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4 **Locating the global governance of HIV and AIDS: exploring the geographies of**  
5 **transnational advocacy networks**  
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10 **Abstract**

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12 Over the last two decades, HIV and AIDS have been framed as a ‘global problem’. In the  
13 process, transnational advocacy networks have emerged as important actors, and  
14 particular places are recognised as key nodes in global HIV and AIDS governance. Using  
15 the example of London, UK, this paper examines how these networks are involved in  
16 local articulations of global governance and reveals that ‘global’ processes are inflected  
17 by the locations through which networks are routed. The example suggests the need for  
18 further analysis of the geographies through which HIV and AIDS is reconfiguring power  
19 relations at a variety of spatial scales.  
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23 **Key words**

24 HIV; advocacy; London; networks; transnational  
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27 **1. INTRODUCTION**  
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30 Partnerships between nation states, supranational institutions of global governance,  
31 business and civil society have long been a feature of global health policies (Buse and  
32 Walt, 2000; Zacher, 2007). One of the most prominent issues in recent decades to be  
33 framed in global terms has been HIV and AIDS. An impressive infrastructure for the  
34 global governance of HIV and AIDS initiatives has emerged including, UNAIDS (1996),  
35 the International Aids Vaccines Initiative (1996), the UN’s Millennium Development  
36 Goals (2001), the Global Fund for HIV and AIDS, TB and Malaria (2002), and the US  
37 President’s Emergency Plan for AIDS Relief (PEPFAR) (2003) (Chataway and Smith,  
38 2007; Ingram, 2009, 2010). HIV and AIDS is now an extensive and intensive object of  
39 global policy initiatives.  
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43 A distinctive feature of the different HIV and AIDS pandemics is the ways in which they  
44 are transforming understandings of death, life, sex, blood, family structures, reproduction,  
45 hierarchies of scientific knowledge and gender relations. In the process, the causes and  
46 effects of HIV and AIDS are creating new social divisions and solidifying old ones  
47 (Preston-Whyte, 2006), while simultaneously throwing up new political spaces  
48 characterised by notions of ‘new life’ (Robins, 2005) and ‘therapeutic citizenship’  
49 (Nguyen, 2005). The complexities of these transformations in different places are related  
50 to the intensity and extent of the HIV and AIDS global governance infrastructure.  
51 Articulations of local and global aspects of HIV and AIDS are raising concerns about the  
52 effectiveness of ‘global’ responses and the implications for people living with HIV and  
53 AIDS.  
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58 One way of attending to the geographies of HIV and AIDS governance is to focus on a  
59 key set of actors that work across a simple local/global dualism. While the transnational  
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4 HIV and AIDS focus has often fallen on the effects of migration(c.f. Takahashi and  
5 Magalong, 2008) or health networks (Thomas, 2010), central to the articulation of  
6 local/global HIV and AIDS governance is a wide variety of transnational advocacy  
7 networks (TANs) of experts, policy-makers, scientists and activists. The emergence of  
8 these TANs was facilitated by the growth of NGOs in the 1990s (deMars, 2005;  
9 Reimann, 2006), the United Nation’s ‘Conference Decade’ (Batliwala, 2002) and new  
10 initiatives amongst activists in NGO strategizing such as partnerships and coalitions  
11 (Yanacopulos, 2005). TANs exist in many different sectors and are part of important  
12 networks in relation to HIV and AIDS including health, religion, and international  
13 development – often in overlapping configurations.  
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18 Since Keck and Sikkink’s (1998) seminal work on the strategies of TANs, scholarship  
19 has tended to focus on their political roles (Hudson, 2001; van Tuijl and Jordan, 1999).  
20 Key issues have included TANs’ accountability, representation, and their legitimacy in  
21 international decision-making fora (Steffek and Hahn, 2010). Here, we want to develop  
22 another issue, namely that of how the embedded geographies of HIV and AIDS TANs  
23 helps to understand the issue-focus of particular networks (see Lindquist (2004)). We  
24 present a case study which takes as its starting point advocacy networks in the UK, and  
25 centred in London. London is conceptualised as a particular node in the transnational  
26 networks involved in the global response to HIV and AIDS.  
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30 We are interested in the specificity of London as a particular socio-political space and  
31 how this shapes the form and content of advocacy mobilised from here based on an  
32 analysis of international association data (UIA, 2007). In 2005, the UK concurrently held  
33 the presidencies of the G8 and EU which offered unique opportunities to press for key  
34 global commitments around HIV and AIDS. We identify and explore issues related to the  
35 ‘reach’, ‘scale’ and embeddedness of London-based advocacy and how it is shaped by  
36 local, national and international contexts by reviewing the websites of member  
37 organisations of the UK Consortium on AIDS and International Development (UK-  
38 CAID). We focus in particular on the case of the UK’s Department for International  
39 Development (DfID) role in the construction of the UK’s HIV and AIDS Strategy  
40 (2004b) in the mid-2000s, and the capacity of the UK-CAID to influence the formulation  
41 of this Strategy. Through this example we argue that the ‘developmentalisation’ of AIDS  
42 strategy is a feature of the UK-based global response to HIV and AIDS.  
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47 Section Two examines different theoretical approaches to the relationship between global  
48 and local activism and advocacy. We move away from approaches that conceptualise  
49 transnational activism by counterposing local and global scales, preferring instead an  
50 approach that seeks to understand how global relationships are built-up and routed  
51 through places. Section Three examines the case of TANs in London. It explores how the  
52 global governance of HIV and AIDS in, and through, London can be understood as a  
53 specific articulation of HIV and AIDS as a global issue, shaped by the interplay of local  
54 organisational landscapes with opportunities to connect with distanced networks of  
55 transnational activists.  
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## 2. THEORISING TRANSNATIONAL ADVOCACY NETWORKS

Efforts to theorise social movement activity at the transnational level are generating new ways to conceptualise socio-political space and the agency of actors engaged in contentious politics. Writers using a range of social science approaches are challenging the dualism of local versus global politics by broadening our understandings of the practices, processes and structures implicated in political action. In this section we examine recent developments in social movement theory which contribute to an analysis of the spatial politics of TANs. We build toward an analytical approach that recognises the significance of place and location in shaping HIV and AIDS activism.

Tarrow's (2005) work on the 'new transnational activism' offers social movement scholars a framework for rethinking transnational contention. He focuses on *internationalism* as the key to understanding the formation of transnational movements and the opportunities and constraints for collective action. Internationalism involves a triangular system of states, non-state actors, and international institutions such as the United Nations, the IMF and World Bank, and NATO, and Tarrow is interested in specifying processes and mechanisms which create linkages between domestic activists with the international system. Expanding on earlier work that identified political opportunity structures largely within domestic spheres, Tarrow investigates the political and institutional contexts which facilitate transnational mobilisation and which enable non-state actors including NGOs, advocacy groups and transnationally networked groups of experts to make their claims at the international level. Tarrow's work strongly argues for the continuing centrality of nation-states, both in terms of their domestic politics and the international institutions that they have put into place to manage global governance. Simultaneously, he reminds us that many transnational activists are best viewed as 'rooted cosmopolitans' who are primarily embedded in domestic politics but may find themselves mobilising resources and networks across borders in pursuit of specific goals which lend themselves to claims-making within international institutions. Tarrow's work, therefore, is useful in drawing attention to the interactions between embeddedness and the reach of activists.

Another strand of social movement research, emerging from human geography, envisions movement activity as an assemblage of diverse spatial strategies of claims-making. Leitner *et al* (2008) take issue with Tarrow and other social movement researchers who give too much primacy to the role of the nation-state and international institutions. Instead they view contentious politics in terms of its counter-hegemonic underpinnings involving differently positioned participants who join together to promote 'alternative imaginaries.' They favour an approach which recognises multiple spatialities connecting places, scales, networks, and mobilities, and which examines the ways in which these spatialities are co-implicated in contentious politics. Leitner *et al* (2008) draw attention to the ways in which power differentials shape the contours of transnational advocacy. As they argue (*ibid*, 159): 'To the extent that contentious politics interacts with the state, the strategies available will be shaped by state-constructed scalar configurations and the different conditions of possibility within local places.' On this understanding, we can recognise that the global governance structures which have emerged in response to HIV

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4 and AIDS are situated within the state-constructed scalar hierarchies, thus reflecting and  
5 reinforcing existing inequalities in the global system. In turn, international donors and  
6 international organisations (such as The Global Fund) have tremendous power in  
7 determining the priorities and activities of the global response to AIDS, with the USA  
8 playing a decisive role in policy formation through its influence over supra-national  
9 institutions of global governance (for example, UNAids and the UN Millennium  
10 Development Goals).  
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14 These approaches to the geography of movement activity draw attention to the  
15 embeddedness of ‘global’ activism and advocacy in national and sub-national  
16 institutional contexts, and the ways in which movement activists are constantly involved  
17 in ‘scaling-up’ their activities or ‘reaching out’ to build networks. It is in this sense that  
18 we suggest that transnational politics is fundamentally embedded in and routed through  
19 particular places (Barnett, In press). Appadurai (2001), for example, using the example of  
20 urban social movements in Mumbai, argues that the lateral reach of such movements –  
21 their efforts to build international networks or coalitions of durability with their  
22 counterparts across national boundaries – is in large part shaped by the ‘depth’ of their  
23 engagement in local contexts. Likewise, Stark *et al* (2006) ask whether civic  
24 organisations can be both locally rooted and globally connected. They find there is not a  
25 forced choice between foreign linkages and domestic integration. Their work moves  
26 beyond a dichotomy between footloose experts versus rooted cosmopolitans, to suggest  
27 an analysis of the ways in which different sorts of local relationships encourage or hinder  
28 spatially extensive styles of engagement (Cox, 1998).  
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34 A more complex understanding of the dependence of transnational advocacy on locally  
35 embedded relationships leads to a more sober evaluation of the potential of such activity.  
36 For example, Seckinelgin (2005) offers a cautious tale in regards to the capacity of NGOs  
37 to exercise agency within the HIV and AIDS governance system, particularly in terms of  
38 effecting long-term sustainable changes embedded in community-based approaches as  
39 opposed to short-term relief based interventions. NGOs are in a sense contracted to  
40 implement the policies proscribed by international donors and policymakers. Seckinelgin  
41 argues that within the HIV and AIDS governance system, NGOs are habitually cast as  
42 being ‘closer’ to the people on the ground, and therefore capable of identifying the needs  
43 and representing the interests of the target populations (c.f. Ferguson and Gupta, 2002).  
44 However, in a highly competitive funding market, NGOs are compelled to adhere to  
45 certain norms and adopt particular practices which are amenable to the priorities of  
46 powerful funding bodies. As NGOs navigate through these uneven power relations with  
47 donors, they may find their relationships with the communities they serve are altered and  
48 even weakened. As a result, the place-sensitive agency often attributed to NGOs is  
49 limited by the unequal power relations characterising the HIV and AIDS governance  
50 system.  
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56 Ingram’s (2010) research on the development of the US President’s Emergency Plan for  
57 AIDS Relief (PEPFAR) resonates with these theoretical and empirical arguments  
58 concerning the opportunities and constraints that exist for activism and advocacy at  
59 different scales of governance. Ingram views the international response to HIV and AIDS  
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4 as evidence of the governmentalization of security. In his view, the pandemic was framed  
5 as an issue of international security to be managed through the application of  
6 governmental rationalities to secure the welfare of populations, as opposed to a more  
7 narrow view of security as linked to the sovereignty of states. Rather than viewing this as  
8 a break with the history of geopolitics, Ingram argues that it is best interpreted as an  
9 accommodation between geopolitics and governmentality. And in this accommodation,  
10 Ingram extends understandings of governmentality by making room for the role of social  
11 movement dynamics. This creates space to examine the role of TANs as insiders and  
12 outsiders in HIV and AIDS governance, the contested understandings of appropriate  
13 responses to the pandemic, and the opportunities and constraints presented by the  
14 complex configuration of the global governance regime.  
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19 A range of work in political sociology, human geography, urban studies and development  
20 studies therefore indicates that global politics goes on in particular places, at particular  
21 times (see Sassen, 2008). The embeddedness of transnational advocacy networks in  
22 places underscores the importance of particular locations in mediating the emergence of  
23 ‘global civil society’ and ‘transnational publics’, not least as locations for key events  
24 through which global policy making is performed in real-time and coordinated through  
25 time (Hajer, 2005). The uneven geography of place-embedded transnational civil society  
26 has implications for the strategic coordination of advocacy networks. Events such as legal  
27 cases, international conferences and policy meetings on international governance and  
28 corporate AGMs, all provide event-spaces that shape the temporal rhythms of activism  
29 and advocacy. In turn, examining the activities of TANs provides an opportunity to  
30 develop an understanding of the strategies adopted to coordinate diverse interests and  
31 varied actions over space and time. The ways in which HIV and AIDS has transformed  
32 the connections between different aspects of everyday social and political life whilst  
33 simultaneously being framed at different scales of governance and policy initiatives, has  
34 meant activists have to co-ordinate, and work within, multi-faceted and multi-sited  
35 advocacy responses (de Sousa Santos and Rodríguez-Garavito, 2005).  
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41 In principle, the network form of organisation offers extensive possibilities for activists  
42 and institutions – whether in coalitions or campaigns – to operate simultaneously at the  
43 many different sites at which opportunities to effect social change are understood to be  
44 located (Farmer, 2005; Marais, 2005). Therefore, transnational networked organisational  
45 forms provide the means of including a diverse range of interests and organisations that  
46 are focused on aspects of the HIV and AIDS pandemic (Piper and Uhlin, 2004). At the  
47 same time, these networks are embedded in particular places which serve as ‘nodes’,  
48 locations which correspond to concentrations of key governance and corporate control  
49 functions. In the case of HIV and AIDS governance, London, New York, Washington  
50 DC, and Geneva host a high proportion of international meetings addressing different  
51 aspects of global HIV and AIDS policy (UIA, 2007) (see Marx et al., 2006).  
52 Furthermore, the UK, USA and Switzerland comprise three of the top four countries  
53 hosting international organisation headquarters (UIA, 2007). Clustered around these  
54 concentrations of international organisations are similarly high concentrations of civil  
55 society actors involved in coordinating TANs. As a result, actors and activities clustered  
56 in these locations play a key role in the strategizing of advocacy networks. In the next  
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4 section, we elaborate further on the ways in which this clustering is instrumental in  
5 shaping ‘global’ responses to HIV and AIDS.  
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### 9 **3. THE LOCAL POLITICS OF GLOBAL HIV AND AIDS GOVERNANCE**

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11 London has a long history of being a node in transnational advocacy networks, largely as  
12 a result of being at the centre of Empire and Commonwealth (Israel, 1999). From the  
13 early 20<sup>th</sup> Century, it has been at the hub of a vast network of colonial and then  
14 international development networks (Kothari, 2006). These networks themselves  
15 constitute development through transnational relations (Bebbington and Kothari, 2006)  
16 that are informed by a recognition of London’s links to places marginalised by other  
17 London-based processes such as a coordination centre for global financial flows (Massey,  
18 2006). In relation to HIV and AIDS, the UK government was one of the first to respond  
19 more liberally to HIV and AIDS (by, for example not tying aid to conservative  
20 contraception policies), and by the early 1990s many HIV and AIDS activists from other  
21 countries had been attracted to London (pers comm. VK Nguyen 2010).  
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26 The analysis in this section focuses on the organisational landscape of London between  
27 2003 and 2007 following the temporalities of key advocacy moments around global  
28 governance initiatives in which TANs sought to advance their agendas. It looks in  
29 particular at a process of policy consultation and formulation around the UK  
30 government’s HIV and AIDS strategy between 2003 and 2005. A key London-based  
31 organisation is the UK Consortium on AIDS and International Development (UK-CAID)  
32 which actively developed links with South Africa’s Treatment Action Campaign (TAC)  
33 in transnational advocacy campaigns. The UK-CAID is important for the analysis  
34 elaborated on in this paper because it brings together many UK organisations focused on  
35 HIV and AIDS and co-ordinates responses to the UK government in the process of  
36 formulating the UK government’s HIV and AIDS strategy (see for example, Athersuch,  
37 2008).  
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42 In this section, we develop an understanding of the geographies of global governance of  
43 HIV and AIDS by attending to the place-specific characteristics of the HIV and AIDS  
44 TANs that are embedded and routed through London. In the first part of the section, we  
45 examine the concentration of UK-based HIV and AIDS organisations in London that are  
46 members of UK-CAID. More than half of London-based organisations which primarily  
47 focus on HIV and AIDS aim to serve local beneficiaries. We argue that activists in these  
48 locally-focused organisations participate in the ‘global’ governance of HIV and AIDS  
49 primarily through their associations with long-standing, well-known development  
50 charities. Our analysis suggests that the international or global outlook of HIV and AIDS  
51 governance from London emerges because these charities with their international  
52 geographies have incorporated HIV and AIDS into their work with marginalised  
53 populations in other countries. But these networks have a historical-geographic  
54 specificity, so that the networks that constitute London as a node enable TANs to  
55 mobilise power more effectively in relation, for example, to South Africa than  
56 neighbouring Mozambique. Part of the answer also lies in the process we examine in the  
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4 second part of this section, which explores how activists in London-based organisations  
5 participated in developing the UK government's international strategy on HIV and AIDS.  
6 The consultation process around the formulation of the UK government's HIV and AIDS  
7 strategy suggests that local politics in London as well as the tensions inherent in the  
8 production of such policy documents also matter to the global governance of HIV and  
9 AIDS.  
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### 14 3.i). Mapping local landscapes of global HIV and AIDS advocacy

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16 Our case study is based on the analysis of the HIV and AIDS organisations that the UK-  
17 CAID claimed and identified as members in 2007. The web pages of the UK-CAID  
18 member organisations were evaluated to determine the geographic location of each  
19 organisation (by city) and to obtain each organisation's mission statement, beneficiaries  
20 and geographic scope of activities (Hogan, 2008; Madge, 2010). In so doing, we took  
21 each organisation's mission statement as a description of its aims and objectives. The  
22 mission statements were evaluated as summaries of the organisations' activities and  
23 operations and as constituting their 'virtual presence' (Shumate and Dewitt, 2008)  
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27 The results of this analysis showed that of the 90 organisations that presented complete  
28 data<sup>1</sup>, 70% (62 organisations) were based in London. The only other city to host more  
29 than one or two percent was Oxford at 4%. Thus, London is the most important location  
30 for the largest United Kingdom-wide Consortium of organisations working on HIV and  
31 AIDS. An analysis of the mission statements of the London-based organisations was  
32 based on their primary and secondary focus. This revealed that approximately 29% of the  
33 organisations were primarily focused on HIV and AIDS. However, the largest category  
34 (71% of organisations) had incorporated HIV and AIDS concerns into their primary focus  
35 of, for example, development, health, education, faith. This suggests that the activists in  
36 TANs that constitute London as a global governance node bring the networks of their  
37 substantive interests to bear on HIV and AIDS rather than being primarily and  
38 fundamentally constituted by the various HIV and AIDS epidemics.  
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43 When viewed in terms of the second stated purpose contained in the mission statements,  
44 approximately 30% are providing services to other organisations. 'Services' were broadly  
45 interpreted as providing support to other organisations, whereas other organisations were  
46 more specific in identifying, for example, advocacy, research or representation as a  
47 second stated purpose. The second largest category (20%) of specified second stated  
48 purposes was those organisations involved in advocacy. Assuming affinities between  
49 activities related to 'research', 'advocacy', 'service' and 'fundraising' the data  
50 aggregating the stated secondary purposes suggests that 60% of organisations are part of  
51 professional or technical networks that support other organisations. Notably, in 2007 no  
52 organisations had a primary purpose of representing people living with HIV and AIDS in  
53 London or the UK and only 4% of organisations have a secondary purpose of  
54 representing PLWA.  
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59 <sup>1</sup> Two organisations listed in the membership database presented incomplete data and were excluded from  
60 the analysis.  
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6 The view that emerges from this survey of the organisational landscape of HIV and AIDS  
7 organisations in the UK is that they are primarily London-based, they relate to HIV and  
8 AIDS from established sectoral perspectives, and the majority provide professional,  
9 advocacy or technical services to support other organisations around the world. When the  
10 data was then further filtered to evaluate the work of London-based HIV and AIDS  
11 organisations, 50% of the organisations are engaged in ‘research’, ‘service’ or  
12 ‘advocacy’ confirming the broader trend amongst all the organisations.  
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15 The geographic focus of operations of London-based organisations that have HIV and  
16 AIDS as their primary purpose indicates that 53% are focused on the UK and that 47%  
17 have an international focus. In terms of organisations that have HIV and AIDS as a  
18 second stated purpose, the geographic focus is exclusively international. In other words,  
19 the majority of organisations focused explicitly on HIV and AIDS in London work on  
20 local rather than global issues. The ‘international-ness’ of the London-based  
21 organisations is derived from existing organisations with existing international remits and  
22 which have incorporated HIV and AIDS into their work.  
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26 In sum, in the UK there is a marked concentration of HIV and AIDS organisations that  
27 were members of UK-CAID in London. However, London-based organisations do not  
28 necessarily have an international orientation as their primary focus; they are as likely to  
29 primarily serve local London beneficiaries. This key finding raises important empirical  
30 and conceptual questions which we aim to address further below. Most significant, we  
31 argue that it suggests that the international or global outlook of HIV and AIDS  
32 governance from London emerges because international development charities with a  
33 history and infrastructure with particular geographies have incorporated HIV and AIDS  
34 into their work with marginalised populations. This means that these TANs constitute  
35 London as a particular node of ‘development and HIV’ in the global governance of HIV  
36 and AIDS, and these place-based networks both enable and constrain activists to mobilise  
37 power to achieve their agendas. We now want to consider how local organisational HIV  
38 and AIDS politics around funding, activities, and strategising might seep into and shape  
39 ‘international’ responses. In 3.ii), we examine how the concerns of London-based  
40 organisations are raised in relation to the formulation of the UK’s HIV and AIDS  
41 Strategy.  
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### 47 3.ii). The local politics of global HIV and AIDS strategies

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49 In 2003, DfID was tasked with preparing the first comprehensive UK government  
50 strategy on HIV and AIDS in the developing world. DfID distinguishes itself as the “UK  
51 government department responsible for promoting sustainable development and reducing  
52 poverty” within a framework of the Millennium Development Goals (DfID, 2004b). UK-  
53 based organisations were recognised as key stakeholders and their activities and concerns  
54 were taken into account in the consultation processes through which this strategy was  
55 developed, without necessarily influencing the final outcome of this process. Here, we  
56 want to consider the role of the UK-CAID in the preparation of the UK government’s  
57 HIV and AIDS strategy document. Documents can be considered as important artefacts  
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4 of policy making and therefore can provide rich sources of data for researchers (Freeman  
5 and Maybin, 2011). The sequential analysis begins with DfID's initial Consultation  
6 document on the 'UK government's strategy on HIV and AIDS in the developing world'  
7 (DfID, 2004a) before considering the UK-CAID's response and the final policy  
8 document 'Taking Action'. All three documents were analysed from an 'organisational  
9 field' perspective (Davis and Zald, 2005). This involves identifying explicit reference to  
10 the existence of networks, relationships and activities that suggest the implicit need or  
11 existence of a network, as well as silences in the text about organisational relationships  
12 and networks.  
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16 The first stage of DfID's consultation involved the circulation of a consultation document  
17 to "civil society [organizations], NGOs, international, multilateral and donor bodies, the  
18 private sector and developing country Governments" (DfID, 2004a). Here, a key  
19 questions is identified: 'what role should the UK government play in the global response  
20 to HIV and AIDS?' (DfID, 2004a). The document is structured around five key areas that  
21 have been identified by DfID as "essential to a global response" (DfID, 2004a). These  
22 five areas are "Focusing on the poor", "Scaling up evidence-based interventions",  
23 "Building effective national responses", "Improving efficiency and effectiveness of the  
24 international response", and "Investing in long-term solutions". The consultation  
25 document invokes a sense of a relatively inclusive network approach spanning many  
26 different parts of the world, working across different scales of government and being  
27 quite detailed and explicit about interventions at a very local level. DfID is presented as  
28 able and willing to (continue) playing a global, co-ordinating role in responses to the  
29 epidemic. The consultation document presents a view in which 'global' co-ordination  
30 involves 'vertical' state-constructed hierarchical styles of targeted intervention rather  
31 than simply 'horizontal' networked co-ordination of global responses. This spatial  
32 imaginary of global co-ordination is premised on the existence of an extensive 'network'  
33 of organisations, agreements, governments and other agents. Nevertheless, people living  
34 with HIV and AIDS are not directly present in this stage of the consultation process,  
35 reflecting in part the relative weakness of London based activists in directly advancing  
36 the interests of PLWA and/or the relative absence of such organisations in London.  
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43 The UK-CAID's (2004) concerted response to DfID's consultation paper was presented  
44 as the contribution of a network of NGOs working on international development, even  
45 though its members include companies and member-based representative organisations.  
46 The UK-CAID members and drafters of the DfID document evidently shared the  
47 assumption of the existence of a broad range of organisations that needed to be  
48 networked more effectively. There is a high degree of consensus between the DfID  
49 document and UK-CAID response. However, while the UK-CAID response seeks to  
50 refine the initial DfID consultation, this serves only to underscore the degree to which the  
51 finally published strategy departs significantly from the direction that the consultation  
52 process itself followed.  
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56 The main emphasis of the UK-CAID response was upon issues of accountability and  
57 legitimacy. In short, it was not the role of networks per se in generating effective strategy,  
58 but rather the precise function of these networks that is problematised by activist and  
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4 advocacy organisations. Questions from UK-CAID members focus on who should call  
5 whom to account in these networks? And who should be recognised as a legitimate actor  
6 within the network? For example, UK-CAID members point out that although the  
7 strategy is aligned with a pro-poor agenda, poor people have not been part of the  
8 consultation process. People living with HIV and AIDS are left out, again reflecting the  
9 limited power and presence of such activists in London.  
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13 Context-specific issues permeate the consultation debate. For example, UK-CAID  
14 members question whether the UK's domestic ambiguity about breastfeeding undermines  
15 their potential to play a global leadership role. One of the ways that it appears that  
16 organisations will be recognised and allocated a role in the 'global' network is on the  
17 basis of whether they 'add value' – the definition of which itself was part of new public  
18 management reforms within the UK (Berg, 2001). UK-CAID members contrast DfID's  
19 view of themselves as a 'global' co-ordinators with the local politics of the UK still not  
20 contributing the promised 0.7 per cent of GDP to development aid. UK-CAID members  
21 also draw attention to migrants and migration – two issues that are critical to the spread  
22 of HIV and AIDS and important for a cosmopolitan London and yet are not mentioned at  
23 all in the DfID document. Finally, UK-CAID members question DfID's sole gaze  
24 outwards to the 'developing world' without clarifying how HIV and AIDS issues will be  
25 integrated into UK domestic government practices. Despite the recognised global  
26 outlook, there are numerous comments about the partiality of DfID's support for existing  
27 international agreements (for example, the omitting references to the internationally  
28 agreed principle of Greater Involvement of People living with Aids (GIPA)). UK-CAID  
29 members' queries thus highlight a number of existing international agreements that DfID  
30 does not mention but should, given the 'global co-ordination' role it has adopted.  
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36 The final strategy document (DfID, 2004b) which emerged from this consultation process  
37 indicates both the potential and limits of advocacy organisations in shaping global  
38 governance regimes. The DfID consultation document and the final strategy are very  
39 different, and in significant respects the politics of departmental positioning and  
40 budgeting appears to have trumped the activities of the TANs and activists within DfID  
41 (DfID, 2004b). The final strategy did include various substantive emphases that reflected  
42 expressed concerns of UK-CAID members. These included the recognition of the value  
43 of a human rights approach to HIV and AIDS (page 13) and a very strong emphasis on  
44 women, girls and vulnerable groups such as children (page 1). The existence of other co-  
45 ordinating organisations (such as the African Union) is also far more prominent than  
46 before (page 3 and 28). There is also far more attention paid to the existing international  
47 agreements and how DfID will support these (page 2). However, the final strategy puts  
48 primary emphasis on the role of nation-state institutions (pages 64-66), so that the  
49 development TANs that help constitute London as a node are relatively marginal to the  
50 final strategy. The original emphasis on the need to adopt a flexible approach to  
51 intervening at different scales is replaced by a clear preference for working through the  
52 sovereignty of individual states (page 64). The 'global co-ordination' originally  
53 envisaged by DfID is replaced by an international diplomacy perspective (page 28)  
54 (DfID, 2004b). There is much more emphasis on 'supporting' existing agreements than  
55 'leading' global co-ordination (page 4). The final strategy neither picks up on issues of  
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4 migration to London nor makes any reference to UK domestic HIV policies. In short,  
5 then, while some of the content of the final strategy reflects the input of advocacy  
6 networks, the procedural dimensions of this example of global strategy towards HIV and  
7 AIDS give a more diminished role to transnational networks than was envisaged during  
8 the dialogic consultation process.  
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#### 10 11 **4. CONCLUSION** 12 13

14 While transnational networks are acknowledged as an important feature of contemporary  
15 HIV and AIDS politics, our case study of TANs that work through London draws  
16 attention to the significance of place and location in shaping the role of transnational  
17 advocacy. We have focussed on the distinctive geographies of HIV and AIDS TANs, in  
18 which particular places come to play pivotal roles in articulating spatially extensive  
19 networks (Lindquist, 2004; Miller, 2000). The embeddedness of networks in particular  
20 places provides the potential for access to national and international policy forums. Yet  
21 the potential influence thereby revealed is limited by the extent to which transnational  
22 advocacy remains dependent on the opportunities provided by the geopolitics of such  
23 fields of governance.  
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27 We have argued that the operations of HIV and AIDS TANs cannot be understood  
28 through a simple conceptual binary of the local and the global. We have proposed instead  
29 an analytical approach that explores how global relationships are built-up and routed  
30 through particular places. The example of policy-making centred around policy and  
31 organisational networks located in London suggests the need to think through the  
32 complex articulations of place-based mobilisations, embedded opportunity structures, and  
33 variable capacities for projecting influence over spaces. The specificity of London as a  
34 nexus of international flows and circulations as well as a scene of national and  
35 international governance means that TANs embedded there are able to exert some  
36 influence in shaping global governance regimes, but this influence is inflected by the  
37 organisational specificities of networks in this place. What we have suggested through  
38 this example is that the global governance of HIV and AIDS is not simply a response to a  
39 generically 'global' problem, but emerges from locally embedded articulations of HIV  
40 and AIDS as an issue with spatially extensive consequences.  
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Author details

1  
2 Colin Marx  
3 Development Planning Unit, UCL  
4 34 Tavistock Square  
5 London  
6 WC1H 9EZ  
7

8  
9  
10 [c.marx@ucl.ac.uk](mailto:c.marx@ucl.ac.uk)  
11

12 Abigail Halcli  
13 Department of International Relations, Politics and Sociology  
14 Oxford Brookes University  
15 Gibbs Building,  
16 Gipsy Lane,  
17 Oxford  
18 OX3 0BP  
19

20  
21  
22 [ahalcli@brookes.ac.uk](mailto:ahalcli@brookes.ac.uk)  
23

24 Clive Barnett  
25 Faculty of Social Sciences  
26 The Open University  
27 Walton Hall  
28 Milton Keynes  
29 United Kingdom  
30 MK7 6AA  
31

32  
33  
34 [c.barnett@open.ac.uk](mailto:c.barnett@open.ac.uk)  
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