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**Up-scaling expectations among Pakistan's HIV bureaucrats: entrepreneurs
of the self and job precariousness post-scale-up**

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Up-scaling expectations among Pakistan's HIV bureaucrats: entrepreneurs of the self and job precariousness post-scale-up

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Abstract

Existing research has documented how the expansion of HIV programming has produced new subjectivities among the recipients of interventions. However, this paper contends that changes in politics, power and subjectivities may also be seen among the HIV bureaucracy in the decade of scale-up. One year's ethnographic fieldwork was conducted among AIDS control officials in Pakistan at a moment of rolling back a World Bank-financed Enhanced Programme. In 2003 the World Bank convinced the Musharraf regime to scale-up the HIV response, offering a multi-million dollar soft loan package. I explore how the Enhanced Programme initiated government employees into a new transient work culture and turned the AIDS control programmes into a hybrid bureaucracy. However, the donor money did not last long and individuals' entrepreneurial abilities were tested in a time of crisis engendered by dependence on aid, leaving them precariously exposed to job insecurity, and undermining the continuity of AIDS prevention and treatment in the country. I do not offer a story of global 'best practices' thwarted by local 'lack of capacity', but an ethnographic critique of the transnational HIV apparatus and its neoliberal underpinning. I suggest that this Pakistan-derived analysis is more widely relevant in the post-scale-up decade.

Key words: Pakistan, HIV scale-up, bureaucrats, enterprising selves, job precariousness.

Introduction

Existing research has documented how the expansion of HIV programming has produced new subjectivities, bringing into being the subjects of its policies through the provision of interventions for them. In Africa and Brazil, lives lived with HIV are being transformed into the political category of People Living with HIV/AIDS (Biehl, 2007; Nguyen, 2010; Robins, 2004). In Nepal, myriad practices of sexual exchange are being isolated from their moral economies and brought out as ‘hidden commercial sex work’ (Pigg, 2002). In India, *meyeli chhele* (girlish boys) are being interpellated as ‘men who have sex with men’ (Khanna, 2009). This paper contends that it is not only among the subjects of HIV programming, but also among the HIV bureaucracy that changes in politics, power and subjectivities may be seen. Anthropological literature of a ‘new ethnography of aid’ has emphasized the role of intermediary actors – bureaucrats, clinicians, technicians, NGO staff and health workers – as ‘brokers and translators’ in the social life of projects, who translate global policy into their own ambitions, interests and values (Harper, 2011; Mosse, 2005; Mosse & Lewis, 2006; Pigg, 2002). This paper contributes to this literature by tracing the impact of the changes in global policy regimes, such as HIV scale-up and scale-down, on individual bureaucrats at a subjective level. It is not only the ‘brokers and translators’ who refigure the global policy objectives to suit their interests and values, but changes in the global policy regimes also affect transformations in the subjectivities of these intermediary actors. The recent decade of HIV scale-up has been characterized by increasingly technocratic, top-down initiatives, which have generated thousands of jobs in the emerging administrative apparatus (Pisani, 2008; Rowden, 2009). In Pakistan, traditional government offices have been transformed into flexible bureaucracies (Qureshi, 2014), and the denizens of those offices have been turned into the enterprising but anxious subjects of neoliberalism.

Pakistan is believed to have more than 130,000 thousand HIV positive people, although less than 6000 are registered with the treatment facilities (NACP, 2012; UNAIDS, 2013). A vast majority remain undiagnosed due to extreme stigma in health services and the wider society. Whilst this represents less than one per cent of the population, Pakistan has been classified by UN agencies as at 'high risk' of a generalized epidemic (NACP, 2010). This is because the country has among the highest numbers of injecting drug users in the world (UNODC, 2013) and recent surveys among the 'high risk groups' indicate prevalence rates of up to 50% among injecting drug users in some cities, with an overall prevalence rates of 37.8% for IDUs, 7.2% for *hijra* (transgender) sex workers, 3.1% for male sex workers, and 0.8% for female sex workers (HASP, 2011). Although Pakistan's HIV and AIDS Surveillance Project (HASP) has not collected prevalence data for labour migrants to date, the National AIDS Control Programme (NACP) is in the process of drawing up guidelines for doing so, following feedback from HIV treatment centres that the majority of HIV positive people registered are returnee labour migrants from the Persian Gulf as well as the wives and children of migrants (Qureshi, 2013b).

Throughout 1990s, the donor funding for HIV, despite lobbying from civil society, was sporadic and loosely monitored, constituting only 20% of the total HIV-related outlay (Zaidi, 2008). However, in 2003, the World Bank sponsored a public-private partnership called the Enhanced HIV and AIDS Control Programme, by convincing the Finance Minister to invest in 'scaling-up' the HIV response as it was, in their opinion, a development problem rather than a health problem alone. The Finance Minister, who was a former city banker from Washington and had recently arrived in the country to serve in the technocratic-military regime of General Musharraf, took a favourable view of the Bank's development policies (Zaidi, 2008). The Ministry of Health (MoH) was side-lined in the negotiations with the Bank as the Ministry of Finance (MoF) dominated proceedings. The Bank-infused federal

government replaced the NACP manager, a senior health bureaucrat, with a junior staff who had proven herself to be receptive to Bank's guidance and expertise. Under the terms of this World Bank soft loan, the role of the government was effectively reduced to that of a purchaser of services and the manager of the contracts. Elsewhere I have argued that the 'new managerialism of international development' (Mosse, 2005) turned Pakistan's AIDS control into a 'hybrid bureaucracy' (Qureshi, 2013a).

The new scaled-up version of the national and provincial AIDS control programmes offered big market-based salaries and incentives, which attracted government servants from other departments as well as a range of contractual employees from the 'market' – highly paid western-educated experts and market-based consultants – who brought with them their particular styles of management and work cultures. For instance, by July 2010, the NACP categorized its total 68 employees as follows: 38 'Basic Pay Scale Employees', seconded from various government departments; 10 'Market Based Employees', working on short-term renewable contracts; and the 20 'Donor Supported Employees', whose salaries came directly from UNFPA, UNICEF, and FHI. Technical assistance from a fleet of freelance consultants – 'bands of hunters and gathers' as Jock Stirrat (2000) has called them – was another common feature of the day-to-day life and work at the AIDS control programmes.

There is a literature on Pakistan's response to HIV, which has evaluated it in terms of its success or failure in implementing donor-funded projects, and has criticised the Pakistani state as unable to properly implement global 'best practices', and therefore, as in need of 'capacity building' (e.g. see Hawkes, Zaheer, Tawil, O'Dwyer, & Buse, 2012; Hussain, Kadir, & Fatmi, 2007; Karim & Zaidi, 1999; Mayhew et al., 2009; Zaidi, 2008; Zaidi, Mayhew, & Palmer, 2011). However, this paper takes a different approach. Rather than concluding that global policy regimes are hamstrung by the lack of capacity of the Pakistani

state, or by related problems of corruption, inefficiency, red-tapism and lack of political will, I explore the moral embeddedness of the HIV bureaucracy - following classic studies in the anthropology of bureaucracy, which have critiqued the idea of the Weberian rational bureaucracy (see Crozier, 1964; Sennett, 2006; Shore & Wright, 1997). I suggest that the life of the government departments in which I worked can be illuminated by anthropological work on neoliberal work cultures, drawing from Paul du Gay (1994) on the 'enterprise model' of government, Nadesan and Trethewey (2000) and Peter Kelly (2006) on the 'entrepreneurial self', and Michael Feher (2009) on the 'governance of human capital'. These authors provide the grounds for a conceptualization of the changing subjectivities of bureaucrats in the decade of HIV scale-up, drawing from psychoanalytic theory.

This paper draws on my ethnographic fieldwork carried out from June 2010 to September 2011 for doctoral research on the politics of Pakistan's response towards HIV – a multi-sited organizational ethnography (Hastings, 2013). The fieldwork coincided with a recession in international donor funding for HIV in Pakistan, especially the roll-back of the World Bank-financed Enhanced Programme. I travelled to different cities to interview national and provincial health bureaucracy and AIDS control officials, representatives of donor agencies and NGO/CBO bosses and workers, members of civil society and representatives of people living with AIDS. I took part in World AIDS Days related activities, training workshops for fieldworkers; the launching ceremonies of research reports and guidelines for practitioners; and dissemination seminars of bio-behavioural survey results. I carried out participant observation at a large number of high level internal meetings between government's AIDS control officials and the representatives of their partner organisations. As a research internee at the AIDS Control Programme (ACP), I was assigned a line manager, given a desk of my own and obliged to work with a team of colleagues on specific projects. I spent 15 months sharing and observing their everyday work and life in this organisation. In the following, I

present an extended case study of a single employee with regards to his dealings with other colleagues and his anxieties concerning his future in the post-scale-up phase in the HIV sector. In doing so, I deploy participant observation “to locate everyday life in its extralocal and historical context” (Burawoy, 1998, p. 4), to illuminate some of the entrepreneurial relations that were being engendered at the ACP under the World Bank-financed Enhanced Programme and what they entailed for employees who had molded themselves into enterprising selves. The point is not to demonstrate problems in the practices of individuals, but to explore the work culture that pervaded the institution.

‘Entrepreneurial Self’

Peter was the de facto manager of the ACP, known to his colleagues and partners in the HIV sector as the ‘main guy’ there. Whilst the incumbent ACP managers were political appointees, he was the technical expert who took lead in meetings, negotiated the finer details of programmatic interventions, prepared multimedia presentations and wrote speeches for them. With a Masters degree from a prestigious British University and a good knowledge of HIV epidemiology, excellent communication skills and command over technical matters, he had built extensive networks in the HIV sector. Superficially, he complained that his colleagues in the ACP depended too much on him. “Why do you run to me for everything? Is there no one else in this office? How many things can I look into?”, he would reprimand his juniors. Yet, nothing went unnoticed by him. Sometimes, he seemed to enjoy being looked up to from all directions. He boasted that he could give presentations on the spur of the moment, could tell the contents of a document just by a cursory look at the first few lines, and that only he was capable of intellectual discussions with external experts. In short, he was sought after by everyone and he could fit all caps. He boasted that he had “at least two to three job offers at any time”, but he did not leave the ACP because “the government relies too much on

me” – so much so that “the health secretary has personally requested me not to leave”. This he confided to almost every visitor to his office cabin, which was adjacent to mine.

When a junior colleague, Rabia, who worked in a donor-supported position under his supervision shared that she considered quitting the ACP due to non-payment of her salaries over past few months, Peter made it clear to her that she was replaceable from the ‘market’. “We will find someone else to fill your place”, he told her firmly while also assuring her that he would look into the bureaucratic hitches that were apparently responsible for the delays in the payment of her salary. A few days later, when she stopped coming to the office, he tried to trivialise her concerns and ridiculed her decision in front of other colleagues. “If the delay in her salary was such a big issue that she could not trust the ACP”, he said dismissively, “I offered her a bank cheque from my own account which she could have kept as a guarantee and returned when her salary was released, but she didn’t accept it”. He was particularly annoyed because she left despite his persuasion along the following lines;

No matter how good a package NGOs might offer you, no NGO compares the platform you have here. You are very lucky to be here at the time when the Global Fund project is about to start. Imagine yourself in two years – you will be like us! If you decide to leave, we will find someone. But I’m telling you this because we are colleagues and we get along well: This is NOT a good time to leave here. Take my example, when our ship was sinking (i.e. when the ACP was in jeopardy because of low levels of external funding) everyone left, but I stayed on.

The role of managers in the ‘enterprise model’ of organizational life, according to Paul Du Gay (1994), is to foster enterprise among their subordinates, “leading them to the promised land of self-realization by encouraging them to make a project of themselves, to work on their relations with employment and on other areas of their lives in order to develop a style of

life and relation to self that will maximize the worth of their existence to themselves” (p. 644). Whilst both managers and workers are amenable to ‘entrepreneurial reconstitution’, the former are charged with “reconstituting the conduct and self-image of employees; with encouraging them to acquire capacities and dispositions that will enable them to become enterprising persons” (*ibid*). I could see Peter trying to do this, on one hand, by showing Rabia the entrepreneurial possibilities that she could explore if she stuck to her current job – “imagine yourself in two years time...” - and on the other, by making it very clear that she could easily be replaced if she kept insisting that the backlog in her salary be dealt with or threatened to quit the job. He gave her his own example, emphasizing that his relation with her as her manager was intimate rather than distant and formal – “I am telling you this because we get along well...”. This calculatingly charismatic management is in contrast to the remote or officious manager of a traditional bureaucracy, and it reflects the new culture that emerged at the ACP under the Enhanced Programme, with its neoliberal underpinnings. Entrepreneurship came to dominate, but not outright replace, the bureaucratic proceduralism of the postcolonial ‘paper government’ in this department (cf. Hull, 2012).

Rabia had developed different ideas about her role at the ACP. She confided in me that she could not ‘bear the idleness’ in the ‘government sector’. She said she had ‘learnt nothing’ in this job because she was given only secretarial work, and that it was time for her now to “come out of the coordination roles and make some upward progress to programme management roles”. Apparently she already had a job offer from an international NGO, which would give a good pay package and a programme management role. Whilst Peter was a good example of a manager in the emerging ‘enterprise model’ of organizational life at the ACP, Rabia personified the ‘entrepreneurial Self’ that Peter Kelly (2006) has identified as the emerging ‘Subject’ of neoliberalism – “a *free, prudent, active* Subject [with] *rational, autonomous, responsible* behaviour and disposition” – as the medium through which

neoliberalism has emerged to govern the state, economy and civil society (p.18: *original emphasis*). The HIV sector of the scale-up decade, and the NGOs more broadly, were no exception to this transformation of government employees into prudent subjects, becoming the conduits for the proliferation this encompassing mode of governance.

Human capital and self-appreciation

Michel Feher (2009) has drawn a parallel between corporate governance in the neoliberal world of globalised unregulated financial markets, and the governance of human capital. According to him, “insofar as our condition is that of human capital in a neoliberal environment, our main purpose is not so much to profit from our accumulated potential as to constantly value or appreciate ourselves – or at least prevent our own depreciation” (p.27). The way in which employees at the ACP treated themselves as human capital were shown to me a few days into my internship at the ACP when I met Maya in Peter’s office. She introduced herself as a physician, who ran her own clinic, taught in a medical school and did research consultancies on infectious diseases. This diversity of occupations was deliberate; according to her, “my bills are paid by clinical practice, through teaching I want to remain in touch with academia, and the research consultancies on infectious disease complement my PhD plans”. A few days later, I heard Peter upset with her for ignoring his advice on how much to quote as her consultancy fee; “you should have quoted at least 400 if not 500 dollars. Send them an email now and tell them that you were in a different frame of mind when you quoted \$250, and that you want to revise it to \$400”. This way, he continued, ‘they’ might agree to at least \$350 per day. Maya must have panicked, and asked if he had seen the Terms of Reference (TORs) for the consultancy. Peter, who had now calmed down, burst into laughter and said that it was actually him who had written those TORs.

The ACP often hired external consultants for technical and logistical support. The selection procedures varied depending on the donors, but in most cases Maya was selected without any competition because the new flexible work culture of the Enhanced Programme allowed for shelving the old bureaucratic procedures in the name of 'efficiency'. Organising seminars, meetings, training, and workshops was sourced out almost exclusively to her. She carried out this work most of the time from Peter's office – he would often vacate his seat for her. He would make phone calls on her behalf to organize these events. Because of his position at the ACP, he knew people whom she either did not know or had no access to. He used his influence to get things done for her even though she was paid hefty sums for doing just those things. He also involved his subordinates, like Rabia, to 'facilitate' the consultant, which often meant that they ended up doing the work for which she was paid.

Maya cultivated an air of importance about herself. She had eloquent speech, mixing English, Urdu and a rather masculine form of Punjabi – 'code switching' (Gumpertz, 1982) – which enabled her to command any conversation. She also appeared, wearing a doctors' white gown, in commercial adverts on television, advising mothers to use a brand of antiseptic soap to keep their children safe from germs. She was a sort of celebrity among the mix of rather modest old-fashioned government bureaucrats and young NGO-style, market-based employees at the ACP. Compared with her personal charms and a diversity of occupations, it was Peter's position at the ACP that he employed to enhance and maintain his influence in the HIV sector. Together they secured consultancies in her name and together they completed them. Playing to their respective strengths, this duo could put up performances that were not possible for either of them alone. At times when she was frustrated with the amount of work or complained about lack of cooperation from other corners, he calmed her down by promising to get things done all by himself, or by changing the topic to buying a new car, shopping and holidaying.

He set lenient TORs in her contracts, making sure that there were no problems in the release of payments, often spreading the total amount over fewer installments and substantial portion paid in advance. He used his influence in donor agencies to expedite payments. “Our payment will be transferred into your account very soon”, he told her on phone on one occasion, and explained that out of the three installments, two would be transferred within a week and the remaining one some time later. She asked if he preferred his share to be transferred into his account right away or he would like to wait until the full amount was first received in her account. The reply was; “*Daal daina jab dil kare, abhi daal do ya baad mien daal daiana*” i.e. ‘send it [in my account] whenever you like, now or later’.

To sustain and to improve the chances of Maya’s position as the ACP’s favourite consultant, it was very important to raise ‘stocks’ in the ‘human capital’ that she was. Feher (2009) defines human capital as; “a set of skills and capabilities that is modified by all that affects me and all that I affect...It refers to all that is produced by the skill set that defines me” (p.26). There is an uncomfortable parallel between exchange relations of an individual as ‘human capital’ and the extended order of capitalist markets – of all sorts, where the performance of exchange relations is characterised by the “possibility and promise of greed, deception, monopoly, winners and losers, inequalities” (Kelly, 2006, p. 29). The kind of trust displayed in the above transaction between Maya and Peter was very important in their entrepreneurial relationship. He was set to benefit from ‘investing’ in her. He made sure that she attended most of the HIV stakeholders meetings at the ACP even though she hardly ever contributed in formal discussions. She was not only ‘on the scene’ but he actively introduced her to important people among donors, NGOs and government policy circles, promoting her as the best consultant in Pakistan on infectious diseases, especially HIV. At the same time, he did not let his ‘investment’ in her go unaccounted by her, and he reminded her repeatedly that it was because of him that they secured consultancies in her name. For example, he told her

on one occasion in his office cabin that he had deliberately asked an international consultant, who she had worked with on a joint project, to give feedback on her performance in the presence of a senior UN official; “so that he (the official) knows how well you perform [do your work]”. For Peter, investing in Maya, in this way, was a kind of ‘self-appreciation’ (Feher, 2009) through investment in another.

An anxious subject

Peter appeared to justify the idealised entrepreneurial identity, where, as Nikolas Rose (1996) observes, “modes of life that appear philosophically opposed – business success and personal growth, image management and authenticity – can be brought into alignment and achieve translatability through the ethics of the autonomous, choosing, psychological self” (p.157). In Peter, making money for himself – as hinted at above in the unscrupulous joint-ventures with Maya – and letting others take their ‘share’ from the Enhanced Programme had attained translatability with the notion of serving the country, as long as the funds continued to flow uninterrupted by infighting or allegations of corruption against each other. As he commented to me; “ultimately the money comes to Pakistan and the country benefits – at the end of the day some good does happen” – even though, I thought, some people make a fortune out of, what Li (2010) calls, the ‘stealthy violence’ of filling ones pockets with aid money for the poor, which consigns large numbers to lead ‘short and limited lives’ by dispossessing them (p.67). However, the promise of this ‘entrepreneurial self’ “remain(s) empty because of the unsurpassable gap between the hegemonic symbolic identities and everyday social performances” (Nadesan & Trethewey, 2000, p. 245), as I describe below.

The Enhanced Programme completed its five years in 2009. It was extended for one more year, while the plan for the second phase was being finalized by the government. The World Bank committed to finance this second phase as well, as quoted on their website: “the Bank is

committed to supporting the government programme over the next phase focusing particularly on increasing service coverage of most at risk groups in all major urban centres, improving access and quality of treatment and care, and strengthening monitoring and evaluation” (p.5 Pakistan HIV July 2010 – WB website – downloaded on 25.11.2010). However, by July 2010 a rumour emerged that the Bank was going to stop financing HIV prevention in Pakistan. This was neither confirmed nor denied by the Bank. In August 2010, the government issued a general appeal to all donors to prioritise relief and rehabilitation of the victims of country’s worst floods ever. This gave the Bank an ‘escape hatch’ into a ‘humanitarian triage’. However, no one believed that the floods were the real reason for its withdrawal from the HIV sector. According to a popular rumour, the Bank was not interested in HIV in the first place, and that it had financed the first phase of the Enhanced Programme only to ‘improve their own balance sheets’ by pushing a ‘soft’ loan to General Musharaf’s regime, 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 in HIV prevention among marginalised populations at home.

The federal government tried to persuade the Bank to continue financing HIV prevention. But by the end of 2010, it was widely understood that the Bank was not going to extend any further loan for the Enhanced Programme. The government itself had no money for HIV because of other competing agendas; and, marking the end of the HIV scale-up decade, bilateral donors of Pakistan were reluctant to continue investing in this sector. Due to the association of HIV with immoral and dirty ‘risk groups’, the government had never treated it as a priority for spending from its own pool of resources, though it welcomed foreign aid and loans in this regard. The imminent devolution of the Ministry of Health to the provinces, as a result of a constitutional amendment in April 2010, further compounded the situation. Those vertical health programmes that could not bring in enough funds from external donors faced a

possible shut-down or at least a merger with other programmes. Therefore, the ACP would not only be scaled-down as a result of the Bank's withdrawal from the HIV sector – pointing to the precariousness of the scale-up decade – but it also faced a possible shutdown.

What would become of the employees like Peter who had pinned all their hopes on the second phase of the Enhanced Programme in this government department, which was practically run on donor money? Amidst these rumours, emotions ran high among the employees (Qureshi, forthcoming) and heated debates ensued in the small cabins among colleagues at the ACP. On one such occasion, the discussions between Peter and Maya drifted to a comparison between running HIV prevention NGOs, and providing technical consultancy services in HIV sector; i.e. which of the two was a more profitable business, running an NGO or working as a consultant? Whilst Maya did most of the listening, Peter furiously criticized NGOs for pocketing money in their service delivery projects whereas the technical people, like himself and Maya, could do nothing but helplessly watch others make a fortune out of the donor money. “We know what they deliver and what happens in their detoxification and rehabilitation centres”, said Peter, referring to the alleged misappropriation of funds and exploitation of clients by a big NGO for IDUs, which was a hot topic among the government employees at that time (Qureshi, 2014). He went on to whisper that in the Enhanced Programme, the NGO had adopted a ‘mobile drop-in centre model’ instead of setting up needle and syringe exchange centres in cheap rentable buildings in the target localities, which was the existing model. This was done deliberately to justify purchasing 12 expensive vehicles as mobile drop-in centres, from the project money, which then became the exclusive property of the NGO. He also commented contemptuously that “all one needs to run HIV prevention projects among MSM is to mobilize half a dozen *hijrae* (transgendered people), set up a drop-in centre and distribute some condoms... Millions of rupees can be made from these projects”. The ‘truckers’ project’ was a good example for that. He shared

emphatically with Maya, “none of the 12 drop-in centres that the NGO (contracted under the Enhanced Programme) set up at truck stops was bigger than the size of my office cabin and all they did was to keep some condoms and few STI medicines. That’s all... The project was worth more than six *crore* rupees!”. He concluded to Maya in a manner of self-criticism; “people like us, you know, who are on the technical side, are happy with our salaries only. We never think about other ways of earning money”. Perhaps what they earned was far less than a successful NGO boss.

Driven by dissatisfaction, Peter appeared to fit the description of the ‘Lacanian subject’, always plagued by the anxiety that his *jouissance* was never enough; a subject that is always driven by a sense that there is something *more*, not fully known but it is there and we want it (Fink, 1997). As the rumour about the withdrawal of the World Bank from the HIV sector and the repercussions for the ACPs intensified, Peter contemplated, for the first time, quitting his job and setting up a private consultancy firm, inviting me to join him. He thought he had built good connections in the donor community to find work for this proposed firm. There was no dearth of examples of those in the public health sector who had trodden the same path before him. But after a careful appraisal of his own situation – his ‘human capital’ – he gave up the plan. He could not yet trust the extent of his networks. The gap between what he aspired to and what he could do in his everyday social performances was becoming unsurpassable. The whole business of setting up a consultancy firm proved to be a ‘fantasy’ that he held onto in the face of his imminent failure as a bureaucratic subject in a rapidly ‘scaling-down’ HIV sector. Fantasy, in the Lacanian sense, is not an object of desire or a desire of objects but it is the ‘setting of desire’ (Homer, 2005, pp. 88-90), a ‘space’ that “functions as an empty surface, a kind of screen for the projection of desire” (Žižek, 1992, p. 8).

He could not hold onto this fantasy for much longer, as it did not end his anxieties. He had worked very hard to build a career for himself at the ACP. Perhaps he never felt confident enough to leave this place, even when he had offers from elsewhere which he boasted as proof of his ability. But now the prospects of continuity were scuppered by the scale-down in funding. What options did he have? Did he regret sticking to one place for so long, instead of diversifying his occupations like Maya, or moving out to work in NGOs, like Rabia? Like many other colleagues, he started hunting for jobs, keeping these hunts secret, but he was not happy with the selection criteria and process of recruitments in NGOs and donor agencies. For instance, he applied for vacancies at a bilateral donor organisation and a UN agency after putting a lot of time and effort on the applications. Before the final interview, all candidates were made to do colossal amounts of paperwork, were required to give multimedia presentations, group tasks and aptitude tests. In his opinion, this was all unnecessary; there were simpler, better and more accurate ways of assessing a candidate's suitability for a job. He said "if you have worked for me, say for six months, I can tell how (suitable) you are (for a given job). This is how it has been done generally and how it ought to be". He had some friends in senior positions in both the places that he had applied to. However, they were helpful only to the extent of sharing some insider knowledge of what to expect in the interviews – a favour that they would have discreetly extended to other candidates as well. Peter was shortlisted for both vacancies but was not selected for either of them.

When the Enhanced Programme was in full swing and the HIV sector was awash with money, according to Peter, a number of his junior people could get 'better, stable and well paid jobs' in the UN agencies and international NGOs only because he had recommended them for those jobs. But he had not realised what was in store for himself. The ACP was now an organisation which had 'neither money nor future', in Peter's own words, and finding a job elsewhere in the time of recession in donor funding was proving too difficult.

Disappointed with the outcome, he requested Maya to speak to someone in a very high position, whom they both avoided to name in my presence; “please tell *him* to do something to accommodate me. Tell him, Peter is a person who has worked in the government and has good experience to cover that side too”. For Maya, it was time to payback for the ‘investment’ that Peter had made in her over several years of the Enhanced Programme. It was perhaps an opportune moment for her to reverse the flow of investment in their mutual entrepreneurial relationship.

Conclusions

In the World Bank-financed Enhanced Programme, formal rules, regulations and procedures were engulfed, if not replaced, by “informal networks and emphasis on individual creativity and deal-making” (du Gay, 1994, p. 671). The ‘subjectivation’ of the ACP in this way gave rise to forms of patronage and struggle for personal power, which have been viewed as characteristic of entrepreneurial conduct. Like in Egypt, where the objective of “planting seeds for future and growing economic enterprise” through microfinance was inverted when a “successful businessperson remodelled himself as a micro-entrepreneur to gain access to funds” (Elyachar, 2002, p. 505), in Pakistan too, the stated objective of institutional strengthening under the Enhanced Programme was turned on its head by moulding public servants into ‘entrepreneurs of the self’. Although I have presented the argument of this paper through an extended case study of a single employee at the ACP, the entrepreneurial relations and job-related insecurities and anxieties that I have outlined here were widespread in the HIV sector in Pakistan, as I observed while working with federal and provincial HIV bureaucrats and the HIV staff of NGOs and donor agencies (Qureshi, 2013a). Private accumulation by public servants’ ‘moonlighting’ in the private sector to supplement their salaries has been observed in other sections of the bureaucracy, too (Anders, 2005; Pfeiffer &

Chapman, 2010, pp. 154-156). However, this paper has highlighted the moral embeddedness of these practices in the flexible work cultures of the external aid and neoliberal modalities working on public servants at a subjective level.

The landscape of power that emerged as a result of conditioning the ‘scaling-up’ of the HIV response with neoliberal policies of contractualisation and partnership with private sector afforded new opportunities to forge creative alliances and occupy new spaces. The officials at the ACP turned their offices into personal enterprises, as I have shown through the extended case study of Peter. Nevertheless, the uncertainty following the withdrawal of Bank’s funding left their jobs precarious – pointing to the vulnerability of the HIV sector to ‘scaling-down’ as well as ‘scaling-up’, due to the reliance on donor funding. A number of market-based contractual employees were laid off whereas others left the organisation to work in NGOs and donor agencies where they were valued for their insider knowledge of the government departments. The ones left behind engaged in unhealthy competition with each other, keeping their job hunts secret and spreading false rumours about each other.

This paper has taken a different path from other evaluations of the HIV response in Pakistan. Rather than pointing to the inadequacies of the government bureaucracy and its need for ‘capacity building’, I have offered an ethnographic critique of the work cultures pervading the transnational HIV apparatus. The dependence on external aid enticed government employees into a politics of up-scaled expectations, but also left them precariously exposed to job insecurity, and undermined the continuity of HIV prevention and treatment services in the country. I suggest that this Pakistan-derived analysis is more widely relevant for the post scale-up decade. Globally, the HIV epidemic has now entered a post-scale-up era. However, this has not translated into scaled-down expectations at the receiving end, or indeed, a

decrease in the need for interventions in many places. This paper has argued for investigating this mismatch between declining scale of global HIV response and the up-scaled expectations of bureaucrats in the sector for a better understanding of the challenges ahead.

References

- Anders, G. (2005). Civil servants in Malawi: Moonlighting, Kinship and Corruption in the Shadow of Good Governance. *PhD Manuscript, Law Faculty, Erasmus University*, 15.
- Biehl, J. (2007). *Will to Live: AIDS Therapies and the Politics of Survival*. Princeton: Princeton University Press.
- Burawoy, M. (1998). The Extended Case Method. *Sociological Theory*, 16(1), 4-33.
- Crozier, M. (1964). *The Bureaucratic Phenomenon*. Chicago: University of Chicago Press.
- du Gay, P. (1994). Making up Managers: Bureaucracy, Enterprise and the Liberal Art of Separation. *The British Journal of Sociology*, 45(4), 655-674.
- Elyachar, J. (2002). Empowerment money: The World Bank, non-governmental organizations, and the value of culture in Egypt. *Public Culture*, 14(3), 493-513.
- Feher, M. (2009). Self-Appreciation; or, The Aspirations of Human Capital. *Public Culture*, 21(1), 21-41. doi: 10.1215/08992363-2008-019
- Fink, B. (1997). *The Lacanian Subject: Between Language and Jouissance*. Princeton: Princeton University Press.
- Gumpertz, J. (1982). *Discourse Strategies*. Cambridge: Cambridge University Press.
- Harper, I. (2011). World Health and Nepal: Producing Internationals, Health Citizenship and the Compolitan. In D. Mosse (Ed.), *Adventures in Aidland: The Anthropology of Professionals in Internatioanl Development* (pp. 123-138). Oxford: Berghahn Books.
- HASP. (2011). HIV Second Generation Surveillance in Pakistan, National Report Round IV. Islamabad: HIV and AIDS Surveillance Project, National AIDS Control Programme.
- Hastings, J. G. (2013). 50,000 Frequent Flier Miles: Thoughts on a Multi-Sited Organizational Ethnography. *Practicing Anthropology*, 35(2), 33-37.
- Hawkes, S., Zaheer, H. A., Tawil, O., O'Dwyer, M., & Buse, K. (2012). Managing research evidence to inform action: Influencing HIV policy to protect marginalised populations in Pakistan. *Global Public Health*, 7(5), 482-494. doi: 10.1080/17441692.2012.663778
- Homer, S. (2005). *Jacques Lacan*. London: Routledge.
- Hull, M. S. (2012). *Government of Paper: The Materiality of Bureaucracy in Urban Pakistan*. Berkeley: University of California Press.
- Hussain, S., Kadir, M., & Fatmi, Z. (2007). Resource allocation within the National AIDS Control Programme: a qualitative assessment of the decision-makers's opinion. *BMC Health Services Research*, 7(11), 1-8.
- Karim, M., & Zaidi, S. (1999). Poor Performance of Health and Population Welfare Services in Sindh – Case Studies in Governance Failure. *Pakistan Development Review*, 38((4)), 661-668.

- Kelly, P. (2006). The Entrepreneurial Self and Youth at-risk': Exploring the Horizons of Identity in the Twenty-first Century. *Journal of Youth Studies*, 9(1), 17-32. doi: 10.1080/13676260500523606
- Khanna, A. (2009). Meyeli Chhele becomes MSM - Transformation of idioms of sexualness into epidemiological forms in India. In J. E. a. A. G. Andrea Cornwall (Ed.), *Politicising Masculinity*. London: Zed.
- Li, T. M. (2010). To Make Live or Let Die? Rural Dispossession and the Protection of Surplus Populations. *Antipode*, 41, 66-93. doi: 10.1111/j.1467-8330.2009.00717.x
- Mayhew, S., Collumbien, M., Qureshi, A., Platt, L., Rafiq, N., Faisal, A., et al. (2009). Protecting the unprotected: mixed-method research on drug use, sex work and rights in Pakistan's fight against HIV/AIDS. *Sexually Transmitted Infections*, 85(Suppl 2), ii31-ii36. doi: 10.1136/sti.2008.033670
- Mosse, D. (2005). *Cultivating development: an ethnography of aid policy and practice*. London: Pluto Press.
- Mosse, D., & Lewis, D. (Eds.). (2006). *Development Brokers and Translators of Aid policy and Practice*. London: Ann Arbor, MI.:Pluto Press.
- NACP. (2010). UNGASS Pakistan Report: Progress Report on the Declaration of Commitment on HIV/AIDS for United Nations General Assembly Special Session on HIV/AIDS. Islamabad: National AIDS Control Programme.
- NACP. (2012). UNGASS Pakistan Report: Global AIDS Response Progress Report 2012. Islamabad: National AIDS Control Programme, Ministry of Inter-provincial Coordination.
- Nadesan, M. H., & Trethewey, A. (2000). Performing the enterprising subject: Gendered strategies for success (?). *Text and Performance Quarterly*, 20(3), 223-250. doi: 10.1080/10462930009366299
- Nguyen, V. K. (2010). *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*. Durham: Duke University Press.
- Pfeiffer, J., & Chapman, R. (2010). Anthropological perspectives on structural adjustment and public health. *Annual Review of Anthropology*, 39, 149-165.
- Pigg, S. (2002). Expecting the epidemic: A social history of the representation of sexual risk in Nepal *Feminist Media Studies*, 2(1), 97.
- Pisani, E. (2008). *The Wisdom of Whores: Bureaucrats, Brothels And The Business Of Aids*: Granta.
- Qureshi, A. (2013a). *Bureaucrats, business and the (bio)politics of HIV in Pakistan*. PhD, SOAS, University of London, London.
- Qureshi, A. (2013b). Structural violence and the state: HIV and labour migration from Pakistan to the Persian Gulf. *Anthropology & Medicine*, 1-12. doi: 10.1080/13648470.2013.828274
- Qureshi, A. (2014). The marketization of HIV/AIDS governance: vertical health programming, public private partnerships and bureaucratic culture in Pakistan. In L. B. a. N. Mathur. (Ed.), *The New Public Good*. Oxford: Berghahn Books.
- Qureshi, A. (forthcoming). Effective affect: Pakistan's AIDS bureaucracy and the crisis of devolution and diminishing external funds *Political and Legal Anthropology Review*.
- Robins, S. (2004). 'Long live Zackie, long live': AIDS activism, science and citizenship after apartheid. *Journal of Southern African Studies*, 30(3), 651-672. doi: 10.1080/0305707042000254146

- Rose, N. (1996). *Inventing Our Selves: Psychology, Power, and Personhood*. Cambridge: Cambridge University Press.
- Rowden, R. (2009). *The deadly ideas of neoliberalism: how the IMF has undermined public health and the fight against AIDS*. London: Zed Books.
- Sennett, R. (2006). *The Culture of the New Capitalism*: Yale University Press.
- Shore, C., & Wright, S. (1997). *Anthropology of policy: critical perspectives on governance and power*. London: Routledge.
- Stirrat, R. L. (2000). Cultures of consultancy. *Critique of Anthropology*, 20(1), 31-46.
- UNAIDS. (2013). HIV and AIDS Estimates (2012) Retrieved 14 June, 2013, from <http://www.unaids.org/en/regionscountries/countries/pakistan/>
- UNODC. (2013). The Drug Use in Pakistan 2013 - Technical Summary Report [http://www.unodc.org/unodc/en/frontpage/2013/March/Key-findings-of-the-drug-use-in-pakistan-2013-technical-summary-report.html?ref=fs2:](http://www.unodc.org/unodc/en/frontpage/2013/March/Key-findings-of-the-drug-use-in-pakistan-2013-technical-summary-report.html?ref=fs2) Accessed on 13.03.2013.
- Zaidi, S. (2008). *A policy analysis of contracting NGOs in Pakistan: NGO-government engagement, HIV prevention and the dynamics of policy and political factors*. Unpublished PhD thesis, London School of Hygiene, London.
- Zaidi, S., Mayhew, S. H., & Palmer, N. (2011). Bureaucrats as purchasers of health services: limitations of the public sector for contracting. *Public Administration and Development*, 31(3), 135-148. doi: 10.1002/pad.581
- Žižek, S. (1992). *Looking Awry: An Introduction to Jacques Lacan Through Popular Culture*. Cambridge: The Mit Press.