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**DEPENDENT
AGENCY IN
THE GLOBAL
HEALTH REGIME**

Local African Responses to
Donor AIDS Efforts

**Emma-Louise Anderson
and Amy S. Patterson**



Dependent Agency in the Global Health Regime

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*To Isabel, Sophia, Neil, Max, and Alex,
With love and gratitude*

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This project had its roots in pure luck. Both of us attended the 2014 International Studies Association (ISA) conference, each presenting a paper on community responses to donor AIDS programs in Africa. Not knowing one another before the conference, we just happened to read each other's conference papers. As we did, we noticed many similarities: our respondents talked about AIDS donor programs using the same jargon; they exhibited both dependence on global aid structures and an uncanny ability to maneuver around those structures; they challenged how we as political scientists thought about the structure–agency debate. The more we discussed our fieldwork, the more we knew we wanted to write a book that analyzed the “back story” of donor AIDS programs. That is, we wanted to see the ways that local people—often described as “victims,” “helpless,” and “dependent”—demonstrated autonomy in their actions and reactions as they were caught up in the highly funded donor AIDS programs in Malawi and Zambia. As we each recounted stories of these dependent agents, we began to ask: What makes such agency possible? And why might it matter? Over the course of working together we have been fortunate that we have been able to “pick up the slack” for one another when other projects, family obligations, and teaching requirements drew our attention from the book.

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CONTENTS

1	Dependent Agency and the AIDS Enterprise: Global Programs, Local Actions	1
2	Unique Opportunities in a Dynamic Aid Architecture: The Conditions for Agency	33
3	Performing, Extraverting, and Resisting: The Strategies of Dependent Agents	53
4	Complex Power on the Margins: The Implications of Dependent Agency	87
	Bibliography	113
	List of Fieldwork Data	131
	Index	137

ACRONYMS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARVs	antiretrovirals
BRICS	Brazil, Russia, India, China and South Africa
CD4	cluster of differentiation 4
CHAZ	Churches Health Association of Zambia
CBO	community-based organization
COWLHA	Coalition of Women Living with HIV and AIDS
DfID	Department for International Development
FBO	faith-based organization
FGD	focus group discussion
GDP	gross domestic product
GNI	gross national income
HBC	home-based care
HIV	human immunodeficiency virus
MANASO	Malawi Network of AIDS Service Organisations
MANET+	Malawi Network of People Living with HIV/AIDS
MoH	Ministry of Health
MOU	memorandum of understanding
MWK	Malawian kwacha
NAC Malawi	National AIDS Commission (Malawi)
NAC Zambia	National AIDS Council (Zambia)
NAPHAM	National Association for People Living with HIV and AIDS in Malawi
NGO	nongovernmental organization
NZP+	Network of Zambian People Living with HIV/AIDS
OECD	Organisation for Economic Co-operation and Development

OIG	Office of the Inspector General
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	person or people living with HIV
PMTCT	prevention of mother-to-child transmission
SWAp	sector-wide approach
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USD	US dollar
WHO	World Health Organization
WLHIV	women living with HIV
ZMK	Zambian kwacha
ZNAN	Zambia National AIDS Network

Dependent Agency and the AIDS Enterprise: Global Programs, Local Actions

Abstract This chapter theorizes about dependent agency and situates the concept in the Malawian and Zambian context. A condition in which people can simultaneously act and be dependent, dependent agency lies on a continuum and manifests itself to various degrees in structures of global power relations and specific environments. In Malawi and Zambia, donor competition, foreign aid uncertainty, development discourses that promote grassroots participation, global norms that define health as a human right, and the rise of the AIDS enterprise shape this global-local context. This chapter concludes by describing the research methodology.

Keywords Dependent agency · AIDS enterprise · HIV and AIDS · Africa · Malawi · Zambia

During fieldwork at a Lusaka AIDS clinic in 2011, an elderly woman approached one of the authors, wanting to “tell her story” as a person living with HIV and AIDS (PLHIV).¹ The woman was poorly dressed and quite thin; she had come to the clinic to get her monthly supply of antiretroviral treatment (ART), drugs paid for by the US President’s Emergency Plan for AIDS Relief (PEPFAR). Hearing people’s personal stories was common during fieldwork, though these testimonials usually were given in the context of solicited interviews. And while some researchers paid “sitting fees” to hear such stories, this author did not.

Because the author had several appointments, there was no time to meet with the woman. The author explained the situation and went to her meetings, assuming the woman would leave. At the end of the day, the woman was still at the clinic, sitting under a tree. She approached the researcher and asked for a ride to the city center. With several clinic officials watching the exchange, the author felt uncomfortable. She knew the traffic would be terrible, but she had spent the day interviewing people about the economic needs of PLHIV. Wouldn't it be hypocritical to not give this elderly woman a ride? And she felt guilty that the woman had waited all day, even though she was pretty sure that the woman had understood that there would be no interview. Ultimately, she gave the woman a ride and a 5000 kwacha note. Only after the woman bounded from the car at the final destination did the author realize she had never even heard the woman's story (Participant observation, PLHIV-author encounter, Lusaka, May 10, 2011).

This participant observation highlights the broader themes of this volume: the various ways that individuals and communities respond to Africa's high dependency on donor health funds. We refer to these local actors as "dependent agents" and develop the concept of "dependent agency"—the condition in which these actors can simultaneously act and be dependent. Ask most people in the West about their impressions of Africa, and they will probably highlight the continent's perceived weakness and powerlessness in the international realm, its high rates of poverty and unemployment, and its deep dependence on foreign aid and commodity exports (Ayittey 1999; Englebert 2009). The continent is like the elderly woman in the Lusaka clinic: it has economic needs, some of which are met by external actors. Yet even within these broader structures of dependence, Africans show agency. They maneuver in "tight corners" in ways that demonstrate the capacity "to resist, and sometimes to deflect what appears to be their structural fate," with effects that are not inconsequential (Lonsdale 2000). For example, African states raise new issues at the UN, and some manipulate donors to gain material benefits or to avoid criticism of their authoritarian practices (Brown and Harman 2013). As an agent, the Zambian woman sought out the author, recognized the potential value of her story, decided to wait all day, changed her plans, and capitalized on the researchers' guilt and discomfort. To meet her immediate needs, the woman *acted* within the unequal and dependent structures that may undergird research, and that provide many (though not all) Western academics the resources to pay for interviews or vehicles for

transportation. The observation shows that actions of dependent agents may affect those with more power and resources, a point we return to in [Chapter 4](#). In this case, the researcher provided the woman with money and a ride, and ultimately spent hours in traffic.

This book uses the country cases of Malawi and Zambia to show how dependent agency is possible and the different forms that it takes. Agency and dependency are often seen as being mutually exclusive. Thus, on first glance the notion of dependent agency might seem slightly paradoxical. But in fact all agents are to some extent dependent, since people can only act as individuals within the social structures in which they are embedded. To be an agent necessarily means to react to some context or stimuli. Dependent agency lies on a continuum, manifesting itself to greater or lesser degrees in structures of global power relations, such as colonization, globalization, neopatrimonial governance, and aid dependence. Additionally, dependent agency shifts over time precisely because context changes with time. The exercise of dependent agency is political, for actors seek to shape the processes by which material benefits, status, or policies are gained within embedded power structures (Chabal 2014). The concept of dependent agency is particularly useful in contexts like Zambia and Malawi, because it shows that agency and dependence operate side by side even when dependence appears to be dominant.

In our study, foreign aid programs are crucial structures in which dependent agency occurs. Foreign aid plays a crucial role in the promotion of health and development in Africa. In 2013, the Organisation for Economic Co-operation and Development (OECD) countries committed USD 29 billion as aid to Africa (OECD 2013). In the case of the United States, roughly one-fourth of all foreign aid goes for health—a sector that gets more than the sectors of peace and security, humanitarian relief, or economic development (US State Department 2015). While the percentage of Africa's gross domestic product (GDP) from aid has declined for almost all countries since 1995, aid remains a crucial component of many African countries' economies. In 2013, Malawi, for example, depended on foreign aid for 40 % of its overall governmental budget and 89 % of its health budget (See *International Business Times*, November 19, 2013; Interview, MoF civil servant, Lilongwe, July 27, 2014). Foreign aid trickles down through a hierarchical chain of government agencies and international nongovernmental organizations (NGOs) to local community-based organizations (CBOs) and faith-based organizations (FBOs). This hierarchy means that local communities interact with donor organizations,

sometimes acting as the agents of principals (i.e., the donors) who establish them to do the principals' work. (We discuss principal-agent issues more extensively below.) Local partners can often be highly dependent on bilateral and multilateral donors and NGOs. Susan Watkins and Ann Swidler (2013, 198) write, "NGOs come and go, and any structures they create, such as youth clubs to dramatize the dangers of AIDS or micro-finance programs to ameliorate poverty and empower women, usually evaporate when the project funding ends and the NGO departs." Aid is finite and temporal, making it crucial for local people to capitalize in timely ways on the opportunities it may provide. This situation may increase the likelihood that dependent agency manifests itself.

This book asks how people acting as individuals or as members of community organizations exert agency within these larger structures of aid dependency. We acknowledge that the potential for action is always possible, but some conditions may make it more likely that dependent agents actually act. These local responses may shape aid's effectiveness, though our central objective is not to assess the effectiveness and efficiency of foreign aid projects. We use the infusion of large amounts of donor money to address HIV and AIDS—and the subsequent retraction of that funding in 2011—as our case study. Such an examination enables us to see how Africa is "acted on" but also "actor in" global politics and development (Brown and Harman 2013). As Christopher Clapham (1996) notes with respect to African elites, it is critical to understand Africans as not simply "pawns" within an unequal configuration of global power, but as "players" with some degree of agency to invert external agendas and instrumentalize them to their own benefit. Here we focus on the players at the local level. We shed light on the dynamic interactions between actors which often occur "off stage" but which undergird macrolevel development processes.

This chapter proceeds as follows. First we introduce the scholarship on African agency. Second, we describe the global health funding context, through an examination of the AIDS enterprise, with its roots in HIV exceptionalism and norms on AIDS treatment. Third, we describe the cases of Malawi and Zambia, stressing their relative similarities in culture, poverty, politics, and donors' attention to AIDS. The fourth section illustrates our methodology, while the fifth outlines the themes for the rest of the book.