

Challenging aid when it's a matter of life and death? HIV/AIDS and dependency in Tanzania

*Draft Paper, please do not quote. **Critical feedback welcome!***

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"The question of sustainability is really a difficult one...but then again, maybe we should look around us and see how many African countries really sustain themselves... [...] If there are so few, it means that it is nearly impossible! So let's deal with the easier questions first. We are a Third World country and those are the issues we have to live with."

Executive chairman of the Tanzania Commission for AIDS¹

Introduction

The annual budget of the AIDS response in Tanzania is about USD 600 million. 95 percent of the country's HIV-related expenses are donor-financed and 90 percent of them emanate from two funding sources alone: the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund (TACAIDS 2010). The external support for AIDS control represents over ten percent of total public expenditure and one third of all aid flowing into the country (TACAIDS 2008). The roll-out of antiretroviral treatment (ART) programmes puts Tanzania in a situation where an ever-increasing share of its population directly depends on foreign assistance for survival. Notwithstanding its obvious benefits, today's international response to HIV/AIDS in Tanzania thus raises the issue of dependency with unprecedented acuteness.

Post-development authors and other radical critics of dependency share a resolute rejection of international aid. While more moderate development critics such as William Easterly denounce the way aid is being delivered but believe that "there is still hope that Western assistance can help poor people in the Rest with some of their most desperate problems" (2006, p. 367), Andrew Mwenda, an explicit opponent of aid, regularly calls on Western governments to "ignore Africa" and claims: "Foreign aid [...] undermine[s] Africa's democratization and economic recovery. [It] should be discontinued" (2006, p. 8). This claim is also one of the central themes of post-development thought, whose theorists are "explicitly not calling for a better version of [development], but dismissing it altogether" (Ziai 2007, p. 3), imploring the donor countries to "leave the poor alone!"² Beyond the questionable verbiage of its more uncompromising proponents, who assert "the right to be underdeveloped" (Alvares 1992, p. 68) and accuse development of being "another variety of AIDS" (Rahnema, 1997), the post-development movement formulates a claim for genuine emancipation of the global South.

¹ In order to ensure anonymity, I only refer to my interview partners according to their institutional affiliation - public statements excepted.

² "Laissez donc les pauvres tranquilles!" was the name of the panel chaired by Majid Rahnema at the International Symposium on Post-development ("Unmaking Development, Remaking The World", 28 February - 3 March 2002, UNESCO, Paris). It should be noted that, while Mwenda's analysis converges with post-development authors on the radical critique of aid, it differs from post-development thinking on the role of the market and concerning the very idea and desirability of development itself. Nevertheless, the affinities between certain post-development theorists and neo-liberal "laissez-faire" conclusions are not mere coincidence (Treillet, 2004).

In its critique of modernity and its reflections on *progress* and the social construction of *needs*, post-development theory explicitly draws on Ivan Illich's critique of industrial society, its over-medicalization of illness and the "expropriation of health" it entails (1969, 1976).³ His remarks concerning the limits to medicine and the blind faith Western societies put in technological solutions to control disease are highly relevant for the international response to HIV/AIDS. The emphasis put on biomedical remedies (e.g. vaccines or ART) and the neglect of broader socio-economic drivers of disease (Stillwaggon 2006) certainly confirm Illich's claims. Yet, the unmediated transfer of his critique to situations where even the most basic health services are not available seems problematic. More fundamentally, the post-development theorists' at times radical constructivist approach raises an epistemological issue. The production of knowledge about health and illness is probably one of the most telling examples of the insufficiency of both radical positivism and radical constructivism. To be sure, the way AIDS (and illness generally) is perceived and responded to is, to a great extent, the result of socially constructed visions and values (Sontag 1990; Canguilhem 1966) and even the most widely-accepted "evidence" concerning HIV results from socially and politically contested processes of knowledge production (Epstein 1996). Yet, HIV exists. It causes AIDS and kills people, rather independently from the way they think and talk about it. The epistemological posture is thus analytically crucial. The radically constructivist reading of reality adopted by several post-development authors entails an affinity with value-relativist world views. Latouche, for instance, claims that "there are no values that transcend the plurality of cultures because a value exists as such only in a given cultural context" (2003, p. 130). Adopting a moderately constructivist perspective (Ziai 2004), this contribution considers that the superiority of life over death and the ensuing "need" for HIV prevention and treatment are not *pure* social constructions, exclusively based on Western values.

The post-development theorists' arguments concerning the general failure of aid and development are persuasive. No doubt, the "fight against AIDS" is a top-down endeavour that is largely implemented by Western agencies, based on their experts' exogenous and technocratic definition of African people's needs. Its behavioural "solutions" are inspired by Western stereotypes of African sexuality (Stillwaggon 2003, Sawers & Stillwaggon 2010) and its bio-medical "solutions" marvellously illustrate the medical imperialism denounced by post-development theorists among others (Gill 2006, Chap. 6). In this sense, the international AIDS response is "development" *par excellence*; it is a stereotypical example of the type of dependency relation that radical critics of aid want to put an end to. AIDS is the donors' single most important budgetary item in many African countries, global HIV-related expenditures currently reach about USD 13 billion annually, and several Millennium Development Goals could not possibly be achieved in the absence of an effective roll-back of the epidemic. Politically speaking, the success in the struggle against AIDS is thus crucial not only to the legitimacy of the Western development discourse, but to the credibility of the development endeavour itself. Yet, despite being at the very heart of the development enterprise, HIV/AIDS has remained at the margins of the more critical theoretical debates about development and aid. For good reason: the analysis of African AIDS policies appears to be a rather uncomfortable ground to radically criticize international aid. Maybe because the question of survival is inescapable and immediately perceptible in the case of HIV/AIDS, post-development theorists and other radical critics of aid have carefully avoided the issue.

³ On the pharmaceutical aspect of over-medicalization, see (Dupuy & Karsenty 1974).

Indeed, the dramatic dimensions of the African AIDS epidemics and their catastrophic sanitary, social and economic consequences make it questionable to suggest, as Sally Matthews fittingly sums up the essence of post-development thought, that “development [is] not the medicine but the disease” (2007, p. 131). Being nearly unanimously considered as a health emergency that calls for an urgent and forceful international response, AIDS poses a serious challenge to radical critics of aid. Indeed, how can one satisfactorily analyze the international response to a human catastrophe such as HIV/AIDS within an approach repeatedly criticized for its reluctance to suggest concrete political alternatives, and sometimes outright accused of advocating inaction in the face of misery (Riley 1999)? In other words, can this theoretical approach be relevant in the context of HIV/AIDS, or are there justified concerns “that the adoption of a post-development position may amount to the abdication of responsibility” (Matthews 2007, p. 141)? While keeping in mind the diversity and contradictory nature of what is sometimes abusively referred to as a unified theoretical framework, this contribution explores the implications of a both common and central feature of post-development theories: the radical rejection of “development aid”.⁴

As Aram Ziai notes, the post-development perspective has “a lot of critical and constructive potential” and “needs to be further refined, explored and argued over” (2007, p. 9). In this perspective, and far from attempting to close the indispensable debate post development theorists opened up, this contribution intends to provide some elements of discussion concerning both the need and the genuine difficulty to formulate radical critique in a context of pronounced dependency. Because it fully illustrates the contradictions of both the development endeavour itself and of its most radical critics, the response to HIV/AIDS in Tanzania is arguably a fitting empirical basis for a theoretically-oriented reflection on international aid. This explorative analysis draws on fieldwork conducted in Tanzania between 2007 and 2009. This fieldwork included a series of observational studies as well as ninety in-depth interviews with donor representatives, Tanzanian AIDS officials and people working in domestic and international NGOs.

This contribution argues that Tanzania is highly dependent on foreign aid to ensure the survival of a significant share of its population (1), but that change towards greater self-sufficiency in its response to HIV/AIDS seems unlikely in a foreseeable future (2). While the case of AIDS control in Tanzania thus illustrates the relevance of post-development theory, its call for an “end of aid” is based on an artificially monolithic conception of development that omits its irreducibly ambivalent nature (3). Indeed, far from being credulous “bringers of development”, international AIDS players in Tanzania radically criticise their own activity in a way that partially overlaps with post-development thought (4). Yet, the predictably harmful consequences of a massive donor draw-out make it difficult to envisage radical change (5). Denouncing the “politics permanent crisis”, post-development appears as a methodological refusal to adopt urgency as a guiding principle of public action (6). The contribution concludes by discussing both the necessity and the difficulties of voicing radical critique in a context characterized by what the protagonists themselves conceive as an imperative for action.

⁴ On the “rivaling discourses” within post-development and their political and analytical implications, see: (Ziai 2006). For a more detailed overview, see: (Ziai 2004, Chap. 4). While arguing that, as Kiley puts it, “post-development is guilty of homogenising the idea of development” (1999, p. 30), this contribution might, to a certain extent, be “guilty of homogenizing the idea of post-development”. However, as Kiley rightly noted, “there are certain key ideas which are sufficiently unified [for post-development] to be identified in the singular” (1999, p. 49). The radical dismissal of any type of “aid” is arguably one of them.

Tanzania, an acutely dependent patient under aid perfusion

"If you look at it, what actually happened is that we gave Tanzania a 'free fix'. Now, we got them hooked on ARVs [antiretroviral drugs]!"

A senior bilateral donor representative (9/10/09)

This remark illustrates the perplexity of many AIDS players in Tanzania. Indeed, the nature of the response to HIV/AIDS in Tanzania is, in many respects, grist to the mills of post-development theorists. Even though the case for HIV *prevention* is at least as persuasive, the example of access to antiretroviral treatment is probably more immediately perspicuous. In Tanzania, an estimated 1.4 million people are living with HIV, roughly half of whom are considered to be in need of antiretroviral therapy. The other half will reach that stage in the years to come. Optimistic estimates consider that about 200.000 people are currently under ARV treatment.⁵ This treatment program currently costs about USD 400 million per year and is entirely donor-funded.⁶ Since the beginning of the roll-out of the access to anti-retroviral therapy in 2003/04, Tanzanian AIDS players have become increasingly aware that the life-long need for drugs and medical care of those who entered ART programmes makes the commitment to fund them virtually irreversible.⁷ The both infectious and chronic nature of HIV/AIDS turns the response to the epidemic into a structural feature of Tanzanian politics. Several interview partners share their concerns about the devastating effects of a potential cut of international support for ART programmes. As the former country director of a multilateral donor agency envisions:

"Imagine the funding for ARVs stopped drastically. People's viral loads would skyrocket! And, say, each HIV positive person infects one other person in the following year... That would be a complete horror scenario! I don't know if anyone has already looked into that more in detail or if anyone has done some modelling on systemic breakdown, but that could be an absolute disaster!" (8/10/09)

Indeed, treatment interruptions lead to a rapid increase of people's viral load, thereby substantially increasing their infectiveness and the risk of spreading viral strains that resist first-line treatment. Beyond the individual ethical issue, there is thus an extremely strong public health rationale for ensuring life-long access to medicine to anyone who initiated ART. The decision to roll out treatment is also *politically* irreversible. As a bilateral donor official underlines, "[t]here is a political commitment by the President for free treatment. [...] And 2010 is an election year and headlines about people not getting treatment are not what you want in an election year..." (5/10/09). Nevertheless, recent episodes of ARV shortages in several African countries illustrate that procurement gaps are not merely a hypothetical scenario.⁸

⁵ These numbers are cumulative and do not account for drop-outs, deaths and double-counting. This is due, in part, to difficulties inherent to data collection and, in part, to a political incentive to artificially blow up the numbers in order to reach targets and communicate on them.

⁶ The exact cost of the treatment programme depends on which activities (testing, care, etc....) one considers as being part of "treatment".

⁷ This perception of irreversibility is illustrated by the wide-spread expression of "treatment mortgage" to describe donors' moral obligation to ensure the continued provision of ART.

⁸ The dramatic public health effects of temporary treatment interruptions (an increase in new infections, with resistant viral strains, and a decrease of the life expectancy of people living with HIV) are not immediately perceptible. Non permanent interruptions in drug procurement are thus unlikely to provoke a political cost high enough to effectively ensure the permanent provision of ARVs in all African countries.

A durable discontinuation of treatment, in turn, would cause patients' life expectancy to drop dramatically and drastically increase their risk of spreading the virus. Within a few years time, most people living with HIV would fall ill and die and an increasing share of those newly infected would carry viral strains resistant to affordable first-line drugs. Even though ART programmes need increasing resources as the number of people under treatment rises and as drug resistances develop,⁹ most donor representatives consider that international AIDS funding is not going to rise any further in the years to come. While today's resources are still insufficient, some underline that continued international funding at current levels over the next decade might actually be a "best case scenario". A cut of international aid in the field of HIV/AIDS would lead to (even more) massive dying and to major social, economic and political disruption in many sub-Saharan countries.

Dependency as a choice?

"The end of international funding is a nightmare for everybody. We can only pray that it won't happen and that, if it happens, God...let it happen after I have died!"

Executive chairman of the Tanzania Commission for AIDS (3/10/08)

While plans for a Tanzanian HIV Fund are under way, the magnitude of the sums involved makes most AIDS policymakers doubt that Tanzania will be able to come up with a sustainable solution to fill future funding gaps. A former Tanzanian AIDS official makes this point rather clearly:

"We don't have the ability as a government to face HIV/AIDS alone. We need external support. The problem is too massive! [...] So all we can do is hope for the external support to continue... If it doesn't, it's a disaster! We cannot say: 'Sorry, we have no more money, so you get no more ARVs...' No, we cannot say that!" (23/09/08)

At the same time, the negligible and unsteady contribution of the Tanzanian government to the country's AIDS budget lets its financial dependency at least partially appear as a political choice. As a multilateral donor representative exclaims:

"This year, the Tanzanian Government cut down the TACAIDS budget to 64% of last year's budget! [...] That shows that there is no long term thinking and no resource mobilization within TACAIDS for own resources. And the AIDS Trust Fund they are talking about will never reach the level of today's funding!" (7/10/08)

Other interview partners are more optimistic about the available resources. When asked if, according to her, Tanzania could come up with a sustainable financing solution for HIV/AIDS, a national NGO player notes:

"Yes, we can! [...] The government of Tanzania spends nine trillion Tanzanian Shillings [USD 6 billion¹⁰] every year. So we can do it! We just have to define how. And we have to put the cents where they are needed! Not into expensive sitting allowances..." (30/9/09)

⁹ The instauration of competitive markets for ART generics could significantly reduce the cost of individual treatment. Nevertheless, this is currently hampered by the main AIDS donors. Other than that, the total cost might go up anyway due to the increasing number of people on treatment and their progressive need for a more sophisticated combination of drugs.

¹⁰ Exchange rate at the time of the interview.

The efficiency problem this player points to is real. Yet, this vision omits that international AIDS expenditure equals the rest of the country's health budget, which makes it unlikely that a possible donor withdrawal from HIV/AIDS would be entirely made up for by the Tanzanian government. Indeed, several Tanzanian officials clearly express that the relatively high expenditure for HIV/AIDS (as compared to other health issues) reflects donor, not government priorities. Was the Tanzanian government to arbitrate between AIDS and health budgets, it would thus probably rebalance the budgets in favour of the broader health agenda. As the HIV/AIDS advisor of a bilateral donor underlines,

"If donors pull out now, will the government manage to support people who are already on ARVs? Many people might die because the Government is not going to be able to do so...or because it has other priorities. In any case, it would be either ARV patients, or those of other priority diseases who would die." (13/10/08)

Be it because of the government's inability or unwillingness to replace donor funding, the end of external support would invariably translate into a significant decrease in AIDS financing. As the HIV program manager of an international NGO puts it,

"HIV has never been, isn't, and I don't see it coming, funded by the Tanzanian government. The international money will start to go down and we are not prepared! The current funding will not be maintained in 10 years from now." (6/10/08)

Beyond the mere issue of financial dependency, the undemocratic nature of AIDS-related decision making in Tanzania is striking. Indeed, the international response to HIV/AIDS in Tanzania almost entirely bypasses often recently created and still fragile domestic democratic structures. In this way, about three quarters of all external assistance for HIV/AIDS are spent off-budget, i.e. directly by donors (mostly PEPFAR) and their implementing partners, without any meaningful Tanzanian contribution to priority setting (TACAIDS 2008). Even the allocative decisions concerning the remaining quarter of the expenditures are not discussed in Parliament but decided upon by donors and government officials. As one bilateral donor representative underlines,

"It is highly problematic that all these agreements and arrangements completely by-pass the country's democratic process. If you look at it, the TNCM [the Global Fund's ad-hoc Tanzania National Coordination Mechanism] is a blatant violation of good governance principles!" (9/10/09)

The international health initiatives and their constituent donors thus openly and systematically circumvent the very democratic institutions they have insistently called for over the last decade. As a result of the overriding importance of "aid", government officials primarily report to their respective donors, not to Parliament or other representatives of the Tanzanian people. By introducing this systematic donor-bias into domestic structures of political accountability, the inflow of external funding for HIV/AIDS contributes to the perpetuation of anti-emancipatory structures of domination.

In sum, the Tanzanian example stereotypically illustrates the relevance of the fundamental criticism voiced by post-development theorists and other radical critics of aid. Maybe the wide variety of other examples that confirm the very same cliché encouraged many post-development authors to adopt an over-simplified conception of development, one that prevents them from grasping its profound ambiguity.

Omitting the ambivalence of development

The ambiguity of post-development theories and the unequally justified critiques formulated against them have been thoroughly analyzed elsewhere (Comelieu 2003a, Treillet 2004, Ziai 2004). While these more general debates are relevant for the case of HIV/AIDS, this section focuses on two specific aspects of post-development theories: the breadth of their scope and their artificially unequivocal conception of development. Be it interpreted as their strength or as their weakness, a defining feature of post-development theories is the very general nature of the criticism they formulate. Some authors do not even bother to define development, others circumvent the difficulty by equating it with globalization (Latouche 2003, p. 125). The result is a general critique of development as an exploitative, neo-colonial economic and symbolic World System. The ensuing underdetermination of both development allows these post-development advocates to switch the locus of the debate to a more general level, whenever they are confronted with criticism concerning empirical examples relating to specific aspects of their argument.

Other post-development authors adopt a more pragmatic definition and explicitly relate development to the actual activities of development agencies. Based on an economy-centered vision of development, Treillet notes, these works generally “reason as if Rostow was the standard reference author of development studies” (2004, p. 114), even though development theory was elaborated precisely as a critique of his linear model of modernization (Kiley 1999). Development is thus considered as nothing more than the, sometimes disguised, pursuit of market economy growth (Treillet 2004, Comelieu 2003b). Paradoxically, this highly reductionist definition of development leads these post-development authors to embrace the very economism they severely criticize with mainstream development thinking. As a result of this definition of development, most post-development theorists focus on that part of the “development reality” where their argument is more at home: issues of general economic policy such as trade, investment, industrial policies and, to a certain extent, rural development. Big dam projects, for instance, perfectly embody the tensions and contradictions of applied modernization theory - which explains their popularity as empirical case studies inspired by post-development thought (Ferguson 2003, Bunyard 1997).

In turn, post-development theorists have remained reluctant to look at social policies. Only few post-development authors raise the question of health and international health initiatives, a field where challenging the *raison d'être* of aid is less easy, as its end would very directly impact peoples' lives. HIV/AIDS, arguably the single most dramatic development problem in many African countries, is conspicuously absent from post-development literature. The epidemic belongs to what Comelieu fittingly calls the “terrible human problems that [post-development theorists] do not even bother mentioning anymore” (2003b, p. 121). By drawing on an oversimplified, homogenised vision of development, post-development theorists miss the intrinsically ambiguous nature of their central object of study. They omit that the word “development” does not describe the same empirical reality in the WTO's so-called “Doha development agenda” and in the international health initiatives such as the Global Fund. Gilbert Rist's classical definition illustrates this monolithic conception (2007, pp. 34-44):

“‘Development’ is made up of a series of sometimes apparently contradictory practices, which make it necessary, in order to guarantee the social reproduction of the dominant group, to generalize the transformation and destruction of the natural environment and of social relationships, so as to ensure a growing production of merchandises (goods and services) meant, through exchange, for solvent demand.”

Not only is the international action against AIDS not part of development according to this definition, as it does not satisfy solvent demand, but the expression “apparently contradictory” illustrates many post-development theorists’ belief that development is ultimately a coherent undertaking, if not a well-orchestrated campaign. There is, however, no unifying, hidden coherence behind the apparent contradictions of development. No consistent master plan exists. Even when limiting one’s analysis exclusively to the major international development players, their practices are fundamentally and *irreducibly* contradictory and should be analyzed as such. Ignoring this inherently conflictual nature of development makes its differentiated analysis impossible.

This critique is among the “standard” criticisms of post-development that “have been raised again and again” (Ziai 2007, p. 8). Yet it has serious implications in the case of HIV/AIDS. Intellectually speaking, post-development theorists are in a comparable situation to radical left-wing theorists facing the welfare state: the same entity (the state) is both the incarnation of centralized, illegitimate power, *and* the provider of social services that shelter individuals from purely market-driven mechanisms - a protective function highly valued by these very thinkers. Pierre Bourdieu spoke of the “right hand” and the “left hand” of the state to describe its ambivalence as both an apparatus of political domination and coercion (right hand) and a provider of essential services and minimal social cohesion (left hand). Development in the sense of “what development agencies do” (Green 2003, p. 123) shows the same fundamental ambiguity.

Drawing upon Bourdieu’s distinction, international development agencies involved in AIDS control can be considered as being part of the left hand of development, which is composed of “those who are sent to the front line to fulfill so-called ‘social’ functions and to make up for the most intolerable inadequacies of the logic of the market, without being given the means to really fulfill their mission” (Bourdieu 1998, p. 11). One hand repairs what the other one destroys. While structural adjustment programmes durably impoverished African economies, causing massive damage to whatever was left of the provision of essential services, and while the international economic integration pushed for by the IMF, the World Bank and WTO results in what Robert Wade (2005) fittingly termed a “slow-motion Great Train Robbery” of low-income countries, the UN launches its MDG-based “poverty reduction” campaigns, health donors talk about the need for “health system strengthening” and the Global Fund desperately tries to control three of the major epidemics, all of which are significantly fuelled by poverty. While the (economic) coercion of the right hand of “development” frequently destroys more than the left hand’s social policies or poverty reduction programmes could ever repair,¹¹ the “alternative to development” in many African countries is not necessarily the end of oppression or the institution of an endogenously constructed welfare state. Calling for the end of aid, in the social sectors might thus not only be pre-mature, but irresponsible. as it amounts to claiming the closure of the fire brigade while the pyromaniacs are still on the loose.

By making it impossible to grasp its ambiguous nature, any monolithic vision of development and its protagonists is misleading. To be sure, the inequalities induced by the global economic system are among the root causes of many of the world’s social and medical ills, including HIV/AIDS.¹² The international institutions’ “fight” against the epidemic obviously contributes to legitimizing their broader “development” endeavour. In this sense, the Western contribution to AIDS control is not completely alien to a sale of indulgences. However, the international struggle against AIDS is not solely about the West desperately trying to improve its political image. It is not *exclusively*

¹¹ The deeper implications of the neo-liberal discursive shift from “development” to “poverty reduction” is arguably underresearched.

¹² Economic inequality is one of the rare indicators that are consistently correlated with HIV infection rates.

discursive in nature: billions of dollars are spent annually and, in Tanzania alone, thousands of people paid for by international donors are working daily on the ground to roll back the epidemic.¹³ HIV/AIDS is an at least partially autonomous sub-field of development, which has its own practices, rules, rationales and incentive structure.¹⁴ Its actors are not merely the unconscious or uncritical vassals of Western imperialism.

Development protagonists as radical critics

“When I started, I really didn’t want to work on AIDS. I mean, there are so many disgusting things going on in the AIDS business... I didn’t want to be associated with that.”

A senior multilateral donor representative (6/10/09)

To be sure, credulous development officials exist. But rare are those, among the donor representatives in the field of HIV/AIDS, who uncritically consider international aid and their own action as vectors of genuine progress for Tanzania. While hearing severe criticism from national or international NGOs is less surprising (after all, this critical function is part of their role), radical critique from bi- and multilateral donor representatives is less self-evident. Yet, an important proportion of the interview partners from international agencies have spontaneously voiced far-reaching criticism, not only of the Tanzanian government’s lack of commitment and the at times parasitic attitude of its “development brokers” (Bierschenk/Chauveau/Olivier de Sardan 2000), but of their own action against in Tanzania. Far from being isolated examples of “infiltrated revolutionaries”, these statements by some of the key protagonists of development illustrate the development agents’ wide-spread ability and willingness to critically analyze their activity in a way that is completely at odds with their agencies’ official discourse.¹⁵ In a sense, this reflexivity shows that some of the main arguments made by post-development theorists over the last two decades have had considerable resonance within the development apparatus.¹⁶ This could be due to the fact that, in the field of HIV/AIDS, many of today’s donor representatives have found their way into the agencies via their past activity as AIDS or social justice activists. Their critical attitude might be encouraged by the particularly blatant contradictions and ambiguities of development in the field of HIV/AIDS.

Many donor representatives show great perspicacity and honesty concerning the negative effects of their actions. In a discussion about the anti-democratic implications of aid, one bilateral donor representative points out:

“The fundamental question we should ask ourselves is: To what extent can a well-meaning society get away with undermining the internal priority-setting process of a country such as Tanzania by placing enormous amounts of money at its disposal?” (17/09/08)

Other bilateral donors have a similar discourse. One, for instance, underlines that donors have a very precise idea of which activities they want to fund, but that they ostensibly hold up the principle of “country ownership”,

¹³ This interpretation, of course, does not exclude the fact that - including in HIV/AIDS - many donors economically do very well out of the “aid” deal.

¹⁴ On “players”, “fields” and their relative autonomy, see (Bourdieu 1992, p. 71-90)

¹⁵ By analyzing the official development discourse, the discourse analyses inspired by post-development theory (e.g. Rist 2002) generally omit this unofficial, parallel discourse in the analysis of development.

¹⁶ Inversely, several post-development theorists have been development practitioners themselves.

suggesting that African governments are free not to accept their offer. Criticizing what he considers a fundamental hypocrisy of most donors, he asks:

"Honestly, what country would not go for the money that's out there? Nobody will say: 'No, thank you very much for proposing, but given our priorities we won't apply for what you propose...' That's ridiculous!" (14/10/08)

Similarly, PEPFAR, which represents over 60 percent of AIDS expenditure in Tanzania and grants five-year funding for massive, irreversible ART roll-out, is regularly described as an imperialist political endeavour, including by international donor representatives. Concerning PEPFAR, a bilateral donor representative stresses: "I told [the executive chairman of TACAIDS]: 'Think carefully about what you are doing, before signing anything with them!'" (8/10/09). Another senior multilateral donor representative is even more critical. "Never, I would have signed such an agreement!" he fulminates, "[l]ook at what happens here...it's just too much! It destroys the whole [health] system; it makes it collapse! But nobody says: 'Stop! That's enough!'" (6/10/09). Some donors' self-critique can go as far as to radically question their *raison d'être*. Following a discussion about the contradictions of development co-operation, one bilateral donor representative with a long-standing experience in Tanzania and other African countries concludes, after a brief moment of introspection: "Sometimes I believe that the best way to help Tanzanians would be to simply pack our stuff and get out of here..." (25/09/08).

Beyond mere disillusionment, many AIDS players are deeply aware of the limits of their own actions. Far from being monolithic institutions, development agencies appear as highly heterogeneous entities. Taking this plurality into account in the analysis of development seems important – not to claim "mitigating circumstances" for its protagonists, but to fully grasp its complexity and fundamental ambiguity. Some key players of development in the field of HIV/AIDS are among the first to agree with the acknowledgement of failure of development and with some of the most radical conclusions drawn by post-development theorists. Nevertheless, they stay where they are and continue to do their job. To be sure, these people make a good living out of development. But not all of them are cynics. Many are driven by strong convictions and a genuine commitment to social justice. They believe that it is probably a bad idea to stay, but they are convinced that leaving might actually be worse. The above-mentioned consequences of an end of international aid for AIDS control makes this position understandable.

Taking the proponents of an end of aid at their word?

"In theory, theory and practice are the same. In practice, they are not."

Lawrence Peter Berra

As discussed above, the main concern of people living with HIV/AIDS is not primarily, as Serge Latouche (2004) suggests, to "survive development", but to survive in the absence of development aid. More fundamentally, the issue of HIV/AIDS raises the question to what extent the radical critics' call for an end of aid could actually be put into practice. One indication is their above-mentioned lack of attention to HIV/AIDS. Another response is illustrated by Andrew Mwenda's reaction when asked about HIV/AIDS, following one of his enthusiastic speeches on the urgent need to radically do away development aid. "Oh, HIV/AIDS...that's a different story", the Ugandan scholar

replied, conceding Africa's need for external assistance in this specific case.¹⁷ Framing the response to HIV/AIDS as an exception allows the critics of aid to maintain the radicalism of their critique. But is AIDS really essentially different from other health and development problems?

What makes HIV/AIDS special is that it benefitted from an exceptionally successful political mobilization. As a multilateral donor underlines, "We succeeded [...] in making [Western governments] understand that, if we don't treat, it is going to be catastrophic! It was more direct, more frightening...and it concerned a specific age group." (24/09/08). Other than that, and contrary to more general issues of economic development such as road construction or the improvement of tourism infrastructure, public inaction concerning HIV/AIDS cannot possibly be accepted as an ethically acceptable alternative. The victims of public inaction are, at least in part, known in advance and one could actually dress a list of those who were to die was international support for antiretroviral treatment to be ceased. It would be possible, not only to estimate the number of victims rather precisely, but to put names on numbers, and faces on names. Because it allows such an individualized projection, HIV/AIDS illustrates the potential effects of an end of aid in a particularly dramatic manner. However, AIDS is certainly not the only domain where "not worrying about the poor" is ethically questionable. A long list of equally urgent health or nutrition issues could easily be established.

To what extent can one uphold the radical critique of aid if its conclusions are not applicable to HIV/AIDS; an empirical example of aid that is neither anecdotic, nor essentially different from other development issues? What can radical theory contribute to critical thought if the consequences of its application to specific, real-life situations seem unbearable? Serving as a catalytic illustration of the complexities of aid, HIV/AIDS reveals a blind-spot in those theories that radically want to do away with it. On the one hand, the international response to the epidemic, through its problematic "side-effects" (Ferguson 2003) in terms of dependency and democratic accountability, provides a powerful empirical confirmation of some of the central arguments of post-development critics. On the other hand, the development protagonists' critical analysis of their own activity casts into doubt the post-development thinkers' monolithic vision of development. More fundamentally, the alarming proportions of the humanitarian crisis caused by the AIDS epidemics and the predictably terrible consequences of an end of international support pose a serious challenge to critical thought about aid. As the following section shows, many post-development theorists and radical critics of aid circumvent this difficulty by situating their critique in a long-term temporality, thereby deliberately ignoring immediate operational concerns.

The refusal of urgency and the politics of permanent crisis

Despite the fact that HIV/AIDS takes centre stage on the international development agenda, AIDS institutions at the global level generally do not conceive their activity as classical "development cooperation" but rather as an a-political humanitarian intervention in an emergency context. The prevention and treatment choices involved are presented as being mainly technical in nature, i.e. as resulting from rational compromises based on epidemiological and bio-medical evidence. AIDS institutions present their activities as pragmatic interventions that stand above ideological turf wars about conflicting development theories. Situating themselves on the side of "emergency" allows AIDS players to adopt a "harm reduction" approach and to escape potential criticism levelled

¹⁷ This conversation took place after Mwenda's key note address at the Joint Conference of the African Studies Association in Germany and the Swiss Society for African Studies in Freiburg, May 2008.

against development as a broader political project.¹⁸ The discursive reduction of the “fight against AIDS” to the mere “saving of lives” can have comfortable political consequences for its protagonists. It shields them from potential criticism by transferring their activity from a political into a moral framework of reference.¹⁹

Indeed, if their only goal is to save lives that are immediately at risk, not doing so would be homicide by omission or outright manslaughter. As a multilateral donor underlines, “[t]hose who are on drugs have to stay on drugs...it would be a crime not to grant them access!” (29/09/09). Given the ongoing nature of HIV infection and its chronic character, the “urgency response” to HIV/AIDS in Tanzania has become the normal state of affairs over the last decade. Even though it is, of course, a reaction to real human suffering and despair, the response to HIV/AIDS is comparable to what Giorgio Agamben calls “the voluntary creation of a permanent state of emergency” (2005, p. 2). The definition of a situation as “exceptional” is fundamentally political in the sense that it at least partially suspends the democratic requirement for accountability.

At a closer look, one major justification for development aid is implicitly based on a similar reasoning. Bono (2010), one of the most mediatised proponents of aid, recently wrote:

“[Aid is] crucial, if you have HIV and are fighting for your life. [...] But not the old, dumb, only-game-in-town aid — smart aid that aims to put itself out of business in a generation or two. “Make aid history” is the objective. It always was. Because when we end aid, it’ll mean that extreme poverty is history. But until that glorious day, smart aid can be a reforming tool [...]”

Post-development theorists radically object to this type of reasoning. Since aid has not even come close to achieving its stated objectives over the last 60 years, they argue, hoping that “smart aid” will make a contribution to making aid history is either a political sham or incredibly naïve. To be sure, even a vague knowledge of the basic findings of the sociology of organizations is sufficient to understand that “aid putting itself out of business” will undoubtedly remain a pious hope.

By refusing the eternal priority of the “urgent” (i.e. relieving extreme poverty and ensuring survival), post-development theories place the issue of temporalities at the heart of the discussion.²⁰ Indeed, much of the argument in favour of “development aid” is based on a synchronic conception of time. This reasoning asks what would happen if aid was to be stopped overnight. It implicitly compares the situation “before” to that “directly after” a hypothetical end of aid. As a result, the “after”-scene is primarily characterized by the lack of what is no longer there: the aid money and the services it paid for. This way of thinking tends to overlook the longer term negative effects of aid on the recipient countries’ socio-economic organization and political incentive structure. Far from being a potential “reform tool”, post-development theorists powerfully claim, aid perpetuates patronizing power structures and is thus the very reason for the absence of change. Their thinking takes into account the positive changes that dependency relations prevent from happening, such as transformations in democratic accountability

¹⁸ This being said, and as the example of the South African Treatment Action Campaign illustrates, medical urgency can also favour a more politicized democratic debate on health policy issues.

¹⁹ On the dynamics of depoliticization, see (Schmitt 1932, Mouffe 1993). A comparable analysis can be found in Rupert Neudeck’s preface to (Seitz 2009), in (Hours 1998) and in (Fassin 2010). This reasoning is mostly reflected in the international organizations’ official discourse, which – as discussed above – can differ sensibly from that of individual development officials.

²⁰ The refusal of “urgency” is generally based on two arguments: 1) the empirically observed failure of urgency as a guiding principle of public action and 2) a constructivist understanding of urgency as being the result of social and political struggles over classifications. See respectively (Hunsmann 2009) and (Gilbert/Henry 2009, Fassin/Bourdelaïs 2005).

and their (positive) repercussions on people's well-being. By drawing attention to the profound long-term implications of aid, its radical critics underline the need to think diachronically.

There is, however, a fundamental paradox. Despite their ambition of dynamic thought, post-development theorists tend to omit that significant social and political change is never instantaneous. Flouting the necessarily progressive nature of change, post-development theorists eclipse the inescapable period of transition between the "development" they denounce and the "end of development" they hope and call for. Thereby, they deliberately exclude time from their reasoning. While the followers of "smart aid" run the risk of remaining stuck in what they erroneously believe to be a transition period, post-development thinkers refuse to even consider its existence.

CONCLUSION: Radical critique and the imperative for action

"In the long run, and all other things being equal, foreign assistance dependence, like drug addiction, destroys rather than enhances the institutional capacities of the users, paralyzes national initiatives, diminishes people's faith and confidence in their abilities, and erodes the very basis of national sovereignty."

Severine Rugumamu (1997, p. 200)

"The long run is a misleading guide to current affairs. In the long run we are all dead. Economists set themselves too easy, too useless a task if in tempestuous seasons they can only tell us that when the storm is past the ocean is flat again."

John Maynard Keynes (1923, Chap. 3)

"[T]o read post-development theory as advocating indifference or inaction is to read it uncharitably", claims Sally Matthews (2006, p. 52). To a certain extent, it surely is. Not saying what to do is not the same as saying one shouldn't do anything. Yet the "alternatives to development" in the field of HIV/AIDS are hard to find in the post-development literature. "The call for practical solutions, Nustad (2007, p. 44) claims, rests on the assumption that the apparatus now in place has the capacity for delivering a solution, and there are important reasons for doubting that premise." While ART is not the solution to African AIDS epidemics, it is arguably a lot better than nothing. Other than that, many of the more critical AIDS players in Tanzania are not searching "the solution". They are merely, and at times desperately, looking for theoretical beacons that would allow them to "muddle through" (Lindblom 1959). A paradox of post-development is that it (quite understandably) refuses to draw yet another blueprint for a better society, but that the radicalism of its position is resolutely incompatible with incremental change. Indeed, in the field of HIV/AIDS in Africa, in order to be ethically acceptable, post-development would have to be implemented globally, entirely and instantaneously. Industrialization and all forms of imperialism would have to be abolished overnight along with their historical consequences. Given the role of demographic concentration and mobility in the spread of epidemics, HIV/AIDS would arguably never have reached epidemic proportions in an entirely pre-industrial and pre-colonial Africa (Iliffe 2006). But that is not the question. The question development practitioners could legitimately ask post-development theorists is: "Given the present state of affairs, what are the sub-revolutionary strategies to adopt in the field of HIV/AIDS?"

This contribution proposed to confront post-development theories with a real-life situation, indeed, a life and death matter. Putting post-development to such a “reality test” is admittedly somewhat unfair. It confronts theories of generalized change with a demand for sector-specific, partial solutions that could be implemented in the world as it is. In a certain sense, it asks the theories to give answers in an “all other things being equal” setting, even though their fundamental claim is that all these “other things” have to change drastically. This, however, leads to an implicit “all-or-nothing” approach, which makes the theories quite unoperational. Arguably, being operational is not their pretension. So does asking post-development to be operational amount to spitting in the wind? To be sure, post-development is mainly a critique of ideology (Ziai 2006) and it has, as such, made a genuine contribution to critical thought and probably to development practice. Since post-development has revealed the erroneous premises and thus the impasse of development, Nustad argues, “the lack of instrumentality is not a weighty argument against the analysis itself” (2007, p. 35). Following this reasoning, the critique of development as it is can, and should, be kept separate from the call for alternatives. This raises a number of questions about the nature and the role of political theory. Is it intellectually satisfying to dissociate radical critique from what could be called an “imperative for action” and the ensuing consciousness of necessarily incremental, reformist solutions? Many post-development authors and radical critics of aid arguably intentionally aim for the sky to reach the treetop.

In a situation such as the African AIDS epidemics where, even in the short run, inaction will lead to a lot of people dying, the long run definitely “is a misleading guide to current affairs”, as Keynes puts it. Policymakers are constrained to formulate sub-revolutionary strategies that try to conciliate the diverging temporalities of the “is” and the “should”. In doing so, the progressive ideas voiced by post-development thinkers can certainly be of some guidance. Post development as a state of mind, which consists in envisaging the possibility that “those engaged in [popular] struggles may want different things from us than what we are most keen to offer” (Matthews 2007, p. 135), can contribute to formulating alternative and fundamentally different ways of responding to the epidemic. Its claim for radical democracy can lead policymakers to temper the somewhat authoritarian traditions of public health and some of the post-development thinkers’ critical analyses of health and illness, and of Western medicine’s tendency to over-medicalize both of them, are relevant in the field of AIDS control.

But it is doubtful that any of these changes would include the plan to entirely do away with international support or Western medical technology in the foreseeable future. The alternatives would thus, in a sense, be strategies for alternative development, not alternatives to development. Given the scale and scope of a real-life problem such as HIV/AIDS, the contribution of post-development thought will certainly - and in some cases hopefully - fall short of its theorists’ stated ambitions. More fundamentally, the existence or not of an “imperative for action” (including via the distribution of Western pharmaceutical technology) seems to be key. Only a relativist posture grounded in radical constructivism justifies the dismissal of the ethical need to act. If one accepts the imperative for action in the field of AIDS, the “post” in post development becomes highly elusive. Ultimately, is post-development not “simply” a radical call for truly democratically defined and collectively organized positive social change? If it is, AIDS policymakers have a lot to learn.

Bibliography

- Agamben, G. (2005) *State of Exception*, Chicago: University of Chicago Press, translated by Kevin Attell, originally published in Italian in 2003.
- Alvares (1992) *Science, development and violence : The revolt against modernity*, Delhi: Oxford University Press.
- Bierschenk, T., J.-P. Chauveau and J.-P. Olivier de Sardan (eds.) (2000) *Courtiers en développement. Les villages africains en quête de projets*, Paris: Karthala.
- Bono (2010) "Africa Reboots", *The New York Times*, April 17.
- Bourdieu, P. (1992) *Réponses*, with Loïc Wacquant, Paris, Seuil.
- Bourdieu, P. (1998) *Contre-feux*, Paris: Liber-Raisons d'Agir.
- Bunyard, P. (1997) "Tehri: A Catastrophic Dam in the Himalayas", in: Rahnema, M. (ed.) *The Post-development Reader*, London: Zed Books, Chap. 25.
- Canguilhem, G. (1966) *Le normal et le pathologique*, 10th edition, Paris : Quadrige, 2006.
- Comeliau, C. (2003b) "Controverse sur l'« après-développement »", in Comeliau, C. (ed.) (2003a), pp. 117-122.
- Comeliau, C. (ed.) (2003a) *Brouillons pour l'avenir – Contributions au débat sur les alternatives*, Geneva: Nouveaux Cahiers de l'IUED, n° 5.
- Easterly, W. (2006) *The White Man's Burden – Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good*, New York: Penguin.
- Epstein, S. (1996) *Impure Science - AIDS, Activism and the Politics of Knowledge*, Berkeley: University of California Press.
- Fassin, D. (2010) *La raison humanitaire. Une histoire morale du temps présent*, Paris: Éditions de l'EHESS (with Le Seuil/Gallimard).
- Fassin, D. and P. Bourdelais (eds.) (2005) *Les Constructions de l'intolérable. Études d'anthropologie et d'histoire sur les frontières de l'espace moral*, Paris: La Découverte.
- Fassin, D. and P. Vasquez (2005) "Humanitarian exception as the rule: The political theology of the 1999 *Tragedia* in Venezuela", *American Ethnologist*, Vol. 32(3), pp. 389-405.
- Ferguson, J. (2003) *The anti-politics machine: "development", depoliticization, and bureaucratic power in Lesotho*, Minneapolis, Minnesota University Press, first published in 1990 by Cambridge University Press.
- Gilbert, C. and E. Henry (eds.) (2009) *Comment se construisent les problèmes de santé publique*, Paris: La Découverte.
- Gill, P. (2006) *Body Count – How they turned Aids into a catastrophe*, London: Profile Books.
- Green, M. (2003) "Globalizing Development in Tanzania: Policy Franchising through Participatory Project Management", *Critique of Anthropology*, Vol.23(2), p. 123-43.
- Hours, B. (1998) *L'idéologie humanitaire ou le spectacle de l'altérité perdue*, Paris: l'Harmattan.

- Hunsmann, M. (2009) "Is the vertical struggle 'stuck in the fire-fighting mode'? Rationales and obstacles to using the 'AIDS-money' for integrated upstream prevention in Tanzania", *International AIDS Economics Network (IAEN) Special Sessions at the AIDS Impact Conference 2009*, Gaborone, Botswana, 22-25 Sept.
- Iliffe, J. (2006) *The African AIDS Epidemic – A History*, Oxford: James Currey.
- Illich, I. (1969) "Outwitting the 'Developed' Countries", *The New York Review of Books*, Vol. 13(8), Nov. 6.
- Illich, I. (1976) *Limits to Medicine – Medical Nemesis: The Expropriation of Health*, London & New York: Marion Boyars, 1995.
- Keynes, J. M. (1923) *A Tract on Monetary Reform*, paperback edition, Prometheus Books, 2000.
- Kiely, R. (1999) "The Last Refuge of the Noble Savage? A Critical Assessment of Post-Development Theory", *European Journal of Development Research*, Vol. 11(1), pp. 30-55.
- Latouche, S. (2003) "Il faut jeter le bébé plutôt que l'eau du bain", in Comelieu, C. (ed.) (2003a), pp. 123-34.
- Latouche, S. (2004) *Survivre au développement. De la décolonisation de l'imaginaire économique à la construction d'une société alternative*, Paris: Mille et une nuits.
- Lindblom, C. (1959) "The Science Of 'Muddling Through'", *Public Administration Review*, Vol. 19(2), pp. 79-88.
- Matthews, S. (2006) "Responding to Poverty in the Light of the Post-Development Debate: Some insights from the NGO Enda Graf Sahel", *Africa Development*, Vol. XXXI, No. 4, pp. 52-72.
- Matthews, S. (2007) "What, then, should we do? Insights and experiences of a Senegalese NGO" in Ziai, A. (ed.) *Exploring Post-development: Theory and practice, problems and perspectives*, London & New York: Routledge.
- Mouffe, C. (1993) *The Return of the Political*, London and New York, Verso.
- Mwenda, A. (2006) "Foreign Aid and the Weakening of Democratic Accountability in Uganda", CATO Institute, *Foreign Policy Briefing*, N° 88, July 12.
- Nustad, K. G. (2007), "Development. The Devil We Know?", in Ziai, A. (ed.) *Exploring Post-development: Theory and practice, problems and perspectives*, London & New York: Routledge, pp. 35-46.
- Rahnema, M. (1997) "Development and the People's Immune System: The Story of another Variety of AIDS, in: Rahnema, M. (ed.) *The Post-development Reader*, London: Zed Books, pp. 111-29.
- Rist, G. (2007) *Le développement – Histoire d'une croyance occidentale*, Paris: Presses de la FNSP, 3rd edition.
- Rist, G. (ed.) (2002) *Les mots du pouvoir, sens et non-sens de la rhétorique internationale*, Geneva: Nouveaux Cahiers de l'IUED.
- Rugumamu, S.M. (1997) *Lethal Aid: The illusion of socialism and self-reliance in Tanzania*, Trenton NJ: Africa World Press.
- Schmitt, C. (1932) *Der Begriff des Politischen*, Berlin, Duncker & Humboldt, Neuauflage von 1963.
- Sawers, L. & Stillwaggon, E., 2010 "Concurrent sexual partnerships do not explain the HIV epidemics in Africa: a systematic review of the evidence" *Journal of the International AIDS Society*, 13(1), 34.
- Seitz, V. (2009) *Afrika wird armregiert – oder wie man Afrika wirklich helfen kann*, München: dtv.
- Sontag, S. (1990) *Illness as Metaphor and AIDS and its Metaphors*, New York: Picador

- Stillwaggon, E. (2003) "Racial Metaphors: Interpreting Sex and AIDS in Africa" *Development and Change*, 34(5), pp. 809-32.
- Stillwaggon, E. (2006) *AIDS and the Ecology of Poverty*, Oxford: Oxford University Press.
- TACAIDS (2008) *2007 Tanzania Public Expenditure Review: HIV-AIDS*, Dar-es-Salaam.
- TACAIDS (2010) *Public Expenditure Review 2007-2009 HIV and AIDS - Tanzania Mainland*, Dar-es-Salaam.
- Treillet, S. (2004) "Misère de l'anti-développement", *Recherches internationales*, N° 72-2, pp. 111-35.
- Wade, R. (2005) "What Strategies Are Viable for Developing Countries Today? The World Trade Organization and Shrinking of Development Space" in Gallagher, K. (ed). (2005) *Putting Development First, the importance of Policy Space in the WTO and IFIs*, London and New York : ZED Books, 80-101.
- Ziai, A. (2004) *Entwicklung als Ideologie? Das klassische Entwicklungsparadigma und die Post-Development-Kritik – Ein Beitrag zur Analyse des Entwicklungsdiskurses*, Schriften des Deutschen Übersee-Instituts Hamburg, n° 61, Hamburg: DÜI.
- Ziai, A. (2006) "Post-development: Ideologiekritik in der Entwicklungstheorie", *Politische Vierteljahresschrift*, Vol. 47(2), pp. 193-218.
- Ziai, A. (ed.) (2007) *Exploring Post-development: Theory and practice, problems and perspectives*, London & New York: Routledge.