The Global Fund and the new imperialism of aid: Implications for health governance

The case of the Indian National AIDS programme

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Overview

1. **The problem**
2. **Global health governance and Public Private Partnerships**
3. **The AIDS industry**
4. **The Global Fund to fight AIDS TB Malaria**
   - **Evolution and the *public transcript***
5. **The effects of the disciplinary regime of the Fund- the *hidden transcript***
6. **Conclusion**

The problem

- **Rise of (public private) partnership as a prominent organisational model in global health governance**

- **Inherent contradiction in the term**

- Discourse premised on equality, shared power, mutuality
- Practice in the context of gross inequalities

RATIONALE -

- Post 90's shift in development : new "managerialism"

- applying private sector thinking to investment decisions in public sector budgets and bureaucracies (Forsyth 2005) : failure of welfare state
- efficiency savings : strained public resources
- better planning, improved incentives (Spackman 2002, Nijkamp et al 2002)

Rationale For PPPs

Global Governance - governing, without sovereign authority, relationships that transcend national frontiers. Doing internationally what governments do at home! (Finkelstein 1995)

- Premised on two principles:
- Withdrawal of state from provision of social goods and services
- Weakening of national sovereignty

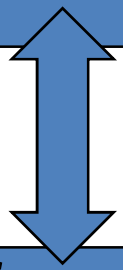
- **Increasing pluralist and neo-pluralist accounts**

  recognise diverse/overlapping interest groups but regard arrangements as neutral. Hence, failures attributed to ill-defined governance structures (Caines et al. 2003, Feacham et al. 2002, Buse 2003a, Held 1996).
- Power mediating through - *structures* and *institutions*, *ideas* and *discourse- and constituting processes* and *outcomes ?*

Guiding questions in the research journey

“New” form of governance?

- formations / organising required from groups and individuals
- Forms of knowledge, expertise created/ generated?
- How is power and authority played out in these formations?



Implications for development?

- how the diverse logics that shape the p-p-p approach rationalise representations of development?
- How the “hidden transcripts” shape the bargaining of resources among actor networks in project arenas?
- How domains for the rule of expertise gets established by actor networks?

The AIDS industry: global players

- **Global Fund to Fight AIDS TB & Malaria (GFATM) – $18b for NACP3** (single largest donor, approx. 47% of external AID component and 25 % of the total funds earmarked for NACPIII)
- **DFID (£95m), AusAid, USAID, GTZ, CIDA**
- **World Bank ($295m)**
- **International AIDS Vaccine Initiative (IAVI)**
- **BMGF, Clinton Foundation**
- **UNFPA, UNAIDS, UNICEF**

III. The Global Fund

⦿**Growing hysteria and renewed awareness of the 'globalisation' of infectious diseases and interest in tackling the 'warfare'.**

- WHO Commission on Macroeconomics and Health (2001)- economic concept of public good focusing on the 3 'killers'
- International meetings wielded support for the 'war chest': G8 summit in Okinawa (2000), African summit in Abuja (2001), UNGAS (2001)

⦿**Multiple discourses underlay the creation of the Fund**

Economic: the need for a 'war chest' and pooling in resources

Technological and *globalisation:* global threat posed by the three diseases

New public management discourse

International human rights: GIPA and civil society

The public transcript of GFATM

- **‘**Only’ a financing mechanism
- “No in-country presence” –local fund agents and an elaborate structure- the CCM and the Secretariat
- Operates through condition precedents & legal provisions
- Performance based funding : (measurable and timely applied through condition precedents) – extensive paper trails
- Strong commitment made to –

- Inclusiveness and partnership
- *health systems strengthening*
- *building on, complementing, and coordinating existing national programmes*
- *Civil society involvement*

- **Yearly call for proposals and disbursement of grants****

GFATM grant rounds in India

Rounds	Component	Principal recipient agency	Sub-recipient/ partner agency	Activities	Grant start date	Funds approved (in million $)
Round 1	TB	Department of Economic Affairs (GOI)				
Round 2	HIV&AIDS	Department of Economic Affairs (GOI)	State AIDS Societies (treatment) and Sub contracted NGOs (prevention and care)	Prevention of mother to child; public-private ARV delivery	May-04	92.7
Round 3	HIV / TB	Department of Economic Affairs (GOI)	State AIDS Societies	Reducing TB morbidity in PLHAs and preventing further spread of TB, HIV in high prevalence states	Jan-05	14.82
Round 4	HIV&AIDS	Department of Economic Affairs (GOI)	National AIDS Control Organisation and State AIDS Societies (treatment)	ART delivery in 6 high prevalence states and Delhi	Sep-05	122.67
		Population Foundation of India (Civil society consortium 1)	Confederation of Indian Industries, Network of people living with HIV, Freedom Foundation, Engender health society	Access to care & treatment in high prevalence states	Apr-05	18.2
Round 5	Not approved for funding					
Round 6	HIV&AIDS	Department of Economic Affairs (GOI)		Expanding access to ARV, testing and counselling (all states), community care centres	Oct-07	214.17
		Population Foundation of India (Civil society consortium 2)	Catholic Bishops Conference of India, Constella Futures India, Network of people with HIV	Promoting access to care and treatment (8 northern states)	Jun-07	30.6
		India HIV/AIDS Alliance (NGO consortium 3)	5 NGOs in Andhra Pradesh, Delhi and Tamil Nadu	Scaling up care and support services for children	Jun-07	14.38
Round 7	HIV&AIDS	Department of Economic Affairs (GOI)		Strengthening systems (human and institutional) capacity	Jun-08	87.8
		Tata Institute of Social Sciences		Strengthening institutional capacity for counsellor training institutes		
		Indian Nursing Council		Strengthening institutional capacity for nurses training		
TOTAL FUNDS APPROVED FOR INDIA						595.34

Source: Adapted from Global Fund Website

The disciplinary regime of the Fund: *the hidden transcript*

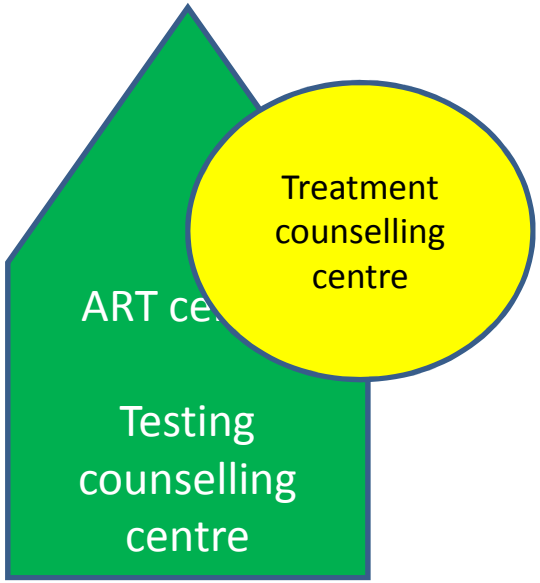
• **Restructures national delivery and accountability systems resulting in fierce competition and increasing inequities**

- Creates a *de facto* parallel system: Frankenstein's monsters
- Duplicates services, counter claims on quality
- Blind focus on demonstrating achievement
- Reconfigures expertise valued in the health sector
- Depletes the pool of skilled human workforce in the public system

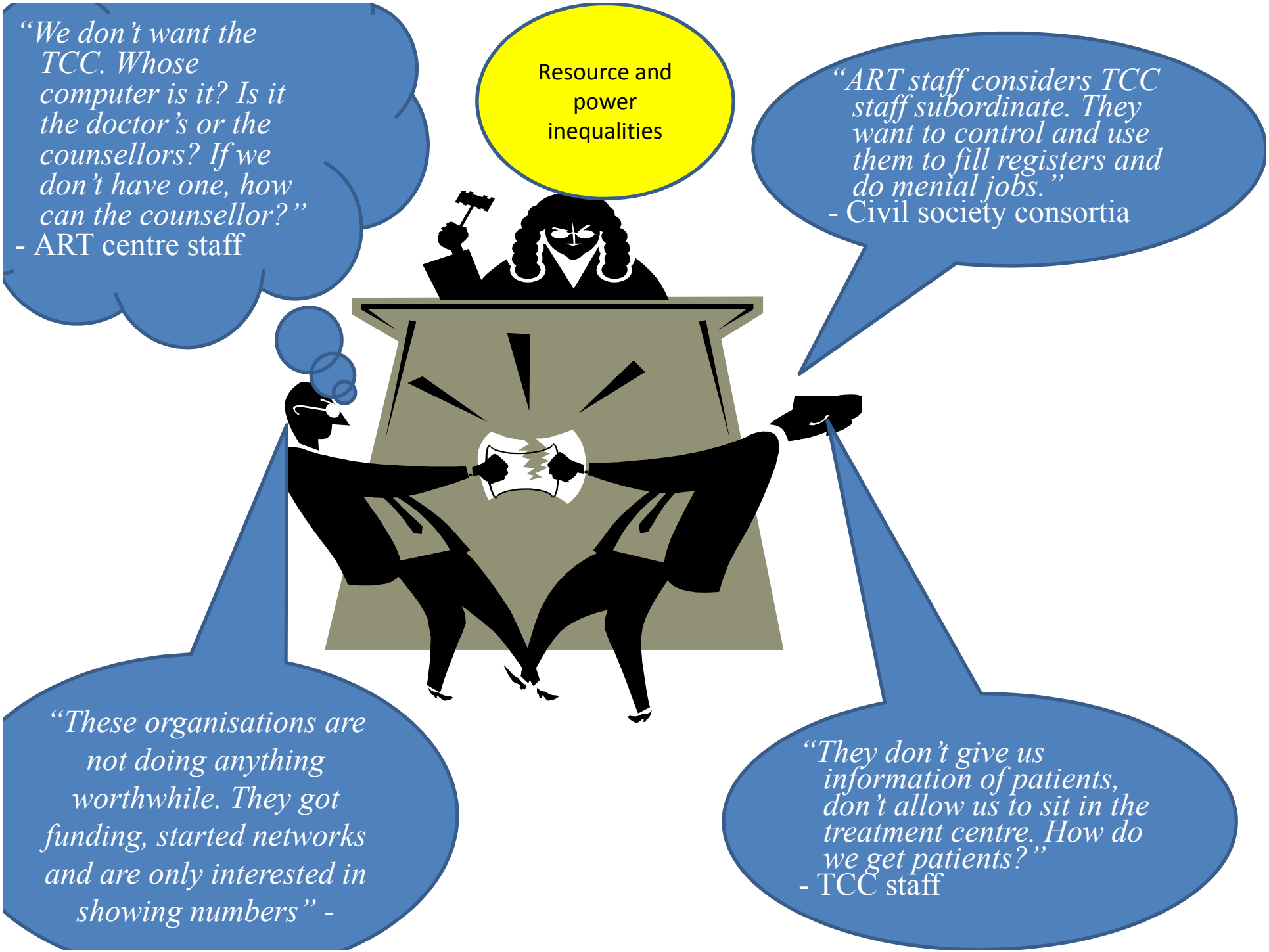
1. Restructuring national delivery systems

a. Uncoordinated and duplicated activities

Example: The tale of two centres and the status of counselling



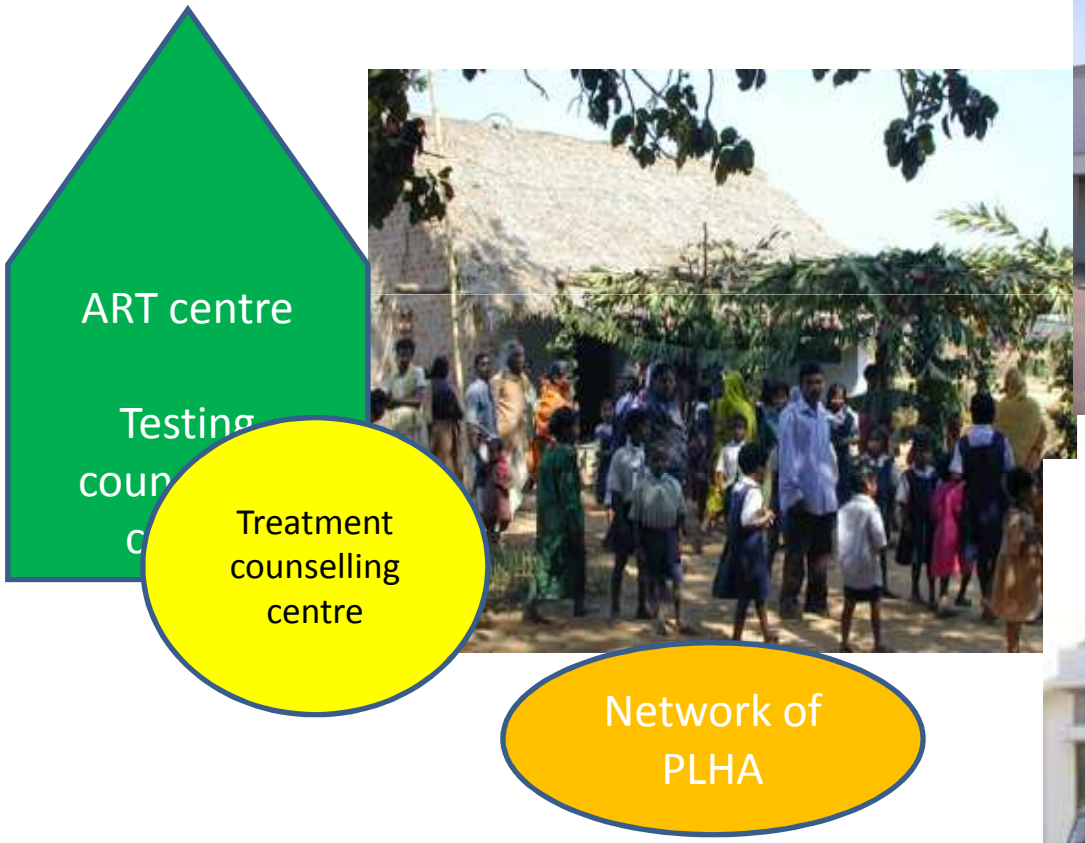
Network of PLHA


Resource and power inequalities
"We don't want the TCC. Whose computer is it? Is it the doctor's or the counsellors? If we don't have one, how can the counsellor?"
- ART centre staff
"ART staff considers TCC staff subordinate. They want to control and use them to fill registers and do menial jobs."
- Civil society consortia
"These organisations are not doing anything worthwhile. They got funding, started networks and are only interested in showing numbers" -
"They don't give us information of patients, don't allow us to sit in the treatment centre. How do we get patients?"
- TCC staff

Restructuring national delivery systems

b. Creation of a dual system of free and paid systems

Example: The tale of two centres and the status of ART



c. blind focus on proving efficiency in fund absorption and utilisation: counter claims on quality

*"**The government is due to start an ART centre in the neighbouring district. So, numbers will definitely be a challenge**. But we will focus on giving good quality services…**we could use our skills and motivate them to come here for ART… after all that is a government hospital! They should start ART wherever there is good service."*** - Corporate sub-recipient (Rd 4)

*"**Government roll out became a big challenge for this particular project. Why would anyone come here and pay for drugs when there is a roll out?** So this is an ongoing challenge. But we have tried to do our best and managed to achieve numbers simply by focusing on quality."* –NGO providing low cost anti-retroviral (Rd2)

2. Diluting accountability systems

- Financial Management and audit system of the Fund – the LFA
- India CCM – 'oversight'
- M&E systems of individual partners- principal recipients
- National and sub-national monitoring system

'Harmonisation' in this context implies:

Aligning the national system to the Fund requirements through condition precedents and grant scorecards

As a result...

- Constant shifts in the M&E strategy –

CMIS (NACPII) → SIMS/SIMU (NACP III)

Computerised Management Information System

Strategic Information Management System

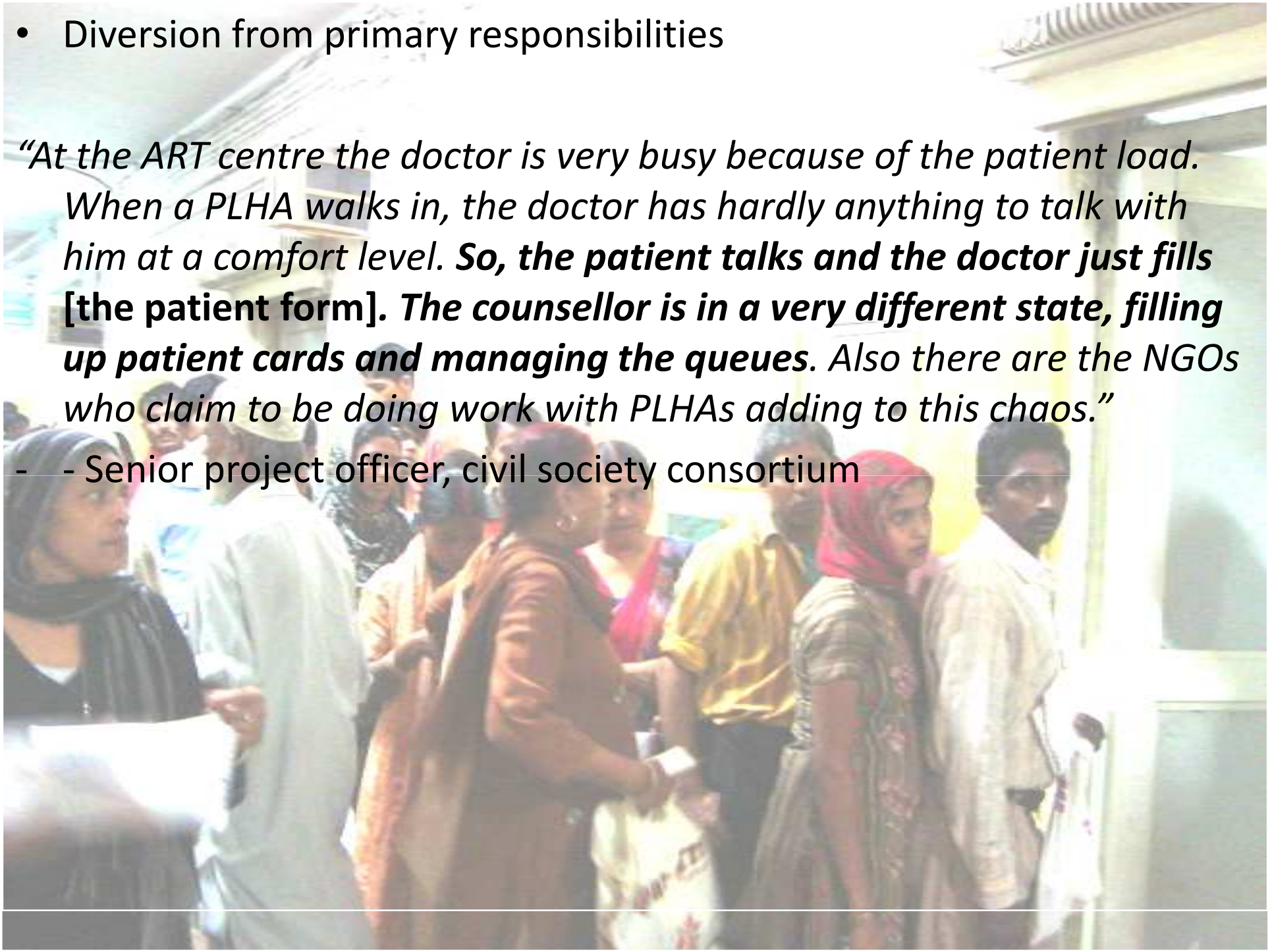
- Changes made to reporting formats →

  Constant need to re-orientate staff to ‘effectively’ manage trails of paperwork and web of statistics

- Diversion from primary responsibilities

"At the ART centre the doctor is very busy because of the patient load. When a PLHA walks in, the doctor has hardly anything to talk with him at a comfort level. ***So, the patient talks and the doctor just fills*** **[the patient form]**. ***The counsellor is in a very different state, filling up patient cards and managing the queues****. Also there are the NGOs who claim to be doing work with PLHAs adding to this chaos."*

- - Senior project officer, civil society consortium

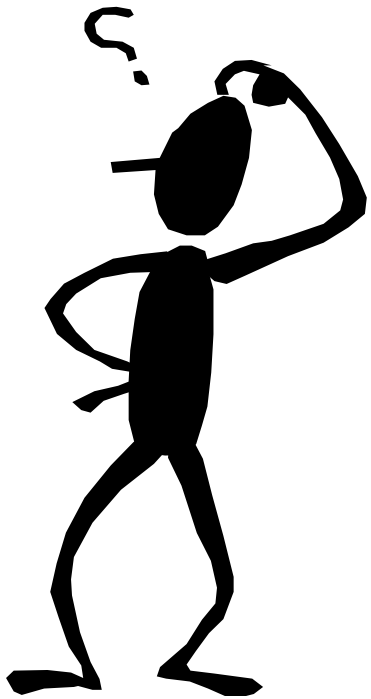


Stabilising the Fund System

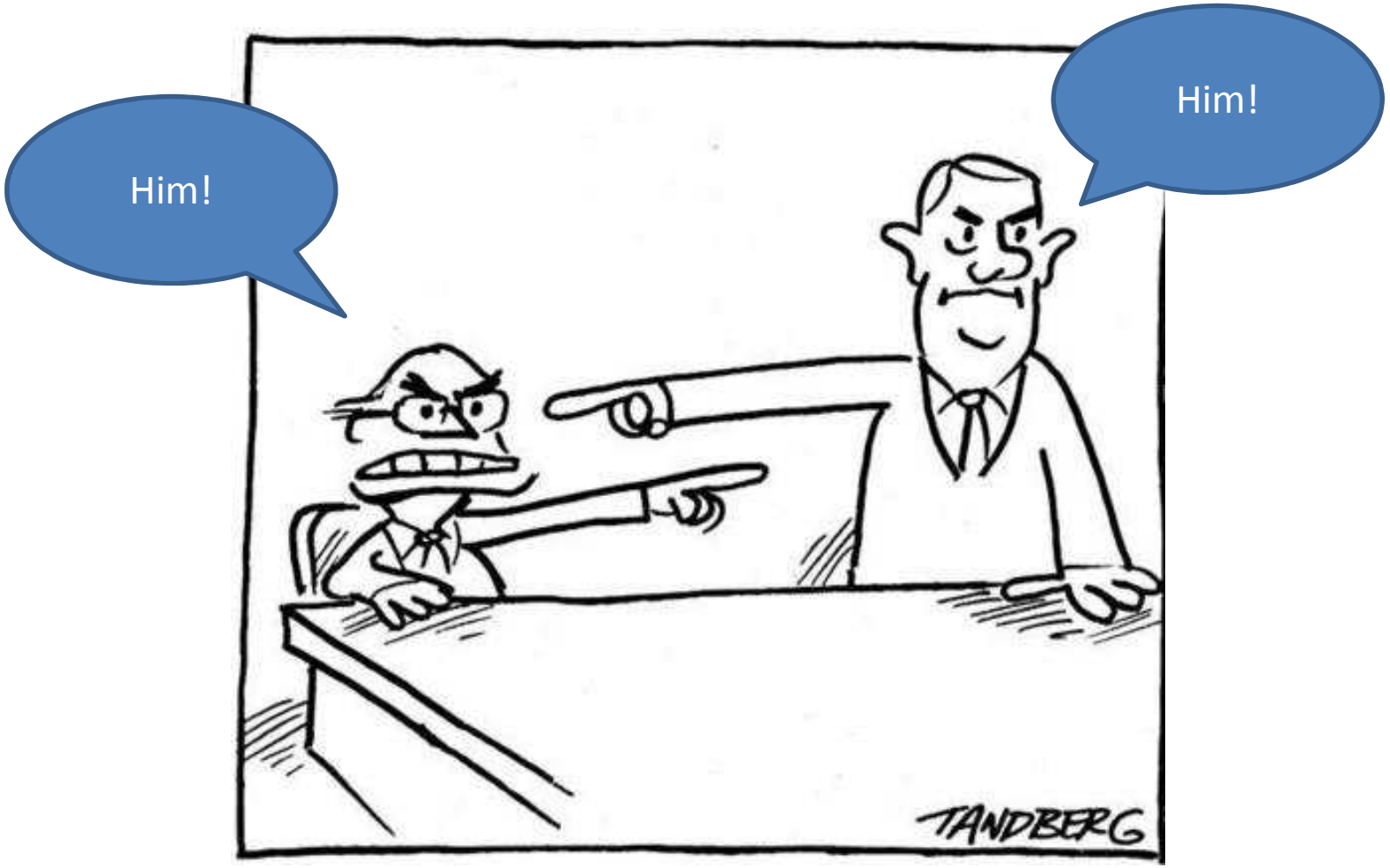
- High imperative to manipulate data and misreport on the programme outcomes
- Facade of M&E systems
- Power asymmetries among ‘partners’- problems of arbitration and ownership of responsibility

- How do I cook up success?

- **periodic reviews/supervision visits,**
- **country wide evaluations,**
- **OR studies**



“Any questions regarding accounting irregularities, poor adherence, poor services will be answered by ...”



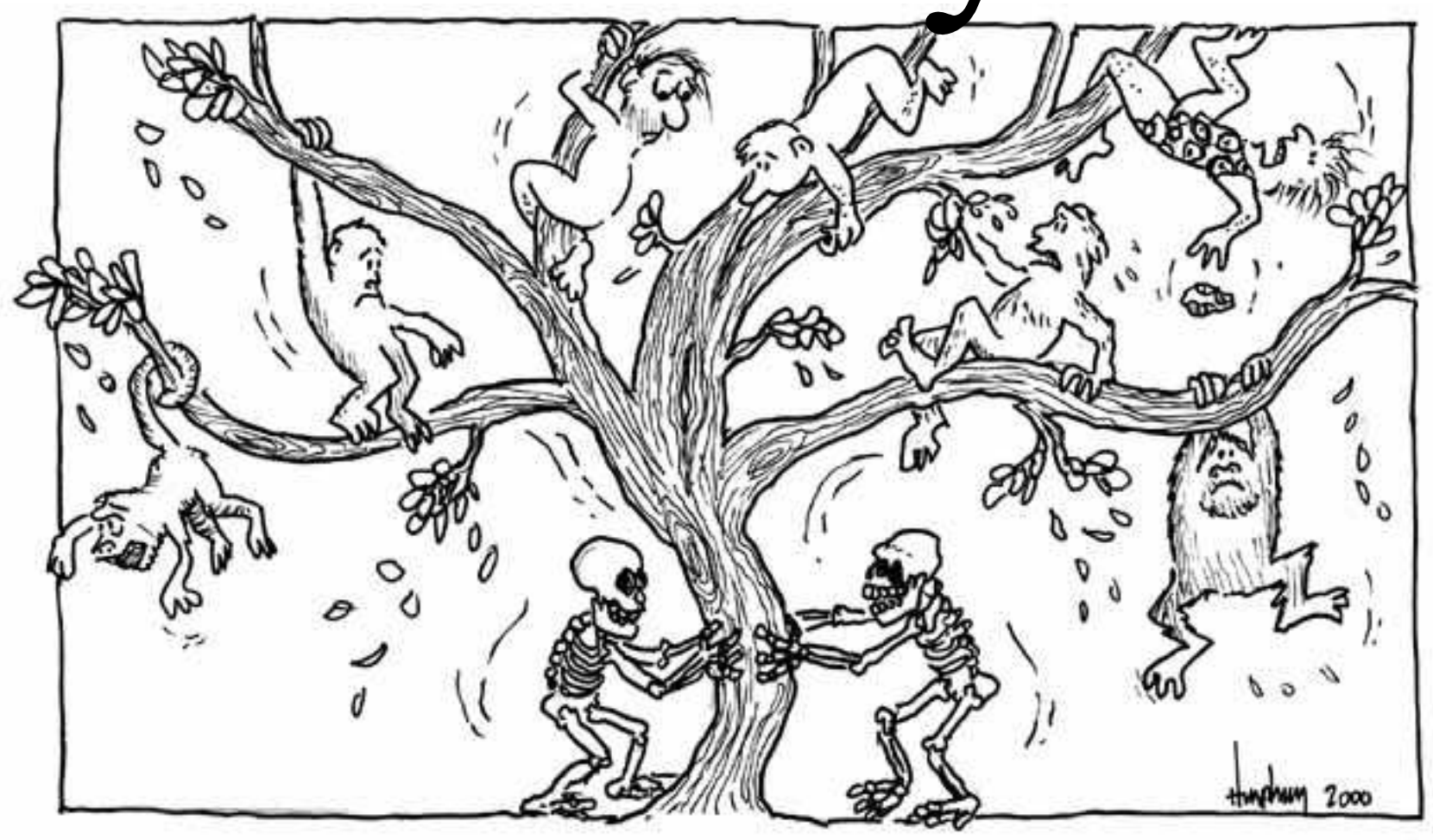
“NIMTOO”

Conclusion

- Contrary to the discursive construction of public private partnerships and GHIs, these serve as:

Effective instrument to extend technocratic control and advance the interests of transnational and local elites, in the guise of autonomy of the people and the nation State.

Thank you



Questions?