might those involved in drafting the 1997 SWAp text want to have made of partnership? Well, as suggested in the course of the discussion above, there were at least three key issues that the authors of the SWAp text needed to address, namely: 1) to convince NGO and recipient critics of aid that a changed and moreover coordinated way of working for health was possible; 2) to satisfy the egalitarian concerns of like-minded bilaterals and the WHO (and also some recipient actors) that aid should effectively result in equality and health for all; and conversely 3) to satisfy the

(neoliberal) economic concerns of the World Bank (and also right-leaning critics within key donor governments – the US in particular) that aid and health should be effectively governed as a means to achieve global economic growth. It seems that the normative malleability of the idea of partnership was strategically useful here: it could be easily reused and reformulated to address everything on this policy agenda.

Indeed, as the discussion below will now show, the idea of partnership seems to have served as a useful ‘bridge’ between competing perspectives about the right way to govern aid and health, and therefore as a way to not only enrol different aid agencies, but also to convince recipient country actors and vocal critics within donor governments, that aid for health was a beneficial and effective pursuit (Hill, 2002; Mosse, 2005a; Star and Griesmer, 1989). Selected examples are now taken from the 1997 SWAp text in order to illustrate these points.

1) Signalling that SWAps are a changed and coordinated way of working for health

Firstly, the idea of partnership was used to help mark out SWAps as a changed and coordinated way of working for health sector development. It was argued, for example, that there was a pressing need ‘to achieve sustained improvements in people’s health and well-being’ and that a ‘fundamental change’ was needed in the way donors acted in relation to aid for health (Cassels, 1997, pp.ix-x). Rather than donors pursuing ‘their own discrete’ and ‘piecemeal projects’, what was needed was a coordinated SWAp to health development: ‘a sustained partnership... for achieving improvements in people’s health’ (Cassels, 1997, pp.x, p.1, p.7, p.11). It seemed to be argued that through this partnership approach, there would be a significant and positive change to the way in which action for health was organised. As the SWAp text explained:

This document is about *changes* in the way development agencies and governments *work together* to achieve improvements in health. The changes are *exciting, promising* and *substantial*. They entail new forms of *partnership* (Cassels, 1997, p.v).

In other words, it was suggested that by working in partnership, a SWAp offered a ‘better prospect for success’ in improving health sector development;

more so than any other (or indeed earlier) efforts in this area (Cassels, 1997, p.ix).

2) Satisfying egalitarian concerns (of SIDA, WHO and recipient governments) that SWAps will effectively result in equality and health for all

Secondly, and at the same time, the idea of partnership also seems to have been framed as a way to achieve an equal and socially-just governing relationship, and thus equitable health outcomes for all; which evidently meshes with the egalitarian concerns of SIDA and the WHO, as described above. Indeed, it seemed to be argued that by operating as a partnership a SWAp would open-up decision-making, mobilise and democratically engage national actors, and transform the (unequal and donor-driven) way in which aid and health were governed; thereby ensuring that the most marginalised were empowered as agents of their own health development. It was emphasised, for example, that a SWAp partnership would ‘create the conditions which allow a different form of interaction between governments and donors’ (Cassels, 1997, p.12) and would support policies and strategies that have been ‘nationally defined’ (Cassels, 1997, p.ix); that is to say, policies that have been democratically deliberated through the participation of all relevant partners in health.

Rather than a paternalistic aid relationship then, in which donors had exerted a ‘right to select which projects to finance’ (Cassels, 1997, p.12) (and which had been criticised by SIDA, WHO and also many recipient governments and NGOs), here the inclusive and coordinated participation of a number of different partners was emphasised. As Andrew Cassels (1997, p.7, p.11) stated, a SWAp is ‘a broad-based partnership’ that is ‘led by national authorities, involving different arms of government, groups in civil society, and one or more donor agencies’. In other words, it is a way to bring together and engage all societal partners in health sector development. The ordering of the different partners is however interesting here because, being last in the list, it is possible to interpret that donors were presented as only one of many, *more important*, partners in health development.

Significantly and apparently embedding the arguments of SIDA and WHO described above, this particular reading of SWAp policy also gives the impression that partnership is an inherently political and principled undertaking; within which the primary focus is the coordination of action to address health inequalities, injustice and democratic rights. As the SWAp text variously indicates, the SWAp partnership involves ‘political battle’ about the way resources are used and ‘will also have the effect of *shifting power*’ (Cassels, p.39, p.30). It will act to ‘reduce poverty and inequity’ and ‘address the multiple determinants of ill-health’ (Cassels, 1997p.28, p20). It seems to be suggested that this could be achieved through ‘the involvement of the public’ or ‘civil society’ as key partners in health sector development: for this would not only ‘result in greater attention to the poor and the excluded’, but also ‘help the poor articulate demand for better health care’ (Cassels, 1997, p.13). In short then, in this reading a SWAp partnership seems to be about ensuring that the most vulnerable in society are empowered to participate in and influence the decisions that affect their health, and thus ultimately about ensuring greater health equity (Cassels, 1997 p.27). It is an *end* for governing aid and health sector development.

3) Satisfying neoliberal concerns (of the World Bank and critics within key donor governments) that aid for health could be effectively governed as a *means* to achieve global economic growth

Importantly, and in support of the foregoing chapters of this thesis, while the meaning of the idea of partnership can certainly be interpreted like this, it is referred to in a sufficiently ambiguous way as to allow other readings. Rather than being about politics, equity and the transformation of relations of governance then, it is also possible to read partnership as being about ensuring economic efficiency and effectiveness in the management of aid and other resources for health; and thus as a way to satisfy neoliberal concerns (of the World Bank and also right-leaning critics within key donor governments) that investing (aid) in health is an effective *means* to support global economic growth.

Understood in this way, a SWAp partnership is about coordinating the investment of resources; reforming the (economically inefficient and

ineffective) way in which aid and health are currently governed; and thereby ensuring that recipient governments are capable of taking responsibility for their own health sector development. Indeed, the 1997 Guide emphasises for example: that ‘government ownership’ is the ‘*sine qua non*’ of a SWAp partnership (Cassels, 1997, p.xiv); that the primary focus of the partnership is the ‘better use of available funds’ (Cassels, 1997, p.v); that it will involve ‘institutional reform and capacity building’; and that, ultimately, this will ‘increase the likelihood that development assistance yields good [read: *economic*] results and that governments perform better in serving their own people’ (Cassels, 1997, p.vi).

There are a number of differences between (what is) this neoliberal reading of partnership, and the more egalitarian interpretation described above (see Table 6). Firstly, rather than being broad-based and inclusive, here a SWAp partnership is much more narrowly defined: as a relationship between donors and governments, and moreover as a relationship that is about ensuring the responsible economic governance of development. As the 1997 Guide emphasises: ‘A sector-wide approach needs to be understood as a partnership between government and donors... in which all those involved have rights and responsibilities’ (Cassels, 1997, p.13).

Secondly, and relatedly, rather than being about transforming the relations of governance between donors and recipient governments (towards equality), it is about ‘tweaking’ the *status quo*. Indeed, perhaps reflecting a concern that the selection by donors of aid projects for health had eroded the ‘institutional capacity’ of recipient governments to develop, implement and responsibly own the sectoral policies and budgetary processes that the World Bank, for example, believed were necessary to ameliorate health problems, and facilitate long-term economic growth, a SWAp partnership can be understood as a modified way of relating. Here, instead of donors imposing their particular development project agenda, a partnership is about incentivising recipient behaviour and influencing how they act; for example: how they should properly prioritise (aid and public) expenditure and appropriately manage sectoral performance. As the 1997 text states:

Involvement in SWApS means that donors in the partnership will be concerned to *influence* overall spending decisions (Cassels, 1997, p.27 *italics added*).

[A SWAp partnership] ...does *not* preclude donors from identifying the steps needed to overcome key constraints to effective sectoral performance. *Necessary* actions will form part of a *negotiated* programme of work, rather than being *imposed* as unilateral conditionalities (Cassels, 1997, p.x *italics added*)

In other words then, a SWAp partnership is about educating recipient governments to govern aid and their own health sector development in the right way; that is to say, it is about teaching them the right way of governing for growth (which does not appear to be all that different from the paternalistic way in which aid has previously been managed).

Table 6. Different interpretations of a SWAp partnership (prepared by the author).

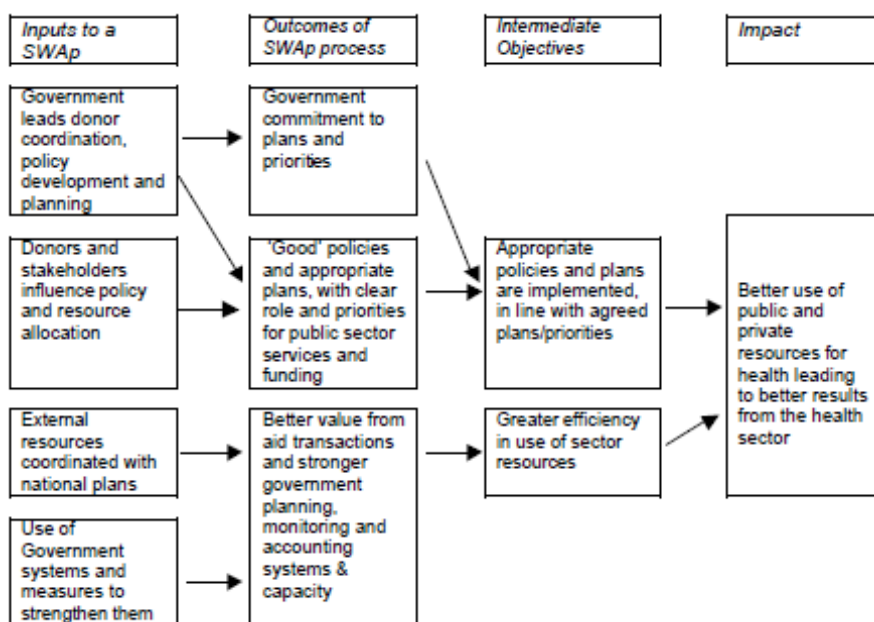
In an <i>egalitarian</i> reading of a SWAp partnership, it is about:	In a <i>neoliberal</i> reading of a SWAp partnership, it is about
<ul style="list-style-type: none"> • Opening-up decision-making • Mobilising and democratically engaging national actors • Transforming the (unequal and donor-driven) way in which aid and health are governed • Empowering the most marginalised actors as agents of their <i>own</i> development • Ensuring health equity, power and voice 	<ul style="list-style-type: none"> • A relationship between donors and governments • Ensuring the responsible economic governance of development / coordinating the investment of resources • Reforming the (economically inefficient and ineffective) way in which aid and health are currently governed • Ensuring that recipient governments are <i>capable</i> of taking responsibility for their <i>own</i> health sector development • Influencing and incentivising efficient resource use for economic growth

To this end, and apparently embedding the prescriptions of the World Bank's SIPs which were described above (and which also perhaps reflects the power of the Bank and its neoliberal thinking in the shaping of SWAp policy), a SWAp partnership is to be built around a number of managerial technologies – including a comprehensive health sector policy; a medium-term projection and plan of expenditure; and harmonised management systems (Cassels, 1997).

Indeed, these partnership technologies, which are now embedded in *all* other policies about health SWAp, seem to be worked into a depoliticised and linear theory of ‘cause and effect’ of how change happens, which justifies how the technologies of a model partnership are a means to achieve effective aid and the right sectoral governance.

While this theory is illustrated schematically in Figure 9, essentially it seems to be argued that a comprehensive health sector policy needs to be developed, led by government. This sets out ‘the roles of the public and private sector in relation to the financing and provision of services’; provides ‘a basis for prioritising public expenditure’; and is ‘jointly agreed’ with (read: *influenced* by the agenda of) donor agencies (Cassels, 1997, p.11, p.36). This policy and its priorities are subsequently translated into a clear and rational budget allocation and medium-term spending plan, to which donor agencies contribute through various means (pooled funding, budget support), and which also provides a degree of coordination with broader public expenditure / macro-economic policy (Craig and Porter, 2003).

Figure 9. An example of the theoretical framework of a ‘model’ SWAp partnership. (from Walford, 2003, p.6)



The policy and its (aid and public) resources are subsequently implemented and accounted for through the use of government management systems – including financial management, performance monitoring and procurement procedures –

which have been developed (read: reformed) in order to appropriately structure and incentivise the right management behaviour and capacity in the public sector (Peters and Chao, 1998, p.183; Harrison, 2005a). In this technical way, *all* resources (both aid and domestic) will be efficiently and effectively converted into measurable health indicators, health outputs and (economic) impact (Boesen, 2007; Craig and Porter, 2003). It is from this technical performance data that decisions will be made about future disbursements of donor resources to the health sector; thus ensuring that aid is efficiently and effectively used.

Interestingly, the use of a series of structures for managing dialogue (including formal negotiating meetings, joint appraisal and review missions and a lead donor), along with a series of partnership agreements between donor agencies and governments seem to be presented as key managerial technologies within a SWAp partnership. While these technologies could be interpreted in an egalitarian way (as described above), and therefore be understood as being about embedding equality, coordinated dialogue and mutual accountability in the partnering relationship, a more *neoliberal* reading suggests that they are a way to coordinate, influence, supervise and responsabilise recipient governments, so that they conduct themselves in the right (neoliberal) way for health and growth (Abrahamsen, 2004). For example, the proposal to establish a ‘detailed and formal’ contractual agreement in the form of ‘Memorandum of Understanding between partners’ (Cassels, 1997, p.52) can not only be interpreted as a way to formalise how donors will ‘become more explicitly involved in the scrutiny of public expenditure and the process of resource allocation’ (including, for example, through formal meetings, audits and joint reviews), but also as a way to *specify* how recipient governments are expected to responsibly act if they are to receive aid; that is to say, how they should procure goods and services, prioritise expenditure, and monitor and account for resource use (Cassels, 1997, p.3 *italics added*; Hill, 2002).

In summary then, the managerial technologies of a model partnership are presented as clear and simple, technical and harmonious means for aid agencies to successfully invest in and causally manufacture better policy, better governance, better health outcomes and better economic growth; as such they provide a compelling neoliberal argument (for actors within key donor

governments) about the need for and (economic) effectiveness of aid, and aid agencies, in a post-Cold War era.

The significance of the idea of partnership: Bridging divergent views and mobilising support

The foregoing discussion has clearly covered a lot of intellectual and practical ground. Yet, to return to the questions at hand, what does this all suggest about how and why policy about health SWAps emerged in 1997 and, moreover, how and why it incorporated the idea of *partnership*? Firstly, it seems that SWAp policy was produced as part of a wider strategic bid by aid agencies to restate the case for aid at a time of apparent crisis. As the discussion above shows, the World Bank took the lead in these efforts, exploring and promoting SIPs as an effective way to govern aid for health sector development. While bilateral agencies and also the WHO agreed that aid should be provided to the health sector, there was a level of disagreement about how it should be governed and about the somewhat prescriptive, technical and (neoliberal) economic nature of the Bank's thinking (Walt and Buse, 2006; Cassels, 1997). It was the result of an apparent clash of views about aid and health governance (cf. Williams and Rushton, 2009) at a time of crisis – when what was needed was to construct the impression that there was a global consensus about the future of aid – that SIPs were reformulated into SWAps and came to feature the idea of partnership.

Following on from this and secondly, it seems that the idea of partnership was strategically useful here because of its malleability; that is, its ability to be reframed in different ways and thus be interpreted in different ways by different people (Cornwall, 2008). Multiple representations of partnership could be strategically crafted into the 1997 SWAp text, thus allowing different actors (the World Bank, other aid agencies, donor governments and also perhaps recipient actors) who all had somewhat different (though not necessarily mutually exclusive) views about the way in which aid for health should be governed to 'read themselves into' and support the SWAp approach to aid; whilst simultaneously giving the symbolic impression that everyone was in agreement (cf. Mosse, 2005a; Cornwall, 2008; Stone, 2002).

Indeed, to reiterate the discussion above, consistently referring to the idea of partnership in the SWAp Guide gives the impression there is a consensus that partnership is the way forward for aid. However, and at the same time, the idea can be interpreted in at least two different ways: on the one hand, it can be interpreted in an egalitarian way, and so satisfy the concerns of like-minded bilaterals and the WHO (and perhaps some recipient governments) that aid should effectively result in equality and health for all; and on the other hand, it can be interpreted in technical and economic way, and so satisfy the neoliberal concerns of the World Bank (and also right-leaning critics within key donor governments – the US in particular) that aid and health can be effectively governed as a means to achieve global economic growth. In other words, partnership maintains and bridges a necessary tension about the way in which aid and health sector development should be governed, so as to mobilise action and political support for SWAps.

Mobilising political support: From SIPs to SWAps in Zambia

This mobilisation strategy certainly seems to have worked. Since the 1997 guide was produced, a number of other actors have produced policy about health SWAps incorporating the idea of partnership, including for example: many bilateral and multilateral agencies (see HLSP, 2005; OECD, 2006; DGIS, 2004; NZAID, 2006; Schleimann *et al.*, 2003), and also governments in more than twenty countries globally, including Ghana, Uganda and Zambia (Foster, 2000; see also MoH Ghana, 2007; MoH Uganda, 2010; MoH Zambia, 2006).

Policy about a health SIP had of course been developed in the Zambian health sector in the early 1990s, as indicated above. What is interesting however is that, in line with the above-mentioned discussion about the *re*-presentation of SIPs, national-level policy in Zambia also seems to have been reformulated into a health SWAp. Indeed, contrary to what is suggested in other papers on the topic (Chansa, 2006, 2008), it is argued here that it was only when the 1997 SWAp text had been published and began to be marketed globally (by the elite group of aid agencies who had developed it) that the SIP approach to aid and health sector development in Zambia was officially *relabelled* as a SWAp incorporating the guiding idea of partnership. What is perhaps particularly interesting here, and though not mentioned in the discussion above, is that

(unlike the Bank's SIP policy) the idea of partnership did actually feature in earlier health policy texts in Zambia, including in the *initial* MMD strategy about health sector reform (Kalumba, 1996). The way in which the idea of partnership was framed however began to shift as the MMD's initial policy was reformulated: first into the World Bank's health SIP approach, and secondly into a health SWAp.

Perhaps unsurprisingly given the points made in the discussion above, initially the idea of partnership was dominantly framed in an egalitarian way in the MMD's health policy. It seemed to be about transforming power relations in the health sector, and particularly about empowering districts and communities, increasing popular representation and democratising decision-making for health (Kalumba, 1997).⁸³ Donors were framed as 'cooperating partners' (CPs), but only one of many other (more important) actors in health (MoH, 1992). As this policy was reformulated to apparently reflect the Bank's health SIP approach and then the 1997 SWAp guide, a more technical version became apparent, which focused on the efficient and effective use of resources (and particularly the use of donor resources). While current national-level policy about the Zambian health SWAp can certainly still be read in an egalitarian way, as indicated above, the technical and managerial technologies of a model partnership are also now firmly embedded within it, including, for example:

1. A hierarchy of formalised structures to coordinate government-donor dialogue (see Figure 10):
 - a. An Annual Consultative Meeting – at which progress during the previous year is reported, and the budget and action plans for the next year are reviewed;
 - b. A bi-annual Health Sector Advisory Group (or SAG) – where performance and management/releases of funds are reviewed;
 - c. Monthly Policy Committee Meetings – which address general health sector-related issues; and
 - d. Weekly / fortnightly Technical Working Groups – which address day-to-day administration and focus on specific topical areas (Sundewall *et al.* 2010);

⁸³ This policy stated that districts are 'the basic point of reference for the articulation of people's power in health care' (MoH Zambia, 1992, pp.28-29).

2. An MoU contractual agreement between the Government of Zambia / Ministry of Health and donor agencies (or ‘cooperating partners’) that sets out the General Principles of Partnership, presents ‘jointly agreed terms and procedures’ and also ‘serves as a coordinating framework for consultation between the MOH and the CPs, for joint reviews of performance, for various common management arrangements, for reporting and for audits’ (MoH Zambia, 2006, p.1).

Figure 10. A schematic representation of formal health SWAp structures for coordinating government-donor dialogue in Zambia (from Sundewall *et al.* 2010).



As with the technical partnership model described above, it appears to be suggested that through these partnership structures and management technologies the governance of resources will be improved, resulting in measurable and better health service performance and health outcomes, and ultimately better growth. In other words then, Zambian policy about the health SWAp seems to closely resemble the 1997 SWAp policy text, with the managerial partnership technologies and also the ideational tension noted above (between an egalitarian and neoliberal interpretation of partnership) embedded within *both*.

Significantly, this ideational tension does *not* however appear to be an equal one. While different interpretations of partnership are certainly possible in

Zambian SWAp policy, the Cassels 1997 guide and indeed, many other policy texts about health SWAps, it is the narrow, harmonious and technical version that is the *dominant* partnership logic; and thus the prevailing SWAp policy governing mentality (see for example OECD, 2006). Arguably, this reflects the power of the World Bank in the socio-political processes that produced SWAp policy, and also the privileging of what is an ongoing political need to persuade right-leaning critics within key donor governments that aid can be economically effective. Moreover, and in support of Chapters Four and Five, this demonstrates that aid policy processes do not occur between equals, but rather are shaped by the prevailing international context of *inequality* in which aid, and indeed aid for health continues to be governed.

Conclusion

This chapter has sought to consider why policy about health SWAps was produced under the rubric of the idea of partnership, to discuss the (f)actors that contributed to use of the idea and to analyse how these (f)actors help to explain how partnership is used and framed in official health SWAp texts. In so doing, it aimed to contribute to the first aspect of this thesis' substantive research question, namely: 'Why is the idea of partnership a pervasive feature in contemporary aid policy?'

Overall, and in support of the foregoing chapters of this thesis, it has been shown that the idea of partnership features in SWAp policy because it serves to politically mobilise different actors and bring them together in support of an apparently common approach to governing aid and health sector development. While the chapter certainly emphasises that the idea of partnership features in SWAp policy because it had emerged as the 'master' concept (cf. Mosse, 2005a) within other key narratives about aid at the time and was a key way to construct the impression that there was a global consensus about the future of aid at a time of apparent crisis. It is also argued that the way in which the idea was framed in the 1997 SWAp text, and indeed continues to be framed in national policy about SWAps in countries like Zambia, actually reflects the existence of ideational conflicts and tensions about the way in which aid and development should be governed.

Partnership serves, for example, as a strategic ‘bridge’ (cf. Mosse, 2005a) between at least two different world views: on the one hand, it can be interpreted in an egalitarian way, and so satisfy the concerns of those actors who think aid should effectively result in equality and health for all; and on the other hand, it can be interpreted in a technical and economic way, and so satisfy ongoing neoliberal concerns that aid and health can be effectively governed as a means to achieve global economic growth. Partnership is ‘robust enough’ to maintain a common narrative about aid, yet ‘plastic enough’ to allow these different interpretations (Star and Griesemer, 1989, p.393).

As the chapter argued however, while different readings are certainly possible, the technical version is the dominant partnership logic; and thus the hegemonic SWAp policy governing mentality (see also Chapter Five and Chapter Nine). The problem is that while this technical mentality may provide a persuasive argument (for donor governments in particular) as to how aid and health sector development can be governed for results and growth – and a clear justification for the use of the managerial technologies referred to above – in so doing (and perhaps necessarily) it despatches with how pre-existing social relationships and wider political-economic or historical factors may shape the way policy and procedures are implemented in practice (cf. Craig and Porter, 2003). Where such factors are acknowledged, they are simply rendered as technical impediments to be overcome through better governance of resources, rather than deeply-embedded structural constraints (cf. Guljarani, 2009). Indeed, supporting the argument of Chapter Five, it is as though the local social political economy is ‘an inconvenience to be skirted’ (Craig and Porter, 2003, p.61); it is certainly *not* presented as an underlying determinant of how resources can acceptably be used, or of health or economic growth. In short, it is simply the good use of resources that equals good health and good growth.

As we shall soon see however, this partnership model not only misrepresents and simplifies the realities of health sector practice, but also goes on to reshape and constrain it (Schaffer, 1984; Mowles, 2010; Li, 2007); though not necessarily in the ways that are suggested or idealised above. Indeed, as the next chapter (Chapter Eight) will now go on to show, the dominantly technical governing mentality that is embedded in the idea of a SWAp partnership not only creates unrealistic expectations about what countries like Zambia can

achieve (and how quickly) in relation to improvements in health outcomes (cf. Schaffer, 1984), but also leads to the public or ‘front-stage’ performance of a technical version of partnership (see the section on the Sector Advisory Group’ meeting in Chapter Eight), whilst simultaneously hiding or concealing a series of ‘back-stage’ conflicts between government officials, donors and civil society actors who have different views about aid and health governance (cf. Cunliffe, 2009a). In this way, it risks what Bernard Schaffer (1984, p.144) calls a ‘straightening’ of opportunities for public debate and contest, and also the ‘narrowing’ of opportunities for change. Having discussed what the idea of partnership is and does in relation to policy about health SWAps, it is to these latter topics that the thesis now turns in Chapter Eight – the final analytical chapter before the arguments of the research are brought together into an overarching conclusion in Chapter Nine.

Chapter Eight:

Partnership and *Practice*: Translations of the health sector-wide approach (SWAp) in Zambia

Overview

- *The second in a couplet of chapters about the idea of partnership and the health sector-wide approach (SWAp)*
- *Analyses how the idea of partnership in official policy about health SWAps relates to practice, using the health sector in Zambia as a case study of focus*
- *Considers how the idea of partnership is understood, received and applied (how it is translated, consumed and/or appropriated) by different actors involved with the health SWAp in Zambia*
- *Explores how managerial partnership technologies that policy about health SWAps legitimise shape local action*

The last chapter considered what the idea of partnership is and does in relation to policy about sector-wide approaches (SWAps) for health, arguing that partnership is presented in a contradictory, yet dominantly technical and economic way, in order to inter-translate between, and legitimise a series of managerial partnership technologies to a range of actors who have different views, ideas and interests about how aid and health sector development should be governed. This current chapter addresses a related question about how such official *representations* of partnership relate to current practice, using the health SWAp in Zambia as a case of focus. In so doing, the chapter seeks to contribute to the *second* aspect of this thesis' substantive research question, which, as indicated in Chapter One, is: 'Why is the idea of partnership a pervasive feature in contemporary aid policy and *how does this relate to and shape local practice, including the practice of politics that this enjoins?*'

The chapter addresses this by considering whether and how the idea of partnership is translated, consumed and / or appropriated by actors who are involved with the health SWAp in Zambia, and also by exploring how some of the managerial partnership technologies that SWAp policy seeks to legitimise –

such as formal structures for dialogue – shape, enable, contort and/or constrain local socio-political action. As with Chapter Six which also looked at practice, the primary focus of the chapter is not *whether* partnership works – it does not seek to evaluate or measure the Zambian health SWAp against a single, normative partnership ideal – but rather aims to understand *how* policy about SWAp partnerships is understood and applied by local actors, and *how* it relates to and shapes political action in the Zambian health sector.

Given the ongoing official policy interest in SWAps for health sector development and the limited academic treatment of their wider practical implications in specific contexts (see Chapter Seven; Buse, 1999b; Hill, 2002; Sundewall and Sahlin-Andersson, 2006; Sundewall *et al.* 2006; 2010 are exceptions), investigating current practice is an important focus of inquiry. While it is recognised that many of (the limited) studies that exist have focused on the health SWAp in Zambia, the volume of scholarship: 1) does not reflect the relatively long history of the SWAp in the country, which as indicated in Chapter Seven has its roots in World Bank Sector Investment Programmes (SIPs); 2) has largely been conducted by one researcher / research team (Jesper Sundewall / Karolinska Institutet); and 3) does not specifically consider the politics surrounding SWAp partnership. As a consequence, this current chapter seeks to build on this existing work, while also satiating these evident gaps; and so provide a basis for further, recommended research and critique.

Like Chapter Six on the practice of the Global Fund, this chapter draws on an interpretive analysis of current SWAp-related practice in the health sector in Zambia and is largely informed by two periods of qualitative (and ethnographically-sensitised) field work; the first in November to December 2008 and the second from March to July 2009 (see Chapter Three) – although follow-up communications with local actors also continued until early 2011. More specifically, the chapter draws on an interpretive analysis of: semi-structured interviews with actors who were (or had previously been) involved with the SWAp in different ways – including, for example, as members of the Sector Advisory Group (SAG) or Technical Working Groups (TWGs); observations of day-to-day email conversations (by virtue of being included on

electronic distribution lists), formal meetings and informal interactions between actors who are involved in the health sector; and newspaper and field diaries.⁸⁴

Given the constraints of a chapter such as this, it is not possible to discuss every facet of the SWAp partnership in current practice. However, drawing on the above-mentioned analysis, and in line with the *critical-constructivist* approach of the research (see Chapter Two), the chapter makes **three** key points about how the contradictory, yet dominantly technical and economic, policy model of a SWAp partnership is translated, consumed and appropriated by different actors in Zambia, and how the managerial technologies that SWAp partnership policy seeks to legitimise shape, contort and constrain local socio-political action.

Firstly, the chapter shows how the contradictions embedded within official policy about partnership are ‘brought to life and replayed’ (cf. Mosse, 2004, p.664) in the health sector in Zambia, as evidenced by the multiple and competing ways in which the SWAp is interpreted as a partnership by local actors. This reveals the SWAp partnership as highly political in local practice.

Secondly, and interestingly, the chapter shows how the politics of partnership is somewhat tactically, necessarily and perhaps routinely *concealed* in certain ‘front-stage’ (that is, publicly visible) (cf. Cunliffe, 2009a) SWAp arenas. Using the example of a Sector Advisory Group meeting (SAG) – which is defined in national policy as a key partnership technology for dialogue in a health SWAp (see Chapter Seven) – the chapter demonstrates how the dominantly technical, economic and harmonious version of partnership is consumed and publicly performed as a way to sell the Zambian health sector in what is a competitive global marketplace for aid.

Thirdly, the chapter also shows how, at a time of apparent crisis in the health sector in May 2009 (following the discovery of (alleged) corruption in the Ministry of Health), this ‘hidden transcript’ (cf. Scott, 1990) of political difference and conflict between partners (between donors and government, between donors themselves, and between civil society groups) was more

⁸⁴ Further details about the semi-structured interviews are included in Chapter Three and at Appendix Five.

publicly and openly revealed, which clearly demonstrates that there are disjunctures (cf. Lewis and Mosse, 2006) between the technical model of a SWAp partnership in policy and how it works in practice. It is to these substantive points that the chapter now turns.

Understanding how the policy idea of partnership is understood, received and applied in the health SWAp in practice

Many different aspects of the health sector were explored during the field research in Zambia in order to understand how official policy about the SWAp partnership (as introduced and discussed in Chapter Seven) is translated, consumed and / or appropriated by different actors in practice. Drawing on an analysis of interviews with a range of different people who are involved in the health sector in Zambia, this first section of the chapter sets out how the health SWAp is currently understood as a partnership and considers how this relates to the official representations that were discussed in Chapter Seven. Mindful of possible disjunctures between policy and practice (Lewis and Mosse, 2006), it considers, for example, whether the health SWAp is interpreted in a participatory and egalitarian way (as one reading of SWAp policy might suggest); as a technical and economic way to influence government behaviour and ensure efficient action (as SWAp policy *dominantly* seems to suggest); or as none or all of the above?

The health SWAp as a partnership: Conflicting translations of a policy idea

While all interviewees were apparently satisfied to refer to the health SWAp as a partnership and to various different Ministry of Health (MoH), donor and ‘civil society’ or non-government organisation (NGO) actors as their partners in the health sector, discussions revealed that there were clear differences of opinion as to what the idea of partnership actually meant in relation to the Zambian SWAp; as to who is and should be a partner in the SWAp; and relatedly as to what the role of and relationship between different partners is and should be. In other words, there were conflicting views about how the SWAp partnership for health sector development was *governed* in Zambia. Although it is not possible to detail all of the perspectives that were expressed,

or to capture all of the nuances between them, examples are discussed below in order to illustrate this point.

1) **The idea of partnership: Participatory ideals?**

Some interviewees from the MoH and also local and international ‘civil society’ organisations (many of which tended to have an activist background) expressed what can perhaps be termed a participatory or deliberative view of the health SWAp as a partnership. They discussed it in terms of equality and broad-based or multi-sectoral involvement, suggesting that it should be about different partners – that is, different government departments, civil society organisations, and also donors – working together towards a common and equitable health goal, about challenging existing power relations and breaking down barriers, and opening-up decision-making and dialogue about health (*Int.* 26 Nov 2008 MoH official; *Int.* 2 Apr 2009 , *Int.* 7 Apr 2009, *Int.* 1 Jun 2009, *Int.* 11 Jun 2009 civil society organisation representatives). In short, they seemed to think that the SWAp was, or perhaps rather *should* be, about broad-based and equal participation, empowerment and voice.

While emphasising that multiple partners should participate in the SWAp, these interviewees seemed to express (what can perhaps be termed) a distinctly community- or district- focused perspective, in that they suggested that these were the most *significant* partners in health sector development. As one MoH official indicated, ‘The most important partners are communities... Until we understand communities, there will be no progress in health’ (*Int.* MoH official 26 Nov 2008). Here, it seemed to be suggested that the SWAp partnership should be about ensuring there is coordinated action to support the empowerment of communities and districts (which they believed were currently *marginalised* in the centralised way in which the health sector was governed), so that they can exert their right to equity in health (*Int.* 26 Nov 2008 MoH official; *Int.* 1 Jun 2009 civil society organisation representative). Arguably then, this perspective *resonates with* (though perhaps does not completely reproduce) the egalitarian representation of partnership that is written into SWAp policy, as discussed in Chapter Seven.

Interestingly, while these interviewees certainly expressed the above view about how the health SWAp *should* operate as a partnership, many representatives from civil society organisations suggested that practical realities were in fact rather different. Instead of being actively engaged in deliberative dialogue and debate, it was suggested for example that districts and communities actually had limited involvement and influence as a partner in the SWAp; and therefore limited real influence over local or national decision-making, priority-setting, resource planning and allocation:

Always it is the top telling the bottom what to do. Here is the menu, and you can move around a little bit. It is happening at every level... You can't speak without the blessing from the top. Even if you complain you need to have the blessing (*Int.* 1 Jun 2009 civil society organisation representative).

Rather than being broad-based and inclusive then, partnership in SWAp practice was seen to be highly centralised (towards MoH headquarters in Lusaka) and, moreover, centred around a more narrow relationship between the Ministry and donor agencies (which are referred to locally as cooperating partners or CPs) (*Int.* 20 Nov 2008; *Int.* 7 Apr 2009 civil society organisation representatives). As one interviewee succinctly put it: 'It is government, CPs, government, CPs, government, CPs' (*Int.* 2 Apr 2009 civil society organisation representative). These interviewees were particularly critical of what they saw as the Ministry's (and by extension the current MMD government's) focus on CPs and funding, and its apparent pandering to donors to secure resources at the expense of local actors, whose views and ideas were effectively screened out of SWAp debates. As one interviewee explained:

The attention is to donors. I had a meeting with one of the Directors at the Ministry, some guys from the World Bank showed up and they say "sorry, come another time". They won't listen to an idea because they have money there. I have ideas, but they have no room for ideas. One on hand, they think they have ideas, but not ideas that are critical in the way they should be...You can be [x] or [x], they will not come to any dissemination. If donors call for a meeting everyone goes... I have nothing to threaten them with (*Int.* 1 Jun 2009 civil society organisation representative).

In other words then, these interviewees were effectively suggesting that the MoH found it difficult to balance the needs and interests of local and also donor partners in the SWAp, and therefore to be mutually accountable to both.

In short, they thought government saw donor agencies as the most important partners in the health SWAp.

Indeed, it actually seemed to be suggested that donor agencies now had more influence and therefore more power in the health sector than they had in the past due to the close donor-government relationship that the SWAp partnership currently brought (*Int.* 7 Apr 2009 civil society organisation representative; *Int.* 1 Jun 2009 civil society organisation representative); a view that seemed to be implicitly shared by at least one MoH official, as reflected in the following quote:

We are now partners. In the old days, it was just writing a cheque. *They are now part of the system.* We have to listen to the feelings of friends... If you think its not good then tells us and we will change it (*Int.* 26 Nov 2008 MoH official *emphasis added*).

For these above-mentioned interviewees then, the SWAp partnership was a somewhat elite-dominated and closed political arena that did not fulfil their participatory expectations about the way in which health sector development should be governed.

2) Altogether different views: An efficient and effective service delivery partnership or a means for governance reform?

Significantly, other interviewees had somewhat different expectations, views and ideas about the health SWAp than those described above, which (as we shall now see) reveals the complex, messy and politically contested nature of this partnership in action. Certain donor agencies and also some ‘civil society’ (NGO) interviewees who had a predominantly service delivery role in the health sector, seemed to interpret it as being about facilitating the delivery and implementation of health services. Rather than emphasising the need to transform community dialogue and voice (as above), they thought that the SWAp should be about securing synergies in service delivery for communities, and ensuring that resources (largely financial ones) are allocated and managed efficiently and effectively (*Int.* 23 Apr 2009, *Int.* 9 Jun 2009, *Int.* 4 Jun 2009 civil society organisation representatives). This view clearly differs in emphasis to the perspective discussed above and also demonstrates that there was some

divergence between different ‘civil society’ actors about the way the health sector should be governed.

Interestingly, there were also divergences between different donor agencies about how the SWAp should and actually did currently operate as a partnership. While one particular aid agency representative clearly had a service delivery view, in that they thought partnership should be about coordinating resources for efficient health care and service implementation, it seemed that there was inherent scepticism about the Zambian government’s and MoH’s capacity as a partner here. As a result, it was suggested that if being a partner in the SWAp meant delivering aid resources in a way that avoided the public health sector system (i.e. giving to the private sector or for what were essentially private NGOs projects) then this was acceptable, so long as the MoH as a partner was kept *informed* (Int. 12 Jun 2009 aid agency representative). Indeed, doing so would mean that there was effective internal control over expenditure and resource use, and would help fulfil that particular aid agency’s own organisational constraints and reporting requirements to their headquarters.

It was however, suggested that some level of coordination with the Ministry was necessary and could be achieved through the provision of a limited amount of direct government funding. As the representative somewhat candidly explained: ‘We do give to government... but it is very little... it buys us a seat at the table’ (Int. 12 Jun 2009 aid agency representative). In some respects then, with this apparently sceptical view of the role of the MoH, this donor agency representative was advocating a somewhat neoliberal version of the SWAp partnership, in which what was important was efficiency and effectiveness in resource use for health service delivery, and the potential limiting or even rolling back of direct government involvement as a partner in health.

Other representatives of donor agencies seemed to interpret the SWAp as a partnership in a slightly different way. Apparently *rearticulating* the dominant model of partnership in SWAp policy (see Chapter Seven), here the emphasis was on partnership acting to strengthen or rather *reform* the way aid and public resources for health are governed. These donor officials suggested, for example, that the SWAp partnership was about having a coordinated and technical process (rules and procedures) for efficiently and effectively allocating health

resources, and about strengthening the systems through which aid and public expenditure were managed; thereby helping recipient governments to capably ‘move forward’ with their *own* health sector development (*Int.* 24 Jun 2009; *Int.* 22 Apr 2009; *Int.* 16 Apr 2009; *Int.* 16 June 2009; *Int.* 27 Nov 2008 aid agency representatives).

Rather than being broad-based and inclusive, here a SWAp partnership was much more narrowly discussed: as a coordinated relationship between *donors* and *governments*, and moreover as a relationship that was about monitoring the effective use of resources within a common planning and management framework. As one aid agency representative indicated:

If I'm honest, the way we are currently working, our key partners and the bulk of our programme is the Ministry of Health and other CPs... Though there is an effort to engage with civil society through contacts... those two groups [MoH and CPs] are the key partners... A lot of what we call partnership is process management. It is also a common goal and objectives set. People really do try to go back to that core (*Int.* 16 June 2009 aid agency representative).

This is not to say that other actors were not seen as important, and indeed there was some level of sensitivity as to how, for example, ‘civil society’ organisations/health NGOs were engaged in health sector development, but the primary concern was the relationship with and actions of *government*; and more specifically about how the government (MoH) efficiently, accountably and transparently used aid and public resources (*Int.* 29 Apr 2009, *Int.* 16 June 2009, *Int.* 27 Nov 2008 aid agency representatives).

Perhaps reflecting some sensitivity to broader criticisms about the way in which aid had been managed in the past (see Chapters Five and Seven), some officials emphasised that the partnership was not about donors *imposing* a health sector agenda on the government, yet (paradoxically) implied that decisions and resource allocation could be influenced indirectly, through coordinated dialogue (donors speaking in one voice) and managerial techniques – those same (neoliberal) managerial techniques that are legitimised through the dominant version of partnership in SWAp policy (see Chapter Seven). One official emphasised for example that: ‘The Ministry makes decisions, we advise’ (*Int.* 16 Jun 2009 aid agency representatives); that is to say, they advise

the Zambian government to make (what they see as) the right neoliberal governing decisions for health (and ultimately economic growth).

A number of other officials indicated that the partnership was built around a joint planning framework, a Memorandum of Understanding (MoU) or contract, an agreed series of reports, formal meetings, and monitoring and performance targets, which had been devised as a *means* to bring about effective health governance (*Int.* 24 Apr 2009, *Int.* 22 Apr 2009, *Int.* 29 Apr 2009, *Int.* 26 May 2009 aid agency representatives). As one aid agency representative indicated:

To do so and really have a good partnership we have signed an MoU, where we have clarified roles and responsibilities, obligations. It is some kind of contract... and then in the partnership we are also active in all the meetings, the Working Groups... Its a partnership for transparency and openness (*Int.* 22 Apr 2009 aid agency representative).

In other words then, implicit to this particular donor agency view was that the SWAp as a partnership was about advising and monitoring (teaching and supervising) good (responsible, neoliberal) governance of the health sector by the government (MoH) for Zambia's own (economic) development; which, interestingly, does not appear to be all that different from the paternalistic and unequal way in which aid has previously been managed. These particular interviewees then, seemed to be reproducing the dominant technical and economic model of partnership within SWAp policy.

Importantly, and to be fair to many donor officials, many were critically reflective in interviews about the success of this version of partnership in practice; about the way in which the managerial partnership techniques referred to above were perceived by government and perhaps *failed* to operate (as intended) in practice; and, relatedly, about their own role as a partner in the health sector. One donor official questioned, for example, the potentially uneven nature of the partnering relationship with the government, noting that: 'I don't know if it is an uneven friendship – one having money and one not' (*Int.* 22 Apr 2009 aid agency representative). Others expressed concern about the formal structures that were used for dialogue, questioning whether Technical Working Groups in particular were seen as a way to monitor and check up on government behaviour (as suggested above):

I get the sense that government do not think they are useful any more... Government see it as peering over their shoulder and we are seen as pointing the finger. The whole structure of the SWAp is quite onerous on the government... It needs some re-thinking [sic] (*Int.* 16 Jun 2009 aid agency representative).

Despite an apparent normative commitment to some kind of partnership working then, and the need for a technical, efficient and effective mode of health governance, these donor officials were concerned about the politics of the SWAp partnership; about the practical effectiveness of neoliberal managerial partnership technologies; and about the possible inequality in the power relationship between themselves and the government (MoH). As we will now see, a number of government representatives also expressed similar concerns about the inequality and politics of partnership.

3) Further translations of the SWAp: Partnership, government leadership and external influence

A number of actors who currently, or had previously, worked at the MoH (*Int.* 22 Apr 2009; *Int.* 31 Mar 2009; *Int.* 27 May 2009; *Int.* 8 Jun 2009; *Int.* 12 Jun 2009 MoH representatives) and also a donor agency official (who had a close historical relationship to Ministry) (*Int.* 21 Apr 2009 aid agency representative) interpreted the SWAp as a partnership in a different way to the perspectives discussed above. They seemed to suggest that partnership should be about government leadership (perhaps even dominance) in decision-making, planning, resource allocation and management within the health sector, and involve all public and external funds supporting *the Ministry's* overarching plan. As one ex-MoH official explained, the SWAp partnership should involve MoH '...leadership to set, control parameters and offer both direction in terms of policy, and information, in terms of implementation about the health sector in the country [sic]' (ex-MoH official 31 Mar 2009). This is not to say that other actors were not seen to be important, but these interviewees seemed to express (what can perhaps be called) a nationalist and moreover government-centred view: that the MoH should direct and control local health action, with others in support.

In practice however, these interviewees suggested that partnership and, by extension, government leadership was *undermined* by the way in which some

donor agencies acted and tried to shape health sector development (*Int.* 31 Mar 2009; *Int.* 12 Jun 2009; *Int.* 26 March 2006 MoH officials). As one Ministry official succinctly stated: ‘Of course, if they put money in they want an influence’ (*Int.* 12 Jun 2009 MoH official). This influence could be exerted in various indirect ways: through for example dialogue in planning and priority-setting or ‘synchronisation’ with managerial rules (*Int.* 22 Apr 2009 MoH official). In relation to priorities and planning, as one ex-MoH official explained:

You may find that issues to do with [x] should not appear at all, but other donors may feel otherwise. You find that your strategic plan, what should be a coherent document, for priority concerns, gets watered down and they start questioning allocation and resource use... so it is a difficult task that the Ministry has... It is a reflection of the weakening stewardship role of the Ministry (*Int.* 31 Mar 2009 ex-MoH official).

There was clear disaffection with some of managerial partnership technologies that are part of the *Zambian health SWAp*. Certain Ministry officials saw them as *donor-required* instruments that were designed to micro-manage the health sector; which reinforces the same concern expressed by donors above. Referring to a lengthy financial report on Selected HMIS [Health Management Information System] Indicators for Districts, which is produced for and presented at Sector Advisory Group meetings (see Chapter Seven and later), one Ministry official indicated that: ‘This report is *required* by donors; if they had no influence we would just stick to government procedures’ (*Int.* 12 Jun 2009 MoH official *emphasis added*). Moreover, referring to the formal structures for dialogue that are set out in the *SWAp MoU*, one MoH official commented ‘We see them on the Technical Working Groups, after these other [policy] meetings, what more is there to go through?’ (*Int.* 8 Jun 2009 MoH official).

Interestingly, this same official (on a separate occasion) was keen to point out, that some donor agencies did not just exert an influence directly in and through the health sector, but could also *indirectly* shape spending priorities from outside by liaising with the Ministry of Finance and National Planning. By setting limits on public expenditure on personal emoluments (PE), donors constrained the financial context for health and thus limited human resources for health: ‘They say, the PE to GDP ration for health is too high, wage freeze

please... [X] were arguing that MoH had reached *full employment*' (Int. 27 May 2009 MoH official *emphasis added*). The paradox here is that many rural health centres either have no staff or are staffed by untrained personnel and there are estimated to be over 10,000 less nurses and over 1,500 less doctors than is ideal, as based on government and WHO criteria (MoH Zambia, 2005, p.22). This supports the assertions of critics like Rick Rowden (2009) that donor influence on macro-economics is contorting and constraining the governance of public health in countries like Zambia (see also Unger *et al.* 2010).

Given this point, why might the MoH (and Zambian government more broadly) put up with such influence? Perhaps unsurprisingly, it seems that it is accepted in order to continue to access external aid funds; and all the other, potential material benefits (for example consultancy opportunities, promotions and so on) that the aid industry comes with. These points will be returned to later in the chapter when discussing the meeting of the Sector Advisory Group.

Multiple and competing translations: The politics of partnership?

The above discussion has clearly demonstrated that there are there are multiple and indeed competing translations of the idea of a health SWAp partnership in practice. Given that there are several ways in which the idea of partnership can be interpreted in SWAp policy (see Chapter Seven), it is perhaps unsurprising that there are also multiple interpretations of partnership in practice. The ambiguity in the way the idea of partnership is framed in SWAp policy, which is arguably necessary because it facilitates the enrolment of support for the approach, allows this to happen (see also Sundewall and Sahlin-Andersson, 2006). While there are certainly parallels in the way in which the SWAp as a partnership is represented in official policy and how it is interpreted in local practice; with, for example, a participatory view, co-existing alongside a rather more technical and economic view (see Chapter Seven), which suggests that policy *does* reflect practice in Zambia in some way. It is also apparent that local actors have drawn on their ideas, interests, history, relationships, and organisational constraints to make their *own* sense of the partnership in action.

Indeed, while the partnership contradictions embedded in official SWAp texts are to some extent ‘brought to life’ in practice (cf. Mosse, 2005a, p.105), there are also clear ‘disjunctures’ (cf. Lewis and Mosse, 2006) between the two; with the existence of the nationalist or government-centred view a key case in point. This supports the earlier assertion made in Chapter Six that the meaning of the idea of partnership is not simply internalised and transferred into different health development contexts, but rather is actively *reinterpreted* by different actors, and has to be worked out in practice through interactions, communication and relationships; in other words, through politics and the everyday relations of governance. Rather than simply being a technical and economic practice then, as partnership seems to dominantly be portrayed in SWAp policy (see Chapter Seven), it seems that the SWAp partnership in action is actually a highly political, complicated and messy local arena, in which heterogeneous logics, interests and strategies come into ‘confrontation’ (Olivier de Sardan, 2005, p.137).

As with Chapter Six, a key political question is perhaps whose perspective ends up dominantly shaping the partnership in practice? While understandings of the SWAp partnership are clearly not differentiated along simple organisational or sectoral lines – with, for example, sometimes certain government and donor actors sharing a common view – as the next section of this chapter will now go on to show, in the politics that ensues over the different aid modalities that are used within the SWAp partnership, it seems clear that it is the views of certain donor partners that prevails. As we shall also see however, the Zambian government (MoH) is certainly not an entirely *powerless* partner here; there actually seems to be a constant struggle for influence and control in what is a ‘battlefield’ of knowledge, of interests and of people (Long, 2001; Mosse, 2005a, p.107).

The politics of aid modalities: Projects, pooled funding and budget support

The divergent understandings of partnership discussed above seem to manifest in tensions between different actors around specific aspects of the SWAp as it operates in practice. There was particular sensitivity, for example, around the particular aid modalities that different donor agencies use to deliver resources to the health sector. Many MoH officials expressed a preference for receiving

resources through the health sector basket or through sector budget support (SBS) – wherein donors respectively either use a common funding mechanism to pool aid directly for a set of MoH purposes (for example, district health care or drug procurement), or give earmarked health resources to the Ministry of Finance National Planning (MoFNP), which are then passed on to the MoH through government channels. Either way, these were apparently preferred by the MoH because it was believed that they supported the Ministry’s leadership role in the SWAp partnership, and therefore in planning, decision-making and resource allocation, as indicated above (*Int.* 26 Nov 2008, *Int.* 31 Mar 2009, *Int.* 7 May 2009, *Int.* 27 May 2009, *Int.* 8 Jun 2009 MoH officials).

Perhaps reflecting historical sensitivities between the MoH and MoFNP, and, in particular, concerns about how health is prioritised in broader national budgetary debates, there were mixed views on the part of the MoH about the move by some donors (specifically DfID) towards General Budget Support (GBS), which some interviewees believed had occurred *without* their involvement as partners (*Int.* 8 Jun 2009; *Int.* 26 Nov 2008; *Int.* 26 March 2009 MoH officials). For GBS, donor funding is channelled directly to the national budget *without* any earmarking for health, and there was a concern that this would result in health sector funding either not being received, or not being received on time – which is essential if it is to be relayed to support and maintain the MoH HQ’s partnership with district-level facilities.

While these concerns seemed to be unfounded at the time of the research – with a generally timely receipt of funding from MoFNP – the change in political leadership due to the unexpected death of President Mwanawasa in late 2008 meant that there were concerns about how GBS would be relayed to the MoH in future. As one donor official who worked closely with the MoH explained, ‘There are things that have been going very well [with GBS]; except just the fear that Ministry of Finance might have other priorities when it comes to the health sector’ (*Int.* 29 Apr 2009 donor agency official).

Certain donor officials had different views to the MoH about GBS, by virtue of their different position in the health sector; their differing understanding of the SWAp as a partnership; and their own organisational constraints and commitments. For some, they emphasised that GBS was a modality that their

agency was committed to organisationally and that it was a systems approach, which enabled them to work alongside government and to provide them with advice; thereby strengthening the capacity of not only the Ministry of Health, but also the broader governmental apparatus for managing health and development (*Int.* 27 Nov 2008; *Int.* 26 May 2009; *Int.* 29 Jun 2009). In other words, it was a way to influence and *reform* developmental governance: from the inside of the government out.

Despite the evident difference in focus here, many donor and Ministry officials *shared* a critical view of those bilateral and multilateral donors who chose to fund their own specific health projects and of certain global health initiatives, particularly the Global Fund (which is discussed in Chapter Six) because they thought it undermined their own efforts to work in partnership (*Int.* 26 Nov 2008, *Int.* 26 Mar 2009, *Int.* 8 Jun 2009, *Int.* 26 Jun 2009 Ministry of Health officials; *Int.* 27 Nov 2008, *Int.* 4 Jun 2009, *Int.* 16 Jun 2009, *Int.* 21 Jun 2009, *Int.* 29 Jun 2009 aid agency officials); an observation that was also made by Sundewall *et al.* (2009). From the Ministry's perspective, the primary concern here seemed to be how the Global Fund's vertical funding of AIDS, TB and malaria, which was largely outside statutory systems, undermined their leadership role and ability to exert control in the governance of health – and, in particular, because it undermined their planning cycle and budgeting processes (see Chapter Six).

While donors also expressed concern about this, they seemed to be particularly concerned about how focusing on specific diseases undermined their own efforts to coordinate the oversight and improvement of health governance (*Int.* 27 Nov 2008, *Int.* 16 Jun 2009 *Int.* 29 Jun 2009 aid donor officials). As one aid agency official commented: 'Quite frankly, this vertical funding is disgraceful' (*Int.* 4 Jun 2009 aid donor official). Although both Global Fund policy and official texts about SWAps refer to the idea of partnership then (as Chapters Four and Six show), it was clear that both these approaches to aid and health governance were regarded as *different kinds* of partnership in practice.

Strategically concealing politics: The Sector Advisory Group (SAG) as depoliticised political theatre

Interestingly, despite the politics surrounding different aid modalities, and evident concerns about the way that the Global Fund and other global health initiatives were impacting on health governance in Zambia, this dissonance seemed to be strategically concealed in the public and formalised meetings that were held as part of the SWAp; and which are, according to SWAp *policy*, key managerial technologies for coordinating partner dialogue and investment in health (see Figure 10 in Chapter Seven). Despite a Global Fund representative being present at the Sector Advisory Group (SAG) meeting on 2 April 2009 for the first time, no comments or criticisms about the Fund were openly aired by MoH, donor or civil society officials that were present. Instead, the Global Fund representative was introduced by the MoH as a partner in health and was warmly welcomed by saying: ‘We are happy to have you on the team’ (*Observ.* 2 Apr 2009 MoH official)

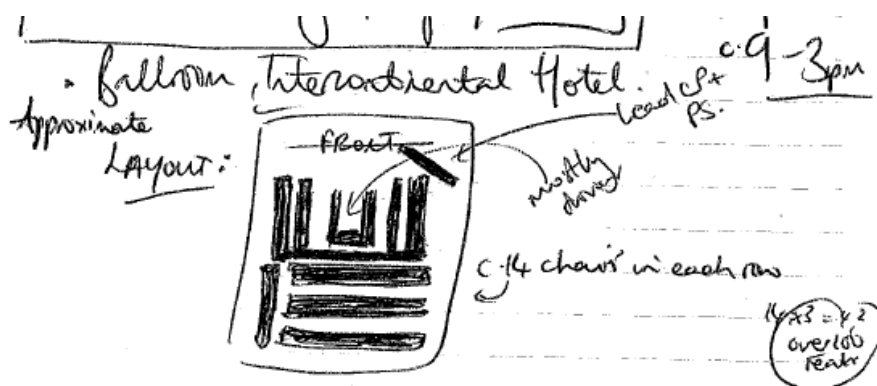
It seems that politics was strategically concealed throughout the whole of the SAG, with an apolitical and technical, positive and harmonious version of the partnership performed instead. Indeed, it was as though the SAG was a form of political theatre; with various plots and scenes during the (five-hour) meeting, different characters playing their partnership roles, and all working to a similar script, so as to successfully ‘stage-manage’ a technical performance of the partnership in practice (cf. Cunliffe, 2009a). This was an interpretation that seemed to be shared by a number of interviewees, who commented on the lack of critical substance to discussions, the emphasis on ‘positives’, and the SAG’s role as a (somewhat unproductive) ‘talking shop’ (*Int.* 29 June 2009, *Int.* 1 June 2009 civil society organisation representatives; *Int.* 29 June 2009, *Int.* 1 June 2009 aid agency representatives). In other words then, it seems that the SAG was a symbolic partnership display and, moreover, one that not insignificantly seemed to *conform to* the dominant way in which partnership is represented in SWAp policy (see Chapter Seven). While we will consider a little later in the chapter why this particular version of partnership was publicly performed, it is perhaps useful to give some examples from the SAG meeting, in order to support this point.

1) Setting the scene and technical partnership scripts

First, the scene was set at an up-market hotel in the centre of Lusaka: there was an orderly layout of tables and chairs, the organised handout of reports and supporting papers, and a clear orientation towards a ‘front-stage’ area, where leading characters in the SWAp partnership could execute their roles (see Figure 11). The plot was elaborated in a clear agenda and the performance then began with a series of opening remarks by leading actors; who followed a similar partnership script (cf. Cunliffe, 2009).

The MoH representative spoke using a language of harmony and technical achievement, emphasising that: the SAG was a forum for strengthening accountability and performance monitoring; that there was some technical capacity challenges in scaling-up health interventions; that it was positive that plans to address these challenges were ‘more targeted and more results-based’; and that government would ‘...undertake immediate measures to address the concerns of all partners’ (*Observ.* 2 Apr 2009 MoH official SAG meeting). They noted that one character – the Churches Health Association of Zambia (CHAZ) – was a key partner in health and (un-problematically it seems) was now representing ‘the whole of civil society’ (*Observ.* 2 Apr 2009 MoH official SAG meeting); though it is unclear how one actor can execute such an all-encompassing role. The MoH representative also ‘welcomed’ a new character to the SWAp partnership – New Zealand aid – noting (again somewhat unproblematically despite the criticisms about verticality noted above) that ‘their focus was civil society and child health’ (*Observ.* 2 Apr 2009 MoH official).

Figure 11. Field diary sketch of the scene of the SAG meeting, 2 April 2009.



The opening remarks of the ‘civil society’ (CHAZ) representative followed a similar, harmonious and positive pattern. While indicating that there could be ‘more effective’ civil society involvement in planning and budgeting, they emphasised positively that: ‘We are grateful for the partnership we are seeing’ (*Observ.* 2 Apr 2009 CHAZ official). Similarly, the lead donor for the sector, which at the time was the UK Department for International Development (DfID), emphasised Zambia’s commitment to and performance in health, noting that although there were still geographical challenges: ‘If we continue to work together in partnership we can make a real difference; lets make that our mission’ (*Observ.* 2 Apr 2009 DfID official).

2) Data, numbers and quantification: A dominant technical dialect

Having established a positive and apolitical scene, throughout the rest of the SAG dissonance was consistently downplayed through the presentation of considerable volumes of technical health data; so much so that statistics, numbers and quantification came across as the dominant *dialect* of the meeting (cf. Bergamaschi, 2009). Lengthy statistical reports (around ninety pages in length) were distributed and discussed, which showed apparently positive progress towards achieving specified SWAp health targets; and a series of presentations emphasised favourable aggregated health sector performance data, as measured against last year’s benchmarks and the National Health Strategic Plan. It was emphasised, for example, that malaria incidence had reduced in all provinces between 2006 and 2008 as a result of the SWAp partnership, as had the percentage of children who were underweight. Moreover, in terms of finances, one presentation showed a series of graphs that participants were informed showed the efficient total dispersal of funds from the health sector basket to districts (*Observ.* 2 Apr 2009 MoH official SAG meeting).

There was little qualitative discussion or deliberative debate *about* this technical health and financial data, which reinforced the technical portrayal of the SWAp partnership in practice. There was, for example, no critical analysis of limitations in data quality; no explanation about how the figures had been achieved; no debate about whether the aggregation of technical health data might conceal underlying health inequalities; and no consideration, for example,

as to whether districts were receiving their total funding *on time*. Rather, it was all about proving efficiency, health outcomes and partnership results.

While the positive introductions and dominantly technical dialect of the meeting provided a seemingly persuasive *performance* of the apolitical and successful nature of the SWAp partnership in practice, the public downplaying of politics in this way was clearly a *symbolic construction*, as evidenced by the discussion above about the different translations of partnership. Moreover, while the lengthy reports and presentations were presented as if they were technical and precise, this was also somewhat ‘illusory’ for a number of reasons (cf. Bergamaschi, 2009).

Firstly, and as Deborah Stone (2002) indicates, such data is never entirely neutral or value-free; it always reflects a political choice about what should be collected and presented, and will inevitably affect who gets what, when, where and how (cf. Lasswell, 1936). Secondly, collecting health data requires considerable infrastructural backup: it not only requires people who have the skills to assess and record the necessary information, and who have the time to do the form-filling that the process entails; but it also requires supportive resources to travel to and from more remote regions across the country, including during the seasonal rains, to obtain information from those areas which are rarely reached in everyday health sector practice (*Int.* 7 May 2009; *Int.* 10 June 2009 civil society organisation representatives). Given the historical evolution of the health sector in Zambia, including its progressive erosion through structural adjustment reforms in 1980s and 1990s, which have led among other things to a loss of human resources due to lay-offs and out-migration (see Chapter Seven), the necessary people, skills and other resources are simply not present. It is therefore impossible (and unrealistic to expect) precise health data to be compiled. The technical dialect of the SAG meeting and the lack of open criticism seemed to strategically *conceal* these historical embedded difficulties, and the considerable political challenges in resolving them.

Why was there a technical and apolitical performance of partnership?

Yet why would *all* actors involved in the SAG – government, donor and also civil society actors – be so apparently *mutually enrolled* in this technical performance? That is to say, in accepting a technical dialect, in downplaying politics, and in not openly criticising or questioning the SWAp partnership in practice? In other words, why did they all engage together in creating order where there is disorder; and thus in constructing the appearance of a technical partnership through political acts of ‘composition’ (Latour, 2000; Mosse and Lewis, 2006). As the following examples will now show, it seems that this occurred because the ideas and interests of different actors are all, to some extent, tied-up in creating this orderly and depoliticised impression.

On the Ministry of Health side, a technocratic and economic appearance is instrumentally useful because it demonstrates a level of compliance with (or conformance to) the dominantly technical way in which the idea of partnership is represented in SWAp policy, and is therefore a strategic way to try and access more aid resources. As indicated above and in Chapter Seven, according to official policy, forums like the SAG are intended to be a space for dialogue and, in particular, for reviewing the results and technical effectiveness of the SWAp partnership approach. Because these judgements (of apparent partnership success) are then linked to future disbursements of aid (including basket funding and GBS, as mentioned above), there is something of an incentive here for the MoH to construct a technical impression, to emphasise the way in which the SWAp has performed and achieved positive health outcomes; and to downplay politics and criticism. In other words, apparently perceiving the importance of the way partnership is dominantly *represented* in SWAp model – and therefore of being seen to govern technically and effectively – what seems to have happened is that the MoH has tried to retranslate local partnership events and interactions back into the logic of this model, so as to sell the health sector as a legitimate, responsabilised and effective site for aid.

Indeed, in support of the argument of Chapter Six, it seems that what has happened is that the dominant (neoliberal) model of partnership has been consumed by the MoH as a type of policy commodity. This has then served as an input into a local process of (*re*)manufacturing, which sought to convert the complexity and politics of local practice into an orderly product (the SAG),

which was then publicly traded to local donor officials in order secure access to their resources (cf. Orlandini 2003; Rushton, 2008). Interestingly, this interpretation of the SAG was supported by one government official who noted that: ‘The Sector Advisory Group is a platform to *market up* the health sector’ (Int. 18 June 2009 MoH official *emphasis added*).

As with Chapter Six, there is no suggestion of duplicity here (cf. Mosse, 2005a); no lies were told; rather, what happens is that politics and dissonance are selectively edited out of public SWAp practice, so as to give the impression that disorderly local practice is compliant with orderly SWAp policy models (Rushton, 2008; Ferguson, 1990; Marriage, 2006). Indeed, this is something of a *necessity*: in what is effectively a competitive global market for aid, it is difficult for the Ministry *not* to portray the SWAp partnership as an achievement in terms of currently favoured models because the cost of ‘breaking ranks’ is high (Mosse, 2005a, p.235). In short, it could jeopardise their relationships with aid donors and the opportunity to access their resources (cf. Eyben, 2010).

Importantly, the MoH is not completely powerless here – this practice is actually in some senses an expression of their power in the SWAp partnership, because it helps them to secure access to aid. Indeed, the particular way in which the MoH tried to construct a technical governing appearance was perhaps an expression of resistance to dominant governing models, because of the way in which it gave the MoH a certain amount of room for manoeuvre in the partnership in practice. As indicated above, the MoH presented a considerable volume of technical health performance data in the SAG in order to demonstrate that it had achieved results and was worthy of future disbursements of aid. While this action demonstrated a level of compliance with expected managerial reporting procedures embedded in SWAp partnership policy, the voluminous and opaque way in which the reports were presented actually served to blur the dialogue in the SAG meeting and this was, it seems, a political strategy to quietly evade and deflect (what the Ministry sees as) donor surveillance, influence and control (cf. Bergamaschi, 2009).

Interestingly, it seemed as though the above-mentioned marketing strategy was implicitly understood by other governmental actors who were present in the

SAG, who did not voice any criticisms throughout. Indeed, it was almost as though there was an unwritten rule that it was not acceptable to speak-up in the meeting. While this helped to construct the appearance of technical consensus and success, conversely it served to limit public deliberation about health governance issues; and this, significantly, meant that the factors shaping and barriers to health service delivery or health outcomes were not openly discussed. As one interviewee commented about the SAG:

There is definitely *sensitivity* in terms of criticism. There are strong [government] voices saying that Zambia has achieved all the harmonisation and worked with donors over a fifteen year period. It is clear that that is the line to take... As a result, issues get brushed under the carpet (*Int.* 9 Jun 2009 civil society organisation representative).

While some donor officials expressed private frustration in interviews about this lack of criticism and debate within the SAG, they did not openly express any criticisms themselves (and thus those views that were aired in interviews as described above). Instead, they seemed to be mutually enrolled in maintaining the public ‘fantasy’ (cf. Marriage, 2006) that the SWAp was a technical and apolitical (a neoliberal) partnership. Yet why might this have been the case?

On the one hand, donors may not want to destroy this appearance because to do so could damage their *own* image. Aid officials want Zambia and the SWAp to be seen as a successful neoliberal and technical partnership because it means they can themselves demonstrate results – to their colleagues, to their agency headquarters and to their donor governments – and it is also good for their status, promotion prospects and future career. On the other hand, another possible reason why criticisms were not openly aired could be because some donor officials are aware of and confused about the divergent ways in which the idea of partnership is represented in SWAp policy, and are therefore uncertain as to their own role in this partnership in practice. During interviews, for example, certain individuals expressed concern as to whether it was legitimate for donors to express criticism, whether this was actually an undue form of influence, and whether ‘civil society’ or other government actors should be doing this instead (*Int.* 16 Apr 2009, *Int.* 22 Apr 2009, *Int.* 16 Jun 2009 aid agency officials). As one interviewee commented: ‘The problem with me standing up and saying this, I am a cooperating partner... Government has got to say it’ (*Int.* 16 Apr 2009 aid agency official). In other words, and as

Maria Eriksson Baaz (2005) notes, ‘mixed messages’ within policy discourse about partnership give rise to donor agency insecurity and uncertainty in the SWAp partnership in practice.

At the same time, and as indicated above, donor officials may not have openly critiqued the technical health performance reports that were presented by the MoH in the SAG (despite the fact that the meaning of this data was somewhat opaque) for more overtly instrumental reasons, because it gave them a degree of leverage over the MoH behind closed doors. While concealing dissatisfaction maintains the public facade of a technical and apolitical partnership, behind closed doors the opaque data can serve as a means of control: donor officials can say, for example, ‘You didn’t write this’ or ‘didn’t present that in the right way’ and therefore that ‘We are not going to disburse our aid funds until you do x, y and x’ (*Int.* 8 June 2009 MoH official; *pers. communication* civil society organisation representative). As one civil society representative commented, the timing of disbursements is actually ‘...a key area of grievance by MoH. Donors use this to arm-twist MoH into doing what they want’ (*Pers. communication* 12 Apr 2009).

While the timing and delay of funding actually has a *significant impact* on the way the health sector is governed in Zambia – limiting the control the MoH HQ has over funding processes, eroding relationships with district facilities as their funding is delayed, and disrupting the procurement of drugs and sometimes payment of salaries – donors do not ever publicly report on this; despite the fact that, as Jeremy Gould (2005, p.72) indicates, ‘timing is perhaps the most effective instrument for controlling the operation of the aid domain’. This above discussion therefore raises questions as to the extent to which donor agencies are held mutually accountable within the SWAp partnership, and to which this partnership in practice is (and indeed could ever) be an equal or technical mode of governance.

Before moving on, it is perhaps useful to very briefly consider why ‘civil society’ actors present in the SAG did not raise queries or criticisms, and thus why they are also mutually enrolled to some extent in the technical public performance of partnership. Very few ‘civil society’ actors were present in the SAG meeting, and a brief analysis of the participant lists from previous

meetings shows that this is not unusual. Indeed, it is the same ‘usual suspects’ who attend (cf. Harman, 2007), despite the fact that it is essentially an open forum for dialogue. While *anyone* can participate in the SAG in principle however, there is little history of ‘civil society’ engagement in such structures, and indeed of direct engagement with the MoH; due to deep-seated ‘sensitivities’ and state intolerance towards any form of dissent (see Erdman and Simutanyi, 2003). As a result, there are still suspicions on the part of many ‘civil society’ and MoH actors as to their respective intentions and uncertainty as to how interactions can and should occur. Those ‘civil society’ representatives that are present in SAGs are individuals or organisations that have managed to build up a trusted relationship with the MoH over an extended period of time. Yet, due to ongoing perceptions of sensitivity of government actors towards their open participation, they preferred to passively observe in public fora; raising health issues and concerns through more private and personalised channels (*Int.* 1 June 2009, *Int.* 9 June 2009 civil society organisation representatives). As one interviewee explained:

You need to have the blessing to complain... [if] you are branded a trouble-maker, then they will perhaps not invite you here or here. If you are a noise-maker, that’s how you are treated (*Int.* 1 June 2009 civil society representative).

In short, it seems that many ‘civil society’ actors are unequal actors in this partnership in practice; and, moreover, keep publicly quiet in order to maintain their (not altogether secure) seat at the SWAp partnership table.

The problem here is that because actors involved in the SWAp partnership in practice seem to be mutually enrolled performing a technical and apolitical partnership attention is diverted away from the real politics, dissonance, relationships and inequalities that (it is argued here) *inevitably* shape local practice; and from any reflexive learning about the problems that face the health sector. Yet if issues are not openly disclosed, discussed and debated, how can they be effectively addressed? Arguably then, and in support of Chapter Six, the way in which partnership is apolitically practised in the health SWAp risks discursive closure about key health challenges (cf. Cornwall and Brock, 2005, p.16); and thus risks the production of ignorance (cf. Mosse, 2005a) about the way that local action for health is organised (or rather is *governed*) and can be improved.

The public collapse of a harmonious and technical partnership

Interestingly, this discursive closure may not be a permanent fixture in the Zambian health arena. Only shortly after the SAG meeting took place, the health SWAp moved into a period of apparent crisis due largely to the discovery of alleged corruption in the MoH (see, for example, The Post, 2009, Times of Zambia 2009); and this is a state that, according to recent personal communications with local actors, seems to persist to the present day. The discovery of corruption was significant because it led to the public breakdown of the ‘facade of [technical] cohesion’ (cf. Scott, 1985, p.56) in the SWAp partnership. Disagreements and conflict publicly played out in and through the local media, not only between donor agencies and the MoH, but also between donors themselves, and between different ‘civil society’ organisations. Perhaps the most obvious fracture that became apparent in the partnership was between donor agencies, who all responded differently to the alleged corruption scandal; revealing that they have a range of different ideas and interests in the health sector.

On the one hand, the Swedish International Development Agency (SIDA) (along with the Dutch bilateral agency) responded by immediately announcing on its website that it was stopping planned disbursements to the MoH (which, interestingly, should have already been released in April) and this was apparently before the MoH was formally informed in writing (*Int.* 27 May 2009 MoH official). Backing up their stance on the issue, local media reported one SIDA official as saying: ‘SIDA will not accept any abuse of development money’ (The Post, 2009). Only a few days after this relatively public action had been taken, the USAID seemed to openly retort by formally pledging to *continue* its aid to health. In an apparently back-handed jibe at SIDA and the Dutch, a US official indicated in the local press that they had a responsibility to safeguard the health of the Zambian people (Times of Zambia, 2009). As one interviewee commented at the time, ‘[Some] donors are now competing to show what they are doing’ (*Int.* 27 May 2009 MoH official).

In contrast, other donors, including the DfID and also CIDA, responded differently again, remaining publicly silent. Instead of immediately stopping

aid disbursements, these donor agencies tried instead to interact closely with senior government officials (within the MoH and more broadly), so as to try and unpick the problem and to influence wider changes to health governance *from within* (Ints. 29 June 2009 aid agency officials). Interestingly, the existence of these different donor strategies and conflicts seems to be confirmed in an email written by a local CIDA official at the time, and which has recently been disclosed under Canadian Access to Information legislation: ‘I have to say, there are a lot of agendas and perspectives over here and there is also interest from outside the sector to leverage broader reforms. We are trying to balance all of these’ (CIDA email 11 June 2009 – see CIDA, 2009).

Before concluding this chapter and its argument about partnership in practice, it is perhaps important to highlight here that the above-mentioned disbursements from SIDA and Dutch, which were held back due to this corruption issue should, according to the SWAp MoU, already have been released to the MoH in April; given that the disbursement had been authorised at the earlier SAG meeting. The fact that funding was *not* disbursed on time not only reinforces the point made above that the timing of funding disbursements is an instrument of donor control over local actors; but also perhaps reveals that the MoU in practice is not a way to hold donors jointly to account in this partnership, but rather is a way for donor agencies to specify how the MoH is expected to responsibly act.

Conclusions

This chapter has made a number of points about how the idea of partnership, as represented in official policy about health SWAps, relates to local practice in Zambia. Firstly, the chapter argued that the partnership contradictions embedded within official policy (see Chapter Seven) are ‘brought to life and replayed’ (cf. Mosse, 2004, p.664) in the health sector in Zambia, as evidenced by the multiple and competing ways in which the SWAp is interpreted as a partnership by local actors, which demonstrates that policy (as text) has an intimate relationship with practice. At the same time, and secondly however, the chapter argued that local actors make their own sense of partnership; with their ideas, interests and pre-existing relationships all shaping the way that they translate and enact it in practice. Thirdly, given the multiple and *competing*

ways in which the SWAp partnership is interpreted by actors involved in health, the chapter has shown that partnership is highly political, which contrasts to the way in which it is dominantly represented in policy (as a technical, economic and apolitical liberal mode of governance). Fourthly, and significantly, the chapter showed how the politics of this SWAp partnership is somewhat tactically and necessarily *concealed* by a range of actors in public SWAp arenas, in order to construct the appearance that there is local conformance to technical policy models.

Indeed, the chapter showed how different actors are all mutually enrolled in this *creative* pursuit, because it is in their interests to do so. Unfortunately, because actors involved in the health SWAp *construct* the appearance that the SWAp is a technical and apolitical partnership, this reshapes the way politics plays out locally (cf. Gould, 2005a). In particular, it diverts attention *away* from the dissonance, relationships and inequalities that (it is argued here) inevitably shape local practice, and risks discursive and deliberative closure about key health challenges (cf. Cornwall and Brock, 2005, p.16) and about the way that local action for health is organised, or rather is *governed*. This is problematic because if issues are not openly disclosed, discussed and debated, how can they be learnt from, challenged and addressed? The implications of this apparent lack of critical reflexivity in aid and health practice are discussed in more detail in the concluding chapter (Chapter Nine).

At the same time, the constructed appearance that the SWAp is a technical and apolitical partnership insulates donor agencies from overt criticism and ultimately from local accountability in Zambia. This is also problematic because, as the chapter showed, donor agencies continue to exert considerable power in the SWAp partnership in practice through their involvement in dialogue, through required performance management reports and the apparent linking of aid funding to these. Donors were shown to have considerable scope to amend the timing of their disbursements to the MoH, which is actually a highly effective *means of control* in the governance of health; and an issue that is not openly discussed or challenged by any actor in the health sector. While the MoH is clearly not entirely *powerless* here, and enacts strategies to try and sell the Zambian SWAp partnership to donors, so as to attract resources for

health, the process of apolitically marketing Zambia to donors is clearly reconfiguring local relationships and moreover relations of accountability. The focus of relations, information and discussion is increasingly, and narrowly, focused upwards towards donor agencies (and to donor governments and their tax payers), rather than downwards or outwards to Zambian citizens (Boesen and Dietvorst 2007); and so is limiting the political space for citizens to hold the MoH to account. Much like the observations made of the Global Fund in Chapter Six then, and indeed other recent work that has focused on the way the policy of donors and international organisations is practiced in health (see Harman, 2009a, 2009b), the hegemonic technical representations of partnership are clearly serving to reconfigure and erode the governance of the Zambian health sector and indeed the Zambian state more broadly; though not necessarily in ways that dominant actors intend.

Interestingly, the corruption scandal that rocked the Zambian SWAp partnership in May 2009 reveals how the politics of practice can shift. According to recent reports and personal communication, the relational fall-out and visible conflict that resulted from this event are still to resettle. It remains to be seen whether this turn of events will serve to entrench the technical performance of partnership mentioned above, as local actors try harder to (re)demonstrate their conformance with dominant, depoliticised SWAp policy models; or whether it will act in reverse, creating new political space for actors involved in this partnership to discursively challenge the evidently unequal way that action for health is governed. In other words, whether crisis will open an opportunity for change. Further research is clearly needed, and indeed is recommended, to explore this highly political SWAp partnership in practice.

Having considered in this chapter and the last how and why policy about health SWAps was produced under the rubric of the idea of partnership, and how this relates to local practice, it is to a conclusion that this thesis now turns in Chapter Nine. This final chapter not only reviews the arguments that have been made about the idea of partnership, but also reflects on how a comparative exploration of partnership in relation to the Global Fund and health SWAps furthers our academic understanding and destabilises the notion that partnership is inevitably the right way to govern aid, health and development (see Chapter One).

Chapter Nine

Conclusion: Partnership as an imperative?

Overview

- *Revisits the substantive question of the research*
- *Considers how the foregoing chapters of the thesis have answered this research question*
- *Sets out and discusses a series of key conclusions of the research*
- *Considers the implications of the research for academics and also aid, health and development practitioners*

Introduction

This thesis set out to contribute to the limited body of literature that exists on the idea of partnership in aid policy and practice. More specifically, it aimed to answer the following question: *Why is the idea of partnership a pervasive feature in contemporary aid policy and how does this relate to and shape local practice, including the practice of politics that this enjoins?* In order to answer this question, a *critical-constructivist* research approach was taken, in which a key aim from the outset was to destabilise the ubiquity of partnership (see Chapter One). Relatedly, a key assumption was that the idea's omnipresence and meaning is socially constructed, in and through relations of power (see Chapter Two) (Hacking, 1999; Mosse, 2005a). The foregoing chapters have sought to show how this construction occurs and also how it shapes local action by using a series of case studies of aid policy and practice. Not only was the policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and health Sector-Wide Approach (SWAp) analysed, but so also was related practice in the health sector in Zambia. This concluding chapter reviews the arguments that have been made about the idea of partnership throughout the thesis, and draws out a series of key learning points from the research. It demonstrates how the research is of wider significance, both academically and practically, and also where a future research agenda aligned to this study might

begin. The chapter starts by providing a high-level review of the structure of the thesis, and then moves on to discuss a series of more substantive points.

The thesis: A high-level review

The initial chapters of the thesis (Chapters One to Three) introduced the reader to the idea of partnership and to the research methodology more broadly; not only justifying the intellectual focus on partnership by outlining a series of gaps in and the limitations of existing literature, but also justifying the way in which partnership has been investigated in this current work, and demonstrating the novel insight that it provides. The preliminary chapters showed how the embedding of a *critical-constructivist* approach potentially offers a new and detailed look at partnership. They illustrated how this type of analytical framework can shed light on the socio-political processes, multiple perspectives and competing interests that lie behind official policies about partnership and partnership in practice; how policy ideas like partnership can enrol, yet also exclude coalitions of actors; and how the local translation of policies about partnership may (or may not) offer different actors opportunities to engage with and *reshape* local development practice (cf. Mosse, 2005b). These novel insights will be emphasised in the course of the discussion below.

Having introduced the research topic in the early chapters of the thesis, the substantive arguments began in Chapter Four, in which the history of the idea of partnership was traced. It discussed why partnership emerged as a prevailing component of contemporary aid policy in the mid-1990s. The later chapters (Chapters Five through to Eight) then moved on to show how and why the idea subsequently came to feature in other official aid policy texts, and how this relates to and shapes local action. These later chapters focused on two case study couplets of partnership in policy and in practice. The first couplet focused on Global Fund policy and practice in Zambia (Chapters Five and Six), and the second on how and why partnership features in SWAp policy and practice in the country (Chapters Seven and Eight).

While the historical chapter and each policy and practice couplet detailed a specific argument about the idea of partnership on their own, together, they provided a coherent picture of how and why partnership is a pervasive feature

in contemporary aid policy, and how this relates to and shapes local practice in health. Although a number of specific conclusions are discussed in detail below, at a high-level the chapters collectively show the following. Firstly, they demonstrate how the idea of partnership began its contemporary life in aid policy in the socio-political relations of aid institutions, and in the context of a crisis in aid in the 1990s. Secondly, they show how the idea ‘travelled’ (cf. Mosse, 2007 p.2) ideationally and also geographically (to the health sector in Zambia) through somewhat elite donor networks of actors, becoming embedded as a symbolic and, moreover, strategically useful norm of contemporary aid policy, including aid policy for health. And thirdly, they show how the idea is ‘unravelling’ in practice in the health sector in Zambia, as it is translated in and through local political relations – according to the views, values and interests of different actors, and in ways that generate complex and unintended governing effects (cf. Mosse, 2007 p.2). These points will now be expanded upon in the discussion below and the implications emphasised.

The contemporary policy life of partnership: Aid agencies in crisis

As indicated above, a key conclusion of the research is that the idea of partnership began its contemporary life in the socio-political relations of aid institutions (cf. Mosse, 2007) and in the context of a crisis in aid in the 1990s. In Chapter Four it was shown, for example, that partnership rose to prominence in the midst of a tumultuous post-Cold War environment for aid, during which the need for, legitimacy and effective governance of aid was questioned by a variety of different actors, including right-leaning critics in the US government in particular. It was in the context of this apparent crisis that an elite group of representatives from bilateral aid agencies, who were members of the DAC of the OECD, met with concerns about the future of aid. Through a series of rather closed negotiations they produced a number of DAC policies, which not only restated the case for aid (Hulme, 2009a; de Renzio and Mulley, 2006), but also invoked the idea of partnership as a seemingly new way to govern aid and development relations.

Chapter Four showed that it was through something of a ‘chaos’ of both ‘purpose and accidents’ (cf. Clay and Schaffer, 1984, p.192) that partnership came to be included in the DAC texts and was subsequently more widely

adopted; involving, for example, the strategic borrowing of the idea from the World Bank (who had used it around the same time for its *own* perceived ends) and the unexpected adoption of the idea by the UK DfID. This chapter also showed that the rise of the idea of partnership was part of a political bid (cf. Mosse, 2005a) by an elite group of aid agencies to *resell* the need for aid to a diverse constituency of support. Partnership was useful here because it provided a positive-sounding and apparently all-encompassing means to politically ‘claim’ that aid was a necessary, effective and thus legitimate international undertaking (cf. Lancaster, 2007; see Chapter Four). In particular however, it allowed aid agencies to counter the critical perspectives of actors on the right of the political spectrum (and those in the US government in particular), who argued that aid was a type of government welfare subsidy, which encouraged a culture of dependence and inefficiency, and that market forces should instead be allowed to prevail (Degnbol-Martinussen and Engberg-Pedersen, 2005, p.23; Baaz, 2005; Watkins, 1995, p.520).

Indeed, as Chapter Four illustrated, while partnership was promoted by aid agencies in a somewhat all-encompassing way, which played to the sensitivities, ideas and interests of a diverse range of critical actors at the time, it was specifically framed as a means to encourage the market economic values, motivations and relationships that neoliberal US actors believed were necessary to ensure that aid recipients (and recipient governments in particular) actively take ‘greater responsibility for their own [market-based economic] development’ (DAC/OECD, 1996, p.13). In other words, partnership provided a useful ideational means for aid agencies to respond to powerful neoliberal critics, and thus to resolve the crisis of legitimacy that they were facing. The privileging of neoliberal, US government actors is insightful here, because it demonstrates the prevailing power of these actors and their way of thinking in the socio-political processes that produce aid policy, and thus the prevailing context of inequality in which aid is governed; a conclusion that is supported by numerous other academic studies of aid (both recently and historically), and some of those critical works that were reviewed in Chapter Two (for example, Baaz, 2005; Craig and Porter, 2003; 2004). This theme of inequality will be returned to later in the discussion below.

The pervasiveness of partnership in aid *policy*: Normalisation, the strategic crafting of consensus and political mobilisation

Although the idea of partnership may have began its contemporary policy life in the socio-political relations of aid institutions (cf. Mosse, 2007), and in the context of a crisis in aid in the 1990s, this does not fully explain why partnership became and indeed continues to be so pervasive in aid policy texts. Chapter Four and the other chapters of the thesis provided relevant insights here, demonstrating that there are actually several reasons for this.

Firstly, these foregoing chapters showed that the idea of partnership is pervasive not because it is unquestionably the right aid policy, but because it has become ‘accepted’ into the ‘cognitive architecture of intelligibility’ of actors involved in the world of aid (cf. Green, 2007, p.142). That is to say, it has become a somewhat normalised component of the socio-political processes through which aid policy is produced, and is thus a necessary ideational or symbolic motif by which aid initiatives are now to be decorated and will be judged. Chapter Four argued, for example, that by the late-1990s a threshold level of exposure was reached, from which point on a wealth of other policies were produced with the idea. Following on from this, Chapters Five and Seven showed how the Global Fund’s Transitional Working Group (TWG) used the idea in early 2002, and how it was drawn upon by donor agencies in their refashioning of the World Bank’s Sector Investment Programmes (SIPs) into SWAps, partly because it had been (somewhat unconsciously) acknowledged as a ‘master’ policy concept (cf. Mosse, 2005a).

While there is certainly an element of routine to the pervasive use of partnership in aid policy, this is clearly not the whole story. As the two policy chapters on the Global Fund and health SWAps also showed, aid policy actors are reflexive beings, who also have rather more conscious or strategic reasons to refer to the idea. A second reason for the pervasive use of the idea of partnership in aid policy then, is because of the apparent consensus that using it constructs and the legitimising effect that this has for aid agencies in particular (cf. Cornwall and Brock, 2005, p.13). It seems that, if aid agencies consistently refer to the same idea in their policy documentation (and indeed in the discussions that surround this), this gives the impression that everyone is in

agreement about the way in which the international system of aid is, and should be, governed ('we all agree that partnership is the way to govern aid, health and development'). This apparent agreement is strategically useful because it is politically persuasive. It adds weight to the arguments that aid agencies put forward and, ultimately, is politically expedient for their operations because it makes them hard to criticise and unpick (Cornwall and Brock, 2005; Mosse, 2005a). As Andrea Cornwall and Karen Brock (2005, p.9, p.16) explain, 'fine-sounding' aid policy ideas like partnership that give the impression of little dissonance 'do more than provide a sense of direction'; they shield those who use them from attack and thus 'lend the legitimacy' that aid agencies need in order to justify their operations. This is significant because it raises questions as to the extent to which aid agencies can be and are held to account for their policy initiatives and for the socio-political effects that they have in countries such as Zambia. This issue of aid agency accountability is returned to later in this concluding chapter.

Nevertheless, while there may be shared uses of the idea of partnership in aid policy, as Chapters Five and Seven also demonstrated, this does *not* necessarily mean that there are shared understandings about its meaning. Despite the normalised use of the idea of partnership in contemporary aid policy, its meaning has certainly not become standardised between actors. Chapters Five and Seven both showed, for example, how Global Fund and health SWAp policy actually shelter multiple and contested meanings about partnership, and thus about appropriate modes of governance (cf. Cornwall and Brock, 2005). This leads us on to the third reason as to why it is a pervasive feature in aid policy: it is used because it can be constructed and framed in a variety of ways, and this is politically *mobilising* (cf. Mosse, 2005a).

Indeed, as indicated throughout the thesis, the idea of partnership does not have one single or authentic meaning (cf. Freedon, 1998; Long, 2004; see Chapter One). While it does always refer, in some way, to relationships or the organisation of action, and is thus always about the relations of governance (see Chapter One), it is polysemic and inherently malleable; it can be easily reframed and interpreted in different ways by different people, who may have competing perspectives about the right way for aid and development to be organised (cf. Cornwall, 2008). Because the idea of partnership can be

reframed in different ways, it can serve as a symbolic bridge between, and thus as a way to conceal, the competing perspectives that may exist in different contextual settings (cf. Mosse, 2005a; McNeill, 2004). To borrow from Star and Griesmer (1989, p.393), partnership is strategically useful in policy because it is ‘robust enough’ to maintain a common narrative about aid and development, yet ‘plastic enough’ to allow different interpretations. This malleability and ambiguity is politically mobilising because it serves to mask conflict and placate different actors, facilitating compromise and the enrolment of their support for policy proposals, aid agencies and / or the interventions that they seek to justify (cf. Stone, 2002; Mosse, 2005a).

As Chapter Five demonstrated, the idea of partnership was incorporated and strategically framed within Global Fund policy for these reasons. While a broad-based consensus had emerged at the end of the 1990s about the need for more priority and global funding for AIDS, TB and malaria, this was an uneasy one. There was considerable disagreement about why more resources were needed and about how aid-related action to combat the diseases should be governed. On the one hand, activist NGOs pushed an overtly political, human rights perspective that was seemingly concerned with transforming unequal relationships in prevailing (neoliberal) system of governance. On the other hand, G8 actors advocated a more technical ‘market foster-care’ position (cf. Sparke, 2009) that was concerned with rectifying a lack of good technical governance and economically accountable behaviour in health, and thus with incorporating poorer nations *more fully into* prevailing neoliberal systems of governance. It was as a result of this apparent clash of perspectives (cf. Williams and Rushton, 2009) about how aid and health should be governed that the idea of partnership was framed in at least two different ways within the Global Fund’s policy texts, in order to inter-translate between these actor groups.

Similarly, Chapter Seven showed how the idea of partnership was crafted into health SWAp texts as a way to bridge and enrol actors (the World Bank, other aid agencies, donor governments and also various aid recipients), who had somewhat *different* (though not necessarily mutually exclusive) views, values and expectations about the way in which aid for health should be governed in the mid- to late-1990s (cf. Mosse, 2005a; Cornwall, 2008). As Chapter Seven

argued, partnership was strategically reworked in SWAp policy so as to do the following three things: 1) convince NGO and recipient aid critics that this approach represented a changed and, moreover, coordinated way of working for health; 2) satisfy the egalitarian concerns of like-minded bilaterals and the WHO that SWAps could effectively result in equality and health for all; and conversely, 3) satisfy the (neoliberal) economic concerns of the World Bank (and also right-leaning critics within key donor governments – the US in particular) that aid and health should be technically and effectively governed as a means to achieve global economic growth.

Because the meaning of the idea of partnership is ambiguous and can be moulded in these multiple ways, it is a powerful policy device. As Deborah Stone (2002, p.157) explains, ambiguity is essential in politics; it gives the impression that there will be no advantage or disadvantage to any particular group, allows different actors to ‘read themselves into’ a particular proposal, and thus ‘enables the transformation of individual intentions and actions into collective results and purposes’. By lending itself to multiple and ambiguous meanings, partnership fulfils these functions in aid policy, making international cooperation between a diverse set of donor and recipient actors *possible* (cf. Stone, 2002). The pervasive success and thus power of the idea of partnership then, seems to lie (at least in part) in this malleability and ambiguity.

Aid policy about partnership: Contradictions, unresolved debates and inequality

While this enrolling and mobilising function could of course be interpreted as a ‘good thing’ because it facilitates international cooperation and prevents political stagnation, as Chapters Five and Seven illustrated the corollary is that aid policy about partnership ends up being ‘full of contradictions’ (cf. Eyben, 2006b) about who should be doing what, when, where and how in relation to aid and development. The foregoing chapters showed, for example, aid policy embeds both neoliberal ideas about governance in which the technical and economic efficiency of the market is promoted as the right way forward, and more overtly political perspectives, those that have a greater focus on social justice, human rights and the important regulatory and / or stewardship role of government; with which neoliberal views come into confrontation. While the

embedding of these contradictory views seems to represent a type of political compromise and is politically mobilising (as indicated above), it means that aid policy provides a confusing and poor guide for health-related action, which is unrealisable in practice; an observation that is also made by, for example, van Gastel and Nuijten (2005) and Mosse (2005a) in their own work on aid policy and practice. This point will be considered again, in more detail, below.

Moreover, the fact that embedding contradictory views in aid policy occurs clearly suggests that there are *unresolved* debates between, for example, different aid agencies, recipient and donor governments, and also civic actors about the way in which aid, health and development processes should be organised; that is, about the right relations of governance. In other words, the clashes between the actors that hold or promote these different views are not openly addressed and therefore multiple meanings for partnership are built into in policy documentation. This suggests that the socio-political processes that produce such aid policy texts do not provide a democratic means to openly consider and deliberatively address contentious issues and perspectives. Indeed, a key conclusion of this thesis is that aid policy is *not* produced through open, broad-based or democratic processes, but through what is a donor-dominated and thus somewhat elite community of interests and ideas (cf. Mosse, 2005a). While the donor community itself is not a homogenous group (as Chapter Seven on the production of health SWAp clearly showed), donor actors are clearly in a different position to recipients (be they governments or NGOs) by virtue of the funding and resources they bestow; and it is those on the giving (rather than the receiving) side of aid that are able to more fully influence and shape the socio-political processes through which aid policy is produced; so much so that, to borrow from Ines Périn and Amir Attaran (2003, p.1216), aid policies and the constituent ideas that they embed seem to be constructed through ‘a monologue of donors’, rather than a broad, open and deliberative dialogue involving recipients.

Both the Global Fund and health SWAp policy chapters support this conclusion. They show how donor governments (most notably the US) and also aid agencies (particularly the World Bank), were highly influential in the shaping of aid policy in these health-related contexts. As indicated above, this reflects the prevailing power of these actors, and thus the prevailing context of

inequality in which aid for health, and aid for development more generally, continues to be delivered and managed. Partnership then, is not a new policy idea, but rather is reflective of (what is judged here to be) an ongoing, unequal and moreover unjust system of global governance.

Before moving on to more fully emphasise why these points are significant and important, it is necessary to highlight one particular and tangible expression of the inequality in which aid for health is governed which has become apparent in this research, and this is the way in which the idea of partnership is dominantly framed in aid policy: as a technical, economic and, moreover, *depoliticised* way to organise action.

The idea of partnership: A dominantly *depoliticised* way to govern aid, health and development

Both Chapters Five and Seven illustrated that the idea of partnership is dominantly framed in Global Fund and health SWAp policy as a depoliticised mode of governance. These chapters argued that such depoliticisation seems to reflect a prevailing and powerful need to satisfy donor and moreover market-economic perspectives about the right modes of aid and health governance, and to justify a range of managerial tools and techniques to achieve these goals.

Interestingly, the depoliticisation of partnership was used in different ways in these two policy contexts however, to justify different sets of managerial interventions. Global Fund policy works the idea of partnership into a linear theory of cause and effect, which serves to justify a complicated system of performance-based funding and seeks to set up more market-like economic relations in relation to health. Indeed, Global Fund policy was shown to justify an entirely new technical and economic governance structure that largely operates outside statutory systems, and which, in essence, erases the existing polity, and any differentiation between civic actors / non-governmental organisations and the Zambian government's stewardship role in relation to health. In contrast, in policy about SWAps the idea of partnership justifies a different array of managerial techniques and thus a different model of health governance. Here, while partnership is still apolitically framed, and is also about ensuring the responsible technical and economic governance of health

and development, it is much more narrowly defined and focused on the relationship between aid donors and governments.

More specifically, it seems to be dominantly framed and intended as a way to rework the state (via Ministries of Health) from the inside out (see also Harman, 2009b, 2009c). As argued in Chapter Seven, the setting up of a series of structures for managing dialogue (including formal negotiating meetings, joint appraisal and review missions and a lead donor), along with a series of partnership agreements (such as a Memorandum of Understanding or MoU) between donor agencies and governments seem to be presented as ways to coordinate, influence, supervise and responsabilise recipient governments, so that they conduct themselves in the right (economic) way for health and growth (Abrahamsen, 2004). In Zambia, the Sector Advisory Group (SAG) and the MoU, for example, seem to be framed as ways to formalise how aid agencies will become more explicitly involved in the scrutiny of public expenditure and processes of decision-making and resource allocation, and as ways to specify how recipient governments are expected to responsibly act if they are to receive aid (Cassels, 1997; Hill, 2002). In other words then and to summarise the above, the depoliticised idea of partnership is used to refer to and justify different modes of neoliberal intervention and the manufacturing of good governance for health and economic growth.

Problems with partnership in *practice*: Multiple translations, local appropriation and depoliticisation as a disciplinary regime

While this may (or may not) reflect some kind of benevolent intention to improve health and well-being, the depoliticisation of partnership in aid policy in this way is problematic for a number of reasons. Not only does it serve to justify (what is judged here to be) a somewhat paternalistic attempt to socio-politically engineer economic progress and health gains in developing countries like Zambia, but it also perpetuates what are unrealistic and therefore unrealisable policy models, which have a number of rather significant socio-political effects in practice (Mosse, 2005a).

As Chapters Six and Eight argued, depoliticised neoliberal models of cause and effect (described above) fundamentally *misrepresent* the realities of health

sector practice in countries such as Zambia. Everyday action is not simply a technical process in which particular forms of behaviour and health outcomes can be linearly manufactured, but rather is shaped by social relationships, structured hierarchies and the operation of power. The way in which partnership is framed in aid policy *conceals* this; whisking these ‘political realities out of sight’ (cf. Ferguson, p.xv). Moreover, and as argued above, it gives the impression that there will no advantage or disadvantage to any particular group in the course of health and development practice. As the foregoing chapters showed, the problem is that there are always winners and losers in policy processes, and different modes of governance will always have different outcomes for differently positioned actors. The fact that this is *not* openly acknowledged in depoliticised aid policy models may usefully legitimise aid agencies and their neoliberal interventions in the health sector in countries like Zambia, but it also pushes technical and economic ways of thinking and doing into these settings, and serves to create local political arenas in which the unresolved debates and ideational confrontations embedded in aid policy must eventually play-out.

As a result, and as indicated in other constructivist studies from the field of development ethnography / critical anthropology, there are ‘disjunctures’ between depoliticised aid policy models and practice (see Mosse, 2004; Mosse and Lewis, 2006). Local actors translate, appropriate and, in the process, transform aid policy as they make their own sense of the ideas that it embeds; in some cases, exploiting what, it was argued above, is a dominantly depoliticised, economic and donor-led system of governance ‘from below’ (Mosse, 2005a; Mosse and Lewis, 2006, p.17). Indeed, as the foregoing chapters of this thesis have shown, the effects of aid policy depend on the way in which it is translated locally, in and through relations of power, and the way in which local actors ‘reconstitute’ themselves to manage this situation (cf. Harrison, 2008, p.186). Health, good governance and market-based economic growth are not and cannot simply be manufactured in countries such as Zambia through the right technical and economic conduct, as aid policies seem to suggest, but must be continuously worked out through social relationships, politics and power.

These points were all clearly illustrated in Chapters Six and Eight. While both chapters clearly showed that there are parallels in the way in which partnership is represented in official policy and how it is interpreted in local practice – with, for example, a participatory view of the health SWAp, co-existing (somewhat uncomfortably) alongside more technical and economic views, as it also does in SWAp policy (see Chapters Six and Seven) – various disjunctures were also highlighted. Indeed, the discussion showed how local actors draw on their *own* ideas, interests, history, relationships, and organisational constraints to make sense of partnership in action; with new understandings and meanings reflecting local circumstance. Aid policy interventions also have a range of diverse and unexpected socio-political effects, because they are shaped and reworked in practice by these same factors (see Chapters Seven and Nine, and also the discussion later in the chapter below).

In some respects, local translations of partnership in aid policy necessarily *have* to occur because of the tensions that, it was argued above, are embedded within such texts. It simply would not be possible to linearly implement partnership in practice as there is ambiguity about what it means; a point that is also made by Jesper Sundewall (2009) in a recent study about coordination in the health sector in Zambia. In this work, Sundewall (2009) notes how the broad way in which the concept of coordination is defined leaves room for Zambian health sector actors to adapt it according to their own views, interests and organisational constraints.

This local ‘room for manoeuvre’ (cf. Clay and Schaffer, 1984) in the translation of aid policy is, however, *constrained* to a certain extent due to the dominantly depoliticised way in which ideas like partnership are framed. As Chapters Six and Eight showed, the depoliticisation of partnership in policy seems to constrict the way in which politics plays out in Zambia in relation to health. Dissonance is publicly and necessarily concealed by actors involved in health sector development in order to demonstrate compliance with, and thus construct the impression that there is, a disciplined implementation of depoliticised, and largely neoliberal, policy models about partnership (cf. Mosse, 2005a; Rossi, 2006). Indeed, these two chapters showed how local actors in Zambia seemed to be mutually enrolled in *consuming* and *remanufacturing* the policy of partnership in this way; and most particularly

because it is a way to sell the Zambian health sector in what is competitive international marketplace for aid (cf. Eyben, 2010; Mosse, 2005a; Heyman, 1995). In the Global Fund chapter (Chapter Six), it was argued, for example, that the politics of practice is routinely concealed in the production of lower-order policy texts (grant proposals, progress updates and reports) that are submitted upwards to Global Fund headquarters in Geneva, so as to create the impression that the Global Fund partnership is a technically successful and economically efficient mode of health governance in practice. Similarly, in Chapter Eight it was argued that the political messiness and disorder of health sector practice is somewhat tactically concealed by a range of actors in public SWAp arenas, such as the SAG, so as to feign compliance with ordered, technical policy models (cf. Lewis and Mosse, 2006).

While actors in the Zambian health sector have some degree of freedom to act like this – they choose to conform to dominant models of partnership in order to gain some kind of benefit (whether this is securing access to resources, personal promotion, status and so on, see Chapter Seven) – the depoliticisation of partnership policy certainly seems to have a disciplinary power in practice, because it induces them to publicly render aid and health governance technical (cf. Li, 2007). In some respects then, and in line with James Ferguson (1990, p.xv), this thesis shows how aid policy operates as an ‘anti-politics machine’, in which political realities are routinely whisked ‘out of sight’ (see also Chapter Two). To be sure, and perhaps in contrast to Ferguson (1990), this thesis shows that the depoliticisation of partnership not ‘securely *accomplished*’ in practice (cf. Li, 2007 *italics added*). Politics *still occurs*, but the way that it plays out shifts; so that contestation between, for example, different partners about who should be involved in and lead decision-making for health and / or the operation of health programmes is repressed and confined to less visible, ‘back-stage’ arenas (cf. Cunliffe, 2009).

Depoliticisation and the ‘creative destruction’ of local politics for health

This shifting of local politics around health sector development is problematic. Not only does it serve to validate, reinforce and perpetuate technical and apolitical models of partnership (which, as argued above, fundamentally *misrepresent* what happens in practice), but the feigned apolitical compliance

described above is also leading to frustrations, and consumes time and creative energy which could arguably be better spent in coming up with alternative, more realistically-designed processes to improve health and well-being (cf. Eyben, 2010, 2011). Perhaps more significantly, and as argued in the foregoing chapters of the thesis, the depoliticisation of partnership in aid policy and its necessary performance in practice seems to be resulting in discursive or deliberative closure (cf. Cornwall and Brock, 2005) about the nature of relationships and the way action is organised; in other words, about the way the world of aid is *governed*. In so doing, attention is being diverted away from, and thus ignorance produced about (cf. Mosse, 2004) the real politics, dissonance, relationships and ‘patterns of exclusion’ (cf. Marsden, 2005, p.97) that inevitably shape local health governance and arguably lead to poor health in Zambia in practice. The problem is, if these issues are not openly disclosed, discussed and debated, how can they be learnt from, challenged and addressed? And therefore how can health be sustainably improved?

In leading to deliberative closure then, opportunities to understand and learn from the realities of everyday practice, to understand how socio-political factors affect health, and to understand the diverse and unexpected effects of aid policies are being limited in countries like Zambia. Alternative and local perspectives, which differ from the dominant, technical and economic policy models, and which may offer new ideas for improving health, wealth and well-being, tend to be sidelined or silenced, and this reduces the potential to discover and design locally-relevant and contextually-specific health programmes that could bring about the type of transformative change that, it is argued here, is needed to improve health and well-being in a sustainable way (cf. Eyben, 2010, 2011).

As noted in the earlier chapters of the thesis, it is recognised that there is little history of such open learning and critique in the governing practice of the health sector in Zambia. The way in which aid policy manifests in local practice however, seems to entrench this; further limiting opportunities for those who are marginalised to become involved in local health governance, to hold those in a position of power and authority to account, to share their ideas and challenge the conditions that perpetuate poor health, and thus to exert their right to health. To be sure, the deliberative space for contesting the use and

meaning of the idea of partnership, and therefore of existing relations of governance, is certainly not completely closed off (Cornwall, 2007, p.481). As the chapters on Zambia showed, there are opportunities to mobilise alternative understandings and for less powerful actors to appropriate the practice of partnership for their *own* perceived needs (see Chapter Eight in particular). The way in which this occurs however, seems to ‘creatively destroy’ (cf. Brenner and Theodore, 2002) relationships, interactions and opportunities for the marginalised to hold those in a position of power to account.

To illustrate this, the Global Fund chapter showed, for example, how the operation of partnership in practice seems to be reconfiguring the governance of health in Zambia; not only shifting who is included and excluded from accessing health resources, but also contributing to increasingly competitive relations between ‘civil society’ health organisations, to the centralisation of decision-making (towards an elite group of actors who are largely based in Lusaka), and to the entrenchment of ‘etiquettes of hierarchy’ (cf. Green, 2003, p.135) within the MoH, while simultaneously undermining the government’s stewardship role. Thus, raising questions about who is leading the Global Fund partnership and thus the governance of health locally.

Operating in a different way, the health SWAp was shown to be setting up new governing habits in the health sector; reconfiguring local political relationships and moreover relations of accountability. The focus of relations, information and discussion within this partnership is increasingly and narrowly focused upwards towards aid agencies (to donor governments and their tax payers), rather than downwards or outwards to Zambian citizens (Boesen and Dietvorst 2007). Aid agencies have considerable leverage in budgetary processes in the health sector in Zambia, and, in support of Gould (2005c, p.143), have considerable power to ‘define the tempo’ and sequencing of events through their control of the release of aid funding. As a result, local MoH attention tends to be diverted towards aid agencies in the governance of health, which limits the space for citizens to hold the MoH and aid agencies themselves to account. At the moment, these socio-political effects associated with the Global Fund and SWAp partnerships do not seem to be openly learnt from, challenged or publicly addressed.

Arguably, this situation may be creating an environment in Zambia which is increasingly *volatile* politically, because, as the views of various actors are necessarily suppressed, this leads to frustrations, which may eventually end up being antagonistically and destructively, rather than agonistically and productively expressed (cf. Mouffe 2005). Many of the health sector actors who were interviewed in Zambia as part of the field work for this research were clearly perturbed by the current health governance situation, and by the apparent lack of opportunities to change the *status quo*. While only limited evidence of this potential volatility has been presented in this current research, this could be an area for future investigation.

There is a surprising level of continuity in the aid and development domain, with technical, (market) economic and apolitical models clearly continuing to dominate the way in which aid policy is produced. For all the ‘creative destruction’ of health governance that occurs in countries like Zambia then, the system of aid actually *continues* to maintain what are, here, judged to be inherently unequal relationships and an unfair system of governance that exists in relation to aid, health and development internationally.

Implications of the research

What does this suggest then, for academics, or for practitioners who are involved in working in partnership in aid, health and development, either in the Zambian health sector or beyond? And moreover, as Maria-Eriksson Baaz (2005, p.173) asks in her own study about partnership, is there a possibility that this above-described situation could change? It is clear from this research that, as Cornwall and Brock (2005, p.18) put it: ‘The terms we use are never neutral’. We give meaning to them as they are constructed into aid policy, and as they are retranslated in the course of everyday interactions, in and through relations of power (Mosse, 2004; 2005a). Different people may use the same idea in different ways, to reflect or push their own perspectives, views and / or interests, yet often ideas like partnership can serve the needs of already more powerful donor or recipient actors. This further excludes marginalised voices from discussion and debate, and therefore limits opportunities for them to change the prevailing environment that affects their life, and their health.

To make any difference here, what seems to be needed is more ‘clarity through specificity’ (Cohen and Uphoff, 1980); the making visible of the multiple frames of reference that are embedded and reflected in both policy and practical health and development contexts (Cornwall and Brock, 2005). That is to say, the ‘spelling out’ (cf. Cornwall, 2008) of what exactly different people mean when they refer to partnership; who they are talking about as a partner; what they envision as their appropriate partnership role, and why; and who is supposed to benefit from partnership – partnership by and *for* whom? (cf. Cohen and Uphoff, 1980). Doing so would help to make clear exactly what is being discussed when partnership is advocated, what might be at stake, who this might exclude, and how the roles of, for example, government, aid donors, and civic actors may be supported or undermined (cf. Cornwall, 2008). In short, it means finding ways to be clear about what modes of governance are being discussed and envisioned, and why.

Academically, this can be perhaps be achieved through more future research into the ideas and perspectives that are embedded and reflected in aid policy and practice in a diversity of contexts. This study has only focused on a limited number of case studies to explore the idea of partnership, but this could be expanded to, and contrasted with, other health sector and country contexts, or other policy arenas, such as agriculture, education or trade. Indeed, it is argued that what is needed is more research to show, what Katy Gardner and David Lewis (2000, p.16) describe as, the ‘fluidity and heterogeneity’ of ideas like partnership in aid policy and practice. While this thesis has argued that the world of aid and international development is a hegemonic and unjust governing system that is heavily shaped by donor nations and their agents, it is not entirely homogenous, monolithic or static. Future studies could seek to reveal and understand its complexity and inherent messiness, and how marginalised actors can appropriate and transform this system ‘from below’ (Mosse, 2005a; Mosse and Lewis, 2006). It is perhaps by revealing and understanding the apparently hidden diversity of ideas, people and interests, and therefore the complex politics that lies behind aid policy and practice that more open and deliberative conflict about the right relations of governance can be encouraged and learnt from. This might provide opportunities for overturning, what have been judged here as, largely donor-driven and depoliticised policy models which ‘creatively destroy’ (cf. Brenner and

Theodore, 2002) the governance of health and development in countries such as Zambia.

For policy makers, aid advisors, government officials, and public health managers, greater ‘clarity through specificity’ (Cohen and Uphoff, 1980) can perhaps be achieved through a personal commitment to become a critically reflexive practitioner; that is to say, committing to consciously question their own motivations and views, and their own relationship with aid and to other partners who they come into confrontation with. In other words, it involves trying to understand and reflect on different ways of being, relating and acting and the implications that this might have (Cunliffe, 2009a, 2009b). To do so requires that practitioners routinely question their role, relationships, and the context within which they operate, and how they might actively shape, exclude or not ‘hear’ the ‘multiplicity of meanings and voices’ that inevitably characterise what are everyday political interactions with others (Cunliffe, 2009a, p.45). As Ann Cunliffe (2009a; 2009b) explains, this type of reflexive practice is important because it helps to encourage openness to a diverse dialogue that could not only further challenge the taken-for-granted or hegemonic status of ideas like partnership, and the inequalities that result from the way in which such ideas come to be practised, but also, and in so doing, reveal alternative, more realistic and more politically-attuned perspectives on how to improve health. As Rosalind Eyben (2010) has recently stated:

‘Stuff happens. Power, history and culture shape the multiplicity of relationships and actors influencing any aid [and developmental] intervention. It makes more sense to design aid [and local health programmes] to recognize this’.

Unfortunately, it seems that, without doing so, the prospects for aid effectiveness or for wider improvements in health, wealth and well-being will be limited.

Ultimately, and to bring this discussion to a close, it is clear that this thesis has provided a number of original insights about the politics of partnership. As indicated in the introductory chapter and in the literature review in Chapter Two, there is very little critical scholarship about the meaning of this aid policy idea. Many existing studies tend to assume that partnership is about equality and, as such, that it is an inherent and universal good. This thesis challenges

that prevailing view. It argues that partnership is not simply the right idea for aid policy and practice. Rather, it is just one, and moreover, one symbolically useful way of describing and characterising relationships and the organisation of action because of the *multiple* meanings that it can shelter. Indeed, the thesis has shown that, more often than not, the idea of partnership is actually a potent symbolic device to refer to and *conceal* what are actually inherently political and unequal relations of governance. In this way then, the thesis makes an original contribution to the existing literature on partnership.

The thesis also makes an original contribution to literature on aid for health, and on aid policy and practice more generally. Few existing studies seek to unpick the ‘real worlds’ of aid; that is to say, to understand the socio-political processes through which aid is delivered and managed, or to investigate empirically how global policy logics manifest in local practice (Mosse, 2005b; Sridhar and Craig, 2011). Through the use of documentary analysis in combination with ethnographically sensitised field work in the health sector in Zambia, the thesis provides a unique insight into selected ‘real worlds’ of partnership, and as to how prevailing partnership logics shape local practice. In particular, the thesis showed how the dominantly *depoliticised* way in which the idea of partnership is represented in aid policy – as a technical and economic way to organise action – serves to obscure the prevailing power of donor governments in the socio-political processes that produce aid policy and the structural context of inequality in which aid tends to be governed (cf. Mosse, 2005a).

While other critical works that do exist on the idea of partnership in aid policy have also certainly emphasised such inequality in aid governance, through the alternative, *critical-constructivist* approach that this thesis embeds (which seeks to illuminate the complex relationship between structures and human agency), it has shown that recipient actors are certainly not completely silenced here, and may in fact ‘unravel’ the policy of partnership as it translated locally, in and through the politics of collaboration, contestation, and compromise (Mosse, 2005a p.645, 2007, p.2; Rossi, 2006; Bending and Rosendo, 2006). The thesis showed uniquely however, that the response of local agent’s to depoliticised policy models is actually leading to the entrenchment of already-existing ‘etiquettes of hierarchy’ (cf. Green, 2003, p.135) and to deliberative

closure about the nature of relationships and the way action is organized for health and development; in other words, it is closing down opportunities to learn from and to challenge prevailing relations of governance (Eyben, 2010, 2011).

There is clearly more still to learn and understand about the ‘real worlds’ of partnership in aid policy and practice. This thesis has however, successfully started to satiate the gap in knowledge that exists on the topic. It has shown that partnership is clearly not a panacea for improving health and development internationally. In fact, and to borrow from Cornwall and Brock (2005, pp.18-19), it has shown instead how the dominance of depoliticised, technical and economic aid policy models, which are apparently ‘stripped’ of values, relationships, history, politics and power, may actually ‘do violence’ to the hope of a world with less inequality, better health and less poverty. This important insight, which has been gleaned and backed up by empirical analysis, should be explored and considered as a fundamental component of future work on the politics of aid policy processes.

Bibliography

- Abrahamsen, Rita (2004). The Power of Partnerships in Global Governance. *Third World Quarterly*, 25(8), 1453-1467.
- Abbott, Kenneth (2008). Enriching Rational Choice Institutionalism for the Study of International Law. *University of Illinois Law Review*, 1, 5-46.
- ACT UP (2000). *Treatment for all... Now! Global Manifesto*. Durban South Africa, 9 July 2000. Available online:
<http://www.actupny.org/reports/durban-access.html> [last accessed 17 August 2010].
- ACT UP (2010a). Global March for HIV/AIDS Treatment to the International AIDS Conference, 9 July 2000, Durban South Africa. Available online:
<http://www.actupny.org/reports/durban-TAC.html> [last accessed 16 July 2011]
- ACT UP (2010b). Candidate Gore Zaps. Available online:
<http://www.actupny.org/actions/gorzaps.html> [last accessed 16 July 2011]
- Adler, Emanuel (1997). Seizing the Middle Ground: Constructivism in World Politics. *European Journal of International Relations*, 3 (3), 319-63.
- Alubo, Ogoh (1990). Debt Crisis, Health and Health Services in Africa. *Social Science and Medicine*, 31 (6), 639-648.
- Angen, Maureen (2000). Evaluating Interpretive Inquiry: Reviewing the Validity Debate and Opening the Dialogue. *Qualitative Health Research*, 10 (3), 378-395.
- Annan, Kofi (2001). Secretary-General Proposes Global Fund for Fight Against HIV/AIDS and Other Infectious Diseases at African Leaders Summit, *United Nations Press Release*, SG/SM/779/REV.1, 26 April 2001. Available online:
<http://www.un.org/News/Press/docs/2001/SGSM7779R1.doc.htm> [last accessed 16 July 2011]
- Atkinson, Rob (1999). Discourses of Partnership and Empowerment in Contemporary British Urban Regeneration. *Urban Studies*, 36 (1), 59-72.
- Atkinson, Paul and Coffey, Amanda (2004). Analysing Documentary Realities. In: David Silverman (ed.) *Qualitative Research: Theory, Method and Practice*. London: SAGE. pp. 56-75.
- Axelrod, Robert (2001). *Theoretical Foundations of Partnerships for Economic Development*. Draft of a paper prepared for delivery at the World Bank Conference on Evaluation and Development – The Partnership Dimension, Washington DC, July 23-24, 2001.
- Baaz, Maria Eriksson (2005). *The Paternalism of Partnership – A Postcolonial Reading of Identity in Development Aid*. London: Zed Books.
- Barnett, Michael (2002). Historical sociology and constructivism: an estranged past, a federated future? In: Steve Hobden and John Hobson (eds.) *Historical sociology of international relations*. Cambridge: Cambridge University Press. pp.99-119.
- Barnes, Amy and Brown, Garrett Wallace (2011a). The Global Fund to Fight AIDS, Tuberculosis and Malaria: Expertise, Accountability and the Depoliticisation of Global Health Governance. In: Owain Williams and Simon Rushton (eds.) *Partnerships and Foundations in Global Health Governance*. Basingstoke, Hampshire: Palgrave Macmillan. pp.53-75.
- Barnes, Amy and Brown, Garrett Wallace (2011b). The Idea of Partnership within the Millennium Development Goals: Context, Instrumentality and the Normative Demands of Partnership, *Third World Quarterly*, 32 (1) 165 – 180.

- Banteyerga, H; Kidanu, A; and Stillman, K (2006). The system-wide effects of the Global Fund in Ethiopia: Final Study Report. Bethesda, MD: Abt Associates Inc.
- Bartsch, Sonja and Kohlmorgen Lars (2007). The Role of Southern Actors in Global Governance: The Fight against HIV/AIDS. *GIGA Research Programme: Transformation in the Process of Globalisation*, Number 46, March 2007. Available online: http://www.giga-hamburg.de/dl/download.php?d=/content/publikationen/pdf/wp46_bartsch-kohlmorgen.pdf [last accessed 21 December 2010]
- Behrman, Greg (2004). *The invisible people: how the U.S. has slept through the global AIDS pandemic, the greatest humanitarian catastrophe of our time*. New York: Free Press.
- Bending, Tim and Rosendo, Sergio (2006). Rethinking the Mechanics of the ‘Anti-politics Machine. In: David Mosse and David Lewis (eds.) *Development Brokers and Translators*. Bloomfield: Kumarian Press. pp. 217-238.
- Bergamaschi, Isaline (2009). *Assess, influence, govern. Data and PRSP politics in Mali: the matrix*. Paper presented at the annual meeting of the International Studies Association’s 50th Annual Convention. New York City, USA. 15th February 2009.
- Bezanson, Keith A. (2005). *Replenishing the Global Fund: An Independent Assessment*. Report to the Global Fund, February 2005.
- Biesma, Regien G; Brugha, Ruairí; Harmer, Andrew; Walsh, Aisling; Spicer, Neil; and Walt, Gill (2009). The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control. *Health Policy and Planning*, 24 (4), 239–252.
- Birn, Anne-Emanuelle and Solórzano, Armando (1999) Public health policy paradoxes: science and politics in the Rockefeller Foundation’s hookworm campaign in Mexico in the 1920s. *Social Science and Medicine*, 49 (9), 1197-1213.
- Blas, Erik and Limbambala, Me (2001). The challenge of hospitals in health sector reform: The case of Zambia. *Health Policy and Planning*, 16 (Suppl 2), 29-43.
- Boesen, Nils and Dietvorst, Desiree (2007). *SWAps in motion - Sector wide approaches: From an aid delivery to a sector development perspective*. Reflections from the Joint Learning Programme on Sector Wide Approaches, January 2006 to April 2007. August 2007.
- Bourdieu, Pierre (1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- Booth, David (ed.) (1994). *Rethinking Social Development: Theory, Research and Practice*. Harlow: Longman.
- Brenner, Neil and Theodore, Nik (2002) Cities and the Geographies of “Actually Existing Neoliberalism”. *Antipode*, 34 (3), 349-379.
- Brigg, Morgan (2002). Post-development, Foucault and the colonisation metaphor. *Third World Quarterly*, 23 (3), 421–436.
- Brinkerhoff, Jennifer M. (2002). *Partnership for International Development: Rhetoric or Results?* Boulder, CO: Lynne Rienner.
- Brinkerhoff, Derick W. and Brinkerhoff Jennifer M. (2004). Partnerships Between International Donors and Non-Governmental Development Organizations: Opportunities and Constraints. *International Review of Administrative Sciences*, 70 (2), 253-270.
- Brown, Garrett Wallace (2007). Case Study of the Global Fund to Fight AIDS, Tuberculosis and Malaria. GID Project, updated July, 2007. Unpublished Report.

- Brown, Garrett Wallace (2010). Safeguarding deliberative global governance: the case of The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Review of International Studies*, 36 (2), 511–530.
- Brown, Theodore; Cueto, Marcus; and Fee, Elizabeth (2006). The World Health Organization and the Transition From "International" to "Global" Public Health, *American Journal of Public Health*, 96 (1), 62-72.
- Brugha, Ruari; Donoghue, Martine; Starling, Mary; Ndubani, Phillimon; Ssengooba, Freddie; Fernandes, Benedita; and Walt, Gill (2004). The Global Fund: managing great expectations. *The Lancet*, 364, 95–100.
- Brundtland, Gro Harlem (2000) Speech to the Third Meeting of the Commission on Macroeconomics and Health, Paris, November. Available online: <http://www.who.int/macrohealth/background/paris08nov00.pdf> [last accessed 18 December 2010].
- Brundtland, Gro Harlem (2002). Speech - Conference on Innovation for Sustainability, Amsterdam Technology Meets the Market. 13 March 2002. Available online: http://www.who.int/director-general/speeches/2002/english/20020313_sustainabilityconfamsterdam.html [last accessed 18 December 2010].
- Bryman, Alan (2008). *Social Research Methods*. Third Edition. Oxford: Oxford University Press.
- Buse, Kent (1994) Spotlight on International Organizations: The World Bank. *Health Policy Planning*, 9 (1), 95-99.
- Buse, Kent (1999a). A policy analysis of aid coordination and management in the health sector of Bangladesh: Assessing the instruments, exposing the agendas, and considering the proposals for government leadership. London School of Hygiene and Tropical Medicine. Unpublished PhD Thesis.
- Buse, Kent (1999b). Keeping a tight grip on the reins: donor control over aid coordination and management in Bangladesh, *Health Policy and Planning*, 14 (3), 219–228.
- Buse, Kent and Harman, Andrew (2004). Power to the Partners? The politics of public-private health partnerships. *Development*, 47(2), 49–56.
- Buse, Kent and Harmer, Andrew (2009). Global health partnerships: the mosh pit of global health governance. In: Kent Buse, Wolfgang Hein & Nick Drager (eds.) *Making Sense of Global Health Governance: A Policy Perspective*. Basingstoke: Palgrave Macmillan. pp.245-267.
- Buse, Kent and Walt, Gill (1996). Aid coordination for health sector reform: a conceptual framework for analysis and assessment. *Health Policy*, 38 (3), 173-87.
- Buse, Kent and Walt, Gill (1997). An Unruly Mélange? Coordinating External Resources to the Health Sector: A Review. *Social Science and Medicine*, 45 (3), 449-463.
- Cardini, Alejandra (2006). An analysis of the rhetoric and practice of educational partnerships in the UK: an arena of complexities, tensions and power. *Journal of Educational Policy*, 21 (4), 393-415.
- Cassels, Andrew (1997). *A guide to sector-wide approaches for health development – concepts, issue and working arrangements*. Geneva: World Health Organisation.
- Chansa, Collins (2006). *A critical evaluation of the sector wide approach (SWAp) in the health sector in Zambia*. Unpublished masters thesis. University of Cape Town, South Africa.
- Chansa, Collins (2008). *Zambia's Health Sector Wide Approach (SWAp) Revisited: A Review of Working Relations, Accountability for Finances and Performance, Efficiency, Financial Sustainability and Geographical Equity of Access*. Köln, Germany: Lambert Academic Publishing.

- Chatterjee, Pratap (1994). Wapenhans Summary and Update, *Multinational Monitor*, October 29, 1994. Available online: <http://multinationalmonitor.org/> [last accessed 18 December 2010].
- Clay, Edward and Schaffer, Bernard (1984). Conclusion: Self Awareness in Policy Practice. *In: Edward Clay and Bernard Schaffer (eds.) Room for Manoeuvre: an exploration of public policy planning in agricultural and rural development.* Cranbury, New Jersey: Associated University Press. pp.191-194.
- Clift, Charles (1988). Aid Co-ordination: Are there any lessons to be learnt from Kenya? *Development Policy Review*, 6 (2), 115-137.
- Cohen, John and Uphoff, Norman (1980) Participation's Place in Rural Development: Seeking Clarity through Specificity. *World Development*, 8, 213-235.
- Commission on Macroeconomics and Health (2001a). Macroeconomics and Health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health. 20 December 2001. Geneva: World Health Organisation.
- Commission on Macroeconomics and Health (2001b). Commission Members – Biographical Sketches. Available online: <http://www.who.int/macrohealth/background/biosketches.pdf> [last accessed 18 August 2010].
- Conway, Michael; Gupta, Srishti and Prakesh, Srividya (2006). Building better partnerships for health. *The McKinsey Quarterly*, December 2006.
- Cooke, Bill (2001). From Colonial Administration to Development Management. Institute of Development Policy and Management (IDPM) Discussion Paper Series. Working Paper No. 63. Manchester: IDPM.
- Cooper, Frederick and Packard, Randall M. (1997). Introduction. *In: Frederick Cooper and Randall M. Packard (eds.) Introduction. International development and the social sciences: essays on the history and politics of knowledge.* Berkeley: University of California Press. pp.1-41.
- Cornia, G A; Jolly, R; and Stewart, F (1987). *Adjustment with a Human Face - Vol. 1: Protecting the Vulnerable and Promoting Growth.* Oxford, Clarendon.
- Cornwall, Andrea (2007). Buzzwords and fuzzwords: deconstructing development discourse. *Development in Practice*, 17 (4), 471-484.
- Cornwall, Andrea (2008). Unpacking 'participation': models, meanings and practices. *Community Development Journal*, 43 (3), 269-283.
- Cornwall, Andrea (2009). Changing Ideals in a Donor Organisation: 'Participation' in Sida. *IDS Working Paper*, Number 317 (January 2009).
- Cornwall, Andrea and Brock, Karen (2005). Beyond Buzzwords - "Poverty Reduction", "Participation" and "Empowerment" in Development Policy. Overarching Concerns Programme Paper, UNRISD. Number 10, November 2005.
- Council on Foreign Relations (2005). Rush Transcript of Session on HIV and National Security. 18 July 2005. Available online: http://www.cfr.org/publication/8428/hiv_and_national_security.html [last accessed 30 March 2010]
- Craig, David and Porter, Doug (2003). Poverty Reduction Strategy Papers: A new convergence. *World Development*, 31 (1), 53-69.
- Craig, David and Porter, Doug (2005). The third way and the third world: poverty reduction and social inclusion in the rise of 'inclusive' liberalism. *Review of International Political Economy*, 11 (2), 387-423.
- Craig, David and Porter, Doug (2006). *Development Beyond Neoliberalism? Governance, Poverty Reduction and Political Economy.* Routledge: London.

- Crawford, Gordon (2003). Partnership or Power? Deconstructing the 'Partnership for Governance Reform' in Indonesia. *Third World Quarterly*, 24 (1) 139-159.
- Creswell, John (2007). *Qualitative inquiry & research design: choosing among five approaches*. 2nd edition. London: SAGE.
- Crewe, Elizabeth and Harrison, Emma (1998). *Whose development? An ethnography of aid*. London, Zed Books.
- Crockett, John (2009). Who Polices the Police? Devex Blog. 12th March 2009. Available online: <http://www.devex.com/en/blogs/my-life-as-a-volunteer/who-polices-the-police> [last accessed 21 May 2011].
- Cumming, Gordon D (1996). British aid to Africa: a changing agenda? *Third World Quarterly*, 17 (3), 487-50.
- Cunliffe, Ann (2009a). *A very short, fairly interesting and reasonably cheap book about management*. London: SAGE.
- Cunliffe, Ann (2009b). The Philosopher Leader: On Relationalism, Ethics and Reflexivity. *Management Learning*, 40 (1), 87–101.
- DAC/OECD (1995). Development Partnerships in the New Global Context. Available online: <http://www.oecd.org/dataoecd/31/61/2755357.pdf> [last accessed 9 August 2011].
- DAC/OECD (1996). *Shaping the 21st Century*. Paris, OECD. Available online: <http://www.oecd.org/dataoecd/23/35/2508761.pdf> [last accessed 18 December 2010].
- DAC/OECD (2005). *Paris Declaration on Aid Effectiveness*. Paris, OECD. Available online: http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html [last accessed 18 December 2010].
- DAC/OECD (2008). *Measuring Aid to Health*. Paris, Organisation for Economic Co-operation and Development. Available online: <http://www.oecd.org/dataoecd/20/46/41453717.pdf>.
- Dar, Sadhvi (2008). Real-izing Development: Reports, Realities and Re-envisioning the Self. In: Sadhvi Dar and Bill Cooke (eds.) *The New Development Management: Critiquing the Dual Modernization*. London: Zed Books. pp. 177 - 197
- Danida (2000). *Denmark's Development Policy Strategy - Partnership 2000*. Denmark, Ministry of Foreign Affairs, Danida. Available online: http://amg.um.dk/NR/rdonlyres/8C1E6A52-3F33-49D4-9302-3BE1C2A5F3AF/0/denmarks_development_policy_strategi.pdf [last accessed 22 December 2010].
- de Renzio, Paulo and Mulley, Sarah (2006). *Donor Coordination and Good Governance*. Global Economic Governance Programme Paper. Oxford, University of Oxford.
- DGIS (2004). *The Sector-wide Approach: Organising principle for bilateral development cooperation, version 2*. The Hague: Ministry of Foreign Affairs. Available online from: http://www.sti.ch/fileadmin/user_upload/Pdfs/swap/swap375.pdf [last accessed 21 January 2011].
- Dean, Mitchell (2010). *Governmentality: Power and Rule in Modern Society*. 2nd Edition. London: SAGE.
- Degnbol-Martinussen, John and Engberg-Pedersen, Poul (2005). *Aid: Understanding International Development Cooperation*. London, Zed Books.
- Denning, Stephen (1994). *Program aid beyond structural adjustment*. Paper presented at a workshop on New Forms of Program Aid, Harare, Zimbabwe, 31 January -1 February.

- Department for International Development (1997). *Eliminating World Poverty: A Challenge for the 21st Century*. Cm.3789. London, HMSO.
- Desai, Monica; Rudge, James W; Adisasmito, Wiku; Mounier-Jack, Sandra and Coker, Richard (2010). Critical interactions between Global Fund-supported programmes and health systems: a case study in Indonesia. *Health Policy and Planning*, 25 (suppl 1). i43–i47.
- Development GAP (1994). ‘50 Years is Enough’ Campaign. Available online: http://www.developmentgap.org/worldbank_imf/50Years/50Years_is_Enough_Campaign_statement.pdf [last accessed 16 July 2011]
- Devine, Fiona (2002). Qualitative Methods. In: David Marsh and Gerry Stoker (eds.) *Theory and Methods in Political Science*. 2nd edition. Basingstoke: Palgrave Macmillan. pp.197-215.
- Donaldson, Dayl (1994). Health Sector Reform in Africa: Lessons Learned. Data for Decision Making Project, Harvard School of Public Health. Available online: www.hsph.harvard.edu/ihsg/publications/pdf/No-3a.pdf [last accessed 7 June 2011].
- Donoghue, Martine; Brugh, Ruarí; Walt, Gill; and Ndubani, Phillimon (2005). Global Fund Tracking Study - Zambia Country Report. January 2005. Available online: http://www.ghinet.org/downloads/LSHTM_zambia_study.pdf [last accessed 18 December 2010].
- Doyal, Lesley (1981). *The Political Economy of Health*. London, Pluto Press.
- Drew, Roger and Purvis, George (2006) *Strengthening health systems to improve HIV/AIDS programs in the Europe and Eurasia region using Global Fund resources*. Washington, D.C.: USAID.
- Druce, Nel and Harmer, Andrew (2004). The Determinants of Effectiveness: Partnerships that deliver – Review of the GHP and ‘Business’ Literature. GHP Study Paper 6. DFID Study: *Global Health Partnerships: Assessing the Impact*.
- Economist (1996). Aid for Brussels: Overseas development. *The Economist*, 17 February.
- Ehmer, Paul (2002). *Transcript - The Global Fund to Fight AIDS, Tuberculosis, Malaria*. March 14, 2002. Hosted by the Congressional Economic Leadership Institute and the Center for Strategic and International Studies. Available online: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=510 [last accessed 16 July 2011]
- EU (2001). Genoa Communiqué. Genova, July 22 2001. Available online: <http://www.g7.utoronto.ca/summit/2001genoa/finalcommuniqué.html> [last accessed 23 December 2010].
- EU (2006). *The EU confronts HIV/AIDS, malaria and tuberculosis*. European Commission, DE 131, August 2006.
- Erdmann, Gero and Engel, Ulf (2006). *Neopatrimonialism Revisited – Beyond a Catch-All Concept*. GIGA Research Program: Legitimacy and Efficiency of Political Systems. No.16. February 2006.
- Erdman, Gero and Simutanyi, Neo (2003). *Transition in Zambia: the hybridisation of the Third Republic*. Konrad Adenauer Foundation, Occasional Papers. Zambia. December 2003.
- Eyben, Rosalind (2006a). The road not taken: international aid’s choice of Copenhagen over Beijing. *Third World Quarterly*, 27 (4), 595-608.
- Eyben, Rosalind (2006b) Introduction. In: Rosalind Eyben (ed.) *Relationships for Aid*. London: Earthscan. pp.1-19.

- Eyben, Rosalind (2010). Hiding Relations: The Irony of 'Effective Aid', *European Journal of Development Research*, advance online publication, 13 May 2010, doi:10.1057/ejdr.2010.10
- Eyben, Rosalind (2011). 'Stuff happens': the risks of a results agenda. Oxfam Blog. Tuesday, 15th March 2011. Available online: <http://www.oxfamblogs.org/fp2p/?p=4743> [last accessed 16 July 2011]
- Eyben, Rosalind and Leon, Rosario (2005). Whose aid? The case of the Bolivian Elections Project. In: David Mosse and David Lewis (eds.) *The Aid Effect: Giving and Governing in International Development*. London: Pluto Press. pp.106-125.
- Ferguson, James (1990). *The Anti-Politics Machine: 'Development', Depoliticisation and Bureaucratic Power in Lesotho*. Cambridge: Cambridge University Press.
- Fidler, David (2005). Health as Foreign Policy: Between Principle and Power. *The Whitehead Journal of Diplomacy and International Relations*, 6, 179-94.
- Fidler, David (2006). Health as foreign policy: harnessing globalization for health. *Health Promotion International*, 21(1), 51-58.
- Fidler, David (2007). Architecture amidst Anarchy: Global Health's Quest for Governance. *Global Health Governance*, 1 (1), 1-17. Available online: <http://ghgj.org/Volume%20I%20Issue%201.htm> [last accessed 16 July 2011]
- Finnemore, Martha (1996). *National Interests in International Society*. New York: Cornell University Press.
- Fischer, Frank (2007). Policy analysis in critical perspective: The epistemics of discursive practices. *Critical Policy Studies*, 1(1), 97-109.
- Fochsen, Grethe (2007). *Encounters with Power – Health care seeking and medical encounters in Tuberculosis care: Experiences from Ujjain District, India*. Karolinska-Institutet, Stockholm. PhD Thesis. Available online: <http://publications.ki.se/jspui/bitstream/10616/37993/1/thesis.pdf> [last accessed 8 March 2011].
- Fosdick, R B (1989). *The Story of the Rockefeller Foundation*. Second edition. Transaction Publishers, New Brunswick, New Jersey.
- Foster, Mick (2000). *New Approaches to Development Co-operation: What can we learn from experience with implementing Sector Wide Approaches?* Working Paper 140. Overseas Development Institute. October 2000.
- Foucault, Michel (1980). *Power-knowledge: Selected interviews and other writings*. New York: Pantheon.
- Fowler, Alan (1998). Authentic NGDO Partnerships in the New Policy Agenda for International Aid: Dead End or Light Ahead? *Development and Change*, 29 (1), 137-159.
- Fowler, Alan (2002). Beyond Partnership: Getting Real about NGO Relationships in the Aid System. In: Michael Edwards and Alan Fowler (eds.) *The Earthscan Reader on NGO Management*. London: Earthscan.
- Fraser, Alastair (2009). Aid-Recipient Sovereignty in Historical Context. In: Lindsay Whitfield (ed.) *The Politics of Aid: African strategies for dealing with donors*. Oxford University Press: Oxford. pp.45-73
- Fraser, Alastair and Whitfield, Lindsay (2009). Understanding Contemporary Aid Relationships. In: Lindsay Whitfield (ed.) *The Politics of Aid: African Strategies for Dealing with Donors*. Oxford, Oxford University Press. pp. 74-107.
- Freeden, Michael (1998). *Ideologies and Political Theory: A Conceptual Approach*. Oxford: Oxford University Press.

- Freund, Paul (1986). Health Care in a Declining Economy: The Case of Zambia. *Social Science and Medicine*, 23 (9), 875-888.
- G8 (1998). Birmingham Summit – 1998. Communiqué, 15-17 May 1998. Available from:
http://www.g8.fr/evian/english/navigation/g8_documents/archives_from_previous_summits/birmingham_summit_-_1998/communique.html [last accessed 16 July 2011]
- G8 (2001). Communiqué. Genova, July 22 2001. Available online:
<http://www.g7.utoronto.ca/summit/2001genoa/finalcommunique.html> [last accessed 16 July 2011]
- Gabay, Clive (2009). *Disciplining anti-poverty: The Global Call to Action against Poverty and the Millennium Development Goals in Malawi*. Paper presented at the British International Studies Association Annual Conference, University of Leicester, 14-16 December 2009.
- Gains, Francesca and Clarke, Karen (2003). Constructing Delivery: Implementing as an interpretive process. *Critical Policy Analysis*, 1 (2), 133-138.
- Gardner, Katy (1997). Mixed messages: Contested 'Development' and the 'Plantation Rehabilitation Project'. In: R.D Grillo and R.L Stirrat (eds.) *Discourses of Development: Anthropological Perspectives*. Oxford: Berg. pp.133-156.
- Garrett, Laurie (2007). The Challenge of Global Health. *Foreign Affairs*, 86 (1), 14-38.
- Geertz, Clifford (1973). *Interpretation of Cultures*. New York, Basic Books.
- Gilson, Lucy (2000). *The Dynamics of Policy Change: Lessons from Health Financing Reform in South Africa and Zambia*. Major Applied Research 1 Technical Paper No. 3. September 2000.
- Gilson, Lucy; Doherty, Jane; Lake, Sally; McIntyre, Di; Mwikisa, Chris and Thomas, Stephen (2003). The SAZA study: implementing health financing reform in South Africa and Zambia. *Health Policy and Planning*, 18 (1), 31-46.
- Global Fund (2001a). *Key Recommendations from the NGO Consultation Meeting*, Brussels 12 - 13 November 2001. Available online:
http://www.theglobalfund.org/documents/twg/NGO_consult_GFATM_recommendations.pdf [last accessed 15 July 2010]
- Global Fund (2001b). Private Sector Consultation Meeting, December 6-7 2000. World Economic Forum, Geneva, Switzerland. Available online:
http://www.theglobalfund.org/documents/twg/Private_Sector_Recommendations.pdf [last accessed 14 July 2010]
- Global Fund (2001c). *Recommendations from Latin America and the Caribbean for the Global Fund to Fight AIDS, Tuberculosis and Malaria*, November 18-19, 2001, Sao Paulo, Brazil. Available online:
http://www.theglobalfund.org/documents/twg/Final_Recommendations-LA_Consultation.pdf [last accessed 16 July 2011]
- Global Fund (2002). The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Available online:
http://www.theglobalfund.org/documents/TGF_Framework.pdf [last accessed 15 July 2010].
- Global Fund (2003). The Global Fund to Fight AIDS, Tuberculosis and Malaria Fifth Board Meeting Geneva, 5 - 6 June 2003 - Report of the Governance and Partnership Committee: Country Coordinating Mechanism. ANNEX 3 (Amended 4/6/03). Available online:
<http://www.theglobalfund.org/documents/board/05/gfb57annex3.pdf> [last accessed 7 December 2010].

- Global Fund (2005). Sustaining Performance, Scaling Up Results: Third Progress Report 2005. Geneva: Global Fund. Available online: http://www.theglobalfund.org/documents/replenishment/london/progress_report_3rdreplenishment_lowres.pdf [last accessed 11 March 2010].
- Global Fund (2007a). Global Fund – Who we are, what we do. Geneva. Global Fund. Available online: <http://www.theglobalfund.org/en/publications/whoweare/?lang=en> [last accessed 20 May 2011].
- Global Fund (2007b). Partners in Impact – Results Report. February 2007. Geneva: Global Fund. Available online: http://www.theglobalfund.org/documents/publications/progressreports/ProgressReport2007_en_low.pdf [last accessed 16 July 2010]
- Global Fund (2008a). Country Coordinating Mechanism Model: Partnerships and Leadership. CCM Implementer Series. Available online: http://www.theglobalfund.org/documents/ccm/CCMOnePageBrief_PrtshpAndLeadership_2008_10_en.pdf [last accessed 3 December 2010]
- Global Fund (2008b). Proposal Form – Round 8 (single country applicants). Available online: http://www.theglobalfund.org/grantdocuments/8ZAMH_1781_0_full.pdf [last accessed 3 May 2011].
- Global Fund (2009a). Scaling Up for Impact: Results Report 2008. March 2009. Geneva: Global Fund.
- Global Fund (2009b). Monitoring and Evaluation Toolkit - HIV, Tuberculosis and Malaria and Health Systems Strengthening. Part 1: The M&E system and Global Fund M&E requirements. February 2009. Geneva: Global Fund.
- Global Fund (2010a). About the Global Fund. Available online: <http://www.theglobalfund.org/en/about/?lang=en> [last accessed 3 December 2010].
- Global Fund (2010b). Frequently Asked Questions Round 10 (June 2010). Available online: http://www.theglobalfund.org/documents/rounds/10/R10_FAQ_en.pdf [last accessed 7 December 2010].
- Global Fund (2010c). Guidelines and Requirements for Country Coordinating Mechanisms. Available online: http://www.theglobalfund.org/documents/ccm/Guidelines_CCMPurposeStructureComposition_en.pdf [last accessed 16 July 2010]
- Global Fund (2010d). Grant Life-cycle. Available online: <http://www.theglobalfund.org/en/grantlifecycle/1/?lang=en> [last accessed 3 December 2010]
- Global Fund (2010e). Grant negotiation. Available online: <http://www.theglobalfund.org/en/grantlifecycle/2/?lang=en> [last accessed 3 December 2010]
- Global Fund (2010f). Performance-based disbursements Available online: <http://www.theglobalfund.org/en/grantlifecycle/3/?lang=en> [last accessed 3 December 2010]
- Global Fund (2010g). Performance-based Funding. <http://www.theglobalfund.org/en/performancebasedfunding/>
- Global Fund (2010h). The Global Fund 2010: Innovation and Impact. March 2010. Geneva: Global Fund. Available online: http://www.theglobalfund.org/documents/replenishment/2010/Global_Fund_2010_Innovation_and_Impact_en.pdf [last accessed 3 December 2010].
- Global Fund (2010i). Transitional Working Group. Available online: <http://www.theglobalfund.org/en/twg/> [last accessed 15 June 2010]

- Global Fund (2010j). The Phase 2 grant renewal. Available online: <http://www.theglobalfund.org/en/grantlifecycle/4/?lang=en> [last accessed 3 December 2010]
- Global Fund (2010k). Development Partners. Available online: <http://www.theglobalfund.org/en/developmentpartners/?lang=en> [last accessed 3 December 2010].
- Global Fund (2010). Application Process Explained. Available online: <http://www.theglobalfund.org/en/applicationprocess/?lang=en> [last accessed 3 December 2010].
- Goldberg, Ron (1998). *Montreal AIDS Conference: Conference Call – When PWAs First Sat at the High Table*. Available online: <http://www.actupny.org/documents/montreal.html> [last accessed 17 August 2010].
- Gould, Jeremy; Nokkala; Marko; and Takala, Tuomas (1998). *How sectoral programs work*. Policy Papers 1, Institute of Development Studies, University of Helsinki.
- Gould, Jeremy (2005a). Poverty, politics and states of partnership. In: Jeremy Gould (ed.) *The new conditionality: The politics of poverty reduction strategies*. London: Zed Books. pp. 1-16.
- Gould, Jeremy (2005b). Timing, scale and style: Capacity as governmentality in Tanzania. In: David Mosse and David Lewis (eds.) *The Aid Effect: Giving and Governing in International Development*. London: Pluto Press. pp.61-84.
- Gould, Jeremy (2005c). Conclusion: the politics of consultation. In: Jeremy Gould (ed.) *The New Conditionality: The Politics of Poverty Reduction Strategies*. London: Zed Books.
- Grant, Richard (1998). Japan – A foreign aid superpower. In: Richard Grant and Jan Nijman (eds.) *The Global Crisis in Foreign Aid*. Syracuse, New York, Syracuse University Press.
- Green, Maia (2003). Globalizing Development in Tanzania: Policy Franchising through Participatory Project Management. *Critique of Anthropology*, 23 (2), 123-143.
- Green, Maia (2007). Delivering Discourse: Some ethnographic reflections on the practice of policy-making in international development. *Critical Policy Analysis*, 1 (2), 139-153.
- Guljarani, Nilima (2009). *The Future of Development Management: Examining possibilities and potential*. LSA Working Paper Series No.09-99. DESTIN: Development Studies Institute. May 2009.
- HLSP (2005). *Sector Wide Approaches: A Resource Document for UNFPA Staff*. Prepared for UNFPA by the HLSP Institute, September 2005. Available online: <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2005/swap-unfpa2005eng.pdf> [last accessed 21 January 2011].
- Hacking, Ian (1999). *Social construction of what?* Cambridge, Massachusetts: Harvard University Press.
- Hammond, Ross (1993). The Bank is finally asking ‘why is structural adjustment not succeeding in Sub-Saharan Africa’. *Bank Check*, September 1993, 16-17.
- Harman, Sophie (2007). The World Bank: Failing the Multi-Country AIDS Program, Failing HIV/AIDS. *Global Governance*, 13(4), 485–92.
- Harman, Sophie (2009a). Bottlenecks and Benevolence: How the World Bank is Helping Communities to ‘Cope’ with HIV/AIDS. *Journal of Health Management*, 11 (2), 297-313.

- Harman, Sophie (2009b) Fighting HIV and AIDS: Reconfiguring the State? *Review of African Political Economy*, 36 (121), 353-367.
- Harman, Sophie (2009c). The World Bank and Health. In: Adrian Kay and Owain Williams (eds.) *Global Health Governance: Crisis, Institutions and Political Economy*. Basingstoke: Palgrave Macmillan. pp. 227-244.
- Harrold, Peter and Associates (1995). *The Broad Sector Approach to Investment Lending: Sector Investment Programs*. World Bank Discussion Papers, Africa Technical Department Series No 302. August 1995. Washington D.C.: World Bank.
- Harrison, Elizabeth (2002). 'The Problem with the Locals': Partnership and Participation in Ethiopia. *Development and Change*, 33 (4), 587-610.
- Harrison, Graham (2001a) Post-conditionality politics and administrative reform: Reflections on the cases of Uganda and Tanzania. *Development and Change*, 23, 657-79.
- Harrison, Graham (2001b). Administering market friendly growth? Liberal populism and the World Bank's involvement in administrative reform in sub-Saharan Africa, *Review of International Political Economy*, 8 (3), 528-547.
- Harrison, Graham (2004). HIPC & the Architecture of Governance. *Review of African Political Economy*, 31 (99), 125-128.
- Harrison, Graham (2005a). The World Bank, Governance and Theories of Political Action in Africa. *British Journal of Politics and International Relations*, 7 (2), 240-260.
- Harrison, Graham (2005b). Economic Faith, Social Project and a Misreading of African Society: The Travails of Neoliberalism in Africa. *Third World Quarterly*, 26 (8), 1303-1320.
- Harrison, Graham (2008). From the global to the local? Governance and development at the local level: reflections from Tanzania. *Journal of Modern African Studies*, 46 (2), 169-189.
- Harrison, Graham (2010). *Neoliberal Africa: The impact of global social engineering*. London: Zed Books.
- Harvard University (2001). *Consensus Statement on Antiretroviral Treatment for AIDS in Poor Countries*. March 2001. Available online: http://www.cid.harvard.edu/cidinthenews/pr/consensus_aids_therapy.pdf [last accessed 26 March 2010].
- Hay, Colin (2002). *Political Analysis: A Critical Introduction*. Basingstoke, Hampshire: Palgrave Macmillan.
- Health GAP (2001a). *Health GAP Concerns about Global Trust Fund* July 18, 2001. Available online: <http://www.cptech.org/ip/health/fund/hgap07182001.html> [last accessed 23 December 2010].
- Health GAP (2001b). *Health GAP Coalition issues paper for Global Fund for AIDS TB and Malaria Transitional Working Group meetings, Brussels, 22-24 Nov.* Available online: http://www.healthgap.org/press_releases/01/112001_HGAP_PP_FUND_iss_ues.html [last accessed 23 December 2010].
- Heyman, Josiah (1995). Putting power in the anthropology of bureaucracy. *Current Anthropology*, 36 (2), 261-87.
- Hill, Peter (2002). The rhetoric of sector-wide approaches for health development. *Social Science and Medicine*, 54, 1725-1737.
- Hjertholm, Peter and White, Howard (2000). Foreign aid in historical perspective: Background and Trends. In: Finn Tarp (ed.) *Foreign Aid and Development – Lessons Learnt and Directions for the Future*. London: Routledge. pp.80-102.

- Hodgson, Susan and Irving, Zoë (2007). Studying policy: a way forward. *In: Susan M. Hodgson and Zoë Irving (eds.) Policy reconsidered: Meanings, politics and practices.* Bristol: The Policy Press. pp.191-208.
- Hopkins, Raymond F. (2000). Political Economy of Foreign Aid. *In: Finn Tarp (ed.) Foreign Aid and Development: Lessons Learned and Directions for the Future.* London, Routledge. pp. 423–49.
- Hulme, David (2007). The Making of the Millennium Development Goals: Human Development Meets Results-based Management in an Imperfect World. *BWPI Working Paper*, 16, December 2007.
- Hulme, David (2009a). The Millennium Development Goals (MDGs): A Short History of the World's Biggest Promise. *BWPI Working Paper*, 100, September 2009. Available online: <http://www.bwpi.manchester.ac.uk/resources/Working-Papers/bwpi-wp-10009.pdf> [last accessed 22 December 2010].
- Hulme, David (2009b). Governing Global Poverty? Global Ambivalence and the Millennium Development Goals (06 May 2009 – short version). Available online: http://www.eadi.org/fileadmin/MDG_2015_Publications/Hulme_PAPER.pdf
- Hulst, Merlijn van (2008). Quite an experience: Using ethnography to study local governance. *Critical Policy Analysis*, 2 (2), 143-159.
- IDD and Associates (2006). *Evaluation of General Budget Support: Synthesis Report.* A Joint evaluation of general budget support 1994-2006. May 2006. Available online: <http://www.oecd.org/dataoecd/42/38/36685401.pdf>
- Ingram, Alan (2005). Global leadership and global health: contending meta-narratives, divergent responses, fatal consequences, *International Relations*, 19 (4), 381-402.
- Ingram, Alan (2007). HIV/AIDS, security and the geopolitics of US-Nigerian relations. *Review of International Political Economy*, 14 (3), 510-534.
- Ingram, Alan (2009). The International Political Economy of Global Responses to HIV/AIDS. *In: Adrian Kay Owain Williams, Global Health Governance: Crisis, Institutions and Political Economy.* Basingstoke, Hampshire: Palgrave Macmillan. pp. 81-101.
- International Health Partnership + (2011). Welcome to the International Health Partnership and related initiatives. Available online: <http://www.internationalhealthpartnership.net/en/home> [last accessed 11 March 2011].
- Jenkins, Stuart (2007). The meaning of policy/policy as meaning. *In: Susan Hodgson and Zoë Irving (eds.) Policy reconsidered: Meaning, politics and practices.* Bristol: Policy Press. pp.21-36.
- Jennings, Michael (2010). Using Archives. *In: Vandana Desai and Robert B. Potter (eds.) Doing Development Research.* London: SAGE. pp.241-250.
- Justice, Judith (1989). *Policies, Plans and People – Foreign Aid and Health Development.* Berkeley and Los Angeles, California: University of California Press.
- Kalumba, Katele; Nangawe, E; Muuka-Kalumba, L.M. and Musowe, Vincent (1994). Looking forward: Zambia's health system reform agenda into the next century. *In: Joseph M. Kasonde and John D. Martin (eds.) Experiences of Primary Health Care in Zambia.* Geneva: World Health Organisation. pp.96-115.
- Kalumba, Katele (1997). *Towards and Equity-oriented Policy of Decentralisation in Health Systems Under Conditions of Turbulence: The Case of Zambia.* Discussion paper 6. March 1997. Geneva: World Health Organisation.

- Kanji, Najmi; Kanji, Nazneen; and Manji, Firoze (1991). From development to sustained crisis: Structural adjustment, equity and health. *Social Science and Medicine*, 33 (9), 985-993.
- Kapur, Devesh; Lewis, John Prior; Webb, Richard Charles (1997). *The World Bank: History, Volume I*. Washington: Brookings Institution Press.
- Katz, Alison (2004). The Sachs Report: Investing in health for economic development – or increasing the size of the crumbs from the rich man’s table? *International Journal of Health Services*, 34 (4), 751–773.
- Katz, Rebecca and Singer, Daniel (2007). Health and security in foreign policy. *Bulletin of the World Health Organisation*, 85 (3), 233-234.
- Keeley, James and Scoones, Ian (2003). *Understanding Environmental Policy Processes: Cases from Africa*. London, Earthscan.
- Keen, Justin and Packwood, Tim (1995) Case study evaluations. *British Medical Journal*, 311 (7002), 444-446.
- Kickbusch, Ilona (2002). Influence and opportunity: Reflections on the US role in global public health. *Health Affairs*, 21 (6), 131-141.
- King, Kenneth (1999). *Partnership Principles and Paradoxes*. Norrag News (Special Theme – ‘Swapping Partners’ The new politics of partnership and sector wide approaches), No 25, December 1999. pp.8-11. Available online: <http://www.norrag.org/issues/download/NN/25/en> [last accessed 21 January 2011].
- Klotz, Audie and Lynch, Cecelia (2007). *Strategies for Research in Constructivist International Relations*. New York, M.E. Sharpe.
- Koivusalo, Meri and Ollila, Eeva (1997). *Making a healthy world: agencies, actors, and policies in international health*. London: Zed Books.
- Komakoma, Fr. Joe (2000). The culture of silence, 3 February 2000 In: Hinfelaar, Marja (ed.) *The Best of Fr. Joe Komakoma’s Ruminations (published in The Post from 1999-2004)*. Ndola, Mission Press.
- Komakoma, Fr. Joe (2001). The church and state, 25 January 2001. In: Marja Hinfelaar (ed.) *The Best of Fr. Joe Komakoma’s Ruminations (published in The Post from 1999-2004)*. Mission Press: Ndola.
- Kvale, Steinar and Brinkman, Svend (2009). *InterViews - Learning the Craft of Qualitative Research Interviewing*. Second Edition. London: SAGE.
- Lake, Sally and Musumali, Cosmas (1999). Zambia: The Role of Aid Management in Sustaining Visionary Reform. *Health Policy and Planning*, 14 (3), 254-263.
- Lancaster, Carol (2007). *Foreign Aid: Diplomacy, Development, Domestic Politics*. Chicago and London: University of Chicago Press.
- Larner, Wendy and Butler, Maria (2004). *Governmentalities of Local Partnerships*. Research Paper Number 12. Strengthening Communities through Local Partnerships, Local Partnerships and Governance Research Group, University of Auckland, New Zealand. April 2004.
- Larsen, Bjarne (2003). *Sector Wide Approach – history and some theoretical considerations*. Presented for Chief Advisors at Danida Seminar. June 2003.
- Lasswell, Harold (1936). *Politics: Who Gets What, When, How*. New York: McGraw-Hill.
- Latour, Bruno (2000). When things strike back: a possible contribution of science studies. *British Journal of Sociology*, 5 (1), 105-23.
- Lawson, Colin (1988). Soviet economic aid to Africa. *African Affairs*, 87 (349), 501-518.
- Lee, Kelley (2009). Understandings of Global Health Governance: The Contested Landscape. In: Adrian Kay and Owain Williams (eds.) *Global Health Governance: Crisis, Institutions and Political Economy*. Basingstoke, Hampshire: Palgrave Macmillan.

- Lee, Kelley and Zwi, Anthony (1996). A Global Political Economy Approach to AIDS: Ideology, Interests and Implications. *New Political Economy*, 1 (3), 355-373.
- Leech, Beth (2002a). Interview Methods in Political Science. *PS Political Science and Politics*, 35 (4), 663-664.
- Lewis, Jane (2008). Design Issues. In: Jane Ritchie and Jane Lewis (eds.) *Qualitative Research Practice: A guide for social science students and researchers*. London: SAGE. pp.47-76.
- Lewis, David and Mosse, David (2006). Encountering Order and Disjuncture: Contemporary Anthropological Perspectives on the Organisation of Development. *Oxford Development Studies*, 34 (1), 1-13.
- Li, Tania Murray (1999). Compromising Power: Development, Culture, and Rule in Indonesia. *Cultural Anthropology*, 14 (3) 295-322.
- Li, Tania Murray (2007). *The Will to Improve: Governmentality, Development and the Practice of Politics*. Durham: Duke University Press.
- Lipsky, Michael (1980). *Street Level Bureaucracies: Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation.
- Loewenson, Rene (1993). Structural adjustment and health policy in Africa. *International Journal of Health Services*, 23 (4), 717-30.
- Long, Norman (2001). *Development Sociology*. London: Routledge.
- Long, Norman and Long, Ann (1992). From paradigm lot to paradigm regained? The case for an actor-oriented sociology of development. In: Norman Long and Ann Long (eds.) *Battlefields of Knowledge: the interlocking of theory and practice in social research and development*. London: Routledge. pp. 16-43.
- Long, Norman and van der Ploeg, Jan Douwe (1994) Heterogeneity, actor and structure: towards a reconstitution of the concept of structure. In: David Booth (ed.) *Rethinking social development – theory, research & practice*. Harlow, Essex: Longman. pp. 62–89
- Lynch, Cecilia (2006). Critical Interpretation and Interwar Peace Movements: Challenging Dominant Narratives. In: Dvora Yanow and Peregrine Schwartz-Shea (eds.) *Interpretation and Method Empirical Research Methods and the Interpretive Turn*. New York: M.E Sharpe. pp. 291-299.
- MacDonald, Ian (2005). Theorising Partnerships: Governance, Communicative Action and Sport Policy. *Journal of Social Policy*, 34 (4), 579–600.
- Maclancey, Jeremy (2002). Introduction: Taking people seriously. In: Jeremy Maclancey (ed.) *Exotic No More: Anthropology on the Front Lines*. Chicago: Chicago University Press. pp.1-14.
- Madura, Jeff (2006). *Introduction to Business – 4th Edition*. Mason, Ohio: Thomson/South-Western College.
- Mallarangeng, Andi and Van Tuijl, Peter (2004). Partnership for governance reform in Indonesia. *Third World Quarterly*, 25 (5), 919-942.
- Manheim, Jarol; Rich, Richard; Willnat, Lars; and Brians, Craig (2006). *Empirical political analysis: research methods in political science*. 6th Edition. New York, London: Pearson/Longman.
- Marriage, Zoe (2006). The Comfort of Denial: External Assistance in Southern Sudan. *Development and Change*, 37 (3), 479–500.
- Marsden, Ruth (2005). Exploring Power and Relationships: A Perspective from Nepal. In: Leslie Groves and Rachel Hinton (eds.) *Inclusive Aid*. London: Earthscan. pp.97-108.
- Martens, Jens (2007). Multistakeholder partnerships – Future Models of Multilateralism? *Dialogue on Globalisation*, Occasional Paper Number 29, January 2007, Freidrich Ebert Stiftung.

- Mathur, Navdeep; Skelcher, Chris; and Smith, Mike (2003). Towards A Discursive Evaluation of Partnership Governance. Paper to European Consortium for Political Research joint sessions, Edinburgh, March 2003. Available online: http://www.inlogov.bham.ac.uk/research/pdfs/Partnership_governance.pdf [last accessed 21 December 2010].
- Maxwell, Simon and Riddell, Roger (1998). Conditionality or contract: Perspectives on Partnership for Development. *Journal of International Development*, 10 (2), 257-268.
- McCoy, David; Chand, Sudeep; and Sridhar, Devi (2009). Global health funding: how much, where it comes from and where it goes. *Health Policy and Planning*, 24 (6), 407-417.
- McInnes, Colin (2007). HIV/AIDS and National Security. In: Nana Poku and Alan Whiteside and Bjorg Sandkjaer (eds.) *AIDS and Governance*. Aldershot, Hampshire: Ashgate.
- Meagher, Kate (2006). Review Article. Cultural Primordialism and the Post-Structuralist Imaginaire: plus ça change. *Africa* 76 (4), 590-97.
- Médecins Sans Frontiers (2009). *MSF and Patents*. Available online: <http://www.msfaccess.org/main/access-patents/introduction-to-access-and-patents/msf-and-patents/> [last accessed 16 July 2011]
- Michel, Jan (2005). The birth of the MDGs, *DAC News*, Sept-Oct 2005. Available online: http://www.oecd.org/document/34/0,2340,en_2649_33721_35295778_1_1_1_1,00.html [last accessed 9 April 2010].
- Mkandawire, P. Thandika and Soludo, Charles Chukwuma (1998). *Our continent, our future: African perspectives on structural adjustment*. Asmara, Eritrea, Africa: World Press.
- Ministry of Health, Ghana (2007). *National Health Policy - Creating Wealth through Health*. September, 2007. Accra, Ghana Ministry of Health. Available online: http://www.moh-ghana.org/UploadFiles/Policies_Programs/Nationalhealthpolicy090817040222.pdf [last accessed 21 January 2011].
- Ministry of Health, Uganda (2010). *Health Sector Strategic Plan II, 2010/11-2014/15*. Kampala: Ministry of Health. Available from: http://www.health.go.ug/docs/HSSP_III_2010.pdf [last accessed 21 January 2011].
- Ministry of Health, Zambia (1992). *National Health Policies and Strategies: Health Reforms*. Lusaka: Ministry of Health.
- Ministry of Health, Zambia (1994). *National Strategic Health Plan: From Vision to Reality*. Lusaka: Ministry of Health.
- Ministry of Health, Zambia (2005). *National Health Strategic Plan 2006-2010: Towards Attainment of the Millennium Development Goals and National Health Priorities*. Lusaka: Ministry of Health.
- Ministry of Health Zambia (2006). *Memorandum of understanding between the Government of the Republic of Zambia. Ministry of Health and Cooperating Partners, Government of the Republic of Zambia*.
- Ministry of Health Zambia (2009a). *Donor Funding from CBoH from 1996 to 2005 (GRZ)*. Unpublished financial report.
- Ministry of Health Zambia (2009b). *Donor releases 2006 to 2008*. Unpublished financial report.
- Mirzoev, Tolib; Green, Andrew and Newell, James (2010). Health SWAps and external aid – a case study from Tajikistan. *International Journal of Health Planning and Management*, 25 (3), 270-286.

- Morse, Stephen and McNamara, Nora (2008). Creating a greater partnership: analysing partnership in the Catholic Church development chain. *Area* 40 (1), 65-78.
- Mosse, David (2004). Is Good Policy Unimplementable? Reflections on the Ethnography of Aid Policy and Practice. *Development and Change*, 35 (4), 639–671.
- Mosse, David (2005a). *Cultivating Development – An ethnography of aid policy and practice*. London, Pluto Press.
- Mosse, David (2005b). Global Governance and the Ethnography of International Aid. In: David Mosse and David Lewis (eds.) *The aid effect: Giving and Governing in International Development*. London: Pluto Press.
- Mosse, David and Lewis, David (2006). Theoretical Approaches to Brokerage and Translation in Development. In: David Lewis and David Mosse (eds.) *Development brokers and translators: the ethnography of aid and agencies*. Bloomfield, CT: Kumarian Press. pp.1-26.
- Mosse, David (2007). Notes on the ethnography of expertise and professionals in international development. Paper presented at Ethnografeast III: ‘Ethnography and the Public Sphere’. Lisbon, June 20-23, 2007.
- Mouffe, Chantal (2005). *On the Political*. London: Routledge.
- Mounier-Jack, Sandra; Rudge, James W; Phetsouvanh, Rattanaxy; Chanthapadith, Chansouk and Coker, Richard (2010). Critical interactions between Global Fund-supported programmes and health systems: a case study in Lao People’s Democratic Republic. *Health Policy and Planning*, 25 (suppl 1), i37–i42.
- Mowles, Chris (2010). Post-Foundational Development Management – Power, Politics and Complexity. *Public Administration and Development*, 30, 149-158.
- Mtonya, B. and Chizimbi, S. (2006). *System-wide effects of the Global Fund in Malawi: final report*. Bethesda, MD: The Partners for Health Reformplus, Abt Associates Inc.
- Nijman, Jan (1998). United States Foreign Aid. Crisis? What Crisis? In: Richard Grant and Jan Nijman (eds.) *The Global Crisis in Foreign Aid*. Syracuse, New York, Syracuse University Press.
- Norton, Andrew and Bird, Bella (1998). *Social Development Issues in Sector-Wide Approaches*. Social Development Working Paper No.1. May 1998. Available online: http://sti.ch/fileadmin/user_upload/Pdfs/swap/swap002.pdf [last accessed 14 April 2011].
- NZAID (2006). *Sector Wide Approaches (SWAs) Guideline*. New Zealand’s Aid and Development Agency. Approved 16/11/06. Available online: <http://nzaidtools.nzaid.govt.nz/sector-wide-approaches-swaps/what-is-a-swap#iddefinition-swap> [last accessed 21 January 2011].
- OECD (2006). *Harmonising Donor Practices for Effective Aid Delivery - Volume 2: Budget Support, Sector Wide Approaches and Capacity Development in Public Financial Management*. DAC Guidelines and Reference Series. August 2006. Paris, France: OECD. Available online: <http://www.oecd.org/dataoecd/53/7/34583142.pdf> [last accessed 21 January 2011].
- Office of the Inspector General (2010). *Country Audit of Global Fund Grants to Zambia*. Audit Report No: GF-OIG-09-15. Issue Date: 5 October 2010. Available online: http://www.theglobalfund.org/documents/oig/GF_CountryAudit-GF-Grants-Zambia_Report-GF-OIG-09-015.pdf [last accessed 23 November 2010].

- Olivier de Sardan, Jean-Pierre (1998). Peasant Logics and Development Project Logics. *Sociologia Ruralis*, 28 (2-3), 216–226.
- Olivier de Sardan, Jean-Pierre (2005). *Anthropology and development: understanding contemporary social change*. London: Zed Books.
- Orlandini, Barbara (2003). Consuming ‘Good Governance’ in Thailand. *The European Journal of Development Research*, 15 (2), 16 - 43.
- Pearson, Lester (1969). *Partners in development: Report of the Commission on International Development*. New York: Praeger.
- Périn, Ines, and Attaran, Amir (2003). Trading ideology for dialogue: an opportunity to fix international aid for health? *Lancet* 361, 9364: 1216-1219.
- Peters, David and Chao, Shiyang (1998). The sector-wide approach in health: What is it? Where is it leading? *International Journal of Health Planning and Management*, 13, 177-190.
- Petit, Jethro and Wheeler, Joanna (2005). Developing Rights? Relating Discourse to Context and Practice. *IDS Bulletin*, 36 (1), 1-8.
- Pfeiffer, James and Chapman, Rachel (2010). Anthropological Perspectives on Structural Adjustment and Public Health. *Annual Review of Anthropology*, 39, 149–65.
- Pinstrup-Andersen, Per (1988). Macroeconomic adjustment and human nutrition. *Food Policy*, 13 (1), 37-46.
- Poku, Nana (1998). Constructivism and Third World Research. *International Relations*, 14 (2), 35-45.
- Poku, Nana K. (2002). The Global AIDS Fund: context and opportunity. *Third World Quarterly*, 23 (2), 283-298.
- Poku, Nana (2005). *AIDS in Africa: how the poor are dying*. Cambridge: Polity Press.
- Price, Richard and Reus-Smit, Christian (1998). Dangerous Liaisons? Critical International Theory and Constructivism. *European Journal of International Relations*, 4 (3), 259-294.
- Ravishankar, Nirmala; Gubbins, Paul; Cooley, Rebecca; Leach-Kemon, Katherine; Michaud, Catherine M; Jamison, Dean T; and Murray, Christopher (2009). Financing of global health: tracking development assistance for health from 1990 to 2007. *Lancet*, 373 (9681), 113-2124.
- Rein, Melanie; Stott, Leda; Yambayamba, Kavwanga; Hardman, Stan and Reid, Stuart (2008). *Working together: A critical appraisal of cross-sector partnership in Southern Africa*. The Cambridge: University of Cambridge Programme for Industry.
- Reus-Smit, Christian (2009). Constructivism. In: Scott Burchill, Andrew Linklater, Richard Devetak, Jack Donnelly, Terry Nardin, Matthew Paterson, Christian Reus-Smit, and Jacqui True (eds.) *Theories of International Relations*. Fourth edition. Basingstoke, Hampshire: Palgrave Macmillan. pp.212-236.
- Riddell, Roger (2007). *Does Foreign Aid Really Work?* Oxford: Oxford University Press.
- Robb, Caroline (2005). Changing Power Relationships in the History of Aid. In: Leslie Groves and Rachel Hinton (eds.) *Relationships for Aid*. London: Earthscan.
- Robins, Steven (2004). ‘Long Live Zackie, Long Live’: AIDS Activism, Science and Citizenship after Apartheid. *Journal of Southern African Studies*, 30 (3) 651-672.
- Rochlin, Steve; Zadek, Simon and Forstater, Maya (2008). *Governing Collaboration: Making partnerships accountable for delivering development*. AccountAbility. April 2008.

- Rose, Nikolas; O'Malley, Pat and Valverde, Mariana (2006). Governmentality, *Annual Review of Law Soc. Science.* 2: 83–104.
- Rossi, Benedetta (2006). Aid policies and recipient strategies in Niger: Why donors and recipients should not be compartmentalised into separate 'worlds of knowledge'. In: David Mosse and David Lewis (eds.) *Development Brokers and Translators*. Bloomfield: Kumarian Press. pp.27-50.
- Rowden, Rick (2009). *The deadly ideas of neoliberalism: How the IMF has Undermined Public Health and the Fight Against AIDS*. London: Zed Books.
- Ruggie, John Gerard (1998). *Constructing the World Polity: Essays on International Institutionalisation*. London: Routledge.
- Rushton, Beth (2008). *Consuming Participation Policy: Cambodian Health Committees*. Unpublished PhD Thesis. University of Sydney, Faculty of Economics and Business, Discipline of Government and International Relations.
- SDC-Health (2010). SWAp and Health. Available online: http://www.sdc-health.ch/priorities_in_health/good_governance/sector-wide_approaches_swaps [last accessed 15 March 2011].
- Sachs, Jeffrey (2000). HIV Non-intervention: A Costly Option – A New Framework for Globalisation. Presentation at the Intentional AIDS Conference, 13 July 2000. Available online: <http://www.earth.columbia.edu/articles/view/2511> [last accessed 15 March 2011].
- Sachs, Jeffrey (2005). Interview: Jeffrey Sachs, 16 March 2005. *Frontline: The Age of AIDS*. Available online: <http://www.pbs.org/wgbh/pages/frontline/aids/interviews/sachs.html> [last accessed 24 August 2010].
- Sanz Corella, Beatriz; Mutesa, Frederick; Moon Hamabuyu, Isabel; Mpepo, Besinati (2006). Institutional Analysis of Non State Actors in Zambia. Final Report. Lusaka: European Commission.
- Schaffer, Bernard (1984). Towards Responsibility: Public Policy in Concept and Practice. In: Edward Clay and Bernard Schaffer (eds.) *Room for Manoeuvre: An exploration of public policy planning in agricultural and rural development*. London: Heinemann Education Books. pp.142-190.
- Schleimann, Finn; Enemark, Ulrika; and Byskov, Jens (2003). Development Assistance to the Health Sector- a Danish Perspective. A Framework for Support to the Health Sector in a SWAp Context. April 2003. Danida. Available online: http://www.danidadevforum.um.dk/NR/rdonlyres/363F9DE8-C0F8-4C9C-AC6C-21BC5E64E1FB/0/HS_DevelopmentToHS_DanishPerspective.pdf [last accessed 7 April 2011].
- Schott W, Stillman K, and Bennett S. (2005). Effects of the Global Fund on reproductive health in Ethiopia and Malawi: Baseline findings. Bethesda, MD: The Partners for Health Reform *plus*, Abt Associates Inc.
- Schwartländer, Bernhard; Grubb, Ian and Perriens, Jos (2006). The 10-year struggle to provide antiretroviral treatment to people with HIV in the developing world. *Lancet*, 368 (5), 541-546.
- Scott, James (1985). *Weapons of the Weak: Everyday forms of peasant resistance*. New Haven: Yale University Press.
- Scott, James (1990). *Domination and the arts of resistance: Hidden transcripts*. New Haven: Yale University Press.
- Seckinelgin, Hakan (2008). *International Politics of HIV/AIDS: Global Disease – Local Pain*. London: Routledge.

- Sell, Susan and Prakash, Aseem (2004). Using Ideas Strategically: The Contest Between Business and NGO Networks in Intellectual Property Rights. *International Studies Quarterly*, 48 (1), 143-175.
- Shiffman, Jeremy and Smith, Stephanie (2007). Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality. *Lancet*, 370, 1370-1379.
- Shore, Cris (2008). Audit culture and Illiberal governance: Universities and the politics of accountability. *Anthropological Theory*, 8 (3), 278–298.
- Short, Clare (2005). *An Honourable Deception? New Labour, Iraq, and the Misuse of Power*. London: Free Press.
- Sindzingre, Alice (2004). The evolution of the concept of poverty in multilateral institutions: the case of the World Bank. In: Desmond McNeill and Morten Bøås (eds.) *Global Institutions and Development. Framing the World?* London: Routledge.
- Sparke, Matthew (2009). Unpacking Economism and Remapping the Terrain of Global Health. In: Adrian Kay and Owain Williams (eds.) *Global Health Governance: Crisis, Institutions and Political Economy*. Basingstoke: Palgrave Macmillan. pp. 131-159.
- Snape, Dawn and Spencer, Liz (2008). The Foundations of Qualitative Research. In: (eds) Ritchie, Jane and Lewis, Jane, *Qualitative Research Practice: A guide for social science students and researchers*. London: SAGE. pp. 1-23.
- Sridhar, Devi and Batniji, Rajaie (2008). Misfinancing global health: a case for transparency in disbursements and decision making. *Lancet*, 372: 1185–91.
- Sridhar, Devi and Craig, David (2011). Analysing global health assistance: The reach for ethnographic, institutional and political economic scope, *Social Science and Medicine*, 72 (12), 1915-1920.
- Star, Susan Leigh and Griesemer, James R. (1989). Institutional Ecology, ‘Translations’ and Boundary Objects: Amateurs and Professionals in Berkeley’s Museum of Vertebrate Zoology, 1907-39. *Social Studies of Science*, 19, 387-420.
- Stokke, Olav (ed.) (1989). *Western Middle Powers and Global Poverty: the determinants of the aid policies of Canada, Denmark, the Netherlands, Norway, and Sweden*. Uppsala: Scandinavian Institute of African Studies.
- Stoker, Gerry and Marsh, David (2002). Introduction. In: (eds) David Marsh and Gerry Stoker, *Theory and Methods in Political Science*. 2nd edition. Basingstoke: Palgrave Macmillan. pp.1-16.
- Stokke, Olav (ed.) (1989). *Western Middle Powers and Global Poverty: The determinants of the aid policies of Canada, Denmark, the Netherlands, Norway and Sweden*. Norwegian Foreign Policy Studies, Number 64. Motola Grafiska, Sweden.
- Stone, Deborah (1989). Causal Stories and the Formation of Policy Agendas. *Political Science Quarterly*, 104 (2), 281-300.
- Stone, Deborah (2002). *Policy Paradox: The Art of Political Decision-Making*. New York: W.W. Norton & Company.
- Sundewall, Jesper (2009). *Health Sector Aid Coordination in Zambia – From Global Policy to Local Practice*. Karolinska-Institutet, Stockholm. PhD Thesis. Available online: <http://publications.ki.se/jspui/bitstream/10616/39005/1/thesis.pdf> [last accessed 1 March 2011].
- Sundewall, Jesper; Forsberg, Birger Carl and Tomson, Göran (2006). Theory and practice – a case study of coordination and ownership in the Bangladesh health SWAp. *Health Research Policy and Systems* [online] 4:5. Available

- from: <http://www.health-policy-systems.com/content/4/1/5> [Accessed 20 January 2011].
- Sundewall, Jesper; Forsberg, Birger; Jonsson, Kristina; Chansa, Colins; and Tomson, Goran (2009). The Paris Declaration in practice: challenges of health-sector aid coordination at the district level in Zambia. *Health Research Policy and Systems* 7 (14) doi:10.1186/1478-4505-7-14
- Sundewall, Jesper; Jönsson, Kristina; Cheelo, Caesar; and Tomson, Göran (2010). Stakeholder perceptions of aid coordination implementation in the Zambian health sector. *Health Policy*, 95, 122-128.
- Sundewall, Jesper and Sahlin-Andersson, Kerstin (2006). Translations of health sector SWAps: A comparative study of health sector development cooperation in Uganda, Zambia and Bangladesh. *Health Policy*, 76 (3), 277-287.
- Swedish Ministry of Foreign Affairs (1997). Partnership Africa: Proposals for a New Swedish Policy towards Sub-Saharan Africa. Stockholm, Utrikes Department (UD).
- Swedish Ministry of Foreign Affairs (1997). *The Rights of the Poor – Our Common Responsibility: Combating Poverty in Sweden's Development Cooperation*. Government Report 1996/97:169. Available online: <http://www.sweden.gov.se/content/1/c6/02/04/08/ab9600e5.pdf> [last accessed 18 December 2010].
- Tennyson, Ros and Wilde, Luke (2000). *The guiding hand: brokering partnerships for sustainable development*. United Nations Department of Public Information.
- Thandizani (2011). Thandizani Community-Base HIV/AIDS Prevention and Care. Available online: <http://www.thandizani.org/> [last accessed 14 July 2011]
- Therien, Jean-Phillippe (2002). Debating foreign aid: right versus left. *Third World Quarterly*, 23 (3), 449-466.
- The Post (2009). SIDA freezes funding to health ministry. *The Post*. Thursday 21st May 2009. p.4.
- Times of Zambia (2009). US pledges continued aid. *Times of Zambia*. Wednesday 27th May 2009. p.1.
- Ugalde, Antonio and Jackson, Jeffrey (1995). The World Bank and International Health Policy: A Critical Review. *Journal of International Development*, 7 (3), 525-541.
- Unger, Jean-Pierre; De Paepe, Pierre; Sen, Kasturi; and Soors, Werner (2010). *International Health and Aid Policies: The Need for Alternatives*. Cambridge: Cambridge University Press.
- UN (1994) *International Conference on Population and Development – Summary of the Programme of Action*. Available online: <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm> [last accessed 18 December 2010].
- UN (1995). *Report of the World Summit for Social Development*. Copenhagen, 6-12 March 1995. Available online: <http://www.un.org/documents/ga/conf166/aconf166-9.htm> [last accessed 18 December 2010].
- UN (2000). *Security Council Holds Debate on Impact of AIDS on Peace and Security in Africa*. UNIS/SC/117311, January 2000.
- UN (2001). Secretary-General Proposes Global Fund for Fight Against HIV/AIDS and Other Infectious Diseases at African Leaders Summit. *United Nations Press Release*, SG/SM/779/REV.1, April 2001.
- UNDP (1993). *UNDP and Organisations of Civil Society: Building Sustainable Partnership*. Strategy Paper. November 1993.

- UNDP (2010). What are the Millennium Development Goals? Available online: <http://www.undp.org/mdg/basics.shtml> [last accessed 22 December 2010].
- UNGASS (2001). Declaration of Commitment on HIV/AIDS. Available online: <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html> [last accessed 15 March 2011].
- USAID (1995). Core Report of the New Partnerships Initiative. Available online: <http://www.usaid.gov/pubs/mpi/corerept/mpi-mas.htm#summary> [last accessed 29 June 2010]
- US Government (2000). *Congressional Record. Proceedings and Debates of the 106th Congress*. Second Session Volume 146 – Part 1. January 24, 2000 to February 23, 2000.
- van de Walle, Nicolas (2001). *African economies and the politics of permanent crisis, 1979-1999*. Cambridge: Cambridge University Press.
- van Gastel, Jilles and Nuijten, Monique (2005). The genealogy of the 'Good Governance' and 'Ownership' agenda at the Dutch Ministry of Development Cooperation. In: David Mosse and David Lewis (eds.) *The Aid Effect: Giving and Governing in International Development*. London: Pluto Press. pp. 85-105.
- van Kerkhoff, Lorrae and Szlezák, Nicole (2006). Linking local knowledge with global action: examining the Global Fund to Fight AIDS, Tuberculosis and Malaria through a knowledge system lens. *Bulletin of the World Health Organisation*, 84 (8), 629-635.
- Veeken, Hans (2000). The treatment of AIDS must be a worldwide effort. *British Medical Journal*, 321 (7272), 1357.
- Walford, Veronica (2003). Defining and Evaluating SWAps. A paper for the Inter-agency Group on SWAps and Development Cooperation. Institute for Health Sector Development. Available online: <http://www.hlsp.org/Home/Resources/DefiningevaluatingSWAps.aspx> [last accessed 19 March 2011].
- Walt, Gill; Pavignani, Enrico; Gilson, Lucy; and Buse, Kent (1999). Health sector development: from aid coordination to resource management. *Health Policy and Planning*, 14 (3), 207-218.
- Walt, Gill and Buse, Kent (2006). Global Cooperation in International Public Health. In: Michael Merson, Robert Black and Anne Mills (eds.) *International Public Health: Diseases, Programs, Systems, and Policies*. 2nd Edition. London: Jones and Bartlett Publishers. pp.649-680.
- Walt, Gill; Spicer, Neil and Buse, Kent (2009). Mapping the Global Health Architecture. In: Kent Buse; Wolfgang Hein and Nick Drager (eds.) *Making Sense of Global Health Governance – A Policy Perspective*. Basingstoke: Palgrave Macmillan. pp.47-71.
- Wapenhans, Willi (1992). *Effective Implementation: Key to Development Impact*. Report of the World Bank's Portfolio Management Task Force.
- Watkins, Kevin (1995). Aid under Threat. *Review of African Political Economy*, 22 (66), 517-523.
- Weaver, Catherine (2008). *Hypocrisy trap: the World Bank and the poverty of reform*. Princeton New Jersey: Princeton University Press.
- Westad, Odd Arne (2005). *The Global Cold War: Third World Interventions and the Making of Our Times*. Cambridge: Cambridge University Press.
- White, Alastair (1977). British Official Aid in the Health Sector. *IDS Discussion Paper*, 107.
- Whitfield, Lindsay (ed.) (2009). *The Politics of Aid: African strategies for dealing with donors*. Oxford University Press: Oxford.
- Whitfield, Lindsay and Fraser, Alastair (2009a). Introduction: Aid and Sovereignty. In: Lindsay Whitfield (ed.) *The Politics of Aid: African*

- strategies for dealing with donors*. Oxford University Press: Oxford. pp.1-26
- Whitfield, Lindsay and Fraser, Alastair (2009b). Negotiating Aid. In: Lindsay Whitfield (ed.) *The Politics of Aid: African strategies for dealing with donors*. Oxford University Press: Oxford. pp.27-44.
- Williams, Glyn (2004). Evaluating participatory development: tyranny, power and (re)politicisation, *Third World Quarterly*, 25 (3) 557-578.
- Williams, Owain and Rushton, Simon (2009). *Global Health Governance as a contested space: competing discourses, interests and actors*. Paper presented at the 50th International Studies Association Annual Convention in New York, February 15-18 2009.
- Williamson, John (1994). *The Political Economy of Reform*. Washington D.C.: Institute for International Economics.
- Williamson, Tim; Agha, Zainab Kizilbash; Bjornstad, Liv; Twijukye, Gerald; Mahwago, Yamungu and Kabelwa, George (2008). *Building Blocks or Stumbling Blocks? The Effectiveness of New Approaches to Aid Delivery at the Sector Level*. Working Paper 6. Good Governance, Aid Modalities and Poverty Reduction: Linkages to the Millennium Development Goals and Implications for Irish Aid. Research project (RP-05-GG) of the Advisory Board for Irish Aid.
- Willis, Katie (2010). Interviewing. In: Vandana Desai and Robert B. Potter (eds.) *Doing Development Research*. London: SAGE. pp.144-152.
- Woliver, Laura (2002). Ethical Dilemmas in Personal Interviewing, *PS Political Science and Politics*, 35 (4), 677-678.
- Woods, Ngaire (2000). The Challenges of Multilateralism and Governance. In: C.L. Gilbert and David Vines (eds.) *The World Bank: structure and policies*. Cambridge: Cambridge University Press.
- World Bank (1993). *World Development Report: Investing in Health*. Oxford: Oxford University Press.
- World Bank (1994a). *Learning from the Past, Embracing the Future*. Available online: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/1994/07/01/000009265_3970716143028/Rendered/PDF/multi_page.pdf [last accessed 18 December 2010].
- World Bank (1994). *The World Bank in Africa: reforms, results and the road ahead*. Washington D.C.: World Bank.
- World Bank (1997). *The State in a Changing World*. Washington D.C., World Bank. Available online: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/1997/06/01/000009265_3980217141148/Rendered/PDF/multi0page.pdf [last accessed 18 December 2010].
- World Bank (1998). *Partnerships for development: proposed actions for the World Bank*. Discussion Paper, 20 May 1998. Available online: <http://www.worldbank.org/html/extdr/pfd-discpaper.pdf> [last accessed 18 December 2010].
- World Bank (2001). Education and Health in Sub-Saharan Africa: A Review of Sector-Wide Approaches. January 2001, Africa Region. Washington D.C.: World Bank. Available online: http://siteresources.worldbank.org/AFRICAEXT/Resources/health_africa.pdf [last accessed 24 April 2011].
- World Bank (2003). *Pages from World Bank History: The Pearson Commission*. Available online: <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/EXTAR>

- [CHIVES/0,,contentMDK:20121526~pagePK:36726~piPK:36092~theSitePK:29506,00.html](http://www.worldbank.org/WBSITE/EXTERNAL/PROJECTS/0,,contentMDK:20121526~pagePK:36726~piPK:36092~theSitePK:29506,00.html) [last accessed 12 April 2010].
- World Bank (2010a). Comprehensive Development Framework. Available from:
<http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/0,,contentMDK:20120725~menuPK:41393~pagePK:41367~piPK:51533~theSitePK:40941,00.html> [last accessed 22 December 2010].
- World Bank (2010b). What are PRSPs? Available online:
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTPRS/0,,contentMDK:22283891~menuPK:384209~pagePK:210058~piPK:210062~theSitePK:384201,00.html> [last accessed 22 December 2010].
- World Bank (2010c). Projects – Zambia: Zambia National Response to HIV/AIDS (ZANARA). Available from:
<http://web.worldbank.org/external/projects/main?Projectid=P003248&theSitePK=40941&piPK=64290415&pagePK=64283627&menuPK=64282134&Type=Overview> [last accessed 18 November 2010].
- World Bank (2010d). Zambia – Booster Program for Malaria Control in Africa. Available from:
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICA/EXT/EXTAFRBOOPRO/0,,contentMDK:21308601~menuPK:3713741~pagePK:64168445~piPK:64168309~theSitePK:2128617,00.html> [last accessed 18 November 2010].
- World Health Organisation (1996). *Equity in health and health care: A WHO/SIDA Initiative*. WHO/ARA/96.1. Geneva: World Health Organisation.
- World Health Organisation (1998). *World Health Report 1998: Life in the 21st century - A vision for all*. Geneva: World Health Organisation.
- World Health Organisation (2002). *Global Fund to Fight AIDS, Tuberculosis and Malaria*. Note by the Director-General. Fifty-Fifth World Health Assembly. Provisional agenda item 13.4. 19 April 2002. Available online:
http://apps.who.int/gb/archive/pdf_files/WHA55/ea558.pdf [last accessed 24 August 2010].
- World Health Organisation (2002). *International Development Assistance and Health*. The Report of Working Group 6 of the Commission on Macroeconomics and Health. Geneva: World Health Organisation.
- Yanow, Dvora (1997). Passionate humility in interpretive policy and administrative analysis, *Administrative Theory and Praxis*, 19 (2), 171-177.
- Yanow, Dvora (2003). *Constructing "race" and "ethnicity" in America: category-making in public policy and administration*. New York: M.E. Sharpe.
- Yanow, Dvora (2006). Neither Rigorous Nor Objective? Interrogating Criteria for Knowledge Claims in Interpretive Science. In: Dvora Yanow and Peregrine Schwartz-Shea (eds.) *Interpretation and method: empirical research methods and the interpretive turn*. New York: M.E Sharpe. pp.67-88.
- Yanow, Dvora (2009a). Dear Author, Dear Reader – The third hermeneutic in writing and reviewing ethnography. In: Edward Schatz (ed.) *Political ethnography: What immersion brings to the study of power*. Chicago: University of Chicago Press. pp.275-302.
- Yanow, Dvora (2009b). Ways of Knowing Passionate Humility and Reflective Practice in Research and Management. *The American Review of Public Administration*, 39 (6), 579-601.
- ZNAN (2011) *Zambian National AIDS Network*. Available online:
<http://www.znan.org.zm/> [last accessed 14 July 2011].

Appendix One

Key points in and criticisms of existing literature on partnership in aid policy and practice

Note: Points highlighted in **bold** resonate with the critical-constructivist approach advocated in this research.

Type of literature	Overview / key points about partnership	Key criticisms	Examples of academic works
<i>Pragmatic-instrumental</i>	<ul style="list-style-type: none"> • The ‘mainstream’ perspective on partnership • Interpreted as an inherently progressive policy idea, that aims to achieve equality and/mutuality between all actors in society • A moral imperative (necessary to address previously unequal / paternal relationships) and an <i>instrumental necessity</i> (to ensure efficiency and effectiveness of aid) • Tends to conceptualise relationship between policy and practice as linearly organized ‘stages’ of cause and effect • Notes that there can be unequal relations of power in the practice of partnership • Focuses on way partnership can be reformed ‘in practice’ and provides managerial solutions to implementation problems – e.g. create appropriate incentives for engagement and use the right 	<ul style="list-style-type: none"> • Concedes theoretically to specific aspects of ‘official’ policy narratives • Reflects a managerialist perspective that renders structural environment / political-economic factors as ‘technical’ impediments to achieving partnership in practice • Relative silence on the ‘ideas’ that underpin policy of partnership (and that may shape the way it is implemented in practice) • Fails to fully consider how context, historical relationships, experience and memories shape policy and practice of partnership • The linear representation of policy-practice limits conceptual space for ‘contests’ over partnership and implicitly supports the role of ‘experts’, who understand the ‘technical’ stages 	<p>Abbott (2008) Axelrod (2001) Brinkerhoff (2002) Conway <i>et al.</i> (2006) Druce and Harmer (2006) Maxwell and Riddell (1998) Rochlin <i>et al</i> (2008)</p>

Type of literature	Overview / key points about partnership	Key criticisms	Examples of academic works
	institutional design and technical tools / procedures.	of partnership	
<i>Critical-ideological</i>	<ul style="list-style-type: none"> • Generally associated with the discipline of International Political Economy and other neo-marxist/dependency schools of thought. • The failure of partnership is taken to be somewhat self-evident – it is either an instrumental/rhetorical disguise to nullify opposition to dominant (neo-liberal) interests or it is seen more as an overt expression of ‘inclusive’ liberal ideology • A key argument is that the idea of partnership is presented in ‘apolitical’ terms, which conceals underlying political ideologies and the economic interests of dominant actors. This is achieved through the use of a persuasive, management ‘tool box’ language, and also through the use of management and measurement techniques • The policy idea of partnership has an important legitimizing role for some actors – donors and NGOs in particular. • Highlights the significance of ‘liberal thinking’ 	<ul style="list-style-type: none"> • Fails to recognize the potentially ‘multiple’ meanings and interpretations of partnership in policy and practice • Gives too much coherence to the way either neoliberal or inclusive liberal ideas shape the policy and practice of partnership • Tends to equate the political ideas underpinning partnership to fixed / given (economic) interests and thus under-theorizes the role of social interaction in shaping these • Implicitly conceptualizes the relationship between policy and practice as linear chain of cause-effect, which neglects the possibility that there may be a disjuncture between the two or negotiations and translations of the idea of partnership in practice • Excluding ‘emergent’ works, it tends to attribute agency largely only to donors • Tends to emphasise a narrow view of power ‘as control’ 	<p>Crawford (2003) Fowler (2002)</p> <p>Emergent works: Harrison (2001, 2004) Whitfield and Fraser (2009a, 2009b) Fraser (2009)</p>

Type of literature	Overview / key points about partnership	Key criticisms	Examples of academic works
	<p>to the way in which the idea of partnership is understood and practiced</p> <ul style="list-style-type: none"> • Argues that the practice of partnership undermines formal democratic institutions (taking decision-making away from them) and limits political contests due to the emphasis on consensual decision-making • An ‘emergent’ body of <i>critical-ideological</i> work emphasizes the ‘interpenetration’ of donors and recipients in understanding partnership and the role of, for example, elites, in negotiations over aid policy 		
<i>Critical-governmentality</i>	<ul style="list-style-type: none"> • Claims intellectual inspiration from Michel Foucault • The policy idea of partnership is seen as a form of governmentality – ‘the conduct of conduct’ • The idea of partnership is seen as part of a broader neo-liberal rationality that works through cooperation and inclusion • Such a political rationality may not be coherent, but formed from an ‘assemblage’ of knowledge • There are 	<ul style="list-style-type: none"> • Lack of theoretical space for human agency – conscious thought in reshaping particular ways of thinking/styles of thought – i.e. space for ways in which ‘mentalities of rule’ may be challenged, transformed or resisted in particular contexts or encounters • Lack of conceptual attention to the relationship between the policy of partnership (seen as a ‘project of rule’) and what happens in practice 	Abrahamsen (2004) Gould (2005b) Ferguson (1990)

Type of literature	Overview / key points about partnership	Key criticisms	Examples of academic works
	<p>prevailing ‘liberal’ ways of thinking about the world (mentalities of rule)</p> <ul style="list-style-type: none"> • Calculated techniques and the rendering of action in ‘technical’ terms is central to the policy and practice of partnership as they encourage particular (neo-liberal) behaviours – examples include MoUs, auditing, performance indicators • Emphasises that power may be hierarchical and unequal but it is not always zero-sum – it can also be productive • Focus is mostly on the policy of partnership as a ‘project of rule’ 		

Appendix Two

UK ethics approval



The
University
Of
Sheffield.

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TO WHOM IT MAY CONCERN

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Dear Sir or Madam

THE MODALITIES OF EXTERNAL SUPPORT FOR HEALTH IN ZAMBIA

Amy Barnes is a PhD research student in the Department of Politics at the University of Sheffield, United Kingdom, researching on *The Modalities of External Support for Health in Zambia*, under the supervision of Dr Garrett Brown and Dr Graham Harrison.

This is to confirm that Amy Barnes's research has received full ethics approval from the Department of Politics' Research Ethics Committee. No ethical issues were raised during the review.

Yours faithfully

A handwritten signature in black ink, appearing to read 'C Hay'.

Professor Colin Hay
Research Ethics Co-ordinator



Appendix Three

Zambian ethics approval



THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

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Zambia.

Ms. Amy Barnes, (cellphone: 00447958471274/0977589049)
c/o Mr. Caesar Cheelo,
Department of Economics,
University of Zambia.

9th December, 2008.

Dear Ms. Barnes,

Re: Ethical Clearance of Research Proposal

With reference to your research proposal entitled:

“Modalities of external support for health in Zambia”

Your research proposal was considered at a meeting of the HSS Research Ethics Committee that took place on the 25th November, 2008. The following comments were noted:

1. Your research is being carried out for the University of Sheffield and you have two supervisors there, Dr. G.W. Brown and Dr. G. Harrison. Furthermore, there are letters from the Research Ethics Co-ordinator, Prof. Colin Hay, and the Chair of the Department of Politics, Prof. Andrew Geddes, stating that your research proposal has received full ethics approval there.
2. You also have a local co-supervisor, Mr. Caesar Cheelo, from the Department of Economics at UNZA.

The Committee decided that your research proposal does not contain any significant ethical issues. Consequently, ethics clearance is hereby given to proceed with your research.

Good luck!

A handwritten signature in black ink that reads "C. Dillon-Malone". The signature is written in a cursive style with a large initial "C".

Prof. C. Dillon-Malone,
Chairperson,
HSS Research Ethics Committee.


cc. Mr. Caesar Cheelo, Department of Economics.
Director, DRGS.

Appendix Four

Ministry of Health approval

All Correspondence should be addressed to the
Permanent Secretary
Telephone: +260 1 2530403
Fax: +260 1 253344

In reply please quote:
No.


REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

NDEKE HOUSE
P. O. BOX 30205
LUSAKA

9TH February, 2009

Dr Garrett Wallace Brown
Lecturer, Department of Politics
Elmfield
Northumberland Road
Sheffield, S10 2TU
UNITED KINGDOM

Dear Dr Brown,

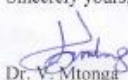
RE: Request for Authority to Conduct Research

The Ministry of Health is in receipt of your request for authority to conduct a study on **The Modalities of External Support for Health in Zambia**. I wish to inform you that following submission of your research proposal to my Ministry, our review of the same and in view of the clearance from the University of Zambia HSS/ED/INESOR Research Ethics Committee, my Ministry has granted you authority to carry out the study on condition that:

1. The relevant Provincial and District Directors of Health where the study is being conducted are fully appraised;
2. Progress updates are provided to MoH quarterly from the date of commencement of the study;
3. The final study report is cleared by the MoH before any publication or dissemination within or outside the country.

I consider the research topic relevant to understanding health care financing in Zambia.

Sincerely yours,


Dr. V. Mtonga
Permanent Secretary
MINISTRY OF HEALTH

Appendix Five

Details of semi-structured interviews

This appendix provides details about the seventy semi-structured interviews that were conducted as part of the research for this thesis. Most of the interviews were conducted during the two periods of field research in Zambia: an initial visit in November to December 2008 and a longer period from March to July 2009 (see Chapter Three for more details). The identities of interviewees are not disclosed here for reasons of political sensitivity. This appendix does however provide a list of the types of people who were interviewed (by virtue of their broad organisational role) and by date. The categorizations used here are of course simplifications of each interviewee's background, knowledge and experience, but hopefully provide a degree of confidence in the breadth and volume of interviews from which the arguments of the thesis were subsequently constructed. The appendix also includes examples of the organizations to which interviewees were affiliated. It does not include the details of the numerous other management consultants, doctors, government and donor representatives, and people who were met during day-to-day life in Zambia, who were generous enough to share their time and views about the research topic on a more informal basis.

1) List of people interviewed by date and type of interviewee

- 26-November-2008, Consultant
- 26-November-2008, Academic
- 26-November-2008, Government representative
- 27-November-2008, Aid agency representative
- 27-November-2008, Consultant
- 1-December-2008, Academic
- 1-December-2008, Academic
- 2-December-2008, 'Civil society' representative
- 2-December-2008, Aid agency representative
- 26-March-2009, Ministry of Health representative
- 26-March-2009, Archivist
- 27-March-2009, Aid agency representative
- 27-March-2009, Journalist
- 31-March-2009, ex-representative Ministry of Health
- 31-March-2009, Academic
- 31-March-2009, 'Civil society' representative
- 6-April-2009, 'Civil society' representative
- 7-April-2009, 'Civil society' representative
- 14-April-2009, 'Civil society' representative
- 15-April-2009, 'Civil society' representative
- 16-April-2009, Aid agency representative
- 17-April-2009, 'Civil society' representative
- 17-April-2009, 'Civil society' representative
- 17-April-2009, Ministry of Health representative
- 21-April-2009, Aid agency representative
- 22-April-2009, Ministry of Health representative
- 22-April-2009, Aid agency representative

- 23-April-2009, Aid agency representative
- 23-April-2009, Aid agency representative
- 24-April-2009, Aid agency representative
- 27-April-2009, 'Civil society' representative
- 28-April-2009, 'Civil society' representative
- 29-April-2009, Aid agency representative
- 29-April-2009, Aid agency representative
- 2-May-2009, Ministry of Health representative
- 4-May-2009, 'Civil society' representative
- 4-May-2009, 'Civil society' representative
- 5-May-2009, 'Civil society' representative
- 7-May-2009, 'Civil society' representative
- 7-May-2009, Ministry of Health representative
- 18-May-2009, Ministry of Health representative
- 26-May-2009, Aid agency representative
- 27-May-2009, Ministry of Health representative
- 1-June-2009, 'Civil society' representative
- 3-June-2009, 'Civil society' representative
- 3-June-2009, 'Civil society' representative
- 4-June-2009, Aid agency representative
- 4-June-2009, 'Civil society' representative
- 8-June-2009, Ministry of Health representative
- 9-June-2009, Academic
- 9-June-2009, 'Civil society' representative
- 9-June-2009, 'Civil society' representative
- 9-June-2009, 'Civil society' representative
- 11-June-2009, 'Civil society' representative
- 12-June-2009, Aid agency representative
- 12-June-2009, Ministry of Health representative
- 16-June-2009, Aid agency representative
- 16-June-2009, Aid agency representative
- 18-June-2009, Ministry of Health representative
- 22-June-2009, Ministry of Health representative
- 22-June-2009, Ministry of Health representative
- 22-June-2009, Ministry of Health representative
- 26-June-2009, Ministry of Health representative
- 26-June-2009, 'Civil society' representative
- 29-June-2009, Aid agency representative
- 29-June-2009, Aid agency representative
- 30-June-2009, 'Civil society' representative
- 30-June-2009, 'Civil society' representative
- 01-July-2009, 'Civil society' representative

2) Examples of organisations from which interviewees were affiliated

- Canadian High Commission
- Canadian International Development Agency
- Centre for Health, Science & Social Research (CHESSORE)
- Central Board of Health (now dissolved)
- Churches Health Association of Zambia (CHAZ)
- Civil Society for Poverty Research (CSPR)

- Department for International Development (DfID)
- Evangelical Fellowship of Zambia (EFZ)
- European Union (EU)
- Forum for Youth Organisations (FYOZ)
- Health Journal
- HLSP
- Infotainment Movement
- Institute of Social and Economic Research
- International Labour Office (ILO)
- Jesuit Centre for Theological Research (JCTR)
- Karolinska Institutet
- London School of Hygiene and Tropical Medicine
- Malaria Control and Evaluation Partnership in Africa (MACEPA)
- Ministry of Health (Headquarters)
- Ministry of Health (Provincial Health Office)
- Ministry of Health (Hospital)
- Ministry of Health (Specialist Institute/Centre)
- Ministry of Health (Clinic)
- Ministry of Finance
- National AIDS Council (NAC)
- National Archives of Zambia
- Network of Zambian People Living with HIV/AIDS (NZP+)
- Oxfam GB Zambia
- PMTC Zambia / Harewelle International
- Reaching HIV-Affected People with Integrated Development and Support (RAPIDS)
- Schistosomiasis Control Initiative (SCI)
- Sheffield Hallam University
- Swedish International Development Agency (SIDA)
- Thandizani Community-based HIV Prevention and Care
- Traditional Healers Association of Zambia (THPAZ)
- Treatment Action Literacy Campaign (TALC)
- UNAIDS
- University of Zambia
- United States Agency for International Development (USAID)
- World Bank
- World Health Organisation (WHO)
- Youth Alive
- Zambian National AIDS Network (ZNAN)