

**Cross-sectoral Partnerships in Real-Life:
A case study of the Global Fund's Country
Coordinating Mechanism (CCM) in Ethiopia**

Henock B. Taddese

**Thesis submitted in partial fulfilment of the
requirements for the Doctor of Philosophy
Degree**

at

**the School of Health and Related Research
(ScHARR), Faculty of Medicine, Dentistry, and
Health, University of Sheffield**

April 2015

“How do you do it?” asked the Moon

“How do you keep on track?”

“I keep it simple”, said the Sun

“And I keep coming back!”

- Lemn Sissay

Acknowledgements

So many people to thank here, those who have supported me in this work and those whose support, encouragement and love sustains my ambitions and self-belief. Foremost, I would like to thank my supervisors, Dr Amy Barnes, Professor Paul Bissell and Mr Graham Jones. Paul, thank you for the great support since the Europubhealth days, for consistently challenging me to be clear and thorough during the PhD years, and for the understanding and belief you have always extended towards me. Amy, I believe you came into the project at the right time, when I was drowning in theories. Thank you for gently nudging me in the right directions, and keeping me on my toes regarding the structure, the analysis and the direction of the work. Graham, thanks for being a great mentor throughout the MPH course, my masters thesis, the SHAPEin work and the PhD! Thank you for being my greatest critic during the PhD years, I wouldn't have it any other way! Thank you for challenging me to think beyond what is given and for passionately supporting the work.

I would also like to thank Dr Janet Harris who came in to support me in the final write-up period. Thank you so much for reviewing all the work within a short period of time and for providing me highly valuable feedback towards the organisation and structure of the work! I am also highly thankful to all the academic staff at ScHARR who have shared their ideas and expertise in different areas and stages of the work. I also thank the PGR Admin team for their support over the years.

I extend my deepest gratitude to the University of Sheffield Faculty of Medicine, Dentistry and Health, and ScHARR, for the Teaching Assistantship scholarship that has made this PhD possible. It has been an incredible journey of discovery all round, and I really am so grateful for the opportunity.

I thank my fellow PhD students at ScHARR for the shared journey, the mutual understanding, the great many inspirations and the useful distractions.

I thank all the people who have helped me during the fieldwork, most importantly, the participants of the study, for agreeing to share their views and experiences. I thank Dr Bona Hora, Head of the CCM Secretariat, for assisting me in accessing useful resources and facilitating access to participants and the CCM meeting. My

huge appreciations also go to Dr Samuel Habte for so generously availing a workspace to me within his consultancy office in Addis Ababa.

I thank the SHAPEin (Strengthening Health and Participatory Engagement internationally) research team for the opportunities of deliberating on international health policy and systems issues with highly experienced people from different parts of the world, and for being the launch pad for ideas leading to this PhD. I also thank the EASY UK (Ethiopian Association of Students and Youth in the UK) team and GKEN (Global Knowledge Exchange Network) for giving me opportunities to present my work, share experiences with other researchers, and students, and for allowing me to be part of their great visions.

I would like to thank my parents and my siblings for their immense support, which shows no sign of waning. Once more, you were there with me every step of the way BAAFS! Along with Rach, and Khalisee, the niece I am yet to see!

I thank all my friends for their support, encouragement and friendship! Thanks Yodit for being a great listener, a great friend! I thank Dr Alex Amberbir for the PhD pep talks from time to time and for being a great friend. I thank the entire Sheffield Habesha community for the great friendship and support over the years, especially, Abedi, Elishu, Tile, Tekle and Seble, Kidus and Yodit, Semira and Kebe, Nebe, Kassiyie and Hiwot, and Fre and Solomon. I thank Chris, Jill, Cynthia and Steve for making the great Sheffield trip to see me! And for their great friendship! I am very grateful for the continued support from my colleagues at GOAL Ethiopia, special thanks go to John Rynne and Jon Garrard! I would also like to thank Professor Yifru Birhan, from Hawassa University, Ethiopia, for his continued support, encouragement and mentorship!

I shall always be thankful to Kalongo: for affecting me so deeply, for shaping my perspectives and for the life long friends it has given me! I would like to specially thank Balmoi, Yamakolo, Degezou, James, Becky, Steven, Petrolina, John Paul, Simon, Emma and Apolo for their continued friendship, and encouraging words and support! I would also like to thank Charity for continuing to be a great colleague and reliable friend in Kampala!

Finally, I would like to thank the organisers of the Europubhealth Masters Course, which has been my window of entry into the world of global health research. I am forever indebted for the amazing opportunity of multidisciplinary and cross-cultural learning. I want to thank the organisers and my course mates from the 2008 – 2010 cohort for enriching my insights and opening up my eyes to the world.

List of Acronyms

ARM	Annual Review Meeting
CCM	Country Coordination Mechanism
CCRDA	Consortium of Christian Relief and Development Association
CJSC	Central Joint Steering Committee
CSA	Central Statistics Authority
CSOs	Civil Society Organisations
DFID	Department for International Development
DoH	Dawn of Hope
EIFDA	Ethiopian Interfaith Forum for Development and Action
EPRDF	Ethiopian People’s Revolutionary and Democratic Front
ETHARC	Ethiopian AIDS Resource Centre
FMoH	Federal Ministry of Health
GFATM	Global Fund for AIDS, TB and Malaria
HPN	Health and Population Network
HSDP	Health Sector Development Programme
MDGs	Millennium Development Goals
ODA	Official Development Assistance
JCCC	Joint Core Coordinating Committee
MDGs	Millennium Development Goals
NGO	Non-Governmental Organisation
NEP +	Network of networks of Ethiopian people living with HIV
OIG	Office of the Inspector General
PRSPs	Poverty Reduction Strategy Papers
RHB	Regional Health Bureau
TRP	Technical Review Panel
UNAIDS	United Nations joint programme of HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organisation

Conference presentations based on PhD work

1. *Global Public Private Partnerships in Real-Life: a story of policy actors, institutions and context; poster presentation at ITM Colloquium 2014, at the Institute of Tropical Medicine, Antwerp, Belgium, November 2014.*
2. *Real Life Conduct of Partnerships: A Case Study of the Global Fund's Country Coordinating Mechanism (CCM) in Ethiopia. Oral presentation at the 4th International Symposium on Cross-Sectoral Social Interactions, Suffolk University, Boston, USA, May 2014.*
3. *Navigating through ethics approval systems from two worlds: the plight of the development researcher. Oral Presentation at the Researchers in Development Network (RiDNet) Conference. Leeds, UK, September 2012.*

Table of Contents

Acknowledgements	3
List of Acronyms	6
Conference presentations based on PhD work	7
Table of Contents	8
List of Tables	11
List of figures	11
Abstract	12
Chapter One	13
Introduction to the Study	13
1.1 <i>Introduction</i>	13
1.2 <i>Background to the study</i>	13
1.3 <i>The aim of the study and the research questions</i>	17
1.4 <i>Outline of the thesis</i>	18
Chapter Two	21
Literature Review	21
2.1 <i>Introduction</i>	21
2.2 <i>Evolution of cross-sectoral partnerships in high income country settings and at the global governance level</i>	22
2.3 <i>Implications for national level actors in developing countries</i>	28
2.4 <i>Health as a global public good in global governance</i>	29
2.5 <i>Conceptualisations of cross-sectoral partnerships</i>	31
2.6 <i>The neglect of ‘power’ in conceptualisations of cross-sectoral partnerships</i>	34
2.7 <i>Factors that influence cross-sectoral interactions in developing countries</i>	36
2.7.1 <i>Domination by the State</i>	36
2.7.2 <i>The Role and position of CSOs in cross-sectoral partnerships</i>	40
2.7.3 <i>The role of donors in cross-sectoral partnerships</i>	42
2.7.4 <i>The role of the private sector in cross-sectoral partnerships</i>	43
2.7.5 <i>Process related factors</i>	43
2.8 <i>Chapter Summary</i>	47
Chapter Three	50
The Research Paradigm, Methodology and Methods	50
3.1 <i>Introduction</i>	50
3.2 <i>The research paradigm</i>	51
3.3 <i>The theoretical framework</i>	54
3.4 <i>Research design and methods</i>	61
3.4.1 <i>The case study design</i>	61
3.4.2 <i>Planning and preparing for the fieldwork</i>	62
3.4.3 <i>The key informant interviews</i>	63

3.4.4	The non-participant observation and document analysis	66
3.5	Data Analysis	69
3.6	Ethical considerations	71
3.7	Methodological reflections: claims of validity, reliability and generalisability in this study	72
3.8	Researcher's positionality and some practical reflections	74
Chapter Four	.....	78
The Case: The Country Coordinating Mechanism (CCM) of the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (GFATM) in Ethiopia	.....	78
4.1	Introduction	78
4.2	The Global Fund to fight AIDS, TB and Malaria (The Global Fund)	78
4.3	The Global Fund: structures and key functions	81
4.4	Country Coordinating Mechanisms (CCMs)	83
4.5	The Ethiopian CCM	86
4.6	The CCM and aid coordination in Ethiopia	90
4.7	The Study Setting: Ethiopia	92
4.7.1	Socio-economic situation	93
4.7.2	The national government and administrative systems	94
4.7.3	Population health status	96
4.8	Chapter Summary	98
Chapter Five	.....	99
Interplay between actors' interactions, the CCM regulatory frameworks, and the deeper frames of reference in the Ethiopian setting	.....	99
5.1	Introduction	99
5.2	Critical theme I: Asymmetric consensus	102
5.3	Critical theme II: Dominance of clinical care	113
5.4	Critical theme III: Actors' perceptions of each other	119
5.4.1	A public sector that gets its way	119
5.4.2	A timid civil society	121
5.4.3	A cautious donor community	122
5.4.4	A private sector missing in action	123
5.5	Critical theme IV: A dominant discourse (An effective system best left to its own devices)	134
5.6	Chapter Summary	137
Chapter Six	.....	139
Process Related Factors	.....	139
6.1	Introduction	139
6.2	Critical themes related to the cross-sectoral partnering process	140
6.2.1	The making of partners (Recruitment process)	141
6.2.2	Capacity to partner	147
6.2.3	The role of consultants	149
6.2.4	Suboptimal participation, despite procedural safeguards	153

6.2.5	The proposal development rush	156
6.2.6	The role of an influential personality	158
6.2.7	Challenges of representing one’s constituencies	161
6.3	<i>Chapter Summary</i>	163
Chapter 7		166
Manifestations of Power in actors’ interactions in and around the CCM		166
7.1	<i>Introduction</i>	166
7.2.1	Potential forms of transitive power	169
7.2.2	Active forms of transitive power	173
7.3	<i>Intransitive forms of power – power of ‘common action’</i>	176
7.4	<i>Power relations transformed as a result of involving in the CCM</i>	188
7.4.1	The benefits of partnering in the CCM	189
7.4.2	‘Chuheten kemagn’: Emboldening the new at the expense of the old	191
7.5	<i>Chapter Summary</i>	194
Chapter Eight		196
Discussion and Conclusions		196
8.1	<i>Introduction</i>	196
8.2.	<i>Adaptive needs instigated by Global processes on national level actors</i>	198
8.3	<i>The deep-lying causal mechanisms (the deeper frames of reference)</i>	205
8.4	<i>Process related factors that influence the actors’ interactions in and around partnership mechanisms</i>	210
8.5	<i>Reflections on theory</i>	214
8.5.1	How the interplay between actors’ agency and structure is understood to occur in cross-sectoral interactions in the CCM in Ethiopia	215
8.5.2	The role of discourse in cross-sectoral interactions within the Ethiopian CCM	219
8.6	<i>The thesis in perspective</i>	223
8.6.1	Potential contributions of the thesis	224
8.6.2	Implications of the study to policy and practice	226
8.6.3	Challenges and potential limitations of the study	228
8.7	<i>Concluding remarks</i>	229
References		231
Appendices		250
<i>Appendix 1: The Interview Guide</i>		250
<i>Appendix 2: Field Report, July, 2013</i>		252
<i>Appendix 3: Reviewed Documents</i>		259
<i>Appendix 4: Ethics Approval, University of Sheffield</i>		263
<i>Appendix 5: Ethics Approval, National Science and Technology Ministry, Ethiopia</i>		264
<i>Appendix 6: Research Information Sheet</i>		265
<i>Appendix 7: Participant Consent Form</i>		268

List of Tables

TABLE 1: LIST OF PARTICIPANTS, THEIR SECTORAL AFFILIATIONS AND DURATION OF INTERVIEWS.	64
TABLE 2: GLOBAL FUND’S DESCRIPTION OF THE CCM, SOURCE: THE GLOBAL FUND (GFHATM 2014)	85
TABLE 3: THE GLOBAL FUND’S GUIDING PRINCIPLES, SOURCE: THE GLOBAL FUND (GFATM 2015)	85
TABLE 4: SPECIFICATION OF CCM MEMBERS AND ACTUAL MEMBERS IDENTIFIED DURING THE FIELDWORK	87
TABLE 5: GLOBAL FUND GRANT PORTFOLIO, ETHIOPIA (GFHATM 2014)	89
TABLE 6: KEY RESULTS ATTRIBUTED TO THE GLOBAL FUND GRANTS IN ETHIOPIA (GFHATM 2014)	90
TABLE 7: CRITICAL THEMES RELATED TO ACTORS’ LIVED EXPERIENCES IN THE CCM AND THE CONTEXTUAL FACTORS THAT UNDERLIE THESE EXPERIENCES	101
TABLE 8: THEORETICAL FRAMEWORK FOR EXPLORING POWER IN THE CCM, ADOPTED FROM CONCEPTUALISATIONS OF THE CONSTITUTION OF POWER (GOEHLER 2000, GÖHLER 2009) AND ADAPTATION OF THE SAME TO EXPLORING POWER IN POLICY NETWORKS (HENRI GOVERDE AND TATENHOVE 2000, ARTS AND VAN TATENHOVE 2004)	168

List of figures

<i>FIGURE 1: DEVELOPMENT ASSISTANCE FOR HEALTH BY CHANNEL OF ASSISTANCE, 1990 – 2010</i>	17
<i>FIGURE 2: THEORETICAL LENS: A DIALECTICAL RELATIONSHIP BETWEEN ACTORS, CCM REGULATORY FRAMEWORKS AND THE ‘DEEPER FRAMES OF REFERENCE’</i>	61
<i>FIGURE 3: MAP OF ETHIOPIA SOURCE: WHO (WHO 2015)</i>	93
<i>FIGURE 4: CRITICAL THEMES IDENTIFIED ACROSS THE DIFFERENT STAGES OF THE PARTNERING PROCESS</i>	141
<i>FIGURE 5: THE CONCEPTUALISATION OF THE CCM AS A GLOBALLY DESIGNED PARTNERSHIP MECHANISM</i>	202

Abstract

Cross-Sectoral partnerships constitute an increasingly practiced yet less understood phenomenon. The mechanisms are studied through different disciplines in quite disparate manners, which has led to a lack of holistic understanding of how they function in real-life. Especially, their embeddedness in national contexts in developing countries has been less explored. This study sets out to generate an in-depth understanding of how actors interact in and around cross-sectoral partnership mechanisms in developing country settings. To this end, it undertakes a case study of the Global Fund's Country Coordinating Mechanism (CCM) in Ethiopia.

The study draws on the critical realism research paradigm, whereby it actively seeks to unravel the causal, contextual factors that underlie observed ways of interactions between actors. In this regard, the study deploys a guiding theoretical framework that directs the focus of the study towards understanding the interplay between actors' agency and the 2-layered context of interaction, which is represented by the CCM's regulatory frameworks and the deeper frames of reference in the Ethiopian setting. This qualitative study employed multiple methods of data collection including in-depth interviews with 43 policy makers, non-participant observation, and document review. The data is analysed through the thematic analysis method whereby themes are developed both apriori in view of the theoretical framework of the study and through identification and interpretation of emerging themes from the data.

The findings reveal the contextual and process related factors that influence interactions between actors in and around the CCM in Ethiopia. Furthermore, the findings of the study expose the power relationships that underlie observed ways of interactions in the setting. By combining the context and process-orientated perspectives, the study offers a holistic account of how cross-sectoral interactions occur in a developing country setting. The analytical logics offered by the study, in terms of how the contextual and process related factors influence cross-sectoral interactions, provide testable propositions for future studies of cross-sectoral partnerships in developing country settings.

Chapter One

Introduction to the Study

1.1 Introduction

This chapter introduces the study. It starts by providing a brief background to the subject under study. Following, the aim of the study and specific research questions that the study sets of to satisfy are presented. Finally, it presents an outline of the content of the different chapters that follow the introduction chapter.

1.2 Background to the study

The subject of interest for this thesis relates to cross-sectoral partnerships in public health governance in developing countries. Particularly, the interest of the thesis is focused on understanding the real-life experiences of actors in the process of ‘partnering’ across different sectors, in developing country settings. Here, it is crucial that the use of the term ‘partnership’ is clarified. It is widely acknowledged that there lies a lack of clarity in the way the term partnership is used (Barringer and Harrison 2000, Googins and Rochlin 2000, Osborne 2000, Selsky and Parker 2005, Bryson, Crosby et al. 2006, Biermann, Man-san Chan et al. 2007, Buse and Harmer 2007, Mol 2007; p. 2, Brinkerhoff and Brinkerhoff 2011). Mol (2007; p. 224) observes that different terms are often used to describe mechanisms that more or less represent the same thing:

civil partnership, cross- sectoral collaborative alliances, cross-sector organizational collaboration, cross-sectoral partnership, local partnership, multisectoral network, multi- stakeholder initiative, new social partnership, strategic partnership and social partnership organization.

While such plurality of terminologies and definitions is typical of a ‘new and evolving field’ (Selsky and Parker 2005; p. 850) and ‘adds richness’ to the field of study, it also ‘impedes its rigor and cumulativeness’ and ‘makes it almost impossible to judge and evaluate the functioning’ of partnerships (Mol 2007; p. 223, Thomson, Perry et al. 2009; p. 5). For instance, while it is commonly quoted that there are around 80 to 100 global public-private partnerships (GPPPs) in global health, Buse

and Harmer (2007) could only find 23 GPPPs that meet their inclusion criteria (Schäferhoff, Campe et al. 2009). Hence, it is important to clarify here how the term is understood and used within this study.

Different authors have similarly adopted a particular definition of partnerships in their studies (Bartsch 2003, Börzel and Risse 2005, Bull and McNeill 2007, Buse and Harmer 2007, Meadowcroft 2007, Mol 2007, Schäferhoff, Campe et al. 2009, Glasbergen 2011). Before presenting the definition that is adopted in this study, it would be useful to discuss how the topic of research was identified in the first place so as to argue the selection of the particular definition adopted in the study, within the context of the rationale and aim of the study. The topic of interest actually arose from interests related to understanding interactions between actors in policy-making processes in developing countries. Subsequently, it was thought that a partnership mechanism would present a good opportunity to study actors as they interact within a clearly defined interactional arena. Hence, undertaking a case study of a cross-sectional partnership mechanism was chosen as the method of choice in order to illuminate on the research aim and objectives related to how actors interact. The global Fund's Country Coordinating Mechanism (CCM) was chosen as the case to be studied within this study with the aim of generating an in-depth understanding of how actors interact in real-life in a developing country setting.

Hence, the choice of definition of cross-sectoral partnerships that is adopted in this study is influenced by considerations of the type of mechanisms this study intends to generate knowledge about and the key features of the case under study. The type of mechanisms that this study sets out to generate knowledge about are cross-sectoral sectoral partnerships that function at the national level in developing countries. In this regard, the definitions of partnerships that are seen to be pertinent to the subject of interest in this study and the case under study are found to emphasise 3 main aspects. Firstly, some definitions put a qualification that arrangements that are considered to constitute a partnership are 'relatively institutionalised' entities, and not just mere instances of cooperation between actors (Börzel and Risse 2005, Buse and Harmer 2007, Schäferhoff, Campe et al. 2009, Glasbergen 2011). Secondly, most definition emphasise the presence of a public good or some form of common objective that is pursued by the partnership (Selsky and Parker 2005, Bull and McNeill 2007, Buse and Harmer 2007, Schäferhoff, Campe et al. 2009) Lastly, the

reviewed definitions explain that multi-sectorality embodies the ‘three traditionally defined ‘sectors’ of modern life – state, economy and society’ (Bartsch 2003, Selsky and Parker 2005, Bull and McNeill 2007, Meadowcroft 2007; p. 209, Schäferhoff, Campe et al. 2009). Drawing on these features of the reviewed definitions, the following working definition of multi-sectoral partnerships has been adopted in this study. While the different concepts embodied in the definition are reflected across the different literature highlighted above, the phrases and terminologies included in the definition are adopted mainly from Buse and Harmer (2007), Bull and McNeill (2007), Schaferhof et al (2009) and Selsky and Parker (2005):

Relatively institutionalised mechanisms in which State and non-State actors participate in collective decision-making processes to undertake specific tasks, which are in some way identified with a public policy agenda item, and to share risks, responsibilities and resources

Clarifying the working definition that is adopted in the study is critical for guiding the literature review undertaken as part of the study as well as for the purposes of clearly demarcating the contributions of the study. One additional aspect that needs clarifying relates to the use of the word ‘sector’ in this study. It is known that the term is used interchangeably to refer to thematic areas of work as in ‘the health sector’, ‘water and sanitation sector’, and so on ‘agriculture sector’ on the one hand, and to refer to types of social actors such as ‘public sector’, ‘private sector’ and (civil society organisations (CSOs)’, on the other. The use of the term within this study relates to the latter application of the term where it is used to refer to categories of the term. Accordingly, when referring to thematic areas such as ‘health’, the study uses the term, ‘health field’.

Cross-sectoral partnerships between State and non-State actors are increasingly becoming predominant features of public policy processes at the levels of global health governance as well as national level policy processes. In this regard, goal number 8 of the millennium development goals focuses on developing a ‘global partnership for development’ (UN 2015). Specifically, targets 8E and 8F specifically focus on cross-sectoral partnerships in order to attain specific objectives (UN 2015):

Target 8E:

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 8F:

In cooperation with the private sector, make available benefits of new technologies, especially information and communications

This emphasis on working through cross-sectoral partnership approaches is bound to continue into the future, whereby it is reflected in deliberations on the post-2015 agenda:

The implementation of the post - 2015 development agenda should include a multi - stakeholder approach, effectively engaging civil society, business sector, philanthropic organizations and other actors. (UN 2014)

Another substantive indication as to the growing importance of cross-sectoral partnership arrangements comes from reviews that indicate their growing role in development assistance for health. As figure 1 demonstrates, the contribution of these new public-private partnership based mechanisms is growing relative to traditional players in the field of global health governance (Murray, Anderson et al. 2011):

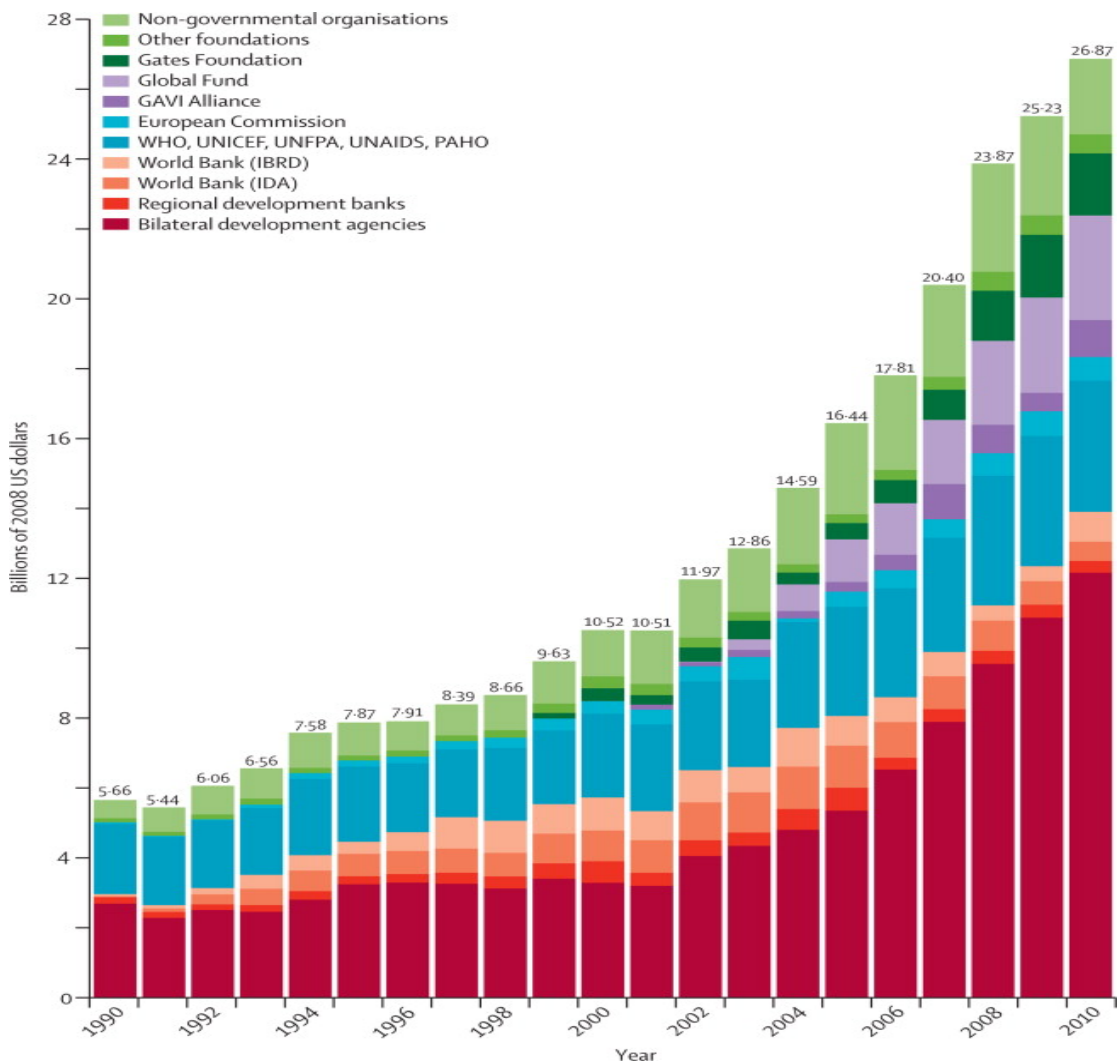


Figure 1: Development assistance for health by channel of assistance, 1990 – 2010
 Source: Murray et al (Murray, Anderson et al. 2011)

1.3 The aim of the study and the research questions

The aim of the study is to develop an in-depth understanding of cross-sectoral interactions between actors, in and around partnership mechanisms, in developing country settings.

The following *research questions* were formulated in view of this aim:

1. How are the factors that influence actors' interactions in and around cross-sectoral partnership mechanisms conceptualised in the literature?

2. How do actors interact in and around cross-sectoral partnership mechanisms in a developing country setting?
3. Why do actors interact in observed manners of interactions?

The third research question is further broken down into the following sub-questions:

- a. What is the role of context in influencing these interactions?
- b. What is the role of factors related to the partnering process in influencing the manner of cross-sectoral interactions between actors?

1.4 Outline of the thesis

The thesis is organised into 8 chapters. The first chapter introduces the key features of the study including the background of the study, the rationale of the study, the aim and objectives and the way the thesis has been organised. Hereunder, a brief description of the ensuing chapters is provided.

Chapter two presents a discussion of the conceptual understanding and empirical evidence in relation to cross-sectoral partnerships. In this regard, the chapter discusses the evidence as to how the mechanisms function in different settings: in advanced countries, at the level of global governance and in developing countries. By drawing on the evidence from these different settings, the study chapter seeks to highlight the particular issues that are of relevance to this study. In other words, it attempts to delineate and situate this study of cross-sectoral partnerships at the national level in a developing country setting, within the wider literature on global health governance. The particular issues that are of relevance to national actors in developing countries are drawn out, in reference to the understanding of broader issues in contemporary global governance. Finally, the existing empirical evidence on how cross-sectoral partnerships in developing countries function in real-life is discussed, both drawing on the existing evidence on CCMs and wider evidence of cross-sectoral partnerships that function in developing countries.

Chapter three presents the research paradigm of the study and the methods employed to in order to collect and analyse the data. The chapter starts with discussion of the

research paradigm of the study, ‘critical realism’, and how this has influenced the methodological choices made in the study. The chapter then presents a discussion of the theoretical framework deployed by the study to guide the analysis of data. The chapter then moves on to a detailed discussion of the case study approach adopted in the study, including the methods employed for data collection (in-depth interviews, observation and document review) and the data analysis method (thematic analysis). Finally, the chapter ends with some methodological reflections and discussion of the researcher’s positionality.

Chapter four presents a description of the case, namely, the Global Fund’s Country Coordinating Mechanism (CCM) in Ethiopia. To this end, the chapter presents a description of the Global Fund’s structures and where the CCMs sit within this global structure, the key guidance principles of the Fund, and the particular guidance for CCMs. Following this, the chapter discusses the key features of the Ethiopian CCM in reference to the overall aid coordination structure in the country. Finally, the chapter presents a discussion of key features of the Ethiopian setting. Here, the social, political and economic situation is described, along with a description of the national government and administrative systems. Finally the population health status and the national health system are described, including the key governance mechanisms that are in place.

Chapter five is the first of the empirical chapters. The chapter sets out to satisfy the research questions related to how actors interact in and around cross-sectoral partnerships and why they interact in observed manners. In terms of the latter, it attempts to offer explanations from analysis of the context of the interactional setting. Following the theoretical framework of the study the chapter presents a discussion of the critical themes that represent the ways in which actors interact in the setting, along with an explanation of the same, with reference to the structured-context (the CCM regulatory frameworks and the deeper frames of reference in the setting).

Chapter six follows this with a focus on the exploring the process related factors that influence cross-sectoral interactions between actors in and around the CCM. In doing so, the chapter sets out to contribute to answering the research question related to why actors interact in observed manners of interactions but drawing on the findings related to the partnering process.

Chapter seven focuses on exposing the manifestations of power within interactions in the CCM. To this end the chapter adopts a multi-layered conceptualisation of power that is commensurate with the theoretical framework adopted in this study. Accordingly, the chapter discusses how the two forms of power (active and potential) are mobilised at the relational (actors' agency), dispositional (CCM regulatory frameworks) and the structural (deeper frames of reference) levels, in actors' interactions in the setting. Furthermore, the chapter discusses findings that signify the dynamic character of power, that is, how actors' involvement within the CCM affects their power relationships with actors in the setting.

Chapter eight presents the discussion and conclusion chapter. The chapter draws out the key contributions of the study by discussing the findings in reference to existing understanding in the field. The chapter starts out by reflecting on the conceptualisation of cross-sectoral partnership mechanisms that are instigated globally to function at the national level in developing countries. Based on the findings of the study, the chapter highlights the issues that warrant particular attention in conceptualisations of such mechanisms, which are seen to act as interface between the national and global levels of governance. The chapter then discusses the findings in the study that relate to the role of contextual factors against existing conceptual understandings and empirical evidence. Similarly, the chapter discusses the findings related to process related factors vis-à-vis the reviewed empirical evidence in the area. Following this, the chapter uses the findings of the study to reflect on theories of the interplay between actors' agency and structure. The chapter then discusses the potential contributions of the thesis, the potential limitations and the implications for policy and practice. Finally, some concluding remarks are forwarded in view of the preceding discussion.

Chapter Two

Literature Review

2.1 Introduction

This chapter presents a review of the existing body of literature in relation to cross-sectoral partnerships. Specifically, it focuses on how cross-sectoral partnerships are conceptualised in the literature and the evidence regarding factors that influence interactions between actors in and around partnerships. The chapter contributes to the research aim by answering the following research question:

How are cross-sectoral interactions in and around partnerships conceptualised in the literature?

In turn, in order to satisfy this question, the chapter sets out to generate findings along the following inquiries?

1. How is the emergence of cross-sectoral partnerships understood in different settings: high-income country settings and at the level of global governance?
2. What are the factors that are seen to be critical for actors' interactions in and around partnerships, in developing country settings?

Accordingly, the first part (sections 2.2 – 2.4) discuss the emergence of cross sectoral partnerships within the realm of the broader set of changes that are known to underlie the proliferation of cross-sectoral partnerships globally (2.2), the implications entailed by these changes on national level actors and policy processes in developing countries (2.3), and the particular issues pertinent to the emergence of cross-sectoral partnerships in the health field (2.4). The second part (sections 2.5 – 2.7) then discuss the understanding of cross sectoral interactions between actors in and around partnership mechanisms (2.5), 'power' as a neglected concept within these conceptualisations (2.6), and the factors that are known to influence cross-sectoral interactions between actors in and around partnerships in developing country settings (2.7).

This literature review followed a systematic search of the literature using key terms such as cross-sectoral interactions, cross-sectoral partnerships, partnerships, public-

private partnerships, global public-private partnerships, global health partnerships, and global health initiatives. Decisions regarding inclusion of particular papers and book chapters were made in view of their relevance to the research questions. Moreover, relevant literature were traced and included through citation search of the reviewed literature.

2.2 Evolution of cross-sectoral partnerships in high income country settings and at the global governance level

The conceptualisation of cross-sectoral partnerships is said to be riddled with lack of clarity of definitions, lack of a unified theoretical underpinning, lack of consensus on demarcations of what type of collaborations count as ‘partnerships’ and a shortage of shared categorisations of the different types of partnerships (Barringer and Harrison 2000, Googins and Rochlin 2000, Osborne 2000, Selsky and Parker 2005, Bryson, Crosby et al. 2006, Biermann, Man-san Chan et al. 2007, Mol 2007; p. 2, Brinkerhoff and Brinkerhoff 2011). Still, the distinction between the different types of partnerships is critically important as different meta-types of partnerships ‘face different sets of questions, criteria and problems’ (Biermann, Mol et al. 2007; p. 292). In this regard, Biermann et al (2007; p. 292) emphasise the critical importance of the distinction between ‘the local and national level, on the one hand, and those at the transnational, if not global level’.

This section presents a review of how these different meta-types are understood in the literature: partnerships in high-income country settings and at the transnational or global level. By drawing out the key issues related to the evolution of partnerships in these settings, where the conceptualisation of partnerships is known to be far richer than the case of developing countries (Hein 2003, Marques 2014), the section provides background for the ensuing discussion of the evidence on cross-sectoral partnerships at the national level in developing countries. The section situates the emergence of cross-sectoral partnerships within broader changes that occurred in global governance.

In the case of high-income country settings, cross-sectoral partnerships between public and private sectors are understood to represent deeper changes in socio-economic relations in these settings (Glasbergen 2007). Particularly, they are said to

be manifestations of an increasingly complex, interdependent and networked society that has multiple power centres rather than the traditional state based system of government (Bryson and Crosby 1992, Klijn and Teisman 2000). The complex interdependence of actors within the network society, whereby the knowledge and resources necessary for achieving set outcomes are distributed across public and private actors, creates ‘a world in which nobody is in charge’ (Bryson and Crosby 1992, Klijn and Teisman 2000). In other words, in high income countries, ‘partnerships fit into a context in which they are incontrovertible’ (Glasbergen 2007; p. 4), whereby:

Public choices have to be made in a multi-actor context, in which private actors from the market and civil society need to, and are able to, take responsibility for public issues as well (Glasbergen 2011; p.2)

This turn towards public-private partnerships as public governance mechanisms can be traced back to the 1980s, where the systems of governance in the modern democratic welfare states experimented with ways of governing that included formal and informal networks of public and private actors (Rosenau 2000, Börzel and Risse 2005). Especially, in the Anglo-American public policy fields, ‘joined up government’ and ‘interorganisational collaboration’ were championed as innovative public governance solutions by the ‘third way’ politics and the ‘Communitarian Turn’ (Kennett 2010; p. 23). As Rhodes (1996; p. 658) notes:

As British government creates agencies, bypasses local government, uses special purpose to deliver services, and encourages public-private partnerships, so networks become increasingly prominent among British governing structures’

Crucially, these changes are mainly seen as a manifestation of the triumph of neoliberalism in these settings in the 1980s, which sought to remedy the perceived inefficiencies of the public sector (Klijn and Teisman 2000, Kjaer 2004, Börzel and Risse 2005, Kennett 2010). The efficiency argument is considered a deeply political one in this regard, whereby it carries the assumption that the ‘private sector’s managerial ‘good practice’ will rub off on what are seen as the more inefficient public agencies’ (Huxham 1996; p. 3). The aim, according to this ‘neoliberal argument’, constitutes one of capitalising on the efficiency of free enterprise for the

production and delivery of public goods under the watchful eye of, and legitimacy derived from the State (Börzel and Risse 2005).

These reform agenda in the global north are considered to have made their way to global governance processes and to the public policy making realms of developing countries through the regulatory policies of the international financial institutions, such as the World Bank and the International Monetary Fund (IMF). As Kjaer (2004; p. 26) observes, they were transferred ‘with little consideration as to whether they could be adapted to another cultural, social and economic setting’. Fundamentally, the transfer of these policies to the global level is considered to be inevitable. As Borzel and Risse (2005) argue, the transfer of these modalities to global governance represents a logical sequence of events:

If the modern welfare-state is no longer autonomous vis-à-vis its own society, why should this be different beyond the nation-state? Besides, the degree of state autonomy and the ability of states to formulate and attain their own goals internally and externally has always varied tremendously in the international system. Apart from the great powers, very few states have ever enjoyed the privilege to attain complete control and autonomy over their internal and external environments (Börzel and Risse 2005; p. 12 - 13).

The effect has been a transition from what is called a ‘westphalian system of international relations’, covering the period running from the end of the second world war up to the late 1980s, to the ‘global governance system’ that is said to have phased in around the early 1990s (Kickbusch and de Leeuw 1999, Dodgson R, Lee K et al. 2002, Bartsch, Hein et al. 2007, McCoy, Chand et al. 2009, Hein and Kickbusch 2010; p.15, Kennett 2010, de Leeuw, Townsend et al. 2013). In the case of the former, nation states are said to have had exclusive reign over public policy processes, within clearly demarcated territorial spaces, whereby they enjoyed an ‘internal monopoly of legitimate violence’ (Kennett 2010; p 20), and interacted externally through international state-centric agencies (Dodgson R, Lee K et al. 2002, Hein and Kickbusch 2010, Kennett 2010). In contrast, the era of ‘global governance’ heralded a shift from this hierarchical system to a process that is visibly crowded and contested, whereby the boundaries between public and private sectors have become blurred and governments’ undisputed reign over the policy process has been

challenged (Stoker 1998, Dodgson R, Lee K et al. 2002, Hein and Kickbusch 2010, Kennett 2010).

The former Secretary General of the United Nations, Kofi Annan (Annan 2000; p. 8), described this transformation and the underlying cause (globalisation) as follows:

While the post-war multilateral system made it possible for the new globalisation to emerge and flourish, globalisation in turn has progressively rendered its designs antiquated. Simply put, our post war institutions were built for a post war world, but now we live in a global world.

The new global governance field is accordingly typified by an enhanced participation of non-State actors in ‘mixed public/private policy networks’ (Mayntz 2002; p. 21, Börzel and Risse 2005; p. 2). According to Andonova (2006), the main explanations for this proliferation of cross-sectoral partnerships at the global level could be categorised into ‘functionalist’ and ‘political’ arguments. The functionalist argument holds that cross-sectoral partnerships between governmental agencies, multilateral organisations and transnational corporations are necessary to plug governance gaps in the traditional state-centric international system (Ruggie 2003, Andonova 2006, Bryson, Crosby et al. 2006). This functionalist argument in turn invokes the notion of ‘collaborative advantage’, which predicates cross-sectoral partnerships on the presence of complex challenges that could not be tackled by any one actor. In other words, ‘something has to be achieved that could not have been achieved by any one of the partners acting alone’ (Huxham and Vangen 2005, Glasbergen 2007; p.5).

This functionalist perspective emphasises the complexity of challenges and the need to pool resources from across different sectors (Kooiman 1993):

No single actor, public or private, has all knowledge and information required to solve complex, dynamic and diversified problems; no actor has sufficient overview to make the application of needed instrument effective; no single actor has sufficient action potential to dominate unilaterally in a particular governing model (Kooiman 1993; p. 4)

The political argument on the other hand emphasises the growing power and influence of transnational corporations and the voice of an increasingly assertive

global civil society (Reinicke Wolfgang and Deng 2000, Andonova 2006). Either way, the effect has been a global governance system that ‘represents a highly contested terrain’, where large numbers of non-state actors have joined in on the global pursuit of public goods, wielding variable influence and power (Deacon 2007; p. 15, Kennett 2010; p. 28). The underlying driver of these changes is said to be the global hegemony of neoliberalism, which is in turn considered to constitute ‘the spirit of globalisation’ (Woods 2002, Barnett and Duvall 2005; p. 5). Deacon (2007; p. 16) aptly describes the pervasiveness of the ideology globally as: ‘we live in, and against a neoliberal world order’.

These changes also meant that global public goods would be pursued in ways that challenge the sovereignty of nation states. Specifically, the changes meant that global public goods and collective threats would be defined and pursued outside of the traditional, state centric structures (Fidler 2003, Ruggie 2004, de Leeuw, Townsend et al. 2013). As Hein notes, ‘specific aims of global governance particularly in the field of welfare policies do not content themselves with negotiating global regimes as a means of ‘pooling the sovereignty of nation states’ but directly aim at results at the local and individual level’ (Hein 2003; p. 38). In this regard, one can look at the way health has been operationalised as a global public good, within the set of global targets institutionalised under the rubric of the Millennium Development Goals (MDGs) (Hein 2003). As de Leeuw et al (2013) note, the provision of public goods is no more an exclusive government affair, but involves interactions of government with private and civil society actors.

This reorientation of the roles of the different types of actors, the pluralisation of decision making spaces, and the rise in prominence of networks and partnerships, begs the question, ‘what of the role and influence of the nation state?’ This of course leads to ideological debates whereby liberalist and neo-marxist conceptions argue that interdependence between states and non-state actors has effectively rendered obsolete, the neo-realist conception of states as the most important or unitary actors (Kjaer 2004). After all, the concept of ‘governance’ itself distinguishes itself from ‘government’, whereby the former signifies the importance of ‘public-private policy networks’ rather than a hierarchical state centred system (Mayntz 2002, Börzel and Risse 2005). It constitutes the liberalist perspective that rejects the notion that

‘authority is state based’ as it seeks to embrace the ‘increasingly complex and multi-layered nature of transnational relations’ (Rosenau 2000, Kjaer 2004).

Still, this does not signify a simple formulation of ‘demise of the state’ and ‘rise of private actors/civil society actors’ (Börzel and Risse 2005; p. 1, Kennett 2010; p. 31). The state is instead said to have become ‘reconstituted’ (Kennett 2010; p. 31) or ‘reconfigured’ (Stone 2008; p. 12), whereby there still remain critical roles for the nation state (Stone 2008, Kennett 2010). However, this ‘restructured playing field’ (Stone 2008) allows non-state actors, who have appropriated authority through participating in global public policy, to shape the ‘values, discourses, symbols, norms, institutions and practices’ of the playing field (Arthurs 2001; p. 89).

The picture is more akin with a reorientation of the governance system from the all importance of nation states to ‘multi level governance’, in turn representing a system of self organising networks at all levels (Bartsch, Hein et al. 2007). In this regard, the different levels of governance (global, national and local) are undergoing continuous restructuring and the global level is seen to be pertinent at all levels (Bartsch, Hein et al. 2007). As Ruggie (2004; p. 400) states, ‘the very systems of States is becoming embedded in a broader, albeit still thin and partial, institutionalised arena concerned with the production of global public goods’. Also referred to as ‘embedded transnationalism’ (Yeates 2008), it refers to ‘interlocking’ of the national public domain of countries and the globalisation of public goods such as health (SARS and HIV), human rights, labour standards and so on (Kaul, Conceicao et al. 2003). It signifies the primacy of these global public goods over and beyond state sovereignty, in stark contrast to the traditional organisation of transnational structures around state sovereignties (Hein 2003).

Diane Stone (Stone 2008) describes these sovereignty challenging features of global governance by adopting the notion of ‘agora’, which in ancient Greek refers to ‘a market place as well as the heart of intellectual life and public discourse’:

... the global agora is a social and political space – generated by globalisation – rather than a physical place...The global agora is also a domain of relative disorder and uncertainty where institutions are underdeveloped and political authority unclear, and dispersed through multiplying institutions and networks. Similar to Plato’s Athenian agora

when political discussions took place in the dwelling of a resident foreigner, the sovereignty challenging features of global decision-making in semi-private or quasi-public networks are increasingly apparent.

The section has discussed the emergence of cross-sectoral partnerships in high-income countries and at the level of global governance. In so doing, the discussion situates the evolution of cross-sectoral partnerships within broader set of changes in ideological, political, social and economic relations. In terms of global governance, the changes have meant that the traditional state based systems of governance have been challenged, with contemporary global governance structures and processes assuming enhanced roles in the pursuit of public goods within national borders.

2.3 Implications for national level actors in developing countries

As discussed above, in the multilevel governance system (Van Kersbergen and Waarden 2001, Arts and Van Tatenhove 2004), the context for national level interactions does not merely constitute the national social, political, economic, technological and cultural context, but global governance processes as well (Bartsch, Hein et al. 2007; p. 36). In other words, rather than a strict distinction between what constitutes the ‘national’ and the ‘global’, ‘the global and national are co-present, and interact and intersect in a range of ways’ (Holton 2008; p. 46, Kennett 2010; p. 21). As Bartsch (2007; p. 23) observes: ‘...[national] actors and their activities are shaped by structural economic, political and socio-cultural conditions...for example, the world market with its disparities as well as the global political and military field of power relations ... as frameworks of the actors’ interactions and as the origins of their sources of power’. International relations scholars refer to this trend as a ‘pattern of glocalisation’ in this age of global governance, whereby the boundary between ‘national’ and ‘global’ levels of governance is becoming less and less distinct (Hein 2002, Rosenau 2002).

The implication of these trends for in-country (national) actors in developing countries concerns one of having to live with and adjust to ‘claims generated and commitments produced by global health governance processes’ (Hein 2003, de Leeuw, Townsend et al. 2013; p. 118). For national actors in developing countries,

the ‘more urgent problem’ appears to constitute ‘conflicts’ and ‘adaptive needs’ emanating from the integration of the nation and the global; which in turn is far from a ‘harmonious process of cooperation’(Hein 2003; p. 38 - 39). In this regard, the global Fund’s guiding principles, such as the performance based funding system, are said to exemplify the case of global governance mechanisms exerting demands on national level policy processes in developing countries (Hein 2002). Moreover, the country coordinating mechanisms (CCMs) instituted at the national level in developing countries represent instances of critical ‘interfaces’ between the national sphere and the global; as interfaces between these levels are said to occur through ‘concrete projects of development cooperation... [including] modalities of financial support’ (Hein 2003; p. 47).

The above described situation entails that studies of national level governance processes need to take into account these globally instigated demands, through a methodological approach that has come to be known as ‘methodological glocalism’ (Holton 2008; p. 46, Kennett 2010; p. 21). In the case of this study, this issue is ever more pertinent as CCMs essentially represent one of the critical interfaces between the ‘national’ and the ‘global’. Hence, the demands generated by global governance structures and processes on national actors and governance processes would need to be given due attention in this study.

The next section discusses the changes discussed in relation to global governance structures and processes from the point of view of the health field.

2.4 Health as a global public good in global governance

Global health represents one of the fields where the neoliberal agenda was pursued with intensity through the international development banks (World Bank and IMF), which were growing in prominence in the global development scene in the 1980s. Through policy prescriptions that are infamously known as structural adjustment programmes, these institutions pushed for market based reforms, which in turn championed a greater role for the private sector (Lloyd-Sherlock 2005, Koivusalo and Ollila 2008). The push for global public-private partnerships was also predicated on rectifying the inefficiencies and bureaucratic traditions of multilateral UN agencies in transnational action, by tapping into the knowledge, resources and

efficient ways of private foundations and transnational corporations (Ngoasong 2009). At the same time, with the appointment of Director General Gro Harlem Brundtland in 1998, the World Health Organisation (WHO) had started to make reforms that were considered as being equivalent to aligning itself with ‘the World Bank’s health care policies’ (Lloyd-Sherlock 2005, Koivusalo and Ollila 2008).

Ngoasong (2009; p. 952) describes the emergence of Global Public-Private Partnerships (GPPPs) for health in the 1990s as constituting a conflation of contrasting narratives related to allaying global ills: ‘public health (WHO), human rights (UNCHR), economic (WTO and World Bank) and counter-narratives to dominant views (carried by the emerging global civil society)’. This tension between the legitimacy claims of these different sectors is exemplified in a speech made by the then Director General of WHO, Gro Harlem Brundtland, to the Executive Board of the WHO in 2000, where she framed the challenges of ensuring access to medicine as: ‘a moral problem, a political problem and a problem of credibility for the global market system’ (Brundtland 2000, Ngoasong 2009).

In any case, this era represented an unprecedented level of openness to partnerships with the private sector, on the part of WHO, for the treatment of particular treatments (vertical approach), which is in turn seen as an abandonment of its long upheld commitments to ‘Health for All’ (horizontal approach) (Koivusalo and Ollila 2008; p. 169). This transformation can be traced in the change in the discourse in key public health declarations. While the Alma-Ata declaration on primary health care (1978) focused on the interface between government institutions and the community as a means for advancing health for all, the Commission on Social Determinants of Health report (CSDH, 2008) stressed a multi-actor engagement, beyond nation states, to alleviate global health equity concerns (de Leeuw, Townsend et al. 2013). In this regard, Maciocco and Stefanini (2007; p. 486) state that the establishment of the Global Fund exemplifies these shifts from a publicly funded health for all approach to a ‘private influenced’ vertical approach to diseases. Hein makes a similar claim in reference to Global Health Public-Private Partnerships in general:

The Global Health Public private Partnerships era reflects a deeper transformation of the global governance era; abandonment of the health for all agenda, a re-orientation towards fighting specific diseases, a new

narrative of health as a global public good and a tendency towards demonstrating measurable results at the local levels. (Hein 2003; p. 47)

The latter half of the 20th century also represents a period where the dominance of the biomedical model was countered by the ‘social model of health’, breaking the monopoly of medical professionals on the field globally and opening it up for involvement of non traditional actors (de Leeuw, Townsend et al. 2013). Hence, the transformation towards global health and the proliferation of new actors also encompasses a leap towards inter-disciplinary and multi-disciplinary approaches (de Leeuw, Townsend et al. 2013).

This section provides an account of how the proliferation of cross-sectoral partnerships is understood within the health field. Accordingly, global public-private partnerships are understood to represent deeper changes in global health, such as the triumph of selective, vertical approaches over horizontal, health for all commitments. The proliferation of global public-private partnerships also reflects the ways in which traditionally prominent players such as the WHO ceded control to the Global financial institutions and other emerging actors, such as the Global Fund. The pluralisation of global health governance spaces also reflects increasing tendencies to multi-disciplinary approaches, in a field that has long been heavily dominated by the biomedical approach.

Now the chapter moves to discussing the conceptualisation of cross-sectoral partnerships and the factors that are understood to influence cross-sectoral interactions between actors in and around partnerships.

2.5 Conceptualisations of cross-sectoral partnerships

The conceptualisation of cross-sectoral partnerships is said to be characterised by what has been aptly coined as a ‘halo-effect’, whereby conceptualisations of partnerships are seen to be likely to appraise partnerships positively rather than adopting a more critical outlook (Barringer and Harrison 2000, Buse and Harmer 2004). This trend is very prominent that some authors have suggested using less ‘value-laden’ terms than ‘partnerships’, such as ‘public private interactions’ (Buse and Harmer 2004, Richter 2004). Indeed, ‘many authors celebrate public-private

partnerships as a significant solution to a whole variety of problems of governance beyond the nation-state...' (Börzel and Risse 2005; p.1).

At the global level, partnerships are generally seen as embodying promises of rectifying existing imbalances in levels of participation between the more powerful and the less powerful, the resource rich and the resource poor, and northern and southern actors; thereby carrying 'an explicit egalitarian agenda' (Contu and Girei 2013). They are also said '... to increase both the effectiveness (problem solving capacity) and the legitimacy of international governance in terms of democratic participation and accountability' (Börzel and Risse 2005; p. 1). Most importantly, as discussed in the previous sections, they are seen as timely, multi-sectoral responses to complex and multidimensional social problems, both at national and global levels (Andonova 2006, McQuaid 2010).

There is also a clear push from governments in the global north and funding agencies towards adoption of partnership approaches, even when there is little evidence that they will work or that they constitute an appropriate modality for the task at hand (Barringer and Harrison 2000, Ostrower 2005, Bryson, Crosby et al. 2006). However, a 'clear hiatus' exists between 'the promise and practice of partnerships' across these effectiveness, inclusiveness and egalitarian claims (Brinkerhoff 2002, Contu and Girei 2013). Generally, partnerships are said to represent 'an increasingly practised but poorly understood phenomenon' (Googins and Rochlin 2000, Selsky and Parker 2005).

In terms of how these mechanisms are studied, the functionalist understanding of partnerships has meant that studies overwhelmingly 'discuss them in functional, normative and managerial terms' (Selsky and Parker 2005; p. 866). This in turn renders studies of partnerships to be bereft of analysis of the 'underlying institutional dynamics, including power', and leaves the 'political dimension' of such interactions largely unexplored (Selsky and Parker 2005; p. 867, Bull and McNeill 2007). Particularly, the understanding of the 'embeddedness' of partnerships in national contexts is less explored (Selsky and Parker 2005; p. 866). Consequently, the designs of the different global partnership approaches and models are seldom seen to reflect the contextual uniqueness of the host, developing countries; instead reflecting the

contrasting approaches of the different donors that are involved in the partnership mechanisms (Brinkerhoff 2002).

At the theoretical level, the study of partnerships represents a highly disparate field of study, whereby there is critical lack of convergence of conceptual understandings as well as lack of consensus on the critical issues of importance (Barringer and Harrison 2000, Osborne 2000, Selsky and Parker 2005, Bryson, Crosby et al. 2006). Cross-sectoral partnerships constitute real-world phenomenon that naturally cut across organisational and sectoral boundaries, and are hence studied through different disciplines, including: 'organisation studies, public policy and administration, economics, nonprofit management, health care, education and the natural environment' (Selsky and Parker 2005). They are studied across different disciplines in quite disparate manners (McQuaid 2000, Brinkerhoff 2002, Bryson, Crosby et al. 2006, Biermann, Mol et al. 2007). Accordingly, there has been lack of a unified theory to explain how partnerships behave and function, as well as to guide empirical analysis in the area. For instance while sociological approaches focus on institutional factors, the public management literature has largely been engaged with process related issues (Bryson, Crosby et al. 2006).

At the other end, 'the empirical literature on the subject [of Global Public Private Partnerships] is not well developed and sometimes rather imprecise' (Börzel and Risse 2005; p. 1). While many case studies exist on partnerships in general, the 'more general theoretical basis for understanding and analysing them remains poorly developed' (McQuaid 2000; p. 9). This weakness is reflective of a much broader symptom of the study of public policy issues, whereby Schlager (1999) observed:

the field of policy studies is characterized by 'mountain islands of theoretical structure, intermingled with and occasionally attached together by foothills of shared methods and concepts, and empirical work, all of which is surrounded by oceans of descriptive work not attached (Schlager 1999; p. 14), as quoted in Walt et al. (Walt, Shiffman et al. 2008; p. 315) and Sabatier (Sabatier 2007; p. 323)

Accordingly, the critical issues to be addressed regarding the study of cross-sectoral partnerships relate to how studies can capture the 'messiness of partnership practice in more complex models' and how they can be 'theoretically precise' while doing

this (Selsky and Parker 2005, Bryson, Crosby et al. 2006). In other words, analytical approaches need to recognise that public-private partnerships are complex entities whose conduct is an outcome of the dynamic interactions between the participating actors and the particular context in which they are embedded (Huxham and Vangen 1996, Osborne and Murray 2000). Analytical approaches also need to be weary of, and eschew terms that reflect the normative presumptions of partnerships, such as ‘equitable’ contribution by all stakeholders and so on (Schäferhoff, Campe et al. 2009). Empirical studies should rather be testing such claims through scrutiny of real-life practices (Schäferhoff, Campe et al. 2009).

In summary, conceptualisations of cross-sectoral partnerships are known to be uncritical as they are influenced by the virtuous attributes implied by collaboration of actors within cross-sectoral partnerships. The mechanisms are also studied across different disciplines in quite disparate manners, whereby there is lack of a holistic understanding of the mechanisms and a cumulative enrichment of our theoretical understanding in the area. The functionalist approach to partnerships has also resulted in the neglect of how partnerships interact with the wider context and how critical concepts such as power influence interactions between actors.

The next section focuses on the neglect of power in conceptualisations of cross-sectoral partnerships.

2.6 The neglect of ‘power’ in conceptualisations of cross-sectoral partnerships

While it is widely recognised that analysis of the power relationship between actors is critical for understanding cross-sectoral partnership mechanisms, power remains a highly neglected, under-researched concept within the body of literature studying cross-sectoral partnerships in particular, and governance mechanisms in general (Arts and Van Tatenhove 2004; p. 340, Barnett and Duvall 2005, Huxham and Vangen 2005, Bartsch, Hein et al. 2007; p. 30). As Buse and Harmer (2004; P. 50) observe, ‘...questions of power go to the heart of much that is contentious about PPP [Public-Private Partnerships]...’. Barnett and Duvall (2005) describe this neglect as follows: *‘With only slight exaggeration, much of the scholarship on global governance proceeds as if power either does not exist or is of minor importance’*.

The neglect of 'power' is a pervasive problem that manifests in the field of health policy analysis in general (Walt and Gilson 1994, Buse 2007, Gilson and Raphaely 2008, Walt, Shiffman et al. 2008).

The neglect of power is said to be a reflection of new conceptualisations that have sought to capture the pluralisation and increasing complexity of public policy processes (Kennett 2010). As Kennett (2010; p. 25) observes, "... there has been a shift from direct forms of governance to a process of governance exercised through a plurality of actors, sites, spatial scales, and processes, with an increasing reliance by governments on informal forms of power and influence rather than on formal authority'. Indeed, the word governance itself is a recent introduction into the lexicon of international relations and development, which further signifies that the change has been whole encompassing (Rosenau 2002).

The shift has even resulted in formation of new fields of studies: 'Global Governance' (Rosenau and Czempiel 1992, Rosenau 2002), 'Global Public Policy' (Stone 2008)', 'Global Social Policy' (Deacon 2007) and 'Global Health Governance'(Kickbusch and de Leeuw 1999, Dodgson R, Lee K et al. 2002, McCoy, Chand et al. 2009, Hein and Kickbusch 2010). These new fields of study are essentially seeking to make sense of the interaction of 'multiple and fluid regimes and ... the role of actors, events, laws, and policies that fall outside the traditional boundaries of the state', (MacRae 2006; p. 527, Kennett 2010; p. 20). The objects of study are accordingly conceived as constituting a 'cooperative government' as opposed to an 'interventionist' one, and an enhanced participation of non state actors in 'mixed public/private policy networks' (Mayntz 2002; p. 21, Börzel and Risse 2005; p. 2).

These have in turn resulted in an infusion of new concepts, theories and terminologies at the expense of concepts that had traditionally formed the mainstay of academic and professional discourse, such as 'power' and 'government'. Arts and Van Tatenhove (2004; P. 339) translated Hajer's (2003; p. 39) description of these changes from an article written in Dutch:

During the last decade, terms of 'governance', 'institutional capacity', 'networks', 'complexity', 'discourses', 'trust', 'deliberation' and 'interdependence' have captured our analytic imagination, whereas terms as

‘state’, ‘government’, ‘power’ and ‘authority’, ‘loyalty’, ‘sovereignty’, ‘participation’ and ‘interest groups’ have obviously lost their attractiveness.

In the case of cross-sectoral partnerships, the pursuit of common goals and the ‘presumption of cooperation’ entailed by partnership arrangements are seen as deflecting the attention away from ‘power’ (Barnett and Duvall 2005, Huxham and Vangen 2005; p. 174). In such collaborative contexts, ‘politics (and policy) is often portrayed as being situated between ‘power’ and ‘rationality’, between the furthering of crude interests and substantive argumentation’(Arts and Van Tatenhove 2004; p. 339). In addition, the neglect of power is also related to the inherent shortcomings of contemporary analytical tools and theoretical perspectives, which have not effectively incorporated the concept of power, as in the case of actor network theory (ANT) (Potvin and Clavier 2013) and neo-institutionalist theories (Arts and Van Tatenhove 2004).

2.7 Factors that influence cross-sectoral interactions in developing countries

This section presents a review of the factors that are highlighted in the literature as critical for the conduct of cross-sectoral partnerships in real-life. In this regard, both the conceptual and empirical evidence on factors that influence cross-sectoral interactions in and around partnerships are presented. The section focuses on cross-sectoral interactions that occur in developing country settings. Accordingly, section 2.7.1 discusses the evidence related to the role of the State in terms of how cross-sectoral partnerships function, while sections 2.7.2, 2.7.3 and 2.7.4 discuss the evidence related to the role and positions of CSOs, donor agencies and the private sector, respectively. Finally section 2.9.5 discusses the process related factors that are cited in the literature as influencing cross-sectoral interactions between actors in and around partnership mechanisms.

2.7.1 Domination by the State

The role of the State within cross-sectoral partnership mechanisms constitutes an under-conceptualised issue, mainly due to the emphasis given to ‘networks, flows and fluids’ as ‘organizing principles’ in the post modernist literature (Arts and Van Tatenhove 2004, Mol 2007; P. 226). In this regard, the role of nation states in

developing countries represents one of the least understood issues in the study of cross-sectoral partnerships (Hein 2003, Marques 2014).

However, the reviewed empirical evidence on cross-sectoral partnership mechanisms in developing countries overwhelmingly indicates that these mechanisms are dominated by the public sector. Based on the body of evidence coming from the study of CCMs, public sectors, specifically, Ministry of Health offices, are seen to dominate these cross-sectoral interactions (Brugha, Donoghue et al. 2004, Grace 2004, Brugha, Cliff et al. 2005, Stillman and Bennett 2005, Banteyerga, Kidanu et al. 2006, Biesma, Brugha et al. 2009, Spicer, Aleshkina et al. 2010). In a study assessing the sector wide effects of the Global Fund in 3 countries (Benin, Ethiopia and Malawi), Stillman and Bennett (2005) report that the partnerships were dominated by the government. They (Stillman and Bennett 2005; p. xx) further explain that this was down to the ‘mistrust’ and ‘tension’ between governments on the one hand, and CSOs and the private sector on the other, which they said was *‘most acute in Ethiopia’*

Similarly, in a study that set out to track the conduct of the Global Fund shortly after its establishment, Brugha et al (2004) documented a trend of dominance of the public sector within CCMs instituted in 3 out of the 4 countries of study. Specifically, in Tanzania, Uganda and Zambia, the public sector was seen to be ‘overly dominant’ in the CCM, going as far as involving in the selection of representatives from other sectors, while in Mozambique, the relationships were said to be ‘reasonably equal between constituent groups’ (Brugha, Donoghue et al. 2004; p. 97). It was reported that ‘public airing of views after a contentious CCM process’ had contributed to ‘a new willingness of all partners to work together’ in the case of Mozambique (Brugha, Donoghue et al. 2004). Based on another multi-country Global Fund tracking study, Brugha et al (2005) highlight nuanced differences across study countries regarding the relationship between state and non-state actors. They state that, ‘overt criticism of government was seen as less acceptable in Zambia and Tanzania, in contrast to Uganda’ (Brugha, Cliff et al. 2005; p. 11). Reasons for the inter-country differences were not offered in the study.

A multi-country study conducted across 8 countries with the aim of assessing the effect of Global Health Initiatives (GHIs) such as the Global Fund, PEPFAR

(President's Emergency Plan for AIDS Relief) and GAVI (the Global Vaccine Alliance) on HIV/AIDS programmes' coordination mechanisms found that the CCM had enhanced the participation of non-State actors and public sector offices outside of the Ministry of Health (MoH) (Spicer, Aleshkina et al. 2010). However, the study further points out that the CCMs were still dominated by the MoH, whereby the role of non-health ministries and non-State actors in national and sub-national coordination structures 'remained relatively modest' (Spicer, Aleshkina et al. 2010; p. 9).

Similarly, based on their study of multi-stakeholder partnerships for water and sanitation in Sub-Saharan Africa, Stewart and Gray (2006; P. 375) concluded that, 'rather than offering genuine partnership with full participation, they [partnerships] tend to give governments a privileged position as partners, while other stakeholders have a voice but are not considered as equal partners'. Based on case studies of international partnerships, Visseren-Hamakers et al (2007; p. 166) also conclude that the international partnership mechanisms had 'reinforced existing power asymmetries'; more so amongst the different sectors within the developing countries partaking in the international partnership mechanism than vertically between in-country and global actors. Their observation is that governments in the developing countries dominated the other in-country actors participating in the international partnership arrangement.

Conversely, Miraftab (2004) concludes from a case study in South Africa that it is not necessarily the State that dominates such cross-sectoral partnership mechanisms in developing countries, but the actor that happens to have more influence and power in the particular situation and field of action. In the case of their study of a cross-sectoral partnership mechanism instituted in relation to a national housing programme for the poor in South Africa (Miraftab 2004), it is private sector interests that represent the powerful voice, thereby dominating the partnership mechanism. Miraftab (2004) attributed this domination by the private sector to the absence of a strong mediation role from the State due to concomitant decentralisation processes that effectively precluded interventions from the regulatory authorities of the central government.

In terms of the factors that underlie this relationship of domination, Brugha et al (2005; p.11) make an observation, through their multi-country Global Fund tracking studies, that the tension between CSOs and the public sectors in the countries of study emanated from ‘conflicting views around the meaning of partnership [which in turn] reflect fundamental ideological differences around legitimacy and the role of government’. For Miraftab (2004; p. 92), the most important issue determining the power relationships within partnerships relates to the way the partnership mechanism ‘originates’, specifically, the question of ‘who initiated the process and sought partnership with the other sectors’.

Some of the empirical studies on cross-sectoral partnerships in developing countries have reflected on whether partnerships have an equalising effect on power imbalances between different actors: public, private and civil society. In this regard, the empirical evidence seems to support conceptualisations that assert that partnerships actually ‘reproduce or even intensify’ existing inequalities in relationships between actors (Lister 1999, Bartsch and Kohlmorgen 2006, Biermann, Man-san Chan et al. 2007; p. 254). Visseren-Hamakers et al (2007; P. 165) conclude that it is ‘extremely difficult to change power imbalances through partnerships’. In Global Health Partnerships, Bartsch and Kohlmorgen (2006) note that participation of governments and CSOs from the south does not translate into relocation of power away from powerful northern states and transnational corporations. This ineptness of partnership mechanisms to affect existing power relationships has caused some authors to describe cross-sectoral partnerships as ‘inadequate and halfway governance innovations’ (Bäckstrand 2006, Mol 2007; p. 225).

In summary, although the role of the State in cross-sectoral partnerships in developing countries is under conceptualised, the overwhelming evidence from empirical investigations of partnerships in developing countries indicates that the mechanisms are highly dominated by governments. Upon reflecting on whether partnerships have an equalising effect on the imbalance of power between actors, the studies confirm conceptualisations that claim that partnerships have no effect on power relationships, and that they could rather intensify existing imbalances. While the factors that underlie these relationships of domination have not been explored well, some of the studies suggest that this could be due to ideological differences, lack of trust and the way partnerships are designed. In terms of the role of the design

of partnerships, the studies have emphasised the importance of who gets to invite others into the partnerships, suggesting that the actor that gets to initiate the partnership is bound to be primed to play a powerful role in due interactions.

2.7.2 The Role and position of CSOs in cross-sectoral partnerships

The inclusion of civil society in governance mechanisms is believed to enhance the legitimacy and moral authority of the mechanisms by facilitating the communication between the ‘rulers’ and the ‘ruled’ (Reinicke Wolfgang and Deng 2000, Börzel and Risse 2005). The term is often used as a catch-phrase to enhance the credibility and good virtues of governance mechanisms (Börzel and Risse 2005). In reality however, they present a more complicated picture as they are said to suffer from an inherent legitimacy crisis. In this regard, CSOs draw their legitimacy from claims of involvement in tackling social ills and from legal recognitions extended to them by governments, rather than through popular representation such as through elections (Börzel and Risse 2005). In addition, their participation in the ‘alms bazaar’ (raising funds from donors) is said to compromise their claims of moral authority (Doyle and Patel 2008, Brinkerhoff and Brinkerhoff 2011; p. 5).

They also suffer from a range of complications owing to the heterogeneity of what the term ‘civil society organisations’ represents. This heterogeneity includes: differences in levels of participation between those who make it into governance mechanisms and those who do not (‘participatory gap’); difference in influence between the highly resourced northern CSOs and their southern counterparts (thereby replicating existing inequalities between the two worlds, leading some to consider CSOs as part of the neoliberal hegemony); and domination of some CSOs by elites, instead of them being governed by representatives of the wider public (Reinicke Wolfgang and Deng 2000, Keohane and Nye 2001, Börzel and Risse 2005). For CSOs, partnerships are also considered to entail the risk of co-optation by the public sector, as close working relationships remove confrontational stances instead leading to cosy settlements (Meadowcroft 2007).

The common thread across the reviewed empirical studies on cross-sectoral partnerships in developing countries highlights the lack of capacity on the part of CSOs in developing countries, to engage effectively in partnership mechanisms

(Lister and Nyamugasira 2003, Spicer, Harmer et al. 2011, Harmer, Spicer et al. 2013). Regarding whether participating in partnership mechanisms boosts the position of CSOs, the case study of the international partnership mechanism discussed in section 2.7.1 (Visseren-Hamakers, Arts et al. 2007; p. 166) concluded: ‘... the existing weak position of the Southern NGOs in local intersectoral relations has been incorporated in and reinforced by the partnerships’. They further note that it is ‘extremely difficult’ for partnerships to ‘emancipate civil society in the South’ unless the partnership ‘is proactively managed with this emancipatory goal in mind’ (Visseren-Hamakers, Arts et al. 2007; p. 166).

Still, studies have documented that CSOs, despite any difficulties they may be facing or however subordinate their positions may be in partnerships, value the long-term effects entailed by their involvements in partnership mechanisms, specifically, in terms of building trust with the public sector. The study of the Global Fund’s system wide effects in Ethiopia, Benin and Malawi (Stillman and Bennett 2005) had reported back in 2005 that:

While it is probably too early to say, in both Benin and Ethiopia, some respondents felt that there was the prospect that the new forms of public/private partnership fostered by GF support might have a lasting impact, in terms of improved trust and cooperation between public and private sectors.

Similarly, Harmer et al (2013; p. 105) report that the interactions within the CCM had in fact enhanced relationships between CSOs and the public sector and had helped ‘to erode the stereotypes each sector has of the other’. A DFID commissioned study that assessed the experiences of 5 countries in the first round of funding from the Global Fund (Grace 2004; p. 24) reported a peculiar finding that in one of the countries of study (country unnamed), the proposal writing process had improved the relationship between CSOs and the government, only for relationships to ‘regress again’ after the grants were secured.

Furthermore, studies have documented that the way CSOs are recruited into CCMs could sow divisions amongst constituencies due to competition for resources (Cáceres, Girón et al. 2010, Spicer, Harmer et al. 2011) and because those who make it into partnerships are then seen as having access to and connections with public

sector officials (Doyle and Patel 2008, Kapilashrami and O'Brien 2012). In addition, the empirical evidence suggests that the organisation and constellation of civil society actors is also influenced by demands emanating from partnership mechanisms. Through case studies looking at interactions between the regulatory regimes of the Global Fund and CSOs in India, Kapilashrami and O'Brien (2012; p. 448) observe that, 'the imposition of global structures and ideas on local systems facilitates a reconfiguration of non-state actors around newer forms of expertise and power centres'. Specifically, the effect of the demands from the Global Fund are reported as having selective impacts whereby it was seen to have offered some networks 'greater visibility and leverage', while it had 'threatened the existence of others' (Kapilashrami and O'Brien 2012; p. 442).

Harmer et al also captured the variable experiences of different CSOs with the CCM as they note:

'[on the one hand] interviewees regarded the CCM as an important platform for advocacy; on the other, many respondents still regarded the CCM as a government-controlled institution, and thus inimical to CSO advocacy efforts' (Harmer, Spicer et al. 2013; p.105).

Hence, while the involvement of CSOs is generally seen in good light and is considered to engender a sense of accountability into cross-sectoral partnerships, CSOs are known to suffer from inherent challenges related to their constitution and make-up. The reviewed empirical evidence has mainly documented the capacity challenges that CSOs face in their efforts to engage effectively in partnership mechanisms. Partnership mechanisms are further seen as affecting the constitution of CSOs as they place different demands that affect different CSOs differentially. Despite the challenges, the partnership mechanisms are seen as inspiring hope for CSOs in terms of improving their relationship with the public sector.

2.7.3 The role of donors in cross-sectoral partnerships

While the empirical evidence on cross-sectoral partnerships has little to say about the role and positions of donors in CCMs and other partnership mechanisms in developing countries, there is some evidence that CSOs have generally been calling for an enhanced involvement from donors to moderate the influence of the public

sector. In this regard, it has been documented that CSOs have implored the Global Fund to assume a more proactive stance to curb the trend of ‘government ownership’ in the name of ‘country ownership’ (Bartsch 2007; P. 156). The multi-country Global Fund tracking study (Brugha, Cliff et al. 2005; p. 11) had also noted that the Fund had often been criticised for having an ‘excessively light touch’ in terms of enforcing the guidelines outlining the composition and relative role of actors in countries of operation. With this in mind, the study recommended that in-country donors get involved more in order to ‘support government and civil society forge partnerships ...’(Brugha, Cliff et al. 2005).

2.7.4 The role of the private sector in cross-sectoral partnerships

Similarly, the evidence on the role and position of the private sector in developing countries is quite sparse. Generally, the evidence indicates that private sector actors occupy the lowest position within CCMs in developing countries. A review of the conduct of global health initiatives (GHIs) in developing countries (Biesma, Brugha et al. 2009) reports that government dominated CCMs in developing countries appear to be particularly inimical to the ‘private for profit sector’. The study assessing the system wide effects of the Global Fund in 3 countries (Benin, Ethiopia, and Malawi)(Stillman and Bennett 2005) indicated that the position of the private for profit sector is particularly precarious in Ethiopia, compared to the other countries of study:

However, in countries where there was a lack of trust between public and private sectors, government-dominated CCMs had been reluctant to include strong private for-profit stakeholders. This was particularly the case in Ethiopia... (Stillman and Bennett 2005; p. 36)

2.7.5 Process related factors

The reviewed empirical evidence on partnerships have documented a range of process related factors that are considered to influence cross-sectoral interactions in and around partnership mechanisms in developing countries. The factors that are cited in the literature in this regard are related to the different stages of the

partnership process, that is, spanning the lifecycle of partnerships, from establishment of partnership mechanisms through to the decision-making processes.

Regarding the initial establishment stage, studies of partnership processes have highlighted that the way stakeholder categories are defined and the question of who gets to be designated as a stakeholder often constitute ‘contentious steps that are often based on elusive processes and arbitrary choices’ (Schäferhoff, Campe et al. 2009; P. 455). These decisions have ramifications for the power relationships between those included in the partnerships and those who fail to make the cut based on the requirements placed by the partnership mechanisms (Börzel and Risse 2005, Doyle and Patel 2008, Spicer, Harmer et al. 2011, Kapilashrami and O'Brien 2012).

The other pertinent process related factor relates to the processes of deliberations established within partnerships. As Schaferhoff notes, the level of participation of actors is adjudicated on the basis of whether stakeholders are ‘formally included in the decision-making processes’ and whether the ‘included actors have equal opportunities to participate’ (Schäferhoff, Campe et al. 2009; p. 464). Regarding the latter, deliberative processes are said to be prone to being influenced by power imbalances within partnership arrangements. Accordingly, Brown (2010) states that constitutional safeguards would need to be actively designed with the goal of ‘[insulating] (as much as possible) the process of deliberation from asymmetric influences and ‘colonisation’ usually associated with power and wealth’ (Brown 2010; p. 512). Based on the study of the Global Fund’s decision making processes at the Board level, Brown (2010) explains that the procedural safeguards of the Board could not ensure ‘genuine deliberation’, due to the ability of donors to ‘blackmail’ members from developing countries on the basis of future funding (Brown 2010).

The other factor that is cited in the partnership studies in developing countries relates to the capacity of actors. In this regard, capacity challenges are said to be related to the usage of the language of interaction, other skills such as advocacy skills and lack of resources in general. Based on his study of the deliberation processes at the Global Fund’s Board of Directors, Brown (2010; p. 529) observes that ... ‘cultural and linguistic differences and inequalities’ threaten the achievement of ‘genuine deliberation’. A survey of CCM members in 13 countries (Doupe and Flavell 2004) reports that use of the English language has become problematic for local PLWHA

association representatives. In their report of a multi-country study of national and sub-national HIV/AIDS coordination mechanisms, Spicer et al (2010; p. 10) highlight factors that hamper optimal participation of CSOs, including, 'limited experience among most CSOs of engaging in strategic or political decision making'.

Similarly, a DFID multi-country study assessing the experiences of countries in the first round of funding from the Global Fund (Grace 2004) found that the lack of capacity amongst some actors involved not just their understanding of technical issues but knowledge of 'the fundamental operations of government'. Harmer et al (2013; p. 306) call upon the Global Fund to put aside funds for building the capacities of CSOs to engage with the public sector effectively, while Doupe and Flavell (Doupe and Flavell 2004) outline the specific areas in which PLWHA representatives would require capacity building support. Harmer et al (2013) similarly identified the lack of 'evidence gathering skills' amongst CSOs as one of the impediments to their advocacy efforts and engagements with the public sector.

The other process related factor concerns challenges related to the task of effectively representing constituencies in cross-sectoral partnerships (Huxham and Vangen 1996). Beyond the practical challenges related to relaying information between the decision-making processes and constituencies, representatives are said to face dilemma between the interests of their constituencies, their own organisation and that of the partnership (Meadowcroft 2007, Potvin and Clavier 2013). Multi-country CCM case studies have highlighted the challenges associated with the task of effectively representing one's constituencies (Brugha, Donoghue et al. 2004, Brugha, Cliff et al. 2005). Brugha et al (2004) quote a multi-lateral representative to exemplify the challenges that are inherent to the task of representing one's constituencies: "The CCM consists of individuals. There are no structures for within-constituency representativeness and consultation" (Brugha, Donoghue et al. 2004; p. 97). In the other multi-country Global Fund tracking study (Brugha, Cliff et al. 2005), Brugha et al highlight allegations of conflicts of interests of CCM members; thereby emphasising the tension that lies between representing constituencies and advancing the interests of one's own organisation within the CCM.

Leaders of cross-sectoral partnerships are said have a significant role in influencing how partnerships are run, 'constrained though they may be' (Bryson, Crosby et al.

2006P; 52, Biermann, Man-san Chan et al. 2007). However, the empirical evidence in this regard is seen to be very scanty. Only one study, a Global Fund multi-country CCM assessment highlighted the critical role played by CCM chairpersons (GFATM 2008). In this regard, the report specifically underscored the importance of the personal qualities of the chairpersons, over and beyond their sectoral affiliations: ‘It was less important whether the chair was from government, civil society or NGOs; his or her personal qualities alone determined efficacious CCM functioning’(GFATM 2008; p. 5).

Within studies of CCMs, another prominent process related factor concerns the role played by consultants in the country proposal development process. The DFID commissioned study that documents the experiences of 5 countries in the first round of funding from the Global Fund (Grace 2004) highlighted that some countries had relied heavily on external consultants and that the ‘contextual appropriateness’ of the external inputs were questionable. This is confirmed by a case study of the CCM in Tanzania (Starling, Brugha et al. 2005, Biesma, Brugha et al. 2009) (part of the multi-country Global Fund tracking study (Brugha, Cliff et al. 2005)), which found that the influence of WHO consultants had made the country apply for support for ART programme, while the locally identified need lay with getting support for work on orphans and vulnerable children. The DFID study (Grace 2004) goes on to explain that the competitive bidding process for Global Fund grants fuelled this quest for external inputs.

Another process related factor that was predominantly reported across the different studies on CCMs relates to the time bound nature of the country proposal development process. Banteyerga et al’s (2006) study of the Ethiopian CCM highlights that the time constraints had in effect resulted in the routinisation of easy to accomplish tasks such as procurement of drugs in the action plans of the country proposals prepared for successive grants. Other country experiences resonate with this finding (The Alliance 2002, Brugha, Donoghue et al. 2004, Doupe and Flavell 2004, Grace 2004, Spicer, Aleshkina et al. 2010). For instance, Brugha et al (2004; p. 97) state that: ‘CCM members in Tanzania and Uganda reported ... they had only 48hrs to review draft proposals’. The DFID multi-country study assessing the experiences of 5 countries with the first round of funding from the Global Fund

(Grace 2004) noted that the time pressure had affected the participation of CSOs and the private sector.

2.8 Chapter Summary

This chapter has presented a review of the literature in relation to the conceptual understanding of cross-sectoral partnerships and the empirical evidence regarding the factors that influence the conduct of cross-sectoral partnerships in developing country settings. In this regard, the first part of the chapter has presented how cross-sectoral partnerships are understood to have evolved in high-income country settings and at the level of global governance. In so doing, the chapter has attempted to situate the evolution of cross-sectoral partnerships within the broader set of political, social and economic changes that underlie the proliferation of these mechanisms. Accordingly, the proliferation of cross-sectoral partnerships is understood to be reflective of the triumph of the neoliberal ideology in high-income settings and globally. As such, the mandate of nation states for the provision of public goods is progressively challenged with the push towards an enhanced involvement of non-State actors (private sectors and CSOs) in public policy processes.

At the global level, the state centric system of international relations has been transformed by global governance processes that increasingly feature cross-sectoral partnership mechanisms between state and non-state actors. Consequently, the global governance structures and processes pose a challenge to the sovereignty of national policy-making processes. Global governance structures and processes are said to influence national policy making processes. This in turn calls for studies of policy making processes in developing countries to account for the influence of global processes at the national level; an approach known as ‘methodological glocalism’. This approach seen to be highly pertinent to this study and is reflected in the theoretical framework adopted in the study (chapter 3).

The study of cross-sectoral partnerships is characterised by a normative functionalist orientation that precludes exploration of the role of broader institutional factors in terms of how actors interact in and around partnerships. The mechanisms are studied through different disciplines in quite disparate manners whereby a holistic approach that explores both institutional and process related factors is often lacking. The post-

modernist turn and the focus on networks and discursive practices has further relegated some key concepts to the background. Specifically, studies of partnerships seldom explore the power relationships between actors. Hence, this study seeks to make contributions across these highlighted gaps by undertaking a holistic exploration of the cross-sectoral partnership under study, from the perspective institutional (contextual) factors and process related factors. In addition, the study commits to exposing the role of power in actors' interactions.

The reviewed literature has also revealed different factors that are seen as critical for the conduct of cross-sectoral partnerships in developing countries. The first set of factors relate to the role and position of different actors. While the role of governments constitutes a highly under-conceptualised issue, especially in developing country contexts, the empirical evidence is awash with reports of domination of cross-sectoral partnerships by public sectors in developing countries. In this regard, the empirical evidence is seen to be lacking in terms of accounting for the reasons behind the patterns of domination observed in cross-sectoral partnerships in developing countries.

CSOs are widely reported to play subordinate positions in cross sectoral partnerships in developing countries and this is mainly said to be related to their lack of capacity to engage effectively in the partnership process and the inherent challenges related to the fluidity of their constitution. The evidence on the role of donors and the private sector is quite sparse, although in both cases available evidence suggests low level of involvements in cross-sectoral partnerships in developing countries. This study is accordingly motivated by prospects of adding to this body of evidence, specifically by providing an in-depth account of why the different actors in the study behave in observed ways.

Finally, the reviewed literature offers relatively richer evidence in relation to the process related factors that influence cross-sectoral interactions between actors in and around partnerships. In this regard, most of the evidence comes from studies of CCMs and the highlighted factors spawn the different stages of the partnership process, from recruitment of members to different decision-making processes (CCM deliberations and proposal development process). The process related factors studied within this study will be contrasted with this evidence base to show comparability of

the Ethiopian specific findings with that of other countries. Furthermore, this study seeks to add to this evidence base by offering situated explanations (in context) for process related factors identified in the study, thereby providing answers from the context as to why specific process related factors are prominent in the setting.

Chapter Three

The Research Paradigm, Methodology and Methods

3.1 Introduction

This chapter presents and discusses the methodology adopted and methods used in this study. Section 3.2 discusses the paradigmatic orientation of the study, while section 3.3 presents the theoretical framework adopted in the study. Section 3.4 then describes the methods applied in this study, including a discussion on reflections on the design and execution of the study. Prior to these, the aim of the study and the research questions will be restated here to facilitate the subsequent discussions regarding the rationale for choice of methodology and methods:

Aim of the study:

The aim of the study is to develop an in-depth understanding of cross-sectoral interactions between actors, in and around partnership mechanisms, in developing country settings.

The following ***research questions*** were formulated in view of this aim:

1. How are the factors that influence actors' interactions in and around cross-sectoral partnership mechanisms conceptualised in the literature?
2. How do actors interact in and around cross-sectoral partnership mechanisms in a developing country setting?
3. Why do actors interact in observed manners of interactions?

The third research question is further broken down into the following sub-questions:

- a. What is the role of context in influencing these interactions?
- b. What is the role of factors related to the partnering process in influencing the manner of cross-sectoral interactions between actors?

3.2 The research paradigm

It becomes important here to explicitly state the philosophical orientations or paradigms of the study. These are related to the ontological and epistemological considerations that underlie the study. These in turn relate to the vital questions of “what kind of things are there in the world?” and ‘what is the character of our knowledge of the world?’ respectively (Hughes and Sharrock 1980; p. 5). These questions are inextricably linked to the choice of methods, which is ‘embedded in commitments to particular versions of the world and to knowing that world’ (Hughes and Sharrock 1980; p.11).

Barring clear-cut categorisations, quantitative methodologies are commonly associated with the ‘positivist’ paradigm whereas qualitative methodologies mainly draw upon an ‘interpretivist’ paradigm (Snape and Spencer 2003, Denzin and Lincoln 2011). Broadly speaking, positivism essentially holds that social inquiries must adhere to standards adopted in the natural sciences, that is, ‘objective and value free research’ (Ritchie and Spencer 1994; p. 23). Interpretivist perspectives stand in opposition to this, claiming that the social world can only be understood through the perspectives of participants and that of researchers (Ritchie and Spencer 1994; p. 23). It is up to the researcher to identify their inclinations within this spectrum of philosophical orientations and consider the implications of the philosophical choices to the research practice at hand (Snape and Spencer 2003).

The epistemological orientation adopted within this study, critical realism, is one that is considered to lie midway on the continuum between the extreme ends of ‘naive positivism’ and ‘post-structuralism’ (Denzin and Lincoln 2011). While critical realism agrees with positivism regarding the existence of a ‘world of events’ that is ‘independent of human consciousness’ and on the emphasis on seeking to ‘explain’ this reality, it departs from a positivist outlook by emphasising the ‘feeling, thinking human beings’ that make up the social world and the need to understand ‘their [human beings]’ interpretations of the world’ (May 2001, Snape and Spencer 2003, Denzin and Lincoln 2011; p. 11). In other words, while critical realism takes from positivism the notion of a real world ‘in which we act and interact’, it takes from

interpretivism the understanding that ‘human social life is meaningful’, which in turn needs to be taken into account in our explanations (Altheide and Johnson 2011; p. 581 - 582).

Another distinctive feature constitutes the understanding that reality is multi-layered, which in turn entails a commitment to explaining the structural mechanisms that underlie social phenomenon (Sayer 2000, May 2001, Hay 2002, Denzin and Lincoln 2011). In this regard, critical realism seeks to ‘gaze beyond the superficial realm of appearances’ to understand the ‘causal logics’ that underlie the social phenomenon being observed (Hay 2002; p. 122). The focus is to go beyond simply analysing ‘conversations and interactions between people’ to unravel the ‘structures of social relations’ that underlie these (May 2001; p. 12). May (2001; p. 13) explains that the conception of a stratified social reality into ‘individual, interactive and institutional’ is at the heart of a critical realist thinking, whereby the critical realist researcher’s task then becomes one of explaining how these different layers ‘affect [people’s] actions in a situation of dialogue and cooperation’. Sobh (2006; p. 1201) quotes the following useful description of the implication of a realist paradigm to social inquiry from Easton (1995; p. 79, 81):

the researcher [has] to identify the contingent causal powers that are operating in the particular situations under research and the ways they combine and interact in order to create the particular events observed...to seek for the underlying reality through the dark veil that hides it

Another important aspect of a critical realist approach is the use of theoretical frameworks to guide analysis and explanation of the underlying structures (Sayer 2000, Sobh and Perry 2006). To understand the multiple ‘components and forces’ that influence the objects of investigation, which can be, ‘wars, discourses, institutions, economic activities, identities, kinship or whatever’ occurring within ‘complex and messy’ social systems, one would need to rely on ‘abstraction and conceptualisation’ to guide, interpret and infer causal relationships (Sayer 2000; p. 19). In other words, critical realists seek to explain the underlying structures that give rise to the particular ways in which actors interact, by deploying theoretical frameworks ‘as a sensitising device to reveal the structured reality beneath the surface’ (May 2001; p. 12, Hay 2002; p. 122). Rather than being used to generate

testable propositions that the empirical study seeks to falsify, as would be the case in a positivist approach, theory is used as a way of ‘constructing a narrative that helps us identify and explain the underlying structural relationships’ (Marsh and Smith 2000; p. 532). In so doing, one is able to contextualise the observed social phenomenon, thereby demonstrating ‘how the phenomenon is related to [the] whole’ (Marsh and Smith 2000, Sayer 2000; p. 25).

Finally, it would be worthwhile to highlight here that this commitment to focusing on the interrelationship between the object of study and the wider context is nowadays widely supported in the health policy and systems research field. Traditionally, the field of health policy and systems research was seen as predominantly indulging in the analysis of content, at the expense of a holistic approach that also considers policy context, actors and processes (Walt and Gilson 1994, Araújo Jr and Maciel Filho 2001, Walt, Shiffman et al. 2008). While the field of international health has long upheld the importance of a holistic approach through declarations and international commitments such as the Alma Ata Declaration of Primary Health Care in 1978, these concepts have not been well developed to guide research and action in the field (Walt and Gilson 1994). In light of this, researchers in the field of study have since been increasingly calling for a holistic approach that considers context as an integral part of health policy analysis, rather than being ‘reduced to an isolated and detached introduction to the real analysis of the problems’ (Collins, Green et al. 1998; p. 10, Gilson and Raphaely 2008, Roberts, Hsiao et al. 2008, Walt, Shiffman et al. 2008, van Olmen J, Criel B et al. 2010, Gilson, Hanson et al. 2011, Sheikh, Gilson et al. 2011, de Leeuw, Townsend et al. 2013). For instance, a recent commentary by influential scholars in the field of health policy and system research (Gilson, Hanson et al. 2011; p. 2) observes:

...investigation of HPS [Health Policy Systems] issues demands research that seeks to understand and explain experiences by reference to the many layers of their context, whilst acknowledging the often quite different interpretations of experience across people.

The next section lays out the theoretical framework adopted in this study with the aim of enabling the interpretation and explanation of interactions between actors in and around the CCM with reference to the ‘many layers of context’.

3.3 The theoretical framework

Beyond reflecting a critical realist approach, a theory-driven study constitutes a widely supported approach in health policy analysis. One of the arguments that justify the deployment of theory-driven studies in the field of health policy analysis is related to the sheer complexity of policy processes. As Sabatier (2007; p. 4) observes:

Given the staggering complexity of the policy process, the analyst must find some way of simplifying the situation in order to have any chance of understanding it. One simply cannot look for, and see, everything.

In light of this, theoretical frameworks, and the presuppositions derived from them, are helpful in organising one's thinking around the issues that are pertinent to a particular subject and those that could be 'safely ignored' (Sabatier 2007; p. 4). They provide a way of 'telling the story' without getting caught up in the details (Walt, Shiffman et al. 2008; p. 310). In addition, policy analysis presents with challenges of capturing and representing highly contested concepts such as 'power' (Walt, Shiffman et al. 2008). Hence, adopting a theoretical framework informs analysis of such complex subjects (Walt, Shiffman et al. 2008), thereby allowing the researcher to explain empirical findings within the realm of 'wider bodies of knowledge' (Giacomini 2010; p. 125). Giacomini (2010; p. 146) emphasises that 'without an orientation to theory and its myriad forms in health and social science fields, researchers risk incoherence'. However, the practice of health policy analysis in low and middle-income countries has largely been 'intuitive, ad hoc, and the assumptions on which it is based are seldom identified' (Gilson and Raphaely 2008, Walt, Shiffman et al. 2008; p. 310).

Turning to the explication of the theoretical framework adopted in this study, the search for a suitable theory was guided by consideration of the object of the study, specifically, interactions between actors in and around a partnership mechanism (CCM), in a developing country setting (Ethiopia). This follows the critical realist approach that predicates the selection of theory on the way 'we carve up and define' the objects of study (Sayer 2000; p. 27). Similarly, in a case study design, the choice of particular theories depends on the particular features of the case that is being

studied (Walt, Shiffman et al. 2008). In view of the object of this study, the search for guiding theories was directed at theories and conceptual frameworks seeking to explain the conduct of actors within a particular field of interaction (such as the CCM), and the relationship between this and the setting of operation (such as a national setting).

This essentially relates to a concern with how a particular phenomenon of interest (the ‘micro’) relates to the wider context (the ‘macro’), which in turn constitutes a major preoccupation of different disciplines and fields of study, such as, political science, sociology, economics and organisational studies (Walt and Gilson 1994). As discussed earlier, this is also at the centre of a critical realist perspective, which holds that ‘concepts of structure and agency are implicit in every explanation we offer [to social phenomenon]’ (Hay 2002; P. 113). Theories that engage with this relationship between agency and structure essentially raise the quintessential question: ‘how and why are local social orders produced [contextual/structural/macro] and what role do actors play in this [the ‘micro’]?’ (Awases, Gbary et al. 2004).

The different theories reviewed in this regard include: actor oriented sociology (Long 2001), new institutionalism (from the different conceptualisations in different disciplines) (Jepperson 1991, Powell and DiMaggio 1991, Scharpf 1997, González and Healey 2005), policy networks theory (Marsh and Smith 2000, Evans 2001), theory of collaborative advantages (Huxham and Vangen 1996), interface analysis (a derivative of actor oriented sociology)(Long 1989, Bartsch, Hein et al. 2007) and Theory of practice (Wagenaar and Cook 2003). These conceptualisations are in turn seen to mainly draw upon Giddens’ (Giddens 1991) Structuration Theory and Bourdieu’s (Bourdieu 1990) Logic of Practice.

Now, the section turns to discussing critically important propositions offered by these theories, regarding the nature of the relationship between actors’ agency and structure, which have in turn been imported into the adopted theoretical framework in this study (figure 2). In this regard, the important propositions include: the importance attached to the dialectical relationship between agency and structure, the multi-layered nature of structure that also includes actors’ ‘interlocking projects’, and that ideas, meanings and discourses play a crucial role in mediating the

dialectical relationship between agency and structure. These propositions and explications of the relationship between agency and structure will be discussed one by one to finally culminate in presentation of the adopted theoretical framework in this study.

The first of the common threads across these theories is their rejection of the dichotomy between actors' agency and structure, which is espoused by rational actor and structuralist theories. In other words, in seeking to explain how social actors 'act' and 'interact' with each other, these conceptualisations in essence eschew both the idea of the 'free-willed social actor' with no social constraints (rational actor theory/intentionalism) and understandings that exalt the determinacy of structural factors (institutionalism/Structuralism) (Scharpf 1997, Marsh and Smith 2000, Long 2001, Hay 2002, Arts and Van Tatenhove 2004, Bartsch, Hein et al. 2007, March 2010). Hay (2002; p. 116) describes this growing orientation as follows:

If, for structuralists, structure determines agency, and, for intentionalists, agency causes structure, then for this new group of authors, structure and agency both influence each other. Indeed, they are inherently and inexorably related and intertwined.

Similarly, from the new institutionalism perspective, Scharpf (Scharpf 1997; p. 36) states that this conceptualisation integrates 'action-theoretic and rational-choice' paradigms (economistic outlooks), on the one hand, and 'institutionalist or structuralist' paradigms (sociologist perspectives), on the other. Conventionally, these perspectives would be considered to be mutually exclusive, whereas their integration enables:

a better 'goodness of fit' between theoretical perspectives and the observed reality of political interaction that is driven by the interactive strategies of purposive actors operating within institutional settings that, at the same time, enable and constrain these strategies.' (Scharpf 1997; p. 36)

In the same token, Potvin and Clavier's description of actor network theory states that a sound theoretical framework should 'enable an in-depth analysis of the interactions between actors, their actions and the situations in which they take place' (Potvin and Clavier 2013; p. 88). Further to emphasising the interplay between

agency and structure, these theoretical perspectives qualify and describe the nature of this interplay. In this regard, this relationship between actors' agency and structure is conceptualised as constituting what is known as a 'dialectical' relationship. In their explication of how this interplay is conceived within the theory of policy networks, Marsh and Smith (2000) describe a condition whereby actors' assessment and awareness of their environment ('strategic knowledge') mediates the 'constant iterations' between their actions and the structured context:

... action is taken by an actor within a structured context. The actor brings strategic knowledge to the structured context and both that strategic knowledge and the structured context help shape the agent's action. However, the process is one of almost constant iterations, as the action affects both the actor's strategic knowledge and the structured context, which then, in turn, shape, but of course do not determine, the agent's future action (Marsh and Smith 2000; P. 5)

This notion is similarly reflected in the new institutionalism thinking whereby the analysis and synthesis of the enabling and constraining features of the structured context are said to occur within the thought processes of actors. As Fligstein (2004; P. 231) states:

... actors have cognitive structures that utilise cultural frames, akin to what Bourdieu (1977) calls "habitus" to analyse the meanings of the actions of others. These frames help actors decide, "what is going on" and what courses of action are available to them as interactions proceed

In other words, structure influences 'the lenses through which actors view the world ...' (Scharpf 1997; p. 13). This in turn signifies that the relationship between structure and agency is not seen as external, but rather internal (Hay 2002).

This is in turn related to the second crucial common thread in these theorisations of the interplay between agency and structure, which relates to the important role accorded of ideas, meanings and discourses within this dialectical relationship. This naturally follows the framing of the relationship between agency and structure as internal and self-reflexive, thereby involving the cognitive processes of social actors. Accordingly, Hay (2002) attributes the importance accorded to ideas in these

conceptualisations, to actors' needs of interpret and making sense of their environments:

... Actors lack complete information, they have to interpret the world in which they find themselves in order to orient themselves strategically towards it. Ideas provide the point of mediation between actors and their environment. (Hay 2002; P; 209)

In explicating the theory of practice, Wagenaar and Cook (2003; p. 156 - 157) further point out that the process of making sense of the structured context, on the part of actors, involves a process of 'telling stories' about the context and 'negotiating the appropriateness and meaning of the stories with listeners and/or other story tellers'. This relates to the power of discourses which Hajer (Hajer and Wagenaar 2003) further explores. Drawing on his study of environmental policy process in the Netherlands (Hajer and Wagenaar 2003; p. 107), he highlights that the way 'discourses are taken up in the process of mutual positioning' is critical to understanding the 'repositioning' that occurs as part of the processes of interactions. Norman Long (2001; p. 18) further clarifies that the discourses deployed by actors in these 'social repositioning' processes that occur during interactions are variable and that 'they form a part of the differentiated stocks of knowledge and resources available to actors of different types [from the wider context]' rather than being 'inherent features of the actors themselves'.

The final thread in the explication of the relationship between agency and structure in these theories relates to the qualification of the attributes of structure. Norman Long's (2001; p. 61 - 62) actor oriented sociology injects into the notion of structure, an understanding that the self-reflexive strategies of actors within interactional settings also take into account actors' 'interlocking projects'. This in turn means that actors also 'attempt to anticipate the reactions and possible moves of the [other] actors and organisations'(Long 2001; p. 61 - 62):

... In more substantial terms, structure can be characterised as an extremely fluid set of emergent properties that, on the one hand, are a product of the interlocking and/or the distantiation of various actors' projects, while on the other, they constitute an important set of reference points and

constraining/enabling possibilities that feed into the further elaboration, negotiation and confrontation of actors' projects.

More relevant and crucial to this study is Marsh and Smith's (2000) layered concept of structure in their explication of the theory of policy networks. They (Marsh and Smith 2000; p. 6/7) outline that the 'structured context' for actors' interaction is constituted by two layers constituting the 'network's structure' and the 'broader political and socio-cultural context':

agents are located within a structured context, which is provided by both the network and the broader political and socio-cultural context within which the network operates and those contexts clearly affect the actor's resources

This qualification of the structured-context into two levels fits the set up of the CCM, whereby the network level corresponds to the CCM while the 'broader political and socio-cultural context' corresponds to the wider context in the Ethiopian setting. A similar notion is reflected in the new institutionalism literature, where Gonzalez and Healey (2005) differentiate between levels of 'specific episodes' of actors' interactions and governance cultures. The former represents the immediate field of play for actors or the '*specific institutional 'sites' or arenas where ideas are expressed, strategies played out, 'decisions' made and power games fought out*', while the latter represents '*the deeper frames of reference - embedded cultural values and formal and informal structures for policing discourses and practices*' (González and Healey 2005; p; 2059 - 2061). The concept of arenas (corresponding to the immediate action frame or field of interactions – such as the CCM) is also vividly captured in Norman Long's explication of actor-oriented sociology:

'Arenas' are social locations or situations in which contests over issues, resources, values, and representations take place ... that is, they are social and spatial locations where actors confront each other, mobilise social relations and deploy discursive and other cultural means for the attainment of specific ends, including that of perhaps simply remaining in the game...

Hence, the adopted theoretical lens in this study (figure 2) eschews the traditional dichotomy between actors and structure, instead focusing on the interplay between actors' agency and structure. The theoretical lens further upholds a multi-layered

view of the structured context, which includes the two layers of the regulatory frameworks of the CCM and the deeper frames of reference that emanate from the Ethiopian setting. The conception of this relationship between the visible world of actors and the deep lying structural factors as ‘dialectical’ directs the study to decode, interpret and understand the mutually influencing relationship between actors’ day-to-day interactions and the structured context. Further more, the theoretical lens directs the inquiry to identify critical discourses that have a role in shaping the conduct of actors, and the way they interact in and around the CCM.

Finally, the framework also incorporates notion of ‘methodological glocalism’ discussed in chapter 2, which embodies a notion that ‘context’ for national level actors in developing countries includes global level governance processes (Holton 2008; p. 46, Kennett 2010; p. 21). This conception entails that the search for contextual explanatory factors for observed trends in interactions also considers global level processes, whether they emanate from the Fund’s global structures or other global governance processes. The dotted boundaries between the national and global spheres in figure 2 represent this conception.

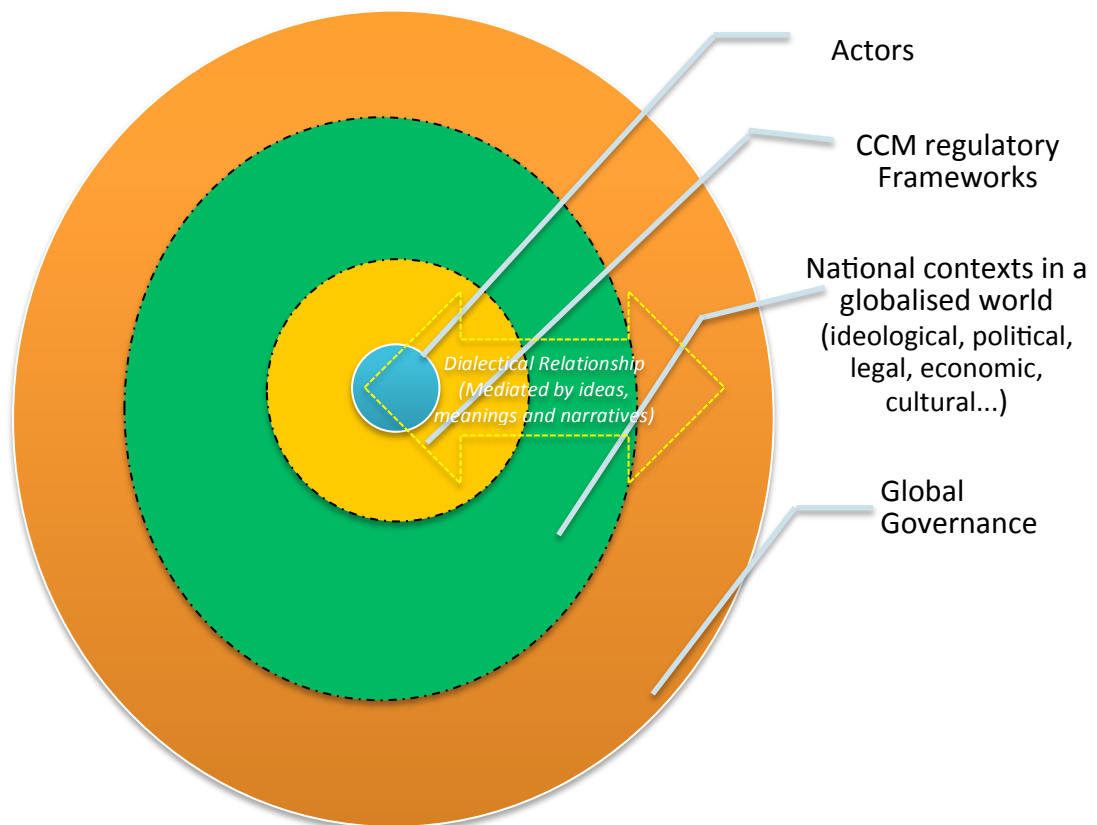


Figure 2: Theoretical Lens: A Dialectical relationship between actors, CCM regulatory frameworks and the ‘deeper frames of reference’

3.4 Research design and methods

This section presents the case study design and the methods of data collection and analysis, along with methodological reflections and ethical considerations of the study.

3.4.1 The case study design

The widely upheld definition of a case study design holds that a case study is “an empirical inquiry that investigates a contemporary phenomenon in depth and within its ‘real-life’ context especially when the boundaries between phenomenon and context are not clearly evident’ (Yin 2009; p. 18). The case study approach is essentially characterised by: a focus on a particular case of interest (although several cases may also be selected depending on the type of study involved), an intensive investigation of the selected case, a comprehensive analysis that takes account of

context, and the consideration of multiple perspectives (mainly through multiple methods but also through consideration of multiple perspectives while deploying a singular method) (Stake 1995, Robson 2002, Lewis 2003, Yin 2009). These characteristics reflect the methodological positions of contemporary orientations of health policy and systems research, where analysis are sought to be ‘holistic and contextualised’ (Gilson, Hanson et al. 2011; p. 3).

The case that was selected in this study, ‘the Global Fund’s Country Coordinating Mechanism (CCM) in Ethiopia’ was selected as a ‘critical case’, whereby the case is seen to be a typical representation of the phenomenon under study, that is, cross-sectoral interactions in and around a globally designed partnership mechanism in a developing country setting’ (Robson 2002, Yin 2009). The assumptions and propositions of the study, which need to be explicit in case studies, are encapsulated in the research questions and the theoretical framework adopted in the study.

3.4.2 Planning and preparing for the fieldwork

The fieldwork was conducted over six months, between January and June 2013. The fieldwork was conducted after the necessary ethical clearance was obtained from ScHARR and the National Ministry of Science and Technology in Ethiopia. Prior to the field trip, I had travelled to Ethiopia for 3 months between March and May, 2012 to apply for ethical approval at the National Science and Technology Ministry and to establish preliminary contacts for the fieldwork. During this trip, the formal request for ethical approval was lodged at the Ministry, preliminary contacts were made with key agencies such as the CCM secretariat and other researchers and consultants in the country, and key policy and strategy documents were gathered. The Head of the CCM Secretariat served as the gatekeeper for this project throughout the fieldwork period. I was in continuous contact with the Head of the Secretariat for the purposes of obtaining permission to observe the CCM meetings, to gain access to CCM minutes, and generally, to solicit other pertinent information regarding the CCM and its members.

Prior to embarking on data collection, I conducted a couple of pre-test interviews with colleagues working in the HIV/AIDS field. While the pre-tests did not necessarily generate findings that significantly altered the content of the interview

guides, they served as good preparatory exercises in terms of revising the wording and sequencing of questions on the interview guide. I couldn't undertake these pre-tests with actual CCM members as I was careful not to include potentially useful interviews in this pre-test data, given that the CCM members are few and as there were no guarantees at the time that all or many of them would respond positively to the requests for interview.

3.4.3 The key informant interviews

Within this multi-method case study design, key informant interviews constitute the primary method of data collection. In this regard, semi-structured interviews were conducted with a total of 43 participants drawn from different organisations that are either members of the CCM or stakeholders of the CCM's work in Ethiopia. Participants for the key informant interviews were identified through a theoretical, purposive sampling strategy. Here, theoretical sampling refers to the selection of participants in view of the research questions and the theoretical framework of the study (Silverman 2006). Hence, as the aim of this study is to generate understanding of how actors interact around a cross-sectoral partnership mechanism (the CCM), it was important to seek to include organisations that come from the different sectors that participate in the CCM. The main sectors that were considered include: the public sector, the private sector, CSOs, and donors.

At the practical level of identifying the particular organisations or people to be included in the study, I used a combination of tracing participants from documents such as the CCM members' list and CCM minutes, and through employing the snowballing method. The latter involves the solicitation of names of potential participants during interviews and during informal discussions with policy makers in the field. Snowballing was used to identify people who had involved in the CCM in the past, as well as individuals who are said to represent particular points of view that could be useful in view of the study's aim. As Robson (2002) explains, the snowballing method is best used in conditions where participants are hard to reach, which applies to this study, where the participation of policy elites was being sought. Table 1 presents description of participants (sectoral affiliations), the language used in the case of each interview and the duration of the interviews. The duration of

interviews ranged between 18 minutes (private sector I) and 88 minutes (multilateral donor III), whereas the average length of interviews was 43 minutes.

Table 1: List of participants, their sectoral affiliations and duration of interviews.

S/N	Interview codes	Duration of Interviews	Language	Remarks
1	Public Sector Interview I	30.59	Amharic	
2	Public sector Interview II	21.09	>>	
3	Public Sector Interview III	33.06	>>	
4	Public Sector Interview IV	30.41	>>	
5	Public Sector Interview V	28.35	>>	
6	Public Sector Interview VI	24.43	>>	
7	Public Sector Interview VII	31.34	>>	
8	Public Sector Interview VIII	60	>>	Not recorded
9	Public Sector Interview IX	49.21	>>	
10	Public Sector Interview X	49.31	>>	
11	Public Sector Interview XI	39.23	>>	
12	Public Sector Interview XII	43.20	>>	
13	Bilateral Donor I	29.18	English	
14	Bilateral Donor II	51.07	Amharic	
15	Bilateral Donor III	58.41	English	
16	Bilateral Donor IV	49.20	English	
17	Bilateral Donor V	45.02	English	
18	Bilateral Donor VI	47	English	Not recorded
19	Bilateral Donor VII	65.20	Amharic	
20	Bilateral Donor VIII	36.22	Amharic	
21	Bilateral Donor IX	27.10	Amharic	
22	Multilateral Donor I	26.42	English	
23	Multilateral Donor II	40.25	Amharic	
24	Multilateral Donor III	88	Amharic	
25	Multilateral Donor IV	32.27	English	Geneva based staff
26	CSO I	50.56	Amharic	
27	CSO II	45.17	>>	
28	CSO III	60	>>	
29	CSO IV	84	>>	
30	CSO V	62	>>	
31	CSO VI	52.35	>>	
32	CSO VII	28.50	>>	
33	CSO VIII	29.87	>>	
34	CSO IX	27.11	>>	
35	CSO X	44.44	>>	
36	CSO XI	60	>>	
37	CSO XII	60	>>	

38	CSO XIII	59.43	>>	
39	CSO XIV	28.24	>>	
40	CSO XV	34.09	>>	
41	Private Sector I	18.52	>>	
42	Private Sector II	31.67	>>	
43	Private sector III	49.04	>>	
	Total	1860.55		

The interviews were ‘semi-structured’ whereby an interview guide (appendix 1) was used to facilitate the interviews. The interview guide includes key questions designed to allow for progressively exploring the different issues that were deemed critical to the aim of the study the theoretical orientation. As can be seen in appendix 1, the questions are assorted mainly to include ‘how’ questions in the beginning, followed by more targeted, probing questions. This reflects the interests that emanate from the theoretical orientation and the research questions that seek to garner participants perceptions and interpretations of their lived-experiences (‘how questions’), followed by exploration of the underlying factors that give rise to these (‘why questions’). On top of this, additional questions and probes were included in due course of the interviews, in consideration of the issues of interest generated in preceding interviews and in view of the unique positions and perspectives of each participant.

Semi-structured interviews are known to afford interviewers with this kind of flexibility (Robson 2002). Such flexibility is important in the case of a critical realist perspective where there is need for ‘an active, investigative and analytically-informed interviewer’ in order to direct the participants’ thinking towards the causal mechanisms that underlie their lived experiences (Smith and Elger 2012; p. 26). In other words, the researcher needs to orient the focus of the participants to the ‘specific context’, by ‘carefully contextualising the domain in which subjects reflect on their own thinking’ (Smith and Elger 2012; p.26).

In accordance with this reflexive and flexible approach to interviewing, individuals who had not been enlisted for interview originally were sought out for subsequent interviews because they were highlighted in preceding interviews as representing critically important voices. This can be seen as a form of snowballing, but it is

important to highlight that the individuals were not just sought after for being potentially good informants but because they were said to be proponents of particular points of view that were seen to be analytically pertinent. For example, a donor agency representative who was described as being critical of the deliberative procedures in the CCM was sought out for interview. In another demonstration of this active, reflexive steering of the study, organisations and associations that are not members of the CCM or directly related to it currently, were sought out for interview as findings pointed to grievances with the way their route for membership was curtailed in the past. With emerging findings suggesting that the implications of these historical incidences linger to present day, representatives from these organisations were enrolled for interview and the issues explored further.

3.4.4 The non-participant observation and document review

The non-participant observation and documents' review were employed in this study with a view of expanding on and scrutinising the findings that emerge from the main line of inquiry in the study, namely, the key informant interviews. As Ritchie (2013) notes, the manner in which multiple qualitative methods are used is dependent on the 'objectives of the study', 'the nature of the data required to meet them' and the 'epistemological orientation of the researcher' (Ritchie 2003; p. 38). Accordingly, the deployment of these methods is in line with the critical realist drive towards obtaining multiple perspectives in order to scrutinise participants' accounts of their lived-experiences in interactions (triangulation) and to enrich the analysis of the underlying structural, causal mechanisms (Smith and Elger 2012). As Smith and Elger (2012; p. 15, 18) state, a critical realist use of multiple methods entails that:

informants' accounts need to be subjected to critical scrutiny not only in their own terms but also in relation to other sources, including observation, documents and other interviews...[also] they [interviews] are not by themselves an adequate basis for analysing the multiplicity of causal factors in play in social relations.

The approach to observation mainly involved plans of non-participant observations of CCM meetings and a general plan of documenting relevant observations during the fieldwork. In the case of observation of CCM meetings, I had originally planned

to observe at least 3 meetings over the duration of the fieldwork (6 months), as the meeting schedule of the CCM indicated that meetings would be held every two months. However, I was only able to observe one meeting as the other meetings were postponed. I was included in the CCM emailing list by the Head of the CCM Secretariat, so that I could follow-up on the meeting dates and other communications sent out to members.

Accordingly, I was able to observe the meeting that was conducted around the end of the fieldwork, on the 13th of June 2013. At the meeting, I was introduced as a researcher who would not partake in deliberations but who was present for the sole purposes of observing the meeting for research purposes. As the meeting occurred around the final days of my fieldwork, I had in fact become familiar to most of the CCM members who I had contacted to either get interviews or to inquire about documents and related matters. The meeting was chaired by the Deputy Minister of Health and ran for 3 hours. There were 22 attendees all in all: 11 voting members and another 11 non-voting participants made up of technical experts coming from the member organisations and representatives from other organisations who had expressed interests to observe the meeting. The non-voting members could contribute to the deliberations in the CCM but cannot cast their votes.

Whilst observing the meeting in this manner, I assumed a ‘non-participant observer’ role, which meant that I did not participate in the discussions. This is synonymous with what Robson calls ‘observer-as-participant’ type of observation where the status of the researcher is disclosed to the group, but the researcher does not partake in the activity except for observing (Robson 2002; p. 319). The observation data was recorded through note-taking.

As described above, the observation data was used to corroborate or challenge the findings emanating from the interviews. Specifically, the observation of the meeting provided an insight into the manners in which the representatives of the different sectors participate in the meetings as well as helping to observe the procedures that were in place to facilitate the deliberation process. In other words, it generally helped to visualise the sense of interactions described in the interviews. The data that was generated in this manner was mainly used in the write-up to corroborate and illuminate on discussions of the findings drawn from interviews (chapters 5, 6, and

7). Where this is done, it is explicitly indicated that the observation data is being used.

The other aspect of observation deployed in this study relates to adopting an ethnographic approach as described by Robson (2002). This involves a general approach of getting ‘fully immersed’ in the research field (Robson 2002). Observation of decision-making processes are generally considered to be ‘particularly difficult’ as ‘decisions emerge rather than taking place at a single point in time’, and as they ‘are often unobservable to the researcher’ (Walt, Shiffman et al. 2008; p. 310). However, by spending an extended amount of period in the field (6 months for data collection, and a further 3 months for ethical approval and making preliminary contacts), the purpose was to achieve good familiarisation with the field and attain a holistic appreciation of actors and their interactions in the setting.

The actions taken to enhance the familiarisation process included: enrolling on the CCM’s emailing list, thereby gaining access to CCM communications of meeting agenda, minutes of meetings and related communications, and attending an international health conference hosted in Addis Ababa, whereby I was able to attend sessions focusing on aid coordination in Ethiopia and establish contacts with relevant policy makers. Generally, through the extended interactions in the field with ex-colleagues, other researchers and consultants, I was able to acquaint myself with perceptions of the position and significance of the CCM in the setting. In addition, this facilitated my access to potential interviewees (snowballing) as well as generally orientating me in terms of the critical ‘events’ and ‘issues’ in the health policy-making field in the setting.

Through out this process, I kept a field diary. May (2001; p. 160) explains that field note entries should not concern documentation of ‘anything and everything’ but that they should be guided by judicious selection of what is relevant to the study and the theoretical orientation. The entries into the field diary included notes about issues picked up from informal communications with contacts in the field that could be followed up in interviews, names of important persons and documents cited in interviews and in informal communications, and analytical notes about preliminary themes and causal relationships. Regarding the preliminary analytical notes, a field report shared with my supervisors back in July 2013 is included as appendix 2.

Looking back at the report helps compare the intuitions and first impressions that came out of the fieldwork and the themes that were finally developed in due analysis and write-up.

As indicated earlier, document analysis, along with observation, were used to expand on and scrutinise the findings generated through interviews. This reflects their use in case study designs as well, where documents are mainly deployed to ‘corroborate and augment evidence from other sources’ (Yin 2009; p. 37). In the case of this study, the main use of documents has been towards enriching the exploration and investigation of causal mechanisms that underlie trends in actors’ interactions. Whilst participants often offered quite useful explanations of why they interact in the manner that they do in the CCM, the document analysis provided additional, very useful avenues to bolster the interpretation of associations between manners of interactions and the underlying structural factors. Essentially, this constituted an iterative process between analysing the interview data and reviewing pertinent documents in order to confirm, clarify and expand on claims made by participants with the overall aim of building a holistic, embedded picture of observed trends in interactions.

The analysis undertaken in this manner included different types of documents related to actors, the CCM and the wider context. These include: constitutional and operational directives of the CCM, minutes of CCM meetings, Global Fund directives and reports, development policies and sectoral strategies in Ethiopia, policy briefs, evaluations reports, consultant reports, and academic papers focusing on the Ethiopian context. A list of the main documents that were reviewed is provided in appendix 3.

3.5 Data analysis

In qualitative study, analysis is not just limited to a particular stage in the research process but rather accompanies all stages including the initial choice of theoretical framework, reflection on the emerging data during data collection, the analysis stage and well into the research write-up (Spencer, Ritchie et al. 2003). This has been the case in this study too whereby preliminary thematic categories were being drawn and

causal associations tested during the fieldwork. Appendix 2 provides a testimony of this process.

To focus on the analysis of the data gathered through the fieldwork, the first action after the fieldwork was to record the data in manageable formats. Accordingly, the data generated from the interviews that were voice recorded (41 out of the 43 interviews) were transcribed in the same language used in the interviews (36 in Amharic and 7 in English). The English interviews were transcribed by myself while the Amharic ones were contracted out to a freelance transcriber, as I am not able to use the computer software used to type in Amharic. The Amharic transcriptions were checked for consistency by myself and were later similarly translated into English. These processes did not just constitute a data management stage but a continuation of the data familiarisation process (Ritchie and Spencer 1994).

Within a critical realist paradigm, analysis focuses on the identification of themes in relation to the phenomenon of interest (interaction between actors, in this case) on the one hand, and pursuing interpretations and explanations of structural, causal mechanisms based on participants' accounts and other sources (observation and document analysis)(Sobh and Perry 2006, Smith and Elger 2012). Hence the broad categories of data related to the phenomenon of actors' interaction, and the explanatory factors at the levels of the CCM regulatory frameworks and the deeper frames of reference in the setting are drawn apriori from the theoretical framework adopted in the study.

Beyond this stage, identification and development of themes resonates with what Robson (2002; p. 458) calls 'template approaches' and the 'iterative analytic hierarchy' described by Spencer (2003; p. 212). Accordingly, preliminary themes were formulated from initial read of the data, and were used to code the entire corpus of data. This in turn involved an iterative process whereby the thematic categories themselves were reflexively reviewed in view of the diversity of data that was encountered. Finally the themes were categorised into higher-level concepts through mapping and interpretation of associations, patterns and relationships between themes. The coding and analysis was done through a combination of coding on the print out of transcripts and flipcharts, and using Nvivo 8 data analysis software.

3.6 Ethical considerations

Ethical concerns in research practice relate to standards that need to be met across the life cycle of the research process, including the kind of questions that are formulated, the design of the research, and the way it is presented and reported (Robson 2002). These issues were ensured in this research through actively seeking to meet these standards at all stages of the research process and through fulfilling the ethical approval requirements at the School of Health and Related Research (ScHARR), University of Sheffield, and the National Science and Technology Ministry in Ethiopia. The ethics approval letters obtained from ScHARR and the National Science and Technology Ministry in Ethiopia are attached as appendices 4 and 5 respectively.

During data collection, participants were given ample time to consider whether they would be willing to participate in the interview. For most participants, a request for participation was sent to them via email. A follow-up email was then sent to them in a fortnight, in case they did not reply. For some participants, the letters of request were dropped at their place of work, with follow-up visits similarly done in a fortnight. In the case of most participants, they asked to be reminded over the phone and interviews were finally arranged through repeated interactions with cancellations and postponements occurring in some occasions. The Research Information Sheet prepared for the study (appendix 6) and the consent forms (appendix 7) were dispatched along with the emails.

On the day of the interview, participants were briefed using the information sheet and informed consent was received before interviews commenced. Participants were assured that they could opt out of the study at any point in the study. Participants had the option to opt in or not for the voice recording by indicating in the consent form (appendix 7).

Throughout the stages of data collection and analysis, all self-identifying information was removed and participants were only identified at the level of their sectoral/organisational affiliation. In the final report, only the sectoral affiliation of participants is indicated. All materials related to the raw data, both soft and hard copies, were stored in tightly protected systems. Data was stored in my personal

computer and the University provided desktop computer, which are both password protected. During analysis and write-up, efforts were made to remove instances of data that could be traced back to the participants, for example, where they make reference to themselves or their organisations.

3.7 Methodological reflections: claims of validity, reliability and generalisability in this study

While concepts of validity, reliability and generalizability constitute critically important criteria for judging the quality of research and gauging the claims of contribution to knowledge made by studies, they mean different things to different ontologies and epistemologies, such as, positivism, interpretivism and critical realism (Healy and Perry 2000, Robson 2002, Riege 2003, Snape and Spencer 2003, Sobh and Perry 2006, Yin 2009, Denzin and Lincoln 2011). This section presents a reflection on the design and execution of this study in reference to qualifications of the applicability of these methodological concepts in qualitative research (Lewis and Ritchie 2003) and specifications of the same within the critical realist paradigm (Healy and Perry 2000, Sobh and Perry 2006) and case study research (Riege 2003, Yin 2009).

For qualitative studies, the question of validity essentially relates to whether the study accurately represents ‘the phenomenon under study as perceived by the study population’ (Lewis and Ritchie 2003). In other words, it poses the question as to whether the study has been undertaken in ways that ‘ensure credibility’ (Riege 2003). Ways to enhance credibility include triangulation of sources of data and evidence, inclusion of critical voices and constituencies in the study, and ensuring that the interpretation and explanations are not far removed from the representation offered by participants (Lewis and Ritchie 2003, Riege 2003, Yin 2009).

The use of multiple data collection methods in this study borne out of the analytical stance that seeks to validate findings and provide a more complete and contextualised picture is seen as contributing to the validity of the study. As indicated earlier, the deployment of the multiple methods and multiple perspectives from different sectors is constitutive of the critical realist epistemology that seeks to find a ‘family of answers’ for ‘reality’s several contingent contexts’ (Sobh and Perry

2006; p. 1203). In addition, the theoretical sampling approach has enabled the inclusion of critical, cross-sectoral voices related to the CCM in the setting. The continuous supervision and dialogue regarding the formulation of themes and the comprehensiveness of the analysis is also seen as contributing towards the validity of the study. Finally, use of quotes from participants' accounts as well as adopting clear 'logic models' for presenting findings are approaches used within this study, which are also known to enhance the validity of the study (Lewis and Ritchie 2003, Yin 2009; p. 37).

Reliability or the qualitative equivalent terms of 'trustworthiness' and 'dependability' (Healy and Perry 2000, Riege 2003), refer to the 'stability and consistency in the process of inquiry' (Riege 2003) or concerns related to whether the findings would be replicated if another researcher followed the same procedures to undertake the study on the same case (Yin 2009). Ways of enhancing reliability of a study include developing clear research questions, developing a well laid-out investigation plan, and clearly communicating the research process to the reader to assure them of the reliability of the study (Healy and Perry 2000, Lewis and Ritchie 2003, Riege 2003). In this regard, apart from providing the stated research questions, the study has documented and presented the data collection and analysis processes both through explanation of the processes and provision of key documents as appendix (appendices 1 – 3).

The notion of generalisability differs from its conventional usage in quantitative studies. In qualitative study it is variably referred to as 'inferential generalisability', 'naturalistic generalisability' and 'transferability' and is more concerned with an intuitive judgment about generalisability of findings to other settings (Healy and Perry 2000, Lewis and Ritchie 2003, Riege 2003). From a critical realist point of view, this is represented by replication through a replication logic whereby similar or different results are expected due to considerations of 'predictable reasons' (Sobh and Perry 2006; p. 1203). Generalisability in this sense is ensured by providing thick descriptions of the phenomenon and context so that readers are able to judge the transferability of results to the setting they have in mind (Lewis and Ritchie 2003, Riege 2003). In this respect, the orientation of the study towards providing a contextual account of explanations of observed phenomenon enhances the transferability of findings as it essentially offers explanatory logics that can be tested

in other studies. In addition, the use of the guiding theoretical framework to guide the study and the reflection on theory that is made in view of the findings are seen as bolstering the transferability of the findings (Murphy and Dingwall 2003, Riege 2003).

3.8 Researcher's positionality and some practical reflections

The paradigmatic traditions that underlie qualitative research do not seek to delimit the role of the researcher to a neutral, unobtrusive position, as would be the case in the positivist paradigm, but recognise the co-construction of findings in interactions between participants and researchers and aim to reflexively situate findings as part of this accepted process (Robson 2002, Denzin and Lincoln 2011, Ritchie, Lewis et al. 2013). As discussed above, the critical realist epistemology entails an active role for the researcher both in terms of the co-construction of meanings during interviews, and in interpretation of participants' views and data generated from documents and observation to generate propositions of explanatory, causal factors (Sayer 2000, Smith and Elger 2012). In this regard, a reflexive approach that acknowledges the researcher's own positions, preconceptions, value systems and relation to the setting is critical at all stages of the research process (Robson 2002, Snape and Spencer 2003). This section describes the issues pertaining to my positionality as a researcher in this study. Explication of issues related to positionality is particularly pertinent to policy analysis works as access to meaningful data is not straight forward and involves negotiating interactions with policy elites and 'issues of high politics' (Walt, Shiffman et al. 2008; p. 314).

My biography as a researcher does not allow for a simple 'insider' - 'outsider' categorisation. As an Ethiopian national who had worked as a public health expert both at national and regional levels in Ethiopia, I came to this research with considerable insight into the dynamics of the health policy field and with some useful contacts to enable me to access key policy makers. I had worked with different international NGOs as HIV/AIDS and Health programmes coordinator and advisor both at national and regional levels between 2001 and 2006. Over the latter end of this period, I was also working as chairperson of a taskforce within the national HIV/AIDS Forum of NGOs working in Ethiopia, which had in turn given

me good opportunities to participate in national policy and strategy formulation platforms and establish critical contacts in the health policy field.

On the other hand, I left the country in 2006 to work in another country (Uganda) and progressively, to pursue my studies in Europe. Hence, my knowledge of the field, and the contacts I have in the policy field, would not necessarily be described as current. A lot has changed between my experiences of participating in national deliberation platforms focusing on the Global Fund grants (2004 – 2006) and my fieldwork visit (2013). For instance, in the beginning, individual associations of people living with HIV/AIDS were key, vocal actors in the CCM and generally, in deliberations regarding HIV/AIDS and the Global Fund. During the fieldwork, I could see that a newly constituted national network of PLWHA associations had taken up this role while the individual associations have receded to the background. Generally, the personnel representing the different governmental, non-governmental and donor agencies in national health policy frameworks had mostly changed between the periods of my professional involvement back in 2004 – 2006, and the fieldwork conducted in 2013.

Hence, I was not known to most of the current, active players in and around the CCM, but nevertheless had useful resources in terms of my historical knowledge of the field of action and useful professional contacts to be able to negotiate access to policy-makers. During the interviews, I found myself, often involuntarily, recounting my professional experiences in the policy field and my insights into particular issues. I believe that this was borne out of an intuition that it would help me negotiate a good position within the interview process to be able to solicit meaningful responses from participants; than would be the case if I simply presented as a ‘postgraduate student’. It also felt that registering my awareness of key issues and developments in the field helped with invigorating the conversation.

Having said this, my experiences also resonate with the understanding that positionality, both in terms of the ‘insider’ – ‘outsider’ categorisations and in relation to the power dynamics between the researcher and participants, is not fixed and that it depends on a spectrum of factors, beyond the ones raised here. In describing the complexity of positionality, Merriam et al (2001; p. 411) quote Narayan’s (1993; p. 671 - 672) description: ‘The loci along which we are aligned or set apart from those

whom we study are multiple and in flux'. For example, while I found myself relying on my experiences in the field to enhance my position as a worthwhile interviewer, I could not but appreciate the influence that my enrolment in an academic institution abroad was having to the dynamics between me and the participants. It felt as if being from outside the field of interaction and coming with some academic pedigree from a reputable, international institution had the effect of bolstering my credibility for dealing with the sensitive issues raised in interviews with due academic and professional diligence.

Obviously, my personal attributes and professional and academic background meant quite different things in my interactions with different types of participants. In this regard, my experiences of interviews ranged from encounters with a multilateral agency representative who hurried through the issues whilst continually looking at his watch, to another participant from the same sector who gave me the longest interview, supplied me useful policy documents, and inquired at the end if the interview had been satisfactory. Outside of my positionality, a number of issues are bound to affect a participant's interest in such researches including, the sensitivity of the subject matter, their roles in the mechanism and their interests in using this as an opportunity to disseminate their views.

Crucially, my main concern related to whether participants were engaging fully and with minimum reservations in the interview process. In this regard too, experiences were widely variable and seemed to depend on factors beyond my own attributes. Generally, public sector officials appeared guarded in their responses, whilst CSO and donor agency participants were more forthcoming and outspoken. Private sector participants appeared to be generally inhibited by their limited involvement and stake in the mechanism. My experiences with some interviews coming from public sector participants mainly, and some donor agency participants, resonate with Smith and Elger's (2012; p. 16) assessment that some policy elites 'may be very experienced in addressing public media and providing polished but strongly edited accounts of their views and activities'.

On the other end of the spectrum, some of the most forthcoming participants from CSOs appeared to be heavily invested in not simply supplying information, but to use the interviews as platforms for airing their reservations and grievances and

advancing their micro-political agenda. In extreme cases, some CSO participants raised issues directed at other policy makers, which were considered to be of personal nature. The latter were not included in the analysis as they did not strictly fall within the purposes of the study and as they could not be substantiated.

Regarding the theoretical framework and the agency/structure literature, it has to be said that the theoretical writings from the different disciplines were not readily accessible to me as the relevant discussions on agency and structure are found waded with explanations of other complex political science, international relations, organisational theory literature. In other words, the discussions in these literature are made in reference to wider discipline specific concepts, which made it quite difficult, time taking and at times, frustrating for me to get my head around. Here, Colin Hay's book entitled, 'Political Analysis: A Critical Introduction', specifically, the chapter that synthesises the different positions on the agency/structure debate, chapter 3, was highly useful for me to be able to trace the different strands of the debate. It got to the book mid way through my reading on the subject, but still, hugely helped me organise my thinking and make sense of the multi-disciplinary material.

Finally, as an Ethiopian public health professional turned researcher, the critical importance of the Global Fund grants and the CCM to the national health programme of the country was not lost to me. As described in chapter 4, the Global Fund grants represent the largest single source of support from the national health sector development programme. This is exemplified by the Fund's support to the national antiretroviral therapy programme to provide lifelong therapy to more than 300,000 people living with HIV/AIDS. I was reminded of the critical importance of the Fund, in the grand scheme of things, at different stages of the research journey. For instance, while processing a support letter from the Federal Ministry of Health for obtaining ethical approval from the National Science and Technology Ministry, the person in-charge with issuing the letter convened a committee to decide on granting me the letter, as the request this involved 'a key donor'. During and after interviews, most participants indicated and gestured that the research did involve really sensitive issues.. During analysis and write-up of the data, I have accordingly sought to ensure that the data was interpreted and presented in a manner that reflected the weight of issues involved, whilst being true to the emerging data.

Chapter Four

The Case: The Country Coordinating Mechanism (CCM) of the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (GFATM) in Ethiopia

4.1 Introduction

This chapter presents a description of the case under study, namely, the country coordinating mechanism (CCM) of the Global Fund in Ethiopia. It sets out to provide a historical and contextual demarcation of the key features of the case. To this end, the chapter starts by introducing the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (hereafter referred to as the ‘Global Fund’ or the ‘Fund’ in this study) by discussing its genesis and evolution as a ‘global public-private partnership mechanism’ and its basic structures and functions. Following on from this, the chapter describes the roles and position of ‘CCMs’ within this global structure; how they are envisaged to work as partnership platforms within host countries, and the guiding values and principles they are expected to adhere to. The chapter then delves into the particular structure and partnership modalities of the CCM in Ethiopia (the ‘Ethiopian CCM’ or ‘CCM/E’) and outlines where the CCM sits within the broad health aid coordination structure in the country. Finally, the chapter describes key aspects of the Ethiopian setting, particularly, the key social and economic indicators, the systems of government and administration, and the different attributes of the health system.

In so doing, the chapter seeks to set the scene for the ensuing discussion of findings in the empirical chapters (5 – 7) and the discussion and conclusion chapter (8).

4.2 The Global Fund to fight AIDS, TB and Malaria (The Global Fund)

The Global Fund was established in 2002 with the aim of fighting ‘three of the deadliest infectious diseases the world has ever known’, which had been cause to 6 million deaths worldwide in the year 2000 alone (GFHATM 2014). Some important events are highlighted in the literature as precursors to the establishment of the Global Fund. These include: the report of the World Health Organisation’s Commission on Macroeconomics and Health, which emphasised the detrimental

effects of the three diseases on economic development and poverty reduction efforts, thereby calling for increased investment for fighting these diseases globally (WHO 2001, Radelet 2004, Cgdev 2013); the G-8 summit in Okinawa in July 2000, where the heads of state of the G-8 countries agreed to ‘implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and tuberculosis’(G8 2000, Radelet 2004); the Abuja declaration, whereby African leaders called for increased support for fighting the three diseases in Africa (African Union 2001); the call by the then UN General Secretary, Kofi Annan, to set up a new fund for fighting the three diseases with an outlay of 7 – 10 Billion dollars a year (Radelet 2004, Ingram 2009), and the subsequent agreement reached at the UN General Assembly’s Special Session on AIDS to form a ‘new fund’ (UN 2001).

Although these milestones are important for the evolution of the Fund, the institution is not a mere evolutionary outcome of these events. Its emergence as a global public-private partnership, in the manner that it did, is said to be rooted within wider changes in the realms of international politics and global governance (Maciocco and Stefanini 2007). While these changes in the global health governance system have been discussed at length in chapter 2, they will be discussed here from the perspective of the evolution of the Global Fund.

A critical turning point in the historical evolution of the Global Fund relates to the controversies that surrounded the glaring inequalities witnessed in access to AIDS treatment between patients in developing countries and those in advanced settings, in the 1990s. This was very crucial for catapulting HIV/AIDS to the top of the global political agenda (Ingram 2009). In this respect, activism by global networks of CSOs, faith based organisations, academia, and some developing country governments were aimed at intellectual property right regimes, the ‘Big Pharma’ and particular governments (the US government mainly) that were seen to be reinforcing a system of gross inequalities (Behrman 2004, Ingram 2009). At the same time, some middle income countries, namely, South Africa, Thailand, India and Brazil, had run into legal battles against the Intellectual Property Right Regimes as they sought to either produce and export generic drugs or import them for availing to their populations through their health systems (Olesen 2006, Ingram 2009) .

These contestations set the scene for the search of a global solution. However, the way the solution was ultimately designed did not merely reflect the wishes and agenda of the activists. Rather, the solutions reflect a negotiated settlement between the egalitarian, equity orientated, ‘health for all’ agenda championed by global activists on the one hand, and the prevailing neoliberal world order and the ways of rationalisation and operationalisation that it represents, on the other (Ingram 2009). Ingram (2009) argues that global public private initiatives such as the Global Fund essentially constitute neoliberal solutions devised to tackle problems precipitated by a neoliberal world order in the first place:

*‘Yet, while neoliberalism has provoked a variety of social crises, it is a mark of its ability to colonise social relations that solutions to them have also increasingly been articulated in broadly neoliberal terms, via ideas of **network governance, partnership and entrepreneurialism** and underpinned by **diverse technologies of surveillance, transparency and competition.**’ (Ingram 2009; p. 84)*

Specifically, the global HIV/AIDS response is seen as falling short of the ‘health for all’ aspirations of global activists, instead being limited to targeted interventions and specific outcomes related to particular aspects of HIV/AIDS treatment and control. Here, it is not just what the new global health initiatives such as the Global Health and PEPFAR (President’s Emergency Plan for AIDS Relief) achieved or failed to achieve in terms of the global fight against HIV/AIDS, but what they represent in terms of broader public health debates such as the holistic versus targeted/vertical approaches debate. In this respect, it is claimed that the Global Fund ‘typifies’ the ‘substantial shift from a publicly funded, comprehensive system approach to ensuring the right of health for all (enshrined in the Alma Ata Declaration) to a privately-influenced, segmented, “just-for-some” provision of health care goods and services’ (Maciocco and Stefanini 2007; p. 47)

Critics also cite yet another anomaly regarding the way the Fund was set up. In this respect, the way the Global Fund was established outside of the UN structure was seen as a departure from traditional ways of doing business in international health. Specifically, the fact that such a major global health initiative was setup outside the WHO was seen as signifying a major step in terms of charting a new direction in

global health governance. Especially, coming on the backdrop of the structural adjustment years of the 1990s where the WHO was increasingly ceding influence in international health affairs to the global financial institutions, such as the World Bank (Parker 2002), the advent of the Global Fund further heralded the decline of traditional actors in global health governance affairs. Accordingly, as Maciocco and Stefanini argue, the rise of the Fund did not just represent a casual phenomenon:

The GF [Global Fund] is not a casual initiative, nor is it the fruit of an improvised political event (G8 Genoa). It is the direct consequence of a chain of circumstances and political choices that reflect the history of international health institutions and organizations (Maciocco and Stefanini 2007; p. 486)

In a nutshell, the Global Fund is seen as a manifestation of deeper changes in the global governance field. Specifically, it is seen as representing changes in the configurations of the positions of, and power relationships between, actors in the global health governance field. Further more, its narrow focus on the three diseases is seen as part of a wider trend of moving away from commitments towards a holistic approach in public health, which were strongly reflected in international public health accords of the past, such as the Alma Ata declaration of 1978. Its design is also seen as incorporating neoliberal values and approaches, as seen in the public-private model of governance it adopted and its performance based funding system. The next section describes the structures and key functions of the Global Fund.

4.3 The Global Fund: structures and key functions

The Global Fund was set up in 2002 as a public-private foundation to ‘raise, manage and disburse’ additional funding to countries to support their fight against HIV/AIDS, TB and Malaria (GFATM 2015). The Fund currently supports programmes in more than 140 countries, with cumulative expenditures of close to 30 billion dollars to date (GFATM 2015). Upon its formal establishment on January 29, 2002, the aim of the Global Fund was scribed as:

*“to **attract, manage and allocate** added resources through a **new private public partnership** providing a significant and sustainable contribution to the reduction of the infection, illness and mortality caused by HIV/AIDS, Tuberculosis and Malaria, mitigating their impact on needy countries and*

aiding poverty reduction as part of the 'Millennium Development Objectives.'”(Maciocco and Stefanini 2007)

This section introduces the global structure of the Global Fund that was set up with the aim of meeting the above stated objectives of the Fund. The global structure of the Fund is composed of the Board, the Secretariat, the Technical Review Panel (TRP), the Country Coordinating Mechanisms (CCM), the Local Fund Agents, the Principal Recipients, and the Office of the Inspector General (OIG). In this section, these different structures making up the Fund are described briefly with a view of setting the scene for a more detailed discussion of the CCM in section 4.4.

The overall governance of the Global Fund rests on the Board, whose members comprise representatives from donor countries, private foundations, CSOs, and people living with HIV/AIDS (PLWHA) associations. The Board has 20 voting members and 8 non-voting members with advisory roles. The Board oversees the strategic directions of the Fund, its external relations, and performance and risk management aspects (GFATM 2015). Management of the day-to-day affairs of the Global Fund is undertaken by the Global Fund Secretariat, which includes a quite significant number of staff members (600) at its headquarters in Geneva (GFATM 2015). The Secretariat undertakes the tasks of overseeing country grant portfolios, disbursement of funds, monitoring and evaluation of country programmes and external relations with donors (GFATM 2015). The Technical Review Panel (TRP) comprise a group of independent experts that review and assess country proposals against technical and scientific criteria. The Office of the Inspector General, which is set-up to function independently of the Secretariat, has the responsibility for carrying out periodic financial audits and investigating cases of fraud and mismanagement.

Unlike more conventional approaches to aid, the Global Fund Secretariat has no presence in recipient countries, except for the periodic monitoring and evaluation visits by the respective grant portfolio managers and related officials. The groundwork in terms of collecting data from the Principal Recipients, doing capacity assessments and verifying the reports is done through the Local Fund Agents assigned in each country. These agents serve as the 'eyes and ears' of the Global Fund in the country of operation (GFATM 2015). In the case of Ethiopia, it is the United Nations Office for Project Services (UNOPS) that has been tasked with this

responsibility. Principal Recipients (PRs) are organisations that are designated by CCMs as recipients and managers of Global Fund grants. They could be government agencies, CSOs or faith-based organisations, which receive and manage Global Fund grants after approval of the country proposals by the Global Fund Secretariat. These agencies undertake the projects as specified in the country proposals and further disburse funding to other implementing organisations within their constituencies. In the case of the Ethiopian CCM, the designated PRs are the Ministry of Health (for malaria, TB and AIDS treatment, and diagnostics and health care related grants), the Federal HIV/AIDS Prevention and Control Office (for prevention interventions including prevention of mother to child transmission) and Ethiopia Interfaith Forum for Development and Action (EIFDA) and the Network of networks of HIV Positives in Ethiopia (NEP +). The latter, non-governmental organisations (EIFDA and NEP +) were included as a PR in 2007 through the application submitted for the Global Fund's round 7 grants (GFATM 2015). The next section discusses the constitution and functions of the country coordinating mechanisms (CCMs) in detail.

4.4 Country Coordinating Mechanisms (CCMs)

The Global Fund's country coordinating mechanisms are established within recipient countries as multi-sectoral and multi-organisational partnership mechanisms in order to facilitate identification of in-country needs, development of joint/country proposals to access Global Fund grants, and to jointly monitor and follow-up implementation of projects and utilisation of funds (table 2) (GFHATM 2014). The CCMs designate a chair and co-chair from amongst the participating organisations to act as chairpersons of the CCM meetings and coordinate other tasks of the CCM. During proposal preparation, they also nominate the PRs that would directly receive the grants from the Global Fund for execution of the projects specified within the country proposals, and to disburse grants to other implementing organisations (GFHATM 2014).

In terms of their constitution, CCMs are expected to be composed of actors drawn from the main stakeholders involved in fighting the three diseases (HIV/AIDS, TB and Malaria) at the national level, namely: 'public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organisations,

academic institutions, private businesses and people living with the diseases’ (table 2)(GFHATM 2014). CCMs are considered ‘central to the Global Fund's commitments to local ownership and participatory decision-making’ (GFHATM 2014). In fact, CCMs, along with the multi-sectoral representation at the Global Fund’s Board in Geneva, represent the way in which the Global Fund’s commitments to partnership are operationalized within the Fund’s structure. The Global Fund has identified ‘partnership’ as one of its key principles of action, along with ‘country ownership’ and ‘performance based funding’, whereby it states that ‘all those involved in the fight [against the three diseases] should be involved in the decision-making process’ (GFATM 2015) (table 3). In terms of how the CCMs are actually organised within countries, the directives of the Global Fund have left the options open for countries to either form new multi-sectoral mechanisms in accordance with the above described criteria or adopt existing multi-sectoral coordination mechanisms that meet the criteria (Brugha, Cliff et al. 2005, Alemu 2009). In the case of Ethiopia, and most recipient countries, CCMs were organised anew, outside of any pre-existing structures (Brugha, Cliff et al. 2005).

Table 2: Global Fund’s description of the CCM, Source: the Global Fund (GFHATM 2014)

<p style="text-align: center;">Country Coordinating Mechanisms</p> <p>Country Coordinating Mechanisms are central to the Global Fund's commitment to local ownership and participatory decision-making. These country-level multi-stakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. Country Coordinating Mechanisms include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases.</p> <p style="text-align: center;">For each grant, the Country Coordinating Mechanism nominates one or more public or private organizations to serve as Principal Recipients.</p> <p style="text-align: center;">CCM Core Functions:</p> <ul style="list-style-type: none">• Coordinate the development and submission of national proposals.• Nominate the Principal Recipient.• Oversee implementation of the approved grant and submit requests for continued funding.• Approve any reprogramming and submit requests for continued funding. <p>Ensure linkages and consistency between Global Fund grants and other national health and development programs.</p>

Table 3: The Global Fund’s Guiding Principles, Source: The Global Fund (GFATM 2015)

<p style="text-align: center;">Principles</p> <p>Everything the Global Fund does – from governance to grant-making – is based upon three key principles.</p> <p>1: Country Ownership – The countries where we support programs to fight AIDS, TB and malaria know how to solve their own problems. The principle of country ownership means that countries determine their own solutions to fighting these three diseases, and take full responsibility for ensuring the implementation of these solutions. In this way, each country can tailor their response to their own political, cultural and epidemiological context.</p> <p>2: Performance-based funding – That means that on going financing is dependent upon performance. While initial funding is awarded based on the strength of a proposal, continued funding is dependent upon the demonstration of proven results. In essence, countries must be able to show where the money has been spent and what results have been achieved with that money in order to continue to receive on going funding.</p> <p>3: Partnership – The only way to defeat AIDS, TB and malaria is by working together. Under the Global Fund business model, the work is carried out by all stakeholders working together, including government, civil society, communities living with the disease, technical partners, the private sector, faith-based organizations, academics, and other multilateral and bilateral agencies All those involved in the fight should be involved in the decision-making process.</p> <p>Together, country ownership, performance-based funding and partnership form the foundation of the Global Fund model.</p>

4.5 The Ethiopian CCM

The CCM in Ethiopia was first established in 2002 (CCM/E 2004). The Ethiopian CCM's operational guideline (CCM/E 2004) states that the CCM in Ethiopia 'derives its legal status from the government, represented by the Federal Ministry of Health (MoH), Ministry of Finance and Economic Development (MOFED) and HIV/AIDS Prevention and Control Office (HAPCO)'. The membership of the CCM/E, which has been set at a ceiling of 15 members at any one time, is made up of voting and non-voting members and it has been specified that the chairperson would be drawn from the public sector (CCM/E 2004). Since the establishment of the CCM/E, the chairperson position has been occupied by the Minister of Health. As seen in table 4, the guideline further specifies the particular organisations and departments that would represent the different sectors. In the table, the left hand column specifies the organisations that have been designated as potential members, while the right hand column presents the list of actual member organisations as identified during the fieldwork.

Table 4: Specification of CCM members and actual members identified during the fieldwork

Voting Members of the CCM shall be:	Actual members as identified during the field work:
<ul style="list-style-type: none"> i. Government as represented by the Minister of Health (Chairman of CCM/E), Head of PPD [Programme and Planning Department], Head of Disease Prevention and Control, Director of Ethiopian Health and Nutrition Research Institute (EHNRI), and Director General of HIV/AIDS Prevention and Control Office (HAPCO); ii. Two representatives of the Health, Population and Nutrition (HPN) Donor’s Group; iii. Two representatives of United Nations Theme Group, with WHO as the CCM/E Secretary; iv. A representative of NGOs and/or civil society, CRDA as vice chair of CCM/E; v. Network of networks of HIV Positives in Ethiopia; vi. Professional Association; vii. Private Sector; and viii. Religious/faith based organisation 	<ul style="list-style-type: none"> i. The Minister of Health or the Vice Minister, the Director General of HAPCO and the corresponding heads of the MoH Departments (Head of PPD, Head of Disease Prevention and Control, Director of EHNRI, and Director of HAPCO) ii. The US and French Embassies (The latter handed over membership to DFID during the field work) iii. WHO (The World Health Organisation) and UNAIDS (United Nations Joint Programme on HIV/AIDS) iv. The Christian Relief and Development Association (CRDA) v. NEP + (Network of People Living with HIV/AIDS) vi. Ethiopian Public Health Association vii. Ethiopian Employers’ Association viii. EIFDA (Ethiopian Interfaith Development Association) ix. Confederation of Ethiopian Trade Unions (also representing the private sector) <p><i>(Source: Field observation document review)</i></p>
<p>Source: Structure and Functions of CCM/E (CCM/E 2004)</p>	

Concerning the format of the meetings, it has been specified that the CCM meetings would happen at least every months and that they would involve CCM voting members as well as non-voting members, who are in turn made up of the technical advisors of the CCM members and any member of the public who has expressed interests to observe the meetings. The non-voting members are allowed to join in and contribute towards the discussions during the meetings, but cannot participate in the

decision-making processes. In reality, the meetings happen less often, and tend to be influenced by how busy particular periods of time are. In this regard, participants pointed out that the proposal submission period was the busiest period, hence meetings would occur even more frequently than every two months during these periods. During the time of my fieldwork (January, 2013 to July, 2013), only one meeting was held as the other meetings were postponed.

The CCM meetings are open to everyone and observers only need to notify the secretariat ahead of time to be granted access (CCM/E 2004). During the CCM/E meeting of June 13, 2013, which was the meeting that I was able to observe, there were a total of 10 voting members along with the head of the CCM/E secretariat who was present in a non-voting capacity. Three voting members, specifically, representatives of WHO, EHNRI and the Employers Federation, had sent their apologies ahead of time and did not participate. In addition to the voting members that were present, some experts drawn from the participating organisations were present at the meeting in a non-voting capacity. These were drawn from the following institutions: Federal Ministry of Health (3), EIFDA (2), NEP + (1), and HAPCO (2). The final list of participants included participants who were present with an observer status. These included people who had notified the secretariat of their intention to participate, and who have accordingly come along to the meeting in order to observe and participate in the meetings. The list of persons who participated in this category include: 3 representatives from a local NGO, 1 representative from the local fund agent (UNOPS), 1 representative from PEPFAR, 2 representatives from the Global Fund Secretariat and 1 representative from the Clinton Health Access Initiative (CHAI). My own participation as a non-participant observer was made possible in the same way, whereby I had requested permission from the CCM/E Secretariat in order to undertake the non-participant observation.

The other two entities organised within the CCM in Ethiopia are the 'CCM Secretariat' and the in-country 'Technical Review Panel (TRP)'. The head of the office of the Secretariat, who is known as 'the Secretary' in the setting, has responsibilities of facilitating the smooth running of the work of the CCM through catering for the day-to-day administrative and logistical needs of the CCM/E. The Secretary organises the CCM meetings, takes the minutes of all the meetings and participates as a non-voting member of the CCM. On the other hand, the set-up of

the TRP mirrors the design of the Global Fund’s TRP and is made up of 8 – 11 independent experts drawn from different fields such as ‘public health, clinical medicine, socio-behavioural sciences, and individuals with experience in developing, implementing and assessing relevant programmes in resource limited settings’(CCM/E 2004). This task force is mainly organised to undertake review of projects submitted for funding by different organisations to solicit support from the grants received by the CCM from the Global Fund. It is specified within the guidance documents that the members of the TRP would function at a personal or professional capacity and not in relation to their positions within their organisations of origin, and that they would not participate in proposals where an institution(s) they are related to had submitted a proposal.

In terms of the achievements of the CCM, the grant portfolio of the Ethiopian CCM reveals that over 1.7 billion dollars have been disbursed to Ethiopia to date, which represents the largest grant portfolio of any country (GFHATM 2014). As can be seen in table 5, around 2/3rd of all funding has been allocated to the HIV/AIDS sector (GFHATM 2014). It is also worth noting that the lion’s share (96 %) of the US\$ 1,743,811,423 received to date from the Global Fund has been channelled through the designated PRs coming from the public sector (MoH and HAPCO) (GFHATM 2014). Table 6 shows some of the results attributed to the Global Fund grants (GFHATM 2014).

Table 5: Global Fund Grant Portfolio, Ethiopia (GFHATM 2014)








<p>SIGNED FOR ETHIOPIA</p> <p>US\$ 1,743,811,423</p>	 <p>HIV/AIDS</p> <p>US\$ 1,083,482,984</p>	 <p>Tuberculosis</p> <p>US\$ 150,193,141</p>	 <p>Malaria</p> <p>US\$ 489,623,075</p>	 <p>Health Systems Strengthening</p> <p>US\$ 20,512,223</p>
-------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

Table 6: Key Results attributed to the Global Fund grants in Ethiopia (GFHATM 2014)

 <p>People currently on ART 330,000</p>	 <p>New smear-positive TB cases detected and treated 418,000</p>	 <p>Nets distributed (ITNs & LLINs) 42,000,000</p>
-------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

4.6 The CCM and aid coordination in Ethiopia

‘Although we appreciate the support accorded to us by development partners, the innumerable plans, budget channels and reporting requirements are causing serious burden to the already weak health system and capacity we have’

- Dr. Tedros Adhanom Gebreyesus (Minister of Health, Ethiopia) Source: HSDP Aid Harmonisation Manual (FMOH 2007)

In view of the difficulties associated with coordinating multiple sources of external support, as indicated in the Minister’s description above, the government of Ethiopia urges all actors to strive towards the vision of a ‘One-Plan, One-Budget and One-Report approach at all levels of the health system’ so that the transaction costs associated with the multiple sources of support are minimised (FMOH 2007, FMOH 2010). In other words, the ideal situation is a pooled fund system that can be used to support the national health sector development plan (HSDP), rather than the current situation where the public sector deals with multiple sources of external support. In this regard, the government had signed a joint code of conduct back in 2005 with the development partners (donors) for coordination of support around one plan (the HSDP) (FMOH 2005). The government further signed a country level partnership compact with 13 development partners (FMOH 2008), which culminated in the signing of a joint financing arrangement (JFA) to support the so called MDG

Performance Fund¹ (FMOH 2009, MoH 2011). The Ministry of Health (MoH) has issued a code of conduct for harmonisation of ‘the existing fragmented programme and/or donor specific coordination mechanisms’ (FMOH 2007).

Accordingly, the following coordination mechanisms have been instituted: central joint steering committee (CJSC), the FMOH (Federal Ministry of Health) – Development partners joint consultative meeting, the joint core coordinating committee (JCCC), FMOH – RHBs joint steering committee and the annual review meetings (ARM). The importance of these mechanisms is highlighted within HSDP IV, whereby it states that:

The Inter-sectoral collaborations will be practiced at different levels of the health system through the formal government institutions (such as regional and woreda councils) and health sector governance structures (such as CJSC, RJSC and WJSC) (FMOH 2010; p. 74)

The CJSC is the highest ‘governance body’ nationally and a platform for key decision makers from the different sectors to come together to discuss overall policy issues, institutional arrangements and mobilise resources for the HSDP (FMOH 2007). It especially focuses on ‘core tracker’ programmes, namely, ‘the national health extension programme, HIV/AIDS Prevention and Control, Human Resources Development, Reproductive and Family Health/population and Health Systems strengthening’(FMOH 2007). The CJSC is chaired by the Minister of Health and seeks to bring together high level representatives from the Ministry of Health and other federal government bodies, development partners (Bilateral and multilateral donors), NGOs, the private sector and health professionals’ associations (FMOH 2007). In practice, while the representation of the government and development partners is very prominent, representation of CSOs and other actors is quite limited, whereby CSOs are represented only through the Consortium of Christian Relief and Development Agency (CCRDA) in this mechanism (Alemu 2009).

¹ ‘is a pooled funding mechanism managed by the FMOH using Government's procedures, which provides specific federal grants for public goods and capacity building activities within the framework of health system strengthening. It is one of the GoE’s (Government of Ethiopia’s) preferred modalities for scaling up Development Partners’ assistance in support of HSDP’ FMOH (2009). Joint Financing Arrangement Between The Federal Democratic Republic of Ethiopia And Development Partners on the Support To The MDG Fund. Addis Ababa, Federal Ministry of Health.

The CJSC is designed to meet every quarter, although in reality, it ‘meets far less often’ whereas the other committees (JCCC) do meet regularly (Alemu 2009, FMOH 2010). In fact, it has proven difficult to convene the high level representatives of the development partners, such as the Ambassadors and Heads of Diplomatic Missions, as specified in the CJSC. On the other hand, the JCCC, which concerns the technical officers drawn from these organisations, meets far more regularly (Alemu 2009). During the fieldwork of this study, it was observed that participants recognised the JCCC, whereas most have not even heard of the CJSC.

The Ministry of Health also has an in-house consultative forum that aims to bring together the two critical levels of government, that is, the federal and regional levels through the FMOH-RHBs Joint Steering Committee. These are held every 2 months and focus on implementation related issues and on facilitating communication and coordination between the two levels of government. The ARMs (Annual Review Meetings) on the other hand bring together a broad set of actors from all levels of governance, from the federal down to the woreda levels, annually. Over 200 participants take part in these meetings, whereby annual action plans of the HSDP are formulated and periodic evaluation results discussed. The CCM was seen by some participants as duplicating the efforts of the JCCC, as it involves the same partners exclusively for coordinating the Global Funded activities (Alemu 2009). It was learnt during the fieldwork that some actors have been asking for merging the CCM with the JCCC, while others have resisted this suggestion based on an assessment that doing so would curtail the broad based participation of non State actors achieved in the CCM.

4.7 The Study Setting: Ethiopia

This section presents an overview of the social, political and economic situation in the country. Specifically, it outlines on the socio-economic situation, the national government and administrative systems and key health indicators, with emphasis on HIV/AIDS, TB and Malaria.



Figure 3: Map of Ethiopia source: WHO (WHO 2015)

4.7.1 Socio-economic situation

Ethiopia is one of the oldest nations on earth. It is the only African country that has remained independent throughout the era of colonialism. As can be seen in the map above, it is situated in the volatile region commonly known as the horn of Africa. It has the second largest population in Africa, estimated at more than 84 million (CSA 2011). As common with most developing countries, the population pyramid is characterised by a broad base, whereby 64 % of the population are under the age of 24 years and just around 4.6 % are above 65 years of age (CSA 2010). Ethiopia is made up of diverse ethnic groups and nationalities who speak over 80 languages (ICF 2011). It is one of the least urbanised countries in the world; most of the population live in the rural area (83.6 %) and agriculture remains the back bone of the economy contributing towards 43.2 % of GDP and 80 % of exports (FMoH 2010). Ethiopia is one of the poorest countries in the world, ranking 173 out of 187 countries on the Human Development Index (UNDP 2013).

The country has been making significant strides in the last two decades towards poverty alleviation and social and economic development. The human development report of 2010, which also marks the 20th anniversary of the launch of the report, ranked the country at 11th position amongst the list of ‘HDI movers’ in the world or countries that brought about substantial progress in human development (UNDP

2010). The country has been making sustained economic growth of more than 10 % of GDP since 2003 (MOFED and UNDP 2010). The Ethiopian Government has developed a reputation for 'pro-poor' focus, whereby over 60 % of government expenditures are said to be dedicated to poverty related sectors such as agriculture, health, education and infrastructure (MOFED and UNDP 2010). The past two decades have seen: the quadrupling of primary school enrolments, halving of child mortality rates, doubling of the number of people with access to clean water, and a reduction in the poverty head count from 42 % in 2000 to 29.6 % in 2010/11 (The World Bank 2011, MOH and UNDP 2014). Except for MDGs 1 and 8, which are said to be 'possible to achieve if some changes are made', the UN has assigned Ethiopia's progress towards MDGs, a favourable designation of 'very likely to be achieved, on track' (MDG Monitor 2011).

The country is highly donor dependent, it ranks 9th on the OECD's list of top official development assistance (ODA) recipient countries (OECD-DAC 2015). However, given its large population, the aid figure works out at 36 USD per capita, which lies on the lower side of the average figure for countries in Sub-Saharan Africa (50 USD per capita)(DAG 2014). In addition, it faces numerous challenges that threaten the poverty alleviation and development efforts. Oxfam estimates that the country loses around 1.1 billion USD every year due to recurrent droughts, which almost completely erodes the support gained from foreign aid (Oxfam 2009).

4.7.2 The national government and administrative systems

The history of government in Ethiopia is characterised by a long monarchical tradition extending back centuries, which came to an end after a military coup of the last monarch, Emperor Haile Selassie I, in 1974. The military Marxist government then governed for a period of 17 years; a period characterised by a long civil war and a programme of 'extensive socialist state engineering'(Vaughan 2011; p. 621). The current government came into power in 1991, when the then rebel groups, the Ethiopian People's Revolutionary Democratic Front (EPRDF), toppled the heavily armed military government after a bitterly fought armed struggle. Since then, the government's defining project has been the dismantling of a 'pan-Ethiopian identity' and establishment of an ethnic based federalist system, which is intent on devolution

of power and authority to the semi-autonomous, ethnic based administrative regions (Loukeris 2005, Abbink 2011; p. 596).

Accordingly, the country is administratively divided into 9 semi autonomous, ethnic based regions, namely: Afar, Amhara, Benishangul Gumuz, Gambela, Harar, Oromia, Somali, Southern Nations Nationalities and People's Region, and Tigray) and two chartered cities (the capital, Addis Ababa, and Dire Dawa) (Loukeris 2005). The Regional States are further divided into Woredas (districts), which are the basic decentralised administrative unit. The Woredas are in turn made up of 16, 253 Kebeles, which are the smallest administrative unit (FMoH 2010). The coordination and administration of social services such as health and education are organised across these levels of administration.

The federal system of government includes 3 branches of government: the executive, the legislative (a bicameral parliament) and the judiciary branches. The executive branch includes the office of the prime minister, the council of ministers and the council of state. The bicameral parliament consists of a legislative body, that is, the council of people's representative (547 members elected in single-seat constituencies) and the Council of Federation which is charged with interpreting the constitution (110 members coming from the ethnic nationalities and one additional member determined by population number) (Loukeris 2005).

The country's constitution adopted in 1994 assures a democratic system of governance with full compliments of multi-party democracy, personal liberties, and a shift from the military regime's command economy system towards a liberalised one (Gudina 2011). However, the government are not seen to have shed off their Marxist tendencies, deeply inculcated during the days of the armed struggle. Instead, the government appear to have adapted to changing scenarios of a different geo-political context through a distinctive ideological orientation called 'revolutionary democracy', which in turn prioritises sustained economic development through the creation and enhanced involvement of a 'developmental State' (Loukeris 2005, Bach 2011). This has translated into a less than whole sale buy into liberalism, instead giving rise to a system that mimics 'electoral authoritarianism'(Gudina 2011) or the Leninist-Marxist model of 'democratic centralism based on a vanguard party'

(Loukeris 2005, Bach 2011; p. 643). Despite an uninterrupted rule over the last 24 years, the reign of the government has been characterised by continuous contestations of its approaches by opposition groups, the media, CSOs and human rights advocates from within and outside the country (El-Saharty, Kebede et al. 2009, Hagmann and Abbink 2011).

4.7.3 Population health status

The vital statistics for health and wellbeing reveal poor but improving conditions. The life expectancy at birth for both sexes stands at 64 years (WHO 2012). The maternal mortality ratio and the under 5 mortality rate are reported at 420 per 100,000 live births and 68 per 1,000 live births, respectively (WHO 2012). Between 1980 and 2012, life expectancy at birth increased by 15.8 years, the bulk of the increase (12.6 years) coming during the reigns of the current government (UNDP 2013). The country is one of 6 countries in Africa that have achieved the MDG target of reducing the under five mortality rate by 2/3rd before the 2015 deadline (UNECA, AU et al. 2014). While meeting the MDG target for maternal health, reduction of the maternal mortality ratio by 3 quarters, does not appear likely, reports for 2010 indicate a reduction from 810 deaths per 100,000 live births in 1990/91 to 350 (UNECA, AU et al. 2014). The achilles heel for progress in maternal health is the low level of skilled birth attendance in the country, whereby just 10 % of deliveries were said to be attended by skilled attendants, falling significantly short of the 60 % target set within the MDG frameworks (UNECA, AU et al. 2014).

There is a huge gap in the coverage of health care services and skilled human resources. The physician to population ratio is one of the lowest in Sub-Saharan Africa, with a ratio of 1: 36,1158 reported in 2009 (FMoH 2010, WHO 2015). In view of this gap, the government is focusing on an accelerated training of mid-level health workers like nurses and midwives, and has embarked on a flagship programme of training and deploying frontline community based health workers, through what is known as the ‘health extension programme’(FMoH 2010). The programme has now enabled the deployment of 34,000 female health workers at the community level for health promotion and prevention works, in effect doubling the county’s health workforce (FMoH 2010, WHO 2015).

The Ethiopian health system is a three-tiered system comprising the tertiary level (specialised hospitals), the secondary level (generalised hospitals) and the primary health care level (a system of health centres, health posts and primary hospitals)(FMoH 2010). Health extension workers are posted at the health posts, the lowest level of the health system, serving 3,000 to 5,000 people with health promotion and basic curative services (WHO 2015). There is a huge divide between rural and urban areas in terms of access to services (WHO 2015). All in all, the public sector runs 122 hospital, 2,660 health centres and 15,095 health posts (MoH 2011). In contrast, the private sector manages 63 hospitals (56 run by private for profit sector and 7 by non profit NGOs) and 4,088 clinics (MoH 2011). It is estimated that the private sector carried out around 40 % of all curative and rehabilitative services (Weller 2014).

The top ten list of causes of morbidity mainly features infectious diseases including HIV/AIDS, TB and Malaria: ‘malaria, prenatal and maternal death, acute respiratory infection, nutrition deficiency, diarrhoea and HIV/AIDS’ (WHO 2015). Although the HIV prevalence rate of 1.2 % is amongst the lowest in the region, it translates to a very high absolute number of people living with HIV/AIDS (790,000) due to the large population number (UNAIDS 2014). Currently, there are more than 300,000 people receiving ART monthly, which represents quite a rapid scale-up from a mere 900 people enrolled on the programme back in 2005 (Assefa, Jerene et al. 2009). The ART service is almost entirely supported by the Global Fund (GFATM 2014). Through a combination of nation-wide malaria prevention campaigns including long lasting insecticide treated bed nets (LLITNs) and anti-malaria sprays, and early detection and treatments of cases, the country has managed to reduce prevalence of malaria from 25 % to 15 % and cut down deaths due to malaria by more than 50 % (MOH and UNDP 2014). Ethiopia has the 7th highest TB burden in the world with a prevalence and mortality rates of 224 and 18 per 100,000 (MoH 2011, MOH and UNDP 2014). The country has achieved the MDG treatment access targets of over 90 % (MOH and UNDP 2014).

The fifth national health accounts report indicates that the country has managed to spend a total of USD 1.6 billion on health in 2010/11, which works out at a per capita spending of USD 20.77 (MoH 2011). This falls significantly short of the per capita spending of USD 34 recommended by the WHO Commission on Macro

Economics and Health (WHO 2015). The health sector is highly donor financed whereby, in the fiscal year 2010/11, donors contributed nearly half of all health expenditures, and 83 %, 79 %, and 51 % of HIV/AIDS, malaria and tuberculosis related expenditures, respectively (MoH 2011).

The large amount of external support also means that the sector involves a large amount of actors, in turn making it ‘a complex arena for aid processes’ (Pereira 2009; p. 15). Currently, a large number of actors are active in the health sector, including 20 bilateral donors, 20 multilateral donors and 50 international donors (Alemu 2009, Pereira 2009). Since 2005, contributions from traditional donors have been surpassed by new, so called ‘vertical donors’, specifically the Global Fund and PEPFAR. The latter now represent the largest sources of donor support not just for the health sector, but compared to all donors in the country (Pereira 2009).

4.8 Chapter Summary

This chapter has described key features of the case under study. In this regard, it has attempted to provide a historical and contextual description of the Global Fund and the CCM in Ethiopia. In addition, key features of the Ethiopian setting are described. Taken together, the descriptions of the case and the setting of study, provide a background for the ensuing discussion of results in the empirical chapters (5 – 7) and in the discussion and conclusion chapter (8).

Chapter Five

Interplay between actors' interactions, the CCM regulatory frameworks, and the deeper frames of reference in the Ethiopian setting

5.1 Introduction

This chapter presents an interpretation of the observed ways of interactions between actors against the structured-context, which in turn constitutes the CCM regulatory frameworks and the deeper frames of reference in the Ethiopian setting. The chapter is geared towards satisfying the sub-questions of this study related to understanding how actors interact in and around the CCM and why they interact in the manners observed in the study. The 'why' question specifically seeks to understand the role of the 2 layered context in influencing interactions between actors. As described above, the two-layered context in turn comprises the CCM regulatory frameworks and the deeper frames of reference in the Ethiopian setting. This approach of explaining the phenomenon of interest (interactions) with reference to context in turn reflects the critical realism paradigm and the theoretical lens adopted in this study (chapter 3).

As discussed in chapter 3, the theoretical framework conceptualises observed trends in interactions between actors as a function of the interplay between actors' agency and structure. This theoretical orientation essentially constitutes a refutation of the determinism of either actors' ageneitic attributes or structural factors. Instead, observed trends in interactions between actors are conceptualised as a function of a dynamic (dialectical) interplay between actors agency and structure (Fligstein 1999, Gualini 2001, Long 2001, Hay 2002, Healey, De Magalhaes et al. 2003, Wagenaar and Cook 2003, Arts and Van Tatenhove 2004, Gonzalez Block 2006). The conceptualisation further emphasises the critical role of ideas, narratives and discourses in mediating this interplay between actors' agency and structure (Marsh and Smith 2000, Long 2001, Hay 2002, Wagenaar and Cook 2003, González and Healey 2005).

Accordingly, the chapter presents the 'critical themes' identified in the study based on participants' characterisations of their lived experiences of interacting within the

CCM (interview data), followed by an interpretation of these theme in reference to the structured context (interviews and documents' review). In so doing, the chapter seeks to tell a story of the interplay between the observed trends in interactions in the CCM and the structured context. In other words, it seeks to unravel the 'embeddedness' of actors' experiences within the structured context in which they occur. As mentioned at the outset, this is believed to enable the study to generate insights that would ultimately help satisfy the study's aim of understanding 'how cross-sectoral interactions occur in and around a partnership mechanism (CCM), in a developing country setting (Ethiopia)'.

The critical themes related to actors' characterisations of their lived experiences were generated from the interview data while the data on the pertinent factors emanating from the regulatory frameworks of the CCM and the deeper frames of reference in the setting come from interviews and document review. Documents in this regard comprise CCM guidance documents, policy and strategy papers, consultant and review panel reports, evaluation reports, national policy papers, political and economic commentaries, speeches, and academic papers that focus on the Ethiopian social, cultural, political and economic landscape (Appendix 3).

As shown in table 7 hereunder, the chapter presents an explanation of the critical themes that were developed from actors' characterisations of their lived experiences in interacting in and around the CCM with reference to the relevant factors emanating from the structured context (CCM regulatory factors and deeper frames of reference). The themes were identified through the thematic analysis approach laid out in chapter 3. These themes were then interpretively analysed in view of the data that describes the structured-context (both the CCM regulatory frameworks and the deeper frames of reference in the setting).

Table 7: Critical themes related to actors' lived experiences in the CCM and the contextual factors that underlie these experiences

<i>A Dialectical Relationship</i>	<i>Critical Themes (Actors' characterisations of their lived experiences in interacting in the CCM)</i>					
	<i>Critical theme I</i> <i>Asymmetric consensus</i>		<i>Critical theme II</i> <i>Dominance of clinical care</i>		<i>Critical theme III</i> <i>Actors' perceptions of each other (A public sector that gets its way, a timid civil society, a cautious donor community, and a private sector missing in action)</i>	
	<i>Factors emanating from the CCM regulatory frameworks</i>					
	<i>Formal rules and operational guidelines of the CCM</i>		<i>Composition of the CCM</i>		<i>Global Fund Principles</i> - Partnership - Country ownership - Performance based funding	
	<i>Deeper Frames of Reference in the Ethiopian setting</i>					
	<i>The nature of the Ethiopian State</i>		<i>Culture of sovereignty and tradition of government</i>		<i>The history of AIDS in Ethiopia</i>	
				<i>The Charities and Civil Societies Proclamation</i>		
				<i>CSOs' inherent representation and coordination crisis</i>		
				<i>Poverty alleviation as a political pledge</i>		

Accordingly, the following sections (5.2 – 5.5) present a discussion of each critical theme along with an interpretation of the themes in reference to the pertinent factors emanating from the structured-context (CCM regulatory frameworks and the deeper frames of reference in the setting).

5.2 Critical theme I: Asymmetric consensus

This critical theme relates to the routinisation of a consensus based decision making process in the CCM, although the ‘consensus’ may not necessarily reflect agreement from all actors on the decisions adopted. In other words, consensus based decision making is seen to have been routinised in the CCM, even on occasions when actors are not in agreement. The routinisation of the consensus based decision making process, to the exclusion of other forms of decision making such as voting, in turn entails asymmetric levels of compromise on the different actors involved. This section describes this observation, first describing the predominance of the consensus approach and then showing how this entails variable levels of compromises on the different actors participating in the CCM.

The interviews conducted with all participants indicate that this consensus-based approach to decision making constitutes a routine trend or norm in the Ethiopian CCM. Indeed a consensual approach to decision-making has been prioritised within the constitution of the Ethiopian CCM and this provision in the CCM constitution is considered as one of the contextual factors that underlie this trend. However, the extent to which the consensus based decision-making approach has been routinised goes beyond the provisions entailed in the CCM constitution. Instead, the tendency to make decisions through consensus is seen as representing more of an established norm within the deliberation process. As the following quote from a CSO participant illustrates, the other approaches to decision making, such as voting, are hardly exercised, although they have been assured by the CCM constitution.

Our representative in the CCM has a vote, however usually it is not through voting that decisions are made, it is through consensus. In cases where consensus could not be reached during a meeting, the agenda is retracted so that it could be reviewed further [so as to make it agreeable to all].

- CSO participant III

As mentioned earlier, this commitment to a consensus based decision-making process entails variable levels of compromise on the part of the different actors that

participate in the CCM. The compromises are to be made in favour of the ‘collective interest’, which essentially constitutes ensuring that the CCM country proposals win Global Fund grants. In addition, it involves ensuring a smooth process where the grants are utilised effectively and efficiently, so that access to subsequent rounds of grants are not compromised. The Global Fund grants have essentially been framed in the setting as constituting matters of national interest. As discussed in chapter 4, the Global Fund, along with PEPFAR, makes up the largest source of external finance to the health sector. It was evident from the interviews with participants from across the sectoral spectrum that this critical importance of the Global Fund grants to the national health system was not lost on them. Participants often used quite strong terms to describe matters related to the CCM, such as, ‘national interest’ and ‘the country’s image’, denoting the level of seriousness attached to the work of the CCM.

Hence, actors participating in the CCM do so with acute awareness of the seriousness of the issues at stake for the nation as a whole. This in turn brings with it a sense of added responsibility on the part of actors to make critical compromises in order to make this partnership of ‘national importance’ work. In other words, the mechanism, as a whole, has been framed as being too important to fail, and everyone is hence expected to participate in a manner that reflects a sense of sensitivity and submission to this collective, national goal. Participants from across the different sectors imparted a sentiment that the processes related to the CCM do not merely constitute technical matters, but that they have ‘political’ connotations as well. Within this framework, the consensual decision making process is seen as a means of ensuring negotiated settlements over critical issues, in ways that safeguard and prioritise the collective interests that are at stake. The following quote from a public sector participant illustrates the role of the consensus approach within the context of the huge level of importance attached to the CCM’s work in the setting:

In a context where you have very limited resources you depend more on consensus, it is not a context where you would simply hold out on a decision because you believe that your point of view may be right, this is not just a technical matter but a political one as well... so from start to submission of

the proposal, the process is based on consensus although you do leave room for evidence to govern the decision where evidence is available ...

- Public Sector participant XI

Hence, in a setting with limited resources, the Global Fund grants effectively represent an issue of national interest, which in turn entails compromises on the part of every actor in order to make the partnership work and safeguard this national interest. This is a sentiment reflected by all participants that were interviewed. However, as indicated earlier, the compromise entailed by this consensual approach is seen to be different for different types of actors. Specifically, CSOs feel that they bear the burden of the compromises that have to be made in the process of reaching consensus. Study participants from CSOs expressed a sentiment that this consensual process essentially engages them in negotiations where the levers of influence are lopsided in favour of the public sector. For CSOs, the high level of importance attached to the CCM (an issue of ‘national interest’), makes it highly sensitive to abrogate this established procedure of consensual decision-making, even when they do not agree with the decisions adopted finally.

CSO and donor participants relayed a sentiment that public sector representatives are quite assertive in the deliberations that take place within this framework of consensus-based decision-making. CSO participants and some donor participants also observed that donor agencies are reluctant to weigh in on these deliberations, essentially leaving the CSOs to fend for themselves in the negotiations with the public sector. The normative expectations amongst CSO participants, as reflected in the interviews, appear to be that donors are relatively well positioned and powerful to counter the influences of the public sector. The CSOs essentially believe that although donors support the pluralisation of decision-making processes and the enhanced involvement of the CSOs, they assume a cautious stance when it comes to acting in concert with this belief. This position and role of donors is further explored in section 5.3, where actors’ perceptions of each other are discussed. The following quotes from a CSO participant and a donor agency participant exemplify the points discussed above in relation to the lop-sidedness of the compromises made in the consensus-making process and how the cautious stance of donors contributes to this trend.

'So, we all look out for the country's image at the end of the day, that is the meeting point, we all want the funds to come to Ethiopia. And so we do hassle to get our points across as much as we can in the discussions, but we finally compromise, there hasn't been any occasion where we held out on a decision, and they are flexible to some extent as well [the public sector representatives], although the arguments can be quite hard at times ...

- CSO Participant XI

So when you talk about consensus building within the CCM, it does not reflect a real dialogue process but rather a modality I discussed earlier, so how it goes is that if the government brings a proposed decision to the meeting and it says that we need to do certain things in this and that way, the government says these things based on a number of considerations, donors usually choose to remain silent but the CSOs go out of the meeting unhappy. So the donors leave the meeting in silence, the CSOs leave visibly unhappy, and the government gets its way with its predetermined agenda.

- Multilateral donor participant III

A donor participant further highlighted that this consensus based approach has rendered the decisions adopted in the CCM largely predictable, in that no decisions adopted in the CCM would be expected to contravene public sector positions. The participant indicated that constituents of the donor group have now settled to receiving occasional updates from their representatives at the CCM, as the decisions adopted in the CCM have become all too familiar.

... decisions are mainly made through consensus, you don't find many dissensions to positions, so the bilateral representatives were feeling kind of comfortable with just being informed about the major decisions, just from time to time

- Bilateral donor participant II

The next section discusses the factors that emanate from the structured-context (regulatory frameworks of the CCM and the deeper frames of reference) that are seen to be related to this critical theme. As mentioned in the introduction section of

this chapter, the factors related to the structured-context were identified through interviews and the document review.

CCM related factors that underlie critical theme I: formal rules and operational guidelines of the CCM, the composition of the CCM, and Global Fund principles

The first factor that is considered to be associated with the critical theme, ‘asymmetric consensus’, relates to the specification, within the operational guidelines of the Ethiopian CCM, that the consensus based approach constitutes the preferred approach of decision-making. In this regard, article XIIth of the Ethiopian CCM operational guideline, entitled, the ‘Structure and Functions of the Country Coordinating Mechanism of Ethiopia (CCM/E)’ (CCM/E 2004) reads:

*Decisions of the CCM/E shall be by **consensus**. In case of not reaching **consensus**, decision shall be based on simple majority and **dissenters** will be welcome to state their position in writing.*

This explicit emphasis on consensus making within the Ethiopian CCM’s operational guidelines constitutes a peculiar adaptation of the general guidance provided by the Global Fund globally. The word ‘consensus’ does not feature in the guidance document published by the Global Fund for CCMs worldwide (GFATM 2002). While the Global Fund’s global guidance for CCMs includes statements that promote other principles such as country ownership, partnership and broad based participation, there is no statement indicating that decisions should be made through ‘consensus’. The global guidance does impose requirements on CCMs to engage a broad range of stakeholders, but falls short of specifying the actual method of decision-making that is to be adopted.

The statement in the Ethiopian constitution signifies that the default approach to decision-making process constitutes one of seeking to salvage the support of everyone involved through the consensus making process. Only on occasions where this fails would voting be considered. Even then, the language used in the article (‘dissenters’) is not seen to be too encouraging. Hence, the impulse for the established norm of making decisions through consensus is clearly rooted in the CCM’s operational guidelines. However, as discussed in the earlier section, the routinised norm of a consensual decision-making process cannot be explained

merely in reference to these directives, as it was seen to be routinised as the only approach towards decision making, to the exclusion of other decision making approaches assured in the guideline such as voting.

Hence, other factors need to be explored. In this regard, another factor that appears to reinforce the observed routinisation of the consensus based decision-making process, to the exclusion of the voting route, is seen to relate to the composition of the CCM. As reviewed in chapter 4, public sector representatives (5 out of the 14 voting members) make up the most potent voting bloc of any actor in the CCM. The other sectors have smaller numbers of representatives: 2 representatives each represent bilateral and multilateral donors, 3 seats go to CSOs (NGOs, faith based organisations, and networks of people living with HIV/AIDS), 1 seat goes to professional associations and 2 for the private sector. Over and beyond the head count, the 'public sector' represents a unified entity that functions under the same political and technical leadership. This gives it an advantage as a voting bloc. In contrast, the other members of the CCM, such as CSOs, donors, and the private sector, are bound to be afflicted by disparate ideological positions, beliefs and strategies that are bound to exist amongst the autonomous constituents that make up the sectors. For instance, 'CSOs', as a sector, constitute a faith-based organisations' representative (EIFDA), the NGO umbrella organisation (CCRDA) and the Network of Networks of People Living With HIV/AIDS (NEP +), which are naturally likely to exhibit differences of positions on different issues. Donor participants have also reflected the difficulties faced with seeking to formulate common positions out of the different donor organisations that make up the sector.

This signifies that calling for the vote does not really constitute a viable option for non-state actors in terms of getting their positions adopted as CCM decisions. The strength of the public sector as a voting bloc rules out the option of the vote as a viable alternative to the consensus based decision-making process. The following dialogue with a CSO participant exemplifies this point. The participant is explaining an instance where they went along with the 'consensus decision' although the decision was unfavourable to their organisation:

Participant: *...There were rounds of application where we wanted to apply on our own while the public sector wanted to make a joint application, the*

decision of the CCM was that we should apply jointly, we did and the proposal failed

Interviewer: *I have heard that you [as an organisation] had other ideas, that you may have won had you applied on your own?*

Participant: *We would have won, because the public sector had many issues at that time*

Interviewer: *Could you not have put this argument forward then?*

Participant: *Every decision is made through consensus. And you realise that you just have one vote, but the public sector has multiple votes, the Ministry of Health, HAPCO, and there are other civil society organisations that are known to support the public sector, so you realise you don't have much power in that respect [if it went to votes], so rather than losing out on the whole thing, you decide to take up the option of applying with the public sector and see whether the proposal becomes successful or not, that's your option, it is a case of doing cost benefit analysis, otherwise it was clear that applying with the public sector would not be a successful venture as the government had not settled some issues form previous rounds of funding [such completing performance and financial reports for the previous round of funding].*

- CSO Participant XI

Hence, the composition of the CCM essentially serves as an enforcer of the consensus based decision-making process. Besides the composition of the CCM and the provisions in the operational guidelines, some of the core principles and guidelines of the Global Fund are seen to reinforce this trend of asymmetric consensus. In this regard, two core provisions found in the Global Fund's global guidance for CCMs (GFATM 2011) stand out as particularly pertinent: the requirement for CCMs to ensure 'the participation of a broad range of stakeholders from government and non-government constituencies in the development of concept notes' and the Global Fund's policy of 'zero tolerance to fraud'. In the case of the former, the requirements are embodied in the following statements:

- i. *Coordinate the development of all concept notes through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members – in the solicitation and the review of activities to be included in the application.*
- ii. *Clearly document efforts to engage key affected populations in the development of concept notes, including most-at-risk populations.*

Hence, it is important for the CCM to ensure that all partners engage in the deliberation process in the CCM and to also project an image of a cohesive working process between the different sectors that participate in the mechanism. In view of these statements, it is important that the different actors participate in the process and are seen to embrace the final outcome of the deliberation process. In other words, the voting option is not a good option for the public sector as well, as these requirements from the Global Fund essentially seek a process where everyone is on board with adopted decisions. Hence, the semblance of a deliberative, cohesive process is as important as getting one's preferred decisions adopted, within the context of the Global Fund rules.

The second Global Fund provision that is seen to reinforce the CCM's consensus based approach is the Fund's policy of 'zero tolerance to fraud'. Across the board, participants were found to be acutely aware of the sensitivity attached to incidences of fraud or misuse of resources within the Global Fund systems. Participants often referred to the severe penalties meted out to other country CCMs for failing to adhere to the strict policies of the Global Fund in this area. The Office of the Inspector General (OIG) describes the Fund's strong position as follows:

The Office of the Inspector General believes that every dollar counts and has zero tolerance for fraud, corruption and waste. Through its whistle-blowing channels, the Office of the Inspector General encourages all to come forward to point out any irregularities that prevent Global Fund resources from reaching those who need them (OIG 2014).

Interviews with public sector and donor agency participants indicated that these strict policies of the Global Fund further reinforce the sustenance of a well controlled mechanism, which is in turn believed to be facilitated by a deliberative, consensus

based decision making process. While they rue the shortage of pluralism in the decision-making process, donor participants commend the tight control that is in place in the CCM. Some donor participants even appeared to welcome the tight control and enhanced role played by the public sector within this consensual process; based on their concerns related to fraud and mismanagement. These participants juxtapose this trend of tight control in Ethiopia against the case of countries where non-state actors play an enhanced role in CCMs and where this has led to misuse of Global Fund resources. The following quote extracted from an interview with a donor participant illustrates this observation:

*Well as I said, in Mali for example, civil society probably was too much involved. And for that, you know if you follow the history of the Global Fund, you know in Mali they had a lot of problems after the auditor general's inspections, they found a lot of problems and it was probably, it was a consequence also, because they chose as PR (Principal Recipient] some civil [society] association and NGO but they were not very able to manage correctly the finance, it was a big finance in Mali, for that, in Ethiopia for me it's good. It's well controlled, but efficacious. It's not a bad thing. ... somebody said in Ethiopia it's not really democracy, maybe, but the aim is important also, and the result, and this is one country, I say we because I was involved also, **we had an inspection by the auditor general, and if you have seen the report, the critics were very, very small...***

- Bilateral donor participant IV

Hence, the critical theme, 'asymmetric consensus' is seen to be a reflection of the emphasis on a consensus based approach within the operational guidelines of the CCM, the composition of the CCM and the Global Fund principles that favour the presence of a cohesive and tightly controlled mechanism. The next section presents an analysis of factors that emanate from the deeper frames of reference in the setting to influence the observed tendency towards routinisation of a consensus based decision-making process.

Deeper frames of reference related to critical theme I: 'Poverty alleviation' as a political pledge

At the level of the deeper frames of reference in the setting, one factor that was seen to be associated with this critical theme is the way poverty alleviation and development objectives are upheld by the State. The developmental state instituted in Ethiopia, essentially stakes its ambitions of perpetual rule (last 24 years in power in the country) on the basis of its claims that it is uniquely suited to the task of alleviating poverty and ensuring uninterrupted growth. Indeed, as Feyissa (2011; p. 807) observes, 'the language of development has become a new source of political legitimacy' in the country. The State's performances vis-à-vis development objectives even constitute issues of 'passionate contestation' between the ruling party and the opposition (Feyissa 2011). An excerpt from the late Prime Minister Meles Zenawi's response to a question posed from the audience following his presentation at Columbia University, New York, in 2010, is found to be quite revealing regarding the centrality of development for the ruling party's ambitions of continued rule (Zenawi 2010):

Questioner: *Mr Prime Minister, thank you for your speech, ... could you tell us how your party and its allies were able to get 99.6 % of the vote in the last major election? Thank you.*

Prime Minister Meles Zenawi: *My party did not get 99.6 % of the votes, it got 99.6 % of the seats, there is a difference in parliamentary systems ... it's first past the vote system ...but we did get an overwhelming majority of the vote, and I suspect after 7 years of double digit growth, 7 years of roughly 11.6 % growth, after 7 years of very equitable growth, Ethiopia's Gini coefficient is 0.29, it is the lowest in the continent and one of the lowest in world, which means our growth has been very broadly equitable, given these two facts alone, I would be very surprised if we didn't get overwhelming support from the population*

Hence, the sensitivities surrounding the huge importance attached to the Global Fund grants ('national importance') need to be understood within the context of the developmental state and the meanings that such projects carry within this context. It goes without saying that donor support, such as the Global Fund grants, play a huge

role in the project of ‘development’. As covered in chapter 4, the national health and HIV/AIDS budgets are highly subsidised by donors; around half of the former and over 80 % of the latter come from donors (MoH 2011). Hence, the business of the CCM, namely, ensuring the effective mobilisation of this critical source of support to the country’s health sector, constitutes a highly important issue that calls for tight control and management.

The following quote from a civil society participant demonstrates the extra caution and sensitivity with which the affairs of the Global Fund are handled for constituting a vital source of support for the country’s development plans.

***Participant:** What you need to underline is that the door is only narrowly open for those who seek to join the CCM, but once you have been accepted as a member, there is room to participate as you like*

***Interviewer:** Why do you think that is?*

***Participant:** There may be worries that an organisation may not have the capacity, and upon studying the background of the organisations there may be fears that the particular organisation may bring some problems to the process, so there’s high level of caution as a country ... and as the Global Fund, if the funds are misused it will be the CCM that will be incriminated and penalised as a whole not just the particular organisation involved...*

- CSO participant XI

This section has presented the critical theme labelled ‘asymmetric consensus’. The theme represents the routinisation of the consensus based decision-making approach as a norm in the CCM, even on occasions where actors may be in disagreement. This phenomenon is interpreted as being linked to CCM related factors such as the emphasis placed on consensus in the CCM operational guidelines, the composition of the CCM that effectively rules out voting as a viable option for non-state actors, and Global Fund principles of broad based participation and zero tolerance to fraud. The phenomenon is also reinforced by the critical importance attached to development programmes such as the CCM within the context of the developmental state.

5.3 Critical theme II: Dominance of clinical care

Another critical theme that is seen to be prominent within actors' characterisations of their interactions in the CCM relates to contrasting perceptions and standpoints of actors regarding the relative role and merits of clinical care interventions versus community based health promotion works. In this regard, the tussle between actors' positions on this long standing debate in the field of public health is not simply waged on its own, but comes bundled with value judgements related to the respective area of work and the actors that are linked to these interventions. The observation entails that the health facility based, clinical care activities, mainly undertaken by the public sector, are accorded more importance than the community based, awareness raising and care and support works undertaken the CSOs.

As discussed in chapter 4, the country portfolio of the Ethiopian Global Fund finances reveals that the lion's share (96 %) of the US\$ 1,743,811,423 received to date from the Global Fund has been channelled through the designated PRs from the public sector (MoH and HAPCO). While these offices, especially HAPCO, also contract out resources to CSOs, the majority of the Global Fund grants are utilised for health facility-based clinical services run by the public sector. Indeed, some of the CSO and donor participants regarded the involvement of CSOs as merely tokenistic, as exemplified in the following quote from CSO and donor participants:

The Ethiopian government is very clever, there isn't any conflict over the resources, you know, the main spending of the health sector, the health extension workers, the clinics, TB control and so on, they almost all utilise the Global Fund money, so they have access to enough resources in that respect, the aspect that goes to the civil society is just a minor portion,

- CSO Participant VIII

... It's all government money ...

- Bilateral Donor Participant V

Beyond this difference in funding, participants from CSOs reflected a sentiment that public sector representatives exhibit an attitude that the work that the public sector does in expanding health care services was superior to the community based health

promotion and care and support work undertaken by the CSOs. Statements from public sector participants also betrayed unfavourable value judgements on the work undertaken by CSOs. In this regard, some public sector participants characterised the work undertaken by CSOs as being less demanding (unsophisticated), less budget intensive and just auxiliary to the health care services provided by the public sector. The following quotes exemplify this point:

When the discussion is general and on cross cutting issues, the discussion is good, but when the discussion becomes detailed, about detailed activities, for example what they do 'sefer wist' [meaning 'in communities', but using a condescending term], it becomes remote, in terms of our interest, it is the same when we discuss hard science, such as drug resistance, it becomes remote to them, but other than that in matters related to the overall functioning, we do have very good discussions.

– Public sector participant XII

Some of these interventions such as IRS (Insecticide Residual Spray) are technically complex which many of the civil society lack capacity for, there is a lot of sensitivity regarding usage of the chemicals and you need the public system to effectively implement these at a large scale ... so the civil society work in information, education and communication in order to complement these efforts, such as through school clubs.

- Public sector participant II

CSO participants reflected that they work with acute awareness of the lopsided importance attached to the interventions undertaken by the respective sectors. Participants imparted a sentiment of operating under the shadow of this lopsidedness in funding and the sense of prioritisation that accompanies it.

This means that there is this thinking that what the government does is valued more and that it should have more weight and there's pressure that comes from that thinking. It needs to be looked at in view of the space given to NGOs and civil societies, everything is related to that ...

- CSO participant XI

One intervention that seems to signify the core of the importance attached to facility based, clinical services is the anti-retroviral treatment (ART) support channelled through the public sector. As discussed in chapter 4 the Global Fund provides funding for almost the whole of the national ART scale-up programme in Ethiopia (except for the paediatric ART supply provided by PEPFAR). It was seen in this study that this support, currently covering more than 300,000 PLWHA, is regarded by all participants as constituting the core aspect of the contribution of the Global Fund to the country. Participants from across the sectoral spectrum prioritised the ART programme over other aspects for representing the main intervention that is saving lives at a large scale, for being budget intensive due to need of expansion of auxiliary diagnostic and follow-up services, and for being a life-long uninterrupted intervention.

At the end of the day what we all believe is that the government is the main player in fighting HIV/AIDS in the country and that clinical care interventions [mainly delivered by government health facilities] require high budgetary input, you could interrupt any other intervention, but they [clinical care interventions] can't be interrupted, if you interrupt, say ART provision, new infections would develop and the whole programme would collapse. So if you had to choose you would say let's continue the ART programme, it's better if our programme discontinued [CSOs' work that mainly focuses on population based prevention and care interventions]...

- CSO participant XI

Hence, this theme highlights the high level of importance attached to clinical care services in CCM deliberations, and by association, the prominent position of the public sector; as it is the sector entrusted with undertaking the clinical care aspects of interventions funded by the Global Fund.

Deeper frames of reference related to critical theme II: History of AIDS in Ethiopia

The above critical theme appears to be influenced by the history of AIDS in Ethiopia, which can be considered a 'deeper frame of reference' for those involved in the

CCM. The epidemic in Ethiopia has gone through different phases over the years. Within the evolution of the epidemic in the setting, the advent of ART is seen as a critically important milestone. The discussion below seeks to demonstrate how the advent of ART in the setting by way of a rapid national scale-up programme, underlies observed trends in deliberations in the CCM.

Since the first diagnosis of AIDS in the country in the mid 1980s, the epidemic has gone through different trajectories, a steep increase in transmission, from 1 % in 1989 to 5.2 % in 1996, followed by a flattening of the prevalence rate for some years after that, to then progressively decrease to current levels of 1.2 % (FDRE 2012, UNAIDS 2014). Still, this prevalence rate translates to a very large number of people living with HIV/AIDS, owing to the large population (nearly 800,000 adults living with HIV) (UNAIDS 2014).

Until the large-scale provision of ART in 2006, it was the social response to the epidemic that was hugely prominent within the national response to the disease. The early days of rapid transmission of what was essentially an incurable disease simply meant that a social response of health promotion and care and support was the only viable response. This in turn precipitated an enhanced involvement of civil society organisations, such as NGOs and faith based organisations, which in turn mobilised actively to tackle the societal effects that appeared to overwhelm the capacities of the public sector (Rahmato, Bantirgu et al. 2008). This trend has been widely observed whereby the HIV/AIDS epidemic is credited with enabling an unprecedented influx of CSOs into the health field globally (Bastos 1999; p. 7, Seckinelgin 2002). Some study participants relayed a sentiment that the HIV/AIDS epidemic had brought unfamiliar actors into the health field. The following quote taken from an interview with a donor participant illustrates this, whereby the participant, somewhat less fondly, recalls the enhanced involvement of CSOs brought about by the epidemic:

So some NGOs were doing quite well out of that HIV/AIDS gravy train² and others maybe less so and some were just probably too small or too, you know, lacking capacity to really, to really get in on the action... I think civil society should have quite an important role in accountability and so on, but very

² Oxford Dictionaries Online defines this informally used phrase as: 'Used to refer to a situation in which someone can make a lot of money for very little effort'.

often the opportunity isn't realised just because nobody knows how to get a grip on them.

- Bilateral donor participant III

HIV/AIDS services have expanded hugely since those days; crucially, the national ART programme has expanded from levels of reaching just 900 people in 2005 to covering more than 300,000 people currently (Assefa, Jerene et al. 2009, GFHATM 2014). This rapid scale-up of ART is almost entirely funded by the Global Fund, with PEPFAR supplementing the service with support for paediatric ART. The interpretation here is that this large-scale availability of treatment appears to sway support away from a social response, where a multitude of actors enter the field of play, to a biomedical one organised by the public sector. Indeed, the appreciation towards the national ART programme was ubiquitous in the setting. Even when CSO participants argued for more emphasis to community based health promotion services, they were doing so while acknowledging the central role of the ART service. Participants' support for the ART programme seems to emanate from their experiences before and after the ART service in the setting. The following quote exemplifies this:

But the main benefits of the Global Fund and something that really leaves you deeply satisfied is that people have been treated through these funds! So if you take me, I used to work with the Family Guidance Association before ART was introduced, so what we used to do before is go home to home and delivery home based care, palliative work, cleaning people's ulcers and so on ... But when the drugs arrived, someone who had lost massive amounts of weight that they were only weighing about 20 kilos and bedridden would gain weight, rebound to normal, something like 60 kilos, and get back to working again ...

- Bilateral donor participant VII

As indicated earlier, this high level of support from the ART programme also appears to implicate the debate related to clinical care versus multisectoral approach to the disease. A participant from bilateral donors went as far as attesting that the national scale-up of ART had effectively transformed the AIDS epidemic from a

‘multisectoral’ problem to a medical one. The participant specifically challenged the qualification of HIV/AIDS as a uniquely multisectoral issue that requires multisectoral response. They argued that this was no longer tenable as the disease has now effectively become a treatable condition. This dialogue with the participant actually ensued when I asked them what they thought of the concern expressed by some actors that merging the CCM with the other health sector coordination mechanisms (the JCCC), would threaten the broad-based, multi-sectoral engagement achieved through the CCM:

***Interviewer:** But there are others who say, doing that would dissipate the focus on the 3 diseases that the Global Fund has accorded*

***Participant:** Possibly, I certainly I think the HIV, some of the HIV Funds, especially UNAIDS say, ‘but you know HIV is a multi-sectoral approach therefore it’s gotta be outside of health’. I don’t actually buy that anymore, I think, you know when I was, I set up the CCM in [they specified the country and the year they set up the CCM] and at that point, there was very much, you know, HIV was a multisectoral issue, because there was no medical approach, you know there was no cure to it, but now over the last decade, we have seen such a shift in HIV, it is a medical issue now, yes there are issues about caring for orphans and vulnerable children, but I would say there are more orphans due to maternal mortality than HIV in Ethiopia, so I think the argument is a bit weak now, to be honest, and health is a multi-sectoral issue, not just HIV, so actually I think, I think that it is not a valid argument anymore, in the Ethiopian context*

- Bilateral donor participant I

Hence, the greater level of importance that seems to be attached to clinical care interventions in CCM deliberations appears to be rooted in wider shifts in trends related to how the epidemic is perceived pre and post the national ART scale-up. The rapid scale-up of ART in the country appears to be momentous in affecting how the disease is conceived and the relative position of actors that follow from this.

5.4 Critical theme III: Actors' perceptions of each other

The third critical theme relates to participants' perceptions of each other's (actors') roles and positions. In this regard, the public sector was perceived as getting its way during interactions in the CCM, CSOs were described as too timid and lacking an assertive voice in their interactions with the public sector, donors were depicted as being too cautious in their involvements, and the private sector were seen to be 'missing in action'. This section accordingly participants' perceptions of actors' positions and roles.

5.4.1 A public sector that gets its way

The interviews conducted with participants coming from CSOs and donors all revealed a perception of a public sector that gets its way in the deliberations taking place within the CCM. These participants described the public sector as representing a highly organised entity that has clear visions of what it seeks out of the partnership. The public sector was also described as having strong positions regarding what its own roles and those of other actors should be.

The ruling party is coherent from top to bottom, most organised group I have ever come across, and the health sector, most coherent of any country I have worked in...

- Bilateral donor participant VI

It's a very dynamic policy environment, you have got great, strong government leadership, they know what they want, they know how to get it, policies are based on evidence, they are pro poor, you know and, it's delivering results, I think that's what's so exciting, We really are seeing significant results on the ground that are independently verified, I mean it's not, you know, so it's, it's fantastic actually, it's great working here.

- Bilateral donor participant I

In terms of its influence on others, the public sector was described as dominant. Participants from donors and CSOs imparted a sentiment that deliberations are seldom conducted 'from scratch', and that the agenda are often tightly controlled

(‘scripted’) by the public sector. In this respect, the choices regarding ‘what to do’ and ‘who would do what’ were said to be tightly regimented. For participants from donor agencies and CSOs who reflected on this issue, the phenomenon merely represents an extension of the general trend in the way the public sector acts in the setting. It was an issue they were all too familiar with from experiences of working in the setting, a trend they had learned to live with. This sentiment of a strong public sector that assumes foremost responsibility, and delimits the roles of actors was widespread amongst CSO and donor participants. The following quotes extracted from CSO and public sector participants illustrate this predominant sentiment:

As you can see our government is a developmental state so it claims that foremost responsibility for the citizens of the country lie with the government, the constitution caters for everything, and so unless the government is overwhelmed and expresses need for input and involvement from other actors, all external support, money has to come through the government

- CSO participant V

As government, we have leadership role, no question about that –
(Public sector 4th interview (EHNRI))

- Public sector XII

Some participants from donor agencies and CSOs described some of the ways in which this dominance of the public sector manifested in CCM deliberations. The quote presented hereunder provides an insight into how this dominance of the public sector plays out in the deliberations and negotiations that occur within the CCM.

So if the government had requested 200 million and the Global Fund says that the ceiling of fund requests should be 200 million, and we [CSOs] had asked for 50 million, it would not mean that we would be denied any place, as our participation is required, but the government won’t drop its shares to incorporate our 50 million, what happens is that our share would reduce markedly, like down to 10 million, so the reduction would not be proportional, the pressure would mostly be on us

- CSO participant XI

Hence, the public sector is characterised as a highly organised entity with clear plans and strong commitments to tackle the objectives set within the CCM. However, this also comes with a side effect in which the sector is seen to be too dominant in the deliberations within the CCM. The next section turns to discussing study participants' perceptions of CSOs.

5.4.2 A timid civil society

In contrast to these perceptions about the public sector, the perceptions of CSOs, as garnered from the views of participants from donor, public sector and CSO participants themselves, reflected an unflattering assessment of a sector too timid in their involvements in the mechanism. The assessments included observations that the CSOs are less assertive and incapable of making optimal use of available spaces of participation. The CSOs included in the CCM are generally seen by participants to be lacking the capacity to engage in deliberations across a wide range of topics in the field of public health. As discussed in section 5.2, the views of public sector participants regarding the relative importance of clinical versus community based health promotion works also carry an unfavourable appraisal of the capacity and mandate of CSOs. Some donor participants also shared these sentiments:

The other thing is that they are recipients [the CSOs] but yet do not have that much experience, both are weak, although EIFDA is a bit better. So when you look at their capacity, power and negotiation skill and the position they hold within the CCM, they really hold very weak positions. So they are not that skilled to negotiate and are not empowered at the same time.

- Bilateral donor participant II

In addition, donor participants imparted a sentiment that the CSOs sitting at the CCM, claiming to represent their respective constituencies, may be prone to conflicts of interest as they are beneficiaries of Global Fund grants. Some donor participants went as far as questioning the extent to which the CSOs that sit on the CCM can be

considered to be free from the control and influence of the public sector. The following dialogue with a donor participant reveals this dilemma that donors harbour regarding the CSOs and their relationship with the State:

***Participant:** But like I said it's [the Global Fund] the largest donor and the Ministry is very dominant, so I think in general, if you would look at it, it's or I mean personally I would just consider it, this is all government money, and even then, I think it's only Ethiopian Interfaith Forum who is another recipient or is there somebody else?*

***Interviewer:** NEP+[Network of People Living with HIV/AIDS]*

***Participant:** NEP+ aha, also one of the natural, what is it, beneficiaries. How independent are these organisations from government? I don't know, I don't know. So I think the whole thing is dominated by, by government and sometimes, I think, well, is that really bad?*

- Bilateral donor participant V

Hence, the perception of CSOs amongst donor, public sector and CSO participants is one that sees CSOs as lacking in capacity and power to engage assertively in CCM deliberations. In addition, their involvement in a mechanism from which they receive grants, cause donor participants to raise questions related to conflicts of interest and the CSOs' independence from the influence and control of the public sector.

5.4.3 A cautious donor community

Donors were generally characterised as having a cautious stance in their involvements in the CCM. These views predominantly came from CSO participants as well as self-reflections by some participants from donor agencies. The former appear to come with expectations of an assertive role on the part of donors to counter the influences of the public sector. These expectations may be borne out of awareness of donors' commitments to pluralist and inclusive systems of development management and governance. However, to the dismay of the CSO participants, the donors are seen to be too cautious to confront the public sector or to keep in check, what the CSO participants see as an unfettered domination by the public sector. As illustrated in the quotes from CSO and donor participants below, the

donors are instead seen to keenly observe the rules of engagement that have been laid out by the public sector in the Ethiopian setting.

The development partners, especially the funding agencies, are not bold enough to talk to the government regarding the comparative advantages and roles of the civil society, and frankly, some of them [donor agencies] don't really know where the comparative advantages and roles lie. Even if they know, some of them will not act unless the government gives that privilege ...

- CSO participant I

CSOs are not comfortable with the cosy relationship that exists between donors and the government

- Bilateral donor participant VII

The section has revealed the predominant perception in the setting that donors' actions reflect a cautious stance, as opposed to the assertive role CSOs expect them to play.

5.4.4: A private sector missing in action

The findings related to the private sector entail that the sector, in its conventional form (private health care providers), is entirely 'missing in action' in the CCM. As discussed in chapter 4, the 'private sector' is represented in the CCM by the Ethiopian Employers Federation and the National Trade Union. This was an interesting discovery to me as my assumption had been that the 'private sector' in the health sector would rather include private health care service providers such as private clinics, pharmacies, diagnostic centres and so on. The absence of representation of private health care service providers contrasts sharply with the significant proportion of health care facilities that are managed by the sector: around 40 % of all curative and rehabilitative services in the country (Chapter 4). It appears that there was no organised body that had come forward to represent private health care facilities in the CCM and other members of the CCM instead did designation of representatives for the 'private sector'. The following dialogue with a CSO participant illustrates this point.

***Interviewer:** What I find interesting is that the private sector is represented by the Employers' Federation and the National Labour Union? I would have thought that private clinics, hospitals would be represented at this forum. Why do you think they are not there?*

***Participant:** I remember the thinking behind inviting the Employers Association and the Labour Unions was influenced by the desire to incorporate HIV/AIDS workplace interventions. But I don't believe that's worked either finally. The medical professionals had one association at the time, which was called 'private medical partners association' and there were ideas about bringing that association into the CCM. However, it was then thought that this in turn meant that only the health care sector got represented in the mechanism. And this would in turn mean that we would be neglecting the workplace concerns, which was not sensible, especially given the mega-projects employing large amount of staff in the country, such as the sugar factories and hydroelectric plants that employ 5,000 – 6,000 people each [so high potential for workplace interventions]*

- CSO participant XV

As described in the participant's quote above, the definition of 'private sector' adopted by the CCM is based on the ILO driven agenda of workplace HIV/AIDS policy and strategy. In any case, this decision, in the face of lack of any organised representation of private health care providers, has culminated in the exclusion of a key stakeholder group from this important partnership mechanism. For some participants (1 participant from donors and 2 from the public sector) this has more to do with the way private health care providers are generally perceived in the setting. They contend that the predominant conception of private health care providers in the setting constitutes one of a profit driven entity that has no role in poverty related issues. The following quote exemplifies this assertion.

For me, I don't really see the value of engaging the private sector in the CCM, because at the end of the day they are there to serve the needs of the richer sections of the society, those who can pay for services

- Public sector participant XI

Hence, the perceptions of actors in the setting entail a picture of a proactive public sector that gets its way in deliberations in the CCM, a timid civil society, a cautious donor community and a private sector missing in action. Now the section turns to explaining these observed trends with reference to the structured context (CCM regulatory frameworks and the deeper frames of reference)

CCM related factors that influence critical theme III: ‘Country Ownership’ as a Global Fund principle

This section explores the CCM related factors that are seen to reinforce the dominant role of the public sector, the timidity of the CSOs, the cautiousness of the donors and the absence of private sector health care providers in the interactions. In this regard, the Global Fund’s principle of country ownership and how it has been operationalised within the CCM is found to be a critical factor. The principle is seen to have been written vaguely, without specifications of what it should mean for the different actors involved in the mechanism. This situation appears to have left the interpretation of the principle to the in-country actors, which in turn plays into the power and influence of powerful actors in the setting (the public sector). As highlighted in chapter 4, the Global Fund’s explication of its core principle of ‘country ownership’ is quite terse and does not explicate what the principle means for different in-country actors:

The countries where we support programs to fight AIDS, TB and malaria know how to solve their own problems. The principle of country ownership means that countries determine their own solutions to fighting these three diseases, and take full responsibility for ensuring the implementation of these solutions. In this way, each country can tailor their response to their own political, cultural and epidemiological context.

A review conducted by a high level independent review panel in 2011, which studied the grant portfolios of 40 countries as well as visiting 12, had observed that there was ‘no shared perception’ of this ‘hazily defined’ principle both within and outside the Global Fund (High Level Independent Review Panel 2011). This has in turn led to a ‘culture of passivity’ in grant management on the side of the Global Fund, whereby ‘it can be easy to game the system’ (High Level Independent Review Panel 2011; P. 22). The report has called for a redefinition of the statement so as to also

encompass the provision that ‘all stakeholders participate meaningfully and on an equal basis in decision making’ (High Level Independent Review Panel 2011; P. 22). This further confirms the interpretation forwarded in this study that the way that this principle has been loosely defined and enforced is playing into the hands of powerful actors.

It is worth noting here that the Global Fund’s emphasis on country ownership forms part of a wider trend in contemporary donor/recipient government relations. As underscored in global accords on aid effectiveness (OECD 2008), donors are expected to work through government systems to support the national poverty reduction plans. This constitutes efforts aimed at eclipsing the negative effects wrought by donor driven agenda in the structural adjustment era (Feyissa 2011). Hence, the lack of specification of what the principle entails within the CCM needs to be seen as further entrenching the upper hand accorded to national governments within wider donor/government relations.

One of the ways in which this commitment to country ownership has been operationalised within the CCM relates to the specification within Global Fund global guidance notes and in the guidelines of the Ethiopian CCM that Country proposals should reflect the priorities of the national strategy plans of the host country. This specification is seen as reinforcing the control of the public sector as the national plans in Ethiopia are widely seen amongst non-State actors as documents produced through the dominant role of the public sector. Hence, some donor and CSO participants saw this specification as further extending the domination of the public sector in national policy processes to the CCM. To begin with, the statements ascribing this provision within the Global Fund guidance and the Ethiopian CCM are presented hereunder:

Global Guidance (GFATM 2013; P. 6):

Build on, compliment, and coordinate with existing regional and national programs in support of national policies, priorities and partnerships, including poverty reduction strategies and sector-wide approaches;

Ethiopian CCM (CCM/E 2004; P. 4):

As a coordinating and governing body, facilitate the synergy between activities of the Fund, HSDP [Health Sector Development Plan], EMSAP [Ethiopian Multi-sectoral HIV/AIDS Programme], SDPRP [The Sustainable Development and Poverty Reduction Plan], MDGs [Millennium Development Goals], donors, civil society and others.

The position accorded to these national strategy documents within CCM processes is quite strong. As highlighted by interviews with participants coming from the different sectors, the national strategic plans are literally taken as the source or ‘mother’ documents for ideas to be included in the CCM country proposals. In this regard, donor and CSO participants reflected that this essentially affected the scope for innovativeness in the CCM country proposals, instead leading to a trend of replicating what they see as plans developed through public sector controlled processes. The following quote coming from a participant from the public sector illustrates the position accorded to these national strategies, while the quote by a CSO participant exemplifies the concerns of CSO and donor participants:

The source document for the proposal development process is the strategic plan, the national strategic plan [HSDP – Health Sector Development Plan] is the governing document for whoever is working in the country, be it government, the CCM, the Principal Recipients, the regional bureaus, whoever it may be, the governing document is the strategic plan, so the proposal is prepared on the basis of the strategic plan.

- Public Sector Participant XI

I have to be honest, when the strategy was being developed, I was part of that process, however, I can't say that the strategies have been developed in a way we wished they would, we have been part of it, if you ask me if we had participated, I would say yes, but if you ask me if it was done in a manner that the civil society or donors wanted, I would say no...

- CSO participant XIII

In a nutshell, the way the principle of country ownership has been institutionalised is seen as further reinforcing the dominant role accorded to the public sector. The next

section discusses the deeper frames of reference that are considered to the critical theme related to actors' perceptions of each other.

Deeper frames of reference related to critical theme III: The nature of the Ethiopian State; culture of sovereignty and tradition of government; and the Charities and Civil Societies Proclamation

Three factors emanating from the deeper frames of reference in the setting are considered as reinforcing the above-described trend in the position and role of actors within the CCM. These factors are the nature of the State in Ethiopia, the culture of sovereignty and government, and the Charities and Civil Societies Proclamation. As described in chapter 4, the State in Ethiopia is constituted as a developmental State based on the revolutionary democracy ideology of the ruling party, which has been in power for the last 24 years. The developmental state thinking essentially constitutes an 'antithesis to neoliberalism', whereby it unabashedly attributes an enhanced role for the public sector in the provision of public goods (Bach 2011, Feyissa 2011). In this regard, as quote from a civil society participant demonstrates, actors participating in the CCM are well aware of this ideological stance, and consider it as part of the rules of engagement in the Ethiopian setting:

The resource needs in this country are huge and when you look at the policy orientation of the country, it follows a developmental state approach, which means that the government plays the prominent role ['ye awrawin mina' in Amharic], the leading role ['fit awrariwin' in Amharic], takes the lion's share of the work ...

- CSO participant II

The Amharic phrase, 'ye awrawin mina', vaguely translates to 'prominent role' in English. However, the usage in Amharic comes with more cultural resonance as it is used as a metaphor referring to the role of a pack leader (in chickens, usually), which has a decisive say on all matters relating to the pack. Hence, the reference from the participant carries this deep cultural understanding of the proactive and multifaceted role the Ethiopian government plays in all aspects of life in the country.

As discussed in chapter 4, the ideological orientation of the Ethiopian State, revolutionary democracy, is understood to be an adaptation of the Marxist

ideological lineage of the ruling party (Bach 2011). This has in turn translated into a ‘very interventionist’ state that takes it upon itself to fashion economic and social policies and to deliver social services (Bach 2011). As Hagmann and Abbink (2011; p. 584) observe, although the Ethiopian State adopts a rhetoric akin to a participatory model of development, the ‘EPRDF’s [ruling party] approach to development is state-centred and state driven’.

The ideology also carries with it a characterisation of the different actors in the setting. In this regard, it qualifies the State as ‘the only one [type of actor] able to maintain a real autonomy in a globalised world’ (Bach 2011; P. 651). It further prophesises that the proactive state is the only way that can lead to a ‘broad based’ and ‘sustainable’ development, as ‘markets are not well developed’ (Feyissa 2011; P. 796). In contrast, the characterisations of those actors that are seen to subscribe to a neoliberalist perspective, such as CSOs, human rights activists and opposition parties, are quite damning (Bach 2011). The relationship between the State and civil society is especially riddled with ideological and political wariness (Bach 2011, Feyissa 2011). A statement released by the Government Communication Affairs Office, in response to an assessment made by the Human Rights Watch (HRW) on the human rights condition in the country, betrays this deep suspicion that the State harbours towards non-state actors:

.... It is common knowledge that many NGOs in Africa are bank-rolled by foreign sources mainly to serve as Trojan horses for rigid neoliberal interest groups that seek to detect African politics. It has all too often been the case that diehard neoliberals underwrite these organisations through which they try to leverage Africa’s leaders and run the gauntlet against any governments that dare resist their ideological preference... (FDRE 2010)

Regarding its relationships with donors, the government enjoys a favourable relationship whilst protecting its policy space. In this regard, it has managed to secure huge amounts of external support while staving off the kind of conditionality and external influence often imposed on other Sub-Saharan African countries (Borchgrevink 2008, Feyissa 2011). As Feyissa (2011; P. 800) observes:

Even the Structural Adjustment Programme, the quintessential of donor ideology, was qualified in Ethiopia to the extent that it did not go as far as

international financial institutions would have liked it to go, particularly the liberalisation of the financial market, privatisation of land and telecommunications which are still state owned.

Hagmann and Abbink (2011) point towards the unique position of the country in reference to a number of geopolitical considerations as reasons underlying the latitude enjoyed by the public sector. They (Hagmann and Abbink 2011; p. 590) state that donors exhibit a general willingness to 'accept a heavy dose of authoritarianism' in return for stability in a conflict ridden region, and in respect of what is considered to be an effective system that delivers on globally set development targets. In addition, a post 9/11 world appears to have firmly established the country as a strategic ally to the west in the global war on terror, an 'anchor state', which further accords the Ethiopian State leverage in its negotiations with donors (Feyissa 2011).

Hence, the claims made by participants regarding the interactions between donor agencies and the public sector need to be understood in light of this wider positioning of actors and the strategic issues that are at stake in these relationships. Similarly, the timidity of CSOs needs to be understood in view of the proactive, interventionist government. For CSOs and the private sector, functioning in a setting where the public sector proactively engages in all aspects of social and economic development, is bound to have restrictive effects.

The other contextual factor seen to be related to this critical theme concerns participants' accounts of a strong culture of sovereignty and tradition of governance. Participants from donor agencies alluded that they operate with an awareness of the sensitivities surrounding sovereignty and independence in matters of government in Ethiopia. Feyissa (2011; P. 800) makes a similar observation regarding the general trend in donor/government relations in Ethiopia where he observes that external actors operate within the realm of a 'core domestic agenda' that is 'strongly owned' in all fields of development including 'agriculture, economic management, the pace of liberalisation and its [the government's] commitment to improving basic social services, especially in rural areas'. He (Feyissa 2011; P. 800) further relates this to the country's historical legacy as the only African country that has never been colonised, which he explains as being 'enshrined in the collective memory of the

nation and strongly informs the country's international relations'. A donor participant discussed how this sense of tradition of sovereignty was widely manifested in policy level interactions:

One other thing about working in Ethiopia is that people do have a sense that it's their own country and that they can make their own decisions and that they know what they want and that they are able to ask for what they want, and not that they just don't have to take whatever comes along or whatever donors decide to do, which is a kind of attitude that you sometimes don't find in other countries which is kind of, kind of depressing...there was somebody in World Bank or the EC [European Commission] and I don't remember who it was and what the context is but it was some, one of the higher officials in one of these partner organisations who said of Ethiopia, 'well, ownership is not an issue!' And it was something that we all kind of repeated because it was so true!

- Bilateral donor participant III

Another cultural trait that is seen to underlie the trend of a dominant role played by the public sector relates to the reverence towards authority in the Ethiopian culture. Some donor participants remarked that Ethiopian representatives of different agencies including CSOs and donor agencies approached the deliberations with public sector authorities with a great deal of deference. As can be seen in the following quote taken from an interview with a CSO participant, it is a widely upheld conception that speaking against authority entails consequences:

In this country there is something, it is considered part of the culture, if you have some difference of opinion and if you express that in public, you have to leave that office or you have to keep quiet ...

- CSO participant XIII

As Lefort and Eacute (2007) observe, although the traditional, popular conception of *mangist* (government) as ultimately derived from God, has been obliterated with the overthrow of the last Emperor (1974), the notion of *mangist* as something residing above the people and something to be revered, still persists. The authoritarian culture of governing in Ethiopia is said to transcend successive systems of

government in history; surviving through the monarchical, the military and the current, developmental state regime (Hagmann and Abbink 2011). This tradition of authoritative government was evident to donor participants as exemplified in the following quote:

I am not quite sure if the Ministry has the experience to manage such a process, you know, you can understand what I mean, as a ministry you can want something, but maybe, maybe also a part of the culture is just not like that, that you ask other people to come and provide the ideas, maybe, I mean, Ethiopia has a history of strong governments. To say it like that, so maybe it's not easy to make the change

- Donor participant V

Finally, two contextual factors appear to specially affect CSOs. These are the 'Charities and Societies Proclamation' that was promulgated in 2009 (FDRE 2009) and CSOs inherent representation and coordination crisis in the setting. Regarding the former, the law is seen to underlie the timidity of CSOs in interactions in the CCM as it is seen to be highly restrictive towards CSOs. A key provision of the law constitutes a stark demarcation between 'local' and 'international' charities, which entails a restriction on those classified as 'international' from involving in issues related to human rights and advocacy works. In tandem with this, the law stipulates that those designated as local charities cannot raise more than 10 % of their budgets from external sources (the 90/10 law) and that all charities have to restrict their administrative budget to 30 % of their total budgets (FDRE 2009).

The Proclamation has also established the Charities and Societies Agency, with 'broad discretionary powers' to oversee the conduct of civil society organisations in the country (HRW 2008). Since its adoption, there have been numerous criticisms of the proclamation for restricting the scope of work of the civil society sector and for affording the Charities and Societies Agency unrestricted powers to interfere in the affairs of civil societies (HRW 2008, Addis Standard 2012, Amnesty International 2012). A recent study aiming to take stock of the effects of the proclamation (2014; p. 18) has indicated the 'potentially high organisational mortality as a result of the proclamation, in that the number of federally registered local CSOs fell by 45%, from 3800 in 2009, to 2059 in 2011'. Participants from donor and CSO participants

indicated that the proclamation has generally made the environment less hospitable for CSOs. The following quote illustrates the this assessments:

We have got the new civil society legislation as well that was passed recently in Ethiopia, which again makes it more difficult for some NGOs to operate or it makes them wary of speaking out against the government, you know, they feel more vulnerable...

- Donor participant I

Participants differed in their assessments of the extent to which it affects those CSOs participating in the CCM. Some participants observed that their experiences entailed that organisations that were not involved in ‘sensitive’ areas of work and who engaged purely in service provision work were not threatened by this legislation. On the other hand, others felt that the law served the government as a deterrent force to keep the CSOs in line. Generally, the latitude for local actors to be critical towards key government policies seems to be constrained by a system that a participant from donor agencies describes as making ‘freedom of expression not always easy’.

... expression of, freedom of expression is not always easy, particularly for Ethiopian staff, particularly for NGOs, also foreign NGOs ...

- Bilateral donor participant V

Coming to the representation crisis that CSOs in the setting are said to be suffering from, participants from donor agencies and CSOs themselves reflected that the CSOs sitting at the CCM table have a very fluid constituency and that there are contestations over their positions in the CCM. This was highlighted as a source of weakness for the CSOs. As discussed in chapter 4, the CSOs sitting at the CCM include NEP +, which sits on the CCM representing the associations of people living with HIV/AIDS in the country, EIFDA, which represents faith based organisations, and CCRDA, an umbrella organisation for local and international NGOs in the country. Participants raised questions as to whether these organisations genuinely represent the range of voices in the civil society sector in the country, and whether they have the organisation and capacity to represent their constituencies effectively:

I can't say they represent the civil society groups [EIFDA and NEP + - the CSOs that sit within the CCM]

- Bilateral donor participant IV

The networks most of the time don't represent their constituencies effectively, what that means is that they don't have adequate capacity and legitimacy to represent their constituencies' work and voice.

- CSO participant I

In summary, this section has discussed the critical theme related to actors' perceptions of each other and the factors that are seen to underlie observed trends in actors' behaviour in the setting. In this regard, the perceptions of participants depicted the following picture about actors: a public sector that gets its way, a timid civil society, a cautious donor community and a private sector missing in action. The discussion of the factors that underlie these trends in the behaviour of actors highlighted the importance of the global Fund's principle of country ownership and the resulting emphasis on national strategy plans as CCM related factors. At the level of the deeper frames of reference, the discussion outlined the relevance the ideology of the government in Ethiopia, the culture of sovereignty and tradition of government, the Charities and Civil Society Proclamation and CSOs inherent representation and coordination crisis.

5.5 Critical theme IV: A dominant discourse (An effective system best left to its own devices)

The last of the critical themes relates to the predominant perception of the Ethiopian CCM (and the health system at large) as an effective system. This perception is seen to be pervasive amongst participants of this study and amongst actors in the setting, generally. This assessment of an effective system is made both in reference to the success of the CCM in winning Global Fund grants and generally in reference to the public sector in Ethiopia, in terms of its achievements in meeting globally set development targets. The following quote illustrates this pervasive perception in the setting:

... there is a strong leadership provided by the government but also by the CCM in Ethiopia, which has made Ethiopia the largest portfolio of the Global Fund, with a cumulative investment of about 1.7 billion USD, so the success in being able to attract so many resources of the Global Fund in itself is a demonstration of the leadership provided by the CCM in the country. And of course the CCM in the country is chaired by the Minister [of Health] so it has a very positive thing ...

- Multilateral donor participant IV

This perception is seen to be highly consequential in terms of sustaining the statuesque in the CCM. Particularly, it is seen to be injecting a sense of reluctance on the part of donors in terms of whether they would assert their influence in order to demand adjustments to engender more meaningful involvement of all actors in the deliberations. In other words, this assessment of ‘a system that gets things done’ has implications on how the shortcomings of the system related to lack of meaningful deliberation are gauged and acted upon by the Global Fund and the other donors involved in the partnership. The effectiveness argument essentially acts as a trump card against criticisms of other aspects of the partnership process. The following quotes illustrate this observation:

... But it's not worrying that much, because the performance targets are largely being met. So it [government dominance] may not be an issue at the moment.

- Bilateral donor participant II

...you have got to understand the conflict between, yes you have got an effective government in social sectors, on the other hand, there are some issues about freedom of expression human rights, blah blah blah, uh and that's of course, yeah that's a challenge to uh to deal with that, on the other hand, what I would say here is I would say listen, access to health care, and access to education, access to water resources is human right, and I think, I really think the Ethiopian government should be given credit for that part of human rights, I think there are other parts of human rights where you should have dialogue with government and say well you are not so happy

with this kind of thing or could you maybe arrange things in a different, different manner, but sometimes I think we are a bit too, too critical ...

- Bilateral donor participant V

Hence the observation here is that there is a pervasive understanding in the setting that the Ethiopian public sector and the Ethiopian CCM are highly effective mechanisms that are delivering results. This understanding is in turn seen to be highly consequential as it influences the way the record of the public sector in other areas of the partnership process are gauged and acted upon by other powerful actors in the setting, such as donors. The next section discusses the contextual factors that are seen to reinforce this observed trend.

CCM related factors that reinforce critical theme IV: The Global Fund's Performance Based Funding System

The factor that is seen to reinforce the effect of the dominant discourse of 'an effective government best left to its own devices' relates to the emphasis on performance placed by the Global Fund's performance based funding system. The statement from the Global Fund that describes the performance based funding approach reads:

Performance-based funding: *That means that on-going financing is dependent upon performance. While initial funding is awarded based on the strength of a proposal, continued funding is dependent upon the demonstration of proven results. In essence, countries must be able to show where the money has been spent and what results have been achieved with that money in order to continue to receive on-going funding. (GFATM 2015)*

This explicit emphasis on performance, whereby subsequent rounds of funding would be based on an assessment of implementation of activities in previous rounds of grants essentially exalts the importance of an 'effective system' above all other considerations. The consequence of this is that other concerns such as levels of participation are effectively treated as subsidiary to 'effectiveness' concerns. This in turn places the public sector in a favourable position as the perception of the public sector as an effective system that delivers results is widely recognised by local and

international actors, as describe above and in chapter 4.

5.6 Chapter Summary

This chapter has presented the identified critical themes in terms actors' characterisations of their lived experiences, and discussed an interpretation of these characterisations against pertinent factors emanating from the structured context (the CCM regulatory frameworks and the deeper frames of reference in the Ethiopian setting). In this regard, the analysis follows the critical realist paradigm and the theoretical lens adopted in this study regarding how the relationship between actors' agency and structure occurs. Accordingly, the section has presented an attempt of understanding the trends in interactions between actors not just as a function of their ageneitic factors such as their intentions and strategies or as an outcome of the sole-determinacy of structural factors. Rather it offers a 'situated' interpretation of actors' intentions and strategies within a 2-layered context. The critical themes related to actors' characterisations of their lived experiences and the underlying factors emanating from the structured-context are summarised in table 7.

Accordingly, the key characterisations of the lived experiences were presented as constituting: asymmetric consensus, dominance of clinical care, actors' perceptions of each other (a public sector that gets its way, a timid civil society, a cautious donor community and a private sector missing in action), and a dominant discourse of an effective system best left to its own devices. These characterisations were explained in reference to key contextual factors emanating from the CCM regulatory frameworks and the deeper frames of reference in the Ethiopian setting. The factors related to the CCM regulatory factors include: rules and operational guidelines of the CCM, the composition of the CCM, Global Fund principles of country ownership, performance based funding and partnership, and the Fund's zero tolerance to fraud. The factors related to the deeper frames of reference and highlighted as critical to the observed trends of interaction include: the nature of the Ethiopian State, poverty alleviation as a political pledge, the culture of sovereignty and tradition of government, the history of AIDS in Ethiopia, and CSO's inherent representation and coordination crisis.

The discussion in the chapter has accordingly sought to tell a story of actors' lived experiences of interacting within the CCM in Ethiopia, as an 'embedded tale' (Nauta 2006). This approach has also sought to illuminate how the factors emanating from the different layers of the context, the CCM regulatory frameworks and the deeper frames of reference, also interact with one another as they influence the manner of interactions between actors.

The next chapter follows this by narrowing the gaze to analysis of process related factors.

Chapter Six

Process Related Factors

6.1 Introduction

The preceding chapter presented an interpretation of actors' characterisations of their lived experiences in the CCM, with reference to the structured-context (CCM regulatory frameworks and the deeper frames of reference in the setting). In so doing, the chapter sought to contribute towards satisfying the research questions related to exploring how actors interact in and around the CCM, and assessing why they interact in observed ways. In this respect, the themes developed from actors' characterisations of their lived experiences of interacting in the CCM sought to satisfy the 'how' question, while the explanations coming out of the analysis of the structured-context correspond to efforts aimed at satisfying the 'why' question. In other words, the former represents an attempt at describing features of the phenomenon (actors' interactions), while the latter seeks to explain the phenomenon through analysis of the structured-context.

This chapter follows the above with an effort to further contribute to answering the 'why' question, from the perspective of process related factors. In other words, while chapter 5 attempts to find explanations as to why actors interact in observed ways from analysis of the structured-context, this chapter focuses on the process related factors that impede or facilitate actors' interactions. It focuses on day-to-day practical issues that relate to the process of partnering across sectors. This can be seen as an effort aimed at documenting what Huxham and Vangen aptly termed as 'experienced the *pain of collaboration*' and to expose the '*dilemmas* which are subtle enough not to be obvious' (Huxham and Vangen 2005; p. 34) In the process, the commitments toward developing a contextualised understanding of issues is maintained in this chapter too whereby the analysis of the process related factors is relayed as an 'embedded tale' (Nauta 2006) with recourse to the context of interaction.

By exploring the 'macro' institutional factors in chapter 5 and focusing the gaze on the 'micro' process related factors in this chapter, the study seeks to offer a holistic account of the cross-sectoral partnership under study. As highlighted in chapter 2,

studies of partnerships are critiqued for being undertaken in a disparate manner through different disciplines whereby, for instance, while sociological approaches focus on institutional factors, the public management literature has largely been preoccupied with process related issues (Bryson, Crosby et al. 2006).

6.2 Critical themes related to the cross-sectoral partnering process

This section presents the themes that emerged from analysis of the data, in relation to the processes of partnering across sectors, within the CCM in Ethiopia. In this regard, the analysis in this chapter involved an exploration of participants' perceptions, attitudes and experiences in relation to different processes related to the setting up and running of the CCM in the Ethiopian setting. In other words, by exploring participants accounts of their experiences related to the key stages of the partnering process such as recruitment of partners, deliberation within the CCM, the proposal development process and the PR nomination process, the chapter presents the key enablers and inhibitors of cross-sectoral interactions in and around the CCM in Ethiopia. The analysis in this chapter was based on the data generated through interviews and the non-participant observation.

As represented in figure 4, the themes that were identified across the different stages of the partnering process include: *The making of partners* (recruitment process); *capacity to partner* (CCM deliberation process); *manners of deliberation* (CCM deliberation process); *the role of consultants and technical working groups* (proposal development process); *the proposal development rush* (proposal development process); *role of an influential personality* (across all processes); and *challenges related to representing constituencies* (CCM deliberation process and proposal development process).

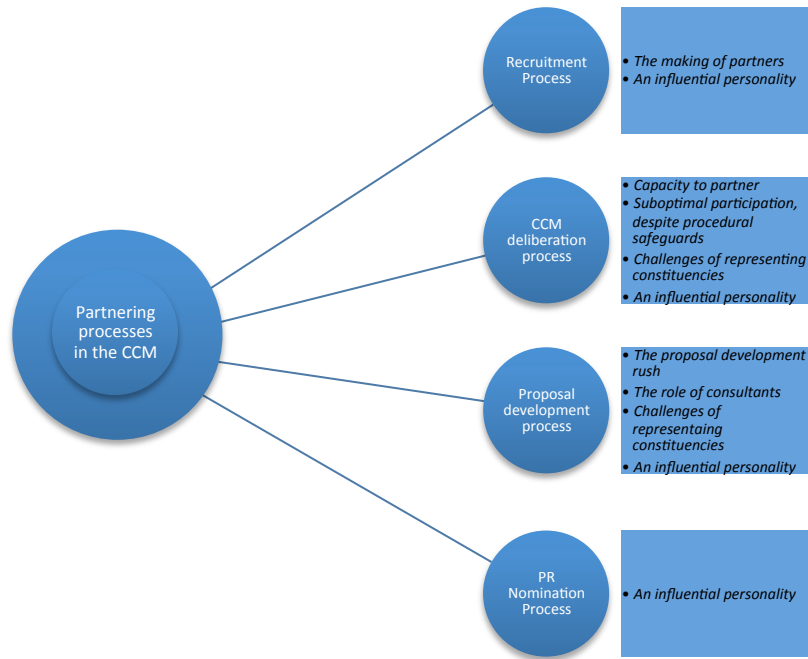


Figure 4: Critical themes identified across the different stages of the partnering process

6.2.1 The making of partners (Recruitment process)

This theme refers to the understanding that is drawn from analysis of the data surrounding the recruitment process that the recruitment of partners into the CCM involves more than a mere process of enlisting actors as members of the mechanism. The recruitment process is seen as having variable effects on the different types of actors in the setting, whereby the criteria set by the CCM regarding potential partners was found to suit some partners (public sector) while causing others to undergo major reorganisation (CSOs). Some sectors are even excluded entirely from the mechanism for lack of organisation at the sectoral level as required by the CCM (private health care providers).

Before exploring these observations in detail, the specification of partners contained within the Global Fund guidance documents will be described here. The statements that qualify who members of CCMs should constitute prioritise the following sectors: the public sector, civil society, the private sector, multilateral and bilateral

international donors, and key affected communities. The relevant statements in the guidance notes (GFATM 2013) specifically state:

All CCMs may include members representing the following constituencies: government, civil society, the private sector, as well as other constituencies, such as multilateral and bilateral international partners working in-country...

CCMs should ensure the representation of key affected populations (refer to footnote 2³) taking into account the socio-epidemiology of the three diseases and the national context. The Global Fund Sexual Orientation and Gender Identities strategy provides additional guidance in this regard for populations most-at-risk for HIV.

Hence, the membership criteria prioritise the representation of key sectors and constituencies at the CCM. This inclination towards ensuring inclusiveness in the way stakeholders are represented in the CCM directs country CCMs to seek to find ways in which constituencies groups would be represented through national level umbrella organisations or associations. Now this requirement is less problematic for sectors that have such a structure and organisation such as the public sector, which is anyway organised at all levels of government in different thematic areas: HIV/AIDS, health and so on. However, for sectors that have more fluid constituencies, such as CSOs, this requirement effectively causes them to reorganise into a more coherent form of representation that will see all the different constituencies subsumed within a national association or network. Even for donors, this has meant that the voices of the autonomous entities that make up the sector, such as different donor governments with different priorities and perspectives on issues related to the host country, would be represented through 2 seats allotted for the sector.

³ 'Footnote 2' as specified in the Global Fund Guidance Notes: *Key affected populations in Key Affected Populations include: women and girls, Men who have Sex with Men (MSM) People who Inject Drugs (PWID), Transgender People, Sex Workers (SW), prisoners, refugees and migrants, people living with HIV, adolescents and young people, Orphans and Vulnerable Children, and populations of humanitarian concern.*

In the case of CSOs in Ethiopia, the CCM actively enforced a requirement that CSOs representing the key, highlighted stakeholders such as NGOs, faith based organisations and associations of people living with HIV/AIDs, should organise into national level associations or networks that will represent constituencies of the respective sectors. For instance, NEP + (the Network of networks of HIV positives in Ethiopia) and EIFDA (the Ethiopian Interfaith Forum for Development and Action) were formed as a result of reorganisation of members in the respective sectors under new national level networks or umbrella organisations. In the case of both networks, although the requirements placed by the CCM were not the only cause for the formation of the national networks, they were a major catalyst for the formation of the networks. The following testimonies from donor and CSO participants exemplify this point:

'CCM was kind of forcing the civil society to be organised and represented'

- Bilateral donor participant III

... you know at the time individual faith based organisations were approaching the CCM unilaterally, especially the Orthodox Church was really getting ahead of themselves, especially as they are the biggest entity and as they have historically had access [to political power], and the same for the Catholics and others, so they [CCM] said that this will not stop, if we give it to the Catholics, the Orthodox would come and ask us ... so they asked us to come as an interfaith body and this shows the wisdom of the chairperson [Dr Tedros, Ex Minister of Health], you could look at it from that point of view, but in any case this was interfaith body was in the process of being formed by then ...

Interviewer: *So two things here, your consortium is like that of NEP +, and it looks like the government prefers that, so is it all done in response to the CCM?*

Participant: *No no... the consortium came via its own way, EIFDA has been a long time coming, it started from New York, started from the 1999 Religion for Peace Conference in New York, where the World Council of Religious Leaders (WCRP) was founded ... (CSO participant XI)*

Similarly, testimonies regarding NEP +'s formation indicated that there were long standing efforts to form a national level association that would subsume and represent the different PLWHA associations active in the country. In this case too, the impulse from the CCM further catalysed existing ideas and plans towards forming a national level network that would represent all constituencies of the sector. The CCM's support for a national level network was critical for the formation of NEP + as the longstanding individual national PLWHA associations, namely, Tilla, Dawn of Hope, and Mekdim, had all staked a claim to the seat allotted for the sector within the CCM.

As per the recollections of participants from the networks and other members who were involved in the recruitment process, the formation of these networks (both EIFDA and NEP +) was a highly contested affair. The prospect of representing the sectors in this critically important national mechanism had enticed the major players in these sectors (faith based organisations and people living with HIV/AIDS) to compete for the seat allotted for the sectors individually, rather than subscribing to the idea of formation of new networks. In addition, some of the constituencies, such as the different faith based development organisations, were not entities that could be easily incorporated under the same network. The following quotes illustrate this:

... The dilemma was between choosing one of the longstanding associations and going for a network that represents the multiple associations, finally, it was decided that it would make sense to take the network option as it would eventually enable the Global Fund resources to reach out to and build the capacities of the member associations, because NEP + does include Mekdim and Dawn of Hope, Mekdim in fact fought hard saying that it is them that should get the seat at the CCM

- CSO Participant XV

When EIFDA was founded the process was very long, to get the Patriarch and the Muslims accept the arrangement of being within the constituencies of EIFDA took a long time, that's why it took a long time ... there was a lot of challenges getting the council to work together, say if a Protestant pastor asks the Orthodox patriarch to sit in a meeting chaired by the former, it creates tension, so we focused on the development wings, which are mainly

staffed by secular, technical people, we then eventually took the matter to the religious leaders. It helped that at the time that we took the matter to them, the CCM had put its weight behind EIFDA and they could clearly see the relative positions of their respective development wings within EIFDA, so they surrendered ...

- CSO participant VIII

The other important observation is that the negotiations related to the formation of the networks had involved moderation by the Ministry of Health, particularly, the then Minister of Health, Dr. Tedros Adhanom. This constitutes a critically important issue as the recruitment into the CCM and the requirements that were placed as a consequence, have allowed the public sector to have a say in the organisation and representation of CSOs within the mechanism. The involvement of the Ministry of Health appears to be significant in the case of NEP +, whose formation was found to be more contested than that of EIFDA.

In the case of NEP +, the long standing PLWHA associations were said to be engaged in intense competition amongst themselves to take up the seat at the CCM. Hence it took a lot of moderation from the public sector to convince enable the formation of the network. The formation of the network involved the recruitment of personnel from the individual PLWHAs into the network and that process was said to be a highly contested one. Most importantly, the individual associations saw the creation of a new network as a creation of new competitor for available resources and for the mandate of representing the voices of affected communities in the country. The contestations in this regard and the effects on the positions of actors are further explored in chapter 7. The following quote from a CSO participant illustrates this observation:

...Indeed there was a lot of chaos when the network was first formed, there were conflicts of interests...they [the pioneer associations] used to solicit funds on their own, however, once NEP + was formed, donors started demanding that the requests should come through the network of networks [NEP +], because it is very convenient for them, as it becomes easier to

gather one report than chase ten or more reports, so the associations started thinking that after all we had created a competitor for our resources ...

- CSO Participant V

This requirement of a sectoral level representation is also seen to have resulted in the exclusion of private health care service providers from the process. In the absence of a national level association that could come forward to claim the seat allotted for private sectors, it is other CCM members who made the decision as to who would represent the sector. This has in turn resulted in the nomination of the National Trade Union and the National Employers Association representing the private sector in the CCM. As discussed in the previous chapter, the nomination of these organisations was influenced by their roles in workplace HIV/AIDS interventions. However, in view of the significant role played by private health care providers in the country (chapter 4), their absence from this important mechanism is considered in this study to represent an anomaly. Chapter 7 further explores their absence from the point of view existing power relationships and the lack of trust between the private sector and the public sector in the setting.

This section has accordingly argued that the recruitment of partners or members into the CCM represents more than mere enlisting of organisations into the mechanism. Specifically, the requirements set by the CCM for partners was seen to have variable effects on different sectors, whereby for some sectors (CSOs) it has resulted in significant reorganisation with lasting effects on the relationships between constituencies of the sectors. The process has also allowed the public sector to have a say in the reorganisation of CSOs. The requirements of sectoral level representation have not suited donors either, whereby fashioning coherent positions out of the autonomous agencies that make up the sector has been problematic. Private health care providers are also excluded from the process for lack of a sectoral level representation in policy processes, despite their significant contribution to health care delivery in the country. Out of all actors in the setting, the requirements appear to have represented the least amount of adjustments for the public sector.

Now the chapter turns to another theme that is identified from analysis of the deliberation within the CCM.

6.2.2 Capacity to partner

This theme refers to variable capacities amongst different actor effectively participate within the partnership mechanism. The data revealed that actors come to the CCM with highly variable levels of capacities. Naturally, this is to be expected, as the members of the CCM comprise different categories of actors who vary in their technical and financial capabilities, as well as their experiences in engaging in similar mechanisms and policy forums. Actors are specifically seen to exhibit differences in respect of the depth and breadth of areas of work they are comfortable to discuss and contribute towards, as well as their capacities to maximise opportunities presented by the partnership.

In a nutshell, it could be said that the CCM brings together, highly contrasting capabilities in terms of financial, technical and experiential attributes of actors. These differences are seen to be quite stark when one contrasts the case of indigenous organisations (CSOs and private sector representatives) with that of the public sector and international agencies (the public sector, bilateral and multilateral donors). The following testimonies from CSO and private sector participants reflect this observation:

...We don't feel that we have either contributed enough or gained as much, and we feel that's down to our own weaknesses

- Private Sector Participant I

What I think are challenges is that as we are at different levels, for example, WHO is a member, so the structure in WHO and that of EIFDA is different, so they often ask 'why don't you do this, it's simple, you can do this and that' But that has to be seen in light of EIFDA being a small, local organisation, of course the member organisations [of EIFDA] are big organisations, so there are issues related to understanding the variable capacities of members, so when you have quite different groups sitting on the same platform they won't have the same perspective ...

- CSO participant IX

Participants also indicated that these differences between representatives of local CSOs on the one hand, and those of governmental agencies and international organisations on the other, extended to usage of the language the English language, which is the working language within the CCM. Some participants from CSOs and the private sector highlighted their inability to converse well in the English language as one of the factors hindering their optimal participation. Participants in fact highlighted that it was not just the English language that was a hindrance, but the type of terminologies and jargons used by representatives of public sector and international agencies. Some participants (private sector) said that that they felt less comfortable and able to contribute to some aspects of the discussions and technical documents, as they were ‘too technical’ and ‘full of medical terms’. The following quote from a private sector participant exemplifies these difficulties faced by indigenous organisations in terms of the use of language:

***Participant:** So as I have said earlier, the fact that the medium of communication is in English poses a difficulty, we work and write in Amharic, of course we try some English, but they mainly use these WHO,*

***Interviewer:** jargons?*

***Participant:** yes the jargons are very difficult, it is WHO, USAID, and many foreigners representing the NGOs, so the language has not been convenient for me, they give you huge documents to review ... and most of it is abbreviations and jargons ...*

- Private Sector Participant I

Further more, CSO participants pointed towards the difference in the social standing and professional stature of the representatives that the different organisations are able to field in the arena of interactions. In this regard, representatives of the public sector offices and international organisations come with the authority of their respective offices, which in turn carry significant clout in the setting. For instance, the Minister of Health or the head of one of the donor agencies commands significant influence on local CSOs, as their positions have implications for the type of policies the CSOs work under and the resources they are able to access. A

testimony from a CSO participant regarding their experiences in the CCM, illustrates this point:

The people at the CCM are high level government officials and leaders of different international organisations, so when I went for the first time as a representative of a local CSO, I found it to be very difficult, it's scary, difficult, ... speaking in front of the Minister, the head of an international organisation, the likes of WHO and UNAIDS, USAID, to speak in the presence of leaders of different donor organisations and discuss is very difficult, and the language is very difficult too, so these things are very difficult. So going there, there is fear and sometimes there is lack of know how, what they speak is high level diplomatic and scientific operational languages and so my knowledge, profession and education was not on par with them ...

- CSO Participant XI

Hence, members of the CCM naturally reflected variable levels of capacities, which in turn influenced their levels of, and quality of participation in the deliberation process. In this regard, local organisations (CSOs and private sector participants) were seen to be at a disadvantage. They were not necessarily comfortable to engage in a broad set of areas due to the capacities of their organisations and the work they were involved in and faced difficulties relation to language. In addition, the representatives of the other sectors (public sector and donors) come with the authorities of their respective offices, which further affected the manner of the deliberations.

The next section discusses the role of consultants within the deliberation process.

6.2.3 The role of consultants

The data related to the proposal development process pointed towards the importance of the role played by international consultants. Specifically, CSO, donor and public sector participants pointed towards the huge influence that consultants had in terms of shaping the technical aspects of the country proposals, whilst highlighting that the inputs from the consultants were at times contested in the

setting for not reflecting the objective reality in the setting. Although the consultants technical inputs were highly valued, on the occasions where the advice of consultants contravened the interests and perspectives of powerful voices within the CCM, the latter's view was said to carry the day. These issues will be presented in detail in this section.

Consultants can either be local or international, who are often hired by in-country donors to assist particular PRs (government departments or the CSOs) in the proposal writing process. The consultants are said to be mainly recruited based on their technical qualifications and experiences of involvement in preparation of successful country proposals in the past. The consultants join proposal development team made up of technical experts drawn from the different member organisations of the CCM. Most of the technical experts making up this proposal development teams are also said to be drawn from donor agencies as they are seen to have qualified personnel that can come in and support the process. At the same time, the CCM also forms a proposal steering committee out of the CCM voting members, which provides general directions to the proposal development teams. A public sector participant describes the process as follows:

... So the technical working group is established for HIV, TB and malaria because the input from different stakeholders would help, secondly having the involvement of people with different technical expertise helps with the quality of the proposal and thirdly because partners sometimes seek and recruit consultants in cases where there is the need for external support, for example, the main dominant body in malaria is roll back malaria, what makes it dominant is because it has a strong consortium in country, the likes of WHO also bring in people [consultants], one time the PLWHAs also brought in some people [consultants],

- Public Sector participant II

The role of the consultants was emphasised by participants on the basis that the task of developing the proposals was an intensive task, whereby it becomes too much of a demanding task for the full time staff of the CCM member organisations. In this

respect, the consultants offer their dedicated attention to solely to the task of developing the proposal.

The proposals are a huge huge huge amount of work, you know even just the format looks like a small telephone directory and then you have got all these things you have to answer like how were disabled people involved and how were young people involved because in my mind anyway I could imagine somebody was sitting there at the table in Geneva and demanding these things and it just got added and added and added to the proposal format. So there was always a lot of work umm usually it was led by consultants but there would be a team of people, including people from government and whatever to put together

- Bilateral donor participant III

Accordingly, the full time dedication of the consultants to the task of developing the technical details of the proposals, combined with their technical insights and experiences of developing country proposals in the past, renders the consultants very influential in the technical discussions. The following testimony from a CSO participant provides an insight as to how the voice of the consultants influences technical decisions within the framework of the proposal development process:

Participant: *...in all this the technical experts would advise, [they would say], 'if you insist, we can include this, but it would fail ultimately', they say this with evidence.*

Interviewer: *Who are they?*

Participant: *Consultants, both international and national that participate in writing the proposal, those who have passed through 2 or 3 proposal development processes and who had been successful and hence come with experience ...*

- CSO participant XI

A highly interesting aspect of participants' accounts of the role of consultants in the proposal development process relates to occasions whereby consultants' advice turned out to be controversial. These occasions further reveal a power play between

the consultants, who draw their power from claims of their technical qualifications and past experiences with successful country proposals, powerful actors in the setting such as the public sector, who draw their influence from the constitution of power in the setting and within the CCM (chapter 7). On these occasions, it was said that the CCM voting members, particularly the public sector representatives, did not shy away from having their influences felt. The following quotes from donor and CSO participants illustrate these observations:

The role of the decision makers [CCM members] is still huge, after the draft is presented, they decide, the only thing is that the technical people participate in the drafting, but all things would be highlighted and presented to the steering committee, technical people provide advice, however, regarding deciding on the thematic area, screening the concept notes and so on, even if the technical people provide advise, when there is tension regarding proposed decisions, it is the CCM members' say that holds sway

- CSO participant III

I do specifically remember this one proposal whose consultant was saying let's put in some money to pay extra, you know, to staff in the public sector and the Minister said no no we can't do that, that's our responsibility, we can't do that because you know, it can't go on forever, it's our responsibility, we can't do that and he insisted we are not putting that in, which again was very logical to me and to most of us but was a little bit shocking to this consultant, who said, oh but the global fund will allow, will pay this, but Dr Tedros [EX Minister of Health] said 'no' we don't want that, that's not appropriate, stop!

- Bilateral donors participant III

Hence, consultants come with significant technical qualifications that accord them a critical say in the process of shaping the technical aspects of country proposals. However, their advices are occasionally contested from not reflecting the objective reality in the setting. On the occasions, that the advice of the consultants and the views of the powerful members of the CCM contradict, the power and influence of

the latter supersedes the influence of the former drawn from their technical and professional profile.

6.2.4 Suboptimal participation, despite procedural safeguards

This theme reflects the sentiments from donor and CSO participants that despite the presence of procedural safeguards to ensure equal participation, they do not feel that they are participating at equal footing with public sector participants. First, the section presents the testimonies from participants regarding the presence of good procedural safeguards for the deliberation within the CCM. Then, participants' verdicts regarding whether they feel they are engaged in meaningful deliberation within the CCM.

Participants generally attested that there were adequate safeguards to enable members of the CCM to express their concerns on any agenda discussed at the CCM. Participants highlighted that they are given the opportunity to reflect on issues and forward their ideas. Participants often commented that the vice chairperson position was designated for CSOs, occupied by CCRDA currently, and that CCRDA chairs the meeting in the absence of the Minister or vice/Minister of Health. They used this point to signify that there was a level of openness and understanding in how the meetings were conducted. All in all the views on the deliberative safeguards within the CCM were quite positive as illustrated from the following quotes from a CSO and private sector participant:

In that respect [deliberations during meetings], there was no apprehensiveness, everyone aired what they felt was important, whether propositions were adopted is a different matter, but at least in terms of presenting and discussing issues ... even the issue of whether the civil society should have a PR member was an issue that was highly debated in this regard ...

- CSO participant XV

... so there may be differences in levels of involvement, but as much as possible, regarding the participation of stakeholders, there is this clear participatory approach, the agenda are distributed ahead of time, and the

minutes, so when you look at all these, it is highly participatory and organised, it has its own secretariat, ... in terms of information dissemination and all, it is very good and Dr Tedros was chosen as the board chairman [global Board], if I am not mistaken [as testimony of this exemplary process]...

- Private Sector Participant I

I was able to confirm these claims from participants through the non-participant observation of the meeting, which I undertook on June 13, 2013. In the run up to the meeting, the agenda were circulated ahead of time by the CCM secretariat. At the start of the meeting, the chairperson, the vice Minister of Health, asked participants if they had anything to add to the agenda. During the meeting, the chairperson would point to everyone sitting around the table asking if they had any thoughts to add to the discussion. One critical observation in terms of the efforts aimed at ensuring equal participation related to how CSO participants were not as active as donor and public sector participants during the meeting. Out of all the participants, the donor participants seemed to be proactive in forwarding their views and asking questions of the reports that were presented by the different CSO and public sector PRs. In comparison, except for occasions of clarifying their own reports, CSO participants did not seem to be active in engaging with reports from other PRs.

While positively appraising the system for deliberation, as described above, participants from bilateral donors and CSOs felt that the deliberations were still tightly controlled by the public sector. They alluded to a scenario whereby deliberations occurred within the confines of predetermined borderlines that indicate what is permissible and what is not. In this regard, some bilateral donor and CSO participants lamented that the processes of deliberating on issues *do not start from scratch* but that agenda items are more of crafted as decision propositions that favour certain points of view (mainly those of the public sector). Participants enumerated some of the issues that have support amongst some stakeholders but are nonetheless not raised in the CCM due as the actors anticipate that they would be opposed to by the public sector. They related these trends to the nature of the government in the setting. The following quotes illustrate these points:

...you know Ethiopia, you know the mentality and the organisation of the government, and the CCM is, the running of the CCM is very formal and we can say what we are thinking but practically the decisions are, when we have the meeting, the very important decisions they are still, how do you say in English, [already] decided.'

- Bilateral donor participant IV

.... there are some other issues, like gender, like sexual minorities, MSM [men who have sex with men], which is important for the HIV control, which the Global Fund says they are paying a lot of attention to, it is uh I don't think the Global Fund is really raising it and probably they would say, well this is, CCM has to raise this, this is not us, this is CCM which I think is a bit of an easy way out...

- Bilateral donor participant V

As indicated in the quote above, participants associate this to the contextual factors such as the 'the mentality' of the government. Hence, it is not just the deliberative safeguards that matter but the nature of relationships between actors in the setting, outside of the CCM. It is seen to emanate from actors' relative positions in the CCM, and the setting, in general. This is explored at length in chapter 7, where the power relationships that give rise to these observations are discussed. For one donor participant, the problem lay with participants themselves as they self-censor themselves beyond a level implied by the contextual situation:

... but I also think that the bilaterals, and maybe the UN system didn't claim, still don't claim always the space that is there. I think there is more space for dialogue than people claim and it's too often, oh this is sensitive so we are not going to discuss it, uhh and in that sense I think, the donor community, the bilaterals and the UN, they apply a kind of self-censorship on a number of things, uhhh and I think that's, that's a pity ...

- Bilateral donor participant V

In summary, while it was widely appreciated by participants that there set up of the CCM allowed for airing of their views and discussing issues, CSO and donor

participants still imparted a sentiment that they feel that the agenda for the meetings are tightly controlled. They felt that they were not at liberty to raise some sensitive issues that were not favoured by the public sector. Participants attributed this as emanating from the nature of the relationship between actors in the setting, outside of the CCM.

6.2.5 The proposal development rush

This theme relates to how the country proposals are developed under tight timelines, in a reactive manner with less preparedness ahead of time, which in turn diminishes possibilities for reflective practices in the proposal development process. During this rush, CSO and donor participants said that there was less chances for a reflective practice whereby innovative approaches could be incorporated into the CCM proposals. Instead, this practice is said to have precipitated a trend of replicating interventions included in last rounds of funding without gauging the evidence as to their effectiveness. The following quotes from participants from CSOs provides an insight into the proposal development rush and the lack of reflective practice.

... so if you say the Global Fund money has been released this year, the activities are the same year on year, it's copy paste basically, so they don't incorporate new, innovative ideas, the activities are prescribed by their action plans, if you have supported 5 people through IGAs last year you can keep on doing that for the coming years ...

- CSO participant VII

*So to give you a specific example of this [that there is lack of new innovations] there are interventions called **community conversation and community mobilisation**, these have been included simply blindly and have not been evaluated....so it is not evaluated if these approaches are either economically or practically viable ... but we continue to spend huge sums of money year after year for community conversation and community mobilisation....You don't see any scientific considerations in the Global Fund CCM mechanism, is community conversation effective? How? Or anything of the sort, there has*

been no evaluation of community conversation, I mean for the last 10 or 9 years...

- CSO participant XIII

Some donor and CSO participants pointed out that the problems related to the proposal development rush were compounded by the lack of readily usable evidence in the setting. They further pointed out that this problem actually afflicts the national strategy plans' formulation processes in the setting. Here are the two quotes from the participants who reflected these views:

In terms of innovation, the problem is that we are not prepared ahead of the proposal development process, it is once the proposal development is underway that we scramble to collate ideas, we know the timelines well, of the next submission and so on, but we are not well prepared, and this is not just a problem with the CCM but across implementers in the country, there is not the tendency to document innovative interventions and document in a scalable format... ... the same old interventions are then included at the last minute, it's always a rush, the final review is actually done during nights, nearer the deadlines ...

- CSO Participant XV

It was complete, blanket coverage based on untested models (HIV/AIDS Strategic Plan]. Blanket coverage on counselling and testing, CC (community conversation) [a behavioural change communication method], and so on, school community conversation, all duplicative approaches ...

- Bilateral donor participant II

Hence the proposal development rush represents the situation whereby the country proposals are prepared in a reactive manner, with less preparation ahead of time, in turn precipitating a 'rush' in the manner in which the proposals are developed and lack of innovativeness in the proposals. This is said to be compounded by lack of readily usable and scalable evidence in the setting and the problem is said to affect national strategy formulation processes as well.

6.2.6 The role of an influential personality

A theme that is reflected in the data across all stages of the partnering process, from recruitment of partners to the proposal writing stages, relates to the role of an influential personality, the ex Minister of Health, Dr. Tedros Adhanom, who served as State Minister of Health and Minister of Health between 2003 and 2005, and 2005 and 2012, respectively. The Minister's name features in virtually all interviews. The Minister was said to have invigorated the work of the CCM by rendering it utmost focus and is said to have commanded a lot of respect from all types of actors. Participants described the Minister as someone that has significantly shaped in which the mechanism evolved including the recruitment of partners, the type of cooperative atmosphere that is engendered in the CCM and by representing the public sector agenda authoritatively. In addition, the Minister was described by participants from all corners of the sectoral spectrum as having a highly approachable and polite personality.

The Minister's significant influence appears to be borne out of the multifaceted attributes of power and influence that he embodied. The Minister came to the post with a combination of: a global reputation for his research on the epidemiology of malaria, good experience and knowledge of the governance and structure of the health system through progressively serving in management positions at different levels of the national health system, and significant political sway as a member of the central coordinating committee of the ruling party. Besides serving as the CCM chairperson throughout his tenure as State Minister of Health and Minister of Health, he was elected in 2009 as the chairperson of the Board of Directors of the Global Fund to fight AIDS, TB and Malaria, serving in that capacity for a period of 2 years.

The following testimonies by a CSO participant and a bilateral donor participant exemplify these sentiments:

Dr. Tedros was not an inflated personality who considered himself as government, he was very simple, very positive and very popular, with everyone, be it NGOs, government, donors, he was someone liked by everyone, and some of the days when the deputy stepped in to chair the meetings, the atmosphere was not the same...so when he comes you feel the

tension [deputy Minister] and everything changes completely, Dr Tedros was not like that, and so I think that personality is the reason [for consensus] ...

- CSO participant XV

I think probably also in the past, the former Minister, Tedros, I think was a good Minister, he was a very nice and kind person, if you know him, I don't know, he is very interesting, for Ethiopia it's a good thing also that he is a foreign Minister [current position]. But he has a good manner to manage also the CCM, because when he was the Minister, he was coming, relatively often, and the discussion was open also, we can say anything, we can discuss with him, we can say what we think, but he was able to make the consensus, to explain and after to manage his Ministry correctly ...

- Bilateral Donor Participant IV

The influence of the Minister was not confined to how he managed his Ministry. His influence extended to moderating the interactions between actors in other sectors. The prime example in this respect comes from how he had played a role in moderating conflicts between PLWHA associations during the formation and recruitment of NEP + into the CCM. Interestingly, both sides of the conflict cite the role of the Minister positively. Participants from NEP + refer to the positive role played by the Minister for intervening on behalf of the network when its existence was brought into question by a legal challenge from the member associations, regard the premise for its formation as a 'network of networks'. On the other side, the national PLWHA associations also attribute their continued existence to the Minister's thoughtful interventions, as they saw themselves being targeted by what they categorised as malevolent decisions from NEP +, which were designed to cut off their funding from the Global Fund. The following quotes from each side exemplify these sentiments:

The trust is there with the government... there is support, there was a time where we got into some tension with our constituency around the time of submitting round 7 application, and it was the Minister of Health who convened all our constituencies and people from the CSO agency and

resolved the issue, we were stuck in the renewal of our license too because of that ...

- CSO participant III

The Minister still supports us, even after he has gone to become the Foreign Affairs Minister ... they had wanted to discontinue our funding but Minister Tedros intervened so that we have continued access ...

- CSO participant VII

However, some participants saw this prominent influence from the Minister (a CSO participant and a bilateral donor participant) as a factor that impeded the plurality of views reflected in CCM meetings. The participants basically alluded to the high level of deference accorded to the Minister for constraining the outspokenness of non-State members of the CCM. The participants are effectively arguing that the significant clout that the Minister carries in the setting essentially inhibits others from challenging his or the public sector's positions in the CCM. The two quotes are presented hereunder:

I think also there is in Ethiopia a kind of fear for real dialogue, not only in CCM but I think also in general with the Ministry of Health in the donor group, it is improving but certainly NGOs and I think the private sector and research institutions, they don't really enter into a dialogue with the Minister, maybe with some people in the ministry still, but certainly not with the Minister...

- Bilateral donor participant V

I don't think any of them are really willing to go against Dr. Tedros, that's my opinion. Even if he does something that is wrong no one would say he is wrong, in the majority of cases, and he doesn't change his ideas, I am not trying to say he is bad, there are a lot of things that Dr. Tedros has done, but he is responsible for all the good and bad that's happened with the Global Fund, in the CCM many people don't go against him, the whole structure is set up so that they don't stray outside of this trend, if you ask me, I would say that this structure should not have been like this, because, the CCM may have

the donors group, ministries are there, civil societies, I don't think all these would be going against him, no way

- CSO participant XIII

In summary, the ex Minister of Health is said to have left significant marks in how the CCM was set up and organised and in the way it conducted its day-to-day operations. The Minister embodied multifaceted attributes of coming with significant academic reputation, effective political power and professional insights into the workings of the health system. In addition, he came across to participants as a highly approachable and likeable personality. This has naturally boosted the position of the public sector in the CCM. At the same time, some participants rued the significant clout of the Minister for limiting the level of openness from the side of non-State actors.

6.2.7 Challenges of representing one's constituencies

Another theme that cuts across all stages of the partnering process concerns the challenges related to representing constituencies effectively within the CCM. The challenges of representing constituencies related to how effectively the members of the CCM are representing the voices of their constituencies and if they can legitimately claim to be representing the voices of their constituencies. In this regard, the first level of doubts cast against the CCM seem to relate to whether the CCM as a whole ultimately represents all critical voices within the country. In other words, some participants raised questions as to whether the CCM reflects a representation of the most eligible constituencies in the setting. The following insight by a donor participant reflects these sentiments:

... There are a few questions about the validity of the governance of the CCM and it's representations of, you know, is it truly representing who it should be representing in country

- Bilateral donor participant I

At the sectoral level, questions were specifically raised about the CSO and private sector representatives regarding the extent to which they can lay a claim of

representing the constituencies that they purport to represent. Here, participants mainly alluded to the fluidity of the constitution of these sectors and the difficulties related to optimally representing the critical, diverse voices in the sectors. Some questioned the legitimacy of the representation claims as the CSO members included in the CCM have not really been elected by their constituencies but rather reflect the choices made by the public sector as to who should represent the given sectors. The following quotes from a donor and CSO participants represent these sentiments related to the appreciation of the difficulties associated with representing CSOs and questions posed over the legitimacy of claims of CCM members representing their constituencies, due to the notion that they are more seen as having been appointed by the public sector into the CCM roles than being elected by their constituencies:

But I am still puzzled by that – how do you go about organising, coordinating civil society, NGOs, ... nobody knows how to get a grip on that

- Bilateral donor participant III

The networks most of the time don't represent their constituencies effectively, what that means is that they don't have adequate capacity and legitimacy to represent their constituencies' work and voice, and what I mean when I say that they don't have adequate legitimacy is that organisations which are not within their membership fold did not appoint them as representatives but when the government gives them that position to represent a certain constituency the message is that they would represent, so I don't know what I would call this, it's not a genuine representation.

- CSO participant I

Apart from this, donor and CSO participants raised more practical concerns in relation to the tasks of relaying CCM decisions to one's constituencies and vice-versa. In this respect, some donor and CSO participants highlighted time constraints, lack of capacity and experience, and technological challenges as barriers. The testimony hereunder illustrates this point:

After some time, it just became difficult to get ideas and feedback from the board of directors of my association, let alone the wider constituency, I would ask for input regarding opportunities at the CCM, there was no feedback and it increasingly became my own voice in the CCM, so I don't believe that the association has benefitted as much as it could from the CCM, nor has it contributed as to its potential

- CSO participant XIV

Hence, concerns were raised in relation to the CCM's claims that all key stakeholders and voices are represented in the CCM. The concerns mainly relate to whether the CSO and private sector actors included in the CCM really represent the range of critical voices that exist in those sectors in the Ethiopian setting. Some participants questioned the legitimacy of those involved in CCM in this respect as they are considered as having been recruited by the public sector, rather than being elected by the respective constituencies. Finally, participants also raise some practical issues, such as time that hinder the task of representing the voices of constituencies in the CCM. These were said to be related to time constraints, lack of capacity and technological constraints such as email and other communication networks.

6.3 Chapter Summary

This chapter has presented an analysis of the themes that emerged in relation to different stages of the partnering process. In this regard, beginning with the way in which partners have been recruited into the CCM, it was seen that the recruitment process has significance that goes beyond mere enlisting of members. Specifically, the requirements set by the CCM for actors to organise representation at the sectoral level is seen to have variable effects on the different types of actors in the setting. The requirements set for sectoral level representation in the CCM are seen to suit the public sector while causing major reorganisations in other sector (CSOs), making it difficult to formulate coherent positions (donors), and resulting in the exclusion of sectors for lack of organisation at the sectoral level (private health care providers). These effects of the recruitment process are considered to further enhance the comparative advantages of the public sector within the CCM, discussed in chapter 5.

Through analysis of the processes of deliberation within the CCM, the following themes were developed: capacity to partner, suboptimal participation despite procedural safeguards and challenges of representing others. The first of these refers to the variable capacities that the different actors bring to the CCM and how this affects their experiences of interactions in the CCM and what they gain out of the interactions. The second presents a sentiment of disempowerment amongst CSO and donor participants to meaningfully affect CCM agenda, despite the procedural safeguards put in place within the CCM to ensure equal deliberation. Finally, participants' views highlighted that representing others is not to be taken for granted (questions of legitimacy) and that it is plagued by practical challenges related to effectively communicating information between the CCM and constituencies. Participants with more fluid constitutions (CSOs and private sector) are seen to be particularly affected on both these accounts.

Two themes emerged from analysis of data related to the proposal development process: the role of consultants and the proposal development rush. The role of consultants was seen to be significant given that they come in with considerable reputation in terms of their qualifications and prior involvements in successful country proposals. However, where their advice clashes with the perspectives of powerful elements within the CCM, the latter's perspectives are enforced. The way proposals are developed are described as constituting a reactive process characterised by time constraints and lack of a reflective approach that incorporates innovative practices. This is seen to be compounded by the lack of readily usable evidence in the setting.

Finally, a theme that cut across all stages of the partnership process relates to the effect of an influential personality in the form of the ex-Minister of Health Dr Tedros Adhanom. From the recruitment process to the proposal development and PR nomination processes, the Minister's name featured in participants' accounts of events. The Minister is seen to have been able to play such a key role owing to his multifaceted attributes as a leader: key political figure, a reputable scientist and a professional with experiences of managing the health system at different levels. While the Minister's role was widely seen as positive, a few donor and CSO participants reflected that the significant clout that the Minister carries may have subdued the level of engagement from non-State actors.

In a nutshell, the chapter has explored factors related to the partnership process that influence actors' interactions. In doing so, it has sought to provide a contextual account of these factors. For instance, in analysing the role of the Minister, it has attempted to interpret the Minister's influential role with recourse to the different attributes of the Minister in political and professional relationships in the setting. The 'making of partners' was similarly interpreted with reference to the different constitution and organisations of actors in the setting. The suboptimal participation of actors is also linked to the relative positions of actors in the setting and the power relationships, which will be explored further in the next chapter.

The next chapter accordingly supplements the analysis in chapter 5 and 6 regarding the pertinent contextual and process related factors, by focusing on and exposing the power relationships that are at play in actors' interactions in and around the CCM.

Chapter 7

Manifestations of Power in actors' interactions in and around the CCM

7.1 Introduction

This chapter focuses on exploring the manifestations of power in actors' interactions in and around the CCM. The motivations behind the explicit focus on power are related to: the pervasiveness of findings in the data that highlight the critical importance of underlying power relationships between actors, and recognition of the dearth of the understanding of the role of power in cross-sectoral interactions (chapter 2). To recap Buse and Harmer (Buse and Harmer 2004; P. 50), '...questions of power go to the heart of much that is contentious about PPP [Public Private Partnerships]...'. However, power remains a highly neglected, under-researched concept within the body of literature studying partnerships in particular, and governance mechanisms, in general (Arts and Van Tatenhove 2004; p. 340, Barnett and Duvall 2005, Huxham and Vangen 2005, Bartsch, Hein et al. 2007; p. 30). In addition, the study of power is hindered by the lack of clarity and the plurality of conceptions of power, whereby power is 'essentially a contested concept' (Hay 2002, Arts and Van Tatenhove 2004, Walt, Shiffman et al. 2008, Clegg and Haugaard 2009), and 'there are as many definitions and approaches as there are power analysts' (Arts and Van Tatenhove 2004; P. 346).

Within this background, seeking to explore power calls for clearly delineating the conceptualisation adopted in the study. As discussed in chapter 3, theoretical frameworks enable the capturing of complex subjects, such as power, in theoretically accurate ways and with reference to wider bodies of knowledge (Walt, Shiffman et al. 2008, Giacomini 2010). Out of the different conceptualisations of power, the study draws upon contemporary conceptualisations that reflect the study's emphasis on the interplay between actors' agency and structure. These conceptualisations include: Barnett and Duvall's taxonomy of levels of manifestations of power, that is, 'interactions of specific actors vis-à-vis social relations of constitution' (Barnett and Duvall 2005), Hay's 'reformulation of power' as both 'context- and conduct shaping' (Hay 2002), and Arts and Van Tatenhove's three levels of power, namely,

relational ('agent power'), dispositional (agents' position 'in organisations vis-à-vis each other') and structural ('the capacity of macrosocietal structures to shape the nature and conduct of agents, being both individuals and collectivities') (Arts and Van Tatenhove 2004; P. 13 - 14).

While all these conceptualisations emphasise the interplay between the power resources at the levels of agency and structure, thereby reflecting the theoretical orientation of this study, Arts and Tatenhove's (2004) qualification of a multi-layered constitution of power resources is seen to overlap with the theoretical orientation of this study. Arts and Tatenhove (2004) adopt Goehler's conceptualisation of the constitution of power (Goehler 2000, Göhler 2009) into a multi-layered concept in view of the structure of policy networks. Consequently the concept is framed as constituting a dynamic interplay between three levels that commensurate with the categorisations applied in this study: 'relational power' (actors' interactions), 'dispositional power' (emanating from the regulatory frameworks of the CCM), and 'structural power' (corresponding to power that emanates from the deeper frames of reference in the setting)(Arts and Tatenhove 2004). Furthermore, their theory conceptualises the relationship between these levels as being one of interdependence ('duality'), rather than conceptualising them as independent entities ('dualism') (Henri Goverde and Tatenhove 2000, Arts and Van Tatenhove 2004), which again reflects the theoretical framework adopted in this study' (chapter 3). Accordingly, this broad categorisation of power into the 3 interrelated levels of relational, dispositional, and structural power is adopted as a conceptual framework within this chapter to guide the identification, description and analysis of the power relationships that are at play within the CCM (Table 8).

In addition, the adopted framework acknowledges the two faces of power, namely, transitive and intransitive power. Transitive power or power of domination concerns power directed 'to the outside' or towards another actor or other actors with the effect of '[translating] the will of an actor into another actor's will ... thereby [exercising] influence'(Arts and Van Tatenhove 2004, Göhler 2009; P. 35). This type of power is exercised in a 'zero-sum game' between actors (Arts and Van Tatenhove 2004; P. 350). On the other hand, 'intransitive power' refers to power as 'self-reference', constituted by actors themselves or society; a positive form of power that enables actors to collaborate towards 'common action' (Arts and Van Tatenhove

2004, Göhler 2009; P. 37). As stated in chapter 2, the definition of intransitive power adopted in this study makes reference to actors acting ‘on the basis of, and within the range of, common value conceptions and principles of order’ (Goehler 2000; p. 48). Hence, the framework represented in table 8 hereunder, encapsulates the two faces of power (transitive and intransitive) and the levels where these manifest or where the power resources are drawn from (relational, dispositional and structural).

Table 8: Theoretical Framework for exploring power in the CCM, adopted from conceptualisations of the constitution of power (Goehler 2000, Göhler 2009) and adaptation of the same to exploring power in policy networks (Henri Goverde and Tatenhove 2000, Arts and Van Tatenhove 2004)

Power Resources	Forms of Power	
<i>Relational</i>	<i>Transitive (Potential and Active)</i>	<i>Intransitive (Potential and Active)</i>
<i>Dispositional</i>		
<i>Structural</i>		

Furthermore, the framework reflects the notion that these two forms of power could either manifest merely as potential or as an active mobilisation of power resources in interactions between actors (Henri Goverde and Tatenhove 2000, Arts and Van Tatenhove 2004, Göhler 2009). For instance, in the case of transitive power it can simply exist as a latent attribute of an actor that deters others from pursuing certain courses of action, thereby giving way for the influence of one actor over another’s choices without the need for active mobilisation of power resources. In contrast, this type of power can manifest in the active efforts of actors where they mobilise their power resources to dominate the choices and actions of other actors in particular instances. Similarly, intransitive power could also manifest in active or potential forms. In case of the former, actors’ power resources are actively mobilised in facilitation of ‘common action’ whereas the latent expressions of actors’ power resources could also facilitate positive, collaborative engagements. Taken together, these two forms of power (transitive and intransitive, in their potential and active forms of expression) provide an ‘integrative concept of power’(Göhler 2009; P. 37).

At the outset, it is worth highlighting that the power plays reflected in the data (both transitive and intransitive) are seen to occur mainly in interactions between the Principal Recipients (PRs). As discussed in chapter 4, these are the public sector agencies (Ministry of Health and the Federal HIV/AIDS Prevention and Control Office) and the two CSOs that have been designated as PRs, namely, NEP + and EIFDA. This could well be due to the fact that these two sets of actors represent the direct recipients of funds from the Global Fund, and hence engaged in negotiations and competitions over the existing resources (chapter 5).

Section 7.2 presents an analysis of transitive power at work (both in its potential and active forms), while section 7.3 scrutinises cases of ‘common action’ thereby illuminating both the potential and active manifestations of intransitive power. Section 7.4 then presents a theme that emerged during data analysis, which highlights the dynamic nature of power relationships. The section explores how involvement in the CCM influences the position of CCM members relative to other actors in the setting.

7.2 Manifestations of transitive forms of power

This section discusses how the most potent actor in the Ethiopian CCM, namely, the public sector, as indicated in the previous chapters, deploys both active and potential forms of transitive power to ‘get its way’ in the interactions within the CCM. The section further explores the ways in which actors that are seen to occupy subordinate positions resist this power of domination coming from the public sector, by deploying their own active and potential power resources. This section accordingly explores manifestation of the transitive power games through examining how different actors deploy the two forms of transitive power, potential and active, in these power games.

7.2.1 Potential forms of transitive power

Concerning the use of potential power, the public sector is seen to enjoy privileged positions at both the levels of the deeper frames of reference in the setting (structural power) and the regulatory frameworks of the CCM (dispositional power). The advantages that the sector enjoys in the relative positions of actors, in view of both the deeper frames of reference and the regulatory frameworks of the CCM, is seen to

preclude non-State actors from pursuing certain courses of actions. While some of the manifestations of the deployment of this potential form of transitive power by the public sector are alluded to in chapters 5 and 6, they will be recapped here briefly. The section then discusses some of the potential forms of power at the disposal of non-State actors, which they use to resist the public sector's power of domination.

One of the manifestations of the potential forms of transitive power deployed by the public sector relates to kind of automatic filtering of CCM agenda, whereby non-State actors are left with sentiments that the discussions in the CCM are somewhat scripted in favour of public-sector positions (chapter 6). In this regard, chapter 6 has discussed participants' sentiments that the issues that make it to the CCM agenda do not reflect the broad spectrum of issues championed by all sectors. This occurs when the procedural safeguards for equal participation are seen as having been assured in the CCM.

Hence, the issue is understood to constitute self-censorship on the part of actors depending on whether the issues in question are considered no go areas or taboo by the public sector. In other words, the public sector has significant clout in the setting (potential power) that non-State actors are careful to bring up issues that the public sector is known to be diametrically opposed to. At best, the issues would not survive the decision making process in the CCM, at worst, they could end up affecting actors' relationships with the public sector. As discussed in chapters 5 and 6, it is critical for actors to maintain good relationships with the public sector. As the following quote from a donor participant illustrates, actors generally seek to be 'on the right side' of the government in the Ethiopian setting:

... there are certain areas, which are not challenged or discussed because everyone wants to be on the right side [of the government]. For example the HIV/AIDS response has been a bit weak on the targeting of key populations like commercial sex workers and other areas which have not been adequately explored, but if you have a very strong civil society constituent, that would be something which will be able to come to the forefront to say what is our burden, how do I engage and have a response for these communities and populations, so that continues to be a challenge

- Multilateral donor participant IV

Hence, despite all the safeguards for equal participation in the regulatory frameworks of the CCM, non-State actors were seen to exhibit a sense of helplessness in relation to affecting some decisions in the CCM. It appears that actors come to the CCM with awareness of the strong foothold of the public sector in the relative position of actors in terms of both the CCM regulatory frameworks (dispositional power) and the deeper frames of reference in the setting (structural power). As discussed in chapter 5, this was a prominent sentiment amongst actors, to the extent that some actors regard the Global Fund grants as essentially constituting public sector resources: *'it's all government money'* [Bilateral donor participant V].

As discussed in chapter 5, this potential power projected by the government is attributed by participants to emanate from the 'nature', 'mentality' or 'ideology' of the government, which has carved out an unparalleled role for the public sector in national policy making platforms. By persevering an overwhelming role for the government, this ideological orientation appears to effectively delimit the scope of involvement of other actors. In addition, chapter 5 has indicated that the public sector has quite potent means at its disposal that enable it to enforce its sphere of influence. Primarily, this potential power is seen to be enforced through the power of deterrence derived from legal frameworks that curtail the roles and influence of non-State actors in the setting, specifically, The Charities and Civil Society Proclamation. The following quote from a CSO participant further illustrates the influence of such powers of deterrence:

I feel the room in this country for NGOs is increasingly getting narrowed, from time to time, it is curtailed by law, there are laws that have come out from time to time for this ... so in a country where these laws are promulgated, when you are participating in some mechanism, you feel belittled even morally, and you feel the pressure so much...

- CSO participant XI

On top of these structural power resources, chapter 5 has shown that the public sector enjoys an advantageous position within the regulatory frameworks of the CCM (dispositional power). As discussed in the chapter, the public sector essentially represents the most potent voting bloc in the CCM. Whereas the main approach to decision making in the CCM is one of consensus seeking through deliberations, for

non-state actors, the lop-sidedness in representation effectively precludes the way of the vote as a viable means for pursuing their preferred decisions (chapter 5). Instead, this potential power of the public sector enables the sector to assume a more assertive role within the deliberation process and precludes more confrontational stances from the side of non-state actors.

For their part, CSOs come with their own set of potential power resources drawn from both the regulatory frameworks of the CCM (dispositional power) and the deeper frames of reference in the setting (structural power). The potential power sources for non-State actors in general and CSOs in particular are seen to be drawn mainly from Global Fund requirements that necessitate the participation of these sectors in the CCM. Whilst these actors may have a subordinate role and position in the mechanism compared to that of the public sector, their involvement, at least at some basic level, is a necessary condition for the CCM to fulfil the Fund's requirements of broad based participation and partnership. In other words, the viability of the mechanism depends on the non-state actors, especially those designated by the Global Fund as critical actors to be included in CCMs, such as, NGOs, faith based organisations and people living with HIV/AIDS associations, continuing to participate in the CCM. Their potential power is accrued from the threat of withdrawal from the mechanism in case they feel that their basic interests are not being served by their involvement in the mechanism. Actors are well aware of these preconditions set by the Global Fund, as illustrated in the following quotes:

it was a structure that was created by the Global Fund and the Global Fund had certain requirements, that, and they said you don't have to create a new body, you could use an existing one but it has to have this and this and this, well the existing bodies didn't have for example the same representation for different diseases or different civil society organisations and so on and so forth ...the CCM is a bit more contrived I would say because it had to follow the Global Fund rules and so on ...

- Bilateral donor participant III

... the PLWHA, for example, the PLWHA, if they are denied, they can go far, for example one time the head of Mekdim said to me that he would mobilise and line up all PLWHA, and orphans and vulnerable children for protest ...

because when the funds come in there is an understanding, it is a misunderstanding, they say that it came in their names ...

- Multilateral donor participant III

In summary, the section has used the concepts of potential forms of dispositional and structural power to explicate further, the ways in which the most powerful actor in the setting, namely, the public sector, enforces its will on other actors. In addition, the section adds to the analysis presented in the previous chapters by showing how actors in subordinate position also use their potential power resources, mainly dispositional power, to resist the power of domination deployed by the public sector.

Now, the chapter turns to explication of manifestations of active forms of transitive power in actors' interactions in and around the CCM.

7.2.2 Active forms of transitive power

This section presents an analysis of incidences in which active forms of transitive power ('power of domination and resistance') are seen to manifest in interactions between actors within the CCM. In other words, this section presents analyses of situations in which actors are seen to actively mobilise their power resources to get their preferred decisions or courses of action adopted. While the previous section reveals how dispositional and structural power resources, in their potential forms or without any active mobilisation, play a role in circumscribing the scope of choices that other actors have, this section analyses cases where these resources are seen to be actively mobilised by actors in order to influence particular decisions or courses of action. Specifically, the section discusses how transitive power is actively mobilised at the relational, dispositional and structural levels.

The findings that relate to the manifestations of active power at the relational level refer to cases where actors are seen to be at loggerheads with one another in deliberations over particular issues of contention. In this regard, the findings that characterise interactions on occasions of contestations reveal a sentiment on the part of CSOs that they are subject to intense scrutiny and pressure from the side of the public sector. CSO participants intimated that their propositions endure far more

pressure and enhanced scrutiny in comparison to those forwarded by the public sector. CSO participants who spoke to this issue also said that public sector officials apply pressures on CSO participants on occasions of disagreement:

There is an expert panel within the CCM that evaluates [propositions to be included in the proposals], made up of donors and other stakeholders, that fairly evaluates, although the government would also apply its own pressures in these mechanisms

- CSO participant VIII

You could also be told to drop certain activities, that we shouldn't participate in certain areas, in the meetings, so everyone presents their sides, but the criticism is so strong when it comes to the NGOs because it is seen that our small activities could affect the huge budget submitted by the government. And so there are pressures in some ways and the process is stressful, you argue and disagree, so you have to justify every detail of your proposal, why you put certain things there, so there are many hassles, we do feel pressures in the process, always, from the other side [public sector].

- CSO participant XI

The above claims need to be understood in view of the type of officials that represent the public sector in these deliberations, and the level of authority they command in the setting. The public sector is represented by the Minister of Health, and the heads of key public sector offices, such as, the HIV/AIDS Prevention and Control Office (HAPCO) and the Ethiopian Health and Nutrition Research Institute (EHNRI). These offices play a critical role in the setting, not just in terms of formulating public sector policies and programmes, but also in regulation of the works of other actors such as CSOs and the private sector. Furthermore, HAPCO and the Ministry of Health are also involved in contracting out works to other actors such as CSOs. Hence, the level of authority carried by the heads of these offices in the CCM is bound to instigate a sense of deference from representatives of other actors. This has been highlighted in chapter 6 under the discussion of the 'role of an influential personality'. In addition, as highlighted in chapter 5, CSOs are looking to donors to temper the influence of the public sector. However, donors are seen as not fulfilling

the expectations coming from CSOs in this regard as they generally assume a cautious stance in the setting, as discussed in chapter 5.

On the other hand, CSOs also mobilise their own power resources in their endeavour to resist the public sector's influence and expand the wiggle room that exists in interactions within the CCM. At the relational level, the CSOs are seen to deploy different strategies ahead of meeting such as solicitation of support from other sectors, especially donors. CSO participants intimated that they would solicit the backing of donor agencies prior to CCM meetings in respect of particular issues to be discussed in the CCM. The following quote from a CSO participant illustrates this approach on the side of CSOs, at the relational level of interactions:

So as you can understand, sometimes you need to lobby. You need to get the assent of other partners on issues you want agreement over, before you go in for a meeting, you need to strategise and think through who would be able or inclined to support me on these issues

- CSO participant V

CSOs also actively mobilise their power resources from the dispositional and structural levels to influence decisions in the CCM. As indicated in the earlier section, a major source of dispositional power for CSOs relates to the provisions of the Global Fund that require representation of CSOs in CCMs worldwide (dispositional power). In this regard participants described occasions where the CSOs actively mobilised their resources in this regard in order to influence decisions in the CCM. The following quote illustrate this point:

Sometimes there are disagreements, I remember once the representative of EIFDA refused to sign on the proposal, I remember the WHO representative and the Minister of Health had to cajole him, and he was basically restating that it wouldn't be fair to conduct things the way it was intended at the time and that their role (FBOs') should be recognised ... they are empowered and that empowerment comes from the arrangement by the Global Fund because if one of the fifteen members doesn't sign, that request won't be sent

- Multilateral donor participant III

Hence, the section has discussed how active forms of transitive power are deployed by the public sector and CSOs at the relational, dispositional and structural levels. Specifically, it has supplemented the discussion in section 7.1.1 and the earlier chapters regarding the significant clout that the public sector has both in the CCM and in the wider setting, by further explaining how the public representatives also exert influences at the relational level. For CSOs, the section has shown that the CSOs are engaged in different strategies at the relational level, such as building alliances with donors, as well actively making use of their dispositional power by threatening to leave the partnership process. In this regard, their dispositional power effectively consists in capitalising on the preconditions set by the Global Fund that preconditions funding of CCMs on participation of key stakeholders.

The next section discusses the other form of power, namely, intransitive forms of power or power of ‘common action’.

7.3 Intransitive forms of power – power of ‘common action’

While the previous section analysed manifestations of power in interactions of domination in the CCM, this section explores the manifestations of power in processes where actors are seen to be working in concert, on occasions of ‘common action’ (Arts and Van Tatenhove 2004). This section accordingly presents an analysis of cases where actors participating in the CCM are seen to be pooling their power resources under the framework of ‘common value perceptions and principles of order’ (Goehler 2000) or in view of the ‘joint practices of actors’ (Arts and Van Tatenhove 2004; P. 13). The findings presented provide insights into how actors pool their power resources from the different realms of power (relational, dispositional and structural) in order to engage in supportive relationships.

The section starts by presenting a case where actors in the CCM appear to stand together to defend the CCM against external scrutiny. In this case, the different positions of actors are explored and the significant support rendered by CSOs to the public sector’s position specifically examined. Following from this, other areas in which the CSOs (EIFDA and NEP +) engage with the public sector in intransitive power games are explored. This symbiotic relationship between the public sector and the two CSOs (EIFDA and NEP +) is then contrasted with the case of the public

sector's relationship with the other CSO in the CCM, namely CCRDA, where low levels of trust are seen to have diminished chances of such manifestations of intransitive power.

Accordingly, the first case concerns an investigation by the Office of the Inspector General of the Global Fund (OIG) regarding the unauthorised overspend of budget on the part of the public sector. To provide some background to the incidence, the 2012 audit reports from OIG had flagged up a case of unauthorised construction of health centres on the part of the public sector, which had in turn resulted in significant over spending of budget (Garmaise 2012, OIG 2012). As the statement from OIG indicates, a total of 1,309 health centres were constructed under the budget line, 'renovation of health facilities and construction of health posts'⁴, resulting in an over expenditure of USD 57,851,941 (OIG 2012). In addition, the audit report (OIG 2012) further noted that the technical review panel of the Global Fund had not approved this amendment:

There was no formal approval from the Global Fund to expand grant activities for the construction of new HCs [Health Centres]. Further, the TRP [Technical Review Panel] did not review and approve this material change to the scope and scale of the proposal originally approved, and the performance frameworks were not revised to reflect this significant reallocation of funds. (OIG 2012)

A critical issue here concerns the fact that the CCM had approved the amendment through its consensus based decision-making process discussed in chapter 5. However, as indicated in the above statement highlighted from the audit report, the CCM should have solicited the approval of the TRP for 'this material change to the scope and scale of the proposal originally approved' (OIG 2012). When this issue was picked up by OIG, the CCM is reported to have defended the overspend. Here is how a public sector participant explained how the CCM members reacted to the findings of OIG:

⁴ Health centres are bigger centres of health services delivery designed to serve a catchment area of 15,000 - 25,000 people whereas their satellite Health Posts are smaller infrastructure catering for 3,000-5,000 people FMoH (2010). Health Sector Development Programme IV 2010/11 - 2014/15. Addis Ababa, Federal Ministry of Health.

Interviewer: So who explained this to the Global Fund? Was it the CCM or the PR [Ministry of Health]?

Participant: It was the CCM, saying that we know about this activity [reallocation towards health centres' construction], it was the CCM and all PRs and this is because the partners could see the results and as this is an asset that would last and as they recognise its contributions to the intended outcomes and impacts of the Global Fund, the only thing we did wrong is that we did not ask the Global Fund for amendments.

- Public Sector Participant IX

In a nutshell, the decision to approve the amendments of budget was taken by the CCM through deliberation, within the framework of the consensus based decision-making process instituted in the CCM. The CCM is then said to have explained the merits of the amendments to OIG as well as defending the overspend. This section attempts to dig deeper into the particular orientation of actors' positions and the dynamics of power relationships underlying this case of 'common action'. The section starts by highlighting the prevalence of support for the decision amongst actors, before unravelling the intransitive power relationships at play in the formulation of the common CCM position.

While the decision to approve the amendments appears to have been a decision reached through consensus, and the CCM has subsequently explained and defended the overspend to OIG, in unison, the interviews with participants suggest that the support for the amendment may not have been unanimous. Some actors from CSOs and donor agencies appear to harbour opposition to, and doubts over, the decision. For instance, a CSO participant was opposed to the construction of the health centres as they felt that the resources were effectively being diverted away from other activities. On the other hand, another participant from a donor agency observed that the MoH had been granted an easy way out of the problem, thereby questioning the premise for such a lenient treatment from the Global Fund. Here are the statements from these two participants:

And I do believe that the funds have not been spent for the intended purposes, for example, if you look at allocations, say for community conversation and

health education, even though it's not necessarily a bad thing, most of the funds have been spent to build hospitals and health facilities ...

- CSO participants XIII

... this auditor general came and had his audit report and then again I think Ethiopia came away a bit easy with the criticism of the auditor general's office and I am not saying, really I don't believe that money was misused but substantial amount of money was not used for the purpose it had been given for, and I think they got away with it quite easily ...

- Bilateral donor participant V

So if there lay differences in opinions regarding the issue, how was this common action possible? In other words, how was it possible for the whole CCM to come together to defend the decision during the audit? Some participants pointed out that there is a tendency of projecting a unified stance to outsiders, amongst CCM members, regardless of internal differences. These participants, drawn from both donor agencies and CSOs, assert that, in the face of external scrutiny, members are compelled to defend the CCM in view of the weight of issues that are at stake. These participants explained that discordance serves no actor once a decision has been taken by the CCM. The following quote by a donor participant illustrates this argument:

...So in order to meet these requirements set for accessing funding, you go to the Global Fund as a group, by what we call in our culture, 'dressing up whatever household affairs (internal affairs) you might have ['Gemenahin Shefineh' in Amharic]...There are countries whose funding has been suspended for related reasons. So, whatever problems lie within the system and in-country, it is within the country's interests to conceal them and present a coherent story to the Global Fund. But to say that there are no problems and that we are adhering 100% to partnership standards would not be realistic and there are problems

- Bilateral Donor participant VII

Further testament to this tendency of closing ranks comes from assessing how CCM members exhibit different senses of identity as they discuss issues pertaining to their sector relative to other sectors, on the one hand, and while dwelling on issues pertaining to the CCM in relation to external concerns, on the other. For instance, when discussing the achievements of the CCM, participants coming from the different sectors would often speak of themselves as belonging to a unit (the CCM), while reverting to their sectoral identities when discussing issues or differences that exist within the CCM. In fact, when raising issues pertaining to the CCM, participants make reference to it as a national scheme, often invoking sentiments that the scheme constitutes an issue of national interest. The successes of the CCM were also often discussed in comparison to other CCMs in other developing countries.

The observation here reflects that involvement in the CCM accords members of the CCM with an additional identity, over and beyond their identities of representing the particular sector. In other words, there are levels where they sternly advocate for the interests of their respective sectors, as well as levels where they *bury the hatchet*, so to speak, to represent the CCM to ‘outsiders’. Irrespective of the internal differences, the power imbalances and any other reservations, actors generally imparted a sentiment that it is in their interest to see the CCM do well. The following quote from a donor participant exemplifies this observation:

For me, we can make progress to choice, especially with the new financial model, probably, we will need, I say we, because I am in Ethiopia, we will need to open more the beneficiaries probably, in the new funding model

- Bilateral donor participant IV

Hence, the common action or consensus position has been realised when there are indications that not everyone was on board the decision. As discussed above some participants have pointed towards the feeling of solidarity that sets in when faced with external scrutiny. Now the discussion moves to supportive relationships or intransitive forms of power that may underlie this common position. In this regard, the data has revealed the existence of a more concrete compact for mutual support between the public sector and the other two designated PRs in the CCM, namely, EIFDA and NEP +. This understanding between these two sectors is understood to have materialised on this occasion to enable a unified position towards the OIG

report. Some CSO participants indicated that it was the intervention of these CSOs (EIFDA and NEP +) that had made the difference in staving off serious sanctions from the Global Fund in relation to this issue. A participant from one of these organisations vividly describes how they mobilised their power resources to defend the overspend and how they feel that it was this intervention from their side that may have saved the day, after all:

So for example, regarding the health centres' construction, the Global Fund people came and asked us, why did the government do this when it should be buying drugs for you and nutritional supplements? We responded that it was our interest as well, where would we get the treatment, where would we get diagnosed, and if the physicians are not trained who would give us treatment? If the health facilities are not expanded and are limited to the Black Lion Hospital and Zewditu Hospital [national referral hospitals found in the capital, Addis Ababa], who would treat the patients in the peripheries, in the Somali Region, are the drugs going to be supplied from a helicopter? That's how we convinced the auditors ...our justification actually reduced the amount that was supposed to be retrieved from government coffers, from around 50 million dollars to just 5 million ...

- CSO participant III

The participant explained that they regard the support they render to the public sector as constituting critical leverage that they could turn to in subsequent interactions and deliberations. In other words, for these CSOs, proving themselves helpful on such occasions is critically important as it bolsters their positions in subsequent interactions. The participant pointed out that the 'strength of their voice' is also derived from their inputs in supporting the process. They add that these interactions had in fact enabled them to graduate from 'being viewed as opposition or competitor to the government's agenda' to being considered as 'partners'.

The support rendered from CSOs was said to extend to other areas as well. One occasion relates to the support rendered by the CSOs to the bid by the Minister of Health for the position of Chairperson of the Global Fund Board. A donor participant observed:

... historically there is this tendency to support each other, for example these PLWHAs have in turn supported the Minister in his bid to be the Global Fund board chairperson, not just here, but they have lobbied their colleagues in Tanzania on his behalf...

- Multilateral donor participant III

The Minister was subsequently elected to serve as the Board's chairperson for 2 years between 2007 and 2009. A CSO participant confirmed how they had mobilised the leverages that come with their positions in global networks of civil societies (structural power) to advocate for the candidacy of the Minister for the position of Chairmanship of the Global Fund Board. The participant pointed out that they try to draw on their unique positions of representing patient groups and being embedded in a global network of PLWHA associations, to advance their position in relation to other actors in these interactions.

Our voices matter, more than the Minister that sits there, or the UN Director, we are the beneficiaries, so our voice really touches people, so we use this wisely... We have multiple avenues, there are people who contact us from the global fund and inquire, from other donor agencies, they come to us, for example a team from the US congress came and asked us: how much do you benefit from the Global Fund? Do you benefit at all? Or is it just the government that benefits? They ask us, behind closed doors...

- CSO Participant III

The public sector is also seen to replicate this gesture of collaboration as it engages in this intransitive power relationship with the other two PRs, namely, NEP + and EIFDA. It does so by deploying its dispositional and structural power resources. At the level of the CCM, the data points towards the support rendered by the public sector towards the networks' (NEP + and EIFDA's) bid of becoming PRs. In this regard, the public sector is seen to deploy its dispositional power drawn from its strong position in the CCM.

Accordingly, the support rendered from the public sector is seen to be instrumental for the networks' designation as PRs in the CCM. Donor and CSO participants who described this support rendered to these networks discussed it in comparison to the

case of the other CSO in the CCM, namely CCRDA, where such support was not seen as forthcoming from the public sector. In the eyes of some donor and CSO participants, CCRDA represented the more natural candidate for the position of a PR owing to its organisational profile and substantial experiences of managing grants. For these participants the critical factor at play was the lack of a trust in the relationship between the public sector and CCRDA at the time of the decision. The following quotes from donor and CSO participants illustrate this phenomenon:

This stand [the decision to defer acceptance of CCRDA and a consortium of other NGOs as an additional PR] was the stand of the CCM, it was actually the view of the chairperson, Dr. Adhanom [Minister of Health], and the rest acceded to that voice. WHO supported this view, saying there was need to evaluate the performance of the current civil society PRs before considering new PRs from that sector ... Beyond that it's personal factors such as lack of trust ... I would think this accounts for 1/3rd of the reasons behind the decision.

- CSO participant I

At the time CCRDA had better institutional capacity than EIFDA, who got legally registered only in 2006, CCRDA is an institution that has been there for a 30 years, so you could ask the question how EIFDA was selected brushing CCRDA aside ... there was a little bit of the trust on religious institutions that played a part ...

- CSO participant XI

You know how strong CCRDA is... it was not selected because of political differences with the government at the time

- Bilateral donor participant VII

Hence, the public sector is engaged in these intransitive power relations, which appear to manifest more strongly in its relationship with the designated PRs (EIFDA and NEP +) than is the case its relationships with other actors. As described in the quotes, the existence of support in the case of the two PRs (EIFDA and NEP +),

while lacking in the case of CCRDA, is due to ‘trust’ or ‘politics’. Specifically, when discussing what they see as an inexplicable decision of considering the two young, indigenous networks for the PR position, in place of CCRDA, the participants turn towards the notions of ‘trust’/‘politics’. In other words, ‘trust’/‘politics’ are seen to explain the levels in which actors engage in these intransitive power relationships.

In the case of CCRDA’s omission from consideration for the PR position, participants provided explanations to the ‘politics’ involved in the relationship between the organisation and the government. They attribute this to the fallout between the organisation and the government, following the role played by the former in the national elections of 2005. The positions taken by the organisation during the elections, the roles it played, and the disagreements that ensued, constitute public knowledge in Ethiopia. The positions taken by the organisation during the time of the elections (often protesting government positions and actions) and its altercations with the government, have been documented in a study commissioned by the organisation itself (CCRDA 2006).

The support extended by the public sector to the two indigenous CSOs is seen as extending beyond the realms of the CCM or beyond the realms of deployment of its dispositional powers. To begin with, as discussed in chapter 6, the public sector had championed the formation of the networks (both EIFDA and NEP+) from the outset. The public sector, through the Ministry of Health (specifically, through the Minister of Health), had effectively acted as an enforcer of the Global Fund’s requirements of sectoral representation, thereby championing the formation of the networks over the alternative membership requests coming from individual PLWHA Associations and faith based organisations. The Minister of Health was personally involved, whereby he is said to have mobilised the leverages that come with the office of the Ministry of Health (political and programmatic) in order to moderate these contestations and to ensure the formation of the networks in the process.

When the network was established the commitment of Dr Tewodros (Minister of Health) and Ato Nigatu (HAPCO Director) was critical. The idea was to establish a network that would represent the voices of PLWHA associations as one voice, that would build their capacities and coordinate their actions ...

- CSO Participant XII

The support of the Ministry of Health had followed the networks into their membership days. As discussed in chapter 6, the Minister had intervened to quell challenges lodged against the legitimacy of the constitution of NEP + as a ‘network of networks of PLWHA associations’. In this instance, the Minister is said to have mobilised the legal and administrative powers of government with a bid to ensuring that NEP + succeeded with their plans, effectively facilitating their expansion as a national level network, with branches in every regional state in the country. The Minister of Health is said to have convened the PLWHA associations as well as the CSO Agency (the regulatory body for civil society – chapter 4) so that a resolution on the matter could be reached and the viability of the network could be preserved.

This deployment of the structural power of the public sector within this intransitive power relationship with the networks (NEP + and EIFDA) is said to extend to use of its legal powers. Participants from donor agencies and CSOs pointed to areas where the public sector has essentially extended allowances to these indigenous networks in respect of the drastic provisions of the Charities and Civil Societies proclamation. For instance, participants point to a situation whereby NEP + have been exempted from requirements pertaining to one of the most restrictive provisions of this law, that is, the so-called ‘70 – 30’ rule. The law is widely regarded by advocates of CSOs and democracy activists as generally being restrictive and inimical towards the functioning of indigenous CSOs operating in the country (chapter 5).

The rule basically limits administration related spending to 30 % of the total amount of CSO budgets, thereby reserving at least 70 % of the funds for direct programmatic expenditures. The rule also classifies ‘personnel costs’, both related to programme and administration personnel, under administration budget. This essentially limits expenditures on staff remuneration to the 30 % of total budgets that have been circumscribed as administration. In this regard, NEP + have been exempted from this requirement as long as the staff members that are employed are PLWHA. This effectively means that NEP + are not limited to just utilising 30 % of the overall budgets at their disposal in order to employ staff members, as long as the persons they employ are PLWHA.

A participant from NEP + further revealed that this flexibility and sense of exemption accorded to their organisation extends to other areas of the Charities and Societies Proclamation. According to the participant, NEP + is still able to engage in advocacy works related to the rights of PLWHA, which is an area that has been restricted for organisations that receive more than 10 % of their funding from external sources. The participant used the issue to highlight how the favourable relationship they have with the government is positively affecting their experiences of functioning under these restrictive legal provisions.

The government is quite flexible when it comes to NEP +, the law has not created that much limitation, for example there is this provision that a local organisation cannot engage in advocacy works using foreign funds, it is there legally, theoretically, but for NEP + it is not a limitation, we have organised meetings with the parliament in the presence of this law to advocate about the gaps in the legal system in terms of international declarations of rights related to PLWHAs, ... there was no time they said that this was advocacy and that we couldn't work, our partnership with the government is strong so no problems there

- CSO Participant III

This signifies that it is not simply the active mobilisation of power resources that actors use in these relationships of mutual support, but the assurances derived from a trusting, favourable relationship. This applies to the case of EIFDA as well. Whereas they have not been extended an exemption to any section of the law per se, they still are spared from drastic enforcements of the law. The following quote from a participant from the organisation is testament to this:

So some laws such as the 70 – 30 provision have affected us, yet when we work under those conditions our circle is safe and in addition to this, working together over time increases your intimacy (CCM)

- CSO participant XI

Indeed, the CSO participants (NEP + and EIFDA) are well aware of the privileged position they enjoy as a result of this selective treatment. The following extract from

an interview with a participant from one of the networks illustrates this. As described by the participant, the law (structural power) is used as a way of enticing desirable behaviour amongst actors.

Participant: *I can't say that the space for the participation of CSOs has become narrower [as a result of CSO law] but I can't also say that the space has not been narrowed in all cases, I believe that the government people are targetful, so they narrow the space where they want to and relax restriction where they want, for example they don't put pressures on us ... so I think they exercise their power the way they want, there are those for whom it is much more tighter than what the law prescribes and there are occasions that they simply overlook ...*

Interviewer: *Why do you think that is?*

Participant: *For one I think it is because we represent the mass of the population and the second may be because they don't think we would get into negative political actions ...so when the government formulates such laws that's for tightening the grip on the civil society, so that you won't delve into politically sensitive matters.*

- CSO Participant IX

As discussed in chapter 5, in the eyes of other actors (donor agencies and other CSOs), this relationship between the public sector and the other two PRs is considered too cosy, whereby it compels them to question the autonomy of the CSOs from the influence of the public sector. Here, the participants essentially question whether the CSOs are able to stand up to the public sector, while enjoying close relationships with the latter.

In summary, the section has explored the manifestations of intransitive power or power of 'common action' in the CCM. In this regard, it has shown that the critical players in these relationships are the public sector and CSOs that have been designated as PRs. It has shown that the actors engaged in these relationships draw upon their dispositional and structural power resources to engage in these symbiotic relationships. Furthermore, by contrasting the case of the CSO that enjoy this type of

relationship with the public sector with a CSO that is seen to be less involved in these intransitive power games, the sections highlights the role of trust or ‘politics’ in determining these relationships.

Next, the chapter turns to exploring the dynamic nature of power relationships.

7.4 Power relations transformed as a result of involving in the CCM

This section explores the dynamic nature of power relationships; specifically, how power relationships are affected in due course of actors’ involvement in the CCM. It explores how involvement in the CCM bolsters the image and standing of indigenous actors that are included in the mechanism, thereby influencing their positions relative to other actors in the setting. In this regard, the section draws on the experiences of NEP +’s journey as a CCM members explore the critical issues related to changing positions of actors due to their involvements in the CCM. The case of NEP + was chosen as it was seen that the organisation’s inclusion in the CCM and its rise to a PR position was hotly contested amongst its constituencies (PLWHA associations), in turn offering a hotbed of data for exploring how partnership mechanisms such as the CCM could transform existing power relationships between actors, in a given setting.

In contrast, the journey of the other non-state PR, namely, EIFDA, has been something of a smooth sailing, relatively speaking. Participants from the organisation indicated that although there had been competition amongst the different faith-based organisations in the country for the position of representing the faith based sector in the CCM, the work of EIFDA and its relationships with its member organisations has largely been less of a contested affair. The organisation was formed as a negotiated settlement between the different faith based organisations in the country, with the involvement of the leaders of the respective religious institutions. Participants claimed that having this negotiated settlement amongst the different religious institutions has enabled EIFDA to function smoothly as an umbrella organisation.

In any case, highly informative data regarding the change of actors’ position and power, as a result of involvements in the CCM, emerged from the story of NEP +’s journey. Before discussing that, the section sets the scene by discussing the value

that local actors attach to involving in the CCM. This discussion draws on actors' descriptions of what they anticipated to gain from their involvements in the CCM and what their actual experiences have been.

7.4.1 The benefits of partnering in the CCM

For policy level actors in Ethiopia, the CCM represents a key national platform for deliberating and deciding on a critically important source of support for interventions targeting HIV/AIDS, TB and malaria, and on the health system as a whole. Beyond facilitating access to resources, involvement in such a nationally instituted mechanism comes with promises of enhancing one's image and standing within policy circles, as well as establishing and deepening valuable linkages and relationships. The data revealed that policy makers, especially indigenous organisations, consider the role of representing their respective constituencies at the CCM, as a critical opportunity for enhancing their standing in policy making circles. Participants from indigenous CSOs relayed an acute sense of awareness of the implications that involvement in the CCM has on their stake and positions as actors in the field of public health in the setting.

During the fieldwork, it was observed that CCM seats are highly sought after by indigenous CSOs. In this regard, CSOs that are not members currently but are seeking membership enumerated a range of benefits they anticipate out of becoming members of the CCM. The benefits that were enumerated in this regard include the following: access to financial support to bolster organisational capacities in terms of human resources and budgets for programmatic interventions; gaining skills and experiences in cross-sectoral partnerships and managing funds as a PR; and establishing access to key decision makers in the setting, particularly, to public sector and donor officials. Generally, participants viewed the CCM membership as a critical opportunity for enhancing one's portfolio as a policy actor in the field. The following quotes present testimonies from participants from organisations aspiring to become CCM members and existing members:

Firstly, the respect we get out of participating in the mechanism is a huge factor, the other thing is that it gives us an opportunity to acquaint with the donors that come to the meetings and other agencies who come to observe

the meetings, it also gives us an opportunity to link up with the PRs and see how we could benefit by working with them as sub recipients...

- Private Sector participant II

The knowledge and skills transfer is not just the money, how to manage an international grant, how to monitor, how to report, how to follow-up, how to document, our data management system is good, they now appreciate the reports we produce and present, they are even prising away some of our staff these days ...

- CSO participant III

The data further revealed that involving in a partnership mechanism such as the CCM was useful for indigenous CSOs by way of deepening the level of relationships and linkages with key actors, especially, the public sector. Participants coming from the CSOs that sit on the CCM indicated that their involvements in the CCM have helped them build ‘trust’, ‘intimacy’ and ‘understanding’ with public sector officials. These gains were regarded as assets they could take into their roles as actors in the broader realms of policy making in the setting. The participants emphasised that valuable understanding and trust was developed through the process of working together in the mechanism.

So the process of working on the same project together creates a lot of forums and platforms, all of us principal recipients [PRs] have shared platforms, we exchange experiences, ... so these have increased our intimacy, as we are all working towards the same objective, you get close and work together, and if others also get this opportunity it will enhance understandings for them with the government

- CSO participant XI

Having discussed the sense of importance with which the CCM is regarded by indigenous actors and the benefits that are said to be entailed by involvements in the CCM, the section now turns to exploring the ways in which involving in the CCM is seen to affect power relationships amongst actors in the setting. As mentioned in the beginning of this section, this mainly draws on the experiences of NEP +, whose

involvements in the CCM and subsequent designation as a PR, is seen to have been a hotly contested affair amongst constituencies of the PLWHA sector. Accordingly, the section now turns to the story of how this globally designed partnership mechanism (CCM) appears to affect the trajectory of an indigenous institution (NEP +), and how this in turn is seen to affect the power dynamics between actors in the setting.

7.4.2 ‘Chuheten kemagn’: Emboldening the new at the expense of the old

This sub-heading, ‘chuheten kemagn’, is taken from an Amharic phrase that was used by one of the participants coming from a long standing PLWHA association, which sees the way NEP + has grown in prominence following its membership in the CCM, as amounting to displacement of its position and role as a national PLWHA association. The term literally translates to: ‘it [NEP +] has robbed us of our cries’. The participant explains how NEP + had initially been formed out of consultations amongst the prominent PLWHA associations at the time, namely, Mekdim, Dawn of Hope (DoH) and Tila, with the promise that it would constitute a network that would represent their interests at the CCM and other platforms nationally. However, this promise has not been realised, whereby in their eyes, the network has rather metamorphosed into a dominant force on to its own, whose interests clash with those of the national PLWHA associations. Here is how the participant described the phenomenon:

DoH and Mekdim are long standing institutions that have contributed immensely to this country. They are the ones who broke the veil of silence; they are associations who enabled a lot of us to dare to come out with our status. However, while we were the ones who founded NEP + ... it has turned out to be a case of ‘chuheten kemagn’ [Amharic referring to, ‘being robbed of one’s cries’] at the end, where NEP + is muffling our voices. In fact, we should have been the ones who should be representing PLWHAs in the CCM, because we are the foremost associations in the country and around 99 % of associations in Ethiopia were founded by people drawn from DoH and Mekdim ...

- CSO Participant VI

As indicated in earlier sections, the formation of NEP + essentially constituted a highly contested process. At the time of setting up the CCM (2002), the voices of PLWHA were mainly represented nationally through 3 prominent PLWHA Associations, namely, Mekdim, Dawn of Hope (DoH), and Tila association of women living with HIV/AIDS. These associations, founded in 1997, 1998 and 2002 respectively, were pioneer grassroots organisations founded by people living with HIV/AIDS who braved the scourging stigma and discrimination in the early days of the epidemic (ETHARC 2015). The founders of these associations, especially Mekdim and Dawn of Hope, are regarded as heroes nationally for breaking the silence against the epidemic; different documentary movies have sought to document their struggles in the face of a very inhospitable environment (Concentric Media 20005).

Against this backdrop, it was seen that these associations were less keen to cede the role of representing the sector in this key, national partnership mechanism. Consequently, the formation of NEP + caused significant contestations amongst these national PLWHA associations, who were all vying to represent the sector in the CCM. As indicated in earlier sections, it took moderation by the Minister of Health to ensure the formation of NEP +, with reorganisation of the national PLWHA associations as members of the network.

However, it appears that the designation of the network (NEP +) at a mechanism that coordinates the largest funding for HIV/AIDS work in the country (CCM), was ill fated to run a collision course with the long standing associations that also operate as national associations of PLWHA. With NEP +'s designation as a PR, where it effectively secured direct access to Global Fund resources, the organisation sought to expand into a 'network of networks of PLWHA Associations', with branches in the 9 regional states of the country. The national PLWHA associations considered this as a direct threat to their regional level structures, as it would effectively render them redundant. Prior to this change, NEP + could only reach regional associations through the structures of Dawn of Hope, Mekdim, Tila and other national PLWHA Associations. Accordingly, they lodged legal challenges to the proposed move by NEP +, which were only resolved through the interventions of the Minister of Health.

If you look at it currently, the capacity of NEP + is really growing, most resources are these days channelled through NEP +, because of the window of opportunity created by the government, but they are pressurising us so that we cease to exist, so the objectives which we set out with and what is currently done don't match ...

- CSO participant IV

In a nutshell, the PLWHA associations, who were vying for the CCM seat that was allotted for PLWHA associations at the outset, now find themselves looking into the CCM from the outside. Ironically, the network they had founded has taken a life of its own to curtail their long held predominance in the playing field. Participants from these organisations feel that the organisation has effectively overtaken their roles as the mouthpiece for people infected and affected by the disease, as a result of the position that the CCM has accorded it. The sentiments expressed by these organisations reveal a lot bitterness especially as they feel that they have been sidelined despite the sacrifices made by their founders during times of significant hardships; hence, '*chuheten kemangn*'.

The effects that NEP +'s enhanced role in the CCM has had on the other national PLWHA associations surpass issues related to just the Global Fund resources. The organisation appears to have bolstered its reputation, image and standing as a result of its involvements in the CCM, to the effect of overshadowing the other PLWHA associations nationally. The CCM appears to have provided NEP + with the platform to progressively establish itself as an umbrella organisation for PLWHA associations in the country. Participants explained that other donors are nowadays opting to go via NEP + as opposed to directly considering the national associations for funding. The following quote from a participant from NEP + illustrates how much the network's capacity and reach have been bolstered:

...Indeed there was a lot chaos when the network was first formed, there were conflicts of interests...they [the pioneer associations] used to solicit funds on their own, however, once NEP + was formed, donors started demanding that the requests should come through the network of networks, because it is very convenient for them, as easier to gather one report than

chase ten or more reports, so the associations started thinking that after all we had created a competitor for our resources ...

- CSO participant V

The section has discussed that membership in the CCM is highly sought after amongst indigenous organisations as it is seen as a good platform in order to facilitate access to financial resources and valuable linkages and contacts. Furthermore, by drawing on the journey of NEP +, the section has explored how the accession of local actors into such a national partnership platform can affect the power relationships between actors in the setting.

7.5 Chapter Summary

This chapter has sought to explore the manifestations of different forms of power in actors' interactions in and around the CCM. By adopting a conceptualisation that understands power as a multi-layered concept (relational, dispositional and structural) with different forms of existence (potential and active), the chapter has sought to explicate the complex power relationships that underlie the interactions between actors described in chapters 5 and 6. While some of the power relationships have been discussed in chapter 5, the chapter provides a more complete picture of the interlocking power relationships on occasions of domination and common action.

In this regard, the findings have revealed that the power relationships, both transitive and intransitive, predominantly manifest in the relationships between the designated PRs: the public sector and the two non-state PRs, namely, NEP + and EIFDA. The chapter shows that the public sector and the two CSOs are interlocked in both types of power games, that is, power games of domination (transitive power) and power games for common action (intransitive power). The public sector is by far the most potent actor that is able to mobilise significant power resources from across the relational, dispositional and structural realms of power to engage in both transitive and intransitive power games. The CSOs also deploy their own power resources to engage in power games of resistance and collaboration. The intransitive power games are seen to be determined by a critically important factor that participants referred to as 'politics' and/or 'trust'

In addition, a theme that has emerged from the data demonstrates that the CCM represents a critically important platform for local actors in their endeavours to enhance their positions in a multitude of ways. In this regard, a reflection on the journey one of the PRs (NEP +) exposes the influence such mechanisms can have in the relative positions of local actors in the setting. Being a member of a national partnership mechanism such as the CCM can significantly bolster the positions of members in comparison to other actors.

Chapter Eight

Discussion and Conclusions

8.1 Introduction

This chapter aims to situate and discuss the key findings of the study against the body of theoretical and empirical evidence on cross-sectoral partnerships. Prior to this, the chapter shall briefly recap the aims and objectives, the methods employed and the underlying theoretical orientations of the study. The aim of the study is to develop an in-depth understanding of cross-sectoral interactions between actors, in and around partnership mechanisms, in developing country settings.

The following research questions were formulated in view of this aim:

1. How are the factors that influence actors' interactions in and around cross-sectoral partnership mechanisms conceptualised in the literature?
2. How do actors interact in and around cross-sectoral partnership mechanisms in developing country settings?
3. Why do actors interact in observed ways?

The third research question is further broken down into the following sub-questions:

- a. What is the role of context in influencing these interactions?
- b. What is the role of factors related to the partnering process in influencing the manner of cross-sectoral interactions between actors?

While the subject of cross-sectoral partnerships has been studied across different disciplines, there has not been much cross-disciplinary learning that enables a holistic understanding of how actors interact within these governance mechanisms (chapter 2). In addition, the normative focus of much of the empirical investigation in the area has prevented a deeper analysis and understanding of how cross-sectoral partnerships interact with the wider context. On the other hand, contemporary conceptions of cross-sectoral partnerships have resulted in the neglect of key concepts such as power. The study of cross-sectoral partnerships in developing

countries represents one of the least understood aspects of the field of study (Hein 2003; p. 17, Marques 2014).

Accordingly, this study sought to contribute towards filling the above identified gaps by undertaking a theory guided case-study of how cross-sectoral actors interact in and around a globally designed partnership mechanism, namely, the Global Fund's county coordinating mechanisms (CCM) in Ethiopia. Considering that actors' interactions in and around the CCM constitute the core interest of the study, it was important to adopt a suitable theoretical framework that can guide exploration of factors that influence actors' behaviour and interactions within particular arenas of interactions (such as the CCM). Consequently, a theoretical framework that steers the focus of analysis towards the interplay between actors' agency and the structured-context (CCM regulatory frameworks and deeper frames of reference) was adopted from review of the cross-disciplinary literature (chapter 3).

The adopted theoretical framework embodies three main attributes: a focus on the dialectical relationship between actors' agency and structure, a qualification that this dialectical relationship between agency and structure is mediated by ideas, meanings and narratives/discourses, and an understanding that the structured-context is multi-layered. In terms of the latter, an adaptation of the conceptualisation of 'multi-layered context' from policy networks theory (Marsh and Smith 2000) resulted in a definition of the multi-layered context as constituting the CCM regulatory frameworks and the broader context or deeper frames of reference in the Ethiopian setting. The analytical framework further embodies the notion of 'methodological glocalism', which in turn entails that studies of national level processes in developing countries need to consider global structures and processes, due to the latter's pervasive influence in a globalising world (chapter 2).

This is a qualitative study that draws on the critical realist paradigm, which in turn orients the study to interpret and explain the visible world of actors in reference to causal mechanisms emanating from the deep-lying context. The study follows a case study design that sets out to develop an in-depth understanding of the selected case in order to generate findings that could be transferrable to similar partnership mechanisms. This is a multi-method qualitative study that employs key informant interviews (43), observation, and documents review. The data was analysed

thematically whereby thematic categories were determined both apriori (theoretical framework) and as they emerged from the data. The findings, presented in chapters 5, 6 and 7, focus on the interplay between the structured context and interactions (5), the process related factors that influence interactions (6) and the multi-dimensional and multilevel manifestations of power in actors' interactions (7).

The next sections present a discussion of the key findings, against the available theoretical knowledge and empirical evidence in the field. Section 8.2 presents a reflection on conceptualisations of the interface between national governance mechanisms and global structures and processes, based on the findings of the study. Section 8.3 discusses the findings of the study that relate to the contextual factors that influence actors' interactions, against relevant conceptualisations and empirical evidence in the literature. Section 8.4 similarly discusses the findings of the study that relate to the role of process related factors by drawing on the conceptual understanding and available empirical evidence in the area. The chapter then presents a reflection on theory, whereby key findings of the study are used to reflect on key theorisations of the relationship between agency and structure. Specifically, the section discusses how the interplay between agency and structure is understood to occur within this study and the role of discourse in this interplay.

Finally, the chapter moves on to a section entitled, 'the thesis in perspective' (8.5) whereby the potential contributions of the study, the implications of the study for policy and practice, and the potential limitations are discussed. The chapter brings the thesis to a close by putting forward some concluding remarks (8.6).

8.2. Adaptive needs instigated by Global processes on national level actors

The study has sought to explain the observed trends in cross-sectoral interactions between actors by drawing on different causal mechanisms. One of the factors seen to be critical within this analysis of causal mechanisms relates to demands and influences emanating from global level structures and influences, mainly, Global Fund requirements and principles. This section reflects on the concept of the integration of the 'national' and the 'global' or the so-called 'glocalisation'

phenomenon (chapter 2), using the findings of the study related to the demands imposed by the Global Fund requirements on national actors.

As discussed in chapter 2, different scholars of international relations and global public policy have sought to explain this concept of integration of national and global levels of governance in this age of globalisation. They essentially argue that there is a ‘pattern of glocalisation’ in this age of global governance, whereby the boundary between ‘national’ and ‘global’ levels is becoming less and less distinct (Hein 2002, Rosenau 2002). They further explain that the role of actors in developing countries is limited to one of responding and adjusting to, ‘claims generated and commitments produced by global health governance processes’ (Hein 2003, de Leeuw, Townsend et al. 2013; p. 118). In other words, ‘the global and national are co-present, and interact and intersect in a range of ways’ (Holton 2008; p. 46, Kennett 2010; p. 21). The Global Fund’s principles and requirements are said to typify this growing trend of global governance mechanisms directly influencing national level policy processes in developing countries (Hein 2002).

The discussion in this section provides a reflection on the above summarised concept of integration of the national into the global, by drawing on the findings of the study that highlight the effects of the Global Fund requirements on national actors in Ethiopia. As indicated in chapter 2, CCMs are said to constitute one of the ‘critical interfaces’ in the integration between these two levels of governance (national and global). As Hein explains, Global Fund structures and processes, including CCMs, fulfil the definition of ‘interfaces’ which are said to occur through ‘concrete projects of development cooperation... [including] modalities of financial support’ (Hein 2003; p. 47). Hence, by reflecting on the findings related to the effects of the requirements emanating from CCM regulatory processes and Global Fund principles on national actors (chapter 5), the section seeks to contribute towards the understanding of how the phenomenon of ‘glocalisation’ influences national level processes in developing countries.

First of all, the section explains the extent to which the CCM is understood as an imported, novel strategy in the Ethiopian setting. As a global requirement, the CCM is essentially seen as setting a fairly novel trend of cross-sectoral interactions in the setting. To begin with, the demand for the partnership is not home grown in that it

does not reflect a situation of cross-sectoral actors coming together as a result of a proactive analysis of complex social ills that require joint action (the functionalist argument, chapter 2). From another angle, there is no indication that the observed trends of cross-sectoral partnerships in the CCM would stand scrutiny based on the theory of collaborative advantage (chapter 2); that is, whether the work being achieved by the CCM would be difficult or impossible to achieve without the partnership arrangement? Nor is there any evidence to suggest that the formation of the CCM can be explained, at least partly, by the political argument (chapter 2), that is, that there was evidence of local demands for cross-sectoral partnerships predating the Global Fund's initiation of the partnership through the CCM. In fact, some actors (the private health care providers) were not even present in initial dialogues to lay claims to the seats allotted to them by global directives, let alone agitating for the partnership. Hence, neither the 'political' nor the 'functionalist' explanations appear to be tenable in the case of the CCM in Ethiopia, in turn signifying that the cross-sectoral partnership arrangement predominantly reflects a case of local actors responding to the requirements set by the Global Fund.

One way to further corroborate this assessment is to review the patterns of 'cross-sectorality' in other partnership mechanisms in the health field in the country. As discussed in chapter 4, none of the other mechanisms mimic the pattern of cross-sectoral representation observed in the CCM. Particularly, CSOs are only marginally represented in the other structures while the private sector is virtually absent. Indeed, it was observed that propositions to amalgamate the CCM with these structures had been met with resistance for fear that doing so would dilute the enhanced representation of non-State actors achieved in the CCM. As highlighted in chapter 5, a representative from a donor agency had described the CCM as 'somewhat contrived' or 'engineered' for not reflecting wider trends in programme coordination in the health field in the setting. Hence, the CCM/Global Fund requirements of cross-sectoral representation are seen as new trends for cross-sectoral interactions in the setting. To add to this observation, it has been documented that the Global Fund had actually encouraged countries to utilise existing partnership mechanisms as CCMs, at the time of launching of the programme in 2002. However, most countries ended up establishing separate structures due to '[the] absence of pre-existing well-

functioning partnership models' across developing countries (Brugha, Cliff et al. 2005; p. 10).

Coming to the adaptive needs generated by the Global Fund requirements, the question becomes one of how the Global Fund requirements, which represent novel ways of cross-sectoral interactions in the setting, affect the different actors in the setting? The trend in this regard reflects a case of different actors responding variably to the opportunities and demands embodied in the requirements, due to their variable capabilities. Owing to its historical mandates and its position in the constellation of actors in the health field in the setting, the public sector is well positioned to assume a highly influential role. In fact, in terms of how the processes of setting up the CCM unfolded, the public sector effectively served as the convener of the partnership mechanism. Though the partnership was initiated globally, the public sector effectively went on to serve as an initiator and host of the mechanism at the national level. This is seen to have significant ramifications for subsequent interactions in the CCM. This echoes MirafTAB's (2004) conclusion based on a case study of a cross-sectoral partnership mechanism for a national housing programme in South Africa, that the question of who initiates and seeks the partnership is of critical importance.

Out of the pluriform of partnerships described by Glasbergen (2011)(1. government as initiator and dominant entity, 2. government involved as just one of the partnership members, and 3. exclusive non-state mechanisms), the case of the CCM is seen as leaning towards the first. Figure 5 denotes the observed features of the CCM in this regard: a globally designed partnership mechanism that has effectively accorded the public sector a central and unparalleled role. The public sector occupies the heart of the partnership. The linkages and networks amongst the other sectoral actors are seen to be much weaker and less important, as represented by the broken lines used to denote the interactions between these non-State actors. The public sector essentially constitutes the referent for all types of actors in the setting.

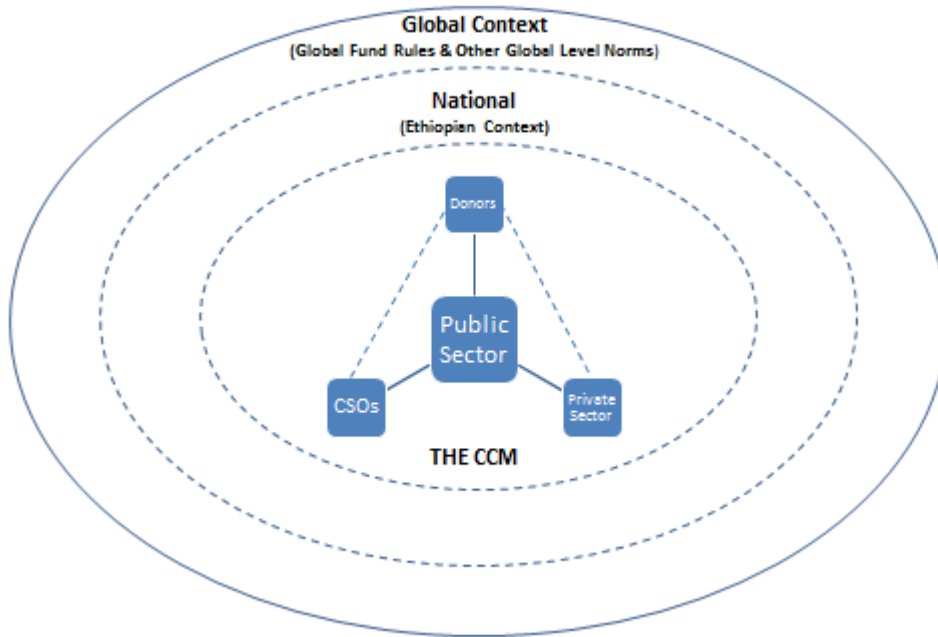


Figure 5: The conceptualisation of the CCM as a globally designed partnership mechanism

(Adopted from Visseren-Hamakers et al's 'transactional model for partnership analysis' (Visseren-Hamakers, Arts et al. 2007; p. 141)

This observation contrasts sharply with conceptualisations of cross-sectoral partnerships in high income country settings, whereby: ‘...a plethora of forms of social organisation and political decision-making exist that are neither directed toward the state nor emanate from it’ (Dingwerth and Pattberg 2006; p. 191, Kennett 2010; p. 20 - 21). In the case of this study of the CCM in the Ethiopian setting, the State represents a central institution and is the referent for other types of social organisations and decision-making. This is not just attributed to the presence of a strong interventionist State in the setting, but also to the lack of ‘a plethora of forms of social organisations’ that engage in social policy processes in the setting. Hence, the CCM is seen as reproducing this manner of relationship between actors in the setting, thereby playing into the hands of powerful actors in the setting, primarily the public sector.

In addition, the demands that emanate from the Global Fund requirements and principles are seen to further weaken or disrupt the organisation of non-State actors. As discussed in chapters 5 – 7, the inclusion criteria have caused non-State actors to undergo significant reorganisations. In the case of CSOs, the reorganisation has led to lasting divisions and conflicts amongst constituencies of the sectors. Similarly, Kapilashrami and O'Brien's (2012; p. 442) report that the 'reconfiguration' imposed by Global Fund requirements on non-state actors in India had had differential effects whereby it bolstered the position of some actors whilst it 'threatened the existence of others'.

Moreover, the reorganisation of CSOs has allowed the public sector to have a say on how the reorganisation of the CSOs takes place. The public sector effectively acts as the enforcer of the requirements of sectoral level organisation and the moderator or arbiter of the conflicts that arise in the process. For CSOs, this exacerbates the risks of co-optation by the public sector, which is known to be entailed by participation in cross-sectoral partnership arrangements with the public sector (Meadowcroft 2007).

These findings echo conceptualisations and empirical evidence that highlight the huge implications of design for cross-sectoral interactions between actors in and around partnerships (Miraftab 2004, Schäferhoff, Campe et al. 2009, Brown 2010, Kapilashrami and O'Brien 2012). Particularly, the findings of this study signify that the effects of design persist through out the different stages of the partnership. As discussed in chapter 6, the requirements of sectoral level representation are found to hamper the effective representation of CSOs and donors in the deliberative processes in the CCM. For CSOs, this presents challenges of representing the wide range of voices that exist within their fluid and heterogeneous constitution, in turn creating tension and conflicts.

In the case of donors, the way the different autonomous constituents are required to come together into a donor group with a view of formulating common positions does not suit the nature of their constituency, which is made up of autonomous entities that have quite variable positions on issues. Donors in the Ethiopian setting are generally known to have sharply contrasting positions towards the Ethiopian State, based on different ideological, diplomatic and policy considerations (Whitfield and Fraser 2008, Feyissa 2011). To illustrate this, Whitfield and Fraser (2008; p. 362)

point to the stark differences observed in donors' responses to claims of vote rigging in the highly contested national elections of 2005: *'Donors' responses to the elections and aftermath diverged to the extent that the effect on aid flows was neutralized'*. Hence, the daunting task of amalgamating such wildly divergent positions into a unified voice in the CCM weakens the potentially powerful influence of donors. In contrast, the different public sector representatives do not suffer similar drawbacks as a result of these arrangements as they draw upon common ideological, political and policy directives.

Beyond this requirement of sectoral level representation, other requirements emanating from the Global Fund, such as the principles of country ownership, performance based funding and zero tolerance to fraud, were seen as having an effect of further entrenching the strong position of the public sector (chapter 5). The way in which these requirements are taken-up and upheld in the context of existing power relationships (chapter 7) and the relative positions of actors is effectively seen as exacerbating existing inequalities in the setting. This in turn resonates with Hajer's (2003; p. 107) observation that it is important to understand not just the content of such discourses but how they 'are taken up in a process of mutual positioning'.

In any case, the findings related to the effects of the requirements emanating from the CCM resonate with conceptualisations and empirical findings that suggest that cross-sectoral partnerships do not have an equalising effect on power relationships, whereas they can further intensify existing inequalities (Lister 1999, Bartsch and Kohlmorgen 2006, Biermann, Man-san Chan et al. 2007; p. 254, Visseren-Hamakers, Arts et al. 2007). Visseren-Hamakers et al (2007) report that the inequalities that were most prominent within their case study of an international partnership mechanism were between the different sectors within the developing country involved in the partnership, than between in-country and international actors. This further signifies the critical role of historical and contextual relationships between actors in a given setting, for how power relationships play out within partnership processes. Visseren-Hamakers et al (2007; p. 166) go on to conclude that it is 'extremely difficult' for international partnerships to 'emancipate civil society in the South' unless the partnership 'is proactively managed with this emancipatory goal in mind'.

The empirical evidence on CCMs in other developing countries similarly highlights the dominance of the public sector in cross-sectoral interactions within the CCMs (Brugha, Donoghue et al. 2004, Grace 2004, Brugha, Cliff et al. 2005, Stillman and Bennett 2005, Banteyerga, Kidanu et al. 2006, Biesma, Brugha et al. 2009, Spicer, Aleshkina et al. 2010). Brugha et al (2004) report a similar trend of public sector offices being accorded a central role in the constitution and running of CCMs, whereby, in 3 out of the 4 countries they studied, the public sector offices were found to be dominant, to the extent of being involved in the selection of particular organisations that would represent other sectors.

In summary, the findings from this study emphasise that the adaptive needs entailed by the ‘co-presence’ of the global and the ‘local’, the so called ‘glocalisation’ phenomenon, have variable effects on different types of national actors. The findings reinforce Hein’s (2003; P. 39) observation that the integration between these levels is not a ‘harmonious process of cooperation’. The effects on national levels need to be understood in view of the relative positioning of actors within particular settings. The findings echo Long’s (2001; p. 72) explication of the ‘multiple realities’ of development projects, which relate to ‘the different meanings and interpretations of means and ends attributed to the different actors... as well as the struggles that arise out of these differential perceptions and expectations’.

The next section discusses the findings related to the deep-lying causal mechanisms (deeper frames of reference in the setting) that are seen to influence trends in interactions between actors, by drawing upon reviewed conceptualisations and empirical evidence in the literature.

8.3 The deep-lying causal mechanisms (the deeper frames of reference)

This section discusses the prominent features of the deeper frames of reference that are seen to influence actors’ interactions in the CCM. In this regard, the relative positions of different actors in the setting, which are in turn contingent upon different factors (chapter 5), are seen to constitute the causal mechanisms that underlie actors’ interactions in the CCM. Accordingly, the findings related to the relative positions and roles of the different sectoral actors will be discussed in this section by drawing upon relevant conceptual understandings and empirical evidence.

As discussed in chapter 5, the factor that is seen to be at the core of the deeper frames of reference shaping the manners of interactions within the CCM is the nature of the Ethiopian State, specifically, the ideology of the government. The ideology of the government (Revolutionary Democracy), instilled over more than 2 decades of rule under the ruling party, and the type of State it aspires to (the Developmental State), are seen as not only influencing the behaviour and actions of the public sector, but as influencing the roles of other policy actors in the setting. Out of all the relevant factors emanating from the deeper frames of reference, this was considered to be the defining feature of the Ethiopian setting. It is considered as a ubiquitous factor that has major implications for all actors.

As highlighted in chapters 4 and 5, Revolutionary Democracy essentially constitutes a worldview that is antithetical to neoliberalism (Bach 2011, Feyissa 2011, Haggmann and Abbink 2011, Vaughan 2011). The ideology pervades all aspects of life in Ethiopia, whereby the social, political and economic choices that result from the ideology are felt in different aspects of life in the setting (Bach 2011, Feyissa 2011, Haggmann and Abbink 2011). On the other hand, as discussed in chapter 2, neoliberalism pervades the new global order, whereby it is said that ‘we live in, and against a neoliberal world order’ (Deacon 2007; p. 16). Moreover, partnerships are considered to be an expression of neoliberal principles that underlie contemporary global governance, whereby they are seen as ‘neoliberal solutions in disguise’ (Börzel and Risse 2005; P. 15). Hence, it can be considered that partnership principles embodied in the CCM are bringing neoliberal ideals in global governance to a setting where social, political and economic relations are based on an ideology that is antithetical to neoliberalism.

Crucially, where partnerships represent an agenda of pluralisation of decision making spaces to accommodate an enhanced involvement of the private sector and CSOs, the developmental state champions a dominant, unparalleled role for the public sector in the national development agenda (Bach 2011, Feyissa 2011, Haggmann and Abbink 2011). The ideology, derived from ‘the Marxist-Leninist traditions’ of the ruling party has given rise to a ‘state-centred and state driven’ model of development, despite the rhetorical commitments to broad based participation (Haggmann and Abbink 2011).

As discussed in chapter 5, the ideology does not simply involve specification of the nature of the state, but naturally, it influences the positioning of the state vis-à-vis other actors (the private sector, CSOs and donors). In this regard, the ideology touts the State as ‘the only one [type of actor] able to maintain a real autonomy in a globalised world’ (Bach 2011; P. 651), whereas the private sector, CSOs and donors are framed as vehicles of the competing, neoliberal ideology (Feyissa 2011). In a nutshell, the cross-sectoral partnership mechanism, the CCM, was rolled out in a context where the State unabashedly sees its role to be front and centre in the national development agenda, and where the other actors (donors, CSOs and the private sector) have grown accustomed to living with this reality. It was seen in the study that actors across the sectoral spectrum were well sensitised to these ambitions of the State and what it meant for their role in the national development agenda. As exemplified by the description from a CSO participant stating that the government plays the pack leader’s role (*‘Ye awrawin mina’* in Amharic), this ordering of actors is not just a motto of the State but constitutes an accepted reality for other actors operating in the setting.

Hence, the ideology of the State is found to be of central importance in order to fully grasp the interactions observed between different actors within the cross-sectoral partnership (CCM). However, the role of the State within cross-sectoral partnership mechanisms constitutes a highly under conceptualised issue within the partnership literature, due to the contemporary emphasis on ‘networks, flows and fluid [processes]’ as ‘organizing principles’ in the postmodern literature (Arts and Van Tatenhove 2004, Mol 2007; P. 226). Similarly, most empirical studies on partnership mechanisms in developing countries, including the studies on CCMs, do not go beyond highlighting the observed dominance of the public sector in interactions within the partnerships. Only one of the reviewed empirical studies, the multi-country Global Fund tracking study by Brugha et al (2005; p.11), suggests the importance of ideology as an underlying factor for the tense relationship between CSOs and the public sector: ‘conflicting views around the meaning of partnership [which in turn] reflect fundamental ideological differences around legitimacy and the role of government’.

The context in Ethiopia was also seen as constituting an environment that constrains non-State actors. In this regard, it is seen as a highly restrictive operational

environment for CSOs, as exemplified by the Charities and Civil Societies Proclamation. As per the study by Dupuy (2014; p. 18) it is estimated that CSOs have suffered ‘potentially high organizational mortality as a result of the proclamation, in that the number of federally registered local CSOs fell by 45%, from 3800 in 2009, to 2059 in 2011’. This hostility towards CSOs also appears to be related to the ideology the government whereby ‘in all developmental states, civil society experienced weakness, flattening or control at the hands of the State’ (Bekele and Regassa 2011; P. 6).

Beyond the influences of the State, the findings also echo the widely recognised organisational and coordination challenges faced by CSOs (Reinicke Wolfgang and Deng 2000, Keohane 2002, Börzel and Risse 2005, Ngoasong 2009, Brinkerhoff and Brinkerhoff 2011, Glasbergen 2011). Similarly, the lack of capacity of local CSOs that is widely recognised the literature (Lister and Nyamugasira 2003, Spicer, Harmer et al. 2011, Harmer, Spicer et al. 2013) is also found to be pertinent in this study. Hence, the critically important factors in relation to CSOs constitute the regulatory frameworks in the setting of operation, in turn determined by the ideology of government, and the inherent organisational challenges faced by the sector.

As for donors, as discussed in chapter 5, their position in the CCM largely mirrors their behaviour in the setting (cautious). From case studies of the negotiating power of 8 African Countries, Whitfield and Fraser (Whitfield and Fraser 2008) rank the Ethiopian government amongst the top 3 countries that have strong control over their policy space in negotiating aid with donors (along with Botswana and Rwanda). They explain that the countries that are said to have strong control have enjoyed ‘favourable political, economic, ideological, and institutional conditions’ (Whitfield and Fraser 2008; p. 364). Feyissa (2011; p. 809) concurs with this assessment and enumerates the Ethiopian State’s strong negotiating capital as follows:

These are comprised of the humanitarian card (the eligibility of Ethiopia to aid with a 40% population below the poverty line); the historical card (Ethiopia’s non- colonial past); the relatively lower debt from the major international financial institutions in the 1990s; state effectiveness; the geopolitical card (Ethiopia as a key ally in the war on terror); donors’ reputation risk by pressing a leadership which has gained a high stature in

the international arena; and the “Chinese card” (the leverage EPRDF has got from the new players in the Ethiopian economy).

As highlighted in chapter 2, there is critical lack of empirical evidence on the role and positions of donors in CCMs and other partnership mechanisms in developing countries. However, other studies have also documented the call by CSOs, evidenced in this study, for an enhanced engagement of donors, including the Global Fund secretariat, in order to moderate the influences of the public sector (chapter 5) (Brugha, Cliff et al. 2005, Bartsch 2007; P. 156). Bruga et al (2005; p. 11) recommend that an enhanced involvement by donors would help ‘support government and civil society forge partnerships ...’.

As discussed in chapters 5 and 7, the private sector is considered to be ‘missing in action’ in the partnership process and is particularly seen to have very poor relationships with the public sector. As discussed in chapter 5, it was seen that the private for profit sector are not seen as having much legitimacy in the eyes of other actors to involve in poverty alleviation and national development efforts. A review of the conduct of GHIs in developing countries (Biesma, Brugha et al. 2009) reports that government dominated CCMs in developing countries appear to be particularly inimical to the ‘private for profit sector’. In this regard, a study assessing the system wide effects of the Global Fund in 3 countries (Benin, Ethiopia, and Malawi)(Stillman and Bennett 2005) had indicated that the position of the private for profit sector is particularly precarious in Ethiopia, compared to the other countries of study:

However, in countries where there was a lack of trust between public and private sectors, government-dominated CCMs had been reluctant to include strong private for-profit stakeholders. This was particularly the case in Ethiopia... (Stillman and Bennett 2005; p. 36)

In summary, this section has discussed the critical findings related to the deeper frames of reference in the setting, namely, the relative position of policy actors in the setting and the factors that underlie these. In this respect, the ideology of the State is found to be the most critical factor underlying observed trends in the relative positions of actors and the relationship between actors in the setting. In addition, the relationship between actors in a specified field such as health or in the CCM need to

be understood in view of the wider set of agenda between the actors, such as the geopolitical considerations that underlie the relationship between the government and donors. The section also highlights some of the analytical explanations offered by the study to explain observed ways of actors' interactions, which could be tested in future research in other settings. These include but are not limited to the explanation that a developmental state tends to curb the participation of non-State actors in partnership mechanisms, that the ideological position of the State is the most critical factor that orients the behaviour of other actors in the setting, and that the positions of other potentially powerful actors such as donors are influenced by a whole host of factors beyond the issues that represent the immediate concerns of partnerships.

The next section discusses the process related factors that are seen to influence actors' interactions in this study by drawing on the available empirical evidence in the field of study.

8.4 Process related factors that influence the actors' interactions in and around partnership mechanisms

This section discusses factors related to the partnering process and how they are seen to impinge on the observed trends in actors' interactions. As discussed in chapter 6, the themes identified in this regard include: *The making of 'partners'* (recruitment process); *capacity to partner* (CCM deliberation process); *suboptimal participation despite procedural safeguards* (CCM deliberation process); *the role of consultants* (proposal development process); *the proposal development rush* (proposal development process); *the role of an influential personality* (across all processes); *and the challenges of representing constituencies* (CCM deliberation process and proposal development process).

These process-related factors have been widely identified by studies of CCMs in other settings (The Alliance 2002, Brugha, Donoghue et al. 2004, Doupe and Flavell 2004, Grace 2004, Brugha, Cliff et al. 2005, Starling, Brugha et al. 2005, Stillman and Bennett 2005, Banteyerga, Kidanu et al. 2006, Biesma, Brugha et al. 2009, Spicer, Aleshkina et al. 2010). This study has sought to develop a contextualised understanding of these process related factors (chapter 6). As per the adopted

research paradigm and the theoretical framework, this constitutes an effort towards '[locating] policy actions and practices in geographically specific governance contexts and [connect] the phenomenology of micro-practices to wider structuring forces'(González and Healey 2005). The findings generated in this regard are now discussed, with reference to the evidence from the empirical studies highlighted above.

The process-related factors are explained in reference to the context. For instance, whereas the procedural safeguards for optimal participation appear to be in-place, non-state actors widely expressed sentiments of suboptimal participation or that the agenda were tightly controlled by the public sector (chapter 6). As Brown (2010) explains, such sense of control felt by actors, even when procedural safeguards have been put in place, reflect the colonising character of power in deliberative practices. Where 'power' refers to the ability of donors to 'blackmail' developing country representatives at the Global Fund's executive board in the study conducted by Brown (2010), in the case of the Ethiopian CCM, it refers to the ability of the government to mobilise a range of power resources from the different levels of constitution of power (chapter 7) to enforce its preferences. In this regard, donor and CSO participants highlighted some contextual factors that impede optimal participation, despite the procedural safeguards: the restrictions on freedom of expression in the setting, the threats posed by restrictive regulatory laws (the Charities and Civil Society Proclamation) and the culture of deference towards authorities in Ethiopia. Hajer (2003; p. 99) alludes that merely establishing interactive policy practices does not guarantee 'more democratic and more open form of policy making'. He adds that 'they might as well lead to a 'Foucaultian subjectivisation...'' whereby deliberative practices are merely used to perpetuate existing power asymmetries.

The capacity of actors is discussed throughout the other studies on CCMs in other settings (Doupe and Flavell 2004, Grace 2004, Brown 2010; p. 529, Spicer, Aleshkina et al. 2010; p. 10, Harmer, Spicer et al. 2013; p. 306). In this study, as well as the other cited studies, lack of capacity was predominantly raised in reference to CSO and private sector participants. As discussed in chapter 6, the capacity differences between actors are understood as a reflection of the relative ordering of actors in the setting. The fact that the partnership brings together actors with varied

capacities and skills constitutes one of the core challenges of cross-sectoral partnerships (Huxham and Vangen 2005). Harmer et al (2013; p. 306) call upon the Global Fund to put aside funds for building the capacities of CSOs to engage with the public sector effectively, while Doupe and Flavell (Doupe and Flavell 2004) outline specific areas that PLWHA representatives would require capacity building support in, to be able to engage effectively with the partnering process. This study joins such calls for appraising the different capacity needs of the respective actors and engaging proactively to address critical capacity shortfalls that impede optimal participation.

The practical challenges associated with the task of representing constituencies at the CCM have been discussed in relation to the fluidity of the constituency of CSOs (chapter 6). This also goes on to show that process related factors have selective effects across different actors in the setting. This factor has been discussed by other studies of CCMs (Brugha, Donoghue et al. 2004, Brugha, Cliff et al. 2005). The practical challenges related to representing constituencies in cross-sectoral partnerships are well recognised (Huxham and Vangen 1996). In the multi-country Global Fund tracking study, Brugha et al (2005) emphasise the problems of conflicts of interests of CCM members; highlighting the tension between representing constituencies and advancing the interests of one's own organisation. Similarly, in this study, donor participants had questioned the autonomy of CSOs in the CCM for seeking to represent their constituencies while receiving money from the mechanism.

One of the key factors and a widely cited issue by participants relates to the role played by the ex-Minister of Health, Dr. Tedros Adhanom. As discussed in chapter 6, the Minister's roles appear to have left their marks on numerous aspects of the partnership process, including: critical decisions in the CCM (who would be partners? Who would make PRs?) and the deliberation processes in general (a commanding presence). Interestingly, only one of the reviewed studies on CCMs discusses the role of the chairperson. A Global Fund multi-country CCM assessment (GFATM 2008) highlighted the critical role played by CCM chairpersons. However, the report states that: 'It was less important whether the chair was from government, civil society or NGOs; his or her personal qualities alone determined efficacious CCM functioning'(GFATM 2008; p. 5). In contrast, the interpretation in this study consists that it is the multi-faceted credentials of the Minister including his affiliation to the

public sector, and the fact that he is a member of the central committee of the ruling party, that has enabled him to play the highly influential, multifaceted role.

Another important factor relates to the role of consultants in the partnership mechanism. In their discussion of contemporary global governance and transnational policy communities, Patricia Kennett (2010; P. 27) and Diane Stone (2008; p. 30) emphasise the increasing role of ‘transnational policy professionals’, which in turn serve as ‘carriers of global policy processes involved in the diffusion of ideas, standards, and policy practice’. According to Borzel and Risse, the rationale for the establishment and proliferation of cross-sectoral partnership mechanisms, predicated on the complex nature of problems that cannot be tackled by just one type of actor (functionalist explanations), has fuelled the growing role of ‘epistemic’ or ‘knowledge communities’ (Börzel and Risse 2005).

As discussed in chapter 6, the consultants’ advice is not always in congruence with the objective reality in the setting. Similar findings were reported in other studies of CCM processes (Grace 2004, Starling, Brugha et al. 2005, Biesma, Brugha et al. 2009). The findings in this study further highlighted that the CCM, specifically public sector officials, were assertive in their dealings with consultants in the Ethiopian setting. While the reviewed empirical evidence does not describe the balance of power between consultants and CCMs, one study suggested that the consultants wielded significant power. A case study of the CCM in Tanzania (Starling, Brugha et al. 2005, Biesma, Brugha et al. 2009) (part of the multi-country Global Fund tracking study (Brugha, Cliff et al. 2005)), found that the influence of WHO consultants had made the country apply for support for ART programme, when the ‘locally identified need’ lay with getting support for work on orphans and vulnerable children.

Another process-related factor relates to the ‘proposal development rush’ whereby the participants said that the limited amount of time allotted for preparing proposals and the reactive nature of proposal preparations resulted in routinisation of certain activities to the exclusion of new, innovative works. A similar trend was reflected in Banteyerga et al.’s (Banteyerga, Kidanu et al. 2006) study of the Ethiopian CCM:

Some suggested that the allocation of most of the funds to the purchase of drugs and commodities was done in order to make planning quick and easy

without considering the real pattern of needs or problems that might be encountered in procuring such drugs and commodities. (Banteyerga, Kidanu et al. 2006; p. 20)

Other country experiences reflected in other studies also resonate with this finding (The Alliance 2002, Brugha, Donoghue et al. 2004, Doupe and Flavell 2004, Grace 2004, Spicer, Aleshkina et al. 2010).

A related factor was the lack of readily usable evidence in the setting. Not only is this lack of access to evidence in the setting understood to be affecting the innovativeness within proposals, but also has implications for the power relationships between actors. In the absence of a wide array of evidence, the deliberations are more prone to reflect the underlying power relationships discussed in chapter 7, than being guided by the merits of the evidence. Harmer et al (2013) similarly identified the lack of ‘evidence gathering skills’ as one of the impediments for CSOs’ advocacy efforts and their engagements with the public sector.

This section has discussed the findings related to the process related factors that are seen to influence actors’ interactions by drawing on relevant conceptual understandings and empirical evidence. In this regard, the findings in this study offer a contextualised account of the process related factors, while reflecting on the reviewed empirical evidence on CCMs in developing countries.

The next section uses the findings of the study to reflect on theories on the relationship between agency and structure.

8.5 Reflections on theory

This section reflects on the theoretical and conceptual understandings highlighted in chapter 2 in relation to the relationship between agency and structure. As discussed in chapter 3, the theoretical framework adopted in the study orients the study to focus on exploring how actors’ agency interplays with the CCM regulatory frameworks and the deeper frames of reference in the setting to give rise to observed ways of interactions. The first part of this section (8.5.1) essentially discusses the way this ‘interplay’ is understood to occur in actors’ interactions within this study, by drawing on existing conceptualisations of the same in the literature. The second

section (8.5.2) then focuses specifically on the role of discourses in this interplay. Similarly, theorisations of how discourses influence interactions between actors will be drawn upon in the discussion.

8.5.1 How the interplay between actors' agency and structure is understood to occur in cross-sectoral interactions in the CCM in Ethiopia

This section discusses how the interplay between actors' agency and structure is seen to manifest in this study, by reflecting on some of the key observations of the study. One of the key observations in the study that is seen to demonstrate the way this interplay between actors' agency and structure occurs is the routinisation of a consensus seeking approach in the decision-making processes of the CCM. As discussed in chapter 5, while the option of adopting decisions through the vote has been assured within the regulatory frameworks of the CCM, decisions are routinely made through 'consensus'. This occurs even when there appears to be reservations and dissensions amongst CCM members regarding the adopted decisions. Why is the voting route not instigating more often, given the occasions where actors did not hold shared positions regarding the adopted decisions? How is this routinisation of 'consensus-making' explained in light of existing theories of the relationship between actors' agency and structure?

The understanding drawn from findings related to this routinisation of the consensus seeking approach points towards conceptualisations of 'calculating actors' that 'reflexively interpret and internalise' their context (both the CCM regulatory frameworks and the deeper frames of reference), as they interact within interactional arenas (Long 2001). Actors are seen to come to the arena of interactions (CCM) not just with their intentions, worldviews, capacities and other agential characteristics, but mindful of the constraints and enablers that are presented by the CCM regulatory frameworks and the deeper frames of reference in the setting. As Marsh and Smith (2000; p. 7) explain: 'At the same time, they [agents] do interpret that context and it is as mediated through that interpretation that the structural context affects the strategic calculations of the actors'.

The observation here is not one of structural factors acting as fixed, immovable external factors that absolutely determine the actions of agents, but an internal

relationship (in actors' cognitive processes) whereby 'they [actors intentions and structure] are mutually dependent, indeed mutually constitutive'(Hay 2002; p. 118). As Powell and Dimaggio (1991; p. 13) argue, institutions (defined as 'frameworks of norms, rules and practices'(González and Healey 2005; p. 2058)) 'penetrate the organisation, creating the lenses through which actors view the world ...'. Hence, when CSO actors are consistently going along with the consensus-decisions, even when they have misgivings about them, they are not just acting by their intentions, but reflexively adjusting their intentions in view of the structured-context.

In this regard, some of the most pertinent aspects of the structured-context, from the perspective of CSOs, include the strength of the public sector as a voting bloc in the CCM and the importance of maintaining a good relationship with the public sector in the Ethiopian setting (the government). For CSO participants, the strength of the public sector as a voting bloc in the CCM does not inspire hope for usurping consensus decisions backed by the public sector through the vote. On the other hand, being seen as abrogating the consensus approach entails the risk of harming their relationship with the most potent actor in the setting. Hence, contesting consensus decisions that are backed by the public sector, represent neither a viable nor a politically prudent option for CSOs.

These considerations also need to be looked at within the context of the complex, evolving relationships between the different sectoral actors in the partnership process. These evolving relationships or 'actors' interlocking projects' form part of the structured-context (Long 2001; p. 61). As seen in chapter 7, the public sector and CSOs are involved in complex sets of both transitive (power of dominance) and intransitive (power of mutual support) power games. These interlocking projects and power relationships also embody actors' anticipations of and hopes for future interactions, beyond what is occurring at a particular point in time. For example, one can see an improvement in the quality of the relationship between CSOs and the public sector observed in this study, over what was revealed in Stillman and Bennet's (2005) assessment of the same, back in 2005. While they (Stillman and Bennett 2005) described the relationship as characterised by acute lack of trust and tension, the observations in this study entail a more complex picture whereby they are engaged in both transitive and intransitive power games, and the CSOs have since been promoted to PR positions. Participants in this study have also cited a

number of other improvements in their relationship with the public sector, which they say, are due to the continuous interactions, over time. Hence, the interactions and interlocking projects also embody actors' aspirations for the future within this dynamic world of interactional settings. The importance of actors' 'interlocking projects' as structure is captured by Long (Long 2001; p. 61):

They often involve the development of interlocking actor 'projects', lifeworlds and circumstances that give rise to the situations where self-reflexive strategies mesh to produce a measure of accommodation between the actors concerned...

Hence, beyond the futility of pursuing the vote, given the composition of the CCM, CSO actors are also reflecting on the relationships they are building with the public sector, as they accede to the consensus based decision-making process. In this respect, being seen as supportive of the consensus-seeking process is crucial for non-State actors, as the approach is framed in the setting as constituting a responsible approach of mutual accommodation with a view of safeguarding the national interest. As Hajer (2003; p. 107) explains, discourses ('national interest at stake', in this case) can be deployed to routinise a particular 'parlance of governance' (consensus seeking, in this regard) thereby 'excluding or marginalising alternative ways of seeing' (voting or more confrontational stances). The role of discourse in the setting, and how it is understood within the context of the relative positions of actors, is discussed in detail in the next section.

Hence, the observations reflect a case of actors' interaction where they reflexively interpret the structured-context. However, the conception is less of a case of the structured-context acting as a static, immovable factor that absolutely determines actors' interactions. Rather the structured context constitutes 'boundary markers' embodying options for viable decisions, which are at the same time 'targets for negotiation, reconsideration, sabotage and/or change' (Marsh and Smith 2000, Long 2001; p. 63, Hay 2002, Wagenaar and Cook 2003). In other words, actors' actions and behaviour are not entirely predictable in view of structures, but rather reflect outcomes of negotiations and settlements around the frames of reference provided by the structured-context. For instance, chapters 5 and 7 have revealed that actors from weak positions do deploy strategies to resist domination. To cite one instance to

exemplify this point, a CSO actor is said to have held out on signing off on the country proposal until other actors reached out to negotiate a settlement (chapter 7).

The power relationships discussed in chapter 7 also reflect similar trends. The power relationship between actors is not seen as one of sheer domination or dictation of one's will over another, but rather, a complex power play in the context of the different power resources available to the different types actors. For instance, the most powerful actor in the setting, the public sector, deploys its power resources not to totally dominate the decision making process, but to maximise its gains from the interactions while ensuring that the other actors are also happy enough to remain in the process. The actions in this regard resemble a kind of oscillation around the equilibrium point, which is constituted by the minimum set of conditions in which all actors would see value in continuing to participate in the mechanism.

This essentially reflects the nature of cross-sectoral partnerships, which are known to bring to a head, different actors with different 'capabilities for mobilising their resources in these interactions' (Meadowcroft 2007; p. 200, Brinkerhoff and Brinkerhoff 2011; p.13). In these interactions, even those actors who are highly subordinate 'exercise some kind of power' (Long 2001; p. 17). As Giddens (1984; p. 16) notes, 'all forms of dependence offer some resources whereby those who are subordinate can influence the activities of their superiors'.

The above section provides a discussion of how the interplay between actors is seen to occur in the study. By using the case of one of the critical observations in the study, routinisation of consensus-making in the decision-making process, the section discusses how the interplay between actor's agency and structure is understood to occur in this study. In a way this represents an attempt to vicariously experience the world of actors.

8.5.2 The role of discourse in cross-sectoral interactions within the Ethiopian CCM

This section discusses the findings that highlight the role played by discourse in actors' interactions in the CCM. Two of the main findings that highlight the role of discourse relate to how the 'effective system' argument appears to influence actors' interactions, and the case of how the apparent shift in opinions regarding the relative merits of clinical interventions versus community based health promotion approaches is seen to influence the relative positions of actors in the CCM (chapter 5). These findings will be used as examples to explicate the understanding of the role of discourses in this study, and situate this within the wider body of knowledge on the subject.

As indicated above, one of these critical discourses is the 'effective system' argument. To be sure, narratives describing the execution of development projects in Ethiopia as 'effective and financially prudent' are not just made in reference to the CCM's successful applications to successive rounds of Global Fund grants but generally in reference to the government's track records of executing development programmes (chapter 5). A statement extracted from a study undertaken by the DAG (Donors Assistance Group) group in Ethiopia states (DAG 2010):

'Comparatively stable, Ethiopia has a capable government that is demonstrably committed to addressing poverty and promoting development, with an impressive record of pro-poor spending, relatively sound financial management and sustained economic growth over recent years.' (DAG 2010; P. 1)

Such narratives, highlighting the effectiveness of the Ethiopian public sector in terms of delivering results and its credence related to financial probity, are seen as further entrenching the statuesque. Particularly, the interpretation of results in chapter 5 has explored how they contribute to legitimising extant ways of doing business within the CCM; how they are used to justify the sustenance of a public sector dominated CCM on grounds of 'functionality'. The findings have shown that the effectiveness and financial probity arguments trump other considerations such as inclusiveness and meaningful involvement of non-state actors (chapter 5).

This trend of exalting the ‘effectiveness’ of the system, over and beyond other concerns such as inclusiveness and meaningful participation of actors is not an exception to the CCM, but a trend generally reflected in Donor-State relations in Ethiopia. As Hagman and Abbink (2011) observe, in the case of Ethiopia, donors are willing to live with ‘a heavy dose of authoritarianism’, in exchange for what they regard as an effective and stable government situated in a turbulent region. This is in turn interpreted as a reflection of the myriad issues that underlie the relationship between the Ethiopian government and donors, such as geopolitical concerns (discussed above in section 8.3 and in chapter 5). In any case, the crucial observation that is made in this study concerning this discourse relates to how it entrenches existing ways of interactions, and how its effects in this regard are further accentuated in the case of the CCM, as a result of being reinforced by Global Fund principles and requirements (chapter 5). These are related to the Fund’s performance based funding system and its principle of zero tolerance to fraud.

In his study of how the language of nature development processes influence the relative positions of actors within policy spaces, Hajer observes that ‘each discourse comes with its own power effects as it shapes the knowing and telling one can do meaningfully’ (Hajer 2003; p. 107). In the case of actors’ interactions in the CCM, the strength of the voices of those actors calling for inclusiveness and more meaningful involvement is indeed seen to be proscribed by the dominant discourse of ‘an effective system that delivers’. The power of discourses, such as the ‘effective system’ argument, does not just emanate from the ideas they represent, but relates to how they are deployed within the relative ordering of actors in the setting (Hein, Bartsch et al. 2007; P. 228).

Accordingly, the dominance of the discourse of an ‘effective system that delivers results’ and the effects this has in terms of entrenching the public sector dominated system, need to be seen in light of the relative positions of actors and their power resources (chapter 7). In other words, this discourse is able to affect interactions as it is reproduced and upheld within the context of the differential power resources available to actors in the setting (chapter 7). In their description of the clashes of institutional logics that typify cross-sectoral interactions, Bryson et al (2006) state that the dominant logic (effective system argument in this case) gets to define the organization-level behavior (CCM). It does so by ‘focusing the attention of decision

makers on issues, outcomes, and sources of power that are consistent with the dominant logic and away from those that are inconsistent with that logic' (Bryson, Crosby et al. 2006; p. 50).

Hence, the 'effective system' argument is understood as further entrenching existing ways of interactions. It does so by delimiting competing discourses that speak about deficiencies in the level of meaningful and broad based participation of actors. The effect of the discourse is even more accentuated in the case of the CCM due to the guiding principles of the mechanism that exalt performance and financial probity over other considerations. The discourse derives its power of influence as it is sustained and reproduced by the relative positioning of actors in the setting.

Another discourse that is seen to be influencing interactions between actors relates to the framing of AIDS as a medical condition, which in turn represents a stark shift in the prevailing attitudes in the setting in comparison to trends in the pre-anti retroviral therapy (ART) era. Here too, the observation in the CCM is understood as constituting a reflection of a wider trend in the setting (chapter 5). As discussed in the chapter, there seems to be a shift away from community-based health promotion and care and support services, following the rapid and massive scale-up of ART services in the setting. In this regard, the observation entails that the national ART service has effectively rendered HIV/AIDS, historically seen as an incurable disease with multifaceted societal effects, a treatable condition; in turn swaying opinions towards clinical care interventions.

This shift in perspectives is consequential in terms of actors' interactions in the CCM as it is seen as reinforcing the lopsided allocation of funds to clinical care interventions. As the latter are in turn designated as the responsibility of the public sector, the positions adopted in these debates are seen as having ramifications to the relative positioning of actors and their access to resources. Bartsch (2007; P. 169) makes similar observations that the huge resources mobilised by the Global Fund for treatment of AIDS had affected the global 'prevention versus treatment' discourse 'because its grants helped turn the treatment of HIV/AIDS patients in developing countries into an approach feasible in the foreseeable future ...' .

The contrasting narratives carried by participants from the different sectors are understood to be reflective of the different stocks of competing discourses or

institutional logics that prevail within the wider setting. Public sector and donor participants tended to favour a biomedical approach while CSO participants argued for community based health promotion activities. Indeed, it is recognised that the personal attributes of the participants that were associated with the different positions, such as their professional backgrounds, would also inform their thinking in this regard. Still, the observed trend in this study reflected a tendency on the part of public sector and donor participants to suggest that the case for the ‘multisectorality’ of HIV/AIDS is not as significant as before the national scale-up of ART in the country.

As Long (2001) observes, discourses employed by actors within a given arena (such as the CCM) ‘do not arise out of the blue but are drawn out of a stock of available discourses (verbal and non-verbal) that are to some degree shared with other contemporaries and predecessors’. In other words, while particular institutions such as the CCM serve as ‘discourse arenas’(Hein, Bartsch et al. 2007), the discourses are not inherent to actors but rather ‘form a part of the differentiated stocks of knowledge and resources available to actors of different types’ in the wider context (Long 2001, Risse 2002; P. 606). As discussed in chapter 5, participants’ views in this regard reflected their experiences with the effects of the ART programme in their work in clinical and community settings. In addition, the views of some public sector and donor participants in this regard, were seen to carry value judgements on the works of CSOs and their role in the health sector (chapter 5).

This finding also signifies the effect of the feedback from policy action, in this case, the rapid scale-up of ART in the setting, on prevailing views and perspectives; emboldening some stances while weakening others. It is akin to Marsh and Smith’s explication of the dialectic that exists between policy outcomes on the one hand and the constitution of policy networks on the other: ‘policy outcomes may have an effect on the broader social structure which weakens the position of a particular interest in relation to a given network’ (Marsh and Smith 2000; P. 9).

Similarly to the ‘effective system’ argument, the significance of this discourse needs to be considered in view of ‘how discourses are taken up in a process of mutual positioning’(Hajer 2003; p. 107). They do not exert power by themselves but form part of the world of ‘intersubjective’ interactions and orderings that occur amongst

actors (Hajer 2003; p. 107). The discourses do not affect issues on their own, but in view of the constellation of actors and the distribution of power within the context in which they are produced and reproduced. In this respect, while the dominant discourse appears to reinforce a treatment focused approach, the actors with weaker positions also deploy counter claims and narratives. As described in chapter 5, a CSO participant, while appreciating the core importance of ART in the setting, argued that the community based social care and support interventions are equally important and that they are as sensitive as ART to fluctuations of funding. This exemplifies Long's (2001) explanation of the contestation that occurs around discourses:

while some actors 'vernacularise' dominant discourses in order to legitimate their claims upon the state and other authoritative bodies, others choose to reject them by deploying and defending countervailing or 'demotic' (lit. 'of the people') discourses that offer alternative ...

In summary, this section has discussed the understanding of how discourses influence actors' interactions by drawing on key conceptualisations on the subject. Accordingly, the discourses are seen to be reflective of wider trends in the setting. The dominant discourses influence the actors' interactions and the relative positioning of actors in the CCM. At the same time, they derive their power of influence from the way they are produced and reproduced within the relative positioning and power dynamics amongst actors in the setting.

8.6 The thesis in perspective

This section presents a reflection on the potential contributions of the thesis to the existing body of knowledge on cross-sectoral partnerships and the limitations that need to be considered in gauging these contributions of the study. To this end, section 8.6.1 outlines the key contributions made by the study. The second part, section 8.6.2, highlights the implications of the findings of the study to policy and practice in the field of global health governance, while section 8.6.3 discusses the limitations emanating from the nature, design and execution of the study.

8.6.1 Potential contributions of the thesis

The potential contributions of this thesis mainly stem from the efforts made to undertake a *context orientated, theory driven* exploration of a *least studied typology* of cross-sectoral partnerships (cross-sectoral partnerships in developing countries). As discussed in chapter 2, while there has been proliferation of studies on cross-sectoral partnerships, the studies are conducted across different disciplines in quite disparate manner (Crosby and Bryson 2005, Mol 2007, Visseren-Hamakers, Arts et al. 2007). For instance, while sociological studies focus on institutional factors, the organisational management literature predominantly report analysis of process related factors (Bryson, Crosby et al. 2006).

In addition, most of the studies have been atheoretical due to inherent normative and managerial focus in the way study questions are formulated (McQuaid 2000, Brinkerhoff 2002, Selsky and Parker 2005, Biermann, Mol et al. 2007). Particularly, the embeddedness of partnership projects in particular contexts represents the less explored aspects of these mechanisms (Huxham and Vangen 1996, Osborne and Murray 2000, Selsky and Parker 2005). Moreover, the conceptualisations that predominantly inform the exploration of cross-sectoral partnerships are influenced by the post-modernist discursive turn in policy analysis whereby they have effectively neglected analysis of some crucial concepts such as power (Arts and Van Tatenhove 2004; p. 340, Barnett and Duvall 2005, Huxham and Vangen 2005, Bartsch, Hein et al. 2007; p. 30).

Against this background, one of the main contributions of the study is the exploration of contextual factors that underlie observed trends in cross-sectoral interactions in and around partnership mechanisms. In this regard, the critical realist perspective and the theoretical framework employed in the study have enabled the interpretation of causal logics underlying the observed trends in interactions. In other words, the analysis guided by these orientations represents an effort to ‘peel away the surface of interactions’ (González and Healey 2005; p. 2062) or to ‘seek for the underlying reality through the dark veil that hides it’ (Easton 1995; p. 79, 81, Sobh and Perry 2006; p. 1201).

Accordingly, the exploration of underlying factors in this study contributes to filling the highlighted gap of understanding the role of context in the manner of interactions between actors in cross-sectoral partnerships. For example, while the different studies of CCMs in other settings have highlighted government dominance as an important observation, none of the studies have explored the ways in which the underlying, contextual factors give rise to this phenomenon in the settings that are studied (Brugha, Donoghue et al. 2004, Grace 2004, Brugha, Cliff et al. 2005, Stillman and Bennett 2005, Banteyerga, Kidanu et al. 2006, Biesma, Brugha et al. 2009, Spicer, Aleshkina et al. 2010). This study accordingly deepens understanding of this, and the other observed phenomena, by offering analytical explanations in relation to the underlying, causal mechanisms.

The case of dominance by the public sector has been explained as being an outcome of the ideology of the government, the culture of sovereignty in the setting, and the wider set of issues that define the relationship between donors and the Ethiopian State, such as geopolitical considerations. In addition, these contextual factors are seen to interact with Global Fund related factors to reinforce the dominant position of the public sector. Consequently, the study provides a holistic account of causal processes that give rise to observed ways of interactions in the CCM. In this regard, the causal logics offered by the study, by way of explanations of how the multiple factors interact with each other to give rise to the observed phenomena, serve as testable propositions for future empirical investigations in the field.

The other critical contribution relates to the understanding of how national level governance mechanisms are integrated into global structures and processes. By adopting the conceptualisation of the CCM as a ‘critical interface’ between national and the global levels (Hein 2003; p. 47), the study offers insights into the differential effects of adaptive needs generated by the global structures and process, on different national level actors. This in turn makes a contribution to the way national level governance processes are understood vis-à-vis global governance processes, which in-turn constitutes an under-researched area of governance (Hein 2003; p. 17, Marques 2014).

Furthermore, the study has explored the process related factors that influence cross-sectoral interactions between actors in and around the CCM. While the analysis of

process related factors is preponderant in the literature, the fact that the contextual factors and the process related factors have been explored in the same study enables the study to make a situated analysis of the identified process related factors. Hence, beyond identifying the process related factors that are understood to be critical, the analysis provides analytical explanations of these factors in reference to the context in which they occur. For instance, the effect of the ‘proposal development rush’ on the level of innovation reflected in the country proposals is explained with reference to how it plays out within the context of lack of access to readily usable evidence, and how it plays into the prevailing power relationships between different actors. The suboptimal participation of actors is similarly explained with recourse to contextual factors that impede the capacity of specific actors to participate, such as the presence of restrictive laws that impede suboptimal participation. This holistic analysis enables the study to bring together the divergent focus reflected in different disciplines, such as, the focus on ‘micro-processes’ in organisational management studies, and the primacy of ‘macro’ or institutional factors in sociological studies.

Finally, the use of a theoretical framework to guide the study and the reflections on theory at the end enable the study to contribute towards filling gaps in relation to understanding the ‘messiness of partnership practice in more complex models’ in ‘theoretically precise’ ways (Selsky and Parker 2005; p. 866, Bryson, Crosby et al. 2006). Furthermore, the deployment of a social science theoretical framework that is drawn from multiple fields of study situates the empirical findings within the realm of ‘wider bodies of knowledge’ (Giacomini 2010; p. 125), thereby expanding the relevance of the finding to different fields of study.

8.6.2 Implications of the study to policy and practice

This section outlines the implications of the findings of the study for policy and practice in relation to cross-sectoral partnerships, especially in the field of global health governance. First of all, the study refutes the wholesale, uncritical adoption of partnership mechanisms as virtuous mechanisms, which reflects a trend that has characterised the proliferation of cross-sectoral partnerships as governance mechanisms. Instead, the findings point towards the need to make informed

decisions in relation to the context of intervention and the potential areas of interaction between the design of partnerships and contextual factors.

Such a holistic, political economy approach is now beginning to be adopted by key actors in the field global health as noted in a practice note developed by DFID (DFID 2009). While acknowledging that it is only recently that a holistic, political economy approach is being taken up by development practitioners in designing their strategies and programmes, the document emphasises the importance of undertaking such an analysis as follows:

Political economy analysis is particularly useful for development practitioners since it helps us to understand what drives political behaviour, how this shapes particular policies and programmes, who are the main “winners” and “losers”, and what the implications are for development strategies and programmes.(DFID 2009; p. 4)

As revealed through the findings of this study, this emphasis on a holistic understanding of contextual factors is nowhere more pertinent than in interventions that involve cross-sectoral interactions, as they bring together different types of actors with different ‘realities’. Consideration of these critical issues in the design of cross-sectoral partnerships is ever more urgent now as they are bound to continue to play a significant role in global development initiatives, as indicated by deliberations of the post-2015 development agenda:

The implementation of the post - 2015 development agenda should include a multi - stakeholder approach, effectively engaging civil society, business sector, philanthropic organizations and other actors. (UN 2014)

Accordingly, the findings that relate to how contextual factors interact with design features of partnership modalities highlight the importance of incorporating analysis of context in the design of partnership modalities. In the case of programmes planned in Ethiopia, the in-depth analysis of contextual factors offered by this study can be directly utilised in the design of programmes. Similar programmes in other developing countries could use the thick description of context provided in this study and the explanatory logics forwarded in this regard to make intuitive judgements on the transferability of findings to their settings.

Crucially, this study adds to the empirical evidence base on CCMs worldwide, thereby providing further feedback that could be used to inform the future strategies and actions of the Global Fund and other stakeholders. The Global Fund was founded as an innovative mechanism that aspires towards a vision of a learning organisation that is able to adapt in view of new developments and feedback from the field (Schocken 2005). Hence, it is hoped that the findings in this study will be considered as part of the evidence synthesis undertaken by the organisation to inform its future actions.

8.6.3 Challenges and potential limitations of the study

In this section, some of the challenges I faced in the research process and the potential limitations that emanate from these challenges will be discussed. Some challenges relate to the key informant interviews (policy elites) and the data generated through this method. In this regard, although the recruitment of participants has been highly satisfactory, there were differences regarding the openness of participants to share their experiences. On the whole, the mix of participants reflects a good representation of participants from across the sectoral spectrum, as shown in chapter 3. Except for 2 people who could not be located and another 2 who were unwilling to be interviewed, all people shortlisted for interview participated in the study. Despite the ups and downs related to postponement of interviews, cancellations, and missed appointments, the recruitment effort could on the whole be regarded as successful. It indeed surpassed the expectations I had prior to embarking on the fieldwork.

Having said this, it was a whole different matter when it came to the actual interviews. The interviews reflect quite variable sense of engagement and interests across the different sectoral participants. Particularly, there was discernable difference between public sector participants on the one hand, and CSO and donor agency participants on the other. The latter were found to be more forthcoming with their views, while public sector participants mostly gave carefully guarded descriptions of the process. CSO and donor agency participants tended to represent the critical voices in the data while the public sector participants mostly saw the mechanism in good light. Private sector participants were limited in their contributions owing to their limited involvement within the mechanism and in the

health field in general (chapter 5). Hence, the preponderance of views presented within the data tilts towards that of CSO participants and donors.

The other challenge relates to my own role and capacity as an interviewer. Although I was coming to this interview with experiences of interviewing policy elites in the past in Uganda, I found I was still very anxious about how the first interviews would go. Particularly, I was unsure about the best ways to frame the questions without sounding inquisitive or threatening. I found that asking questions about a sensitive issue such as the object of the study, about which different stakeholders hold contrasting views and harbour different interests, was not an easy task. I believe that the first set of interviews could have gone much better due to this reason and for the lack of adequate insights from my side to be able to probe certain areas more effectively. As the interviews progressed and as I got quite accustomed to the main issues at stake, I was able to steer the dialogue better to areas of interest.

On the other hand, as discussed in chapter 3, although I had planned to undertake three observations of CCM meetings, I was only able to observe one meeting as the others got postponed. This has limited the data that could be have been generated from interviews to inform the findings of the study. Hence, the main limitations of the study mainly emanate from the way the elite interviews went and the missed opportunities in terms of the cancelled meetings. The findings of the study would need to be gauged with these practical challenges in mind.

8.7 Concluding remarks

This study makes the above highlighted contributions to the field of study of cross-sectoral partnerships. Specifically, the study has attempted to make a contribution towards the understanding of cross-sectoral partnerships designed that operate at the national level, in developing countries. In this regard, the study contributes important findings in relation to the adaptive needs generated by the globally designed mechanisms on national actors. In addition, the study makes a critical contribution to the study of cross-sectoral partnerships in developing countries by providing an exploration of how contextual factors influence cross-sectoral interactions in and around partnerships. These explanations in turn offer testable propositions that could be tested through future empirical investigations. In addition, the study adds to the

relatively richer evidence base related to process related factors that affect cross-sectoral interactions. Beyond bolstering the evidence that comes predominantly from studies conducted on CCMs, the study offers contextual explanations of these factors. Finally, through reflection on theoretical insights, the study contributes to the understanding of how the agency-structure interplay occurs in cross-sectoral partnerships.

In conclusion, the study contributes to critical areas of the field of study of cross-sectoral partnerships. The use of theory to guide the analysis in this respect helps integrate the findings within wider bodies of knowledge and enhances the transferability of findings. A theory-guided analysis of a poorly understood typology of cross-sectoral partnerships, with strong emphasis on context, is regarded as the critical contribution of the study to existing body of knowledge. In addition, the implications for policy and practice in relation to cross-sectoral partnerships are numerous. These contributions need to be gauged in view of the limitations of the study related to practical aspects of generating findings from exploration of the views and conducts of policy elites.

References

- Abbink, J. (2011). "Ethnic-based federalism and ethnicity in Ethiopia: reassessing the experiment after 20 years." *Journal of Eastern African Studies* 5(4): 596-618.
- Addis Standard. (2012). "Ethiopia: A self-defeating Charities and Societies proclamation hurting all." Retrieved March 18, 2014, from <http://addisstandard.com/ethiopia-a-self-defeating-charities-and-societies-proclamation-hurting-all/>.
- African Union (2001). "Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases." *OAU/SPS/Abuja/3 27*.
- Alemu, G. (2009). "A case study on aid effectiveness in Ethiopia." *Analysis of the Health Sector aid architecture, The Brookings Global Economy and Development*.
- Altheide, L. D. and M. J. Johnson (2011). Reflections on Interpretive Adequacy in Qualitative Research. *The Sage Handbook of Qualitative Research*. K. N. Denzin and S. Y. Lincoln. Thousand Oaks, London, New Delhi, Singapore, Washington DC, SAGE.
- Amnesty International. (2012). "Ethiopia: The 2009 Charities and Societies Proclamation as a serious obstacle to the promotion and protection of human rights in Ethiopia." *Amnesty International's written statement to the 20th Session of the UN Human Rights Council (18 June – 6 July 2012)*, from <http://www.refworld.org/pdfid/4fd7092f2.pdf>.
- Andonova, L. B. (2006). "Globalization, Agency, and Institutional Innovation: The Rise of Public-Private Partnerships in Global Governance." *Working Papers in Economics*: 3.
- Annan, K. A. (2000). "We the Peoples": The Role of the United Nations in the 21st Century;[new Century-New Challenges], United Nations Publications.
- Araújo Jr, J. L. C. d. and R. Maciel Filho (2001). "Developing an operational framework for health policy analysis." *Revista Brasileira de Saúde Materno Infantil* 1: 203-221.
- Arthurs, H. (2001). "3 The re-constitution of the public domain." *The Market Or the Public Domain?: Global Governance and the Asymmetry of Power*: 85.
- Arts, B. and J. Tatenhove (2004). "Policy and power: A conceptual framework between the 'old' and 'new' policy idioms." *Policy Sciences* 37(3-4): 339-356.
- Arts, B. and J. Van Tatenhove (2004). "Policy and power: A conceptual framework between the 'old' and 'new' policy idioms." *Policy sciences* 37(3-4): 339-356.
- Assefa, Y., D. Jerene, S. Lulseged, G. Ooms and W. Van Damme (2009). "Rapid Scale-Up of Antiretroviral Treatment in Ethiopia: Successes and System-Wide Effects." *PLoS Med* 6(4): e1000056.

Awases, A., A. Gbary, J. Nyoni and R. Chatora (2004). "Migration of health professionals in six countries: a synthesis report."

Bach, J.-N. (2011). "Abyotawi democracy: neither revolutionary nor democratic, a critical review of EPRDF's conception of revolutionary democracy in post-1991 Ethiopia." Journal of Eastern African Studies 5(4): 641-663.

Bäckstrand, K. (2006). "Multi-stakeholder partnerships for sustainable development: rethinking legitimacy, accountability and effectiveness." European Environment 16(5): 290-306.

Banteyerga, H., A. Kidanu and K. Stillman (2006). "The systemwide effects of the Global Fund in Ethiopia: final study report."

Barnett, M. N. and R. Duvall (2005). Power in global governance, Cambridge University Press.

Barringer, B. R. and J. S. Harrison (2000). "Walking a Tightrope: Creating Value Through Interorganizational Relationships." Journal of Management 26(3): 367-403.

Bartsch, S. (2003). Global Public-Private Partnerships: Potentials and Limits. Globalisation, Global Health Governance and National Health Politics in Developing Countries W. Hein and L. Kohlmorgen. Hamburg, German Overseas Institute: 225 - 240.

Bartsch, S. (2007). The Global Fund to Fight AIDS, Tuberculosis and Malaria. Global Health Governance and the Fight Against HIV/AIDS. W. Hein, S. Bartsch and L. Kohlmorgen. New York, Plagrave Macmillan.

Bartsch, S., W. Hein and L. kohlorgen (2007). Interfaces: a Concept for teh Analysis of Global Health Governance. Global Health Governance and the Fight Against HIV/AIDS. W. Hein, S. Bartsch and L. Kohlmorgen. New York Palgrave Macmillan.

Bartsch, S. and L. Kohlmorgen (2006). The South in Global Health Governance: Perspectives on Global Public-Private Partnerships. The annual meeting of the International Studies Association. Town & Country Resort and Convention Center, San Diego, California, USA.

Bastos, C. (1999). Global responses to AIDS: Science in emergency, Indiana University Press.

Behrman, G. (2004). The invisible people: how the US has slept through the global AIDS pandemic, the greatest humanitarian catastrophe of our time, Free Pr.

Bekele, S. and T. Regassa (2011). Democratization in a developmental state: the case of Ethiopia-issues, challenges, and prospects. Policy Forum of UNDP Ethiopia, Addis Ababa, Ethiopia.

Biermann, F., A. M. Man-san Chan and P. Pattberg (2007). "11. Multi-stakeholder partnerships for sustainable development: does the promise hold?" Partnerships, governance and sustainable development: Reflections on theory and practice: 239.

Biermann, F., A. P. Mol and P. Glasbergen (2007). "13. Conclusion: partnerships for sustainability—reflections on a future research agenda." Partnerships, governance and sustainable development: Reflections on theory and practice: 288.

Biesma, R., R. Brugha, A. Harmer, A. Walsh, N. Spicer and G. Walt (2009). "The effects of global HIV/AIDS initiatives on country health systems: a review of the evidence." Health Policy Planning **24**(4): 239 - 252.

Borchgrevink, A. (2008). "Limits to Donor Influence: Ethiopia, Aid and Conditionality." Forum for Development Studies **35**(2): 195-220.

Börzel, T. A. and T. Risse (2005). "Public-private partnerships: Effective and legitimate tools of international governance." Reconstituting Political Authority. Complex Sovereignty and the Foundations of Global Governance, Toronto: 195-216.

Bourdieu, P. (1990). The logic of practice, Stanford University Press.

Brinkerhoff, D. W. and J. M. Brinkerhoff (2011). "Public–private partnerships: Perspectives on purposes, publicness, and good governance." Public Administration and Development **31**(1): 2-14.

Brinkerhoff, J. M. (2002). Partnership for international development: Rhetoric or results?, Lynne Rienner Publishers.

Brown, G. W. (2010). "Safeguarding deliberative global governance: the case of The Global Fund to Fight AIDS, Tuberculosis and Malaria." Review of International Studies **36**(02): 511-530.

Brugha, R., J. Cliff, M. Donoghue, B. Fernandes, I. Nhatave, G. Pariyo, F. Sengooba, M. Starling and G. Walt (2005). "Global Fund tracking study: a cross-country comparative analysis." London: London School of Hygiene and Tropical Medicine.

Brugha, R., M. Donoghue, M. Starling, P. Ndubani, F. Sengooba, B. Fernandes and G. Walt (2004). "The Global Fund: managing great expectations." Lancet **364**: 95 - 100.

Brugha, R., M. Donoghue, M. Starling, P. Ndubani, F. Sengooba, B. Fernandes and G. Walt (2004). "The Global Fund: managing great expectations." The Lancet **364**(9428): 95-100.

Brundtland, G. H. (2000). "Towards a strategic agenda for the WHO Secretariat: statement by the Director-General to the Executive Board at its 105th session, Geneva, Monday, 24 January 2000."

Bryson, J. M. and B. C. Crosby (1992). Leadership for the common good: Tackling public problems in a shared-power world, Jossey-Bass San Francisco.

Bryson, J. M., B. C. Crosby and M. M. Stone (2006). "The Design and Implementation of Cross-Sector Collaborations: Propositions from the Literature." Public Administration Review **66**: 44-55.

Bull, B. and D. McNeill (2007). Development issues in global governance: public-private partnerships and market multilateralism, Taylor & Francis.

Buse, K. (2007). How can the analysis of power and process in policy-making improve health outcomes?: Moving the Agenda Forward. ODI Briefing Papers, Overseas Development Institute.

Buse, K. and A. M. Harmer (2004). "Power to the Partners?: The politics of public-private health partnerships." Development **47**(2): 49 - 56.

Buse, K. and A. M. Harmer (2007). "Seven habits of highly effective global public-private health partnerships: Practice and potential." Social Science & Medicine **64**(2): 259-271.

Cáceres, C. F., J. M. Girón, C. Sandoval, R. López, R. Valverde, J. Pajuelo, P. Vásquez, A. M. Rosasco, A. Chirinos and A. Silva-Santisteban (2010). "Implementation effects of GFATM-supported HIV/AIDS projects on the health sector, civil society and affected communities in Peru 2004–2007." Global Public Health **5**(3): 247-265.

CCM/E (2004). Structure and Functions of Country Coordinating Mechanism of Ethiopia (CCM/E) - Updated April 2010.

CCM/E (2004). The Structures and Functions of the Country Coordinating Mechanism of Ethiopia. Addis Ababa, The Country Coordinating Mechanism of Ethiopia.

CCRDA (2006). Assessment of the Operating Environment for CSO/NGOs in Ethiopia. Addis Ababa, Consortium of Christian Relief and Development Associations (CCRDA).

Cgdev (2013). The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Background paper prepared for the Working Group on Value for Money: An Agenda for Global Health Funding Agencies Center for Global Development

Clegg, S. R. and M. Haugaard (2009). The SAGE Handbook of Power, SAGE.

Collins, C., A. Green and D. Hunter (1998). "Health sector reform and the interpretation of policy context." Health Policy **47**(1): 69-83.

Concentric Media (2005). Breaking the silence lifting the stigma of HIV/AIDS in Ethiopia New York.

Contu, A. and E. Girei (2013). "NGOs management and the value of 'partnerships' for equality in international development: What's in a name?" Human Relations.

Crosby, B. C. and J. M. Bryson (2005). Leadership for the common good: Tackling public problems in a shared-power world, John Wiley & Sons.

CSA. (2010). "2010 National Statistics (Abstract)." Retrieved 02/10.2011, 2011, from http://www.csa.gov.et/index.php?option=com_rubberdoc&view=category&id=75&Itemid=561.

CSA. (2011). "Population Statistics Abstract." from <http://www.csa.gov.et/index.php/2013-02-20-13-43-35/national-statistics-abstract/141-population>.

DAG (2010). Aid Management and Utilisation in Ethiopia: A study in response to allegations of distortion in donor-supported development programmes, Development Assistance Group - Ethiopia. **2014**.

DAG. (2014). "DAG Annual Report 2013 - 2014." Retrieved 2013, February 2013, from http://www.dagethiopia.org/index.php?option=com_docman&task=doc_download&gid=351&Itemid=120.

de Leeuw, E., B. Townsend, E. Martin, C. M. Jones and C. Clavier (2013). "Emerging theoretical frameworks for global health governance." *Health Promotion and the Policy Process*: 104.

Deacon, B. (2007). *Global social policy and governance*, Sage.

Denzin, K. N. and S. Y. Lincoln (2011). Introduction: The Discipline and Practice of Qualitative Research. *The Sage Handbook of Qualitative Research*. K. N. Denzin and S. Y. Lincoln. Thousand Oaks, London, New Delhi, Singapore, Washington DC, SAGE.

Denzin, K. N. and Y. S. Lincoln (2011). *The Sage Handbook of Qualitative Research*. Los Angeles, London, New Delhi, Singapore, Washington DC, SAGE.

DFID. (2009). "Political Economy Analysis: How to note." Retrieved February, 20, 2015, from <http://www.gsdrc.org/docs/open/PO58.pdf>.

Dingwerth, K. and P. Pattberg (2006). "Global governance as a perspective on world politics." *Global governance: a review of multilateralism and international organizations* **12**(2): 185-203.

Dodgson R, Lee K and D. N. (2002). "Global Health Governance: A conceptual overview." Retrieved June 30, 2012, from <http://cgch.lshtm.ac.uk/globalhealthgovernance.pdf>.

Doupe, A. and S. Flavell (2004). "A multi-country study of the involvement of people living with HIV/AIDS (PLWHA) in the country coordinating mechanisms (CCM)." *Amsterdam: The Global Network of People Living with HIV/AIDS (GNPb)*.

Doyle, C. and P. Patel (2008). "Civil society organisations and global health initiatives: Problems of legitimacy." *Social Science & Medicine* **66**(9): 1928-1938.

Dupuy, K. E., J. Ron and A. Prakash (2014). "Who survived? Ethiopia's regulatory crackdown on foreign-funded NGOs." *Review of International Political Economy*: 1-38.

Easton, G. (1995). Case research as a methodology for industrial networks: a realist apologia. IMP Conference (11th), IMP.

El-Saharty, S., S. Kebede, P. Olango Dubusho and B. Siadat (2009). Ethiopia: Improving Health Service Delivery. HNP Discussion Paper. Washington DC, The International Bank for Reconstruction and Development / The World Bank.

ETHARC. (2015). "PLWHA Associations in Ethiopia." Retrieved March 20, 2014, from <http://plwha.etharc.org/plwha-associations>.

Evans, M. (2001). "Understanding Dialectics in Policy Network Analysis." Political Studies **49**(3): 542-550.

FDRE. (2009). "Proclamation to provide for the Registration and regulation of Charities and Societies " Retrieved February 20, 2014, from <http://www.mfa.gov.et/docs/Charities and Societies Legislation.pdf>.

FDRE. (2010). "No amount of external pressure can force Ethiopia to abandon its independent path of Democracy and Development." Retrieved April 25, 2013, from http://reliefweb.int/sites/reliefweb.int/files/resources/23AD55F4E3E264A0492576F7000685D2-Full_Report.pdf.

FDRE. (2012). "Country Progress report on HIV/AIDS Response, 2012." Retrieved March 12, 2014, from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/GAP_Report_2012.pdf.

Feyissa, D. (2011). "Aid negotiation: the uneasy “partnership” between EPRDF and the donors." Journal of Eastern African Studies **5**(4): 788-817.

Fidler, D. P. (2003). "SARS: Political Pathology of the First Post-Westphalian Pathogen." The Journal of Law, Medicine & Ethics **31**(4): 485-505.

Fligstein, N. (1999). "Fields, power and social skill: A critical analysis of the New Institutionalisms."

FMoH (2005). Code of Conduct to Promote Harmonisation in the Health Sector in Ethiopia Addis Ababa, Federal Ministry of Health.

FMOH (2007). The HSDP Harmonisation Manual Addis Ababa, Federal Ministry of Health.

FMoH (2008). Compact between the Government of the Federal Democratic of Ethiopia and the Development Partners on Scaling Up For Reaching the Health MDGs through the Health Sector Development Programme in the framework of the International Health Partnership. Addis Ababa, Federal Ministry of Health.

FMoH (2009). Joint Financing Arrangement Between The Federal Democratic Republic of Ethiopia And Development Partners on the Support To The MDG Fund. Addis Ababa, Federal Ministry of Health.

FMoH (2010). Health Sector Development Programme IV 2010/11 - 2014/15. Addis Ababa, Federal Ministry of Health.

G8. (2000). "G8 Communique Okinawa 2000." Retrieved February 02, 2014, from <http://www.mofa.go.jp/policy/economy/summit/2000/communique.html>.

Garmaise, D. (2012). "Health Centres Constructed in Ethiopia Were Not in Apporved Workplan and Budget, OIG Says ", from http://www.aidspace.org/gfo_article/health-centres-constructed-ethiopia-were-not-approved-workplan-and-budget-oig-says.

GFATM (2002). Guildelines and Requirements for Country Coordinating Mechanisms The Global Fund for fighting AIDS, TB and Malaria.

GFATM (2008). Country Coordinating Mechanisms: Partnership and Leadership. The Global Fund Implementer Series. Geneva, The Global Fund to fight AIDS, Tuberculosis and Malaria.

GFATM. (2011). "Country Coordinating Mechanisms." Retrieved February 01, 2011, 2011, from <http://www.theglobalfund.org/en/ccm/>.

GFATM. (2013). "Guidelines and requirements for Country Coordinating Mechanisms " Retrieved July, 2013, from <http://www.theglobalfund.org/en/ccm/guidelines/>.

GFATM. (2014). "Ethiopia." Countries Retrieved April 20, 2014, from <http://portfolio.theglobalfund.org/en/Country/Index/ETH>.

GFATM. (2015). "The Global Fund to Fight AIDS, Tuberculosis and Malaria: Principles ", from <http://www.theglobalfund.org/en/about/principles/>.

GFATM. (2015). "Structures." Global Fund Retrieved February, 20, 2015, from <http://www.theglobalfund.org/en/about/structures/>.

GFHATM. (2014). "Country Coordinating Mechanisms " Retrieved January 04, 2014, from <http://www.theglobalfund.org/en/ccm/>.

GFHATM. (2014). "Ethiopia." Retrieved January 04, 2014, from <http://portfolio.theglobalfund.org/en/Country/Index/ETH-tab2>.

GFHATM. (2014). "The Global Fund to Fight AIDS, Tuberculosis and Malaria: History." Retrieved February 12, 2014, from <http://www.theglobalfund.org/en/about/history/>.

Giacomini, M. (2010). "Theory matters in qualitative health research." The Sage handbook of qualitative methods in health research: 125-156.

Giddens, A. (1984). The constitution of society: Outline of the theory of structuration, Univ of California Press.

Giddens, A. (1991). "Structuration theory." Past, present and future. I Christopher G. A Bryant & Jary David, red: Giddens' Theory of Structuration. A Critical Appreciation. London: Routledge: 210-221.

Gilson, L., K. Hanson, K. Sheikh, I. A. Agyepong, F. Ssenooba and S. Bennett (2011). "Building the Field of Health Policy and Systems Research: Social Science Matters." PLoS Med **8**(8): e1001079.

Gilson, L., K. Hanson, K. Sheikh, I. A. Agyepong, F. Ssenooba and S. Bennett (2011). "Building the field of health policy and systems research: social science matters." PLoS medicine **8**(8): e1001079.

Gilson, L. and N. Raphaely (2008). "The terrain of health policy analysis in low and middle income countries: a review of published literature 1994–2007." Health Policy and Planning **23**(5): 294-307.

Glasbergen, P. (2007). "Setting the scene: the partnership paradigm in the making." Partnerships, governance and sustainable development: reflections on theory and practice: 1-25.

Glasbergen, P. (2011). "Understanding partnerships for sustainable development analytically: the ladder of partnership activity as a methodological tool." Environmental Policy and Governance **21**(1): 1-13.

Goehler, G. (2000). "Constitution and use of power." Power in contemporary politics: 40-68.

Göhler, G. (2009). 'Power to' and 'Power over'. The SAGE Handbook of Power. SAGE Publications Ltd. London, SAGE Publications Ltd.

Gonzalez Block, M. A. (2006). "The state of international collaboration for health systems research: what do publications tell?" Health Research Policy & Systems **4**(7).

González, S. and P. Healey (2005). "A Sociological Institutional Approach to the Study of Innovation in Governance Capacity." Urban Studies **42**(11): 2055-2069.

Googins, B. K. and S. A. Rochlin (2000). "Creating the Partnership Society: Understanding the Rhetoric and Reality of Cross-Sectoral Partnerships." Business and Society Review **105**(1): 127-144.

Grace, C. (2004). Global Fund Country Case Studies Report. London, Department for International Development (DFID).

Gualini, E. (2001). Planning and the Intelligence of Institutions: Interactive Approaches to Territorial Policy-Making Between Institutional Design and Institution-Building. Ashgate.

Gudina, M. (2011). "Elections and democratization in Ethiopia, 1991–2010." Journal of Eastern African Studies **5**(4): 664-680.

Hagmann, T. and J. Abbink (2011). "Twenty years of revolutionary democratic Ethiopia, 1991 to 2011." Journal of Eastern African Studies 5(4): 579-595.

Hajer, M. (2003). "De beleidsarrangementenbenadering en deinstitutionele leegte?"

Hajer, M. (2003). "A frame in the fields: policymaking and the reinvention of politics." Deliberative policy analysis: Understanding governance in the network society: 88-110.

Hajer, M. A. and H. Wagenaar (2003). Deliberative policy analysis: understanding governance in the network society, Cambridge University Press.

Harmer, A., N. Spicer, J. Aleshkina, D. Bogdan, K. Chkhatarashvili, G. Murzalieva, N. Rukhadze, A. Samiev and G. Walt (2013). "Has Global Fund support for civil society advocacy in the Former Soviet Union established meaningful engagement or 'a lot of jabber about nothing'?" Health Policy and Planning 28(3): 299-308.

Hay, C. (2002). Political analysis: a critical introduction, Palgrave Basingstoke.

Healey, P., C. De Magalhaes, A. Madanipour and J. Pendlebury (2003). "Place, identity and local politics: analysing initiatives in deliberative governance." Deliberative Policy Analysis: Understanding Governance in the Network Society, Cambridge University Press, Cambridge: 60-87.

Healy, M. and C. Perry (2000). "Comprehensive criteria to judge validity and reliability of qualitative research within the realism paradigm." Qualitative market research: An international journal 3(3): 118-126.

Hein, W. (2002). "The Interfacing of Developing Countries' National Strategies with Global Governance, Conflicts and Co-operation in the Health Sector." Nord-Süd aktuell(3): 484-493.

Hein, W. (2003). "Global health governance and national health policies in developing countries: conflicts and cooperation at the interfaces." Globalization, Global Health Governance and National Health Policies in Developing Countries: an Exploration Into the Dynamics of Interfaces. Hamburg: Deutschen Uebersee-Instituts: 33-71.

Hein, W., S. Bartsch, L. Kohlmorgen and J. P. Wogart (2007). "Conclusion: Global Health Governance and the Fight Against HIV/AIDS in a Post-Westphalian World." Global Health Governance and the Fight Against HIV/AIDS. Houndmills: Palgrave Macmillan: 226-240.

Hein, W. and I. Kickbusch. (2010). "Global Health, Aid Effectiveness and the Changing Role of the WHO." GIGA Focus Retrieved September 3, 2012, from http://graduateinstitute.ch/webdav/site/globalhealth/shared/1894/giga_focus.pdf.

Henri Goverde and J. v. Tatenhove (2000). Power and Policy Networks. Power in Contemporary Politics: Theories, Practices, Globalizations. SAGE Publications Ltd. London, SAGE Publications Ltd: 96-112.

High Level Independent Review Panel. (2011). "Turning the Page from Emergency to Sustainability: The Final Report of the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria." Retrieved March 20, 2014, from <http://www.theglobalfund.org/en/highlevelpanel/report/>.

Holton, R. J. (2008). Global networks, Palgrave Macmillan.

HRW. (2008). "Analysis of Ethiopia's Draft Civil Society Law." Retrieved March 18, 2014, from <http://www.hrw.org/news/2008/10/13/analysis-ethiopia-s-draft-civil-society-law-0>.

Hughes, J. A. and W. W. Sharrock (1980). The philosophy of social research, Longman London.

Huxham, C. (1996). Collaboration and Collaborative Advantage Creating Collaborative Advantage C. Huxham. London, Thousand Oaks, New Delhi, Sage Publications: 1 - 18.

Huxham, C. and S. Vangen (1996). Managing inter-organisational relationships. Managing in the Voluntary Sector: A Handbook for Managers in Voluntary and Non-profit Making Organizations. S. P. Osborne. London, U.K., Boston, MA, U.S., International Thompson Business Press: 202–216.

Huxham, C. and S. Vangen (2005). Managing to collaborate: The theory and practice of collaborative advantage, Psychology Press.

ICF, C. a. (2011). "Ethiopia Demographic and Health Survey." Retrieved April 6, 2013, from http://www.unicef.org/ethiopia/ET_2011_EDHS.pdf.

Ingram, A. (2009). The international Political Economy of Global Responses to HIV/AIDS Global Health Governance: Crisis, Institutions and Political Economy A. Kay and O. D. Williams. New York, Palgrave Macmillan.

Jepperson, R. L. (1991). "Institutions, institutional effects, and institutionalism." The new institutionalism in organizational analysis 6: 143-163.

Kapilashrami, A. and O. O'Brien (2012). "The Global Fund and the re-configuration and re-emergence of 'civil society': Widening or closing the democratic deficit?" Global Public Health 7(5): 437-451.

Kaul, I., P. Conceicao, K. Le Goulven and R. U. Mendoza (2003). Providing global public goods: managing globalization, Oxford University Press.

Kennett, P. (2010). Global Perspectives on Governance The New Public Governance: Emerging perspectives on the theory and practice of public governance. S. P. Osborne. London
New York, Routledge: 19 - 35.

- Keohane, R. O. (2002). Governance in a Partially Globalised World. Governing Globalization: Power, Authority and Global Governance. D. Held and A. McGrew. Cambridge malden, Polity Press: 325 - 347.
- Keohane, R. O. and J. S. Nye (2001). Power and interdependence, Longman New York.
- Kickbusch, I. and E. de Leeuw (1999). "Global public health: revisiting healthy public policy at the global level." Health Promotion International **14**(4): 285-288.
- Kjaer, A. M. (2004). "Governance: key concepts." Cambridge: Polity.
- Klijn, E.-H. and G. R. Teisman (2000). Governing public-private partnerships: Analysing and managing the processes and institutional characteristics of public-private partnerships Public-Private Partnerships S. P. Osborne. New York, Routledge.
- Koivusalo, M. and E. Ollila (2008). Global Health Policy Understanding Global Social Policy. N. Yeates. Bristol, The Policy Press and the Social Policy Association 149 -178.
- Kooiman, J. (1993). Modern governance: new government-society interactions, Sage.
- Lefort, R. and eacute (2007). "Powers – mengist – and peasants in rural Ethiopia: the May 2005 elections." The Journal of Modern African Studies **45**(02): 253-273.
- Lewis, J. (2003). Design Issues Qualitative Research Practice: A Guide for Social Science Students and Researchers J. Ritchie and J. Lewis. London, Thousand Oaks, New Delhi, SAGE.
- Lewis, J. and J. Ritchie (2003). "Generalising from qualitative research." Qualitative research practice: A guide for social science students and researchers: 263-286.
- Lister, S. (1999). "Power in partnership?: an analysis of an NGO's relationships with its partners."
- Lister, S. and W. Nyamugasira (2003). "Design Contradictions in the 'New Architecture of Aid'? Reflections from Uganda on the Roles of Civil Society Organisations." Development Policy Review **21**(1): 93-106.
- Lloyd-Sherlock, P. (2005). "Health sector reform in Argentina: a cautionary tale." Social Science & Medicine **60**(8): 1893-1903.
- Long, N. (1989). Encounters at the Interface. Wageningen Studies in sociology, Wageningen.
- Long, N. (2001). Development Sociology: Actor Perspective. London and New York, Routledge.

- Loukeris, K. (2005). "Contending political ideologies in Ethiopia after 1991: The role of intellectuals." POLIS, REVUE CAMEROUNAISE DE SCIENCE POLITIQUE, VOL. 12(NUMERO SPECIAL 2004 - 2005).
- Maciocco, G. and A. Stefanini (2007). "From Alma-Ata to the Global Fund: the history of international health policy." Revista Brasileira de Saúde Materno Infantil 7(4): 479-486.
- MacRae, H. (2006). "Rescaling Gender Relations: The Influence of European Directives on the German Gender Regime." Social Politics: International Studies in Gender, State & Society 13(4): 522-550.
- March, J. G. (2010). Rediscovering institutions, SimonandSchuster. com.
- Marques, C. J. (2014). "Partnerships: Essential pieces of a larger governance puzzle." Annual Review of Social Partnerships (9): 15 - 16.
- Marsh, D. and M. Smith (2000). "Understanding Policy Networks: towards a Dialectical Approach." Political Studies 48(1): 4-21.
- May, T. (2001). Social research: Issues, methods and process. Buckingham, Philadelphia, McGraw-Hill Education (UK).
- Mayntz, R. (2002). "Common goods and governance." Common Goods. Reinventing European and International Governance, Lanham, MD: 15-27.
- McCoy, D., S. Chand and D. Sridhar (2009). "Global health funding: how much, where it comes from and where it goes." Health Policy and Planning 24(6): 407-417.
- McQuaid, R. W. (2000). The theory of partnership: Why have partnerships? Public-Private Partnerships: Theory and practice in international perspective. S. P. Osborne. London New York, Routledge Advances in Management and Business Studies
- McQuaid, R. W. (2010). Theory of Organizational Partnerships: Partnership Advantages, Disadvantages and Success Factors. The New Public Governance: Emerging perspectives on the theory and practice of public governance S. P. Osborne. New York, Routledge: 127 - 148.
- MDG Monitor. (2011). "Tracking the Millennium Development Goals, Ethiopia." Retrieved September 28, 2011, from http://www.mdgmonitor.org/country_progress.cfm?c=ETH&cd=231.
- Meadowcroft, J. (2007). "Democracy and accountability: the challenge for cross-sectoral partnerships." Partnerships, governance and sustainable development: reflections on theory and practice: 194-213.
- Merriam, S. B., J. Johnson-Bailey, M.-Y. Lee, Y. Kee, G. Ntseane and M. Muhamad (2001). "Power and positionality: negotiating insider/outsider status within and across cultures." International Journal of Lifelong Education 20(5): 405-416.

- Miraftab, F. (2004). "Public-Private Partnerships: The Trojan Horse of Neoliberal Development?" Journal of Planning Education and Research **24**(1): 89-101.
- MOFED and UNDP. (2010). "Ethiopia: 2010 Millennium Development Goals Report." Millennium Development Goals Report Retrieved February 20, 2013, from http://www.undp.org/content/dam/undp/library/MDG/english/MDG_Country_Reports/Ethiopia/ethiopia_september2010.pdf.
- MoH (2011). Ethiopia's Fifth National Health Accounts, 2010/2011. Addis Ababa, Federal Ministry of Health.
- MOH and UNDP. (2014). "MDG Acceleration Compact: Accelerating Action Plan for Reducing Maternal Mortality " Retrieved July, 3, 2014, from http://www.et.undp.org/content/dam/ethiopia/docs/Ethiopia_MAF_2014.pdf.
- Mol, A. P. (2007). "10. Bringing the environmental state back in: partnerships in perspective." Partnerships, Governance and Sustainable Development: Reflections on Theory and Practice: 214.
- Murphy, E. and R. Dingwall (2003). Qualitative methods and health policy research. New York, Walter de Gruyter, Inc.
- Murray, C. J. L., B. Anderson, R. Burstein, K. Leach-Kemon, M. Schneider, A. Tardif and R. Zhang (2011). "Development assistance for health: trends and prospects." The Lancet **378**(9785): 8-10.
- Narayan, K. (1993). "How native is a "native" anthropologist?" American anthropologist **95**(3): 671-686.
- Nauta, W. (2006). Ethnographic research in a non-governmental organization: Revealing strategic translations through an embedded tale, Kumarian Press: West Hartford, CT, USA.
- Ngoasong, M. Z. (2009). "The emergence of global health partnerships as facilitators of access to medication in Africa: a narrative policy analysis." Social Science & Medicine **68**(5): 949-956.
- OECD. (2008). "The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action." Retrieved November 10, 2011, from <http://www.oecd.org/dataoecd/11/41/34428351.pdf>.
- OECD-DAC. (2015). "Top 10 Recipients of Gross ODA." Retrieved February 12, 2015, from https://public.tableausoftware.com/views/AidAtAGlance/DACmembers?:embed=y&:display_count=no?&:showVizHome=no#1.
- OIG (2012). Audit of Global Fund Grants to the Federal Democratic Republic of Ethiopia O. t. I. General, Global Fund.

OIG. (2014). "Office of the Inspector General." Retrieved March 18, 2014, from <http://www.theglobalfund.org/en/oig/>.

Olesen, T. (2006). "'In the Court of Public Opinion': Transnational Problem Construction in the HIV/AIDS Medicine Access Campaign, 1998–2001." *International Sociology* **21**(1): 5-30.

Osborne, S. P. (2000). "Understanding public-private partnerships in international perspective: globally convergent or nationally divergent phenomena?" *ROUTLEDGE ADVANCES IN MANAGEMENT AND BUSINESS STUDIES* **19**: 1-6.

Osborne, S. P. and V. Murray (2000). *Understanding the process of public-private partnerships Public private Partnerships: Theory and practice in international perspective*. S. P. Osborne. New York, Routledge

Ostrower, F. (2005). "The Reality Underneath the Buzz of Partnerships: The Potentials and Pitfalls of Partnering." *Stanford Social Innovation Review* November 04, 2013, from http://www.ssireview.org/images/articles/2005SP_feature_ostrower.pdf.

Oxfam. (2009). "Band Aids and Beyond: Tackling disasters in Ethiopia 25 years after the famine." Retrieved February, 2013, from <http://policy-practice.oxfam.org.uk/publications/band-aids-and-beyond-tackling-disasters-in-ethiopia-25-years-after-the-famine-114089>.

Parker, R. (2002). "The Global HIV/AIDS Pandemic, Structural Inequalities, and the Politics of International Health." *American Journal of Public Health* **92**(3): 343-347.

Pereira, J. (2009). "Ethiopia, Aid Effectiveness in the Health Sector: Case Study." from http://www.actionforglobalhealth.eu/fileadmin/user_upload/doc_library/AE_Ethiopia_Case_Study_final_version.pdf.

Potvin, L. and C. Clavier (2013). "Actor–network theory: the governance of intersectoral initiatives." *Health Promotion and the Policy Process*: 82.

Powell, W. W. and P. J. DiMaggio (1991). *The new institutionalism in organizational analysis*. Chicago, London, University of Chicago Press Chicago.

Radelet, S. (2004). "The Global Fund to Fight AIDS, Tuberculosis and Malaria: Progress, potential, and challenges for the future." *Center for Global Development, Washington, DC* **53**.

Rahmato, D., A. Bantirgu and Y. Endeshaw. (2008). "CSOs/NGOS in Ethiopia: Partners in Development and Good Governance " Retrieved March 12, 2014, 2014, from <http://www.crdaethiopia.org/Documents/CSOs-NGOs in Ethiopia - Partners in Development.pdf>.

Reinicke Wolfgang, H. and F. Deng (2000). "Critical Choices: The United Nations." *Networks, and the Future of Global Governance, Ottawa: International Development Research Center*.

Rhodes, R. A. W. (1996). "The new governance: governing without government1." Political Studies **44**(4): 652-667.

Richter, J. (2004). "Public-private partnerships for health: A trend with no alternatives?" Development **47**(2): 43-48.

Riege, A. M. (2003). "Validity and reliability tests in case study research: a literature review with "hands-on" applications for each research phase." Qualitative market research: An international journal **6**(2): 75-86.

Risse, T. (2002). "Constructivism and international institutions: Toward conversations across paradigms." Political science: The state of the discipline: 597-623.

Ritchie, J. (2003). "The applications of qualitative methods to social research." Qualitative research practice: A guide for social science students and researchers: 24-46.

Ritchie, J., J. Lewis, C. M. Nicholls and R. Ormston (2013). Qualitative research practice: A guide for social science students and researchers, Sage.

Ritchie, J. and L. Spencer (1994). Qualitative data analysis for applied policy research. London and New York, Routledge.

Roberts, M., W. Hsiao, P. Berman and M. Reich (2008). Getting Health Reform Right: A Guide to Improving Performance and Equity. New York, Oxford University Press.

Robson, C. (2002). Real world research, Blackwell publishers Oxford.

Rosenau, J. N. (2000). "Change, complexity, and governance in globalizing space." Debating governance: 167-200.

Rosenau, J. N. (2002). Governance in a new global order. Governing Globalization. D. Held and A. McGrew. Cambridge Malden, Polity Press: 70 - 86.

Rosenau, J. N. and E.-O. Czempiel (1992). Governance without government: order and change in world politics, Cambridge Univ Press.

Rosenau, P. (2000). Public-private policy partnerships, The MIT Press.

Ruggie, J. G. (2003). Taking embedded liberalism global: The corporate connection, Institute for International Law and Justice, New York University School of Law.

Ruggie, J. G. (2004). "Reconstituting the global public domain—issues, actors, and practices." European journal of international relations **10**(4): 499-531.

Sabatier, P. A. (2007). The need for better theories. Theories of the policy process. P. A. Sabatier. Boulder, Westview Press.

- Sabatier, P. A. (2007). "Theories of the policy process." Boulder, CO: Westview.
- Sayer, A. (2000). Realism and Social Science London, Thousand Oaks, New Delhi, SAGE.
- Schäferhoff, M., S. Campe and C. Kaan (2009). "Transnational Public-Private Partnerships in International Relations: Making Sense of Concepts, Research Frameworks, and Results." International Studies Review **11**(3): 451-474.
- Scharpf, F. W. (1997). Games real actors play: Actor-centered institutionalism in policy research, Westview Press Boulder, CO.
- Schlager, E. (1999). "A comparison of frameworks, theories, and models of policy processes." Theories of the policy process **1**: 233-260.
- Schocken, C. (2005). "Overview of the Global Fund to Fight AIDS, Tuberculosis and Malaria." Retrieved January, 21, 2015, from <http://www.cgdev.org/page/overview-global-fund-fight-aids-tuberculosis-and-malaria>.
- Seckinelgin, H. (2002). "Time to stop and think: HIV/AIDS, global civil society, and people's politics." Global civil society **2002**: 109-136.
- Selsky, J. W. and B. Parker (2005). "Cross-Sector Partnerships to Address Social Issues: Challenges to Theory and Practice." Journal of Management **31**(6): 849-873.
- Sheikh, K., L. Gilson, I. A. Agyepong, K. Hanson, F. Ssenkooba and S. Bennett (2011). "Building the Field of Health Policy and Systems Research: Framing the Questions." PLoS Med **8**(8): e1001073.
- Silverman, D. (2006). Interpreting qualitative data: Methods for analyzing talk, text and interaction, Sage.
- Smith, C. and T. Elger. (2012). "Critical Realism and Interviewing Subjects " Working Paper Series Retrieved January 30, 2015, from http://pure.rhul.ac.uk/portal/files/12460828/Smith_Chris_Critical_Realism_and_Interviewing_SOM_Working_Paper.pdf.
- Snape, D. and L. Spencer (2003). "The foundations of qualitative research." Qualitative research practice: A guide for social science students and researchers **11**.
- Sobh, R. and C. Perry (2006). "Research design and data analysis in realism research." European Journal of marketing **40**(11/12): 1194-1209.
- Spencer, L., J. Ritchie and W. O'Connor (2003). "Analysis: practices, principles and processes." Qualitative research practice: A guide for social science students and researchers: 199-218.
- Spicer, N., J. Aleshkina, R. Biesma, R. Brugha, C. Caceres, B. Chilundo, K. Chkhatrashvili, A. Harmer, P. Mieke, G. Murzalieva, P. Ndubani, N. Rukhadze, T. Semigina, A. Walsh, G. Walt and X. Zhang (2010). "National and subnational HIV/AIDS coordination: are global

health initiatives closing the gap between intent and practice?" Globalization and Health **6**(1): 3.

Spicer, N., A. Harmer, J. Aleshkina, D. Bogdan, K. Chkhatarashvili, G. Murzalieva, N. Rukhadze, A. Samiev and G. Walt (2011). "Circus monkeys or change agents? Civil society advocacy for HIV/AIDS in adverse policy environments." Social Science & Medicine **73**(12): 1748-1755.

Stake, R. (1995). The Art Of Case Study Research, Sage Publications, Inc.

Starling, M., R. Brugha and G. Walt (2005). Global Fund Tracking Study - Tanzania Country Report. London, London School of Hygiene and Tropical Medicine.

Stewart, A. and T. Gray (2006). "The authenticity of 'type two' Multistakeholder partnerships for water and sanitation in Africa: When is a Stakeholder a partner?" Environmental Politics **15**(3): 362-378.

Stillman, K. and S. Bennett (2005). "Systemwide effects of the Global Fund: interim findings from three country studies."

Stoker, G. (1998). "Governance as theory: five propositions." International Social Science Journal **50**(155): 17-28.

Stone, D. (2008). "Global public policy, transnational policy communities, and their networks." Policy Studies Journal **36**(1): 19-38.

The Alliance. (2002). "NGO Participation in the Global Fund: A review paper." Retrieved March 20, 2014, from <http://www.hivpolicy.org/Library/HPP001109.pdf>.

The World Bank. (2011). "Poverty reduction Strategy Papers (PRSPs)." Retrieved September 28, 2011, from <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/0,,contentMDK:20236250~menuPK:488497~pagePK:146736~piPK:226340~theSitePK:258644,00.html>.

Thomson, A. M., J. L. Perry and T. K. Miller (2009). "Conceptualizing and Measuring Collaboration." Journal of Public Administration Research and Theory **19**(1): 23-56.

UN. (2001). "Closing Statement by H.E. MR. HARRI HOLKERI, President of the General Assembly, at the conclusion of the General Assembly on HIV/AIDS " Retrieved February 02, 2014, from <http://www.un.org/ga/president/55/speech/aidsclosing.htm>.

UN. (2014). "The Role of Partnerships in the implementation of the post 2015 development agenda: Summary of the key messages of the General Assembly and ECOSOC joint thematic debate/forum on partnerships." Retrieved March 12, 2014, from http://www.un.org/en/ga/president/68/pdf/sts/The_role_of_partnerships_Summary_of_Key_messages.pdf.

UN. (2015). "Millennium Development Goals." <http://www.un.org/millenniumgoals/>. Retrieved January, 2015, 2011.

- UNAIDS. (2014). "Ethiopia." Countries, from <http://www.unaids.org/en/regionscountries/countries/ethiopia/>.
- UNDP. (2010). "The Real Wealth of Nations: Pathways to Human Development." Retrieved February 21, 2012, from http://hdr.undp.org/sites/default/files/reports/270/hdr_2010_en_complete_reprint.pdf.
- UNDP. (2013). "Explanatory note on HDR 2013 Composite Indices: Ethiopia." Human Development Report 2013 Retrieved April 22, 2014, from <http://hdr.undp.org/sites/default/files/Country-Profiles/ETH.pdf>.
- UNECA, AU, ADB and UNDP. (2014). "MDG 2014 Report: Assessing progress in Africa towards the Millennium Development Goals." MDG Report, from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/MDG_Report_2014_11_2014.pdf.
- Van Kersbergen, K. and B. F. Waarden (2001). Shifts in governance: Problems of legitimacy and accountability, NWO Netherlands Organization for Scientific Research.
- van Olmen J, Criel B, Van Damme W, Marchal B, Van Belle S, Van Dormael M, Hoérée T, Pirard M and Kegels G (2010). Analysing health systems to make them stronger. Antwerpen, ITGpress.
- Vaughan, S. (2011). "Revolutionary democratic state-building: party, state and people in the EPRDF's Ethiopia." Journal of Eastern African Studies 5(4): 619-640.
- Visseren-Hamakers, I. J., B. Arts and P. Glasbergen (2007). Partnership as governance mechanism in development cooperation: intersectoral north-south partnerships for marine biodiversity, Edward Elgar: Northampton, MA.
- Wagenaar, H. and S. N. Cook (2003). "Understanding policy practices: action, dialectic and deliberation in policy analysis." Deliberative policy analysis. Understanding governance in the network society: 139-171.
- Wagenaar, H. and S. N. Cook (2003). "Understanding policy practices: action, dialectic and deliberation in policy analysis." Deliberative policy analysis: Understanding governance in the network society: 139-171.
- Walt, G. and L. Gilson (1994). "Reforming the health sector in developing countries: the central role of policy analysis." Health Policy and Planning 9(4): 353-370.
- Walt, G., J. Shiffman, H. Schneider, S. F. Murray, R. Brugha and L. Gilson (2008). "'Doing' health policy analysis: methodological and conceptual reflections and challenges." Health Policy and Planning 23(5): 308-317.
- Weller, D. (2014). "The Private Health Sector in Ethiopia at Crossroads." Retrieved January 21, 2015, from http://www.usaid.gov/sites/default/files/documents/1860/MD_Remarks_Private_Health_Forum_3-26-14.cleared.pdf.

Whitfield, L. and A. Fraser (2008). "Negotiating aid." The Politics of Aid: 27.

WHO (2001). "health: Investing in health for economic development." Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization.

WHO. (2012). "Ethiopia: Health Profile." from <http://www.afro.who.int/en/ethiopia/country-health-profile.html>.

WHO. (2015). "Ethiopia." Countries Retrieved February, 12, 2015, from <http://www.who.int/countries/eth/en/>.

Woods, N. (2002). Global Governance and the Role of Institutions Governing Globalization. D. Held and A. McGrew. Cambridge Malden, Polity Press: 25 - 46.

Yeates, N. (2008). Understanding global social policy, Policy Press.

Yin, K. R. (2009). Case Study Research: Designs and methods. Thousand Oaks, London, New Delhi, Singapore, SAGE

Zenawi, M. (2010). "The current global environment and its impact in Africa." Retrieved June 20, 2010, from <https://http://www.youtube.com/watch?v=vWoEPK9njWY>.

Appendices

Appendix 1: The Interview Guide

1. Type of Organisation?
2. How long have you been a member of the CCM?
3. How did your organisation become a member? Describe the process?
4. Network mapping exercises (where participants agree and if found convenient to engage in the exercise)
5. Do you have any particular function or role within the CCM?
6. How do you describe the following CCM processes?
 - Nomination of the Principal Recipient: How is this decided and agreement reached?
 - Country proposal development: How are relative shares of resources decided? How are priority activities agreed upon? How do organisations make the case for their activities?
 - Review of individual applications and disbursement of funds: How are roles assigned? How are funding decisions reached?
 - Monitoring and evaluation of the ongoing programmes? How are roles assigned and work divided? How is the process organised?
7. Are there issues that are recurrent points of differences between actors in these processes? Please describe?
8. Have there been occasions where there were differences in actors' positions during the above processes? Please describe?
9. Do organisations form strategic alliances/coalitions and formal and informal groupings of some sort to influence decisions?
10. How do you describe your own involvement in the CCM?
 - Level of participation?
 - Do you feel you have 'enough' say?
 - What factors constrain your level of participation and involvement?
11. How do you describe the CCM Meetings?
 - Who sets the agenda for the meetings?
 - Are you notified in advance?

- Is there enough time allotted for discussion of raised issues?
 - Are members usually present? Active?
 - Are all issues discussed 'freely'?
12. What do you understand of the Global Fund's stated commitment towards country ownership?
 13. Do you think this is well represented by the way the CCM is set up and the way it functions in Ethiopia?
 14. What about the Global Fund's commitments towards broad based participation?
 15. Do you feel all sectors are represented and have opportunities to participate?
 16. Do you feel that all members involve meaningfully in the CCM Mechanism?
 17. What are some of the impediments for involvement of members?
 18. Would you recommend the CCM approach for other funding strategies?
 19. What would you improve?
 20. Any additional views?

Appendix 2: Field Report, July, 2013

A preliminary discussion of major Issues/evolving themes:

The major themes and the focus of the research revolve around understanding the ‘real-life’ conduct of partnership for health in the specific context under study: the social, political, cultural and economic realities in Ethiopia. While the focus and interests of the project have **continually shifted** across related areas of focus around the long standing desire to develop in-depth understandings of the processes of partnership around global health initiatives to meet global targets, the data collection process and the preliminary analysis therein has put the focus squarely on developing an empirical understanding of the real-life conduct of partnerships for health vis-à-vis existing conceptual and theoretical understandings of the concept/phenomenon. Here is a very preliminary discussion of the emerging themes and issues from the data:

The role of the ideological orientation and behaviour of the Ethiopian state (revolutionary democracy) in determining the configuration of actors in the health sector in general and the specific forms of interactions observed within the partnership mechanism (CCM)

A close reading of the revolutionary democracy doctrine and philosophy entails a vehement refutation of the tenets of neoliberalist ideals that prescribe smaller governments while reserving more enhanced roles for the private sector and civil society organisations. In contrast, revolutionary democracy argues that the status quo in developing countries (underdeveloped political and social systems) calls for strong, ubiquitous, heavy handed governments that do not limit their role to simply regulating the private sector in economic and social sectors as is often prescribed under neoliberal views and especially as propagated after the Washington Consensus and during the structural adjustment years of the 1980s and 1990s in international development and diplomacy discourse. Instead, the revolutionary-democratic state makes unabashed interventions in the economic and social lives of people. These include beefing up public sector investments in social and economic sectors (infrastructures such as roads, power plants and telecom, and education and health sectors) as well as maintaining public ownership and management of some economic enterprises: Power and telecom agencies are exclusively owned and managed by the government, which also owns and runs some service provision enterprises such as commodity whole sale enterprises and finance and hospitality services (banking, hotels and tourism). The government argues that these aspects of revolutionary democracy do not contravene free market and free enterprise principles, but that they rather

represent a balanced and contextual adoption of free market ideals as opposed to acceding to the whole sale imposition of unfettered capitalism and ultra free-market ideals as prescribed by neoliberalism (more analysis to be done...)

With this background, a recurrent theme in studying the CCM has been a prominent, proactive government that predominantly sets the agenda and reserves mere ‘feedback and commenting roles’ to other actors: the civil society, the private sector and even donor agencies. Although the CCM (Country Coordinating Mechanism) is seen to have representation from major sectors (the Public Sector, local NGOs, faith based organisations, multilateral agencies (WHO and UNAIDS), and bilateral donors), the influence of the government is found to outweigh that of other sectors, even those of bilateral and multilateral donors. This trend in interactions between the actors where the data produces incidences of overwhelming influence from the government’s side, even surpassing that of resource rich actors (donors), is one recurring theme and an interest area to explore which will in turn involve an analysis of the governing philosophy of governance (revolutionary democracy), as well as wider issues and factors that underlie observed relationships between the government and other actors (international diplomacy, the country’s standing as a ‘regional police’ in the global war on terrorism, legal frameworks that enforce constraints on civil society and the private sector and so forth).

Some revealing quotes:

‘Civil society in other countries is about challenging the status quo, in Ethiopia, no adversarial relationship with government, government not really challenged’

‘Good participation [in the CCM] – but no robust negotiation’

‘The ruling party is coherent from top to bottom, most organised group I have ever come across, and the health sector, most coherent of any country I have worked in...’

Governance structures instituted for regulating optimal participation – however, no optimal deliberation

Explicit governance structures and regulations have been established as part of the requirements instituted by the Global Fund and aim to optimise the level of participation and involvement from all sectors. These include requirements of representation from all sectors, a decision making process that requires signing off on decisions by all members, requirements of transparent mechanisms for developing country proposals, nominating principal recipients and allocating resources, as well as regulations aimed at facilitating transparency in addressing any grievances. However, there is a recurring theme that there is lack of ‘robust deliberation’ even though these ‘supposedly empowering regulations exist’.

Revealing quote:

‘Without equal footing, you can’t go into argument’

The role of deeply entrenched values and beliefs

Descriptions of civil societies and the private sector by public sector participants and policy makers often paint pictures of mistrust. The stance appears to be: that inclusion of the civil society is a necessary but not desirable action – it is necessary for fulfilling the requirements of the fund that calls for full inclusion of all sectors, which is in-turn critical for ensuring access to the critical resources at stake. The inclusion of the civil society is seen as a small price to pay (rather than as a helpful, gap filling option), as the resources channelled to them anyway just amounts to a meagre proportion of the resources mobilised for the whole country.

On the other hand, the non governmental agencies’ perceptions of the government’s engagement in partnership and collaboration mechanisms is characterised but suspicion that the government is merely using these fora in-order to legitimise its unilaterally predefined goals and objectives rather than to engage in deliberations that eventually result in consequential changes in plans, strategies and approaches. One revealing quote in this respect describes such multisectoral meetings and dialogues as, ‘ the government shares information, participants are called on to comment, then the government gets to say, ‘thank you for participating’!

So, understanding the role played by long standing, deeply entrenched views, perceptions and predispositions that characterise the relationship between the actors beyond the particular partnership mechanism (the CCM) would be of major interest.

The Performance based funding model and the resultant emphasis on activity coverage figures

An interview with one interviewee and a large part of the observation data reveal that activity performance and coverage figures occupy the focus of project plans and reports thereby affecting reflective, evidence based practice, and innovations in programme design and execution. This was also documented in the data from

observation of the CCM meeting, whereby organisational reports were seen to be filled with a plethora of figures representing performance.

The Fund being a multi-lateral, public private endeavour and it's effects on donor relationships

A recurring theme has been that the donors within the Global Fund do not necessarily see eye to eye on how they conduct their work and advance their respective agenda in developing countries. This uneasiness has resulted in no unified agenda that is strongly pursued by the donors (a 'non-agenda donor group'), which in turn has influenced their role in influencing the relationship between different actors.

The CCM and other aid coordination mechanisms and health policy networks

The CCM exists alongside other aid coordination mechanisms in the country, such as the joint consultative forum (JCF) and the health, population and nutrition network (HPN). Civil society organisations are seen to have better representation within the CCM while the other networks are mainly seen to be platforms for high-level engagement between the donors and the government. The CCM is not formally linked to any of these mechanisms and if any sharing of information between these networks exists at all, it is facilitated through the overlapping participation of some agencies in both forums (a happenstance not by design). While the CCM focuses on the three diseases (HIV/AIDS, TB and Malaria), the resources mobilised through the mechanism from the Global Fund represents the largest contribution to the health sector of any other funding mechanism. However, it seems to be enclosed away from wider health policy and systems platforms.

While there have been calls for integrating the CCM with these forums going forward, there are also other voices who resist these calls. Some of the issues are that the CCM has engendered representation of civil society in the health sector, which some participants believe would be thwarted if it is integrated with the other mechanisms. Equally, others have also opposed the move towards integration as they feel that the requirements of broader participation instituted in

the CCM would impose an artificial representation of actors in the other policy networks, thereby dissipating their effectiveness in dealing with critical problems facing the health sector. Analysis of these views lead to considerations of the tension between utility and representation in such partnership forums.

Relationship between the government and civil society organisations

How independent are civil society organisations (CSOs) – from both governments and donor agencies? Are there universal features that distinctly define the composition and make up of CSOs as well as their roles and the manner of their relationship with other actors, especially the government? The observations within this study entail that wider political, economic and legal factors within such contexts govern the behaviour of CSOs. Some bilateral donors described the relationship between many of the participating CSOs and the government as blurred. A related, crucial observation was that CSOs would seek the government’s arbitration in cases of conflicts amongst themselves before going down the legal route! The role of the Minister of Health in mediating between different people living with HIV/AIDS Associations (PLWHAs) vying for membership in the CCM was explored in this study.

This close relationship between the CSOs and the government and dependence of CSOs in the government needs to be scrutinised within the context of broader legal frameworks (notably the newly promulgated CSO law that limits the mobilisation of resources from abroad by local NGOS to 30 % of their budget and limits advocacy and human rights related work only to local NGOs). This is seen to have limited the options for CSOs in-terms of ensuring their viability in the country, to maintaining favourable relationships with the government, which could easily affect their revenue sources.

Restating the Aim of the Study:

- To develop an in-depth understanding of the ‘real-life’ conduct of a partnership mechanism in the Ethiopian context and put to test current theoretical and conceptual understandings of the concept of partnership

Specific Objectives

- To develop a rich description of the configuration of policy networks and organisation of actors in the Ethiopian health system
- To develop an in-depth description and analysis of actors' interactions within partnership mechanisms
- To analyse the role played by the distinct ideological orientation of the government (Revolutionary Democracy) and the social and economic policies borne out of this ideology in determining observed ways of actors' interactions
- To analyse the influence of long established values and beliefs on the way partnership mechanisms function
- To describe and analyse the power dynamics between actors and how they influence the relative roles of actors in the partnership mechanisms
- To reflect on the theoretical and conceptual understandings of partnership and make an empirically based contribution to existing theories and conceptual understandings

So, the earlier narration of emerging themes and issues is of course a very preliminary attempt at introducing the range of issues covered in the interviews. The next 3 months would be dedicated to analysing the data through the framework analysis method involving all explicit stages of: identifying a thematic framework, indexing, charting and mapping and interpretation. The interpretation stage will involve using explanatory theories from the literature to help explain the study findings. Such theories would include theories on organisational behaviour and networking, partnership, the role of power in health policy-making, governance and participation, and deliberative democracy.

Hand in hand with the data analysis, the next three months would see a revision of the literature review of the study based on the current focus on the 'workings of partnership mechanisms in real life contexts'. This will ensure a synthesis of the literature already included beforehand and beyond, to develop a critical assessment of which disciplines have informed the theoretical and conceptual understanding of partnership, what issues have been identified as critical factors in the partnership processes, what empirical evidence exists (in developing countries), what has been

neglected and left out (i.e. building up on previous review documenting the gap in understanding how the process of partnership interacts with the wider context in health systems, how power relationships manifest themselves in real life and demystifying assumptions that you could engineer 'equal participation and equal partnerships').

Appendix 3: Reviewed Documents

Documents Related to the Ethiopian CCM

1. CCM/E (2004). The Structures and Functions of the Country Coordinating Mechanism of Ethiopia. Addis Ababa, The Country Coordinating Mechanism of Ethiopia.
2. Field Report of Global Fund Monitoring Mission to Amhara Regional State, July 2010
3. Field Report of Global Fund Monitoring Mission to Somali Regional State, May 2007
4. CCM/E (2006) Criteria for selection of PRs. Addis Ababa, The Country Coordinating Mechanism of Ethiopia.
5. CCM/E (2012) Quarterly Report for 3rd and 4th quarters and annual summary report 2012. Addis Ababa, The Country Coordinating Mechanism of Ethiopia.
6. CCM/E (2011) Quarterly Report for 3rd and 4th quarters and annual summary report 2011. Addis Ababa, The Country Coordinating Mechanism of Ethiopia.
7. Alemu, G. (2009). "A case study on aid effectiveness in Ethiopia." Analysis of the Health Sector aid architecture, The Brookings Global Economy and Development.
8. Banteyerga, H., A. Kidanu and K. Stillman (2006). "The systemwide effects of the Global Fund in Ethiopia: final study report."
9. Garmaise, D. (2012). "Health Centres Constructed in Ethiopia Were Not in Approved Workplan and Budget, OIG Says ", from http://www.aidspace.org/gfo_article/health-centres-constructed-ethiopia-were-not-approved-workplan-and-budget-oig-says.
10. GFATM (2002). Guidelines and Requirements for Country Coordinating Mechanisms The Global Fund for fighting AIDS, TB and Malaria.
11. GFATM (2008). Country Coordinating Mechanisms: Partnership and Leadership. The Global Fund Implementer Series. Geneva, The Global Fund to fight AIDS, Tuberculosis and Malaria.
12. GFATM. (2011). "Country Coordinating Mechanisms." Retrieved February 01, 2011, 2011, from <http://www.theglobalfund.org/en/ccm/>.
13. GFATM. (2013). "Guidelines and requirements for Country Coordinating Mechanisms " Retrieved July, 2013, from <http://www.theglobalfund.org/en/ccm/guidelines/>.
14. GFATM. (2014). "Ethiopia." Countries Retrieved April 20, 2014, from <http://portfolio.theglobalfund.org/en/Country/Index/ETH>.
15. OIG (2012). Audit of Global Fund Grants to the Federal Democratic Republic of Ethiopia O. o. t. I. General, Global Fund.
16. Pereira, J. (2009). "Ethiopia, Aid Effectiveness in the Health Sector: Case Study." from http://www.actionforglobalhealth.eu/fileadmin/user_upload/doc_library/AE_Ethiopia_Case_Study_final_version.pdf
17. Stillman, K. and S. Bennett (2005). "Systemwide effects of the Global Fund: interim findings from three country studies."

Documents Related to the Ethiopian Setting

18. Addis Standard. (2012). "Ethiopia: A self-defeating Charities and Societies proclamation hurting all." Retrieved March 18, 2014, from

- <http://addisstandard.com/ethiopia-a-self-defeating-charities-and-societies-proclamation-hurting-all/>.
19. Amnesty International. (2012). "Ethiopia: The 2009 Charities and Societies Proclamation as a serious obstacle to the promotion and protection of human rights in Ethiopia." Amnesty International's written statement to the 20th Session of the UN Human Rights Council (18 June – 6 July 2012), from <http://www.refworld.org/pdfid/4fd7092f2.pdf>.
 20. CCRDA (2006). Assessment of the Operating Environment for CSO/NGOs in Ethiopia. Addis Ababa, Consortium of Christian Relief and Development Associations (CCRDA).
 21. CSA. (2010). "2010 National Statistics (Abstract)." Retrieved 02/10.2011, 2011, from http://www.csa.gov.et/index.php?option=com_rubberdoc&view=category&id=75&Itemid=561.
 22. CSA. (2011). "Population Statistics Abstract." from <http://www.csa.gov.et/index.php/2013-02-20-13-43-35/national-statistics-abstract/141-population>.
 23. DAG (2010). Aid Management and Utilisation in Ethiopia: A study in response to allegations of distortion in donor-supported development programmes, Development Assistance Group - Ethiopia. **2014**.
 24. DAG. (2014). "DAG Annual Report 2013 - 2014." Retrieved 2013, February 2013, from http://www.dagethiopia.org/index.php?option=com_docman&task=doc_download&gid=351&Itemid=120.
 25. Dupuy, K. E., J. Ron and A. Prakash (2014). "Who survived? Ethiopia's regulatory crackdown on foreign-funded NGOs." Review of International Political Economy: 1-38.
 26. FDRE. (2009). "Proclamation to provide for the Registration and regulation of Charities and Societies " Retrieved February 20, 2014, from <http://www.mfa.gov.et/docs/Charities and Societies Legislation.pdf>.
 27. FDRE. (2010). "No amount of external pressure can force Ethiopia to abandon its independent path of Democracy and Development." Retrieved April 25, 2013, from http://reliefweb.int/sites/reliefweb.int/files/resources/23AD55F4E3E264A0492576F7000685D2-Full_Report.pdf.
 28. HRW. (2008). "Analysis of Ethiopia's Draft Civil Society Law." Retrieved March 18, 2014, from <http://www.hrw.org/news/2008/10/13/analysis-ethiopia-s-draft-civil-society-law-0>.
 29. MOFED and UNDP. (2010). "Ethiopia: 2010 Millennium Development Goals Report." Millennium Development Goals Report Retrieved February 20, 2013, from http://www.undp.org/content/dam/undp/library/MDG/english/MDG_Country_Reports/Ethiopia/ethiopia_september2010.pdf
 30. Oxfam. (2009). "Band Aids and Beyond: Tackling disasters in Ethiopia 25 years after the famine." Retrieved February, 2013, from <http://policy-practice.oxfam.org.uk/publications/band-aids-and-beyond-tackling-disasters-in-ethiopia-25-years-after-the-famine-114089>
 31. UNDP. (2013). "Explanatory note on HDR 2013 Composite Indices: Ethiopia." Human Development Report 2013 Retrieved April 22,, 2014, from <http://hdr.undp.org/sites/default/files/Country-Profiles/ETH.pdf>.
 32. UNECA, AU, ADB and UNDP. (2014). "MDG 2014 Report: Assessing progress in Africa towards the Millennium Development Goals." MDG Report, from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/MDG_Report_2014_11_2014.pdf.
 33. Whitfield, L. and A. Fraser (2008). "Negotiating aid." The Politics of Aid: 27.

34. Weller, D. (2014). "The Private Health Sector in Ethiopia at Crossroads." Retrieved January 21, 2015, from [http://www.usaid.gov/sites/default/files/documents/1860/MD Remarks Private Health Forum 3-26-14.cleared.pdf](http://www.usaid.gov/sites/default/files/documents/1860/MD_Remarks_Private_Health_Forum_3-26-14.cleared.pdf).

Documents related to the Health Field

35. Assefa, Y., D. Jerene, S. Lulseged, G. Ooms and W. Van Damme (2009). "Rapid Scale-Up of Antiretroviral Treatment in Ethiopia: Successes and System-Wide Effects." *PLoS Med* 6(4): e1000056.
36. El-Saharty, S., S. Kebede, P. Olango Dubusho and B. Siadat (2009). Ethiopia: Improving Health Service Delivery. *HNP Discussion Paper*. Washington DC, The International Bank for Reconstruction and Development / The World Bank.
37. ETHARC. (2015). "PLWHA Associations in Ethiopia." Retrieved March 20, 2014, from <http://plwha.etharc.org/plwha-associations>.
38. FDRE. (2012). "Country Progress report on HIV/AIDS Response, 2012." Retrieved March 12, 2014, from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/GAP_Report_2012.pdf.
39. MoH (2005). Code of Conduct to Promote Harmonisation in the Health Sector in Ethiopia Addis Ababa, Federal Ministry of Health.
40. FMOH (2007). The HSDP Harmonisation Manual Addis Ababa, Federal Ministry of Health.
41. FMOH (2008). Compact between the Government of the Federal Democratic of Ethiopia and the Development Partners on Scaling Up For Reaching the Health MDGs through the Health Sector Development Programme in the framework of the International Health Partnership. Addis Ababa, Federal Ministry of Health.
42. FMOH (2009). Joint Financing Arrangement Between The Federal Democratic Republic of Ethiopia And Development Partners on the Support To The MDG Fund. Addis Ababa, Federal Ministry of Health.
43. FMOH (2010). Health Sector Development Programme IV 2010/11 - 2014/15. Addis Ababa, Federal Ministry of Health.
44. ICF, C. a. (2011). "Ethiopia Demographic and Health Survey." Retrieved April 6, 2013, from http://www.unicef.org/ethiopia/ET_2011_EDHS.pdf.
45. MoH (2011). Ethiopia's Fifth National Health Accounts, 2010/2011. Addis Ababa, Federal Ministry of Health.
46. MOH and UNDP. (2014). "MDG Acceleration Compact: Accelerating Action Plan for Reducing Maternal Mortality " Retrieved July, 3, 2014, from http://www.et.undp.org/content/dam/ethiopia/docs/Ethiopia_MAF_2014.pdf.
47. UNAIDS. (2014). "Ethiopia." *Countries*, from <http://www.unaids.org/en/regionscountries/countries/ethiopia/>

Academic papers focusing on the Ethiopian Setting

48. Abbink, J. (2011). "Ethnic-based federalism and ethnicity in Ethiopia: reassessing the experiment after 20 years." *Journal of Eastern African Studies* 5(4): 596-618.
49. Bach, J.-N. (2011). "Abyotawi democracy: neither revolutionary nor democratic, a critical review of EPRDF's conception of revolutionary democracy in post-1991 Ethiopia." *Journal of Eastern African Studies* 5(4): 641-663.
50. Bekele, S. and T. Regassa (2011). *Democratization in a developmental state: the case of Ethiopia-issues, challenges, and prospects*. Policy Forum of UNDP Ethiopia, Addis Ababa, Ethiopia.

51. Borchgrevink, A. (2008). "Limits to Donor Influence: Ethiopia, Aid and Conditionality." *Forum for Development Studies* **35**(2): 195-220.
52. Feyissa, D. (2011). "Aid negotiation: the uneasy “partnership” between EPRDF and the donors." *Journal of Eastern African Studies* **5**(4): 788-817.
53. Furtado, X. and W. J. Smith (2009). "Ethiopia: retaining sovereignty in aid relations." *The Politics of Aid. African Strategies for Dealing with Donors*. Oxford, OUP.
54. Gudina, M. (2011). "Elections and democratization in Ethiopia, 1991–2010." *Journal of Eastern African Studies* **5**(4): 664-680.
55. Hagmann, T. and J. Abbink (2011). "Twenty years of revolutionary democratic Ethiopia, 1991 to 2011." *Journal of Eastern African Studies* **5**(4): 579-595.
56. Lefort, R. and eacute (2007). "Powers – mengist – and peasants in rural Ethiopia: the May 2005 elections." *The Journal of Modern African Studies* **45**(02): 253-273.
57. Loukeris, K. (2005). "Contending political ideologies in Ethiopia after 1991: The role of intellectuals." *POLIS, REVUE CAMEROUNAISE DE SCIENCE POLITIQUE*, **VOL. 12**(NUMERO SPECIAL 2004 - 2005).
58. Rahmato, D., A. Bantirgu and Y. Endeshaw. (2008). "CSOs/NGOs in Ethiopia: Partners in Development and Good Governance " Retrieved March 12, 2014, 2014, from <http://www.crdaethiopia.org/Documents/CSOs-NGOs in Ethiopia - Partners in Development.pdf>.
59. Vaughan, S. (2011). "Revolutionary democratic state-building: party, state and people in the EPRDF's Ethiopia." *Journal of Eastern African Studies* **5**(4): 619-640.
60. WHO. (2012). "Ethiopia: Health Profile." from <http://www.afro.who.int/en/ethiopia/country-health-profile.html>.
61. WHO. (2015). "Ethiopia." *Countries* Retrieved February, 12, 2015, from <http://www.who.int/countries/eth/en/>.

Appendix 4: Ethics Approval, University of Sheffield



Cheryl Oliver
Ethics Committee Administrator

Regent Court
30 Regent Street
Sheffield S1 4DA
Telephone: +44 (0) 114 2220871
Fax: +44 (0) 114 272 4095 (non confidential)
Email: c.a.oliver@sheffield.ac.uk

Our ref: 0545/CAO

23 May 2012

Henock Taddese
SchARR

Dear Henock

A trilogy of global targets, health aid and health systems: Case studies from Ethiopia

Thank you for submitting the above research project for approval by the SchARR Research Ethics Committee. On behalf of the University Chair of Ethics who reviewed your project, I am pleased to inform you that on 23 May 2012 the project was approved on ethics grounds, on the basis that you will adhere to the documents that you submitted for ethics review.

The research must be conducted within the requirements of the hosting/employing organisation or the organisation where the research is being undertaken.

If during the course of the project you need to deviate significantly from the documents you submitted for review, please inform me since written approval will be required. Please also inform me should you decide to terminate the project prematurely.

Yours sincerely

Cheryl Oliver
Ethics Committee Administrator

Copy: Graham Jones, Amy Barnes, Paul Bissell

Appendix 5: Ethics Approval, National Science and Technology Ministry, Ethiopia



በኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ
የሳይንስና ቴክኖሎጂ ሚኒስቴር
**The Federal Democratic Republic of Ethiopia
Ministry of Science and Technology**

ቁጥር 3.10/824/05.....
Ref.No.
ቀን 10/11/2012.....
Date

**To: EFDRE Ministry of Health
Addis Ababa**

Re: A Trilogy of Global Targets, Health aid and Health System: case studies from Ethiopia

Dear sir/Mr./s/Dr.

The National Research Ethics Review committee (NRERC) has reviewed the aforementioned project protocol in expedite manner. We are writing to advise you that NRERC has granted

Full Approval

To the above named project, for a period of **one year (December 7, 2012- December 6, 2013)**. All your most recently submitted documents have been approved for use in this study.

The study should comply with the standard international and national scientific and ethical guidelines. Any change to the approved protocol or consent material must be reviewed and approved through the amendment process prior to its implementation. In addition, any adverse or unanticipated events should be reported within 24-48 hours to the NRERC. Please ensure that you submit progressive report once in a four month and annual renewal application 30 days prior to the expiry date.

We, therefore, request your esteemed organization to ensure the commencement and conduct of the study accordingly and wish for the successful completion of the project.

With regards,

Yohannes Sitotaw
Secretary of NRERC



Cc - Mr Henock B.Taddese (PI)
Addis Ababa

ማነጋገር ቢያስፈልግዎ
You may Contact

ፖ.ሳ.ቁ
P.O.Box 2490

አዲስ አበባ ኢትዮጵያ
Addis Ababa, Ethiopia
E-mail most@ethionet.et

ስልክ
Tel 251-011-1-56 21 55
Web site:- <http://www.most.gov.et>

ፋክስ
Fax 251-011-1-56 27 49

Appendix 6: Research Information Sheet

03/05/2012

A trilogy of global targets, health aid and health systems: Case studies from Ethiopia

Dear Research Participant:

This research is being conducted as part of the fulfilment of a PHD in Health and Related Research at the School of Health and Related Research (SchARR), University of Sheffield. The aim of the study is to generate an in-depth understanding of the process by which global targets for health, namely, the Millennium Development Goals (MDGs) are being pursued in Ethiopia. It mainly focuses on the efforts and interactions of national and international stakeholders, and to understand how processes for meeting the targets are influencing the health system. The particular areas of interest concern global targets for HIV/AIDS, TB and malaria.

The specific objectives of the study are:

- To develop a detailed understanding of the configuration and organisation of global and national health system actors around efforts aimed at achieving the global targets for health.
- To investigate the interactions of global and national actors as they involve in collective mechanisms set up to enhance the achievement of global targets in Ethiopia
- To appraise how these interactions and configurations around the achievement of global targets are influencing health policy making processes and the health system as a whole at different levels in Ethiopia - i.e. national and district levels
- To identify and study specific within-country cases (case studies) that can illuminate these interactions; looking in particular at: the power relationships between actors, the institutional spaces that exist for agenda setting, the role of different bodies of knowledge and evidence, and the role of trust and other 'human relationship aspects' in shaping modes of interactions.

In effect, the interviews and the observations to be undertaken in the field shall focus on soliciting information along the following lines: What determine particular ways of actors' interactions? Which are most important contextual factors? Are observed processes open to incorporating new ideas and innovations? Which actors are missing out and which are key players? and how the particular types and configuration of actors and the institutional set up of the Global Fund mechanism are affecting the pursuit of global targets? The final report is expected to be submitted to SCHARR in October 2014.

You have been chosen as a participant as you are considered a key stakeholder in national efforts to fight HIV/AIDS, TB and malaria, and in work related to the development of the national health system in Ethiopia.

Participating in the study will involve taking part in an in-depth interview that will last for around an hour. In this interview, you will be asked about your perceptions, experiences and views concerning the collective efforts aimed at achieving global targets in the areas of HIV/AIDS, TB and Malaria, and you are encouraged to answer in any way that you wish. If you do not want to answer any questions, you are free to do so. Your interview (as well as that of others - about 25 - 40 in total) will be analysed with the sole objective of generating answers to satisfy the research aim mentioned above.

It is up to you to decide whether or not to take part in the research. If you do decide to take part, the PhD researcher will contact you to discuss your potential participation in more detail, and give you an opportunity to ask any questions. If you are happy to take part, you will then be asked to read and sign a consent form, which will provide testimony that you are willing to be a participant. Whatever decision you make, there will be no impact on you personally or your organisation, and you will be free to withdraw from participating at any time, without giving a reason.

If you have any questions, please feel free to raise it with the Researcher, Mr. Henock Taddese at h.taddese@sheffield.ac.uk or 00251(0)911249729 (in-country number in Ethiopia) or 0044(0)7500901115 (UK number)). In the event that your queries have not been satisfactorily addressed, you can contact Mr. Graham Jones, Lecturer at the School of Health and Related Research (SCHARR), University of Sheffield, UK, at: graham.jones@sheffield.ac.uk or (+44) (0)114 222 0771.

All the information collected during the research interview will be kept strictly confidential. Any reference to the points or statements you make will only be reported in broad

reference to the sector you work in, whereby statements will use descriptions such as: 'a participant from a multilateral agency', 'a traditional healer', and 'a local non governmental organisation representative'.

The audio records will be maintained for the duration of the PHD project and beyond that, for 2 years, which in turn will be time whereby journal publication materials are expected to be generated from the collected data. While the audio records will be destroyed within this described timeline, the interview transcripts will be maintained in secure password protected format, digitally, for up to 5 years after the submission of the PHD, so that the researcher will be able to work on the data to publish different scientific papers.

The research has been approved through the University of Sheffield ethics approval procedures and by the Ethiopian National Science and Technology Ministry.

The researcher declares that there is no conflict of interest and the research exercise is an academic research (PHD project) funded through scholarships for the PHD tuition and living expenses cover, received from the University of Sheffield.

The research results will be submitted to the University of Sheffield and to relevant journals for publication. You will receive a copy of this information sheet and a copy of the signed informed consent sheet.

Thank you very much for considering whether to take part in this study.

Appendix 7: Participant Consent Form

Title of Research Project: A trilogy of global targets, health aid and health systems: Case studies from Ethiopia

Name of Researcher: Henock B. Taddese

Participant Identification Number for this project:

Please initial box

1. I confirm that I have read and understand the information sheet dated *03/05/2012* explaining the above research project and I have had the opportunity to ask questions about the project.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

3. I understand that my responses will be kept confidential. I give permission for members of the research team to have access to my anonymised responses. The only reference to me or my organisation will only be made by way of broad reference to the category of actors/stakeholders that we/I belong to.

4. I understand that my name will not be linked with the research materials or reports that result from the research.

5. . I agree for the data collected from me to be used in future research

6. I agree to take part in the above research project.

7. I agree for audio recording of the interview, which shall be destroyed in due time, 2 years after the PHD project report has been submitted to the University of Sheffield, whereby the researcher shall use the data to publish the findings in academic journals. The transcripts generated from this exercise will on the other hand be maintained within password protected digital systems for up to 5 years whereby the researcher will use the data to publish research papers.

Name of Participant <i>(or legal representative)</i>	Date	Signature
_____	_____	_____
Name of person taking consent <i>(if different from lead researcher)</i>	Date	Signature
<i>To be signed and dated in presence of the participant</i>		
_____	_____	_____
Lead Researcher	Date	Signature
<i>To be signed and dated in presence of the participant</i>		
Copies: <i>Once this has been signed by all parties, the participant will receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form (the original) should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.</i>		