

Malaria Control and Public-Private Partnerships:

An Emerging Discourse of Seriousness

Obi Ojimiwe

INTRODUCTION

This paper essentially does two things: first it casts a spotlight on the continually rising profile of public-private partnerships (PPPs) in international development relationships as a way of emphasizing that the 21st century aid architecture allows donor governments to reformulate their role while accelerating the integration of private sector actors into the delivery of international development. Secondly, using Nigeria’s malaria control programme as case study, the paper develops a framework for understanding how the rapid changes occasioned by the rise of PPPs, as an alternative form of aid delivery, have become instituted without much political contestation by the countries that bear the brunt of these changes.

Public health partnerships between global private entities and the state in recipient countries are given cover by international organisations such as the World Health Organisation (WHO), The Global Fund, and the Roll Back Malaria (RBM) partnership. This level of cover confines the state in recipient countries to a weakened platform in the way that the terms of partnership are negotiated. They thus find themselves compelled to take a series of policy options, such as import tax waivers, that are not necessarily in the interest of their domestic economies. The paper argues that conformity to such policy options is based on the logic of demonstrating a serious-mindedness imagined as necessary to maintain a favourable relationship with development partners

PPPs are a fairly common approach to sharing the risk of delivering services between the state and the private sector or other non-state actors in western countries. In the UK for example, the approach started about 30 years ago with the Channel Fixed Link, intensifying with the Private Finance Initiative (PFI) introduced in 1992. PPPs allow governments to access private sector funds in providing and improving public services such as health and transport services. They also allow government to circumvent public sector borrowing limits through partnership with private sector investors.

The element of PPPs that is germane to this paper however is their incarnation from the late 1990s as a way of extending development assistance to developing countries. It therefore draws inferences from Nigeria’s malaria control programme, based on fieldwork carried out in the country in 2011 to research the way external actors interact with state and non-state actors as they render development assistance in the public health arena.

Following George Marcus’ multi-sited ethnography, the paper does not merely draw broader generalizations from the research in explaining contemporary trends in global health, but interrogates global events and policies in the way the local world of malaria control in Nigeria is understood and explained. It does this by interpreting the intensification of the PPP model as promoting a particular mutation of post-Westphalian politics which has the effect of disciplining national reaction to global health policies. I conclude that malaria control in Nigeria, as part of this nascent global health architecture, has become enmeshed in a discursive system of rationality. It seeks validation by embracing a specific type of seriousness calculated to impress global ‘partners’.

GLOBAL HEALTH GOVERNANCE AND THE EMERGING DISCOURSE OF SERIOUSNESS

There are a number of ways in which the response of recipient states to global health governance is disciplined. Crucially, the way in which the policy framework in developing countries is integrated into the global policy agenda is for the former to mimic the latter. Most, if not all, of the policies for controlling malaria in endemic countries are preceded by counterpart global frameworks. For a national monitoring and evaluation (M&E) framework, for example, there’s a Global M&E framework; national malaria action plans have the Global Malaria Action Plan (GMAP) to draw inspiration from. The first test of how serious a country is in its efforts to control malaria is how aligned to the global plan the national plan is. Because international organisations are major sources of funding, the national plans often do not deviate from what is expected of them; many of them are simply national versions of the global plan. At the national level, care is taken not to be seen promoting measures that have not been given a global seal of approval, lest funding becomes a problem; nor will measures be disregarded if they rank highly on the global agenda.

International organisations also realize that if there is going to be any deviation from agreed plans it will occur during implementation. The coordination and monitoring machinery is therefore very strong on the ground. A representative at the Support for Nigeria’s Malaria Programme (SUNMAP), a programme initiative that works closely with the UK Department for International Development (DFID) put it this way:

Our situation as a programme is quite unique because as it relates to our function and mandate we are almost embedded within the DNA of the malaria control programme itself...but ultimately they recognise that if they want something done and done well, this is where they need to go. And as part of the coordination structure for the programme there’s a technical sub-committee structure around specific knowledge areas (Interview 1)

This coordination structure built around technical sub-committees also creates the channels of influence for external actors and gives them an active role in the way policy is formulated and implemented. For the international organisation, two things are vital: one is to be seen as doing something practical in response to the problems they intervene in, and the other is for the adopted measures to be able to produce encouraging statistics. For this reason, emphasis is placed on technical interventions because they are understood as sufficient responses to the problem at hand. A heavy dependence on external sources for funding also means that the domestic bureaucratic apparatus is expected to keenly follow the pattern of emphasis laid down by donors. This is one fundamental way in which such overwhelming external assistance can become counter-productive. For the country receiving malaria control assistance, being confined to thinking about the problem in terms of purely technical solutions, which outsiders are infinitely more capable of providing, robs it of the potential that the challenge of dealing with malaria has for stimulating inventiveness or of engineering a way of knowing which might spill into other socio-economic endeavours. External assistance, by its very nature, leaves very little room for developing internal capacities, even though the rhetoric of capacity building lends a moral positivity to assistance projects and often creates the appearance of local empowerment.

The everyday presence of international partners is not always so intensive. What is more important is how the programmatic tenets are articulated and enforced. Once these tenets are

agreed, what international organisations expect is that recipient countries demonstrate seriousness by adhering to them. As one participant at the World Bank office in Nigeria put it:

At every supervisory mission we generate what we call an ‘aide memoire’ which is like a consensus of what we agree with government on the project, what we are going to do and what we are asking them to do; what they have not done and we are asking them to do. At the state level, even at national level, we have what we call the project implementation unit which is like the eyes and the hands and the legs of the project for us at the federal and the state levels...It is on these bases that the states report to us on a quarterly basis and that is what we go to monitor also when we go into the field. We monitor the implementation of their plans; what are the bottlenecks and how can we help at the higher policy level to make sure that the project is implemented (Interview 4)?

This snapshot of the day-to-day engagement of international organisations with country counterparts shows how their influence filters to programme implementation level and is able to reinforce global policy directions rather than national policies. The representatives of donor organisations are energised by the conviction that plan implementation rather than the capacity for strategic planning is where everything falls apart for Nigeria. Their operations, especially with the strategic and resolute way in which they are carried out, are therefore meant to represent positive change for the country: a better model that offers the potential to strengthen country systems. What are often not transparent in these narratives is how the conceptualization of the problem is systematically controlled and how this type of control is in itself a problem for Nigeria. The perceivably ‘serious-minded’ ways of approaching the problem of malaria are part of a discourse that is built upon three main formations, namely the strategic deployment of language; the modernist construction of rationality; and the control of reporting.

As is demonstrated in malaria control, the language of development assistance is spoken to strategic effect. Chambers’ work on participatory development suggests that language and rhetoric support the practice of development. They produce many labels and ways of thinking and knowing which ‘hide underlying changes in philosophy and practice’. Rather than genuinely empowering local actors, international development tends to be quite invested in masking unequal power relations with various terminologies that create the impression of an organised process of empowerment. Chambers identifies ‘participation’ as one of such terminologies. It dominated development lexicon in the 1990s and was used to refer to development projects in which local people were organised into self-help groups under skeletal external supervision. According to Chambers, this was often rationalized as involving local people in development practice and allowing them to take ownership of projects, whereas it was in fact a ‘co-opting practice, to mobilize local labour and reduce costs’.

Linguistic manoeuvres in international development can and do take other forms, an example of which can be seen in the pronounced tendency to structure communication around acronyms. In malaria control, acronyms are so widely deployed that virtually every piece of literature opens with a very long list of acronyms used in the document. Some of the acronyms, such as Artemisinin-based Combination Therapy (ACT) are somewhat self-evident but others such as Roll Back Malaria Essential Actions Progress Investments Gaps (REAPING) or ITN Massive Promotion and Awareness Campaign (IMPAC) come across as

another opportunity seized to construct an acronym and what such tendencies reveal is an institutional desperation to do so.

The tendency to favour a shortening of expression into acronyms is a practice that goes back millennia and on the surface appears rather innocuous. But over time, aggregations of acronyms in specific contexts tend to operate as an applied form of language use: they focus attention and thinking along particular lines. The global-national dynamic is such that the commissioning of development programmes is communicated downward and local programmes communicate outcomes back upward. Each channel transcends national boundaries, and as such there is a perceived need for communication to be standardized. This creates an important role for acronyms and also has a considerable bearing on the way problems are analysed and responses evaluated.

Constructing the acronym SUFI for such an expression as ‘scaling-up for impact’ for example, guarantees that it is used with a regularity that has the effect of limiting the range of interpretation permissible in the context to which SUFI is applied. Practically any other way of expressing the same meaning stands in binary opposition to SUFI. Consequently, any scale-up exercise becomes confined within the context of what is understood as ‘impactful’ in international development terms. It is therefore vital that the epistemological ramifications of such widespread use of acronyms are understood. It is also vital that the way existing structures of power influence the elaboration of such notions as ‘impact’, within the context of international development, are understood in order to fully capture the knowledges that they distribute.

Another example of language use, specific to malaria control, is the official categorization of ACT medicines imported into Nigeria from the prequalified set of six foreign pharmaceutical manufacturers (named below) as ‘quality assured medicines’. This categorization represents rival local brands as lacking in quality even though their chemical composition and comparative efficacy may be quite similar to imported brands. In this case the category of ‘quality assured medicines’ becomes the standard and any government policy that negates this standard is easily viewed as compromising the health of its citizens. This does not mean that the recipient government is not at liberty to register local brands for sale; what it means is that the government will not consider it rational to refuse to register foreign manufactured brands even though such brands might have a considerable impact on the domestic pharmaceutical industry.

Developing countries are not bound to a specific model of seriousness merely by the construction of language and discourse according to some conscious rules. But the language and rhetoric dispensed through such policies as the Global Fund’s performance-based funding tends to exert a strong influence on behaviour and ends up as a subtle system of disciplining the responses of its recipients. In the case of malaria control, the discourse is further strengthened by the representation of the malaria disease as a global problem that is being addressed through a global network of partners. The universality of the problem and its immutable connection to the global development agenda is emphasised by the fact that the majority of development partners addressing the problem have their roots in non-malarial countries. The question for many endemic countries therefore is what membership of this network means and the minimum practices that are necessary to maintain it. In much the same way, as Cyril Obi noted that the state in Nigeria inexorably allies with multi-national oil companies in the Niger Delta conflict in order to secure the unhindered flow of oil rent, countries that see a benefit in maintaining the ‘right’ relationship with the network of

development partners feel the need to demonstrate a seriousness about dealing with the malaria problem by embracing standardized approaches and more importantly, practically disavowing non-standardized ones in order to be reasonably guaranteed of an unhindered flow of malaria control funding.

The implication of this malleability is two-fold: Firstly, the dominant partner in this relationship is empowered to construct communication in such a way as to take the coherence of that communication for granted. The ‘junior’ partner is driven by a need to validate his membership of the epistemic community, to which he imagines both parties belong, by demonstrating that they are unified by an understanding of the intricate language of this enterprise. To this extent, recipient countries explicitly endeavour to align practice with prevailing expressions such as ‘system strengthening’ and ‘disease centred approach’. Secondly, because there are two cadres of power within the network i.e. the national and the global, rationality is no longer locally defined: any local notion of rationality aligns itself with the global one. To the extent therefore that seriousness connotes making rational judgements and taking rational action, the privilege of articulating what is acceptable as serious-minded action becomes externalized.

The second formation that supports the discourse of seriousness is therefore the construction of rationality in such a way as to allow its usurpation by external actors. This is done mainly through the idealization of modernity and it works in malaria control the same way it works in practically every other form of encounter with global networks: the global way is represented as the modern way and hence the better way. The global way is also underpinned by modern bureaucratic structures that are understood, in the Weberian tradition, as demarcating the separation between patrimonial systems based on personal ties, and rational modern societies based on the specialized performance of individual functions and calculable rules. It is also understood as constitutive of western political and economic advancement and its absence largely explains system failure in most developing countries. It thus becomes the case that the rational way to approach development is the modern bureaucratic way or what Pritchett and Woolcock call ‘skipping straight to Weber’.

A negation of this understanding of rational development practice ultimately amounts to a negation of external presence which in turn negates the very logic of development assistance and suggests a lack of commitment to pursuing practical solutions. Insofar as all parties have to demonstrate seriousness therefore, there is as much effort from global networks to imbue ‘modern’ approaches on developing countries as there is on the part of the leadership in the latter to imbibe them. In the end, the countries that are perceived as more serious are the ones that adopt the modern way or the non-traditional, more rational way to a higher degree. Consequently, what development assistance entails is helping countries to become more ‘modern’. In the process it replaces local knowledge with expert knowledge, transporting western ways of doing things to local terrains and leaving, as Steve Reyna put it, dystopia in their stead.

This idealization of modernity’s expert knowledge regime has its own ramifications of power: as the norms of modernization are increasingly deployed, what emerges from the re-norming of local practices is a perceivable need for standardization and also the need to achieve a balance, between contending actors, that maintains such elements as ‘fairness’, ‘equality’ and human rights. In the spirit of this balance, bodies such as the World Health Organisation have become global custodians of best practices; they generate, regulate and enforce global norms on various countries in the ways they seek to develop. Also, global

standards such as ISO14001, GMP and TRIPS, although quite often voluntary are able to elicit acquiescence because they invoke a sense of responsibility and a need to demonstrate commitment to a common global agenda. The problem they have however is the tendency to impose on countries trying to develop, standards that restrain industrial performance. In the case of TRIPS, although the standardization they introduced has been discussed as a solution to previous chaos in the form of investigations, embargoes, sanctions, tariff barriers and retaliations between many countries before 1994 (when the agreements on intellectual property rights were signed), developing countries have mostly borne the brunt of adherence to the agreements. Again, the extent of seriousness is demonstrated by the degree to which these norms are embraced.

One of the participants I spoke to is a senior marketing manager in a Nigerian pharmaceutical company. In order to position itself better for WHO’s prequalification to supply ACTs to the Nigerian market, his company had yielded to the directive to stop manufacturing artemisinin monotherapies and chloroquine which were thought to increase the chances of parasitic resistance to ACT. As we discussed the relevance that the impending WHO prequalification inspection had to his company’s product portfolio, he said:

You see, for us in the manufacturing industry what we take into cognizance again is the marketing aspect. It doesn’t make any marketing sense, if WHO is saying this line is no longer the line of choice; it is like if you are doing this, you are doing a disservice; so you want to at least stop that very line and see how you can pursue what is obtainable and is ideal (Interview 5).

The frustration expressed by this pharmaceutical marketing manager shows that acquiescence to global plans is not always without reservation. It also forms part of the way the discourse of seriousness is reinforced; it creates the impression that all hands are on deck to deal with identified problems in developing countries. The guidance and direction of the dominant partners in the enterprise of development acquires a forceful idealism which is able to coax out acquiescence from recipient environments with minimal or no challenges.

The kinds of rationalizations that take place within development practice mean that once a situation is globally defined as a problem, it becomes expedient for it to be seen nationally as a problem. This is even more so today as development assistance is increasingly fractionalized and rendered through multiple levels of assistance. A new programme is set up to address practically every identified problem and funds are generated and disbursed through each programme for particular problems; examples abound in malaria control: Assured Artemisinin Supply System (A2S2); Voluntary Pooled Procurement (VPP); Affordable Medicine Facility for Malaria (AMFm); ACTwatch; CHAI Procurement Consortium among others. If there is no shared national-global perception of the problems projected through these programmes and a shared notion of the way the programmes should be organised, accessing the funds available through such programmes will simply be impossible. As it happens, national authorities in most developing countries conceive development needs as funding needs; if money is being disbursed through a programme, it is seen as always beneficial for the country to be part of the programme.

Part of the consequences of succumbing to externally imposed, Weberian forms of rationality is that the development agenda becomes highly protean. New technologies are often accompanied by new regulatory regimes. Usually the new regime disregards old technology and as such thwarts the agency of people in the recipient country who might have started to

adapt previous technologies in ways that produce multiple benefits to them. There is always a good reason given for abandoning the old approach for the new e.g. artemisinin mono-therapies might lead to drug resistance and as such should be banned.

In practise therefore, the behaviour of international organisations begins to look more like governance. If international organisations and their expanding cohort of private sector partners are invested with increasing authority within what are traditional spheres of state power, the question that such a trend provokes is whose interests they ultimately serve. For example the aggressive way in which malaria control commodities such as nets are being pushed in Nigeria is perceived by many as serving the interest of business more than of the people. Roll Back Malaria and its partners have, since inception, been active in intensifying the use of insecticide-treated nets (ITNs) for the prevention of malaria transmission, determinedly advancing a Global Malaria Action Plan (GMAP) that aimed to distribute 730 million nets globally, about 350 million of them in Africa between 2008 and 2010 alone. Mosquito net technology evolved from ITNs to long-lasting insecticidal nets (LLINs) when it became possible to integrate the insecticide into the polymer used in weaving the yarn the nets are made from. LLINs are thus able to offer protection for up to 4years rather than 3-6 months as was the case with ITNs. WHO’s policy evolved with this improvement in technology it was communicated to country programmes rather emphatically. It read in part:

WHO/GMP calls upon national malaria control programmes and their partners involved in insecticide-treated net interventions to purchase only long-lasting insecticidal nets (LLINs). LLINs are designed to maintain their biological efficacy against vector mosquitoes for at least three years in the field under recommended conditions of use, obviating the need for regular insecticide treatment

Accordingly, many malaria control assistance projects such as the World Bank’s Booster Project and DFID’s SUNMAP have incorporated LLIN distribution into their plans but the sentiment expressed by discerning Nigerians is that WHO’s position statement was only a response to the vastly increased local ability to convert ordinary nets to insecticide treated nets so that not just ITNs were being retreated but many enterprising individuals had deciphered the technology and were offering services based on making ITNs of any net. There is no evidence that this is the case but this kind of sentiment is further fuelled by the fact that the LLIN procurement policy adopted by the agencies and donors involved in malaria control follows the laid down WHO Pesticide Evaluation Scheme (WHOPES) which stipulates the quality standards for mosquito nets and prequalifies manufacturers’ products for procurement, putting local suppliers at a disadvantage.

The official response in Nigeria to such a policy shift at the global level is shaped by the need for national programmes to remain responsive to global health governance, but the clear directive that only LLINs should be purchased also provided a basis for questioning the real objective of the change; the only difference between the old ITNs and the LLINs was the duration of efficacy. While the former lasted six months the latter remained efficacious for 3-4years. In other words, within an initial six month window, ITNs worked as effectively as LLINs. It was thus felt that if universal coverage was indeed a crucial target, the continued deployment of ITNs in areas where LLINs were considered unaffordable or where implementation was delayed for logistical and other reasons could have been advised. This was a particularly compelling logic considering that the 63million nets intended for distribution in Nigeria was, quite apart from not being sufficient for universal coverage, already a logistical challenge.

By September 2011 close to a quarter of states in Nigeria were yet to be covered. It thus appeared that the nets distributed in some states two years earlier were going to hit their life span before the entire country would be covered. Nigerian net manufacturers were also unhappy that they could have played a role in plugging the gaps in net distribution but because the WHOPE standards were very stringent, they ended up being excluded from the supply chain for mosquito nets (Interview 2). This kind of exclusion is the natural outcome of basing national minimum standards on technologies that are not available domestically. In the end, foreign products that are able to attain those standards dominate local markets.

Malaria drug distribution was also beset by a similar disaffection by local manufacturers: following the National Antimalarial Treatment Policy in 2005, ‘the Federal Ministry of Health met with pharmaceutical companies to advocate for mass production and marketing of ACTs in pre-packaged, age-specific and colour coded blister packs’ (Roll Back Malaria 2008: 34) to aid home management of malaria. The meeting emphasized that ‘home management of malaria, supported by public information and Pre-Packaged Drugs (PPDs) can help to reduce malaria morbidity and mortality in children. The PPDs ensure that patients take the full treatment course at the right time’. However, in disregard of manufacturers’ incurred costs for updating their production processes to meet the objectives of the 2005 treatment policy, the government acquiesced to Global Fund’s decision to only prequalify six foreign firms for the supply of ACTs to the Nigerian antimalarial drugs programme namely Guilin (China); Ipca, Ajanta and Cipla (India); Novartis (France) and Sanofi-Aventis (Switzerland). As one participant involved with the programme put it, ‘WHO will stick its neck out for these companies because it’s given its seal of approval to these labs or to these manufacturers; they can assure you that these drugs actually contain whatever they claim to contain’ (Interview 6)

Again, Nigerian manufacturers felt excluded. Local pharmaceutical companies who felt disadvantaged by the process expressed that ‘the prequalification process is quite stringent; WHO looks at not just good manufacturing practices, they look at plants and equipment, factory outlay and even processes and working procedures’ (Interview 5). This is an enormous measure of power: WHO is able to indirectly regulate manufacturing practice in the country, enforce standards and decide what production lines are discontinued or maintained. However, against the background of Nigeria’s poor drug management record this policy was not difficult for WHO to justify. It was simply understood by all parties as necessary to guarantee the best quality medicines are delivered to the Nigerian malaria control programme. It however did not go down well with many discerning Nigerians. One newspaper report likened it to ‘what Zambian Economist Dambisa Moyo might refer to as “Dead Aid”: a donor supported programme comes in and destroys the promising local industry, making it inevitable that the country in question will always be aid-dependent’. Another report questioned the logic the government relied upon when it acquiesced to a policy that co-opts Nigerian pharmaceutical companies as distribution agents in Nigeria for foreign drug manufacturers, purely because the same drugs (ACTs) manufactured in Nigeria are not prequalified by WHO.

In spite of the malcontent they evoke, the way programmes such as net distribution and drug distribution are implemented is somehow able to endure because the state in recipient countries has very little choice but to acquiesce, partly in order to be identified as part of a concerted global effort for good but also to keep the funding stream flowing. They also endure in as much as donors are able to acquire reports that suggest their objectives are being realized. The donors decide how the success of such programmes will be assessed. Net

distribution may therefore be seen as successful because a large number is distributed in the community even though in reality the nets may largely be used for unintended purposes.

This ability to control how programmes are assessed and how their performance is reported is the third element in the systematized reinforcement of the discourse of seriousness. Progress is defined and reported on by global institutions. Global documents such as the World Malaria Report and the World Health Report are the regular media by which programme outcomes are disseminated. Poor countries are expected to take action and embark on programmes that would lead to what can be defined globally as progress. They therefore have very little choice but to work towards targets that are set by donors in order to standardize the reporting process for multiple national programmes.

This level of control over the reporting process gives external actors the privilege of deciding what the areas of focus should be. As Paul Driessen identified in a 2005 newspaper article, it is curious that international organisations declare insecticide-treated bed nets a successful strategy against malaria based on its 20% success rate but condemn the chemical DDT for not eradicating malaria completely. Such a proclamation clearly makes the use of insecticide-treated nets a better approach to controlling malaria than DDT and narrows the scope for independent policy assessments by individual countries.

Independent action by developing countries is further limited because they are grouped under the regimented aegis of international organisations; as the World Bank and the IMF supervise matters of economic structuring, WHO supervises matters of global health governance. This regimentation ensures that control of the channels through which progress or failure is reported is comprehensive. Global plans and targets such as the Millennium Development Goals (MDGs) and the Global Malaria Action Plan (GMAP) are therefore not just strategic objectives for solving health problems; they also operate as beacons of seriousness. It is the reports of accomplishments of such targets or what it would take to achieve them that developing countries are guided by in the way they undertake to demonstrate seriousness.

The Global Fund goes one step further, effectively incentivizing countries to demonstrate more seriousness through its performance-based rating scale (A: Meets or exceeds expectations; B1: Moderate; B2: Inadequate but potential demonstrated; C Unacceptable). The system means that countries taking what the Fund considers the right measures and achieving what is seen as the right results get more funding. This approach to funding confines national malaria control programmes to a framework that is externally controlled, even though some effort is put into giving it a national flavour, such as appointing representatives of various interest groups unto a country coordinating mechanism (CCM).

Beyond the rating scale, a process of pitching for funding is introduced. The standards of scrutiny are not just to ensure that funds are efficiently disbursed; they constitute part of the internal rules governing seriousness. Funds are released incrementally on the basis of demonstrated results as compared to set targets; where performance falls short, funds can be stopped as has happened in Nigeria, South Africa, Senegal and Pakistan or reduced as was the case in Kenya.

This approach seems to have had a profound effect on Nigerian programme officials. When the decision was taken by Global Fund to appoint a separate recipient in Nigeria to drive the adoption of rapid diagnostic tools as a malaria control intervention, Access Bank, one of the major banks in Nigeria initially expressed interest and subsequently pulled out. The

interpretation of the withdrawal of interest was that the bank might have found the task overwhelming. One official said ‘it is so technical and it is time consuming; you have to really put your foot down and say I’m going to work on this result or nothing’ (Interview 3). In other words, fund recipients have to conscientiously and continually demonstrate seriousness.

In its own pitch with Global Fund, the National Malaria Control Programme (NMCP) in Nigeria had occasion to put its foot down and demonstrate some seriousness: Global Fund initially had concerns about bureaucracy which almost ruled out NMCP as a principal recipient, but the way the Fund’s nod was eventually secured was for NMCP to demonstrate that lessons learned from a previous project commissioned by the World Bank, Health System Development Project 2 (HSDP2), would be integrated into malaria control to minimize bureaucratic interference (Interview 3), thereby committing the NMCP to limiting the range of governmental oversight of its activities as a way of demonstrating its malleability.

Pledging commitment in this way exemplifies the nature of contemporary relationships in development assistance. Rather than directly setting conditionalities that recipient countries must fulfil in order to have access to assistance packages, donors tend to instrumentalized are seriousness as the expedient attitude for such countries to exhibit in order to qualify for assistance. I have argued that this tendency has increased in tandem with the increase in corporate private sector participation in international development. I have also argued that the discourse that supports it compels local actors to function within globally drawn parameters of practicality and rationality in the way they seek validation.

CONCLUSION

In the absence of a global state apparatus to govern the conduct of global populations, the exercise of power within the international system has not overtly taken the Dahlian form in which power is compulsory and a source of power is able to compel others subject to that power to take action willy-nilly. Rather, systems of rule have been encoded into international relations in a way that ensures that global populations are disciplined by other forms of power.

What this paper has done is to highlight the deployment of what we may call the discursive power operative in the way international development provides cover for global corporate entities, donor countries and international agencies to govern the conduct of recipient countries by requiring demonstrations of seriousness about achieving globally set standards and globally designed development agendas.

The encoding of systems of rule can itself be imagined as infusing different types of rule into the process, for example the rule of language; the rule of statistical records and what one may call the rule of rational order in which case rationality is interpreted from within a cultural frame that validates action by virtue of demonstrable outcomes. It is from these various rules, and their conscious as well as unconscious enforcement, that discourses such as the discourse of seriousness emerge to steer developing countries along the paths constructed by these rules. The case of malaria control in Nigeria also demonstrates how this discourse of seriousness, with its own elements of language use; control of reporting for the purpose of keeping globally comprehensive statistical records; and the cultural usurpation of what is

understood as rational, is driving the commitment of endemic countries to externally generated plans for controlling malaria.

The instrumentalization of seriousness in this way has increased in intensity since the late 1990s as international companies have, in partnership with constituted authority in developing countries, invaded traditional arenas of bilateral and multilateral assistance with the technical calculus of efficiency more readily associated with business. Evaluations of this approach, broadly referred to as public-private partnerships or PPPs, suggest that it has delivered a number of benefits to malaria control in endemic countries but there is a flip side that reveals issues worth analysing. The first is its political economy. The PPP approach engages with international private actors differently from the way it engages with the domestic private sector in recipient countries. Global private companies are categorized as producers and the efforts of relevant agencies seem to be geared towards creating access to markets in recipient countries for their products while, on the other hand, actors in the domestic private sector are somewhat categorized as middle-men and are engaged, more often than not, in the distributive role of ensuring market saturation of foreign made goods imported into recipient countries in the name of assistance programmes. Examples of this trend exist in the way PPPs have operated in both malaria drug and mosquito net distribution. Similarly, Global Fund’s artemisinin drug distribution programme, Affordable Medicine Facility for Malaria (AMFm) was implemented in Nigeria in a way that disregarded Nigerian pharmaceutical companies in the supply of antimalarial medicines, engendering discontent in its wake.

It is therefore safe to conclude that as private companies play an ever-increasing role in international development, the imperative of reinforcing their authority places the onus on developing countries to explicitly demonstrate that they are willing participants in the emerging architecture of relations between global and local spheres. Understanding the way both donors and recipients are motivated, and the ability to adequately interpret their behaviours requires its own specific analytic model, such as is provided by the notion of seriousness as discourse.