

Abstract

This paper sets out to study the shifting HIV/AIDS agenda in light of an occurring normalising process. By drawing on the Foucaudian concept of governmentality as the process of governance, the research will draw out power dynamics (be they disparities or

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1. **Introduction**

Fifteen years ago, the international community was awed by General Secretary Kofi

(Annan 2001), and sceptics were doubting whether more money for HIV/AIDS treatment would not simply be wasted (Buse 2011). Remarkably, ten years from then the global perception had changed and U.S. Secretary of State Hillary Clinton called for an AIDS-free generation (Buse 2011). This year the Joint United Nations Programme for

2030 (UNAIDS 2014).

While not all of these goals have or will be reached, there are significant improvements to be noted in the global capability to fight HIV/AIDS. With more than 40% of the eligible world population receiving life-prolonging antiretroviral treatment (ART) in 2014 representing a 22-fold increase since 2000, a decrease of new infections of 35% between 2000 and 2014, and the number of AIDS-related deaths constantly shrinking, the global HIV/AIDS

the world will risk the epidemic rebounding and face more HIV infections and deaths than (Piot et al. 2015).

The response to HIV/AIDS thus remains a crucial topic on the global agenda. However, the way it has been handled has become subject to substantial criticism. The

question. In this debate, proponents have argued that the challenge of HIV/AIDS requires such an exceptional response (cf. Smith et al. 2011; Whiteside & Smith 2009; Smith & Whiteside 2010) referring to a vertical approach to the epidemic, parallel to the existing health infrastructure.

Thanks to its exceptional status, the HIV/AIDS response benefitted for years from great media attention and respective funding. Now, this trend is reversing: Stagnating since 2010, the previously overwhelming financial and political attention is distracted and directed towards other pressing issues such as the global economic crisis. Additionally, previously negligible actors are growing stronger and demanding more influence on the global agenda (e.g. new emerging markets in BRICS couneeg

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can it succeed? The changing global environment provides opportunities for, but also ample challenges to, advancing the future HIV/AIDS agenda. In order to foster a successful normalisation of international policy, it is crucial to understand what these challenges are. This paper will thus map out the changes that result from the shifting approach to identify which challenges the HIV/AIDS response is facing on its way to normalisation.

In order to tackle this question, firstly, it is crucial to understand the characteristics of the exceptionalist approach of the HIV/AIDS response (chapter 2). To understand the debate around normalising the HIV/AIDS agenda, one has to understand its exceptionalism with its conventional vertical approach as opposed to a horizontal organisation favoured by normalisation proponents (chapter 2.1). Secondly, by focusing on the public-private divide in its architecture, chapter 2.2 will highlight the competition embedded in the momentary

human and financial resources from general health care. Dybul, Piot, & Frenk (2012) argue sed fault lines in delivering services

as especially problematic in the case of

(2007b, p.565). According to him (2007b), the international aid now surpasses some of the recipient countries entire health budgets (e.g. Uganda) and undermines their efforts at strengthening their own health systems creating parallel structures. He criticises that

response to the shortcomings of a vertical HIV/AIDS intervention and growing criticism, these large programmes have also begun to invest in a more horizontal approach. It is expected that integrating the HIV/AIDS agenda into a wider framework of global governance for health caters more adequately to the diverse needs of the affected people. In this context, enabling patients, incorporating health as a human right, and embedding the response within other health issues are some of the challenges highlighted by experts of this field (cf. Dybul et al. 2012; Piot et al. 2015; Grebe 2013). This trend finds expression in PEPFAR to

argues that the broad characteristics distinguishing vertical and horizontal programmes are underlying opposing forces of power:

(Cairncross et al. 1997, p.SIII21). Vertical programmes are thus far more attractive to donors as they can be quantified more easily than horizontal interventions having to cater to the needs of various health domains and across multiple sectors with a higher degree of flexibility. Due to a shifting discourse on the organisation of health care systems and the acknowledgment of the demanding interdisciplinary scope of the HI virus

Additionally to the characteristics attributed to the HIV/AIDS by Lazzarini (2001), the pandemic was framed in security terms. Although the nexus between HIV/AIDS prevalence and existing definitions of a security threat was based on little evidence, integrating the debate into a discourse of international security drew international attention to the epidemic (Smith & Whiteside 2010). With the UN Security Council declaring the HIV/AIDS pandemic the first health issue to pose an international security threat, gay rights activists capitalized on the momentum to frame HIV/AIDS within the human rights discourse. HIV/AIDS became the core of a social movement calling for medical as well as political actions. The emerging coalition, consisting of actors as diverse as gay rights activists from Europe and the U.S., women from poor villages in Africa, and sex workers from South Asia, under the visionary leadership of Kofi Annan, achieved the access for all to life-extending ART² to became a moral imperative (Grebe 2013). Consequently, after 2000, the right to treatment became orthodoxy in the global health community and the inaccessibility of HIV treatment qualified as a global humanitarian emergency respectively negative impact on the resource allocation to other programmes and doubts about the ability of struggling health systems to effectively deliver treatment were silenced in the name of humanitarianism (Nguyen 2009). This perspective enforced the exceptional status as it challenged the conventional public health approach by taking societal-based vulnerability into consideration, demanding protected privacy, and empowering the patient (Smith & Whiteside 2010). The elevation of the HIV/AIDS response to a status of exception called for a drastic restructuring and an unprecedented mobilisation of resources as highlighted in the next section. However, this also resulted in a proliferation of actors with competing interests and agendas obscuring coordination and cooperation.

² After its discovery in 1996, ART was rapidly made available in rich countries but considered to expensive and too complex in provision to be made accessible elsewhere.

The exceptionalist approach resulted in substantial changes in the health governance structure: International organizations, such as UNAIDS, the Global Fund, and PEPFAR were formed to specifically combat HIV/AIDS (Smith & Whiteside 2010). The global policy domain transformed from an international governmental approach to a plurality of non-governmental organisations (NGOs), private philanthropists, activist groups, pharmaceutical corporations, and other private sector entities embedding the HIV/AIDS agenda in a complex -co (Severino 2010).

Accordingly, with the turn of the century, an outbreak of activity focused on global health issues, cataly

of increased Development Assistance for Health
(DAH). In response to these developments key health organisations with considerable resources were created (e.g. UNAIDS, PEPFAR, Global Fund), and private-public partnerships underwent the most considerable expansion (IHME 2012). After two decades of consistent growth, DAH peaked in 2010 with an unprecedented high in spending of \$28.2 billion. With 70%, the largest share of DAH is contributed by governments but private sources such as NGOs, foundations, and industry have gained in importance: Since 1990, funding from private sources has increased from 8% to 15% of total DAH in 2010, with the most significant contributions coming from the Bill & Melinda Gates Foundation (BMGF) (IHME, 2012). From the five diseases causing the most deaths worldwide³, HIV/AIDS receives the largest total amount of international financing, followed by maternal, newborn and child health (Moon & Omole 2013). To this point, the HIV/AIDS response has be 0 1 400ofs1990

beginning. As early as

et al. 2006), this thesis will only give a brief overview of the concept and related terms. This chapter will elucidate the concepts of i) governmentality, ii) knowledge and technology, and iii) power along Foucauldian⁶ lines in relation to global public health, in order to outline the theoretical foundation of a shifting organising logic within the governance of the HIV/AIDS approach.

(governmentality) have traditionally conceptualised the topic within the frame of security studies, but have lately been applied to global health and securitisation (cf. Elbe 2009; Ingram 2011; Nguyen 2007; Joseph 2010a; Lemke 2002). During the 1970s, when Foucault first introduced the term governmentality, he was concerned with understanding the birth of liberalism as a political rationale

work suggests that governments were beginning to formulate an alternative rationality of government that was concerned less with maximizing sovereign and territorial power, but rather on managing

governmentality as the shaping and regulating of the social, political, and economic realm of society from a distance and the study of techniques and practices of governing.

Rather than relying on the predominant association in political science of practices of government in line with institutions and territorial borders, governmentality refers to networks of governmental and non-state actors, and the alliances and contestations they seek out. Rose and Miller (2010, p.275) elaborate on this point:

or legitimacy are utilised; and by means of what devices and techniques are

These governmental networks exercise political power through an abundance of

knowledge and technologies of global governance operate within the HIV/AIDS domain will point at the direction normalisation is taking.

4.1 The role of knowledge in normalising the HIV/AIDS agenda

Ample literature examines the rise and fall of funds directed towards HIV/AIDS R&D, innovation, prevention, and vertical programmes (cf. Fidler, 2010; Sridhar & Batniji, 2007) as well as the proliferation of private authority and non-state actors in the domain.

-based R&D is not responsive to demand, but to ability to pay ... Much of what happens in the...health sectors of developed and developing countries will end up depending on the-21(to 1-9(e)4idd)-9(g)cd $\mbox{to }30(\mbox{ })-69(\mbox{d})-\mbox{gsts}]$ TJ- eto 3001(to-69()-19(...

countries, and between producers and consumers of the fruits of intellectual property (Sell, 2007, 58).

While multinational drug companies seek out Chinese and Indian researchers to

development, Eastern researchers enjoy the immediate benefits of profit shares and IP rights with new medical breakthroughs and the development of a local industry waiting in the long run (Dionisio 2010).

Yet, recent events have shed light on the delicate nature of this competition: In China, the scandal surrounding British GlaxoSmithKline (GSK) and the corruption crackdowns that seem to disproportionately emphasize the wrongdoings of global pharmaceutical companies should not just be interpreted as part of the growing governmental reform of the Chinese system

and its becoming less hospitable to multinationals. China is protecting its domestic pharmaceutical market - estimated to develop into one of the largest markets for generics worldwide in the coming years and its state-owned enterprises (SOE), giving preferential treatment to SOE over multinational pharmaceutical companies. In addition, the incentives set by the Chinese government to encourage technology transfer within the public health sector will shift the competitive landscape both within the country and in many of the emerging economies worldwide once Chinese competitors demand their bit of the market share (Shobert 2014).

Another indicator of a growing competitiveness and marketisation of global HIV/AIDS governance is a proliferation of market mergers to spur competition. Additionally, as non-generic companies are worried about losing weight, deals between originator companies have already been struck or are in progress as far as joint manufacturing of ARVs is concerned. Examples of such mergers are GSK and Pfizer merging their HIV/AIDS business into the new company ViiV Healthcare and the Bristol-Myers Squibb & Gilead -generic ARV combination drug.

So far, the HIV/AIDS agenda is driven towards a higher degree of contestation, albeit outlooks on new alliances with opening markets (e.g. Chinese market) exist. In the following section, the impact of the introduction of indicators and standards to normalise the agenda away from the hitherto vertical approach will be demonstrated. Examples, like the ones shown above, rely heavily on market dynamics as the predominant attempt to reengineer the organising logic. I

Big Pharma), this translates into a capitalist organising logic in order to retain authority.

However, in both cases, the driving forces display a capitalist tendency, supported by the notion of competition rather than collaboration. With new (generic) markets growing stronger and pushing their boundaries, competition is likely to increase.

4.2 Indicators as technology9 Pagination>BDC BT1 0 0 1 306.70(ra) 1 0 0 e

namely the broad spectrum⁹ of data required to evaluate and monitor HIV/AIDS. Further, the landscape of HIV/AIDS-related indicators mirrors the landscape of its response: there is a multitude of indicators from various actors. They are contested in so far as there is no consent on which indicators are actually key to evaluating and monitoring HIV/AIDS and to respective policy decisions. An architecture ensuring standardised data collection is missing which in turn hampers the

4.3 Country ownership as governing a state from a distance?

through the responsibilisation of the individual. However, is this shift also apparent on a global level in an arena of uneven and combined character? In 2013, PEPFAR rendered

self-governing subject via techniques of empowerment, self-surveillance, and towards the goal of a healthy and productive life (Glasgow 2005) to plan,

calculable and instrumental terms of the relationships between donor countries and recipients. Further, the UNAIDS (2011, p.19) country-ownership report elaborates:

sustainability

of development aid, the agreements call for: country ownership; better alignment of donor support with country-developed strategies; donor harmonization; increased emphasis on results-

The partners at play will have to shift their focus towards more result-oriented agendas in the future. The country ownership framework addresses mutual accountability between development partners and recipients suggesting a reciprocal approach. While this output-oriented strategy appears to prioritize the wealth, health and well-being of the population at heart, critics claim it to be about monitoring state compliance at its core (Joseph 2010a). In

a small part

(Joseph 2010a, p.47). Going beyond the rhetoric, one will have to anticipate the idea that these strategies imposed by powerful actors are attempting to institutionally embed the discipline of capitalist competitiveness exposing societies to the mechanisms of competition.

The country ownership framework may well be a rhetoric used to cater to donor demands. Nevertheless, it is through this partnering process that governmentality is deployed most powerfully. Country-ownership strategies claim to have the well-being of populations at heart and whether or not this is the case is irrelevant when the aim is to regulate state behaviour. The rhetoric of country ownership takes shape in an apprehension for populations but with the real targets being states. In the end, the implications of country ownership strategies for global governmentality can be explained reformulating Foucault's own claim

procedures, analyses, and tactics that has the state as its target, and a political economy of (Joseph 2010a, p.48). From this perspective,

powerful actors are using asymmetrical power relations to their advantage with the effect of reinforcing market dynamics as the predominant organising principle.

While the country-ownership model might augur a shift towards enabling a responsible population and advocating a more sustainable HIV/AIDS governance, studying this model through global governmentality has led to a different co

is an expression of how powerful states are trying to reinforce authority asymmetries.

5. Conclusion

The HIV/AIDS intervention has come a long way and has been able to make great progress. Yet, due to critical voices growing louder and a changing global environment, the HIV/AIDS agenda is at a crossroads. This dissertation mapped out the normalising process the HIV/AIDS response is currently undergoing by answering which challenges it is facing on its way to normalisation.

Through the application of the Foucaudian concept of governmentality, this paper identified indicators of the normalising process and traced the emerging rationale. Mapping out the increasing diversity of actors of private authority as well as states, NGOs, foundations, and philanthropists with different vested interests, this dissertation has shown the dominance of powerful private actors and their approach to the proliferation of new pharmaceutical markets. These players, especially U.S. Big Pharma, are increasingly trying to preserve their

governmentality, powerful actors have attempted to export their underlying liberal doctrine.

This can be described not as governing a population from a distance but rather the state by trying to impose a capitalist competitiveness.

Overall, this dissertation has shed light on an emerging structuring logic of liberal characteristic:

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