

DONOR ASSISTANCE FOR AIDS IN SOUTH AFRICA: MANY ACTORS, MULTIPLE AGENDAS

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ABSTRACT

Given the scale and severity of AIDS in South Africa, and (until recently) the highly contested policy environment of a government in denial about the basic causality of HIV and AIDS, bilateral and multi-lateral overseas development assistance donors have come to play a critical role in the shaping of AIDS policy in terms of its formulation, implementation and evaluation. In the context of debates regarding the effectiveness of aid in global health, one measure of such effectiveness is its impact on the domestic policy agenda. In the first half of 2007 we conducted 30 interviews with key AIDS donors and their civil society partners in South Africa. This ethnographic study provides an analysis of these respondents' views regarding their role in the AIDS policy process — in particular as they work towards a change in the policy agenda. The analysis is guided by John Kingdon's Multiple Streams framework, which explains policy change in terms of agenda-setting. The findings illustrate the interplay between domestic and international actors in the context of global health assistance and provide a rich insider's perspective on the machinations around agenda-setting. The article concludes that national-level politics was

the most fundamental impediment to real effectiveness in South African AIDS policy in the period up to 2008.

1. INTRODUCTION

In 1982 the first two AIDS deaths in South Africa were recorded. Today more than 5.7 million South Africans are HIV-positive, of a population of 48 million people. The average estimated adult HIV prevalence is 18,8 per cent. Every day, around 1 000 of these people die (Gow, 2009), while at the same time, more than 1 200 people become HIV-positive. Clearly South Africa has not yet reached a point where incidence levels have dropped below the attrition rate — the worst is still to come. The national Department of Health has estimated the HIV prevalence for pregnant women attending public health facilities every year since 1990; prevalence among pregnant women escalated from 0,7 per cent in 1990 to 29,3 per cent in 2008 (National Department of Health, 2009a).

Within this context successive South African governments have crafted a variety of policy responses. Since democratisation in 1994 these responses have included broad, national strategies, updated every five years, and developed in consultation with civil society. From 2003, treatment-specific strategies were added to enable the roll-out of life-saving medication. In 2007 the South African government included specific numeric targets in terms of fiscal spending and treatment rollout over the next five years. Through this same period bilateral and multilateral donors (collectively referred to as 'donors') have been enthusiastic in funding and delivering prevention, treatment and care programmes, to support and supplement the government's policy responses. It is widely agreed that, in terms of the contents of the actual policy documents, the South Africans have consistently got it right.

However, as the statistics cited above indicate, policy measures and donor assistance have not been as effective in lowering the levels of incidence and prevalence of AIDS in South Africa as in other countries experiencing mature epidemics, such as Brazil and Uganda (UNAIDS, 2008). Despite the abundant availability of donor funding in the health sector, the indicators of South Africans' quality of life have been on a consistent downward trajectory (UNDP, 2009). With some notable exceptions, donors for the most part have funded

their partners in country directly, bypassing the Mbeki government's (1999-2008) recalcitrant health ministry. However, as noted by the lead donor on AIDS in Southern Africa, the Swedish Agency for International Development (Sida), this money has mostly been used in a rather reactive and uncoordinated way, focusing on mitigation measures rather than being able to have impact at scale (Swedish Ministry of Foreign Affairs 2008).

The South African AIDS epidemic reached its zenith during the same decade that the global debate regarding aid effectiveness shifted. The publication in 1998 of the World Bank's *Assessing Aid: What Works, What Doesn't and Why*, followed in 2000 by the development of the Millennium Development Goals (MDGs) and the United Nations (UN) Security Council's historic framing of AIDS as a global security threat, have led to significant repositioning and discussion amongst overseas development assistance (aid) donors regarding their 'place' and impact in the context of African development challenges specifically. It has become increasingly clear that fiscal considerations are only one part of what informs the effectiveness (or not) of donor assistance.

In 2005 this collective introspection begat the multilateral *Paris Declaration on Aid Effectiveness of 2005* (the Paris Declaration), which made explicit donors' realisation of the imperative for greater harmonisation and alignment of their funding, planning, activities and measures of success. The Paris Declaration was the result of a meeting of donors in February 2005 facilitated by the Organisation for Economic Co-operation and Development (OECD) and the French government with a view to provide input in the run-up to the G8 Summit in Gleneagles later that year. Concern was expressed about the proliferation of private and government-funded donor organisations engaging in uncoordinated development activities, resulting in duplication, overlap, and high transaction costs for recipient countries. The Declaration also marked a new sensitivity among donors to the need to recognise how policies are made and implemented on the ground, rather than imposing the usual 'best practice' mechanisms suggested in New York or Geneva. At the same time, the limited capacity of recipient governments was acknowledged and put at the centre of coordinated development work (OECD 2005 & 2008, but see also Kaufmann 2009). There is broad consensus amongst prominent domestic, bilateral as well multilateral development actors that

these are positive developments for overseas aid (OECD 2007).

In public policy literature there is explicit recognition of the role played by actors outside of governments in the formulation and development of policy. These extra-governmental policy actors can include international or multilateral agencies (Howlett, Ramesh and Perl 2009, 75-77), such as agencies belonging to the UN family, and bi- and multilateral donors. While there is some debate about the terminology used to describe such groups of actors (Howlett, Ramesh and Perl 2009, 81-85; Zahariadis 2003, 48-49; Jordan 1990), they can be seen as a 'policy community' that is drawn together by shared ideas and objectives within a specific policy area. This does not suggest that all members of a policy community are in agreement on all aspects of their policy area, indeed a number of theorists have developed typologies to illustrate the variety of opinions which may exist (for example, see Marsh (1998) on policy communities and issue networks, or Wilks and Wright (1987) on policy universes, communities and networks). Theories of the policy process are useful for explaining how government and non-government actors work together in shaping policy within such a policy community.

In this article we use John Kingdon's (2003) Multiple Streams (MS) theory to elucidate the roles of international and domestic policy actors in the changing South African AIDS policy environment since 2005. Kingdon identifies the processes that determine how policy problems are identified, defined and placed on the government agenda. A shift in the government's agenda is a necessary precursor to real policy change, though it does not always follow that real change is achieved. Kingdon emphasises the role policy entrepreneurs as key actors in the policy community, contributing knowledge in an attempt to influence governments' priorities. Importantly, MS theory also underlines the importance of timing and the creation of 'windows of opportunity' that allow for real policy change.

In order to understand the South African AIDS policy context, in early 2007 we conducted semi-structured interviews with around 30 prominent representatives of AIDS donor agencies and their non-governmental organisation (NGO) partners. The respondents included two sets of organisations: firstly, the main bilateral and multilateral aid donors targeting HIV and AIDS in South and Southern Africa, and secondly, these donors' main South African partner organisations. These respondents were identified by the lead AIDS donor in South-

ern Africa because of their direct involvement in the strategising and implementation of AIDS-related programmes at that time. As such, they represent a broad sample of the non-government actors in the AIDS policy community, and many of the respondents can be classified as policy entrepreneurs. It should be noted, however, that given the level of politicisation of AIDS in South Africa, all respondents received assurances of complete anonymity prior to their interview (as such, individual responses are not attributable; direct quotations are also kept to a minimum). According to the South African National Department of Health (2009b) the total government expenditure on HIV and AIDS was just over ZAR5 billion (US\$720 million) in 2009. In the same year, according to a KPMG report compiled for Sida (2010), a total of just under ZAR1.1 billion (US\$159 million) was donated by foreign donors for use in the government's National Strategic Plan (NSP) on AIDS — the aid money represents around 21,5 per cent of the total.

The interviews were conducted at a particularly interesting juncture in recent South African AIDS policy history. President Thabo Mbeki's administration made international headlines for its notorious governance of the domestic AIDS epidemic. Shortly after Mbeki came to power in June 1999 the President started to question publicly the science and epidemiology of AIDS, casting doubt on its link with HIV. Mbeki and his Health Minister, Manto Tshabalala-Msimang, were accused of being 'AIDS denialists', muddling the political environment within which treatment policies in particular were crafted and implemented (Nattrass 2004, 2007; Fourie 2006; Fourie & Meyer 2010). Mbeki and Tshabalala-Msimang became the targets of global as well as local civil society censure, and after the end of the Mbeki administration a study conducted by Harvard researchers found that more than 330 000 HIV-positive South Africans had died unnecessarily due to the government's foot-dragging on the provision of anti-retroviral drugs (ARVs) (Chigwedere *et al.* 2008). By 2007 Mbeki had become isolated also within the ruling African National Congress (ANC) party, but our interviews took place before his ultimate dismissal in September 2008.

Our analysis is structured as follows: firstly, Kingdon's Multiple Streams theory is introduced. We then use MS theory to analyse the data collected in the interviews, drawing out the problem, policy and politics streams; this allows us to explain the role of policy actors as

they prepare for an opening of a window of opportunity in the hope of ultimately shifting the policy agenda. The article concludes with a discussion of key findings.

2. MULTIPLE STREAMS AND CHANGING THE POLICY AGENDA

Within the policy community around HIV and AIDS in South Africa, there is a conspicuous disparity between the policy priorities and sense of urgency expressed by the donor and partner organisation compared with those of the South African government. This has important implications in terms of the effectiveness of the aid which is directed at the policy problem by the donors. While the extent and scope of the policy problem is well-recognised in civil society, the challenge of getting HIV and AIDS onto the government's agenda has been a significant one for many years. Even as scientific and medical knowledge around the disease has advanced, some political leaders in South Africa have proven reluctant to accept the problem as demanding government attention and focus.

Policy theorists have long recognised that the agenda-setting stage is vital in determining the effectiveness of subsequent policy making (see for example, Bachrach and Baratz, 1970; Baumgartner and Jones, 1993; Kingdon, 2003). Moving an issue from the 'public agenda', where it is visible or recognised by the public broadly, to the 'formal agenda', those matters of immediate concern to a government, is a deeply political and contested process (Cobb, Ross and Ross, 1976).

The Multiple Streams approach was developed in the pluralist domestic setting of policy-making in the United States (US). Clearly there are important caveats to be considered when applying the approach to different contexts. In recent years, various scholars have successfully applied Multiple Streams to a wide range of institutional settings, policy areas, and aspects of the policy-making process: for example, Zahariadis (2003) applied Multiple Streams to European parliamentary systems and decision-making, considering both domestic and foreign policy areas; Cairney (2009) adopted Kingdon's notion of the 'idea whose time has come' for his analysis of tobacco control measures across the United Kingdom (UK); and Ridde (2009) has

used the framework to explain implementation failure in an African health policy setting, which experiences a similar crossover between international and domestic arenas to the case of AIDS policy in South Africa.

Policy-making around HIV and AIDS in South Africa is clearly driven by a policy community containing local actors from national government and the health sector, as would be familiar to Kingdon, but also a large number of global actors, in particular the international donor agencies. The policy agendas of these donors have the potential to vary significantly from those of the South African government, especially as many of the agencies are responsible to their own national governments and also to trends and ideas developed in the international or multilateral arena. The power relations between these different sets of actors are critical to the policy process, especially in terms of the technical and financial capacity of the government actors.

Kingdon's Multiple Streams framework starts from the premise that all governments and policy makers are faced with an infinite range of issues about which they could take action, but limitations in terms of time, resources and processing capacity oblige governments to make choices. From the wide range of issues raised by the media, the public, interests, non-government organisations and government itself, only some of these reach the 'governmental agenda', which Kingdon defines as 'the list of subjects or problems to which governmental officials ... are paying some serious attention at any given time' (Kingdon, 2003: 3). Kingdon identifies three 'streams' (or processes) that work independently in the shaping of the policy agenda. The first of these is the 'problem' stream, which is the range of issues which have been brought to the attention of policy makers, either as a result of routine policy evaluations or some dramatic event, which forces an issue into the public arena.

The second stream is the 'policy' stream, in which experts or policy specialists within the policy community develop 'alternatives', or proposals of ideas for what actions governments might take. Kingdon explicitly rejects a rational model of policy-making and he emphasises that these solutions are not necessarily developed in response to specific problems; rather, advocates will often prepare a proposal and then look for a problem to which they may attach it. Kingdon adapted the 'garbage can model' (Cohen, March and Olsen,

1972) to explain how this process happens: as problems and solutions are developed entirely independently of each other, they are metaphorically shoved into garbage cans, and will wait there until the moment when a policy-maker needs to address a situation, thus selecting both problem and solution from those available at the time.

Finally, the 'politics' stream refers to the immediate political context in which agendas are shaped, including factors such as elections, changes of government and personnel, the competition between political parties, the advocacy of interest groups and NGOs, and public opinion (or 'national mood'). While much of the normal political process is predictable, and routine (such as budgeting, or electoral cycles), it is in the politics stream that the role of serendipity and timing is at its most obvious. Shifts in government personnel, or public opinion, can provide unexpected opportunities for change in the policy agenda, as can a crisis or 'focusing event' (Birkland, 1997) which puts a government under pressure to pay urgent attention to a specific policy area.

For an issue to reach the policy (decision) agenda, it is important for all three streams to be linked together, or 'coupled'. This linking of the various streams is far from a logical, rational process, having more to do with timing, and chance. Kingdon thus describes the opening of 'windows of opportunity' which allow two, and perhaps all three, streams to be linked together, making a change in the policy agenda more probable. Windows may be opened as a result of an event in the politics stream (such as an election, or a flurry of media attention) or in the problem stream (with a critical evaluation of a past policy, or a crisis). The chance of policy change as a result of such a window of opportunity is fleeting however: 'Policy windows open infrequently, and do not stay open long' (Kingdon, 2003: 166). It is possible for chances to be missed, and opportunities lost, whether through poor preparation and organisation, a lack of palatable or viable alternatives available, or through deliberate sabotaging by other actors.

Policy entrepreneurs play a critical role in preparing for windows of opportunity, ensuring that policy proposals are ready to present to decision-makers, and aligning them with events in the problem and politics streams. Entrepreneurs are actors who have good access to decision-makers, though they may be inside or outside the government. Kingdon (2003: 179) defines policy entrepre-

neurs as 'advocates who are willing to invest their resources — time, energy, reputation, money — to promote a position in return for anticipated future gain'. They will champion particular solutions, and will develop considerable expertise over time as they work to achieve their own objectives.

The following section will apply the Multiple Streams approach to the policy-making process around AIDS in South Africa, drawing on the data gathered in the interviews. This analysis will help draw out the key elements which have prevented AIDS from reaching the government's policy agenda in recent years, and allow for some consideration of the prospects for more substantial policy change in the future. We shall begin by looking at each of the three streams separately.

3. THE THREE STREAMS IN THE CONTEXT OF AIDS IN SOUTH AFRICA

3.1 Problem stream

The problem stream addresses issues that are of concern to government, or about which government is expected to take action. Recognising a problem is not a neutral or technical process; it is a matter of interpretation. The manner in which the causes of a problem are understood determines the range of solutions that are seen as appropriate. The problem definition also includes the scale, severity or urgency of that problem (Rochefort and Cobb, 1994; Bacchi, 1999; Stone, 2002).

At the time when we conducted the interviews the scale and severity of the South African epidemic were becoming dramatically clear. Incidence and prevalence measures were well-established above ten per cent of the total population, and morbidity and mortality levels were having a demonstrable impact on economic output and productivity. However, despite the conspicuous effects of the epidemic, AIDS policy still remained contested, beset by profound ideological and value differences. We will examine this debate briefly, before outlining the three prominent competing problem definitions around AIDS that emerged from our interviews.

3.1.1 The scale of AIDS in South Africa: Interpreting the data

Statistics on the prevalence, incidence and toll of AIDS in South Africa (such as those presented in our introduction) are stark and confronting. Yet, in the eyes of our respondents, even these statistics do not reflect the full scale of the epidemic, or its complexity (Interviews with Donors nos 1, 3, 5 and 9). As AIDS has not been declared a national emergency by any South African government, data on the scale of the epidemic is patchy. Those statistics that are available are collated primarily from antenatal clinic visits, in the absence of a more widespread testing regime. The implications of this are important: if the public and health authorities can not identify who is HIV-positive, then most people who need AIDS drugs go untreated, and those who have the virus are not encouraged to seek treatment (Barnett & Whiteside 2006). This is a particular problem for the poor, who are seen as a target population with low 'treatment literacy' and low awareness of the importance of treatment adherence (Interview with Partner no 18).

While acknowledging some of the constraints on effective data collection, one respondent pointed to the urgency of the situation, arguing that 'Human rights and the right not to be tested or to hide your status are all good and well, but we have a war, so let's go out there and find out what we need to know' (Interview with Partner no 12). In the same vein, another respondent argued 'Stop relying just on [antenatal clinic data]. Keep it, but do more kinds of data gathering. Get people tested. I'm not convinced we have the full picture. We need to monitor incidence better. The ANC surveys draw links with women too much, and then only with certain types of women — mainly young women using the public health clinics. ANC data hides other kinds of infection' (Interview with Partner no 17).

According to our respondents, compounding this complexity is the issue of 'AIDS fatigue'. The South African populace is inundated with information and mostly bad news about the epidemic and respondents have observed a creeping sense of weariness in matters relating to AIDS. For instance, one respondent said that 'Success will depend on our ability to ... keep the media interested. There is so much AIDS fatigue within the organization and outside of it' (Interview with Partner no 18). Another respondent said 'People are getting tired of AIDS and tired of the mixed messages ... Everything is token-

ism' (Interview with Partner no 17).

Prevention messages, exhortations to get tested and a sense of crisis are undermined by the normalisation of the horror of the epidemic — what Kingdon (2003: 198) refers to as becoming 'accustomed or relabel[ing] a problem'. For many South African, then, AIDS is not labelled as a problem so much as an everyday condition.

We now turn to the three competing problem definitions around AIDS that emerged from our interviews.

3.1.2 Treatment versus Prevention

Ever since the drafting in 1994 of the National AIDS Plan, the first South African official policy on AIDS, there have been three focal areas in official responses to the epidemic: prevention, treatment and care. Between 1999 and 2008, however, the Mbeki government refused to make antiretroviral drugs (ARVs) widely available, thus neglecting the treatment imperative. This meant that the most pressing problem definition for the non-government actors in the policy community was the immediate clinical demand for treatment. Despite the broad recognition of ARVs as a proven, cheap, and effective method of minimising the effect of the virus in HIV-positive individuals, as well as prolonging life and sustaining productivity, the Mbeki government moved to actively block the provision of ARVs at public health facilities. The government argued that these drugs were variously toxic, too expensive, or part of a Western/racist conspiracy to make black people and poor countries pay for drugs that they did not need (Schneider 2001; Van der Vliet 2004; Nattrass 2004; Fourie 2006).

By default, then, for a decade all South African AIDS activism was focused the government's refusal to roll out the drugs. This refusal was seen to be the cause of the spiralling morbidity and mortality rates and so the solution was litigation, invoking the government's obligations to provide health care as enshrined in the Constitution. The legal and political battle between AIDS civil society and the Mbeki government dragged on for many years and diverted attention and policy thinking from prevention.

By 2007 the treatment struggle was being won and this allowed actors greater focus on the need for prevention: as one respondent explained, 'the fact is that treatment is relatively easy to get right, it's prevention we need to tackle, and we need to stop over-

simplifying the issues' (Expert Interview no 21). Similarly, 'I think we have rightly been so focused on treatment that we left prevention by the wayside. Now that treatment access has been addressed to some extent, we need to think about the majority of South Africans, who are still HIV negative. It's difficult because prevention doesn't have natural advocates' (Interview with Partner no 17).

The new problem definition pointed to sustained high incidence levels, which were seen to be caused by culturally accepted sexual practices, including multiple concurrent sexual partnering and other practices based on unequal gender relations. The respondents expressed anxiety about solutions to this problem that might curtail rather than expand human rights and individual freedom. Of even greater concern were the solutions which required behaviour change and all the challenges to accepted cultural norms. As one respondent put it,

People need to be tested, but they are simply not coming forward. Of course this goes along with stigma and behaviour change and all the fundamental 'nasties' that need to be addressed, I'm not saying any of this is easy, but we need to move creatively, certainly more intelligently and circumspectly that is how we have been managing this up to now. Culture is a killer in this country. It has become this holy cow notion that everyone is too afraid to criticise or address in a meaningful way (Interview with Donor no 3).

The same donor also warned against donors arriving in South Africa and imposing culturally insensitive and inappropriate prescriptions for behaviour and other cultural change. They said that 'ignorance is dangerous', and when things go wrong local staff are 'then left to pick up the pieces'. Partner organisations agree with this, with one respondent noting that if earlier in the epidemic they knew what they know now, 'the issues of multiple concurrent partnering would have been focused on more; essentially this is what drives the local epidemic, isn't it? ... How do you tell them to wear a condom? How do you change attitudes regarding polygamy?' (Interview with Partner no 13).

3.1.3 Funding versus Capacity

Towards the late 1990s the scale of the South African AIDS epidemic was becoming apparent. At the same time, ARVs remained prohibit-

ively expensive in developing countries, so either the drug prices needed to be reduced substantially (and quickly), or other sources of funding would be required to address the shortfall (Bond 2003). For the donor agencies in the policy community, the pressing problem of drug affordability was initially linked to two solutions: campaigning for cheaper AIDS drugs from large pharmaceutical companies, and direct funding by donors for the purchase of ARVs (*The Economist* 2010; GFATM 2009).

As drugs became more cheaply available and as multilateral funding bodies were established, the immediacy of the need for money retreated. In recent years the problem definition has shifted to the deficit of appropriate skills to manage the money, both within the South African government and among the community-based organisations working in the field. This deficit had developed as a result of the earlier emphasis on funding of treatment, exclusively, at the expense of longer-term needs such as skills transfer and the establishment of infrastructure. In particular, respondents pointed to the absence of medical health professionals, clinics and hospitals which potentially undermines the utility of having access to donor funds (Interview with Partner no 14). Concerns were also expressed that a surplus of funding presented real risks: it might actually boost corruption, impose unnecessary layers of bureaucracy, create perverse incentives that lead to unintended consequences in the application of funding, and exacerbate distrust between donors and their partners on the ground (Interview with Donor no 1).

A number of respondents have already begun to address this new problem definition by reshaping their programmes around capacity-building, including activities such as basic financial and human resource management skills training, mentoring, secondments and internships. 'The challenge lies in NGOs' and government's capacity to absorb funding' (Interview with Donor no 7). Respondents observed that NGOs and community-based organisations (CBOs) in many instances lack the skills to open bank accounts, apply for funding or manage people. Training needs were also identified in monitoring and evaluation (M&E) of programmes in general, including at the provincial, and local/municipal levels of government (Interview with Donor no 14).

3.1.4 Social Determinants of Health and Poverty

There have been two prominent problem definitions around AIDS in South Africa based on the social determinants of health. The first of these was controversial and rejected by civil society organisations (Fourie 2006; Lieberman 2009), but is important as it was expounded by former South African President Thabo Mbeki, and as such it dominated the public agenda. The second problem definition was more widely supported by the respondents in the interviews and reflects the consensus in the global development community.

Former President Mbeki's and Health Minister Manto Tshabalala-Msimang's conception of the AIDS problem in South Africa emphasised poverty (rather than the human immunodeficiency virus (HIV)) driving a collection of diseases that together are known as AIDS (Ngonyama 2000). African poverty, in turn, is the legacy of colonialism and white rule, as well as their resultant and persistent patterns of inequality.

The mainstream, biomedical problem definition states that AIDS is caused by HIV (Barnett & Whiteside 2006), the transmission as well as the impact of which are facilitated and exacerbated by the presence of poverty (Nattrass 2004).

Interestingly, then, both of these problem definitions identify the central role of poverty in the South African AIDS epidemic. However, whereas Mbeki views poverty as the cause of the problem (and poverty in turn being caused by white people), the mainstream position (reflected by the respondents) views poverty as one contributing factor that makes HIV (the actual cause) worse. Mbeki's solution, therefore, is to eliminate black poverty and systemic white racism, ignoring HIV altogether. The mainstream solution, on the other hand, is to prevent the transmission of the virus in the first instance, to treat those who are already infected, and to mitigate the impacts of poverty.

Kingdon's problem stream underlines the complexity and contested nature of problem definition. There will be a range of problem definitions around any policy issue, but as illustrated here by our interviews, the problem definition adopted by government is critical in the shaping of the policy agenda. The next section will review the policy stream.

3.2 Policy stream

The policy stream is where the individual actors who are experts in a specific policy area generate and propose policy solutions or alternatives. Not all solutions make it onto the governmental agenda; Kingdon (2003: 126-7) refers to a policy 'primeval soup', where ideas and alternatives circulate beneath the surface, and from where only some emerge successfully. The interviewees considered in this article are active in the policy stream, and much of the content of the interviews concentrated on these policy ideas and alternatives.

In recent years the policy stream of AIDS in South Africa was characterised by three main value sets. In the first instance, as mentioned above, there is a mainstream biomedical approach to AIDS, and all the respondents that we interviewed belong in this category. These individuals believe in the scientifically confirmed causal link between HIV and AIDS, as well as the need for an evidence-based approach to policy making regarding the epidemic.

Many of the respondents are involved in commissioning or conducting research designed to support this evidence-based approach to the AIDS policy problem in Africa. As one respondent stated, 'There is too little evidence that supports what we do. Instead of evidence-based policy making there is a lot of policy-based evidence making ... Better research is imperative if we are to have good policies' (Interview with Donor no 4). Key gaps identified by the respondents include the more 'fuzzy' or psychosocial elements inherent to HIV and AIDS, including culture and sex, social justice issues, and gender dynamics (Interview with Partner no 11). The respondents were keenly aware of the need to understand the multiple, parallel AIDS epidemics and, instead of applying a one-size-fits-all approach, to be able to adapt interventions to better reflect the nuances of geography, age, gender, class, race and culture.

The accepted best practice coming from this research incorporates four elements, namely prevention strategies, treatment mechanisms, care and support. These four elements are the building blocks of the latest *HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011* (National Strategic Plan, or NSP) that was developed in 2007 and currently shapes South African government policy on HIV and AIDS. Many of our respondents view themselves as either co-authors of the NSP, or as its co-implementers (Interviews with Part-

ners no 4, 11, 12, 13 and 15).

Outside of this mainstream rational approach to AIDS is a more controversial value set which insists on African or natural remedies as a solution to AIDS. A key element of this alternative approach is a rejection of Western or scientific responses to the epidemic in favour of championing the use of traditional remedies in treating the AIDS sick. These remedies include the African potato, beetroot, garlic and lemon rind. In rejecting Western biomedical knowledge, proponents of an 'African solution to African problems' (such as Thabo Mbeki) are casting an ideological or value judgement on the legacy of colonialism and institutionalised racism — biomedical knowledge and racism are thus linked, and rejected. Complementary to this traditional value set is a group of practitioners who propose natural remedies (mainly vitamins) as an alternative to ARVs; however, this group need not be African, but can include Western proponents of homeopathic and other alternative remedies. These people often use the language and evoke the values of African scepticism about the 'superior' Western science in order to legitimise their activities; they see themselves as acting in opposition to the interest of multinational pharmaceutical interests in the developing world (Fourie & Meyer 2010).

The NSP of 2007 is the latest iteration of consecutive formal South African AIDS policies that have been conceptualised and adopted since 1994. The content of each of these policy documents reflects a biomedical approach to the South African epidemic. However, despite the technical appropriateness and accuracy of the NSP and its predecessors, the policy has failed in implementation. Our respondents express frustration at this failure (Interviews with Donors no 6, no 8, and Partners no 12 and no 15), but MS theory points to the importance of 'value acceptability' and 'technical feasibility' (Zahariadis, 2007: 72) in determining whether a policy solution such as the NSP (even if it has been formally adopted) actually finds traction.

Both these factors are clearly problematic in the AIDS policy stream. Respondents frequently pointed to issues of technical feasibility which threaten the effectiveness of the NSP, such as a lack of medical health personnel, hospitals, clinics, institutional memory, lack of accountability and inability to even spend the funding that is available (Interview with Partners no 17, no 18, no 20, with Analyst no 21 and with Donor no 5). Compounding this is the incompatibility

between the biomedical, rational values that inform the NSP and the controversial alternative value sets expounded by key members of the Mbeki government at the time. The lack of value acceptability of the NSP from the Mbeki government's perspective meant that the government was reluctant to provide the NSP with the necessary logistical, financial and political support. This incompatibility explains the puzzling lack of change resulting from what is otherwise a technically sound document.

Not all solutions emerging from the primeval soup which is the policy stream are viable or acceptable to government. It is this acceptability which determines whether or not a solution makes the leap from the government agenda to the decision agenda, where real policy change becomes possible. The final 'politics' stream allows us to explore the role of government in this process more explicitly.

3.3 Politics stream

The 'politics' stream considers factors such as elections, changes of government, rivalry between political parties, the interactions between interest groups and government, and public opinion. Importantly, there are key institutional and cultural differences which must be observed in applying Kingdon's theoretical approach to the South African context. We shall first consider the differences specific to South Africa, followed by those which are pertinent to developing countries more broadly.

In South Africa the governing African National Congress is a hegemonic party with consistent electoral support in excess of 65 per cent. This is well entrenched and there is no threat to the governing party from an opposition able to form an alternative government. The president is, however, limited to serving two terms of five years each, which potentially correlates with the change of administration emphasised by Kingdon. Rather than coming from another political party through the parliamentary and electoral process, the main challenge to government comes from civil society. For example, the considerable success of civil society and the Treatment Action Campaign (TAC) in particular with legal challenges to the government's failure to implement its own policy directives on treatment roll-out filled the vacuum left by an impotent and fragmented parliamentary opposition (Southall 2001; Friedman & Mottiar 2005).

This distinctive role for civil society (which includes actors from the multilateral and bilateral donor community) is shared by many other developing countries (Ridde, 2009; Swidler, 2007; Morrissey, 2004). The role goes beyond providing opposition to government, and extends to active participation in the policy process. Policy making around HIV and AIDS in South Africa (and Africa more broadly) thus takes place in a very different policy making environment to health policy making in the developed countries from which much of the aid derives. According to Swidler (2007: 146),

[...] in Africa generally, and in dealing with AIDS in particular, one cannot think about the local without considering the global. While African states vary enormously in the integrity and effectiveness of their national governments, many are so weak or so poor that they depend on outside organisations to fund, and sometimes to administer, their AIDS and other public health programmes [...]. Some African states are relatively strong and effective; but, ironically, these more effective states then attract the largest number of donors and NGO partners who, in turn, seek to alter elements of governance and policy.

Donors and NGO partners thus play an essential, active role in policy making and policy delivery.

In the light of this it comes as no surprise that the Paris Declaration is seen by the donor organisations as a critical and positive development (Interviews with Donors no 2, and no 10). The Declaration is viewed as a blueprint for donors and partners to work together in a spirit of mutual accountability, improving the quality and impact of aid by focusing on the principles of result-orientation, ownership, donor harmonisation, alignment and mutual accountability (OECD, 2007). For example, one respondent praised the lead agency Sida for its early adoption of the principles of the Paris Declaration, including flexibility and the pooling of resources: 'this mindset reflects what the Paris Agenda tries to achieve and we embrace it. I think this is the best thing that has happened to us recently; it will help us within our organisation to maintain our focus on what is really important' (Interview with Donor no 4).

Despite all the aspirational rhetoric, the reality is that the aid environment remains exceedingly complex. Bilateral donors' funding originates from aid budgets, debt forgiveness, reflows of funding and

other sources of capital. Private donors such as family foundations and other charity organisations provide a substantial portion to the funding basket in developing countries.

Furthermore, clear differences of opinion within the donor community were apparent in the interviews. One clear area of dispute centred on the Paris Declaration itself. The informal grouping of like-minded donors in South Africa (including Denmark, Ireland, the Netherlands, Norway, Sweden and the United Kingdom) was seen as an embodiment of the central values of the Paris Declaration. However, some of the respondents expressed doubt as to whether the US President's Emergency Program for AIDS Relief (PEPFAR) would be a constructive partner in championing the Declaration's values in South Africa. There are two reasons for this: firstly, there was concern that American development programmes and agencies may usurp the entire process ('creat[ing] parallel structures' and 'tak[ing] over successful programmes') (Interview with Donor no 6). Secondly, some respondents identified fundamental differences between the values espoused within PEPFAR and those held by the 'like-minded' group of donors. For instance, one interviewee described PEPFAR's approach to its grantees as 'insulting' and 'extremely patronising', being based on unbalanced power relationships (Interview with Partner no 11).

Another example of fragmentation within the donor community was evident in considerations over the issue of whether or not donors should be represented on the South African National AIDS Council (SANAC). Some of the respondents were interested (Interviews with Donors nos 1, 4, 6 and 10), whereas others saw it as a dangerous prospect, a form of co-option, as it was felt that representation might compromise their ability to speak and act freely (Interviews with Donors nos 5 and 9).

Such fragmentation within the community of donors and partners is an important feature of the politics stream and it has ramifications in terms of how issues will make it onto the policy agenda (Kingdon, 2003: 119-21). Volatility, internal disputes and disagreement over priorities and problem definitions among the various actors within the policy community can lead to confusion and uncertainty for government actors, potentially pushing a policy issue off the governmental agenda. Despite this, some respondents viewed the South African government itself as an inhibiting factor in the search for

greater donor harmonisation. One respondent warned that the government would be alarmed at the prospect of a united and aligned donor community (Interview with Donor no. 5).

The respondents were particularly sensitive about another form of fragmentation, this time the disconnect between the government and civil society. This was most commonly expressed with reference to Mbeki and Health Minister Tshabalala-Msimang as the critical actors in the AIDS policy community. Much of this conflict was focused on the differences in problem definition as well as in the value sets discussed in the policy stream above, namely Mbeki's ideological objections to the Western, biomedical conception of AIDS. Respondents remarked that this conflict was so fundamental that they would have to 'wait out' Mbeki's and his Health Minister's terms — that until their departure from the political scene nothing would change (Interview with Donor no 6).

A final feature of the politics stream according to MS theory is the 'national mood', which Kingdon uses to capture public attitudes around a policy issue as interpreted by actors within government. Kingdon (2003: 146) does not evoke public opinion as it is measured in polls; rather, this national mood is 'a rather vague presence that people in and around government sense, something that is palpable to them but hardly concrete or specific'. He explains the manner in which the 'national mood' is gleaned as follows:

They hear from interest groups' leaders both in Washington and in the hustings; they read newspaper editorials; they give talks and listen to questions and comments at meetings; they see how public events are being covered in both general specialized media; and they talk to party activists and other politicians who presumably have their ears to the ground (Kingdon, 2003: 149).

This is quite different in South Africa: elected politicians do not represent specific constituencies, as they are elected on a proportional representational 'list' system. This dilutes responsiveness to the electorate and the need to listen to views expressed by constituents. This is exacerbated by the fact that the governing party is electorally so dominant.

The media, then, is a vital channel for the partners and donors who are interested in influencing the national mood regarding AIDS. A number of respondents referred to their own efforts to reach out to

and educate journalists as a means of shaping public debate, with the objective of ultimately pushing government to act (Interviews with Donor no 1 and Partners nos 15, 17 and 18).

Clearly, the politics stream is a powerful force in determining the policy agenda. Whilst Kingdon's theory was developed with a specific context in mind, with some modification and extension, it allows for the identification of a range of processes or events which have been critical to policy making in the context of AIDS in South Africa.

4. DISCUSSION

In the context of the South African AIDS epidemic, change in the government's policy agenda is one measure of aid effectiveness. For the donors and their partners in the South African context, the reluctance of the Mbeki government to acknowledge and support the measures that needed to be put in place, effectively prevented aid from having the desired impact.

It is for this reason that we concentrate on the AIDS policy agenda as reflected by the government, as it is agenda change which 'sets the stage' for real policy change, and aid effectiveness (Schlager 2007: 310). Other measures of successful interventions on AIDS — a decrease in national incidence and prevalence levels, the provision of ARVs and the crafting of policy documents — do not adequately reflect real policy changes as conceptualised here. For instance, in South Africa for many years there has been broad consensus that the content of the NSP is a perfect reflection of how the government and other actors should respond to the epidemic, but in the absence of any deep change of heart by Mbeki and his Health Minister, little real change could be expected. And while incidence and prevalence rates were plateauing after 2006, this was attributable to the natural progression or saturation of the epidemic rather than to external (policy or other) interventions (Fourie & Meyer 2010). Rather, real policy change would reflect evidence that the government was giving appropriate attention to the policy problem and demonstrating a marked change in political will.

What we observed in our interviews was the interaction between international and domestic actors around the problem of AIDS. In the light of our discussion of processes and activities in the

problem, policy and politics streams, it is clear that there were profound divisions between the donor community and government at the time of our interviews. This division was present in all three streams, but it is in the politics stream where one really observes the centrality of the role of key individuals in government (in this case the President and the Health Minister). This is significant, as Kingdon (2003: 68-70) refers to these individuals as the 'visible cluster of actors' who determine the policy agenda. However, he also underlines the role of the 'hidden cluster of actors' (specialists, in this case the donor community and broader AIDS civil society), who are important in generating policy alternatives.

Our research is important because it accesses the hidden actors' thinking and activity regarding policy alternatives. Previous studies (Fourie, 2006; Nattrass, 2004; Schneider, 2001; Van der Vliet, 2004; Lieberman 2009) have mostly inferred such insights from media reports or other secondary data analysis. This research has provided the opportunity to reflect on the thinking and the work of actual policy entrepreneurs — actors who are usually very difficult to identify and reach.

Policy entrepreneurs are important in preparing the ground for potential agenda change, a process that Kingdon (2003: 128) describes as a 'softening up' of government, the public and members of civil society. As mentioned, some of our respondents explicitly referred to their own activities to do just this — they assisted in the drafting of the NSP, they had established their credibility around AIDS over many years and they expressed enthusiasm for targeting politicians and parliamentarians explicitly (Interviews with Donors nos 2 and 4, and Partner nos 11 and 14).

As explained above, the other function that policy entrepreneurs perform is to exploit a window of opportunity, which opens in either the problem or the policy streams. Given the intractability of the differences between the main problem definitions regarding AIDS in South Africa and the contested interpretations regarding the severity of the epidemic and its causes, it is in the *politics* stream where the only possibility for an opening of a window of opportunity existed. This was emphasised by the respondents, who in referring to 'waiting out Mbeki' were clearly anticipating an impending opening.

Such 'waiting', however, was not passive; instead, the respondents were positioning themselves to be ready to take advantage

of change in administration. Donors were reviewing their roles in South and Southern Africa, harmonising funding rounds and vetting processes, redesigning strategic plans (a process steered by the lead donor agency Sida), preparing policy documents and costing their future activities. They were also doing this in the spirit of the Paris Declaration — working to align donor goals and activities across a range of bi- and multilateral organisations. The respondents expressed an urgency to this, as they feared that the propitious moment would pass — 'AIDS might now slip off the agenda. People may just go back to dying' (Interview with Partner no 18).

Another critical event was the Global AIDS Conference that was held in Toronto in August 2006; it was here that the South African government was confronted with unprecedented global social movement and even governmental opposition to its governance of AIDS. Just after the Toronto event Health Minister Tshabalala-Msimang went on an extended period of medical leave. These events bring into play the importance of timing and serendipity in opening windows of opportunity.

Even as they anticipated the opening of a window of opportunity in the politics stream, respondents were concerned that (as discussed in the policy stream) the lack of capacity would stifle any desired policy change. Respondents believed that the South African government did not have the capacity to deliver on the details of the NSP and, in addition to a pervasive lack of political will, factors such as high staff turnover, the loss of corporate/institutional memory within the national health department and a culture of distrust and fear all contributed to impotence within government.

For implementation to happen, we would argue that, although a lack of capacity is critical, in the context of making aid work in a developing country, it is more important to have the national government and political will on side than to focus on delivery mechanisms and capacity exclusively. So, moving a problem from the governmental agenda to the decision agenda (as Kingdon describes it) captures this expression of political will. If the political will is not present then the effectiveness of aid is significantly circumscribed, but political will without capacity can be addressed with external support. As one respondent put it, 'government needs not be the provider of the services themselves; there are others who can manage these on behalf of the government. Government shouldn't make the mistake

of trying to do everything for everyone. There is help available' (Interview with Partner no 20).

5. CONCLUSION

In September 2008 the African National Congress recalled Thabo Mbeki as president of South Africa. The South African AIDS civil society delighted in Mbeki's sacking, as they saw that the departure of Mbeki and his health minister changed the AIDS policy environment. If recent South African government statements are to be believed, the era of quixotic AIDS policy making and value contestation has come to an end in that country. In a statement welcoming donor support for the fight against AIDS in South Africa, the new Health Minister in December 2009 said that 'We have to throw every arsenal at our disposal in the fight against HIV and AIDS in our country' (Motsoaledi 2009). The TAC, for many years the Mbeki government's greatest opponent on AIDS policy implementation, in the same month published a press release welcoming 'the death of AIDS denialism' (Treatment Action Campaign 2009).

By the end of the Mbeki administration, in September 2008, the AIDS donor and civil society communities in South Africa were well-positioned for a change in the politics stream, and ready for just such an opening of a window of opportunity — appropriate government policies were in place, donor strategies had been redesigned and consensus outside of government was renegotiated. The efforts of the policy entrepreneurs (in this case the 'hidden cluster of actors' — the donors and partner organisations) would appear to have been rewarded. However, even though political will and consensus are present, the reality of capacity shortages may hamper the newly productive alignment of policy agendas; it remains to be seen whether donor funding and skills transfers will be sufficient to realise effective implementation (also see Lyman & Wittel's (2010) instructive article on the dire implications of a creeping donor fatigue).

The Multiple Streams framework has highlighted the importance of three independent sets of variables, in the problem, policy and politics streams, in explaining this shift in the AIDS policy agenda in South Africa. The complex nature of the policy community in developing countries, incorporating global and domestic actors, does not detract from the usefulness of the theory in explaining how policy

changes, and how foreign aid might have an impact on health outcomes at the national level. This research has captured the activities and reflections of an important set of actors in the policy stream as they prepare for the opening of a window of opportunity. The intractable nature of the problem stream, where scientific and bio-medical evidence about the AIDS problem was rejected by the Mbeki government, pointed to the significance of the politics stream (and a change of administration) as the only available means of opening a window of opportunity and successfully linking all three streams. As the government's AIDS policy agenda changes, and the focus turns to new priorities such as prevention, the attention of all observers will turn to the new, very real challenges of implementation.

BIBLIOGRAPHY

- Bacchi, C L. (1999). *Women, Policy and Politics: The Construction of Policy Problems*. London: Sage Publications.
- Bachrach, P and M S Baratz. (1970). *Power and Poverty: Theory and Practice*. New York: Oxford University Press.
- Barnett, T and A Whiteside. 2006. *AIDS in the Twenty-First Century: Disease and Globalization*. New York: Palgrave Macmillan.
- Baumgartner, F R and B D Jones. 1993. *Agendas and Instability in American Politics*. Chicago and London: University of Chicago Press.
- Birkland, T A. 1997. *After Disaster: Agenda Setting, Public Policy and Focusing Events*. Washington: Georgetown University Press.
- Bond, P. 2003. *Against Global Apartheid: South Africa meets the World Bank, IMF and International Finance*. Cape Town: UCT Press.
- Cairney, P. 2009. 'The role of ideas in policy transfer: the case of UK smoking bans since devolution'. *Journal of European Public Policy*, Vol 16, No 3, 471-488.
- Chigwedere, P, Seage, G R, Gruskin, S, Lee, T-L and M Essex. 2008. 'Estimating the lost benefits of antiretroviral drug use in South Africa'. *Journal of Acquired Immune Deficiency Syndrome*, Vol 49, No 4, 410-415.
- Cobb, R, Ross, J-K and M H Ross. 1976. 'Agenda building as a comparative political process'. *American Political Science Review*, Vol 70, No 1, 126-138.
- Cohen, M D, March, J G and J P Olsen. 1972. 'A garbage can model of

- organizational choice'. *Administrative Science Quarterly*, Vol 17, No 1, 1-25.
- Fourie, P. 2006. *The Political Management of HIV and AIDS in South Africa — One burden too many?* Basingstoke and New York: Palgrave Macmillan.
- Fourie, P and M Meyer. 2010. *The Politics of AIDS Denialism: South Africa's failure to respond*. Farnham: Ashgate.
- Friedman, S and S Mottiar. 2005. 'A rewarding engagement? The Treatment Action Campaign and the politics of HIV/AIDS'. *Politics & Society*, Vol 33, No 4, 511-565.
- GFATM. 2009. *Updated Demand Estimate: 2008-2010. Mid-term Review of the Second Voluntary Replenishment 2008-2010*. Paper presented at Cáceres, Spain, on 30 March to 1 April 2009. The paper can be downloaded in full from http://www.theglobalfund.org/documents/publications/replenishment/caceres/Resource_Needs_2008-2010_en.pdf
- Gow, J. 2009. 'The adequacy of policy responses to the treatment needs of South Africans living with HIV (1999-2008): A case study'. *Journal of the International AIDS Society*, Vol 12, No 37.
- Howlett, M, Ramesh, M and A Perl. 2009. *Studying Public Policy: Policy Cycles and Policy Subsystems* (3rd ed). Oxford: Oxford University Press.
- Jordan, G. 1990. 'Sub-governments, policy communities and networks: Refilling the old bottles?' *Journal of Theoretical Politics* 2, pp 319-338.
- Kaufmann, D. 2009. 'Aid effectiveness and governance: the good, the bad and the ugly'. *Development Outreach*, February, 26-29. Washington, DC: The World Bank Institute.
- Kingdon, J W. 2003. *Agendas, Alternatives and Public Policies* (2nd ed). New York: Longman.
- Lieberman, E. 2009. *Boundaries of Contagion: How Ethnic Politics Have Shaped Government Responses to AIDS*. Princeton: Princeton University Press.
- Lyman, P and S Wittels. 2010. 'No good deed goes unpunished: The unintended consequences of Washington's HIV/AIDS programs'. *Foreign Affairs*, Vol 89, No 4, July/August, 74-84.
- Marsh, D. 1998. 'The development of the policy network approach' in Marsh, D (ed). *Comparing Policy Networks*. Buckingham: Open University Press.
- Morrissey, O. 2004. 'Conditionality and aid effectiveness re-evaluated'. *The World Economy*, Vol 27, No 2, 153-171.
- Motsoaledi, A. 2009. 'Health Minister encouraged by recent developments in the fight against AIDS'. Statement issued by the Department of Health, 7 December.

- National Department of Health. 2009a. *The National HIV and Syphilis Prevalence Survey South Africa*. Pretoria: National Department of Health.
- National Department of Health. 2009b. *Annual Report*. Pretoria: National Department of Health.
- Nattrass, N. 2004. *The Moral Economy of AIDS in South Africa*. Cambridge: Cambridge University Press.
- Nattrass, N. 2007. *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa*. Durban: UKZN Press.
- Ngonyama, S. 2000. 'A virus cannot cause a syndrome'. *Business Day*, 4 October.
- Organisation for Economic Co-operation and Development (OECD). 2007. *2006 Survey on monitoring the Paris Declaration*. Paris: OECD Publishing.
- Organisation for Economic Co-operation and Development (OECD). 2005 and 2008. *The Paris Declaration for Aid Effectiveness and the Accra Agenda for Action*. Available at: <http://www.oecd.org> [Accessed: 26 October 2009].
- Ridde, V. 2009. 'Policy implementation in an African state: an extension of Kingdon's Multiple-Streams approach'. *Public Administration*, Vol 87, No 4, 938-954.
- Rocheftort, D A and R W Cobb. 1994. 'Problem definition: an emerging perspective' in Rocheftort, D A and R W Cobb (eds). *The Politics of Problem Definition: Shaping the Policy Agenda*. (pp 1-31). Kansas: University of Kansas.
- Schlager, E. 2007. 'A comparison of frameworks, theories, and models of policy processes' in Sabatier, P A (ed). *Theories of the Policy Process*. Boulder: Westview Press.
- Schneider, H. 2001. *The AIDS Impasse in South Africa as a Struggle for Symbolic Power*. Johannesburg: Centre for Health Policy.
- Sida. 2010. *Status Quo Report – Flow of Donor Funding in South Africa*. Report compiled by KPMG International for Sida South Africa, May 2010.
- Southall, R. 2001. 'Emergent perspectives on opposition in South Africa'. *Democratization*, Vol 8, No 1, 275-284.
- Stone, D. 2002. *Policy Paradox: The Art of Political Decision Making*. New York and London: W W Norton and Co.
- Swedish Ministry of Foreign Affairs. 2008. 'New policy for Sweden's international HIV/AIDS efforts'. Press Release, 1 December.
- Swidler, A. 2007. 'Syncretism and subversion in AIDS governance: How locals

- cope with global demands' in Poku, N K Whiteside, A and B Sandkjaer (eds), *AIDS and Governance* (pp 145-164). Aldershot: Ashgate.
- The Economist*. 2010. 'Innovation in global health: A spoonful of ingenuity'. Edition: 9 January.
- Treatment Action Campaign. 2009. 'TAC commends President Zuma for his leadership on HIV/AIDS and welcomes the death of AIDS denialism'. Press Statement, 3 December.
- UNAIDS. 2008. 'Epidemiological fact sheet on HIV and AIDS. South Africa'. [Online] Available at: http://www.who.int/globalatlas/predefinedReports/.../EFS2008_ZA.pdf [Accessed: 26 October 2009].
- United Nations Development Programme (UNDP). 2009. *Human Development Report 2009. Overcoming barriers: Human mobility and development*. New York: UNDP.
- Van der Vliet, V. 2004. 'South Africa divided against AIDS: A crisis of leadership' in Kauffman, K and D Lindauer (eds). *AIDS and South Africa: The Social Expression of a Pandemic*. Basingstoke: Macmillan.
- Wilks, S. and M Wright (eds). 1987. *Comparative Government-Industry Relations: Western Europe, the United States and Japan*. Oxford: Clarendon Press.
- Zahariadis, N. 2003. *Ambiguity and Choice in Public Policy: Political Decision Making in Modern Democracies*. Washington: Georgetown University Press.
- Zahariadis, N. 2007. 'The Multiple Streams Framework: structure, limitations, prospects' in Sabatier, P A (ed). *Theories of the Policy Process* (pp 65-92). Boulder: Westview Press.