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The Marketization of HIV/AIDS Governance: Public-Private Partnerships and Bureaucratic Culture in Pakistan

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Abstract

The World Bank-financed ‘Enhanced HIV and AIDS Control Program’ tried to reorganized HIV/AIDS governance in Pakistan by pushing a neoliberal agenda of marketizing the provision of publicly-funded HIV prevention services. NGOs and the private sector competed for contracts with the government to provide services to the quasi-legal population of sex workers, drug users, transgendered people and homosexuals who were deemed ‘high risk’ groups for HIV. With contractualisation emerged a new bureaucratic field that emphasized ‘flexible organization’ and ‘efficiency’ in getting things done, in place of the traditional bureaucratic proceduralism which has been characteristic of the Pakistani civil service. This new corporate-style bureaucratic culture and the ambiguities of a hastily contracted (and ‘efficiently’ rolled out) Enhanced Program gave occasion to public funds ending up in the pockets of a few powerful actors. Instead of generating more efficiency, the marketisation of services dispossessed the intended beneficiaries of the World Bank loan.

Key words: Bureaucracy, dispossess, entrepreneurial governance, flexible organisation, neoliberalization, World Bank

Introduction

Sex outside marriage and the non-therapeutic use of drugs are criminalised in Pakistan. The state does not work directly with the quasi-legal populations of drug addicts, sex workers, transgendered people and homosexuals who are designated ‘high risk groups’ for HIV. Although there was no epidemiological data to suggest an imminent threat from HIV, and although many of the public health experts in the country considered that there were more pressing problems that needed to be addressed (Zaidi 2008), in 2003 the government agreed to a ‘soft’ loan by the World Bank to finance an ‘Enhanced HIV and AIDS Control Program’ (henceforth the Enhanced Program). This was primarily to roll out targeted interventions among the ‘high risk’ groups by contracting-out HIV prevention services to NGOs and private firms, following the neoliberal logic of marketizing service provision. In this chapter, I explore how this Bank-sponsored public-private partnership sought to restructure the government’s bureaucratic management of HIV along the lines of an efficient business, and the repercussions of this restructuring for the bureaucratic culture in government departments.

The Enhanced Program constituted a shift away from bureaucratic proceduralism to ‘flexible bureaucracy’, which is a characteristic of what David Mosse (2005) has called a ‘new managerialism in international development’: “as its ends have narrowed to quantified targets on poverty and ill-health, the means of international aid have expanded from the management of economic growth and technology transfer to the reorganisation of state and society needed to deliver on targets” (p.4). In Pakistan’s HIV sector, this reorganisation was achieved through the reshuffling of top bureaucrats, often replacing them with experts from outside the government, filling key positions in AIDS control departments with ‘market-based’ employees, awarding province-wide huge contracts to influential NGOs, obliging the government to hire a management consultancy firm to teach them the principles of business management, and shelving the rules, regulations and procedures of the government bureaucracy in the name of ‘efficiency’. Such policies have been described by Elizabeth
The efficiency-oriented Enhanced Program thus created a new bureaucratic field with new rules of the game, which was different from the old-style proceduralist bureaucracy of a government department. Mosse has written of situations in which we see local power re-colonizing the spaces created by external funding regimes and turning ‘new rules to different ends’ (2011:6). However, I will argue in the following that it would be more fruitful to see the new rules of the game as opening an ambiguous space where vested interests competed with the new actors to use the flexible bureaucracies of the AIDS governance as instrument of accumulation. I suggest that instead of generating more efficiency, as touted by its proponents, the neoliberal logic of ‘entrepreneurial governance’ (du Gay 2000) ended up dispossessing its purported beneficiaries – the ‘high-risk groups’. One of the ways in which such policies facilitated ‘accumulation by dispossession’ (Harvey 2005) was by turning government departments into hatcheries of private interest and entrepreneurship where bureaucrats become proprietors of their positions and extended their entrepreneurial networks to the private sector. With the shift away from public sector, a new mode of governance was taking shape where the government officials were turning into subjects of an ‘entrepreneurial self’ (Kelly 2006) with a precarious existence in the market of HIV prevention governed by the neoliberal policies of the World Bank.

The first ethnographic section of this paper opens with an introduction to the flexible bureaucracy of Pakistan’s AIDS Control Programme (ACP). The second section further explores the efficiency-oriented corporate-style work culture of the Enhanced Program which undermined the usual concern for bureaucratic rules and regulations and norms of Pakistani civil service. A dispute between a big NGO contracted for HIV prevention under this programme and the government’s AIDS control officials is instructive of the ambiguity about rules of conduct, confusion over the roles of partners and a sense of distrust and tensions that pervaded the intersection of the old proceduralist bureaucracy with the new flexible work culture. In the third section, I describe at some length how some actors at this intersection took advantage of the flexible bureaucracy and were able to profit from the ambiguities it created. The final ethnographic section outlines some of the predicaments of the staff at the ACP when the Enhanced Program was rolled back. As I will argue, the new flexible work culture introduced heightened precariousness in the HIV sector as a whole but the employees at the ACP were particularly exposed to uncertainty due to an unexpected withdrawal of the World Bank from the second phase of the Enhanced Program.

The Enhanced Program as a new work culture

To the outsider, the first-timer or an occasional visitor, the ACP might appear like any other government department. But when I started working there in 2010 as an intern carrying out ethnographic fieldwork on Pakistan’s response towards HIV/AIDS, I realized that it represented quite a different bureaucratic set-up. I was introduced to an institution without a manager, as, I was told by a colleague in the HIV sector, the previous national manager had just got ‘ shafted ’ by an NGO in a fight for a larger slice of the pie for the government in the upcoming Global Fund grant: ‘the country is awash with money and heads had to roll in the fight for cash’. The Enhanced Program had resulted in internal restructuring and considerable confusion as to who was in-charge and what rules were to be followed in this vertical health programme. For example, my initial contact point Dr Naseem was the longest-serving senior employee, yet he could not be designated as deputy manager and given charge in the absence of the national manager because he was ‘hired from the market’ and served in a ‘donor-
funded position’. He claimed to run the ACP single-handedly in the absence of a national manager. Yet, when I requested an internship at the organization, he insisted on a written application that came ‘through proper channel’, signed by the ‘competent authority’ in the Ministry of Health, and a written assurance that I would follow government rules and regulations in ‘letter and spirit’, phrases that are proverbial in postcolonial bureaucracies of the subcontinent. In contrast with other recent depictions of the Pakistani bureaucracy (e.g. Hull 2012), the ACP presented me with a mix of the new market-oriented corporate culture and old-fashioned bureaucratic proceduralism – what might be thought of as a ‘hybrid bureaucracy’.

How did this hybrid bureaucracy come about? In 2003, World Bank experts managed to convince the then finance minister to invest in ‘scaling up’ the HIV response by representing HIV as a development problem for Pakistan. Being a former city banker who had recently arrived from Washington to serve in General Musharaf’s technocratic military regime, the finance minister, Shaukat Aziz, took a favourable view of the Bank’s development policies. A ‘soft’ loan programme was agreed under which the government would contribute less than 15 percent of the project cost (US$ 47.7 million) while the remaining 85 percent would be made available by the Bank. The Canadian International Development Agency (CIDA) and British Department for International Development (DFID) also agreed to provide some part of the grant as a gesture of their approval of the Enhanced Program. The Ministry of Health (MoH) was sidelined by the Ministry of Finance in negotiating the loan and designing the Enhanced Program with the Bank’s experts. A senior MoH bureaucrat who previously served as the manager of the ACP was replaced by a junior employee who had proven herself to be openly receptive to the Bank’s guidance.

The new ‘scaled-up’ version of the ACP offered big ‘market-based’ salaries and incentives, which attracted government servants from other departments, contractual employees from the ‘market’, and highly paid US-educated public health experts and consultants. Among the 68 staff at the ACP by July 2010, 38 were ‘Basic Pay Scale’ employees seconded from various government departments, 10 were ‘Market-based Employees’ on short term renewable contracts, and the remaining 20 were ‘Donor-supported Employees’. The ‘Basic Pay Scale employees’ were permanent government servants with statutory right to entitlements under a cadre system. They were assigned by the ‘competent authority’ in their ‘parent departments’ to work on secondment in the ACP, where they received extra benefits. The ‘Market-based employees’ were hired on short term renewable contracts with no rights to pension or other statutory benefits of government service. The ‘Donor-supported employees’ were mostly highly-educated public health experts who were on the payroll of donor agencies but worked at the ACP. Thus, career bureaucrats worked alongside the newly hired market-based US-educated public health specialists, bosses of the contracted NGOs, experts from the World Bank, and the business executives of a management firm that was hired to build the capacity of the government officials, as I show in later sections of this paper. Another common feature of the day-to-day work at the ACP was its technical assistance from a fleet of freelance consultants, who were called upon from time to time to build the capacity of the government officials or to directly handle the logistics of organizing seminars and workshops.

Under the rubric of the Enhanced Program, the norms of a proceduralist government bureaucracy—inhherited by generations of mandarins from the kaghazi raj or the ‘document rule’ of British India (Moir 1993; Saumarez-Smith 1985; Hull 2012) or the earlier ‘paper government’ of the Mughal administrations (Sarkar 1935) – now intersected with a new ‘efficiency-oriented’ work culture premised on neoliberal ethics, undermining the
bureaucrats’ concern with government rules and procedures. ‘Efficiency’ was at the core of this new flexible work culture geared towards ‘delivering on targets’. For the ease of management, huge province-wide HIV prevention contracts were given to a few big NGOs under ‘output-based’, ‘lumpsum’ contracting which meant that the success of a contract was to be measured by a decrease in the infection rates among targeted groups, calculated on yearly basis by the CIDA-funded HIV and AIDS Surveillance Project (HASP). In other words, the contracts were not designed for the government to verify the extent and the quality of services provided by the contracted parties. Moreover, in keeping with the principle of confidentiality, the NGOs were under no obligation to share information on the particulars of service inputs which could compromise protecting personal details of their users. A very weak monitoring system that was built around the disbursement of money to the NGOs was dominated by a management consultancy firm, which eventually overextended its remit to establish itself as a broker, as I discuss below. Only in the case of a few small NGOs, the government bureaucrats managed to assert their authority by using traditional auditing procedures, i.e. record-keeping and on-the-ground verification.

AIDS control in Pakistan was thus reorganized on the lines of ‘entrepreneurial governance’, driven by goals and not by rules and regulations, based on market rationality and oriented towards efficiency through ‘contractualisation’. It was a workplace where performance was measured by focusing not on inputs, but on outcomes (du Gay 2000). A stated rationale for contracting out service delivery to NGOs and the private sector was the quasi-legal status of the ‘risk-groups’ and the presumed inability of the government services to work with stigmatized and marginal groups. In this sense, therefore, the ‘cultural difference’ of the so-called ‘risk-groups’ became another justification for neoliberal policies (see also Elyachar 2002). ‘Contractualisation’ redefined the organisational relations within AIDS bureaucracy whereby, as Colin Leys writes about the reorganisation of civil service in the UK under the New Labour government, seasoned mandarins were replaced by enterprising, assertive characters with a concern for ‘getting things done’, and ‘an impatience with the bureaucrats professionally concerned with to wider implications of policy’ (Leys 2006:21). The neoliberal push by the Work Bank was, therefore, no less than an attempt at ‘reorganization of the state and society needed to deliver on targets’ that David Mosse (2005: 4) talks about in relation to a ‘new managerialism in international development’.

A dispute with a big NGO

The case of Naya Sewaira (NS) stood out as the biggest challenge to the bureaucratic authority of the government officials and is illustrative of the ambiguity about the rules that governed this public-private partnership. In 2010, a dispute flared up between NS and the government of Punjab when the NGO, citing relevant clauses of the ‘output based’ contract, refused to share with the government the details of its project inputs and service users. NS was the largest NGO in the Enhanced Program with a contract to provide HIV prevention for Injecting Drug Users (IDUs) in 12 cities. Following the refusal by the NGO to share the service users’ details, the newly-appointed health secretary of the provincial government terminated NS’s contract, removed the incumbent provincial AIDS control manager, Dr Wali, and initiated a corruption inquiry by appointing a new provincial manager Dr Shareef. The line of thinking in the government was summed up by Dr Shareef, who replaced his discredited predecessor and served as the mouthpiece for the health secretary: ‘we [government] give them money to provide [HIV prevention] services. Why can’t they [NS] share with us what they have been doing in the field? We are the government, we are responsible people. What is so confidential about this data?’
With the contract terminated, NS immediately stopped HIV prevention services and started a media campaign against the government and the health secretary accusing them of pressurising the NGO to compromise the confidentiality of its service users. The secretary had to drop the demand for the personal identifiers of IDUs when he realised the grave concern with which the donor community regarded a potential breach of the principle of confidentiality. Nevertheless, he insisted that the government had a right to track the project activities to establish how much funds were spent where and how. This project, he argued, was funded by public money. The source was the Bank, but the ‘soft’ loan was payable by the government. Therefore, the government must keep track of its inputs. Whilst some junior officials in the government portrayed the secretary as a conscientious (naik, pious/god-fearing) officer, the NS boss, Kaleemullah, insisted that his NGO was victimised because of his family’s political ties with the opposition party – the party that was in power under General Musharraf when the Enhanced Program was first started. Some non-governmental colleagues in the HIV sector resented the government’s decision to terminate the NS contract. According to them, the HASP surveillance had shown that the epidemic among IDUs had ‘flattened’ in the cities where NS had been providing prevention services. One colleague was so upset about the ‘abrupt’ termination of the contract by ‘a non-HIV sector guy’ that he said ‘this Punjab government guy should be taken out and shot dead for what he has done to NS’.

Did the insistence of the government officials on records of inputs and service users mean that they could not understand or appreciate the rationale of the ‘output-based’ contracting, which had already been used widely in similar Bank-financed project worldwide? One way of looking at this dispute would be to suggest that it was the intersection between the proceduralism of the old style government bureaucracy, on one hand, and the flexibility of the new efficiency-oriented work culture of the Enhanced Program on the other, that precipitated this dispute, sustained it for some time, and led to the termination of the contract. The secretary was quick to respond to the centrality of the confidentiality principle of this new work culture when he dropped the demand for personal identifiers of IDUs. He must understand the logic of ‘output-based’ or ‘lumpsum’ contracting too, but somehow he did not accept this logic. For him, survey results like HASP, which were collected by NGO outreach workers, or the ‘certification’ by a private management consultancy firm hired under the Enhanced Program, was not how the government kept track of public money or held people accountable for its (mis)use. The ‘soft’ loan was, after all, payable by the tax-payers and the government must take responsibility for that.

On the other hand, Kaleemullah was adamant on not sharing the project data with the government. He had hoped to reverse the termination of his NGO’s contract by lobbying in the Bank, UN, and the bilateral agencies. When he was unable to raise sufficient support from the donor community, he decided to ‘take the war to another front – the media’. He had news reports run on the BBC and Al-Jazeera about the ‘inhuman acts of the Punjab government’ in ‘denying’ HIV prevention services to drug users. Doomsday scenarios were depicted for IDUs if NS’s contract was not revived. Local Urdu and English dailies printed stories about the apathy of the government towards an imminent HIV epidemic of which the drug users were portrayed as the main ‘drivers’. NS itself made a documentary film which highlighted the plight of drug users affected by the closure of its drop-in centres. This video was made available on youtube. One line of attack in this politics over the lives of drug users was NS’s assertion that the government was planning to round up and incarcerate IDUs which the NGO had successfully averted by protecting their names and addresses. The Punjab health department responded in the local media by counter allegations about the mishandling of public funds and stories of the NGO’s corruption. Many colleagues in the HIV sector
privately criticised the wealthy chief executive and the top management of NS for trying to ‘blackmail’ the government over the deaths of drug users and withdrawing even those services which it could provide outside the contract with the government.

What was the object of this dispute? What was at stake in this conflict? According to some colleagues in the HIV sector, the gains made in HIV control in Pakistan could reverse with suspension of the prevention services of the NGO. But for the secretary and his followers, it was public money and its transparent use that was at stake if the NGO was not checked for its alleged corruption. NS maintained that the lives of the IDUs and their right to confidentiality that were at stake if they complied with the government’s demand. So, was it a case of ‘the state’ trying to assert its relevance even if the finances came from the World Bank – thereby performing one of the rituals that are required of it to ‘animate and naturalise metaphors if states are to succeed in being imagined as both higher than and encompassing of society’ (Ferguson and Gupta 2002:984)? Was the NGO claiming its moral responsibility as ‘civil society’ to protect rights of those it claimed to serve, or was it trying to evade accountability by hiding behind the rhetoric of ‘human rights’ of those (IDUs) on whose very inhuman condition it thrived? These questions will become clearer in the following section. Nonetheless, this long-drawn out and bitter dispute between the AIDS officials of Pakistan’s largest province and the executives of the largest HIV prevention NGO in the country demonstrates the scale of the frictions that were created by the attempted reorganisation of the state and the society by pushing a neoliberal agenda of marketization.

The dispute between NS and the government was not simply a matter of a mismatch between old style proceduralist bureaucracy and the new flexible work culture of entrepreneurial governance promulgated under the World Bank-financed Enhanced Program. Something more complicated was going on, something that took advantage of the ambiguities created by this intersection of different styles of governance. When the political pressure, lobbying and media campaigns of the NGO against the secretary and his followers failed to reverse the contract termination, the battle had to be fought in the legal arena. The dispute went into arbitration, where the text of the contract document itself assumed greater importance. This was well anticipated by the NGO. According to Dr Shareef, NS forged and tampered the contract documents with the help of Dr Wali just before he was deposed by the secretary. In the proceedings of the arbitration itself, the NGO had a very strong legal team as Kaleemullah came from a well-known family of barristers. By comparison, some government officials in blamed their weak position in the arbitration on the World Bank for designing ‘output-based’ contracts, and therefore making it difficult for them to hold NS accountable. At the same time, some officials started to see this dispute as a ‘war of egos’ between Kaleemullah and the secretary - a war that was being fought on the turf of drug user’s lives.

**Brokerage and neo-primitive accumulation**

A very important actor in the ambiguous space of the Enhanced Program was a management consultancy firm that was hired, ostensibly to steer the ‘stakeholder’ through this confusion by building the capacity of the government officials to ‘manage contracts and carryout procurement… (and) provide the winning bidders (NGOs) with assistance in general management procedures and project implementation techniques’ (project appraisal document; p.15). The AIDS bureaucrats– those on secondment from other government departments or the newly-hired brilliance from ‘the market’ – had no experience of managing such contracts. The NGOs were also entering into this arrangement with the government for the first time. The firm that was selected for capacity building had no experience in public health, let alone HIV. Their main credential was that they had previously worked with the Bank for some
logistical procurement in Afghanistan. There was also a disconnection between hiring the firm and the rolling-out contracts to the NGOs. In the period before the government official’s capacities could be built, the firm began to play a very important role in awarding and directly managing contracts with the NGOs. According to the CEO of the firm;

In the first quarter, we felt that it was not going to work because there was a rapid turnaround (of the government employees whose capacities were to be built) and secondly, our people were doing everything for them. We literally became programme secretariat and our people were doing ten times more work than contracted for.

The firm dominated the management of NGOs contracts well beyond the first quarter. Initially, they complained about this ‘extra burden’ but as the project implementation went along, the firm found it more rewarding to manage the contracts by itself than build the capacities of the government officials. As an AIDS control official explained to me, ‘NGOs had to be certified by the management firm before any payments could be made to them’. Smaller NGOs were wary of the firm’s ‘auditing-like’ monitoring visits; for example, checking financial records and inventory registers and speaking directly to the service users to verify statistics. These visits offered no support to the NGOs but often resulted in delayed quarterly payments. In many cases, I was told, the visits created mistrust between NGOs and their service users. The firm might have been drawn involuntarily into doing things beyond the scope of its contract because, as the CEO put it, ‘everyone was learning by doing’. Once they found themselves in this role, however, they fully exploited the new flexible work culture, which cared less about following rules and procedures of the government and more about efficiency and output. When confronted with the question of deliberately overstepping their role, the CEO claimed that the contracts in the Enhanced Program were ambiguous: ‘what we called monitoring, the government called it management’.

Was it simply a matter of misunderstanding the nature of the object – ‘monitoring’ or ‘management’ – or of different ‘frames of reference’ (Mosse and Lewis 2005:8) between the firm, the government and the Bank? The firm must have spent extra money to do more than that would satisfy their contractual obligation. Why would they take on extra work? In a gesture of invoking sympathy, the CEO said; ‘we lost our shirt in it’, but ‘we valued the learning and capability injection’.

As the ‘sign first decide later’ (Anders 2010) phase of the Enhanced Program wore off, some government officials in the health departments and the AIDS bureaucracy could not condone the transgression of what they believed was their proper right and duty, to ‘certify’ NGO performance and manage their contracts. For example, one of them, who was trained in public health like most other health bureaucrats, noted that in the next phase of the Enhanced Program, ‘the monitoring and review powers should be given to the government’s AIDS officials only, because the management firms know nothing about HIV/AIDS’. Smaller NGOs also maintained their claim about the unsuitability of the firm because ‘it didn’t know even the “abc” of HIV/AIDS or risk populations’. Some donor officials also regretted ‘the lack of capacity of the firm’. In other words, they upheld the Bank’s logic but objected, in retrospect, the choice of this particular actor. The firm, on the other hand, regarded those who were against it as politically motivated. The whole project, according to the CEO, had strong political underpinnings; ‘we asked the government not to make payments to the NGOs until we certified them but they (government) didn’t listen to us and this became a bone of contention between us and them’. ‘Lack of transparency’ was thus a rumour that the firm used against the government too. Meanwhile, the firm looked forward to working in the next
phase of the Enhanced Program, but the CEO warned that the ‘government intervention is the biggest demon. Sometimes even the Bank is helpless!’

Clearly, the executives at the firm assumed more for themselves than what they were originally contracted for. When confronted by their critics, they first tried to present their extra work as public service, but finding this as an unconvincing logic, they blamed the ambiguity of their contract and ‘corruption’ in the government as the reason for them ending up doing more than what was due (i.e. directly managing the contracts of NGOs instead of building the capacity of government officials to do that). Following Latour (1996), Lewis and Mosse (2006) argue that ‘there is not just a relativity of points of view on a given object (a question of perspective); rather objects appear or disappear depending upon interpretations given them by people of different standing’ (p.8). The ‘war of interpretations’ between actors using various frames of reference will remain inconclusive in this shifting cloud of objects, events and actors. However, what was significant for the fate of the Enhanced Program is that the firm became a broker between the government and the NGOs as it tried to develop a niche for itself in brokering the chances of the NGOs for the continuation of their contracts.

Actor-oriented approaches in anthropology have studied brokers as intermediary actors at the interface of different worldviews, negotiating relationships between them (e.g. see Long and Long 1992). However, these approaches have been criticised for ‘compartmentalising identities’ and ignoring ‘various types of exchanges, strategic adaptations, or translations contained within development interventions’ (Lewis and Mosse 2006:10). Others have located brokerage in the ‘fragmented politics of the postcolonial states’, where a ‘weak state’ is deemed unable to enforce its rationality and therefore co-opts patron-client relationships to maintain its relevance (see e.g. Bierschenk, Chauveau, and de Sardan 2002). Whilst such approaches might be helpful in explaining the flourishing of intermediary actors and organisations in development – not only in the postcolony but in the translocal and transnational world of expert knowledge – Latour (1996) warns us against the a priori sociological certainty of institutional realms implied in these approaches. Following Latour, for Lewis and Mosse (2006), ‘it is the mutual enrolment and interlocking of interests that produce project realities’. They call this the work of ‘generating and translating interest, creating context by tying in supporters and sustaining interpretations’ (p.13).

One such interlocking in the Enhanced Program was described by Kaleemullah, the aforementioned chief executive of the NGO, NS;

There were three [main] players [in the Enhanced Program] – the Bank, the government, and the NGOs. That means you have the public sector, the private sector and the donor. Now you needed somebody between these three to translate what the others meant. ...The firm played a crucial role of explaining ['lumpsum' contracting] it to the government. The government asked us for audit reports, we were told not to give these reports with receipts, so somebody had to explain to us what should we submit... Same with the Bank; what is an ‘output-based’ [contract]? I mean.... how would you measure the outputs? So, I think the firm did play an important role. They were like a coordinating body, a good communication channel.

It is questionable how a firm that did not clearly understand the terms of its own contract – as they claimed when they said ‘what we called monitoring, the government called it management’ – could make sense of others’ contracts to them? Intriguingly, the firm never reported negatively on the performance of NS, which was responsible for 70% of the funds allocated for HIV prevention among drug users. According to a senior AIDS control officer,
the bosses of the firm reprimanded even their own staff if they tried to question this particular NGO’s performance. Meanwhile, the efficiency-oriented flexible work culture of the Enhanced Program and the ‘output-based’ nature of the contracts meant that the former AIDS control manager of Punjab, Dr Wali, was not obliged to cross-check NS’s on-the-ground provision of services. On his part, Kaleemullah sent Dr Wali on international trips, helped him raise his profile by featuring him in the quarterly reports of the NGO, and there was also a talk about the ‘farmhouse parties’ being thrown at Kaleemullah’s property.

The troika of the management consultancy firm, the big NGO and the discredited provincial AIDS control manager ‘assembled’ (DeLanda 2006) in response to big money pushed into the HIV sector by the Bank, and exploited the ambiguous spaces created by the flexible bureaucracy of the Enhanced Program in a manner that I consider not very different from ‘primitive accumulation’ (Elyachar 2005). By the end of my fieldwork in July 2011, though the aforementioned dispute between NS and the government was still into arbitration, the health secretary was removed from his post and nothing substantial could come out of the inquiry against Dr Wali. Instead, on the basis of the social and other capitals he had accumulated under the Enhanced Program with the help of Kaleemullah, Dr Wali got himself appointed as a senior officer in a federally run Global Fund sponsored project. The dividends for NS were no smaller. Before the Enhanced Programme began in 2003, it was being investigated by the European Commission on allegations of misusing funds, but in the next several years of partnership in the Enhanced Program its staff had grown from 50 to 500, with many regional offices, branching out and up. It had grown so big that it could ‘shaft’ the former ACP manager for his ambitions to negotiate a larger slice of the upcoming Global Fund grant for the government in relation to NS as the preferred ‘civil society’ partner. Likewise, the firm, which was selected in the Enhanced Program despite its lack of public health experience – due to its good will within the Bank – now had its fill of ‘capability injection’ and was all set and ‘waiting for the next round of funding from the Bank’.

Entreprenurial selves

The ambiguity in bureaucratic field of HIV governance which resulted from the introduction of new flexible work culture on the behest of the Work Bank was profitably exploited by the big NGO, its broker – the management firm, and a collaborator in the government for their own accumulation. What became of the Enhanced Program, and of the employees it had attracted to work at the ACP, is revealing of the precariousness of dependence on external donors, in this case the World Bank, and the insecurities generated by the push for neoliberal policies. The Enhanced Program completed its first five-yearly phase in 2009 and was extended for one more year. The Bank was committed to finance a second five-yearly phase from 2010, for which the government had already prepared the requisite project proposal (the PC1 in Pakistani bureaucratic parlance). Small NGOs, who had completed their contracts in 2009, continued to provide HIV prevention to their target groups in the hope of retrospective funding and improving their chances of selection in the second phase – keeping their ‘Frankenstein monsters’ alive (Kapilashrami 2010:225). In July 2010 rumours emerged that the Bank was not going to finance HIV prevention in Pakistan anymore. It was neither confirmed nor denied by the Bank. In August that year Pakistan was hit by the greatest deluge of floods in its history; the government issued a general appeal to development partners to prioritise flood relief; and the Bank now had an official reason to explain its withdrawal from the HIV sector – a perfect escape hatch into a ‘humanitarian triage’. No one in the HIV sector believed that the floods were the real reason for the Bank’s withdrawal. Rumours became ‘effective vehicles to challenge official accounts’ (Gupta 1995:388).
According to a popular one, the Bank was not interested in HIV in the first place, and that it had financed the first phase of the Enhanced Program only to ‘improve their own balance sheet’ by pushing a ‘soft’ loan to General Musharaf’s military regime in 2003, which was favourably poised towards neoliberal ideals, in desperate need of international recognition and partnership, and keen to project a positive, soft and progressive image abroad by investing big money in HIV prevention among marginalised populations back at home. Some suggested that the recent approval of the Global Fund grant for HIV meant that the Bank would be pushed to the back seat in the overall HIV response, and hence, they decided to pull out altogether.

These were desperate times for the employees at the ACP, where I worked as an internee. They had pinned their hopes on the continuation of the Enhanced Program over the next five years but now these hopes were stalled because the Bank would not finance HIV prevention. Things started to fall apart for this organisation. Most of the ‘market-based’ staff were either laid off due to lack of funds or left voluntarily for aid agencies and international NGOs, which valued them for their insider knowledge of a government bureaucracy. It was not unusual those days for the remaining employees to spread false rumours about good job offers for themselves in order to better their bargain by falsely inflating their own ‘market-value’ or simply to show off their loyalty to the ACP by ostensibly declining good offers. This ‘calculatingly charismatic’ (du Gay 1994) conduct stands in contrast to the figure of a personally detached bureaucrat in traditional government departments. In the backdrop of a Weberian description of bureaucratic conduct as something governed by completely different ethos than those governing the ethical life of entrepreneurs or politicians, and the insistence on certain irreducibility of these spheres as necessary for their conduct (1968:1404), I suggest that at the ACP, the conduct of government officials was an entanglement of bureaucratic, entrepreneurial, and political ethos. The entrepreneurial aspects of their selves were foregrounded in the new bureaucratic culture of the Enhanced Program and their entrepreneurial abilities were put to test when the HIV prevention market was finally rolled up, with its main financier, the Work Bank, withdrawing its funding commitment.

Conclusion

The neoliberal logic of entrepreneurial governance through contractualization does not demonstrably generate greater efficiency – it dispossesses. The Enhanced Program ultimately doubly dispossessed the subjects of its intended beneficiaries, the ‘risk groups’. First, when the state’s inability to work with quasi-legal groups was put forward as the rationale for the private sector’s takeover, the governance of HIV moved from the public to the private sector and was ‘de-statized’ (Rose 1996:56). The social and regulatory operations of the state were contracted out to NGOs, weakening the state institutions and depriving them of any opportunity to evolve. This also undermined any claims on the state that the members of the so-called ‘quasi-legal groups’ might pursue. Secondly, the flexible bureaucracy and the entrepreneurial governance of the Enhanced Program, which shelved rules and regulations in the name of market-driven ‘efficiency’ – an emphasis on ‘outputs’ in place of a scrutiny of inputs – gave occasion to the borrowed money ending up in the pockets of a few powerful individuals. This, I suggest, constitutes accumulation by dispossessing the future generations. After all, the money borrowed in the name of public has to be returned by the taxpayers – they were dispossessed even before they had it.

The dispossession of many for the accumulation by some in the ambiguous space created by the reorganisation of AIDS bureaucracy appears to be precisely the reason for the World Bank-pushed models of development gaining such currency in countries like Pakistan. David
Graeber (2010) hits the nail on the head when he argues, following Harvey (2005), that ‘the greatest beneficiaries of neoliberal policies have been the staff of the emerging administrative apparatus itself’ (p.88). Therefore, ‘efficiency’ – the ethic at the heart of such policies – is to the postcolony what ‘trade’ was to colonies; a smokescreen for foreign intervention to the benefit of transnational and translocal elite. In the case of the Enhanced Program, I have described clouds of blame-shifting and denouncements of the various partners which settle on two further issues. First is that the management consultancy firm was appointed due to its previous links in the Bank despite lack of expertise in the HIV sector, and proceeded to overstep its role and take over the management of contracts and certification of NGOs, emerging as a broker between the government and NGOs, most of whom remained at loggerheads with it over this issue. Second is that a power triangle emerged between the biggest NGO in the project, the management firm and a senior AIDS official as an ‘assemblage’ (DeLanda 2006) for ‘accumulation by dispossession’ (Harvey 2005).

The shift away from the public sector did not mean less government, as it might appear with the promotion of NGO/private sector for service delivery and the flight of (human) capital from the government’s AIDS control departments, but a ‘bureaucratization of the world’ (Graeber 2010). A new mode of governance was taking shape, turning employees into subjects of an ‘entrepreneurial self’ (Kelly 2006). The myth of ‘efficiency’ enacted in the rituals of ‘flexible governance’ turned institutions like the ACP into hatcheries of private interest, where employees became proprietors of their positions. They were now trained in principles of efficient business as the Enhanced Program turned the HIV response into a market.

References


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