

**Global-Fundization:  
HIV/AIDS funding mechanisms and programming  
in Sierra Leone**

**by**

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## **Abstract**

This thesis explores how the Global Fund's standardized funding stipulations and expectations impact HIV/AIDS programs in Sierra Leone. Situating funding mechanisms within the current trajectory of international healthcare delivery and financing, I argue that the Global Fund's business-oriented financing approach has shaped Sierra Leonean program targets towards data production and digitization, allowing the Global Fund to make decisions 'from a distance.' Drawing on three months of ethnographic fieldwork in Freetown, Sierra Leone, I demonstrate how: 1) contradictions between weak infrastructure and Global Fund expectations impact HIV program practices; 2) the Global Fund's data requirements and timeframes create asymmetries and disconnects in-country; and 3) audit and accountability technologies in HIV programs can become practices unrelated to health outcomes.

**Keywords:** HIV/AIDS; international development; the Global Fund; metrics; funding mechanism; Sierra Leone

*For my niece, Kayla, and nephews, Seth and Everett.  
May you always have the courage to follow your dreams.*

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## List of Acronyms

ART	antiretroviral therapy
ARV	antiretroviral
CAC	Chiefdom AIDS Committee
CCM	Country Coordinating Mechanism
CSO	civil society organization
CS Pro	Census and Survey Processing Computer Package
DAC	District AIDS Committee
DHS	Demographic and Health Survey
DHIS	District Health Information System
DHMT	District Health Management Team
GARPR	Global AIDS Response Progress Report
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counseling and testing
HSS	health systems strengthening
M&E	monitoring and evaluation
MDG	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
MTCT	mother-to-child transmission
NAC	National AIDS Council
NACP	National AIDS Control Program
NAS	National AIDS Secretariat
NETHIPS	Network of HIV Positives
NSP	National Strategic Plan
PHU	peripheral health unit
PLHIV	people living with HIV
SFU	Simon Fraser University
TB	tuberculosis
TWG	technical working group
VCCT	voluntary confidential counseling and testing

## Glossary

Audit culture	institutionalized techniques, tools and expectations of audit and accountability that become a form of organization and governance over individuals' conduct (Strathern 2000; Shore 2008)
Civil society	the voluntary organization of society to represent a variety of interests and sectors, such as non-governmental organizations, community-based organizations and faith-based organizations
Governmentality	specific methods, procedures and tools used to exercise or instate complex forms of power over others (Foucault 1991)
Neoliberalism	a governance approach that utilizes individualism, privatization and government restriction to achieve goals
Public-private partnership	collaborations between public and private sector agencies (including multi- and bilateral agencies) to address a common problem, typically by supplementing a country's existing health system

*“People know what they do; they frequently know why they do what they do; but what they don’t know is what what they do does.”*

*[Michel Foucault, as quoted in Dreyfus & Rabinow 1982:187]*

# Chapter 1.

## Introduction

*“The complexity of these conditions, the entanglements—of business and government, of law and politics, of war and farming, of natural and technical systems—is stunning, and sobering.”*  
[Kim Fortun 2012:447]

This thesis explores how funding conditionalities from The Global Fund to Fight AIDS, Tuberculosis and Malaria<sup>1</sup> shape HIV/AIDS programs and practices on the ground in Sierra Leone. A post-conflict, post-colonial state, Sierra Leone is host to an array of NGOs and international organizations; the Global Fund is one of many organizations funding health initiatives. The Global Fund is particularly notable for the sheer magnitude of its impact on HIV/AIDS programming in Sierra Leone, providing approximately 97% of the country’s HIV resources (Katz et al. 2013) and introducing new international financing mechanisms and protocols. The workings and effects of those mechanisms and protocols are the focus of this thesis.

In this era of “global health business” (Erikson 2012), donors’ expectations of program effectiveness have created a routine need for numbers and statistics. Producing data legitimizes national programming efforts, and by studying the production of data, I show how Global Fund stipulations *work* in HIV/AIDS programs and practices in Sierra Leone. The Global Fund’s sizable involvement in HIV financing in Sierra Leone directly influences programs and resources available to persons living with HIV and persons deemed ‘at risk’ in-country. Like many health financing initiatives, the monies provided by the Global Fund are enveloped with numerous stipulations, including

<sup>1</sup> Hereafter referred to as the Global Fund.

bureaucratic processes and the production of statistical data. These expectations and conditionalities act as forms of governmentality (further explored below), allowing the Global Fund to work and make decisions 'at a distance'<sup>2</sup> (Latour 1987). In this thesis, I follow the paper trail and movement of HIV/AIDS statistical information and monthly data in Sierra Leone to elucidate how the Global Fund introduces an urgency to produce data and bureaucratic infrastructure in-country. The confidence in these numbers (Lampland 2010) helps justify and substantiate efforts not only by Sierra Leoneans, but also by the Global Fund, showing Global Fund donors a 'return' on investments. In what follows, I examine the realities of the Global Fund's stipulations in the context of Sierra Leone, and how these stipulations shape national HIV workers' everyday decision-making experiences.

## **Ethnographic Context**

Sierra Leone is a small country on the western coast of Africa, bordered by Guinea and Liberia. The country is divided into four provinces: northern, southern, eastern and western, which houses the capital, Freetown. Each province is sub-divided into a total of 14 districts, which are further partitioned into 149 total chiefdoms (NAS 2011b). Starting in 1991, Sierra Leone endured a decade-long civil conflict (1991-2002) resulting in considerable disruption of the public health system and leaving a vast amount of infrastructure destroyed. As a result, the country experienced a significant postwar influx of bilateral and multilateral foreign aid to assist in development initiatives and to promote economic growth. A large number of these humanitarian and development agencies remain present in-country providing a variety of services (e.g. healthcare, microfinance opportunities, family planning services). In the aftermath of the 1991-2002 conflict there was a global expectation that HIV/AIDS rates in Sierra Leone would be high, based on epidemiological predictions from other post-conflict countries (Benton 2015), however, this was not the case. Sierra Leone stands out from other sub-Saharan African countries with a relatively low HIV prevalence, estimated at 1.5% (NAS

<sup>2</sup> The term 'at a distance,' which is used throughout the thesis, is attributed to Latour 1987.

2011b). Since the early 2000s, health aid, including HIV-specific financing, has continued to fluctuate (WHO 2012).

In Sierra Leone, the Ministry of Health and Sanitation (MoHS) is the major healthcare provider, operating the government health facilities throughout the country. The delivery of healthcare is decentralized throughout the state and is divided into three levels based on the primary health care concept that started in the 1980s (NHSSP 2009). Peripheral Health Units (PHUs) are the first level of care and are made up of three different units: Community Health Centers (CHC), Community Health Posts (CHP), and Maternal and Child Health Posts (MCHP) (SLL and ICF International 2014). The PHUs, in conjunction with the district hospital and the District Health Management Team (DHMT), constitute a district health network, which is the cornerstone of primary health care in the country (NHSSP 2009). The secondary level of healthcare is provided by hospitals located within the district headquarters, followed by regional or national hospitals at the tertiary level. Following the end of the civil conflict, the MoHS and partners updated the previous health policy from 1993, introducing the new National Health Policy in October 2002 (SSL and ICF Macro 2009). This policy outlines objectives, protocols, and strategies for the general health system of Sierra Leone, with the provision of technical policies for a variety of health priorities in-country.

With the global anticipation that HIV rates would quickly multiply post-conflict in Sierra Leone, international donors' focus on HIV/AIDS increased the national response on the ground. Response efforts by the Government of Sierra Leone (GoSL) spurred the formation of the National HIV/AIDS Council (NAC) in 2002 (SSL and ICF Macro 2009). This council is the highest policy-making body in the national HIV/AIDS response and is situated within the Office of the President and headed by the President of Sierra Leone. NAC is comprised of both public and private actors, and includes persons affected by HIV (SSL and ICF Macro 2009). The National AIDS Secretariat (NAS), also located in the Office of the President, was established in 2005 (SSL and ICF International 2014) to coordinate and oversee the HIV/AIDS program in-country. NAS is supported by the National AIDS Control Program (NACP), which is located in the MoHS, and focuses on implementation and support of country programs. In 2005, the Global Fund distributed its first grant to Sierra Leone to supplement national HIV/AIDS programming efforts. In

2006, the first multi-sectoral National HIV/AIDS Strategic Plan (NSP) was implemented for a five-year period, and provided the framework for achieving the health-related Millennium Development Goals (MDGs) (SSL and ICF International 2014). At the plan's conclusion in 2010, a new NSP was developed for 2011-2015.

Health aid, including HIV/AIDS specific funds, to Sierra Leone has continued to fluctuate over the last decade (WHO 2012), with the post-independence era bilateral aid modified into fragmented, NGO-provisioned health services (Erikson 2012). Although efforts have been made to mobilize internal resources, Sierra Leone has thus far been unable to generate a substantial amount of in-country funds to support healthcare initiatives due to the weakened fiscal system post-conflict. Thus, international donor sources play a large role in funding Sierra Leonean healthcare, with over 80% of the current in-country healthcare budget provided by external development partners (NAS 2011b). This, in addition to limited<sup>3</sup> funding streams, have played large parts in Sierra Leone remaining underfunded, hindering the country from reaching the 15% total government allocation target set by the Abuja Declaration<sup>4</sup> (African Health Observatory n.d).

Currently, 99% of HIV/AIDS program funding in Sierra Leone is coming from multilateral international sources, with approximately 97% of that provided by the Global Fund (GARPR 2014; Katz et al. 2013; NAS 2012). Due to this, it is imperative to understand how donor conditionalities, or 'strings attached,' are articulated in Sierra Leone and how they shape in-country practices. Foreign aid to low-income countries is often a significant determining factor of policies and programs in recipient countries, pressuring in-country organizations based on donor preferences (Buse & Walt 1997; Patton 2002). For Sierra Leone, the amount of international funding for HIV/AIDS, especially from the Global Fund, has the potential to shape practices and decisions on the ground. In a resource poor setting, international funding has the ability to create a visible disconnect between donor interests, funding stipulations, and necessity in-

<sup>3</sup> In 2010 there was a global capping of HIV/AIDS financial resources, decreasing the amount of aid reaching Sierra Leone (GARPR 2014).

<sup>4</sup> The 2001 Abuja Declaration encourages various African countries to allocate a minimum of 15% of national budgets to the health sector (Musango et al. 2013).



country, with Sierra Leone unable to pushback on donors' economic and business-oriented agendas.

In addition, we can see statistics being used in Sierra Leone as the administrative apparatus previously documented by Erikson (2012). In-country, donor money is funneled towards technical support, database installation, and data collection tools, with 'technical experts' sent to evaluate data collection methods and 'streamline' efforts. Numbers are the key element in the business-oriented health financing and programming visible in Sierra Leone. Due to this, I argue the business-oriented approach in global health initiatives has the potential to cultivate asymmetries between donors and recipients, with the production of statistics and numbers becoming unconnected from health outcomes.

## **Foreign Aid 'Frictions'**

Foreign aid received shapes in-country efforts to deal with HIV/AIDS. Thus, the extent to which national HIV workers and the Sierra Leonean government can assert their own agendas on international donor stipulations remains quite small. In addition, civil society<sup>5</sup> has had an increasingly large role in service provision and advocacy in Sierra Leone due to its post-conflict, post-colonial status. However, this too shapes HIV programs and practices in-country, as civil society is comprised of not only national organizations, but international entities as well. By closely examining the structures and mechanisms of HIV/AIDS programming in Sierra Leone, this research highlights the complexity and interconnectedness of foreign aid and development by showing the myriad frictions (Tsing 2005) interacting within a specific context. Studying the Global Fund as a major international health financing entity enables a reconsideration of how funding models and mechanisms are implemented. The Global Fund's standardized funding mechanisms create challenging, and, at times, unrealistic goals for resource-poor countries influencing programs and practices on the ground. Most significantly, the Global Fund's funding mechanisms create asymmetrical relations. In what follows, I

<sup>5</sup> Civil society as used in this thesis refers to the voluntary organization of society to represent a variety of interests and sectors. This includes non-governmental organizations, community-based organizations, faith-based organizations, among others.

explore what happens when the Global Fund's business-oriented technologies, metrics, and conditionalities are assembled within the Sierra Leonean context.

### ***Global and Local Frames of Reference***

The community level (micro) processes long focused on by anthropologists were challenged in the 1960s and 1970s, when there was a push for anthropologists to write about global effects of ongoing socio-political and economic movements (Fortun 2003). During that same time, other disciplines focused on globalizing processes, asserting widespread homogenizing effects on culture, communication, and capital. During the 1980s, however, simultaneous transnational processes (e.g. privatization and the spread of neoliberalism, exchange of technologies, globalization) created a new world reality that no longer fit the prevailing binary analytical categories (i.e. global/local dichotomy). As global processes intensified with the collapse of the Soviet Union in 1989, it became evident that cultures were not contained in territorialized spaces, but were interconnected (Anderson 2002; Fortun 2003, 2004, 2010; Kearny 1995). Poor countries, with a history of colonialism and conflict, often felt the effects of global processes more heavily than high-income countries.

Taking up the Global Fund and its funding mechanism as my objects of study, I elucidate the false binary of a 'global' and 'local' divide by examining the localized effects of Global Fund conditionalities in HIV/AIDS programs in Sierra Leone. As one element to the open and malleable system of international health financing, the Global Fund is subject to various external pressures to which it must adapt (i.e. economic volatility, donor contributions), but which also informs the pressures it exerts on its recipient nations. Situating the Global Fund within the trajectory of health financing detailed below, I focus on how the Global Fund's processes are articulated within Sierra Leonean HIV/AIDS programs and the effects of their bureaucratic governmentalities when implemented on the ground. To discuss the inseparable nature of 'global' and 'local' parameters, I take up Latour's (1987) "cycles of accumulation," arguing that the information moved between Sierra Leone and the Global Fund are articulations of knowledge gained from afar, interpreted in a 'localized' setting and utilized to inform additional knowledge and data production. Knowledge and data produced are

subsequently moved through the interconnected network and domains, which cut across levels and divisions, completing one “cycle of accumulation” (Latour 1987).

### ***Neoliberal Governmentalities***

As a post-colonial, post-conflict state, historical and economic processes have had considerable influence on the recent socio-economic landscape of Sierra Leone. With the expansion of globalization, neoliberal ideologies became widespread resulting in healthcare provision fragmented by numerous NGOs and development organizations in Sierra Leone since 2002. Neoliberalism, as used in this thesis, refers to the governance approach that utilizes individualism, privatization, and government restriction to achieve goals. For the Global Fund, neoliberal ideologies are manifested in the entity’s private (i.e. business) and public non-state (i.e. NGOs) partnerships (further discussed below). Using these partnerships, the Global Fund can direct the provision of services and resources (e.g. funding, condoms, HIV-related care services) through non-state entities, allowing for more efficient programs and better ‘returns’ on donors’ ‘investments.’ The Global Fund also creates space for private partners, organizations and entities that directly benefit from neoliberal principles, to have a voice on its governing board. As such, private partners’ agendas can be taken up, influencing decision-making, funding stipulations, and organizational processes.

Throughout this thesis I draw on Foucault (1991) to understand how the Global Fund articulates new relations of neoliberal governmentality in Sierra Leone. In relation to the Global Fund, we can see neoliberal governmentalities implemented in HIV programs in Sierra Leone through discourses encouraging country ownership and partnerships, and audit technologies that facilitate individualism on the ground. Governmentalities refer to the non-territorialized mixture of entities, processes, and techniques that allow complex forms of power to be manifested over autonomous individuals, shaping their conduct (Foucault 1991; Lemke 2001; Watts 2003). The Global Fund is thus situated within the larger ensemble of the governmentality of international development and financing organizations, and is a form of governmentality itself using various tactics and entities to shape the behaviors of individuals in recipient countries. As such, the Global Fund shifts much of the onus of responsibility for programmatic success and failure onto Sierra Leone. These technologies of responsibility (Foucault

1991), and the fear of sanctions if conditionalities are not met, thus encourage self-regulating behaviors by workers in-country, allowing the Global Fund to govern 'from a distance.' As an expression of neoliberal governmentality, the Global Fund's business models and technologies manifest in a very particular kind of drive for efficiency, accountability, and data production in HIV/AIDS programs in-country. There are temporal and contextual components of what donor stipulations look like on the ground, how they are taken up by national workers and how they impact decision-making abilities. As Erikson (2012) and Storeng and Béhague (2014) note, even the metrics in HIV/AIDS programs in Sierra Leone shape decision-making. The administrative burden on HIV program workers, and multiple disconnects between program goals, data production, and recipient-donor relationships on the ground are evidence of Global Fund effects.

## **Foreign Aid Financing**

International health financing oscillates between recessions and periods of economic growth, and is often influenced by diseases and issues that are 'popular' or 'sexy' to finance. This volatility of funding available for international public health assistance not only threatens the viability of the proposed funding approaches, but can shift donor priorities in ways that greatly impact the foci and implementation of programs in recipient countries. While donor funds may be essential supplements for country health programs in areas where nationally acquired funds are not yet available, donor priorities and funding stipulations can undermine program implementation and health workers' targets (Garrett 2007). Sundby (2014) critically explores this shift of priorities and funding policy in the Gambia, showing how it constrains the ability of national health actors to operate within the policy context. This binding of healthcare workers can have deleterious effects on program outcomes and produce outcomes similar to disease-specific programming.

As discussed above, anthropologists have done an excellent job of demonstrating the importance of refined, empirical examinations of health systems and programs in understanding development within the current global public health donor context. Erikson (2012) and Storeng (2014) analyze the technology-focused and results-

oriented business ethos taken up by leading donor organizations in global health (i.e. GAVI alliance). The business-oriented ethos, or 'Gates approach' (Storeng 2014), the current orthodoxy of many health donor organizations, pushes a seemingly endless production of statistical information in recipient countries. This pressure for numbers ('returns on investments') is followed by various systems of monitoring and auditing by funders, which can further shape in-country program workers' foci. Standards, protocols, and the influential audit culture (Strathern 2000) that follows the production of numbers can negatively impact health workers' commitments. By following the paper trail of health programs in Nepal, Harper (2005) shows how time consuming the donor requirements and production of numbers is on the health system. While donor standards and stipulations are designed to create stability and transparency in recipient countries (Harper 2005), they tend to increase the amount of bureaucratic processes already burdened healthcare workers have to fulfill. The in-country health reports, compiled from the collection of numbers, are monitored and used to judge the success of programs and a country's level of development (Harper 2005; Nichter 2008). Moreover, the power of numbers, in relation to public-private partnerships, takes up evidence-based advocacy and programming as the solution to health needs (Storeng and Béhague 2014).

Related to these issues, anthropological work has highlighted the potentially deleterious effects that may stem from development programs that ignore country contexts when developed and implemented. Using a funding model that has untailored conditionalities can at times create unrealistic goals. Elizabeth Dunn (2012) details how the use of disaster kits by humanitarian agencies are often inappropriate for what is needed in-country. These highly standardized kits act as "immutable mobiles" (Latour 1987) that are implanted into various countries during crisis situations by multiple agencies, creating an ad hoc implementation with negative in-country effects. This idea of standardized kits is comparable to health initiatives' standardized funding stipulations, whose implementation I take up in the context of Sierra Leone. The outcomes of implantation of programs and funding models in countries have been detailed in the literature through ethnographic case-studies, stating the necessity of understanding a country's context prior to program implementation (Battacharya 2008; Pfeiffer et al. 2010; Standing and Bloom 2008; Travis et al. 2004). The issue arises, however, when

donors seemingly disregard these proposals and case studies, which demonstrate the imperativeness of context in funding and programming.

With health systems financing and programming conversations incorporating more of a business-approach, it is imperative to understand the various processes and networks interconnected in this transition, and how they shape practices on the ground. The existing literature has detailed the importance of ethnographic research in showing what development looks like in a specific setting. This research takes up this idea, seeking out what international funding and development looks like on the ground, and the possible repercussions of business-oriented and data focused conditionalities in a low-income and resource-poor setting. It is necessary to understand how decision-making and HIV programs are impacted by health systems financing and what this means for practices in-country.

## **Foreign Aid and the Making of Public-Private Partnerships**

Foreign aid has its roots in the post-World War II era. In 1944, the Bretton Woods Agreement was developed and signed by forty-four nations as a way to restructure the international financial system (Bordo and Eichengreen 1993). From this agreement the International Monetary Fund (IMF) and the International Bank for Reconstruction and Development (World Bank) were created as multilateral<sup>6</sup> mechanisms to manage the reconstruction and economic development of countries affected by the war. A foreign exchange rate system was also established, providing an easier way for money to move between countries. The establishment of the UN agencies is also rooted in the World War II era, with the WHO created in 1946 as a specialized health entity (Birn, Pillay and Holtz 2009).

Following the Bretton Woods Agreement, aid strategies have been influenced by the socio-economic and political ideologies of the time. Attention shifted from rebuilding countries affected by World War II to poorer countries of the global south, using the same mechanisms implemented in global north countries. During the 1950s and 1960s,

<sup>6</sup> Multilateral institutions involve three or more donor states.

bilateral aid programs (e.g. USAID), aid moving from one donor country to one recipient country, were established, becoming another major source of funding for development and economic growth initiatives. Simultaneously, there was a focus on large-scale industrial projects during the 1960s (Moyo 2009), which primarily failed. The global debt crisis of the 1970s spurred the reconfiguration of aid as the answer to poverty (Moyo 2009). Structural adjustment policies (SAPs), a conditional loan mechanism promoting the market ideologies of neoliberalism (i.e. economic deregulation, the promotion of free markets), were utilized by international financial institutions (e.g. World Bank) to help governments restructure their fragile economies and quickly became the orthodoxy to addressing poverty (Pfeiffer and Chapman 2010). There was a simultaneous focus in the late 1970s and early 1980s on expanding primary health care, solidified through the Alma Ata Declaration in 1978. This declaration encouraged a more comprehensive approach to health funding and service provision, strengthening the overall national health system (Gillam and Maeseneer 2008), and worked contrary to the ideologies put forth by SAPs (Pfeiffer and Chapman 2010). It was during this time that multi- and bilateral aid organizations recognized a greater role of the private sector within health initiatives.

Neoliberal strategies were incorporated into the health sector in the 1980s with the push for privatization of health services and an increased role for civil society (Janes and Corbett 2009; Pfeiffer and Chapman 2010). As part of this privatization, substantial amounts of aid from major donors were channelled away from national governments and into NGOs (Pfeiffer and Chapman 2010). In the late 1980s and 1990s, health indicators and economic growth remained weak in African countries. Donors sought ways to link NGOs, corporations, and the public sector to combat the complexities of health issues with a greater number of resources. This linkage between public and private sectors<sup>7</sup> was also spurred by a growing discontent with the UN agencies due to concerns of

<sup>7</sup> The public sector relates to the larger population and is characterized by agencies and entities that are publically controlled and publically funded, including governments and government agencies and civil society (i.e. NGOs, community-based organizations). The private sector affects a smaller group and is for profit. The private sector includes corporations and industry, and has agendas that are more removed from the general public. However, it should be noted that this is not a clear-cut binary, and there is a gray area existing between public and private (i.e. for-benefit companies).

effectiveness resulting from overlapping mandates, 'brain drain,' and complex bureaucratic processes (Buse and Walt 2000).

In the 1990s, collaborative initiatives between business (private) and the public sector grew, with public-private partnerships (PPPs) becoming a central approach to international health by the mid-1990s (Birn, Pillay and Holtz 2009). PPPs, as used in this thesis, are collaborations between public and private sector agencies (including multi- and bilateral agencies) to address a common problem by supplementing a country's existing health system. While PPPs increase funding and visibility of various international health efforts and provide more focus on civil society, they also allow for an increased role of corporations in health policy-making. For the UN in the 1990s, taking part in public-private partnerships was a way to re-legitimize the UN agencies and regain a more central position in global health policy-making.

The foreign aid trajectory shifted in the early 2000s following various international summits. The UN Millennium Development Goals (MDGs), established in 2000, necessitated cross-sector collaborative partnerships as a way to supplement nations' abilities to meet the targets by 2015. Moreover, the G8 summit held in 2000 played an integral role in the establishment of the Global Fund. There was a discontent at the summit with how existing multilateral agencies were responding to the HIV/AIDS epidemic. A new cross-sectoral partnership was thus proposed as a way to better address global health issues without the bureaucratic burdens of the UN agencies (Duran and Silverman 2013). The Global Fund was subsequently established in 2002 (further discussed in Chapter 2), in addition to several large, disease-specific global health initiatives (i.e. GAVI Alliance), as a way to address HIV/AIDS, malaria, and tuberculosis.

Large-scale public-private partnerships like the Global Fund were established to curtail the issues of existing multi- and bilateral institutions (i.e. bureaucratic obstacles), in addition to increasing awareness and mobilizing resources to address global health issues. However, the current business-oriented approach to global health, a result of neoliberal ideologies and collaborative partnerships, incorporates bureaucratic measures (e.g. procurement forms) to ensure the application of particular business ideologies (i.e.



efficiency, accountability) and program effectiveness (Taylor and Harper 2014). While the production and transfer of quantitative evidence shows effectiveness and efficiency of programs, as well as returns on investments, statistics have also become a powerful tool for decision-making and negotiations allowing donor organizations to make decisions 'from a distance' (Erikson 2012; Latour 1987; Storeng and Béhague 2014).

Moreover, PPPs have solidified space for corporations to heavily influence public health policies and agendas. This influence has often resulted in poor harmonization between collaborative actors, a preference of the private sector over the public sector, and a prioritization of donor agendas (Buse and Harmer 2007). The Global Fund, which was designed to be an answer to the weaknesses of other international funding agencies (further discussed in Chapter 2), has suffered some of the same critiques as other PPPs and international financing organizations (Summers 2015). A variety of efforts are aimed at "addressing procurement-related bottlenecks" (Global Fund 2007:27), "ensur[ing] that the quality of data is...audited" (32), and "provid[ing] procurement-related capacity-building services" (32).

## **Methodology**

This research draws on three months of ethnographic fieldwork in Freetown, Sierra Leone, from January to April 2014. I studied the metrics of HIV/AIDS programs in Sierra Leone as a member of a Social Science and Humanities Research Council of Canada (SSHRC) Insight Development Grant team, and collected original data for my thesis as an apprentice researcher. In this graduate student apprentice-training model, I stepped into an already-designed ethnographic research project (designed by my supervisor, Dr. Susan Erikson) primarily as a fieldworker. I gained data collection experience while in the field with my supervisor, who coached and met with me on a weekly basis, sometimes several times a week. Research Ethics Board (REB) approval, the written application and formal processes of approval, was originated by Dr. Erikson prior to my arrival in graduate school. It was granted by Simon Fraser University's Office of Research Ethics, #2012s0643.

Much of my fieldwork experience was facilitated by my Krio language acquisition prior to departure for the field. I had acquired preliminary language proficiency in Krio prior to conducting fieldwork through bi-weekly training for three months with a first language Krio speaker, a Sierra Leonean Master of Public Health graduate student colleague, Ms. Baindu Kosia, who was studying in the Faculty of Health Sciences at Simon Fraser University (SFU), and who was also an advisee of Dr. Erikson. Throughout the fieldwork I employed participant-observation, conducted semi-structured interviews, and collected statistical documents and public service literature. The fieldwork and interviewing procedures for conducting this study were based on successful models of ethnographic research used by anthropologists, as detailed in Marcus (1998), Bernard (1998), and Hammersley and Atkinson (2007). Eighteen semi-structured in-depth interviews, five of which were recorded and transcribed, were conducted with HIV/AIDS program officers, HIV/AIDS counselors, and personnel from non-governmental and international development organizations. There were four follow-up interviews. Interviews were conducted in either English or Krio, depending on the participant's preference. Questions were open-ended and conversational to encourage participants to address topics of interest in their own ways, while using their own words. It also allowed for questions to be asked as they arose naturally during the course of the interview.

In addition to interviews, I spent time in HIV clinics observing patient-counselor interactions and data collection techniques by both counselors and NGO personnel. Participant-observation was also conducted at governmental organizations and at a multi-organization HIV/AIDS meeting. This more informal qualitative research method allowed for further insight into how funding stipulations shape HIV/AIDS programs and practices in Sierra Leone. Observations and data from interviews and participant-observation were included in field notes throughout the duration of the fieldwork. Field notes were written immediately following the event or interaction when possible, or that evening, to ensure as many details as possible were included. Additional observations and experiences were jotted as memos to be expanded and reflected on later in field notes.

## ***Participant Recruitment***

Drawing on contacts previously established by Dr. Erikson, I contacted HIV/AIDS, NGO administrators, program officers, and decision makers. I also gained contacts through referrals from another team colleague, Mr. Sam Eglin, another SFU graduate student apprentice. Selection of participants emerged throughout the data collection processes. I also collected referrals that arose naturally in conversation throughout my fieldwork, following up with additional interviews when necessary. I took on an opportunistic and purposeful recruitment of 18 HIV/AIDS program officers, HIV/AIDS counselors, and personnel from non-governmental and international development organizations for participation in the study. Participants were recruited from a variety of locales in Freetown over the course of approximately four weeks. Individuals were contacted by email, phone, or personal visit, as appropriate to the circumstances. Study participants included both Sierra Leoneans and non-Sierra Leoneans, with a focus on the former. Individuals were selected if they were adults, aged 19 years or older, and spoke English or Krio.

I began by seeking out HIV/AIDS counselors in Freetown, starting with the established contact of my supervisor at an HIV program clinic. Through this counselor, I networked to build additional contacts at other venues, with which the HIV counselor worked. These contacts were drawn on during participant-observation and interview processes. When applicable, I sought out individuals whom I could accompany throughout their daily activities (e.g. programmatic meetings) to better understand how numbers and statistics inform decision-making around HIV/AIDS. From this initial counselor, two other counselors were identified to interview. Through discussions with these counselors, I was informed of additional organizations they worked with, including non-profit entities. I sought out non- and for-profit organizations first, identifying participants working in monitoring and evaluation, health systems, and programming in relation to HIV/AIDS.

## ***Interviews***

Interviews were used to collect data on how funding mechanisms work on the ground, and the role statistics played in HIV/AIDS programs in-country. Following a brief

introduction to the research project<sup>8</sup> and ensuring intake criteria were met, I obtained consent from each interviewee, using signed informed consent (see Appendix B) and/or verbal consent when appropriate. The location of interviews ranged from private office or clinic settings to other locations where participants felt more comfortable. The semi-structured interviews followed qualitative interview protocols and lasted on average thirty to sixty minutes. Due to various settings and/or comfort level of the research participant, five of the interviews were recorded, with the remainder documented in a notebook throughout the interview process. Notes were also taken during the recorded interviews to trigger observations and other occurrences that took place during the interview. Interviews with Sierra Leoneans were conducted in either English or Krio, or both, depending on the personal preference of each interviewee. When interviewees were expatriots, only English was used to conduct the interview.

Open-ended conversational approaches were employed during the interview process to gain insight into the interviewee's experiences, knowledge, use of funding mechanisms, and production and use of data and numbers. This approach encouraged participants to address topics of interest in their own ways, using their own words. This method also allowed for questions to be asked as they arose naturally during the course of the interview.

### ***Participant-Observation***

This research involved participant-observation, which was driven by the interests of the respondents. This method was dependent on the development of an informal, open-ended relationship between researcher and respondent. The aim of this method was to understand issues and relationships as the respondent understands them. Participant-observation allowed me to access a variety of people at various points in time, and to understand issues and experiences as the respondent understands and lives them. Using this method I was an active observer in the daily activities of the HIV/AIDS counselors at clinics and hospitals, and program officers at non- and for-profit organizations, international and governmental organizations, as well as funding

<sup>8</sup> See Appendix A for the Study Information Sheet.

agencies. This method allowed me to better understand how donor expectations and stipulations *work* and what they *do*, in relation to HIV/AIDS programs and practices on the ground. This ethnographic method was a crucial aspect of the project. It permitted me to be reflexive in my observations by jotting down my feelings as I both participated in and observed various experiences.

Sites for participant-observation were determined through discussions with research participants, and focused on how funding mechanisms worked and how data and numbers were collected and used in decision-making. I conducted participant-observation in HIV/AIDS clinics, non-profit organizations, governmental agencies working on HIV/AIDS, international and multilateral organizations, and within the offices of other individuals or entities important in the HIV/AIDS program decision makers. Additionally, I sought out opportunities to attend collaborative meetings with various program partners and other functions or meetings that seemed important to the project. I sought permission to conduct research at these locations from the appropriate decision-making body in each setting. Employees of organizations were informed if permission had been obtained from an employer prior to the study being conducted.

Throughout the entire participant-observation process, I took field notes. While conducting participant-observation I jotted or used “scratch notes” (O’Reilly 2005) to record actions, conversations, descriptors, and other useful words and information. This information was useful when transcribing my field notes following the event. Scratch notes were written in a way that triggered memories of the specific occurrences, thoughts, and feelings present throughout the participant-observation process. This method was also used to note details about the environment, behaviors, observations, or other things I found interesting throughout the day (Bernard 2006). Field notes were transcribed in a systematic manner immediately following each event, or that evening. My field notes contained information that proved to be both useful and irrelevant to my research. However, field notes were a critical piece to the research because they created a space to be holistic, documenting details, actions, and occurrences in daily life. While conducting research, I did not know what would be important during the write-up stage. Field notes help remedy the unknown by allowing for all details to be recorded.

## **Data Analysis**

Preliminary analysis of data took place throughout the data collection stage, during instances of insight and emerging concepts that occurred while in the field (O'Reilly 2005). These instances were jotted in a notebook and were referred to during the project to help make sense of the complex issues that arose. In-field analysis was also present throughout the daily reflection that took place while writing field notes. This ongoing analytical process allowed for reflexivity and created space to shape and re-shape questions while in the field.

Upon returning from the field, audio-recordings of interviews were transcribed by myself. Recorded and non-recorded interview transcriptions, field note accounts, photographs, and other documents and data were analytically coded and organized by myself into spreadsheets. Using Microsoft Word and Excel, I organized and open coded (Bernard 2006) the data by searching for words or phrases that appeared frequently throughout the text, allowing an understanding of the data to surface during the process. The coded words, which were underlined and highlighted, became keywords. These keywords were revisited to search for categorical links. Utilizing memoing techniques (i.e. code notes), I made notes of insight and thoughts about the data, forming 19 analytic categories from the coded words (Bernard 2006). This technique allowed me to frequently revisit the data, picking up on words or ideas that might have been earlier overlooked.

I employed a pile-sorting method (Bernard 2006) secondary to Microsoft Word, to create space for a hands-on approach to the categorizing and re-categorizing of information. I transcribed keywords found using Microsoft Word onto note cards, placing them into the categories previously created. Quotes from field note accounts and interview transcriptions were also extracted and placed on note cards to create additional themes. I was able to easily rearrange keywords, if necessary, to see patterns and themes that emerged (Bernard 2006; O'Reilly 2005).

Throughout the course of this research, my positionality directly impacted the access I was granted in various organizations and the information I was able to obtain. Prior to conducting fieldwork I anticipated that my role as a researcher might place me in

a perceived 'expert' position. Aside from two instances with HIV/AIDS counselors where I was asked to explain the complex processes of the HIV virus, and one encounter where several men in my neighborhood asked for medical advice regarding rashes or infections, I was not viewed as an 'expert.' Instead, I was often viewed as a student. Participants wanted to share information with me to help me learn their roles and responsibilities in HIV/AIDS programs in-country. I first thought that being seen as a young researcher would largely be a disadvantage, however it became clear over the course of data collection that it shifted the power role to the participants who often felt more comfortable teaching a 'junior.' Conversely, it is likely that there was certain information I was not privy to, based on my 'junior' status.

### ***Frameworks and Theoretical Orientation***

This research was iterative inductive, meaning the design evolved spirally, informing further inquiry throughout the course of the study, following leads that emerged during the actual research process. Due to this, it was not possible to know in advance exactly who the participants would be or where they would be located. This method also allowed for a flexible research design, where ideas and questions could be reshaped, and promoted reflexivity throughout the entirety of the research process (O'Reilly 2005).

The research was multi-sited, in that it was not restricted to a single organization or institution. I followed the thing (forms and funding) (Marcus 1998), allowing one site to lead to another. This technique of following the thing throughout the project was a manifestation of the iterative inductive nature of this project. Following leads from one organization or individual to another, and following the thing (forms and funding), helped me assemble the various parts that contribute to the understanding of the role of numbers and statistics in HIV/AIDS resources and program practices in Sierra Leone. This technique also allowed me to better understand the exchange of HIV/AIDS data, funding, and program ideas.

Health systems programming and financing is an open system influenced by a heterogeneous and dynamic set of elements, necessitating a flexible theoretical framework that can account for linkages between particular contexts and global forms.

These elements articulate global assemblages<sup>9</sup> (Ong and Collier 2005), which are “abstractable, mobile, and dynamic” (2005:4), moving across boundaries. Making use of assemblages helps display the specific trajectories of transformation of various problems within a specific temporal and contextual space. As a theoretical framework, assemblages allowed me to unpack the multiple elements, forms, and systems at work within health systems programming in a specified context. Donor expectations and conditionalities involve complex and nested systems, which can be understood as they become articulated in a global assemblage. Applying this theoretical framework allowed me to examine these unstable relationships and interactions of the assemblage during the time of my fieldwork.

While there is an immediate realness to in-country effects of global processes, the interconnectedness of these processes and actors has resulted in competing ‘universals’ and interventions that travel between countries (Tsing 2005). The “national and the international dimensions” of this interconnectedness is experienced in country settings and are “important elements of reality” (Patton 2002:xx). The interactions between these various elements are uneven and unstable producing ‘friction’ (Tsing 2005). The multiplicity of interests from various actors does not create a smooth, coherent mixture, but one of tensions and contradictions that can greatly impact those on the ground. Funding stipulations and expectations ‘travel’ between recipient locations, often thought of as a necessary framework for maintaining consistency and efficiency. While such structures or ideas may result in positive outcomes for one locale, they are altered when translated into another location (Millar 2013). Tsing’s (2005) theoretical framework is a way to explore ‘universal’ norms that are spread through ‘frictive’ interactions and the new configuration of power that can arise from these processes. Using this as a point of reference, I explore the universalizing of donor conditionalities, which are translated from international health entities to multiple recipient country and program contexts, and the unpredictable consequences that can result when agendas, interpretations and expected resources or infrastructure do not align.

<sup>9</sup> The term “assemblage”, which is used throughout the thesis, is attributed to Ong and Collier 2005.



This project was designed to “study up” (Nader 1969), or use ethnographic methods, to explore how donor conditionalities affect HIV/AIDS programs and practices, with a specific attention paid to how statistics and numbers work. The “studying up” methodology examines the practices of people in positions of power. The Global Fund, as a funding entity, exercises a complex and specific power over institutions and entities in Sierra Leone and can shape foci. This power has placed the Global Fund in a position where they can shape in-country behaviors of HIV workers and programmers. It is this interconnected relationship that makes “studying up” imperative in Sierra Leone as a way to understand the Global Fund’s influence in-country and the consequences of the donor-recipient relationship. By focusing on funding mechanisms, my attention was placed on how HIV/AIDS programs and practices are shaped or re-shaped when faced with monetary constraints, and how these practices influence those who are in need of the services.

## **Organization of the Thesis**

Through an exploration of the structures and mechanisms in place in Sierra Leone, this research takes up the issue of health metrics and how decision-making by Sierra Leoneans is shaped by the involvement of international donors. Looking at the ‘friction’ of these interactions, I focus on how technologies of responsibility shape HIV/AIDS programs and practices in-country and how these mechanisms impact future funding. Throughout the remainder of this thesis I explore the Global Fund’s stipulations, focusing on three themes, metrics, time, and accountability, to illustrate the interconnectedness of the donor-recipient relationship, and how specific funding mechanisms can impact in-country practices in particular ways.

Chapter 2: “*Travelling metrics*,” takes a closer look at the ‘friction’ produced by the Global Fund’s funding mechanisms and metrics as they come into contact with the current contextual realities of Sierra Leone. Using a development framework, I discuss the contradictions between Sierra Leone’s weak infrastructure and Global Fund expectations, and how this can shape HIV/AIDS programs and targets. Building off of Craig and Porter’s concept of “travelling rationalities” (2006:201) and Latour’s (1987) “centers of calculation,” I will examine how the implementation of “travelling metrics” can

undermine in-country efforts, allowing the Global Fund to make decisions from ‘a distance.’

In Chapter 3: *Urgencies, asymmetries and data collection*, the impact funding stipulations have on time, data collection, and relationships are explored. The Global Fund’s conditionalities have influenced how time is used in HIV programs in Sierra Leone. Funding disbursements by the Global Fund are directly linked to statistical production, resulting in numerous reports and exchanges of numbers throughout the levels of HIV/AIDS programs and to the Global Fund. To explore this exchange I follow the movement of HIV/AIDS statistics and take up the donor-recipient relationship using a principal-agent lens. Using this lens, I show how ineffective lines of communication can impact time needed to fulfill funding stipulations and the implications of implementing a business model in a health program.

Through audit and accountability technologies, donor expectations and conditionalities can evoke ideas of trust and mistrust. This can impact how recipients of aid perceive themselves and what will happen if they are seen as accountable. Chapter 4: *“If only, if only...”* explores this embodiment and how it manifests within HIV/AIDS practices. Throughout this chapter I discuss how the Global Fund’s audit technologies act as instruments of governmentality, in they way they cultivate particular forms of perception and trust, and regulate uncertainty. What this chapter illustrates is how the doing of accountability can be more important than service provision, becoming unrelated from health outcomes.

I conclude with *The (not-so) “silver-bullet.”* Throughout the history of development work and foreign aid, researchers, economists, development workers, and policy makers have been in search for the “silver bullet” to various problems. This hypothetical “silver bullet” has been sought time and again, only to find that the newest solution is often the beginning of another problem (Pritchett and Woolcock 2004). In relation to HIV/AIDS programs and practices in Sierra Leone, the Global Fund has implemented various stipulations so as to monitor allocated funds and provide a framework for programming. This chapter discusses the implications of this “silver bullet” solution in Sierra Leone. Throughout the chapter I refer back to the previous chapters to show the

interconnectedness of the various networks at play, and how the current situation in Sierra Leone may not be appropriate for the Global Fund's expectations and conditionalities.

## Chapter 2.

### “Travelling metrics”

*“So, for anything being done for any program, for anything that’s being done to be valid...There has to be data to back it up. [...] If the data is there, it has to be valid data, it has to be correct data. [...] So actually, for me, the most important thing is data. Cause when you have data properly then you can monitor everything. You know what you need to do, you know what you need to concentrate on...”*  
*[Ben, NGO program worker]*

*The mid-day heat had kicked in at full force as I climbed the stairs to meet with Mr. O, a Sierra Leonean director of a local HIV/AIDS organization in Freetown. As I entered into his small office, I caught a faint breeze from the two partially opened windows on the back and side walls. Mr. O offered me one of two empty chairs as he pushed the windows open a bit farther. Returning to his seat behind the piles of forms and documents that covered his desk, he apologized for the absent air conditioning, explaining that their generator lacked the capacity to run the unit that sat idly in the window.*

*During our discussion about the organization and program initiatives, I mentioned a newspaper article I had come across that briefly mentioned a national database the organization was planning to create. Mr. O explained that the organization relies on a growing membership, establishing new support groups for members only in areas where there is great need. In 2012, the organization requested funding to do an in-country assessment of the number of people living with HIV/AIDS (PLHIV) and their dependents: “We [were] thinking we ha[d] more than 8,000 in our support groups...But when we did that study, we had slightly about 5,000. [...] We thought, ‘we cannot continue to work this way’, and decided that a new national database would be the best solution to collect and maintain “current and accurate information about membership.”*

Geographically, Geneva is approximately 4,571 kilometers (2,841 miles)<sup>10</sup> from Freetown, a distance requiring the use of conditionalities by the Global Fund to facilitate specific types of interactions when in-country offices are absent. Funding for HIV/AIDS programs has, thus, often come with standardized stipulations and requirements, created in removed settings and intended as “travelling metrics” (Harper 2005; Craig and Porter 2006), thought to be applicable to all contexts and capable of producing cross-country comparisons. For the Global Fund, these “travelling metrics” and conditionalities are implanted in Sierra Leone irrespective of context, and work to facilitate the production of monthly materialities that ‘show’ efforts. A network is subsequently produced from the Global Fund’s “travelling metrics,” allowing practices (the doing of statistics) and objects (data) to move between territorialized spaces (Anderson 2002; Latour 1987; Strathern 1999). Individuals along the network utilize the practices and objects for multiple purposes, such as decision-making (Erikson 2012), which will be explored throughout the remainder of this thesis.

The way in which global health is approached has been dramatically altered since the 1980s when privatization of health became the norm. Collaborative initiatives between business and public sector entities and the creation of foundations (i.e. The Bill and Melinda Gates Foundation), have taken center stage as global health financiers reshaping how global health is *done*. This shift in funding sources brought with it the business-ethos of its creators, the Gates-Buffett effect (Erikson 2008), transforming global health into a type of business (Erikson 2012) that is run by some of the same ‘masterminds’ who conquered the technological world. As a result, these entities are incorporating more bureaucracy, technology and digitized information into their work that continues to alter health practices and initiatives on the ground. This shift to a business-oriented approach to health has also necessitated the production and collection of numbers as a way to measure return on investments for donors (Erikson 2012). The question, however, is what does this transformation mean in Sierra Leone, where physical, technological and human infrastructure remain weak? How is the Global

<sup>10</sup> Approximate distance calculated by the Distance Calculator on the Time and Date website (Time and Date 2015).

Fund's need for numbers taken up by Sierra Leoneans, and what does it look like in-country?

The cover article on the December 2013 issue of *Wired*, "Guest editor Bill Gates wants you to fix the world: with Bill Clinton on the power of technology" (Levy 2013), illustrates the increase of technology and digital instruments that are fervently being directed for use in low-income countries. The interview is so saturated with rhetoric often found in a business or economics course, "investments," "problem-solving," "metrics," "connectivity," that it is easy to forget that both of the philanthropic founders fund health initiatives. This is the rhetoric that is now prevalent in global health, found in funding stipulations, heard in organizations, and materialized through the production of in-country data that is promptly transported through the wires, routers, and servers that connect donors to recipients. This production and movement of data creates "cycles of accumulation" (Latour 1987), where 'distant' information is moved back and forth from Sierra Leoneans to international donors like the Global Fund. Technologies bring the 'distant' closer (Erikson 2012; Latour 1987), allowing for decisions to be made about Sierra Leone from afar, without the actual in-country presence of Global Fund workers. The data suggests that through these "cycles of accumulation," humans using the funded programs and services have been reduced to a set of numbers in a ledger. Using the Sierra Leonean context, I demonstrate how the movement of "stable, mobile and combinable elements" (Latour 1987:224), or statistics, allows the 'center' (the Global Fund) to influence the 'distant' (Sierra Leoneans).

In what follows, I explore the 'friction' produced as the Global Fund's "travelling metrics" are articulated within the realities of Sierra Leone to demonstrate how HIV workers' statistical production and efforts to strengthen databases are influenced by the various pressures and demands on their lives. I am concerned with how the Global Fund's funding conditionalities are 'assembled' and 're-assembled' (Ong and Collier 2005) in relation to the current infrastructure in Sierra Leone. This chapter illustrates contradictions between the country's weak infrastructure and Global Fund expectations, and how these result in practices and program targets that have been altered to mediate the issues. I first situate funding conditionalities within a development framework to demonstrate how current HIV/AIDS practices in Sierra Leone create expectations that

are contradictory to the current context in-country. I then discuss how conditionalities can undermine efforts in-country. Using the Sierra Leonean context, I conclude with the necessity of “working with the grain” (Booth 2011) in relation to international funding and programming efforts.

## **Global Fund Apparatuses and Mechanisms**

Established in 2002, the Global Fund is an independent, not-for-profit, public-private partnership. It was designed to be a small, efficient organization offering a new country-oriented approach to global health efforts. As such, the Global Fund works only as a funding mechanism and does not implement grants in recipient countries. Maintaining a narrow focus on three diseases (tuberculosis, malaria, and HIV/AIDS) the aim was to have recipient countries leading the way in their funding requests and implementation of programs. As a public-private partnership, the Global Fund collaborates with private and non-government partners at the donor level (i.e. through financial contributions, advocacy support), as well as the country level (i.e. implementation support, investments, creation of a country coordinating mechanism). The Global Fund, while not fully transparent, does provide the majority of their documentation, grants, and decision-making processes available to the public through their website.

The Global Fund consists primarily of a 26-member governing board, a Secretariat that handles the organization’s daily functioning, and an independent technical review panel that evaluates grant proposals (Global Fund 2014). The 26-member governing board, 20 of which have voting rights, is a compilation of representatives from donor countries, private sector partners, and philanthropic agencies, in addition to representatives from low-income countries and NGOs. To help maintain their relatively small size, the Global Fund has no country offices in recipient-states. This ‘distance’ is remedied through three mandatory entities that must be established in recipient countries before funding can be disbursed: 1) a country coordinating mechanism (CCM); 2) a principal recipient (PR); and 3) a local fund agent (LFA).

In Sierra Leone, the CCM is an amalgamation of 25 members<sup>11</sup>, including partners such as UNICEF and DFID<sup>12</sup> (i.e. multi- and bi-lateral organizations), the Ministry of Education (i.e. government agencies), the Inter-religious Council (i.e. civil society groups), and people living with one of the Global Fund-specific diseases (malaria, tuberculosis, and/or HIV/AIDS). Members of the CCM, along with an alternate, are elected in a transparent and documented process, decided on by their constituencies, to represent their specific sector on the board. Each member is, thus, accountable to the sector they represent. The CCM is responsible for submitting concept notes (grant proposals) based on country needs, selecting the principal recipients (PRs) of grant disbursements (private or public entities, including civil society organizations), and implementing and monitoring grant programs. In addition, the CCM has a country coordinator whose “strategic” position involves “serving” and coordinating the affairs of the CCM board. The country coordinator is “the nose, the ear, [and]...the eyes” of the CCM, handling administrative tasks, following up with the PRs and sub-recipients (SRs), and sorting out obstacles in oversight and implementation of grants.

The Global Fund allocated its first grant addressing HIV/AIDS in Sierra Leone in 2005, following the creation of a country-coordinating mechanism, the selection of principal recipients, and the contracting of a local fund agent. The grant was to provide additional support for ongoing national HIV/AIDS programming efforts. At present, there is one active HIV/AIDS grant in Sierra Leone, received by the National AIDS Secretariat (NAS), the PR in-country. This grant is further distributed between the approximately 51 HIV/AIDS sub-recipients (SRs) (NAS n.d.) in Sierra Leone ranging from international not-for-profit and non-governmental organizations (e.g. Marie Stopes Society Sierra Leone, Planned Parenthood Association Sierra Leone) to civil society groups (e.g. Coalition for Civil Society and Human Rights Activists) and national entities (e.g. Sierra Leone police force). Monitoring and oversight is conducted by PricewaterhouseCoopers (LFA), an external consultant group from Ghana contracted by the Global Fund (see Table 2.1).

<sup>11</sup> The CCM in Sierra Leone is chaired by Alimamy Kargbo. Members include: Allieu Bakarr-Conteh, Ahmadu Fadhlu-Deen, Laure Gigout, Abdul Karim Jalloh, Sandy Jambawai, Tamba James, Kadie Jumu, Serian Kamara, Sadiq Kapuwa, Brima Kargbo, Edward King, Laurent Michiels, Roeland Monasch, Job Sagbohan, Mohamed Samai, Wilhemina Sawyer, Abdulai Sesay, Daniel Siaffa, Idrissa Songo, Gilpin Uzo, and Dausy Wurie (Global Fund 2015).

<sup>12</sup> The UK's Department of International Development.



**Table 2.1: Global Fund mechanisms in Sierra Leone**

Global Fund mandated institution	Organization in Sierra Leone	Role
Country Coordinating Mechanism (CCM)	CCM Sierra Leone	Identify country needs and priorities
Principal Recipient (PR) for HIV/AIDS grant	National AIDS Secretariat (NAS)	Implement grants and report to the Local Funding Agent (LFA)
Local Funding Agent (LFA)	PricewaterhouseCoopers (located in Ghana)	Track progress of programs; verifies use of funds; verifies data produced

## **“Skipping Straight to Weber”: Infrastructural Challenges**

In international development work and humanitarian endeavors since World War II, there has been a push for low-income countries to “skip straight to Weber” (Pritchett and Woolcock 2003:193), or quickly reconfigure their bureaucratic structures and practices in ways that align more closely with donor countries. Standardized stipulations and requirements, “travelling metrics” (Craig and Porter 2006; Harper 2005), are thus frequently used as instruments to assist in a country’s transition to “Weber,” while simultaneously generating cross-country comparisons. In this age of global health business (Erikson 2012), “immutable mobiles” (Latour 1987) have resulted in efforts by organizations to increase transparency and efficiency in order to ‘show’ returns on health investments and legitimate efforts. However, by donors failing to account for the daily inconsistencies and obstacles that occur on the ground, standardized requirements subsequently result in inappropriate timelines and expectations given the technological constraints and working conditions for HIV workers in Sierra Leone.

In Sierra Leone, the “skipping straight to Weber” approach considers quick technological advancement in the national health system a norm that is rapidly trying to

be achieved. The Global Fund's conditionalities have been created in a way that requires immediate technological progression in Sierra Leone, with various international organizations trying to assist Sierra Leoneans in this transition. Approximately 60% of funds from the Global Fund were allocated towards program management and administration in 2011 (GARPR 2014). Moreover, donor allocations have focused on "management, coordination, monitoring and evaluation" (GARPR 2014:16), assisting in-country HIV workers with some of the obstacles inhibiting the smooth transfer of data from the global south (Sierra Leone) to the global north (the Global Fund). In reality, however, the basic infrastructure that needs to be in place prior to this bureaucratic advancement is either missing or outdated, and therefore cannot handle the amount of data being inputted. Funds and grants are not focused on fixing the larger infrastructural issues, but only those that impact Global Fund goals from being achieved. The result: the general population of Sierra Leone benefitting from only 9% of the total HIV expenditures in 2011 (GARPR 2014).

Approximately seven databases and software programs are currently used for HIV/AIDS data in Sierra Leone, with an eighth trying to incorporate HIV information into the existing system, and a ninth in early planning stages (see Table 2.2). For a country with a population of about six million, and an HIV/AIDS prevalence rate estimated at 1.5%, seven to nine databases is a remarkably high amount. These programs range from digitizing patient charts (Open MRS) to analyzing data (SPSS) and projecting numbers (Spectrum). They are found in hospitals, district health centers (DHMTs), and government organizations. The Ministry of Health and Sanitation (MoHS) has a national database, District Health Information System (DHIS), that stores Sierra Leone's health information. However, due to infrastructural and capacity limitations, the database cannot accommodate the immense amount of HIV/AIDS data collected. While there are efforts by international organizations and entities to integrate HIV data into this system, which I was assured would be done "in due course," the reality is monumental piles of HIV/AIDS documents stored in offices, lacking a digital home (see Figure 2.1).

**Table 2.2: HIV/AIDS related databases in Sierra Leone**

<b>Database</b>	<b>Location and use</b>	<b>Purpose</b>
<b>Open MRS</b>	Location: two government hospitals; plan to install at additional hospitals Used by: data entry clerks	Digitize patient records
<b>CS Pro</b>	Location: DHMTs Used by: data entry clerks	Digitize the data collected in registers and ledgers at PHUs; links NAS and NACP
<b>SPSS and Excel</b>	Location: NACP and NAS Used by: M&E officers	Analyze data collected at PHUs
<b>Spectrum</b>	Location: NAS and UNAIDS	Model and project HIV/AIDS related data
<b>HMI</b>	Location: Ministry of Health and Sanitation	Subset of the DHIS Only collects certain HIV/AIDS information due to current capacity
<b>DHIS</b>	Location: Ministry of Health and Sanitation	Holds national health data (excluding HIV); working on integrating HIV/AIDS information
<b>Quantum GIS</b>	Location: NAS	Collects geo-spatial data for Global Fund commissioned ART audits



**Figure 2.1: HIV/AIDS hard copy data**  
Photograph by author

*The conversation with Mr. O moved at a relaxed pace, with lulls being filled with the sounds of car horns and shouts of Krio from the street located below the window. Mr. O explained that the information from this new database would include information such as the location of members, number of members accessing care and resources, and the types of services they were using; information not collected for the other databases used for HIV data in-country.*

*As we continued discussing the database initiative, Mr. O explained that the funding for the project was coming from two partners: UNAIDS and Christian Aid, an international NGO with an office in Freetown. They were also receiving technical support from West African Medical Mission located in the United States, who would first build the database in Freetown, and then work to connect it to the internet. Once the main database was connected to the internet, the regional offices would be able to access the information as well. As Mr. O finished telling me this, the look on his face and his entire*

*disposition changed, making it evident that things were not going quite as planned in regards to this venture.*

*As the topic of funding arose, Mr. O shifted in his chair, resting his chin in his right palm and rubbed the bridge of his nose. Glancing up, Mr. O informed me that currently, their biggest issue is resource constraints, with funding more challenging to receive than it was in 2006 when the organization was established. “Now, the funding is one, vertical to access, not forthcoming and most of the donors who we are working on HIV, who are providing resources for HIV, are diverting their focus. HIV is no longer a priority for them.” Because of this, some of their programs and initiatives, such as the national database, which had been projected to be finished at the time of our chat, and was only in the second phase of a four-phase plan, are delayed or postponed until additional funding can be secured to continue the process. However, Mr. O continued stressing the usefulness of the database project, explaining that it would help the organization uncover what their priorities should be, aid in their planning and programming targets. He added that sometimes partners request data regarding “national membership” numbers or “average education level” of members, “so [they] do give estimates,” but securing a new national system would allow them to “be in a better position to give current, accurate information to [their] partners who need it;” “...With the database, you can give authentic figures.”*

Mr. O had a considerable amount of confidence and trust in numbers (Lampland 2010) as he reiterated the necessity and benefits of the database. A large portion of the interview alluded to above was devoted to discussing the organization’s national database. It would be a channel for information to flow from membership groups throughout Sierra Leone and regional offices to local and international partners, a new bureaucratic technology. Simultaneously, however, was the overarching reality that the office was without electricity. It relied on a generator that lacked “substantial capacity,” causing the idea of a database requiring internet access to become even more challenging. This need to produce numbers quickly, an administrative apparatus (Erikson 2012) operationalized through the Global Fund’s stipulations, requires a “double

consciousness” (Du Bois 1897) from HIV workers on the ground. The contradiction of needing to produce numbers, although this diverts focus from individuals accessing program resources, depicts the duplicitousness of the health system. Workers on the ground know that the infrastructure needed to accommodate such bureaucratic systems is not currently available, however, funding stipulations require the use of such technologies. The enormous push for data and numbers requires specific infrastructure to be carried out, something that is currently only feasible with the assistance of donor funds. This acceptance of international aid, because national funds are still weak as infrastructures continue to be rebuilt post-conflict and post-colonialism, strengthens donors’ abilities to make decisions ‘from a distance.’

Following Sierra Leone’s decade-long civil conflict that ended in 2002, infrastructure that was destroyed is still being rebuilt. Due to this weak or absent infrastructure, access to electricity is highly irregular in Sierra Leone, with the distribution of electrical power often fluctuating between neighborhoods. On any given day, a home, business, or other establishment can be without electricity. For some, this means turning to a diesel-powered generator or solar energy (if funds permit). For others, this means carrying on with daily tasks as best as possible.

*One afternoon Ben, an international NGO worker, took me to an HIV/AIDS clinic at a hospital in Freetown. He was meeting Elise, a Sierra Leonean data entry clerk in her early 30s, to review the patient database he had previously installed. Ben positioned his chair next to Elise’s at her desk. Resting his chin in his hand, Ben asked her to launch the Open MRS database. Glancing up from her computer, Elise stated that the hospital was currently using the generator so she was unable to access the internet needed for the database to function. Continuing, Elise explained that the internet was only accessible if the hospital was using NPA<sup>13</sup> (government) power.*

I have offered this ethnographic example as a way to elucidate the reality of trying to “skip straight to Weber” in a place where irregular electricity is common. The NGO Ben works for is one of several organizations that have transitioned to providing

<sup>13</sup> NPA (National Power Authority) is a privatized state utility and one of the primary sources of electricity in Sierra Leone.

technical support in-country. Rather than service provision, these organizations focus on assisting workers with technology-based issues and trainings, another sign of the importance of databases and systems in achieving a more simplified and 'accurate' means to produce numbers in Sierra Leone. This technical support often looks like international program workers installing previously selected databases, seeking out and training Sierra Leoneans to work the software, conducting periodic site visits, reviewing data collection tools used, and exploring more 'streamlined' and 'efficient' systems that can be developed. One international programmer explained:

So, uh, I'll divide [our technical support] into two parts. The first part is the national support, give support to the national HIV and AIDS response team. So the national team is comprised of mainly the National AIDS Control Program, the NAS, which is under Global Fund, and the Ministry of Health. So we give support to NAS and National AIDS Control Program. ...I give them support in terms of data—data collection, data analysis, and all the things that concern data. [...] So I'm also part of ... the M and E technical working group that is directly in charge of monitoring M&E for HIV data. ...It is comprised of NAS people, NACP people, UNICEF, mostly other organizations, mostly the big organizations that deal with HIV data, plus some academic...

So we give support at facility level where we go and do routine, routine support. ...I meet people who are in charge of data collection and see if they are filling the registers properly, and see what problems they have, ah what suggestions do they have to improve their registers. [...] So this is mainly our work.

At times, however, this push to digitize information continues despite having HIV workers to use the new databases. One afternoon, Ben stated, "Like right now I'm installing the system [at another program site], and I'm almost done setting up the database, and there's no clerk to do the data entry." Yet, the organization's efforts continue.

While on the ground, discussions about databases, computerizing information, and internet connectivity were abundant, however, resource scarcity was more the norm. To fully understand the implication of the numbers produced in Sierra Leone, "it is crucial to appreciate who created those numbers, for whom and why" (Lampland 2010:7). The importance of 'showing' program efforts and efficacy prompted one Sierra Leonean programmer to express his frustration that people in his field do not focus on low reporting as being an issue, but think of the number of people getting tested or the

number of people on antiretroviral therapy (ART) as the only issues they face and overlook issues of low data reporting. He continued, stating that not reporting the numbers will “look bad” on their quarterly Global Fund reports and could impact future funding. This, however, is exactly what funding stipulations actually *do*.

Moreover, grant money is entering the country to facilitate data exportation rather than to financially support data transmission and accessibility within Sierra Leone. One programmer explained that “[they were] also trying to develop a website” to share information on their programs and work with the Global Fund. While they “had [a website],” “it was closed” because were not able to “pay in time...the money [from donors] did not come in time.” However, I was told that “the Global Fund website [had] a lot of information,” and if I “just plug in Sierra Leone” then I “w[ould] see everything on Sierra Leone.” When I inquired about access to a quarterly report, another program worker explained that “if [the report] stays at the Ministry of Health then it would not be available online. However, if the Ministry sent it on to NAS, then there is a possibility it would be on website,” but he was not certain.

In-country initiatives are being explicitly modified from service provision to scaling-up or incorporating cross-cutting issues, building capacity, and providing technical support. Strengthening and creating additional digital platforms to transmit data reinforces international donors’ abilities to continue governing ‘from a distance’ (Eyben 2011). These digital technologies, necessitated by the Global Fund’s conditionalities, are articulations of governmentalities (Foucault 1991), allowing donors like the Global Fund, to use connectivity as a means to an end. The outcomes of this, however, are still manifesting as these interactions come into contact with additional spatial and temporal instances and networks that are simultaneously at work in Sierra Leone.

## **Funding Models and Contradictions**

In 2012, following problems with the original funding mechanism (i.e. late submissions), the Global Fund transitioned from a grant-making approach to a new performance-based funding model that bases allocations on a country’s financial need, disease burden, and “willingness to pay” (Fan and Glassman 2014; Global Fund 2014;



Summers 2015). Under this new system, a country must have a National Strategic Plan, a key document taken up as a type of 'roadmap' to facilitate the country's path of action. While this model was designed as a system for countries to lead the way in their funding requests and implementation of programs, the performance-based approach maintains strict conditional requirements.

On paper, the ownership rhetoric of this new funding model, along with the multi-stakeholder partnerships, puts a country's wants and needs at the forefront. Once operationalized, however, this rhetoric is seemingly forgotten. From the development of a concept note and technical assistance to new assessments and oversight, the funding model articulates new types of power, limiting that of Sierra Leonean HIV workers and programmers in the decision-making process of in-country programs. Practically each piece of the funding model creates space for 'outside' help when making in-country decisions. Concept notes are developed among partners and stakeholders that include international NGOs and multi- and bilateral institutions, which one national programmer explained:

The past round, you know, they [the Global Fund] just ma[d]e a call, you produce your concept note. But [now] it's dialogue, dialogue with the stakeholder, country stakeholders. They're all going to be involved, in the proposal, the concept note development process.

Outside technical assistance is mandatory in concept note development and the National Strategic Plan is likewise created with the help of a variety of international partners. All three of these requirements open the door for 'outside' influence to shape and re-shape Sierra Leone program foci, limiting the influence Sierra Leonean voice.

These requirements, which are decided at an international level by the Global Fund and partners, are implemented within recipient countries, like Sierra Leone. The processes carried out to meet many of these requirements take place in the national HIV/AIDS organizations and programs in Sierra Leone, with the assistance of international organizations. Decisions made, concept notes produced, and national documents created often result in tasks, such as data collection, that happen at regional and district levels in-country. What the data suggests, is that by fulfilling the Global Fund's funding requirements in a local setting, Sierra Leonean HIV/AIDS organizations

and programs become interconnected with international organizations in the production of the various materialities (i.e. data). Materialities, that when produced, are subsequently moved along networks (Anderson 2002; Strathern 1999), strengthening the Global Fund's ability to govern 'from a distance.'

While discussing the new funding model with a national HIV/AIDS programmer, he explained:

It's nice, [the] new funding model. ...I think it's going to be better. [...] Now you involve the beneficiaries. There's a stakeholder dialogue. What is good for the country is what you get to discuss. Not in the past—CCM or even the PR can just sit and write proposal and send it to...no, now the stakeholder has to be involved in the dialoguing. And even Global Fund has to be very close to us. Communicating with them. You know? So there's a strategic direction which all of us should go, you know?

The Global Fund has also instated an annual assessment of the CCM based on six eligibility requirements, in addition to disease-specific action points. These requirements incorporate ideologies of transparency and inclusive dialogue, and must be achieved before funds will be disbursed. Creating preconditions and requirements such as these, in addition to the expanse of bureaucratic paperwork that must be maintained, ensures that the Global Fund's ideologies are preserved and executed on the ground.

This new performance-based model takes into account a variety of parameters, as well as a "willingness to pay" when determining funding allocations, which one Sierra Leonean programmer explained:

They do an allocation...based on your past, the way you consume, consumption rates, absorption rates. [...] They look at that one, your born rate. And they look at the disease body, and the level, poverty level, you know? All these things, they look at it. They look at so many parameters. But there's a formula they use for, for the disease split. [...] And there's a fair share. If you have more money, they give you less or no allocation. Like under HIV, it's no allocation was done because they have more money, and they look at their absorption capacity.

Part of this is also a "5% counter-part funding," where countries have to commit to provide 5% of the Global Fund's pledge. This percentage will gradually increase over

time as a way to decrease country dependence on Global Fund grants. However, issues arise with these parameters when they fail to bring in the targeted realities they seek to represent. For example, the contradictory relationship between stipulations and in-country realities can create tension when a country's inability to pay is not taken into consideration, or is interpreted as an "un-willingness to pay." In Sierra Leone, the government has not been able to raise a substantial amount of internal monies to fund HIV/AIDS programs due to the rebuilding of the nation-state. With the Global Fund allotting 48 million USD to HIV/AIDS in Sierra Leone, meeting the required 5% is an immense challenge for the national government. This, compounded with an HIV/AIDS prevalence rate estimated at 1.5%, may jeopardize the ability of Sierra Leonean programs to receive additional HIV-specific allocations in the future. Already, no new disbursements were made to HIV/AIDS due to past absorption capacity and current levels of funding compared to tuberculosis and malaria grants in Sierra Leone<sup>14</sup>.

The Global Fund reworked its funding structure into this new model, intending for recipient countries' voices, needs, and prioritizations to be heard throughout the application and allocation processes. When I inquired about the new model, I received positive feedback from a Sierra Leonean program worker, who felt "there [would] be more impact" because it required additional in-country dialogue with stakeholders. The issue, however, is that Sierra Leoneans are still confused or unaware about what it is the Global Fund and CCM actually *do* in Sierra Leone, and confused about what their roles are (i.e. government roles) in relation to the Global Fund's work. This is not to say that the new funding model does not produce more benefits than the previous method. It does require a considerable amount of dialogue, which can encourage collaboration and advocacy between various groups. The concern, however, is that the new model also increases 'global' voices and participation, which can influence decisions made on the ground.

Throughout the breadth of public service documents, literature, and discussions with program workers in-country, dialogues about "ownership," "multi-stakeholder

<sup>14</sup> The HIV program in Sierra Leone was deemed not able to fully use the implementation capacity of all domestic sectors in relation to HIV program funds (absorption capacity), in addition to having more program funds than malaria and tuberculosis programs. These factors are taken into consideration by the Global Fund prior to making additional funding allocations for each disease program.

dialogue,” and “counterpart financing” to decrease dependency on donor funds were recurring themes. Removed from a country’s context, these discussions appear to be suggestions to create a more holistic system leading to program sustainability and national financing. The issue, however, is when these ideas are placed back into the complex network from which they operate, the contextual, temporal, historical, and political elements that, in a sense, govern the way these ideas are carried out. Rhetoric of concepts such as country ownership and decreased dependency on international funds, that have been used in conditionalities and expectations, seem to undermine these intentions altogether. In Sierra Leone, a multi-stakeholder dialogue includes multi- and bilateral institutions, as well as international NGOs, which can influence Sierra Leonean decisions due to their more influential position in the system of international health financing and programming. Outside technical assistance, which is deemed compulsory by the Global Fund, again brings in international organizations and can weaken ownership. The enormous push for data and numbers, coming from an assortment of organizations, requires specific infrastructure to be carried out, something that is currently only feasible with the assistance of donor funds and strengthening donors’ abilities to govern ‘from a distance.’

## **Transparency and ‘Good Government’**

Development speak is often saturated with talk on good government and transparency, with entities suggesting or mandating that specific techniques be used in-country to ‘prove’ that good government is being done. For the Global Fund, this push for good government is taken up within the “travelling metrics” (Harper 2005; Craig and Porter 2006) that require transparent, efficient, and enumerated results within a strict, timely basis. However, things become a bit ‘sticky’ as the Global Fund’s stipulations are implemented and adapted to function within the available resources, context, and norms (Patton 2010). While in theory this may seem like an appropriate way to insure funds are used in a suitable manner, the use of “travelling metrics” defies Fukuyama’s principle of “do no harm” (2004:57) by not considering the historical and contextual realities of Sierra Leone.

While aiming to promote transparency, accountability, and other ‘good governance’ rhetoric, the Global Fund’s conditionalities have been created in a way that incorporates the imagined due to the absence of local offices in recipient countries. This results in funding stipulations that are detached from the in-country realities of low-income and resource-poor settings, imagined from an office in Geneva, where constant connectivity and electricity are the norm. In removed situations, those making recommendations, policies or stipulations, those ‘doing development,’ refer back to what they know (Dunn 2012). While the Global Fund may be utilizing “rules of thumb” (Dunn 2012) that have been generalized for a specific ‘type’ of country (i.e. the assumption that low-income countries have a greater chance of misappropriation of funds, requiring additional transparency and oversight), they may not be reasonable for all recipient locations in a given context, as the Sierra Leonean example demonstrates.

The push for efficiency and transparency, encouraged through bureaucratic and neoliberal governmentalities, has made the production of numbers, reports, and other materialities that can be enumerated, aggregated, standardized, and analyzed even more important for HIV/AIDS program workers. These numbers and reports ‘show’ the Global Fund that they are, in fact, ‘doing good government.’ The reports, which are produced from paper ledgers and registers, are later digitized and sent to the Global Fund in Geneva. This production of materialities symbolizing ‘good government’ is highly inappropriate for the country’s current infrastructure, detailed above. Moreover, the Global Fund visits Sierra Leone approximately one to two times per year, making it difficult to create funding stipulations that are appropriate for the realities of Sierra Leone. Instead of encouraging practices relative to the political, economic, geographical, and social context, the Global Fund has utilized a one size fits all approach with standardized metrics, a solution that may actually be another problem to fix (Pritchett and Woolcock 2004).

Creating requirements to ‘show’ transparency and good government can challenge these same goals, which the Sierra Leone context elucidates. For example, a Sierra Leonean HIV program worker explained that several years ago, following an in-country investigation within the Ministry of Health, efforts were made in other areas to

put “systems in place to ensure that when the OIG<sup>15</sup> report is out...[international donors] will say ‘ok, [techniques to show transparency] are...already in place.’ [...] So there w[ould] be no more risk [of being accused of corrupt practices].” This involved a lengthy and slow bureaucratic process to create as much transparency as possible: “To introduce new things into grant implementation...takes some time to kick off. You know? So all these changes...[were] being done at snail’s pace.” However, the slow implementation of these transparent efforts resulted in a “very challenging” and “very turbulent” year where funding disbursements were withheld for approximately nine months. “The money [from the Global Fund] did not come in time because this system [of transparency] ha[d] to be in place before they disburse[d] the money.” Efforts to carefully implement transparent bureaucratic processes to secure funding allocations took more time than allotted within the Global Fund timeframe. Thus, the implementation endeavor still resulted in the withholding of funds, the sanction that was trying to be mitigated by the careful, time-intensive training, and implementation of a new system.

Practices that international donors characterized as ‘good government’ produced friction when implemented within the context of HIV/AIDS programs in Sierra Leone. Due to overburdened schedules and time constraints, the Global Fund’s “travelling metrics” can create space for issues to arise with counselors and clinicians who not only have to see patients, counsel, conduct tests, and administer medications, but also have to fill out multiple ledgers, registers, charts, and forms—another disconnect and undermining between conditionalities and targets. Bureaucratic governmentalities that are implemented to show ‘good government’ and efficacy can instead create additional work for counselors and program workers who are already weighed down by obligations and deadlines.

While it can be assumed that both the Global Fund and the HIV program workers in Sierra Leone have the same target, reducing HIV/AIDS in-country, the uptake of a standardized model as a way to ensure ‘good government,’ has shaped HIV programs in-country. With disbursements directly linked to statistical production, workers are overburdened with the amount of time-consuming bureaucratic processes that are both

<sup>15</sup> Office of the Inspector General.

conditional for funding and used as a way to decrease the risk of 'bad government.' The post-conflict, post-colonial state of Sierra Leone, and the experiences of past corruption issues, has limited the number of donors offering assistance to the country. With a weak national fiscal system, Sierra Leoneans are in a vulnerable position accepting Global Fund grants for HIV/AIDS programming, with little ability to push back on inappropriate sanctions. Moreover, the lack of an in-country Global Fund office restricts the amount of contextual information available about Sierra Leone to the Global Fund, and can produce discrepancies when 'good government' ideals are interpreted and implemented within the Sierra Leonean context.

## **'Glitches' and 'Bugs': Hindrances in Digital Expansion**

The expansion of digital databases, an effort to meet international donors' wants, in Sierra Leone, shows how requirements and expectations work to assist low-income countries in a "skipping straight to Weber" scenario. Instead of encouraging practices relative to the economic, geographical, and socio-political contexts, the Global Fund has encouraged a push for digital data showing their 'return on investment,' the implications of which have been unfavorable in various instances. This push for digitized numbers, as well as correspondence that takes place primarily via email, has launched Sierra Leone towards this ideal state where 24-hour electricity and connectivity is the standard. In reality, however, the infrastructure needed to reach the necessitated state of digitization and connectivity is not yet available, but the funding stipulations that require it are.

This transformation that has modified Sierra Leonean HIV/AIDS programs and practices into business-like transactions rather than health initiatives is clear throughout the various levels of the national health system. Where hospitals and businesses have protocols, HIV programs in Sierra Leone have funding standards and conditionalities. Like protocols, these stipulations are implemented with the intent to create influence (of the donor), comparability (to other recipient countries), and security (on 'returns'). The reality, however, is that stipulations created and implemented to create stabilization and comparability can actually induce instability under certain conditions. When conditionalities are not met, a late report submission for example, sanctions are enforced that directly affect the amount and timing of donor funding disbursements. This directly

impacts program resources (i.e. ARTs), creating volatility and negative consequences for the people who are in the most need.

However, there is some value to the organization metric processes allow for. The post-conflict stresses in Sierra Leone introduced levels of disorganization in the national health system, which some Sierra Leoneans insist these data processes help bring order to. The Spectrum database, for example, allows for numbers to be projected, which is necessary in public health. These projections then help with planning, in which it can be argued that some planning is better than no planning, even if using international processes.

With the Global Fund holding the “lion share” of HIV/AIDS funds in Sierra Leone, program workers in-country lack space for negotiating more appropriate funding terms. To achieve the Global Fund’s standardized conditionalities, new infrastructures have been created where these can be operationalized. This allows the Global Fund to use stipulations as forms of governmentality, validating programs for donors, and permitting them to govern and make decisions ‘from a distance.’ Efforts to achieve continuity are present (i.e. incorporating both an international consultant and a local consultant), however these efforts tend to fall short of actually fulfilling set intentions when implemented. Movements to create multi-stakeholder environments become additional ways to influence Sierra Leonean decision-making. Recipient-donor communication is often conducted by way of email, which is only viable when electricity is available. The vast amounts of data collected and transmitted digitally require updated infrastructure, which increases dependence on outside sources. These are only a few of the ‘frictive’ encounters, or un-controlled variables, that arise in the so-called “Global Fund experiment” (Taylor and Harper 2014).

The contextual happenings in Sierra Leone clearly demonstrate the difficulties in “skipping straight to Weber,” or Gates, in low-income and low-resource settings. While international entities and donors are supporting this jump towards digitization and databases, the intermediate steps in achieving these targets seem to be overlooked. The infrastructure in Sierra Leone, especially digital infrastructure, was not created to deal with the conditionalities and expectations (i.e. large amounts of digital data) that are



now required to pass through them (Fortun 2012). The realities of this are highlighted by the re-shaping of HIV/AIDS programs and practices in-country. By detailing some of the 'frictive' encounters produced as donor ideals and norms entered into the spatial and temporal frame within which this research took place, I have argued that in-country efforts to strengthen databases and statistical production, while potentially beneficial for HIV programs in Sierra Leone, increases the Global Fund's ability to govern 'from a distance.' The Sierra Leonean example demonstrates the necessity of "working with the grain" (Booth 2011), utilizing in-country resources to remedy in-country problems, grounded in in-country realities, rather than implanting solutions created in removed settings.

## Chapter 3.

### Urgencies, asymmetries, and data collection

*“To restore to practice its practical truth, we must therefore reintroduce time into the theoretical representation of a practice which, being temporally structures, is intrinsically defined by its tempo.”*  
*[Pierre Bourdieu 1977:8]*

*It was late afternoon as a guard led me through the door of one of the HIV/AIDS programming office in Freetown where I was meeting Mr. E, a monitoring and evaluation officer. As we got to the top of the stairs, voices were echoing from the conference room at the end of the hall. The guard popped his head in looking for Mr. E, but was told that he was in the office to the right. Mr. E heard us and stepped out of the office to greet me. Grabbing my hand he led me inside the dimly lit office, where the unanticipated cool air struck me. Putting his arm around my shoulder he introduced me as his “niece, Sampa<sup>16</sup>” to the others in the room. He gently nudged me to one of the open chairs by the door wanting me to “cool off and rest” before we began our discussion.*

*There was one M&E officer behind the desk adjacent to me, in deep concentration as he taught two students a computer program. The woman whose office we were occupying was leaving for the day and offered me her desk, which was directly under the air conditioning unit. Mr. E perched on top of the desk explaining that a large, multi-stakeholder workshop in the conference room had just ended. As people funneled out of the room a few poked their heads in the office saying hello prior to heading home for the afternoon, including Mr. C, one of the ‘senior’ M&E officers. Entering the room, he exchanged a few words with Mr. E and the other officer, remaining extremely jolly after participating in an all-day workshop. As he turned to leave, he whipped around, reminding Mr. E about a large meeting taking place the following day. Mr. E glanced up*

<sup>16</sup> During the first few weeks of fieldwork, I introduced myself as “Alex” or “Alexandra” to Sierra Leoneans; however, I was quickly informed that both of those were male names. This led several people to rename me based on their tribe: “Matu” (a Mende name) and “Sampa” (a Temne name). I began introducing myself as Matu, however in several instances Temne people I met preferred Sampa.

*responding that he was not going to be able to attend; he had an additional meeting he needed to be at that overlapped. Jokingly, Mr. C asked him how he always had meetings to attend. He then turned to me and asked if I knew the story of “Bra Spaida” (brother spider). Shaking my head no, Mr. C began a rendition of the following proverb:*

Wan de ya, bra spaida bin mek awangoht. Dehn bin de kik ehn mek fist na tu vilej dehm. As bra spaida bin wan it na dehm tu vilej ya naim I tai rop na in midul. I tek di rop na di tu vilej dem ehn tehl di pipul dehm foh droh di rop we di chohp rehdi. Di tu vilej bin dohn foh kik ehn begin di fish togehda. As dehn bigin it naim dehm begin droh bra spaida. In wes bin it ehn wan kut midul. Bra spaida lohs. I noh ebul it na di tu vilej dehm. Naim mek se awangoht ehn biygai noh gud.  
[Peace Corps Sierra Leone 1985:150]

*So the story begins with “bra spider,” who heard of two parties taking place at the same time in two different villages. He wanted to attend and eat at both, however, that would require him to be in two places at once. Knowing the difficulties of this, he tied a rope around his waist, giving the two ends to people in each of the two villages. Bra spider would wait for the rope to be tugged, signalling food was ready at one party. After receiving the signal, Bra spider would go to the first party. When there was a tug from the other side of the rope, he would leave the first party to attend the second one. And so it began. The food in one village was ready to be eaten, so they pulled bra spider’s rope. At the same time, however, the food was ready in the second village. This resulted in both villages pulling the two ends of bra spider’s rope at the same time. As they pulled, his waist was squeezed by the rope, becoming smaller and smaller until he was not able to eat at either party.*

*While this story is to teach that greed is a poor quality and can have negative effects, Mr. C clarified that Mr. E was bra spider in the sense that he always had multiple commitments and meetings that coincided with each other. Continuing, he said that since Mr. E always needed to be in multiple places, perhaps the best idea would be to tie a rope around his waist so we could pull him between his various obligations. Mr. E threw me a sideways glance, smiled, and shrugged his shoulders. Laughing, Mr. C turned and left the office.*

This ethnographic illustration of the multiple, time-intensive responsibilities of Sierra Leonean HIV workers and programmers shows the ‘stickiness’ that unfolds when

international donor expectations and norms are articulated on the ground. As depicted above, time plays an exceedingly large role in HIV/AIDS programs in Sierra Leone, specifically in relation to donor funding. Expectations around time are present in grant proposals, funding plans, report deadlines, funding disbursements, and the day-to-day tasks and responsibilities that are juggled and completed. Mr. E was not alone in his need to be in multiple places at once, an impossible endeavor in response to the 'commitment overload' that challenged those in-country. For example, workers typically find themselves leaving early from meetings in order to attend the later portions of concurrent workshops or forums taking place nearby, often on topics that clarify or advise HIV personnel on Global Fund expectations, international and national health targets (i.e. Millennium Development Goals), revised data collection tools, and updates on integrating HIV data into the national DHIS database.

One effect of the Global Fund's involvement in Sierra Leone is the way it remakes time. The Global Fund introduces a temporal framework in Sierra Leone creating an urgency to produce data and an immediacy to acquire sound bureaucratic and technological infrastructure to meet stipulations and data demands. The standardized processes mandated by the Global Fund's stipulations are designed to promote transparent and efficient efforts, to which HIV workers are held accountable (explored further in the following chapter). As such, the Global Fund is able to show a more favorable cost-benefit scenario for returns on donors' 'investments.' However, the current administrative practices in HIV programming in Sierra Leone demonstrate asymmetries of time, meaning the time for data collection (paperwork) and the time for care are at odds.

As discussed in the previous chapter, multiple organizations in-country assist in this effort to meet Global Fund timelines, seeking out ways to make data transfer more streamlined and 'error-free.' What this chapter will exemplify, however, is that what the global system asks of Sierra Leone, is not entirely appropriate. By not regarding the historical inequalities, the repercussions of which are still felt in-country, and current realities of Sierra Leone, Global Fund expectations and efforts from international organizations and agencies can create confusion and stress. These elements are

compounded with environmental factors and resources, influencing the time needed for workers to transfer data and fulfill conditionalities.

Within this chapter, I will 'follow' the data trajectory to demonstrate how current HIV/AIDS practices in Sierra Leone are demonstrative of asymmetries of time in terms of data production and improved technological infrastructure. I then take up the principal-agent relationship between the Global Fund and HIV/AIDS programmers in Sierra Leone that has been cultivated by funding stipulations to discuss how ineffective lines of communication can impact the division of responsibilities, creating overlap and additional time needed to complete tasks. What the data demonstrates is that the current realities in Sierra Leone create obstacles and inhibitors within the data trajectory, at times resulting in late report submissions met with sanctions. The data elucidates how implementing a health initiative using a type of business model can result in asymmetrical relationships and interruptions of care, creating urgency for HIV workers to produce data in specific timeframes.

## **Circulatory Processes: Data Collection and Transfer**

Global Fund allocations in Sierra Leone are directly linked to statistical production, which one national programmer defined as a "you do, I do" mentality: if *you* produce statistical materials in the time frame *we* determined, then *we* will distribute funding allocations in the promised time frame. As the Global Fund's "travelling metrics" become 're-assembled' on the ground, outcomes are altered by various and interconnected systems at work in-country. Throughout the implementation and operational (data collection and transfer) processes of the Global Fund's conditionalities, there are numerous levels of practice. International stipulations, which are agreed to by in-country senior programmers, are implemented in Sierra Leone and carried out by a range of individuals spanning the levels of HIV programs in-country (district, regional, national), as well as workers in international organizations. When operationalized, these stipulations shape how time is used by HIV workers in-country, with a disproportionate chunk dedicated to data collection, analysis, and oversight (specifically for the Global Fund), in addition to efforts aimed at making the digital transition. In what follows, this interconnected relationship of collaborative and influential forces (both Sierra Leonean

and non-Sierra Leonean) will be explored using the data collection, transfer, and audit processes.

In Sierra Leone there are approximately 1,300 health facilities (NARPR 2014), 30 government hospitals (NHSSP 2009), and 13 district health centers (one per district), each producing HIV data and documents on a monthly basis. This data has a complex, and, at times, circular trajectory, with many stops for oversight and points of verification, evidence of years of international influence, program implementation, and collaborations. I frequently inquired about the transfer of data, which is manifested in multiple ways, and was often told about the most “familiar” trajectory. While it was recounted to me numerous times by counselors, programming officers, international personnel, and NGO workers, there were slight differences brought up based on what the movement of data looks like, who actually performs which tasks, and what practices are used. In the remainder of this section I will ‘follow the trajectory’ (Harper 2005; Marcus 1998) deemed “familiar” (see Figure 3.3) by HIV/AIDS workers in-country to elucidate the asymmetries present in Sierra Leone.

At the 1,300 health facilities, Sierra Leonean HIV counsellors collect Global Fund data on paper registers and ledgers. While the information collected varies slightly based on patient load or circumstances of patient (i.e. pregnant, possible tuberculosis), generally the information collected is quite similar<sup>17</sup>, established by the standardized ledgers used. One counselor shared: “[The books] have printed pages inside with columns listing tasks I must [do] during the visit. [During the visit] I make sure everything is covered.” These “traveling metrics,” bureaucratic governmentalities, work to keep data produced in-country stable and, thus, transferrable to the Global Fund where it can be compared to data collected elsewhere (Latour 1987). However, the data suggests that such standardized forms can result in patient-counselor interactions that are pre-determined by the boxes on issued ledgers (Harper 2005; Patton 2010).

When a patient or group of patients come into the clinic, they are “first add[ed] to the registry booklet,” by name and assigned a number: “The books start with ‘one’ so

<sup>17</sup> This information is based on adult patients only. While the pediatric ledgers are transferred in this pathway as well, I am not sure of the information that counselors collect on pediatric patients.

when a new patient comes in counselors “start where [they] left off.” Pre-test counseling is then conducted, where a patient is asked questions such as: what is HIV, how is it transmitted (i.e. *mama ehn dadi bisnehs*—sexual intercourse), and how is it prevented. A counselor also includes additional information for specific circumstances, such as pregnancy. The counselor then explains to the patient how the testing process will work: s/he will *chuk* (prick) their finger, use a small glass tube to collect a few drops of blood, place the tube onto an HIV test, and then they will wait for the result. In various instances the counselor instructs the patient(s) on how to read the test strip, informing them that they will read the results after approximately fifteen minutes, when the test is ready. As the test sits, counselors collect any additional patient demographics: age, sex, occupation, address, marital status, and whether the test was healthcare provider initiated or voluntary. The actual test results are added later. If positive, an additional test is performed to verify the results and type of HIV. However, if the test is non-reactive, a counselor typically distributes condoms and, at times, conducts a brief post-test counseling.

The ledgers, registers and patient charts, formulated, updated, and printed by a range of international workers, like Ben and Sierra Leonean national programmers, are where the data collection begins. After the required information has been collected, the data is then transferred from an in-take ledger to the appropriate register (e.g. HCT [HIV counseling and testing], ART [antiretroviral therapy], PMTCT [prevention of mother to child transmission]). HIV counselors must also add supplementary information and check boxes that are present in the specific register including information on pre- and post-test counseling, the patient’s test results, and type of HIV, written in red ink if reactive (positive) and blue ink if non-reactive (negative). Once a patient’s information has been transferred from the in-take ledger to the correct register, the individual is “coded.”<sup>18</sup> This code replaces the patient’s name in registers and ledgers from that point onwards. The code signifies the patient’s program (i.e. antiretroviral therapy), testing site, physician’s initials, patient number in registry, and the date. At the end of each month the HIV/AIDS counselor “counts the number of males and females” that visited

<sup>18</sup> This coding process starts with a single letter signifying the patient’s program (i.e. V for “voluntary counseling”) followed by where the test was done (i.e. W signals “western area”). The physician’s initials are then listed (i.e. Co for “Collins”), the number assigned to the patient in the registry, followed by the month and year (i.e. 5/15 for May 2015). The final patient code appears as: V/W/Co/21/5/15.

the clinic for that particular month. “I look at age brackets [15-24; 25-34; 35-44; 45-49; 50 or older] and count how many males were in each bracket and how many females.” Using this process, the HIV counselor continues calculating the number of patients that tested positive for HIV in each age group.

January 2012  
National HIV/AIDS Control Program (NACP/MOHS)  
HCT REGISTER

Address	Sex		Age		Marital Status	Received pre-test counseling	Tested for HIV	HIV Test Result	HIV Serotype	Received result and post-test counseling	Received Condoms	Number of Condom
	(M/F)	(ms)	(M/S/Se /D/W)	(Y/N)								
Age Brook	M	55	S	Y	Y	Y	NR	0	Y	N	0	
Age Brook	F	58	W	Y	Y	Y	R	1&2	Y	N	0	
Age Brook	M	50	M	Y	Y	Y	NR	0	Y	N	0	
Age Brook	M	30	S	Y	Y	Y	NR	0	X	Y	1	
Age Brook	M	60	S	Y	Y	Y	NR	0	Y	Y	17	
Age Brook	M	19	S	Y	Y	Y	NR	0	Y	Y	0	

**Figure 3.1: HCT register at a PHU**  
Photograph by author





**Figure 3.2: Patient charts at a PHU in Freetown, Sierra Leone**  
Photograph by author

### ***Becoming Digital***

The geographical location of the HIV/AIDS clinic (or PHU) affects the next step in the data trajectory. For clinics situated within Freetown, HIV/AIDS counselors “physically transport” their actual ledgers and registers, either by foot or by public transportation, to the national NACP (National AIDS Control Program) office to be “verified by a M&E officer.” However, this process becomes more involved if the PHU is located *ohp lain* (up-country; areas outside of Freetown) (see Appendix C). For up-country clinics, procurement forms are transferred from the PHU to the DHMT. This hard copy information is taken to the monthly “in-charger meeting” by the health facility’s “in-charge” personnel, where it is given to the HIV counselor from the DHMT: “They are HIV counselors, [but] they act as data entry clerks, with one at each DHMT hospital.” Data entry clerks and DHMT HIV counselors then enter the hard copy data received from each PHU into the CS Pro database, a digital version of the ledgers. The digital information is then compiled into a district report and sent to both DAC (District AIDS Committee) and the NACP, where it is received by M&E officers.

For data brought to the NACP by HIV counselors in Freetown, a M&E officer will review each of the registers with the counselor, checking that the information in the register matches with other records (i.e. in-take ledger). Several counselors located in Freetown explained that this process depends on the size of the PHU: large clinics take approximately 20-30 minutes to review and small clinics average 10-15 minutes. If the data is correct (no errors found) the officer then signs the procurement forms for verification, keeping the original hard copy forms, while the counselor returns the carbon copies to their clinic. If data is received from up-country, M&E officers export the data from CS Pro to either SPSS or Excel, two additional software programs, for analysis. Programmers at both DAC and the NACP report the “cleaned” (i.e. analyzed) data to the NAS monthly in Excel format<sup>19</sup>. Once the information arrives at NAS, multiple officers re-evaluate the data by district and cross-check for errors. If an error is located, the officer reviews each submission, trying to identify which piece of the data was entered incorrectly. Once the error has been located and corrected, a ‘senior’ M&E officer then re-runs (re-analyzes) the report.

Following this process, the “cleaned” and analyzed information is submitted to NAC (the National AIDS Council), headed by the President of Sierra Leone, once or twice each year. NAS programmers also share the collected information with the Heads of Agency (i.e. multi- and bi-lateral organizations), who then submit the data to the HIV/AIDS Parliamentary, a governing body that oversees NAS. Additional partnership forums are also held for data to be distributed at both the regional and national levels.

The aforementioned practices and processes of digitizing, aggregating, analyzing, checking, and re-checking are required specifically for Global Fund data, while data collected for other purposes do not necessarily follow the same process. One national program officer explained:

The monthly reports mainly consist of the number of people tested, the number of positive cases, the number of new cases, pregnant women using ART, ART usage...There are [also] reports done on STI and condom distribution, [but] this is not recorded in CS Pro. [This]

<sup>19</sup> While I was told that this information is sent monthly, one monitoring and evaluation officer stated that s/he receives the data quarterly and in CS Pro format. However, I report “monthly” here because this is the timeframe that the majority of research participants indicated.

information [is] sought out by the external donors who fund it”—not the Global Fund.

These are the interconnected processes that must be carried out in addition to other program tasks and responsibilities in-country, preoccupying each HIV worker’s day in Sierra Leone. Conditionalities that require such auditing, monitoring, and oversight have solidified space for neoliberal management and business ideologies (i.e. efficiency, accountability) to prevail as the norm, reducing recipient-donor relationships to “quantifiable and inspectable templates” (Storeng and Béhague 2014:273).

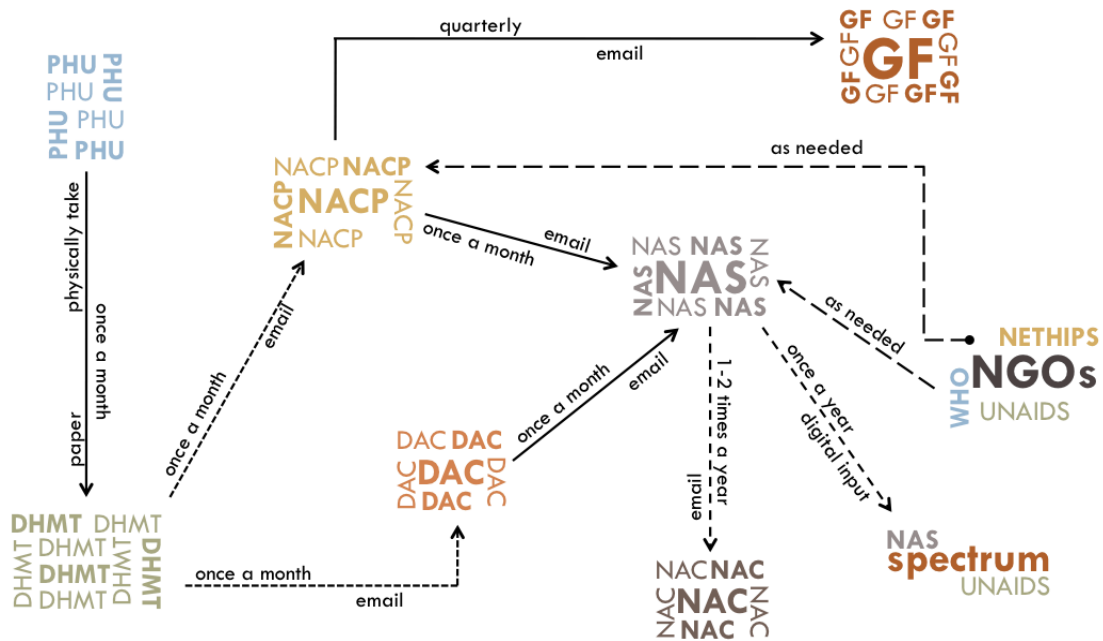


Figure 3.3: The ‘ideal’ pathway of data

Figure made by author

## Urgencies and Variability

The strict timelines that are instated for data transfer and report submission to the Global Fund have led to an urgent push for data collection on the ground, with techniques that “save time” sought out and utilized by HIV workers. If data is not digitally

transferred to the NACP and NAS, the locations that verify and analyze data, M&E officers from these locations “go to the districts to collect data” themselves, with one HIV worker stating: “This is not America where you just use a computer. Sometimes you have to chase people to get what you need.” Timesaving techniques were also taken up in relation to auditing data (detailed in Chapter 4). Several officers explained that they call the district health centers (DHMTs) when auditing data to clarify information if there are data discrepancies because it “saves time,” techniques necessitated by the donor-recipient conditional exchange in-country.

While the Global Fund’s “you do, I do” exchange is an incentive to produce work in a set timeframe in order to receive funding allocations on time, it is also a sanction that ignores the larger infrastructural issues and additional obligations of HIV/AIDS workers in-country. As discussed earlier in this chapter, in-country workers typically juggle concurrent meetings and workshops that advise on topics such as Global Fund expectations and updated data collection techniques. Once implemented in Sierra Leone, funding stipulations can interrupt clinical practices and the provision of care, creating urgency for HIV workers to produce data to fulfill stipulation deadlines.

Asymmetries also manifest themselves in the push to acquire sound technological infrastructure and databases that assist in data transfer from Sierra Leone to international donors like the Global Fund. At times, however, workers on the ground disagree about the immediacy to achieve more advanced infrastructure. During a multi-stakeholder meeting, a health worker explained that once you work in the districts, “you actually know the realities on the ground,” something that “can’t be determined while sitting” in a Ministry of Health office. His recommendation was to digitally link the data being produced in each district (i.e. ARV data with monthly reports from DHMTs), an electronic integration of databases so data produced in each location is accessible to all districts, as a way to get “accurate data” more quickly. In response, a national HIV programmer explained that they must first ensure that the system needed for integration has enough capacity to hold data and strong infrastructure to be sustainable, a process that must move slowly. Continuing, the programmer stated that the first obstacle is putting the DHIS database online, which he cautioned, is “a very slow process.” He explained that “we do not want to rush the integration” in case something were to “go

wrong;” the worst case being that no one could retrieve the integrated data, causing “everyone to be stuck.”

The programmer’s wariness of quickly integrating databases under the current infrastructure in-country, for fear of a database server crash, suggests the amount of care given to HIV data in Sierra Leone. Losing data in a server crash would result in HIV programmers having to sort through the thousands of paper documents in offices in an effort to submit data on time to the Global Fund. This fear suggests the power of the “you do, I do” relationship in-country—late data submission to the Global Fund leads to late funding. The programmer’s response further suggests the understanding that while integrated databases could reduce time needed to produce and audit data reports, current technological infrastructure in Sierra Leone simply poses too many challenges.

The solution to quickly integrate data because it would produce “accurate data,” versus other programmers who want to take things slowly as to not jeopardize the data collected, exhibits the variability in perspectives between the various levels of HIV programs in Sierra Leone, those who collect data and ‘senior’ programmers who report to the Global Fund. While the director of a Sierra Leonean HIV organization explained that “donors are diverting their focus” from funding HIV, the compunction to give donors what they want is bound up in people’s continuing employment and career-making.

## **Lines of Communication**

The Global Fund’s stipulations and expectations have cultivated a type of principal-agent relationship between Sierra Leone and the Global Fund. To work effectively, mechanisms have to be instated that limit possible disconnects between the interests of HIV workers in Sierra Leone (the agents) and the interests of the Global Fund (the principal). These mechanisms are forms of governmentalities that range from creating incentives for workers (i.e. additional funding in the future) to holding workers accountable for their contributions on the final products (Pritchett and Woolcock 2004; Evans 1995). However, the in-country realities of Sierra Leone are seemingly disregarded or unnoticed by the Global Fund in the implementation of such principal-agent mechanisms. In what follows, I will discuss lines of communication to elucidate

how communication asymmetries can shape time needed for day-to-day tasks in HIV programs in Sierra Leone.

One of the primary means of carrying out these systems exists in establishing and maintaining effective lines of communication between workers, supervisors, and donors, permitting clarity in responsibilities and tasks. In-country, there are multiple sets of principals and agents in this network. As the primary donor, I categorize the Global Fund as the overarching principal. However, on the ground, additional principals are present (i.e. senior NAS personnel, CCM members), meaning that effective lines of communication, as well as additional mechanisms used to minimize or eliminate principal-agent issues, have to exist throughout these various levels. This fundamental element is where a variety of problems begin. These lines of communication typically take the form of email correspondences between the Global Fund and CCM or NAS personnel, which is contingent on working computers and access to internet. Irregular access to electricity can make telephone exchanges just as finicky.

As we move to the principal-agent relationships between ‘junior’ and ‘senior’ Sierra Leonean HIV workers, the communication channels are often just as muddled as they are between national programs and the Global Fund. This was exemplified in the various understandings workers (Sierra Leonean and international) shared on the data-transfer path, blurred job responsibilities, or on oversight systems employed. There is a preponderance of data to suggest that one result of these various understandings of job responsibilities is overburdened HIV workers in-country. For example, some M&E officers and programming personnel work extended hours at the beginning of the month once late, or remaining, data is submitted from the PHUs trying to complete donors’ report. Other organizations seek out streamlined techniques: “[Our goal is] also to reduce the work for the data entry clerks. Cause you know when they have less work then they’ll do better work, than when they have a lot of work; they’re so burdened.”

In addition to the Global Fund-mandated entities (i.e. CCM), there are nine coordinating structures for HIV/AIDS in-country spanning from civil society to public and private sectors, including coalitions, associations, and decision-making bodies, in addition to approximately seven forums and technical working groups (NAS 2011a). This

large network of HIV/AIDS entities in Sierra Leone illustrates how important effective lines of communication are in shaping time needed to collect, transfer, review, and submit data collected in-country. In-country workers (both Sierra Leonean and international) referred to two national HIV/AIDS organizations the most often: the National AIDS Secretariat (NAS), referred to as the “overseer,” and the National AIDS Control Program (NACP), labelled the “implementer.” However, it became evident when talking to programmers, counselors, and other HIV/AIDS personnel in-country, that the line dividing these two entities is blurred, with NAS and the NACP often referred to as the “same thing.”

As the selected PR of Global Fund disbursed HIV/AIDS monies, NAS personnel oversee all HIV/AIDS work in-country. This ranges from handling procurement, advocacy, and “advis[ing] partners with their targets,” both country targets and the Millennium Development Goals (MDGs), to “follow[ing] up to make sure [the] targets are implemented properly.” With regional offices and one national office in Freetown, NAS conducts monitoring and evaluation, and was often referred to by Sierra Leoneans and international workers as “the Global Fund on the ground.” The NACP, on the other hand, is a sub-recipient of Global Fund allocations and is housed within the Ministry of Health and Sanitation. As implementers, NACP personnel disburse ledgers, HIV/AIDS materials (e.g. condoms), and conduct trainings, coordinating HIV/AIDS interventions under the health sector. However, this is when the division between the NAS and the NACP becomes unclear. NACP personnel also perform site visits, compile HIV/AIDS country reports, and analyze data. Like NAS, they also have a monitoring and evaluation team. While one international programmer explained that the entities are “supposed to be separate,” there is “practically a direct link between [them];” NAS and the NACP are “like one in the same thing.” The implications of this blurredness are overlapping responsibilities and practices, requiring additional time each month to complete the same tasks.

Discussions around who does what were common among workers in HIV programs in-country, elucidating confusion or overlap on the ground. Ineffective lines of communication between the various principals and agents on the ground are the reality of altered programs and overlapping initiatives as they become manifested in Sierra

Leone. Muddled exchanges of tasks and responsibilities can negatively impact understandings about individuals', and organizations', roles in relation to Global Fund stipulations. This has the potential to necessitate additional time needed to complete tasks, shaping in-country organizations' abilities to meet the Global Fund's deadlines. While members of the CCM have tried to mitigate such issues by holding forums and workshops as a way to clarify various agents' roles in-country, it creates additional work for CCM members and HIV workers in-country, who already have numerous commitments and tasks to complete.

While I have focused on lines of communication, additional elements that can reduce principal-agent issues are further impacted by the conditional exchange between the Global Fund and Sierra Leone. Providing adequate resources for workers and creating incentives are two ways to reduce disconnects, however many of these resources (i.e. ARTs) are contingent on the production of data; they are either directly provided by the Global Fund or are purchased using Global Fund grant money. While the "you do, I do" mentality is dominant between Sierra Leone and the Global Fund, the timely exchange is not always the reality. As a financial mechanism, the Global Fund relies on additional donor funds to function and replenish their monetary pools (Bliss 2013). Global economic fluctuations and dissatisfaction with how the Global Fund has performed in the past, at times, creates obstacles in securing promised donor funds (Bliss 2013; Taylor and Harper 2014).

### ***'Transparent' Realities***

*One afternoon at a national HIV/AIDS organization, I met with Alpha, a Sierra Leonean program manager in his mid-30s. Alpha was working with some of the submitted data that would be included in the Global Fund report due six days later. He explained that as of then, he had received approximately 40% of the data from health facilities, but assured me that the majority of the facilities would report, with national HIV/AIDS programs averaging an 85% submission rate. Alpha continued, stating he typically receives data at "the last minute," subsequently causing him to work extended hours to compile, "clean," and analyze data, making it report-ready. I asked Alpha why*



*such late submissions happen. Scoffing, he stated that clinics and district health centers usually blame the lack of electricity or faulty computers for their tardiness.*

While Alpha did not seem completely convinced of these infrastructural issues, he had previously stated that data entry clerks, who were supposed to be located in hospitals, sometimes moved to district health centers to set up their computers when there were electricity issues. This process of following the electricity throughout the month adds an additional time and distance component the data-reporting trajectory.

The issues from this narrative are further compounded when there are discrepancies in the submitted data, for example, 50 people were tested, but only 40 results were listed. If an issue is detected while being analyzed and cleaned at the NACP or at NAS, the monitoring and evaluation officer will “highlight the discrepancy in red” on an Excel worksheet and have a second officer double check the issue. If the discrepancy is verified, an M&E officer will either call or visit the appropriate district health center to tell them of the discrepancy. At the district health center, the hard copy information on file is double-checked, and reported again to the monitoring and evaluation officer, a process that can take up to one week. Due to this lengthy procedure, several in-country workers explained how at times reports are submitted to the Global Fund containing some incorrect or inconsistent data. Many discrepancies are clarified after the submission<sup>20</sup> deadline, because there is simply no additional time from when the data is received, compiled, and analyzed to when the report has to be submitted.

The larger contextual and infrastructural elements that impact HIV workers on the ground can shape time needed to fulfill the Global Funds conditionalities each month. Extracted from the global assemblage, rigid timelines often facilitate accountability and efficient production efforts on the ground. However, when analyzed along with the other elements that shape and re-shape these funding conditionalities, it becomes clear how

<sup>20</sup> To correct the issues, monitoring and evaluation officers often go into the field to conduct site visits, where there is an additional review of the physical ledgers and registers; corrections are then made in Excel and CS Pro databases.

international donors' expectations of time can prevent the provision of care and services and have adverse effects on practices and programs.

## **'Timely' Truths: Business Approaches to Health**

The Sierra Leonean example illustrates how a business model approach to health initiatives, like HIV/AIDS, 'looks' when articulated in assemblages on the ground. Rather than resulting in smooth interactions, the Global Fund's stipulations, governmentalities, produce 'frictive' tensions and contradictions culminating in asymmetrical relationships and asymmetries of time. Once operationalized, these governmentalities work as a way to standardize reality, moving data and information along the donor-recipient network to help the Global Fund make decisions 'from a distance' (Latour 1987). Devised from a business-oriented ethos, the Global Fund's stipulations and expectations for HIV/AIDS programs manufacture more of a business transaction rather than a health initiative. However, the donor-recipient relationship is much more complex. The Global Fund's funding model, which was created outside of Sierra Leone, is taken up as an "immutable mobile" (Latour 1987), conceptualized as a being applicable to contexts. However, by failing to account for the daily inconsistencies and obstacles that occur on the ground, this standardized funding model subsequently produces inappropriate timelines for in-country HIV workers and expectations given the technological constraints and working conditions for HIV/AIDS programs in Sierra Leone.

By removing the complexities of Sierra Leone, the Global Fund ignores the larger, structural issues that impact HIV/AIDS workers' ability to maneuver within the Global Fund's stringent timelines. This is compounded by the business ethos of international health financing. In Sierra Leone, we see this manifested in the individualistic rationale of neoliberal funding conditionalities in HIV/AIDS programs, where the individual is responsible for what is or is not completed, and subsequent outcomes. In utilizing an individualistic rationale, the problem becomes the humans involved (i.e. Sierra Leonean HIV workers), not the larger technological, environmental, and infrastructural issues that make current conditionalities inappropriate for the realities in Sierra Leone. This approach ignores not only the environmental, infrastructural, and digital obstacles, but also the fact that HIV/AIDS workers in-country have responsibilities

aside from Global Fund stipulations. For example, additional external donors often request reports on STI (sexually transmitted infections) rates and condom distribution, information “not recorded in CS Pro,” but collected in addition to Global Fund data. Together, these and other responsibilities equate to monumental amounts of work that must be completed by overburdened workers. Further, this work has to be completed within international donor timeframes, regardless if there is electricity on a specific day.

By employing business principals and governmentalities that promote individualism, the Global Fund’s stipulations leave space for blaming the individual for late submissions and unmet deadlines. Having the onus of outcomes on the individual can be important for the Global Fund if funds are not disbursed when promised. It allows the Global Fund to remain a trusted principal. Moreover, the business ideologies and individualism of stipulations in-country have shaped the way that HIV/AIDS workers perceive themselves, as well as the international health community, specifically, the Global Fund. This is elucidated in the next chapter and incorporates a critical element that is key to making principal-agent relationships work: *trust*. Utilizing individualistic undertones, the current stipulations eliminate the possibility that the Global Fund could be at fault. This allows them to retain their position as the always faithful, reliable *Pa*<sup>21</sup> in which Sierra Leone can have infinite trust.

<sup>21</sup> In Sierra Leone, a *Pa* or *Ma* is someone who feeds you or provides for you in some way (i.e. education). While this may include biological parents, a *ma* or *pa* is not necessarily a blood-relative.

## Chapter 4.

### “If only, if only...”

*“Methods of checking and verification are diverse, sometimes perverse, sometimes burdensome, and always costly.”  
[Michael Power 1997:1]*

*One morning I arrived at an annual multi-stakeholder HIV/AIDS meeting. Posters advocating condom-use and ending HIV-stigma lined the walls, while a large banner hung in the front of the room behind the high table displaying the name, date, and theme of the meeting. There were approximately 30-40 people present, although there had been chairs set up for many more attendees. Several minutes before the start of the meeting, one of the Sierra Leonean coordinators passed out a draft of the report being discussed, and asked those of us in the back to fill in the empty chairs towards the front.*

*Several people leaned into each other pointing out certain statistics; others shook their heads at various bits of data. A microphone was turned on, producing a loud screech that caused most everyone to wince. After a few adjustments to the PA system, the meeting began. Seated at the high table were six men, the representatives of several large national, multi- and bilateral HIV/AIDS organizations and programs in Sierra Leone, including the chairman. The change of venue subsequently caused the meeting to start later than planned, so the Welcome and Prayer were brief in efforts to get back on the scheduled agenda. The microphone was handed to Mr. A, the chairman, who stood and thanked everyone for attending. He gave a brief overview of the meeting, referring to it as a “key milestone” in the response to HIV/AIDS. This meeting, he said, was a time to “come and put together the data that represents what we have achieved” in 2013. It would be a meeting that “validat[ed] the results of our actions” and would show “accountability of what the country has done and achieved.”*

*Nods of heads followed from various people surrounding me as the chairman’s opening speech continued. He referenced that the “world was looking at [them],” and*

*that this report played an integral part in what they looked like. He urged everyone in attendance to be “fair and firm,” to be “frank” and to ask a lot of questions so the “right data” could be produced. Once we left the room, he stated, this report would no longer be a UNICEF document or a WHO document, but would become a Sierra Leonean document, and it would either present the “right data” or the “wrong data.”*

The Global Fund’s stipulations necessitate the development of an “audit culture”<sup>22</sup> (Strathern 2000) in-country. Audit culture has been characterized as a field of mobile, institutionalized techniques and expectations (Strathern 2000). In the Global Fund, we see audit taken up as a form of neoliberal governmentality, implemented through “travelling metrics,” altering the environment of HIV/AIDS programs in Sierra Leone (Power 1994). In describing Global Fund audit culture in Sierra Leone, I make a distinction between the concepts of *audit* and *evaluation*. Throughout this chapter I refer to Chelimsky’s (1985) definition of both of these concepts, where *audit* is a process of verification and *evaluation* is a review of programs in how well goals are being met (Power 1997:118). In addition, *monitoring* and *oversight* were two concepts frequently referenced while in Sierra Leone. I will therefore incorporate these terms as well, with *monitoring* referring to audit practices and *oversight* as a method of evaluation.

Audit is necessitated when “informal relations of trust” are not enough to maintain accountability (Power 1994:9). This lack of trust leads to a more formal system of accountability (Shore and Wright 2000), made visible, in this case, through the Global Fund’s “travelling metrics” and stipulations. Throughout the meeting discussed above, “good” data had been taken up as the key element necessary to change how the world viewed Sierra Leoneans; if HIV workers in-country could produce data, comparable with that produced elsewhere, then they would be taken “seriously.” In this setting, audit technologies were a form of governmentality, directing the practices and behaviors of HIV workers in Sierra Leone (Foucault 1991; Whitworth and Carter 2014), an almost transformative technology taken up in-country. The meeting above takes place annually and acts as a forum to exchange data between the various HIV/AIDS entities working in Sierra Leone. Those in attendance represented a variety of sectors (radio personnel

<sup>22</sup> This concept will be referenced throughout this thesis and is attributed to Strathern 2000.

(recording a show segment), Ministry of Health and Sanitation officers, international NGO personnel, governmental organizations, multi- and bilateral entities) and were brought together to validate data from the previous year. This preliminary data, which is subsequently made official through verification and submitted as a national report, enters into the international health arena where the results are scrutinized (or perceived as such) by the international health community and Sierra Leone judged.

The last two decades have seen an expansion of auditable technologies<sup>23</sup> (Shore and Wright 2000), resulting in an “audit culture” that has been taken up by global health organizations (among others), implemented in health programs, subsequently reshaping systems, perceptions and time. For the Global Fund, auditable technologies work to ‘show’ transparency and accountability of program workers in-country. However, what the Sierra Leonean example suggests is that the doing of accountability (paperwork) can take precedence over providing services and care.

*Claps followed the opening commentary as the chairman introduced the Sierra Leonean man on his left, Dr. O. Standing, Dr. O thanked everyone for coming and for their hard work on collecting data, which they could now use to better assess where the country should be investing. He continued, stating, “if this is a good report, people will take us seriously.” Because of this, he urged everyone to take the validation process “carefully” to “set out what the reality is” in Sierra Leone. The microphone was returned to the chairman who quickly asked that if anyone was “generating quality data” to “share it with NAS so they can fill in the gaps” in the report.*

*The third speaker was then introduced by the chairman. Mr. K, whose opening statement was in line with those before him, continued to encourage everyone to fully participate in the discussion on data. Mr. S, the next member of the high table to speak, and the most blunt of the speakers thus far, stated that over the years they had been telling themselves that the prevalence had stabilized and that they were “getting there.” However, a long journey still awaited before Sierra Leone could compete with other*

<sup>23</sup> Throughout this chapter I refer both to “audit technologies” and “audit techniques.” I have used “audit technologies” as a reference to the group of techniques, processes and methods used in the audit system. “Audit techniques” is used to represent the actual doing of the audit technologies.

*countries' programs. To aid in this process, he asked everyone to look "deep into the data" and see if there are areas that could be strengthened.*

*After an hour or so had passed in the meeting, there was a short tea break. During tea, several attendees left the meeting to attend another forum close by. After about 10 or 15 minutes we were summoned back to our seats. The lights were turned off in an attempt to make the images projected onto the wall more visible. One of the Sierra Leonean program officers began flipping through slides of various data indicators and numbers produced. Periodically there would be questions from the audience regarding formulas used to calculate the statistical information, suggestions, and concerns. At times members from other programs provided quick rebuttals, and at other instances comments and questions were noted so they could be addressed in the discussion afterwards.*

*Looking around the room, I noticed a large reduction in the number of people present, those who slipped out during the preceding sections. There was a meeting taking place a few blocks away at the Ministry of Health on the DHIS, with the majority of people attending this multi-stakeholder meeting needing to be present at that one also. While some were able to leave mid-meeting, others, like the presenters, had to wait until the conclusion before they could scurry off to catch the end of the DHIS meeting. This caused the final portion of the meeting, which was for detailed discussion and validation on the 'final' numbers, to be hurried. As the meeting came to a close a little after 3pm, the chairman thanked everyone for attending and told everyone to help themselves to lunch in the back. Several people quickly packed up their things, escaping the room to make the end of the concurrent meetings, and others eagerly made their way to several of the speakers with additional questions. Collecting a bowl of fried rice, beans, and a cold Coke, I made my way back to a seat to relax and discuss data a bit more with a few of the attendees before heading home for the afternoon.*

The ethnographic example above elucidates how audit and accountability technologies are manifested in HIV/AIDS programs in Sierra Leone. The types of orations alluded to above continued throughout the course of the half-day meeting, with constant reiterations of having a duty to share "good" data and to help "fill gaps" being

the primary rhetoric. Throughout the meeting there was a constant reminder by each speaker that they (Sierra Leoneans) were not yet comparable with other countries. While other countries' indicators (statistical information available) were still "way ahead of [them]," this should be a driving force for future performance.

The various audit techniques used in Sierra Leone have been implemented, or influenced, by international entities, and are constantly being tweaked by organizations, such as the NGO Ben<sup>24</sup> worked for, to ensure 'maximum efficiency.' While audit technologies are instruments of governmentality that bring the 'distant' (Latour 1987) closer, and make it more governable for the Global Fund (Lemke 2000), they are internal instruments of governmentality as well. The perceptions regarding the ability of individuals in other countries' to produce sound data shared at the meeting had been taken up by Sierra Leonean national programmers, used as an internal technique to shape the data collection and reporting practices of HIV workers in-country. These conditional forms of audit shape the norms of HIV/AIDS workers and shape Sierra Leonean targets and practices. Audit technologies become the cornerstone of the corporate culture created through the business-ethos of international donors in-country.

As a principal that is vastly removed from HIV/AIDS program workers in Sierra Leone (agents), the Global Fund's uptake of auditable technologies signifies a lack of trust in the recipient country (Sierra Leone). Thus, the implementation of audit technologies help expose principal-agent problems, if they arise. However, audit technologies also elucidate measures of accountability to which the Global Fund is held by its donors. In what follows, I describe how Global Fund audit technologies operate as instruments of power in the way they: cultivate particular forms of perception and trust (both in Sierra Leone and internationally), help regulate uncertainty, and become a practice unconnected from health outcomes.

Audit techniques are used to review and verify numbers produced. However, individuals still have to come to trust the numbers produced. How programmers, NGO workers, M&E officers, and others in Sierra Leone come to trust the numbers varies. For many HIV/AIDS M&E officers, trusting the numbers occurred by actually *seeing* them, by

<sup>24</sup> Refer back to Chapter 2.



going to clinics and reviewing ledgers, in hard copy form. For others, being told the numbers over the phone was sufficient. Several international program workers explained that their trust in the numbers was contingent on *where* the numbers came from (i.e. national versus international entity). For other HIV program workers, trust was dependent on numbers coming from a computer database. However, it is imperative to note the distinction between trusting the numbers and improved outcomes. Using the Sierra Leonean example, I show how in HIV/AIDS programs in-country, the doing of accountability becomes its own practice, not connected to health outcomes, shaping program practices and focus of HIV workers in-country.

Removed from the programmatic, infrastructural, and clinical spaces within which audit works in Sierra Leone, Global Fund audit technologies are necessary elements of procurement processes. Like Power (1997:2) details, it is difficult to fathom a trust-based world that lacks verification, and it is equally difficult to envision a society where every action and relationship is saturated with scrutiny and audit systems. As such, it is important to understand audit technologies within the larger assemblage of infrastructure, multiple commitments, and principal (Global Fund)-agent (HIV/AIDS program workers) relationships in Sierra Leone, as they are one piece of an interconnected network spanning through Sierra Leone and into the international health community. What do these audit technologies impact when they are implemented in a resource-poor state in a non-contextualized way? What are the implications of these power-securing techniques when they enter the in-country realities of Sierra Leone? The Sierra Leonean example exemplifies how this audit culture is realized in-country, and the greater ramifications that result once it enters into the assemblage of HIV/AIDS programs and funding conditionalities.

## **Let Me Re-Check That One More Time**

In Sierra Leone, audit is an iterative process (Harper 2000), occurring in cyclical progressions rather than linearly. Counselors from the PHUs in Freetown take their data to the national NACP office monthly, where it is audited by a M&E officer and receives verification once signed by the officer. The original, hardcopy ledgers are left at the NACP, and the carbon copies returned to the PHUs or DHMTs. In addition, audit of

PHUs and DHMTs is conducted on a regular basis by the NAS regional offices, according to a M&E officer at the national NAS office. The next cycle of audit occurs on a quarterly basis, where NACP officers will visit a sample of PHU sites to verify the same data previously audited. In this phase, an officer will bring the original ledgers and registers with them to the chosen PHUs, double-checking and verifying each hard copy document with the carbon copies kept at each site. This is also compared with what was entered into CS Pro, fixing any errors (i.e. miscalculated numbers) that may appear. Each quarter, the sites visited change as a way to “monitor and evaluate as many [PHUs] as possible” (see Figure 4.1).

These practices are “procedural routines”<sup>25</sup> that “express certain rituals of evidence gathering” (Power 1997:40), social validation processes that take place between HIV counsellors, M&E officers, ‘senior’ programmers, and stakeholders. Such routines occur in PHUs, government hospital clinics, DHMTs, programming offices (e.g. NAS), in addition to multi-stakeholder meetings. For example, the draft document passed out prior to the start of the meeting discussed at the beginning of the chapter was quickly scanned by everyone in the room, followed by disapproving shakes of heads, hushed comments, and surprised gesturing to various indicators. Passing the preliminary data out to be reviewed by the audience was the first ‘ritual.’ Information was subsequently presented on a projector one indicator at a time (e.g. number of HIV-tests conducted), where it was discussed and, at times, questioned. Following the meeting, the data was reviewed once again by a smaller group of individuals and drafted into a report that was then submitted. These iterative and procedural routines occur over and over again with HIV data in Sierra Leone.

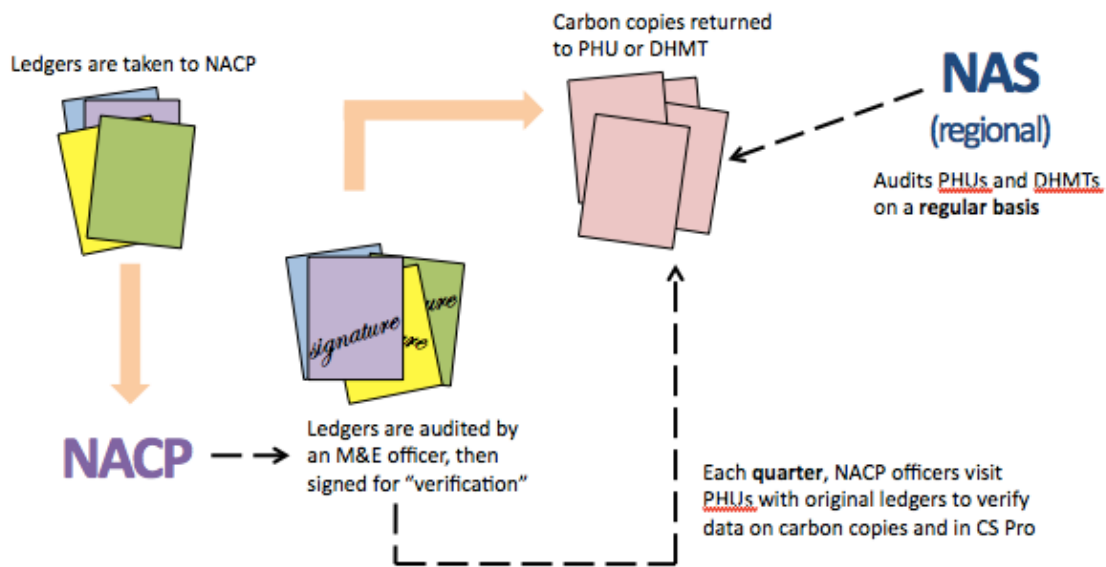
This iterative process also manifests itself in the collection of the actual numbers prior to the audit process. While at the annual meeting described above, a national health worker stated that at the district levels, STI (sexually transmitted infection) reports “come from the DHIS, which is not functioning properly” (i.e. lacking substantial capacity to hold large quantities of data, not integrated between facilities). Thus, health workers at certain locations in Freetown cannot access “quality STI data.” Due to this, he, along

<sup>25</sup> This concept will be referred to throughout this chapter and is attributed to Power 1997.

with workers at his program, are “advising clinics to get forms” so health workers can fill in the necessary information and input the data into the appropriate database (e.g. CS Pro), since they are not able to access the information directly from the DHIS. Continuing, the health worker stated that the completed forms could then be “borrowed by other facilities,” where health workers at other locations can use the forms to “input information into their database,” “return[ing] the forms” to the original clinic once finished. This process of borrowing information to create numbers that can then be audited signifies the “compliance mentality” (Power 1996:16) that audit culture creates. For HIV/AIDS workers in Sierra Leone, Global Fund audit technologies have necessitated an increased focus on ‘doing’ accountability, which remains unlinked to health outcomes. Borrowing data to fill in boxes presented on forms and in databases, which is subsequently submitted to and reviewed by international donors, elucidates the impact of “travelling metrics” and conditionalities in Sierra Leone. There is a preponderance of data that suggests it is not so much about what the data projects or represents, in terms of HIV outcomes, but it is about having completed data reports and forms, ‘showing’ success and program efficacy.

The instances of double-checking detailed above signify how audit technologies promote particular sentiments of trust (and mistrust), which have subsequently been taken up by HIV/AIDS M&E officers in-country. At times, verification is based on the physical production of data—trust is *seeing*. This *seeing* is conducted by M&E officers and is focused on looking at the data produced in hard copy form. For some health initiatives in Sierra Leone, such as cholera, audit practices utilize telephones as a way to report data from PHUs or other locations in the districts. At several stops in the data trajectory (e.g. NACP), I inquired whether this practice was also employed for HIV/AIDS information. At two program offices, I was informed by M&E officers that they often call the DHMTs to clarify a data discrepancy because it saves time. However, at another office, my question was met with a quizzical look from a more ‘senior’ level M&E officer who responded that “you can’t validate something you hear;” therefore, phones are not a reliable source of verification. The actual *doing* of forms and the physical materialities by HIV workers in Sierra Leone produce ‘accurate’ information.

In addition, there is a “regress of mistrust” (Power 1994:11) where those who audit become audited by others. Aside from internal audit systems for HIV in Sierra Leone, PricewaterhouseCoopers, the Global Fund contracted LFA for Sierra Leone, conducts audits of HIV/AIDS program data at least once annually to “ensure data quality” (Global Fund 2014). One HIV counselor explained that the LFA begins their audit processes at the NACP office, reviewing the hard copy ledgers and registers submitted from the PHUs and DHMTs. Following this, the LFA then visits the clinics, where they audit the same data (on carbon copies) that has been reviewed multiple times before. Again, trust is *seeing*.



**Figure 4.1: Cyclical progression of data**  
Figure made by author

Thoughts about trust through *seeing* were not restricted to in-country workers seeing hard copy data within PHUs or DHMTs. For one NGO worker, being on the ground at various facilities was deemed imperative to finding errors in the data production process, thus proclaiming his ability to move both “up” and “down” as an advantage.

And like I told you, the Global Fund has a bullshit image of what is happening...cause they see from up. When you see from up, you see from up. [...] Global Fund only has up. Never down, never. Even when

they do their assessment, their whatever they call it—audit—they're still up. They audit up.

While shared as a metaphorical representation, this notion of “staying up” presents the reality of interactions between the Global Fund and Sierra Leonean workers. Third parties, such as the LFAs, are always involved in interactions and country visits with recipients, while Global Fund workers' remain “up,” at the ‘center’ of calculation (Latour 1987). Using intermediaries, such as the LFAs, to bring the ‘distant’ back to the center through “cycles of accumulation” helps the Global Fund govern ‘from a distance’ without actually having to leave the global north (Latour 1987). Moreover, the NGO worker alluded to errors occurring “down” in facilities. Thus, movement that cuts across different levels was deemed imperative. The idea of positionality, specifically what cannot be observed by “staying up,” interacting with ‘seniors’ in recipient countries, is indicative of the hierarchical structure created through audit culture. At its most basic structure, this hierarchy, as it manifests in Sierra Leone, appears as: a principal (i.e. Global Fund) located at the top who needs validation of efforts, intermediaries who move between levels auditing data collected (i.e. LFAs, NGO personnel), in-country principals (and agents) that audit data collected in-country (i.e. NAS), and more ‘junior’ level HIV workers that collect data (i.e. counselors). For the NGO worker discussed above, the ability to move between levels of the hierarchy provided him with more knowledge than those that are ‘distant’, allowing him to see the numbers in facilities, as well as have direct contact with more principal-like entities.

## **“You Can’t Trust the Numbers”**

The vast amount of audit technologies utilized and mandated by the Global Fund are ways to reduce potential principal-agent problems. They act as instruments of control that help regulate uncertainty through contingent bureaucratic practices, rendering the happenings in Sierra Leone mobile, stable, and comparable (Latour 1987:223), while ensuring that donor ideologies are institutionalized on the ground. Within this stipulation-facilitated structure lies a compelling component: a lack of trust between entities and individuals on one hand, yet a relationship structure that requires some amount of trust on the other (further discussed below). By utilizing the various

forms of audit detailed above, the Global Fund is able to 'show' how donor money is being 'invested,' an integral element to business practice. This subsequently helps the Global Fund appear more credible and accountable to donors (Strathern 2000). However, audit technologies simultaneously lessen the amount of trust placed in Sierra Leone to use funds as stated. This disrupts several strands within the "web" of trust (Baier 1994:149), weakening the entire structure by moving the "locus of trust" away from the HIV/AIDS workers in-country and towards those who audit (i.e. LFA, Global Fund) (Power 1994:11). Effects of this disturbance are felt on the ground, shaping how the 'senior' HIV/AIDS officers in Sierra Leone perceive the workers located in PHUs, DHMTs or other 'junior' positions. These perceptions are demonstrated by the reoccurring cycles of audit that take place.

In Sierra Leone, trust is inherent in the paternalistic system created by funding conditionalities and the subsequent "audit culture," but is unidirectional, moving from the global south (Sierra Leone) to the global north (the Global Fund). On the ground, HIV counselors and programs place ample trust in the government and in the Global Fund to continue supporting the HIV/AIDS initiatives in-country. In several instances I inquired about what it means to be funded primarily by one donor, and was met with the same type of response: trust in the government and trust in the Global Fund. A few participants showed no concerns about having one donor, alluding that they felt it would work out in the end. One Sierra Leonean worker admitted that having essentially one provider was "risky in one way, in case the Global Fund says, 'ok, there is no money now', [then] there will be [a] problem in the disease sector," but then assured me "it won't happen, for now." He continued, stating that "the government also will help with some amount of money—5% of th[e] amount that [the] Global Fund has committed." Others showed trust and faith in the government, turning to advocacy as a way to encourage the government to find a way of increasing the national health budget. The data reflects a substantial amount of trust for the Global Fund that is present in-country, despite past occurrences of late disbursements. By facilitating some amount of trust within the donor-recipient relationship, the Global Fund can better mitigate possible principal-agent problems 'from a distance.'

The amount of evaluation and auditing that is required prior to submitting each Global Fund report elucidates the Global Fund's apprehension in trusting the work produced by HIV workers in Sierra Leone. It is the skepticism of the Global Fund that initiates time-intensive bureaucratic processes, which can make meeting deadlines under various conditions challenging, as well as negatively impact the actual materialities produced. Moreover, many expatriates working for international NGOs and agencies in Sierra Leone expressed blatant doubt about the validity of statistical information produced in-country, despite working with national HIV/AIDS programs to "improve" and "harmonize" data collection tools and reporting techniques. While sitting in the director of an international organization's office, they leaned over to me, lowering their voice to explain, "you can't really trust the numbers" in Sierra Leone. Thereby, the organization only uses data issued by UNAIDS or UNDP (United Nations Development Program), trusting intermediaries" more than Sierra Leonean workers. The most intriguing part of this statement, however, is that UNAIDS does not collect their own data. Rather, they work with the government of Sierra Leone, so all of their statistical information is coming directly from NAS and NACP.

In addition, one international health worker, who works specifically in maternal and child health in Sierra Leone, explained during a multi-stakeholder meeting that she thought the percentage collected for one of the indicators regarding infants tested for HIV (35%) is higher than what is actually happening on the ground, again exhibiting mistrust in the validity of numbers produced in-country. In response, a senior M&E officer stated that they "have to improve [the] quality" of data collection so the "correct numbers" would be produced. This response elucidates how particular forms of perception and trust have been cultivated by audit technologies and internalized by Sierra Leonean programmers. Such instruments of power (audit technologies) shape the trust that 'senior' level HIV programmers have about numbers produced in district and central levels.

In another instance, an expatriate NGO worker informed me that NAS tends to use Spectrum data (projected numbers) rather than the "actual data collected" because they "do not trust what is being collected" on the ground. However, the reality is that due to limited funding, the various studies needed to acquire certain information (e.g. sero-

prevalence percentages) cannot be conducted on annual or bi-annual bases, resulting in some obsolete statistical information used in reports.

We have already undertaken a stigma in-depth study. [...] And the data has been collected and the people have been trained...a consultant has been identified in the rest of it, but we are stopped because of resources. And so that meeting...is to see how we can move forward, because we were expecting funding, counterpart funding from um a west Africa health organization, but that funding is yet to come and it is like the whole process has been stalled. [HIV/AIDS program director]

Funding challenges constantly posed problems in collecting the most recent data, with some figures used coming from reports and studies conducted as far back as 2005, nine years old at the time of this fieldwork. Several national workers explained that projecting some of the indicators based on past studies would provide “more accurate” numbers than using data from five years before. Despite this, the use of Spectrum to project numbers is perceived by expatriates in-country as mistrust of Sierra Leonean produced numbers, rather than understood within the larger system of funding challenges. This suggests that in-country efforts to produce accurate data with limited resources is perceived as not good enough because such efforts are carried out in ways varied from international workers’ familiarity, rather than understood within the larger context of Sierra Leone.

## **Global Fund Embeddedness in HIV/AIDS Programs**

To work effectively, audit technologies need to be institutionalized and internalized by those in-country, establishing and securing a “network of procedural routines” (Power 1997:40) among workers. In effect, audit techniques have to embed themselves in recipient countries (Power 1997). For the Global Fund, this institutionalization is made possible through various governmentalities, beginning with the entities and documents that need to be created in-country prior to funding, and continuing through funding stipulations and audit technologies once grants have been allocated. If taken up by national workers, these mechanisms describe what materialities will be produced (i.e. quarterly reports), thus shaping Sierra Leonean HIV workers’ time (Power 1997) and practices on the ground. One officer explained that “whatever they



[the Global Fund] say to do, you have to do it,” otherwise “the country will lose [funding].” This compliance, which is tied with HIV funding and future employment, is powerful because the practices mandated through stipulations shape actions and processes in national HIV/AIDS programs.

Through this compliance, the Global Fund takes on an almost omniscient presence (Power 1997), the impact of which is felt on the ground. One expatriate NGO worker frustratingly explained how the Global Fund is “extremely present” in Sierra Leone, at times making his work difficult by not allocating funds to items imperative to his work (e.g. office supplies). He continued, stating that he had never seen a funding organization that “maintained such a high [distinct] presence on the ground.” Usually these types of entities stayed “up,” “donating money” and perhaps coming to conduct monitoring and evaluation work. The most compelling aspect of this assertion is that the Global Fund purposefully lacks offices in recipient countries, however, they remain “extremely present” in Sierra Leone. This is symptomatic of the internalization of the Global Fund’s informational requirements and the business ethos of funding conditionalities, which have shaped practices in-country.

This internalization and embeddedness of Global Fund expectations and stipulations has seemingly been taken up in national HIV programming bodies. I mentioned to an NGO worker in passing that I wanted to speak with someone from the Global Fund. He quickly corrected me, stating, “there wasn’t any need,” just talk to NAS because they are the “same thing” in Sierra Leone. This sameness, which was expressed several times, illustrates the interconnected nature of audit technologies created abroad and operationalized in Sierra Leone (Anderson 2002). By utilizing instruments of governmentality in which expectations are embedded within Sierra Leonean HIV programs, the Global Fund is able to more easily make decisions about Sierra Leone ‘from a distance.’

The business-like rhetoric used in the Global Fund’s audit technologies and conditionalities has become operationalized into ‘ruling principles’ (Shore and Wright 2000) for HIV programs, and is advocated for in a variety of locales (e.g. multi-stakeholder meetings). In the annual meeting discussed earlier, one national HIV

program worker stated that “[they] should be concentrating on the important points,” such as monitoring and evaluation, rather than “nitpick[ing]” other points, like how many condoms are available. Continuing, he said the focus should be on M&E, which “is currently inadequate for the job” at hand; a bigger M&E department is necessary, because the “6 or 7 M&E officers at NAS” are not able to “tackle the data being produced.” This was met with nods and words of agreement from other attendees at the meeting. A senior M&E officer responded that “M&E is a huge challenge” and it is imperative to “boost it at both the regional and national levels.” Continuing, the senior officer stated that “7-10% of the budget should be spent on M&E” by whatever means possible. What this response shows us is that strengthening audit and accountability systems in-country, an effort to produce “sound” data, is a practice unrelated to health outcomes. Rather, this urgency to strengthen M&E is an effort to meet Global Fund expectations and data stipulations, and gain trust from international donors.

Donor stipulations are one avenue through which audit technologies have become the norm in Sierra Leone. This focus on accountability and evaluation elucidates how much of the work and foci of HIV/AIDS workers in Sierra Leone is on improvements in data collection and reporting and streamlining data collection tools, all largely determined by the informational requirements of the Global Fund. These ‘ruling principles’ (Shore and Wright 2000) have been taken up through good government and transparent practices, as well as self-regulation, elucidating the power stipulations have in aiding the Global Fund, and other donors, to govern ‘from a distance.’ The power is solidified in the ability of these conditional audits to shape practices on the ground to a more individualistic nature, which places the onus of late funding disbursements to country recipients, and away from the donor. Throughout the meeting discussed in the beginning of the chapter, business ideologies were overarching (e.g. showing accountability), with an emphasis on individuals’ responsibilities. This can be challenging to HIV workers and programmers in Sierra Leone who must fulfill the contingencies and demands of those working ‘at a distance’ in the current in-country realities of Sierra Leone, and can shape perceptions for workers in-country.

## The Economy of Prestige and Perceptions

Using a Sierra Leonean example, I have demonstrated how workers in-country take up the Global Fund-induced “audit culture.” Through this, HIV workers have come to internalize the norms of audit, which have subsequently altered how they perceive themselves (Shore and Wright 2000). However, norms of audit have also been taken up by international NGO workers in Sierra Leone, and are often used as objects of comparison between familiar<sup>26</sup> ways and in-country practices.

The audit technologies utilized on the ground have created a seemingly cyclical domino effect of perception. This process begins with the Global Fund, or other donors from the global north, attaching strict and numerous funding stipulations to monetary contributions. Such conditionalities are ways for donors to offer assistance to low-income, resource-poor recipients, making their ‘ways of doing’ (i.e. ‘good governance’ techniques) conditional when in-country practices are perceived as not good enough. As detailed above, many international NGO workers in Sierra Leone perceive in-country practices and programs in the same fashion: that Sierra Leoneans need help fixing their programs, and they (international workers) are the ‘experts’ who can help. Thus, young and often inexperienced consultants from outside of Sierra Leone are tasked with the disciplining, in the Foucauldian sense, and oversight of HIV workers in Sierra Leone. I was informed by one expatriate worker that the “PMTCT registers...were not properly organized yet. That’s [his] job.” Another explained “one of [his] biggest challenges [is] capacity. Even the person who you call the ‘data manager’, their capacity is very low.” He continued, stating that when working with numbers in Sierra Leone, one has to be “cunning,” never clearly stating what you are after, because in-country workers would then “not talk” to him.

This perception that practices on the ground were wrong or unorganized was expressed to me numerous times by international health workers (i.e. “You can’t trust the numbers”), maintaining the assumption that international organizations’ ‘way’ is the only way. Other international program workers scrutinized the host country workers’ abilities,

<sup>26</sup> Here, I use ‘familiar’ to describe ways of doing and practice in the home-countries of international NGO workers, and where such individuals have worked previously.

stating if they are “struggling to write down information on paper,” then they “certainly aren’t going to put the information in the computer.” At times, Sierra Leonean workers’ purposes were questioned by international health workers:

And then you try to train the people, the people with some expertise, and um, they’re not so, focused on the job. They want money and they’re always looking for greener pastures, so it’s a challenge really.

These varying perceptions from expatriates working for international NGOs in-country have a common thread in viewing Sierra Leonean’s capabilities in a negative light. What was frequently ignored by international workers, however, was the location in which HIV/AIDS work was being done, the materials and supplies available, and the multiple pressures at play on workers in-country. Understanding the larger contextual factors impacting HIV workers in Sierra Leone is important to understanding the practices in-country. Infrastructure still being rebuilt and program supplies dependent on the production of data (data for aid) can shape how audit and accountability are done in-country. In various instances, I watched as HIV counselors hand-drew columns in their in-take registers prepping for the next month, because they were not provided with printed booklets. These were done in a meticulous fashion and ordered the way the counselor saw fit, in conjunction with their previous books. The issue for expatriates, in this case, was that the highly standardized audit and accountability practices that created comparability were missing in specific instances. This perceived ‘unorganized’ system, although the registers and practices I saw appeared highly organized, did not suit the practices of international workers because they were not standardized to their liking.

Moreover, perceiving HIV workers’ search for “greener pastures” as questionable, fails to see the larger context within which such individuals work. In a position where one’s salary is directly tied to donor grant allocations<sup>27</sup>, which is contingent on the timely production of materialities, seeking out “greener pastures” may simply be a search for stability.

<sup>27</sup> Various national workers in HIV/AIDS programs in-country, such as counselors and programming officers, stated that their salaries are paid by Global Fund grants.

### ***'Local' Internalization and Subjectification***

Through the constant production of statistical HIV/AIDS information in Sierra Leone, HIV workers have taken up a paradoxical script that moves between the various levels of HIV programs in-country (i.e. district, central, national) and between Sierra Leone and the Global Fund. From Memmi's (1965) inspiration, I characterize this paradoxical script as the scrutinizer/scrutinized, to elucidate the internationalization of the Global Fund's conditionalities, with practices aimed at 'showing' accountability.

The conditional exchange between the Global Fund and Sierra Leone, data for aid, has reduced HIV workers and programmatic achievements "to thin descriptions in bureaucratic reports" (Pandolfi 2003:380). Success is based on data acquired in-country. On the ground, however, we can see that a hierarchical relationship between those who collect data and those who verify it has evolved. The stipulations and sentiments of "good" data versus "bad" data, activities separate from providing resources and care, were taken up and internalized by 'senior' national programmers (i.e. monitoring and evaluation officers), and frequently used as a lens to view individuals in more 'junior' level HIV workers (i.e. counselors): the senior Sierra Leoneans scrutinized from above became the scrutinizers for Sierra Leoneans working in the ranks below.

The processes of public inspection discussed earlier ('rituals of verification') that have been institutionalized within HIV/AIDS programs in Sierra Leone are demonstrative of the "dividing" characteristic of audit, including instances of "external subjection," as well as "internal subjectification" (Shore and Wright 2000:61-62). At times, HIV program managers or officers perceived workers in the field to be too burdened or facing too many challenges to handle additional information, even if it meant making their work go quicker. One Sierra Leonean manager stated that data entry clerks "have challenges following the steps as is," so teaching them the shortcuts that he uses "would not be in their best interest." The reality, however, is that the overburdened workers on the ground struggle meeting strict deadlines and, perhaps, would benefit from practices that shorten the amount of time needed to fulfill certain tasks.

The most tenacious aspect of this "administrative" script (Harper 2005) is how national HIV program workers think international health entities and donors will perceive

them if they produce “good” data. There is an overarching idea that producing quality data will cause international donors to view them differently. It was reiterated to me by national Sierra Leonean programmers that if PHUs do not “report regularly and on time,” then programs would not be able to “show [their] efforts” and it would “look bad,” causing donors and others to “not take [them] seriously.” However, when I inquired what results if this happens, the programmer chuckled and admitted that he was not actually sure, but just knew that it “isn’t good” and that they (Sierra Leone) would get a “minus,” which would not look favorable for securing funding in the future. Moreover, the President of Sierra Leone heads the NAC, thus demonstrating what one Sierra Leonean programmer described as the “close connection” between the government and HIV/AIDS work in-country. Continuing, the programmer explained that this connection showed the international health community that the Sierra Leonean government is “dedicated and involved” in the fight against HIV/AIDS.

As Ian Harper (2005) has noted, “administrative” scripts reduce individuals to a set of numbers that must be compiled, analyzed, and reported on. Only at the clinic level, where counselors are face-to-face with patients, were there discussions about the actual *people* receiving services or resources. This depersonalization of individuals utilizing HIV programs and services highlights the implications of a business-oriented funding mechanism in Sierra Leone. Sitting in offices and meetings, and talking with program workers, it became apparent that the actual *people* in need of services and care were not discussed, except as a statistical representation. Instead, there was an unmistakable focus on achieving various digital and data production goals to show program efficacy and aim to secure future funding. This push to digitize information, integrate databases, and become more efficient creates ‘frictive’ occurrences on the ground when practices of audit and bureaucratic regulations are implemented within the current context of Sierra Leone. Despite additional issues, such as stock-outs (out of supplies) in health centers, a shortage of workers, and poor infrastructure, the preoccupation with data production has been taken up by workers, remaining at the forefront of HIV program targets in-country. There is a preponderance of data that suggest this has shaped the focus of care more towards statistical production, due to the pressing need to show program effectiveness and secure future employment.

As touched on in Chapter 2, “good data” is the pathway through which Sierra Leoneans can be “taken seriously” in the eyes of international donors, such as the Global Fund. When discussing statistical information or data collected during fieldwork, it seemed to be frequently associated with ideas of “good” or “bad,” “reliable,” “accurate” or “valid,” or encouraged to represent “reality.” From expatriate workers, generally, data often brought up references to “inflation” or “shadow data,” although, on several occasions, numbers were thought to be “too low.” Throughout my fieldwork, I was either directly told that I “can’t trust the numbers” produced in Sierra Leone or it was insinuated. These notions were coupled with the compelling efforts of in-country program workers to produce sound data. This yearning to be seen as capable or comparable to data gathered elsewhere can be seen as a way to validate efforts when working under the auspices of standardized stipulations and funding is tied to statistical production.

## **A Means to an End**

While audit technologies are employed to hold individuals accountable for their actions (Power 1997:135), the data suggests that the Global Fund’s audit technologies and conditionalities have shaped program practices of HIV/AIDS workers in-country. Rather than being utilized to substantiate and validate the actions of HIV workers in Sierra Leone, current audit technologies seem to be in place to validate the Global Fund’s actions to their donors. This is not to say that the actions of HIV/AIDS workers in Sierra Leone are not being verified, they certainly are, however, these audit technologies are not working within a vacuum. In-country workers are audited as a means to the Global Fund’s end: international validation, articulated within a contextual frame. Nonetheless, the resulting “audit culture” has had profound impacts on HIV/AIDS practices and program foci.

The distinct ideas of trust and mistrust present between donors, the international NGO workers in-country, and Sierra Leoneans have been embodied by workers, shaping not only how they perceive themselves, but how they think others will come to perceive them in the future. The vignette from the beginning of this chapter presents a small glimpse of the perceptions and understandings of numbers in Sierra Leone, shedding light on the relationship between the “scrutinizer and the observed” (Foucault

1977; Shore and Wright 2000). However, an unwavering sense of optimism and determination was present within HIV/AIDS programs. The data trajectory and subsequent validation requirements cultivated both expectations of workers and the final product, which feeds into the corporate culture present on the ground.

While the determined efforts of HIV/AIDS workers in-country are present, the reality remains that Sierra Leone, as a recipient, is a mute subject in the eyes of the Global Fund, they become the materialities they produce. Even if Sierra Leone meets the international and Global Fund standards of producing 'good' data, they will most likely remain the observed and scrutinized, used as objects of information for donors (Foucault 1977:200). While standardizing aid conditionalities and statistical information does allow for cross-country comparisons, it simultaneously turns countries and aid recipients into "anonymous, standardized example[s] of humanity" (Dunn 2012:7), limiting practices to the *doing* of accountability.



## Chapter 5.

### The (not-so) “silver-bullet”

*“The exercise of power consists in guiding the possibility of conduct and putting in order the possible outcome.”  
[Michel Foucault 1982:789]*

For decades development initiatives have searched for the “silver-bullet,” the standardized method or program that can be applied across contexts, with which to address issues such as poverty and economic growth. More recently, international health funding and programming organizations like the Global Fund have incorporated business-oriented models and practices into their search for the “silver-bullet.” This research shows the implications of the Global Fund’s non-contextualized techniques once implemented in HIV/AIDS programs in Sierra Leone.

The Sierra Leonean-Global Fund relationship demonstrates the “scale and pervasiveness of the way...[that] economic efficiency and good practice are being pursued” (Strathern 2000:2) and what this means for international health programming in low-income and resource-poor areas. My central goal was to elucidate how the Global Fund’s funding conditionalities and expectations shape Sierra Leonean HIV/AIDS programs and practices in a way that may not be appropriate for in-country realities. Throughout this thesis I highlighted the imperativeness of examining the interconnectedness between various elements and networks at work, and how this impacts stipulations in-country. Physical and environmental infrastructure, numerous commitments, accountability practices, and statistical materialities are critical components to understanding how stipulations *work* when articulated within the larger network of elements on the ground.

The business-ethos that heavily influences donors’ funding conditionalities, in low-income countries, results in a ‘sticky’ terrain that in-country workers have to both navigate within and remedy. Sierra Leone provides a temporal and ethnographic

example of what donor stipulations look like on the ground, how they are taken up, and how they shape decision-making. By situating funding conditionalities within a development framework, I have demonstrated how current HIV/AIDS program practices in Sierra Leone are demonstrative of asymmetries of time where there is urgency to both produce data and to acquire sound bureaucratic infrastructure to meet conditionalities. Further, this research has shown how the constant production of statistical information by Sierra Leonean HIV workers concretizes the compliance with donor governmentalities, subsequently shaping program foci.

This chapter will work to solidify the topics discussed throughout this thesis, cementing it within the larger framework of development impacts on health programs. I will revisit methods used and discuss the resulting limitations to the research. This chapter will also discuss research findings, implications of my research on a larger scale, and suggestions for moving the conversation forward.

## **The ‘Business’ of HIV/AIDS**

As discussed in Chapter 1, the international health community has encouraged collaborations between the public and private sectors over the last two decades (Birn, Pillay and Holtz 2009). As such, business-oriented donors have taken up global health financing, utilizing technology-focused and results-oriented practices (Erikson 2012; Storeng 2014). Using the Global Fund as a case study, this research presented an ethnographic example of how neoliberal and business ideologies have been incorporated into the practices of global health entities (Erikson 2012). The realities of this, and the subsequently produced “audit culture” (Strathern 2000), can be understood as articulated with other elements in a global assemblage (Ong and Collier 2005). Throughout this thesis I contend that the Global Fund’s conditionalities, neoliberal governmentalities, implanted irrespective of context, shaped HIV/AIDS workers’ perceptions, foci, and practices in ways that may be inappropriate for the current realities on the ground. Moreover, this thesis revealed how funding conditionalities solidify the business-ideologies and practices taken up by the Global Fund, altering the donor-recipient relationship to a business transaction (investing to get ‘returns’) (Erikson 2012).

I have argued that it is imperative to examine what this business-oriented approach looks like in Sierra Leone, where technological and bureaucratic infrastructures are still being rebuilt post-conflict. The realities of Sierra Leonean program workers striving to meet the demands of stipulations have been described, highlighting how such efforts have shaped program targets to produce materialities. The power of these bureaucratic processes is thus revealed in workers who aim to meet international donor demands to secure future funding and employment. I argue that the focus on producing materialities that has been shaped by the Global Fund's business approach has 'removed' individuals accessing HIV/AIDS resources, with data production taking precedence.

In Chapter 4, I discussed how an "audit culture" (Strathern 2000) is necessitated as the Global Fund's stipulations become operationalized in Sierra Leone, and how this is taken up by HIV workers. I argued that low-income countries using primarily donor support may be pressured by donor-encouraged or required institutional and organizational structures not suitable for country contexts. Audit technologies have the ability to reshape "public conceptions of the problems for which it is the solution" (Power 1997:7), which this thesis demonstrated within the Sierra Leonean context. I argue that while audit systems were originally employed to promote 'good governance' and verify expenditures for donors, they have seemingly shaped in-country perceptions of the problem. This research shows how the problem is now focused on strengthening bureaucratic and technological practices (e.g. digitizing data, securing new databases) to make the demands of audit easier.

Through various interviews and participant observation experiences, I found that individualism and notions of accountability have become embedded in HIV/AIDS programs. This embeddedness has allowed for the Global Fund to create and maintain an omniscient presence on the ground, despite being physically removed. It is through this embeddedness that the Global Fund is able to 'govern at a distance' (Latour 1987), limiting potential principal-agent disconnects through funding stipulations. This has resulted in a removal of the Global Fund's responsibility in relation to funding disbursements, placing the onus of late allocations onto Sierra Leonean workers. The ramification of this is a constant striving to meet 'global' expectations that are often

challenging under current country conditions. The immediacy of producing specific materialities (statistical information) for the Global Fund highlights how such documents become agents of accountability, helping HIV/AIDS workers in Sierra Leone 'show' their efforts and be "taken seriously" in an international health arena. The result of this shows how rhetoric, 'global' norms and ideologies implanted into recipient countries can have "unintended consequences" (Foucault 1982), making it necessary for funding entities to create context-specific stipulations.

Uncovering these shifts highlights the importance of discerning how the Global Fund's approach to healthcare financing is influenced. This research demonstrated how funding conditionalities can result in a disproportionate amount of time needed to fulfill stipulations and data production 'needs' on the ground. Moreover, the data suggests that in a post-conflict, post-colonial state, like Sierra Leone, contextualizing funding stipulations are necessary and can inform how international donors approach health funding.

By following the thing (Marcus 1998), I employed an iterative inductive approach to this research, which helped me 'assemble' the various elements that contribute to understanding the role of conditionalities and bureaucratic processes in shaping practices in-country. However, there are limitations to this approach that should be addressed. Despite taking a multi-sited approach, as in, not restricted to one organization or entity, my research is limited to organizations and entities within the capital, Freetown. Several interviews shed light onto the practices that take place up-country, however, I was not able to talk directly with individuals whose work is stationed outside of Freetown and who could have provided more clarity on the up-country processes. In addition, my 'junior' status in Sierra Leone may have prevented me from being able to access certain information that could have further informed this research.

## **“Skipping Straight to Weber” Revisited**

As Pritchett and Woolcock (2004) describe, practices cannot be standardized, as they are both transaction and discretion intensive. However, funding stipulations work to do just that. This paradoxical relationship is illustrated throughout this ethnographic

research. In this thesis, I have argued that the Global Fund has tried to standardize HIV/AIDS program practices through bureaucratic governmentalities. What is highlighted, however, is the 'frictive' nature of this 'solution' when articulated with the larger forms and networks working in Sierra Leone, and the subsequent issues that have manifested.

While I have discussed the realities of the Global Fund's financing mechanism when operationalized on the ground, it needs to be reiterated that the aim of the organization is to provide resources and aid to reduce the spread of HIV/AIDS. This research, however, demonstrates the impact of being in-country, and how country-specific knowledge can better inform funding stipulations. Detailing the current infrastructural challenges (Chapter 2), I attempted to show the necessity of "working with the grain" (Booth 2011), utilizing in-country resources to remedy national problems grounded in country realities, rather than implanting 'solutions' created in removed settings. I contend that the implication of non-contextualized stipulations is bureaucratically burdened HIV workers whose practices are mediated to meet deadlines.

## **Conclusion**

Power has a "*transformative capacity*" (Heller 1996:83) allowing an individual or group to influence and guide the conduct of others to produce specific goals (Foucault 1982). I argue that the Global Fund's conditionalities are illustrative of this "transformative capacity," and are the avenue through which the Global Fund can 'govern at a distance' (Latour 1987). This ethnographic account elucidates the various modifications, alterations, and embodiment of ideas that have occurred as a result of 'global' pressures and expectations. Moreover, this research shows the unintentional effects produced as the Global Fund's stipulations encounter the 'local' realities of Sierra Leone and are articulated within a global assemblage.

Throughout this thesis I attempt to challenge the idea that funding conditionalities exclusively produce positive results in programs, practices, and accountability when implemented in recipient states. This research highlights the various elements that affect how stipulations are operationalized in-country, elucidating the importance of

contextualized funding requirements. As the international health community continues focusing on business-oriented funding approaches and collaborative partnerships, I have tried to lay a base on which further research can build to better understand how these impact recipient countries, where requisite infrastructure is weak or absent. Currently, the influence of international donor contingencies extend beyond 'good governance' and accountability rhetoric. The implementation of standardized institutions and processes has contributed to asymmetries in time, relationships, and programming foci in-country, shaping practices to fulfill context-challenging stipulations.

This study contributes a new ethnographic perspective to understanding how funding stipulations can shape the provision of care in a low-income and resource-poor context. Building on the existing literature taking up the politics of health systems, development, governmentalities, and power, I have worked to move the conversation forward, grounding it in a temporal and contextual example. This research creates space to further the discussion of how ideas of audit, efficiency and standardization can impact workers in specific settings, specifically taking up ethical and development frameworks. It is crucial to seek out who is being empowered by 'global' interconnectedness (Patton 2002) and what the consequences might be. While this is an ethnographic account of Sierra Leone, the questions raised may be applicable for other low-income and resource-scarce countries.

Within this era of business-oriented health financing and programming approaches, there is an urgency to assess how the mechanisms implemented affect recipient countries, specifically in relation to providing care. I have offered one ethnographic snapshot of the realities of this on the ground, and I suggest that we continue to complicate our notions of 'good governance' and development approaches, seeking out the larger implications for care itself.

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## Appendix A.

### Study Information Sheet

#### Research Study: Health Statistics in Sierra Leone

#### STUDY INFORMATION SHEET 2014

[Email and phone number were provided]

My name is **Alexandra Collins** and I am a research assistant working with Prof. Dr. Susan L. Erikson at Simon Fraser University in Vancouver, British Columbia, Canada. I am currently an MSc Candidate in the Faculty of Health Sciences, and I have a B.A in anthropology and French, with a background in women's and gender studies. This is my first trip to Sierra Leone, and I had three months of Krio lessons prior to coming. I speak conversational Krio, as well as English and French. The Office of Research Ethics at Simon Fraser University has approved this research project.

**My research project is about how HIV/AIDS statistics are used.** Many organizations produce counts and statistics for other people every day, but very little is known about what happens with the numbers after they leave an office or organization. I am studying how numbers move from location to location, from their original source to the people who make decisions with them. I ask: How are statistics used to make decisions and set priorities? What role does internet connectivity play in the circulation of statistics? I will be talking to many different types of people for this research project. The research results will be descriptive. The research aim and results are not evaluative. The first phase of the research was in 2013, and the second phase begins January 2014.

**If you agree to be interviewed for this research project,** you and I will talk in short, informal chats or in longer interviews about your experiences, knowledge, and opinions. You will act as a guide and help me to understand statistics collection, production and use in Sierra Leone.

**Participation is entirely voluntary and may be withdrawn at any time.**

**Your identity is kept confidential and anonymous.** In my publications and public talks, all participants, including well-known public figures, will be assigned fictitious names. Details of cases will be altered as necessary to protect participant identification. If you are a well known person in Sierra Leone and your activities are in the public record and recognizable, anonymity may not be able to be completely maintained, but I will not reveal your identity at any time. Research notes and recordings will remain in my possession and stored in locked file cabinets in the Principal Investigator's university office. Recorded interviews may be transcribed by an additional member of the research team I am working with, who is also bound by confidentiality protocols. After 10 years I may donate research material to an archive or destroy it.

**How to contact me:**

**In Sierra Leone:** [phone number and email were provided]

**In Canada:** Alexandra Collins, MSc Candidate, Faculty of Health Sciences, Simon Fraser University, [phone number and email were provided]

**How will the information be used?** I will put together what I learn from you and others to write articles and books, and I will share what I learn from this study to university peers and colleagues at conferences. **If you are interested in the results of this research,** please contact me, Alexandra Collins, or Dr. Susan Erikson, at [phone numbers and email were provided]. If you request it, I am happy to provide you with information about how data, quotes, and case examples you shared with me have been or are being used. I am also happy to provide any articles, book citations, and descriptions of any other uses of the research. Please just ask.

**If you have concerns or complaints about this research,** you may contact [name was provided], Office of Research Ethics, Simon Fraser University at [email and phone number were provided].

## Appendix B.

### Participant Consent Form

#### Participant Consent Form

How Numbers Travel: Statistics in an Age of the Digital Divide

Faculty of Health Sciences, Simon Fraser University

Dr. Susan Erikson, Principal Investigator

Alexandra Collins, MSc Candidate

**Purpose and Background:** You are being asked for an interview along with about 100 other individuals who are knowledgeable about statistics applications and/or use in Sierra Leone. The study is funded by the Social Science and Humanities Research Council of Canada, and examines how statistics work in international development/humanitarian aid and commerce to influence (or fail to influence) decision-making. If you decide to participate, your answers and comments will be kept confidential.

**Procedures:** You will be given the Study Information Sheet prior to consent. If you agree to be in this study, the following will occur: I will interview you in place where you are comfortable, which may be your office, or elsewhere. The interview will take 30 minutes to two hours, and will involve questions about statistics collection, analysis, and distribution. With your permission, I will audio record the interview for later transcription. You may refuse to answer any question and you may end the interview at any time. There is no penalty for deciding that you do not want to be interviewed; no one will be informed either way. Employees of organizations will be informed if permission has or has not been obtained from employer prior to the study being conducted. If requested, participants will be provided with information about how the data, quotes, and case examples they provide may be used and the kinds of venues in which the research results will be presented.

**Benefits:** This study may not benefit you directly, but you may enjoy sharing what you know with a researcher.

**Risks/Discomforts/Costs:** The research questions are not of a personal nature. If any question is uncomfortable for you to answer, you do not have to answer it. You may refuse to have the interview audio-recorded or may stop the audio-recording at any time. There are no costs to you as a result of taking part in this study.

**Statement of Confidentiality:** If you decide to participate, your research records will be handled as confidentially as possible. Anonymity may not be able to be completely maintained for public figures, such as well-known government leaders whose activities may be in the public record

and therefore recognizable. However, when results of this study are reported, no names will be used. Your answers will be recorded without your name attached to them. All research files will have a special identifying number rather than a name on them. All electronic files will be stored in a password protected database and paper copies of your answers will be stored in a locked filing cabinet at my university office. All answers you give me will be grouped and summarized along with those of other participants without any personal identifying information.

**With your signature below**, you agree that you have talked to me and have had your questions answered. If you have any questions during the study, or at any future time, or if you want to read the final report, you may call me, Alexandra Collins at [phone number was provided], or contact the Principal Investigator, Dr. Susan Erikson, [phone numbers were provided] or by writing Prof. Susan Erikson, [address and email were provided]. If you have any concerns, complaints about this study or your treatment as a participant you can contact [name was provided] the Director of the SFU Office of Research Ethics at [phone number and email were provided].

**PARTICIPATION IN THIS RESEARCH IS VOLUNTARY**, and you can decide to participate or not. You have received the Study Information Sheet. You have read the above consent form and understand the purpose of the study and what is required of you in participating. You can end the interview or withdraw from the study at any time.

I voluntarily agree to participate in this study. (You will be given a copy of this form to keep).

---

Signature of Participant    Date

## Appendix C.

### Key Partners and HIV/AIDS Data Flow Chart

The following figure is Figure 13 from the National Monitoring & Evaluation Plan 2011-2015 for Sierra Leone (NAS 2011a:45). It is representative of the proposed transfer of HIV/AIDS data between program levels and sectors in Sierra Leone.

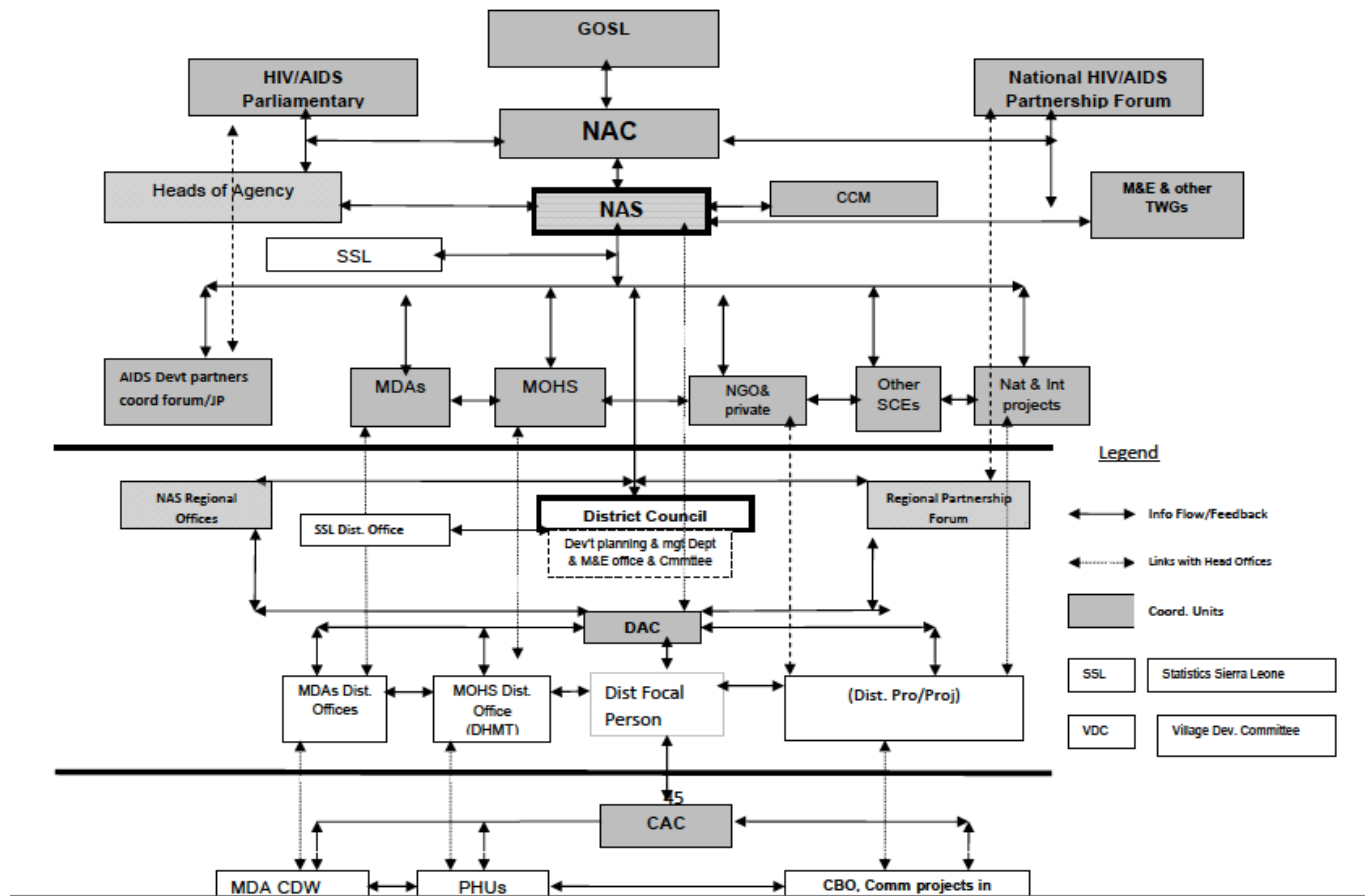


Figure 13 from NAS 2011a