Preface

My initial thrust to write a PhD dissertation about HIV/AIDS came in 2004, in the heyday of HIV/AIDS epidemic in India. At that time, “AIDS” was a fetish for NGOs. Almost all types of organizations from deforestation, dam development, energy/power, natural resource, disaster management, poverty alleviation, agriculture, nutrition, transport, urban pollution, waste management, to health, environment, education, sexuality, women, drugs, microfinance, faith, religion, culture, media and all other bizarre organizations had some kind of HIV/AIDS component built into their programs. I was working as a Program Officer with Population Foundation of India (PFI), a leading national level donor-NGO founded by India’s prominent industrialist JRD Tata in 1970, and later joined by other industrial entrepreneurs like DCM Sriram, JK Industries, and Kanoria group among others, who believed that India’s growing population was indeed a “problem” that somehow needed to be “controlled.” As a Program Officer, my role was to design and develop population and reproductive health programs, and monitor and evaluate the effectiveness of such programs that PFI funds to its grassroots level NGO-partners. Previously (2001-2003), I worked in the same capacity with a national level NGO, Mamta Health Institute for Mother and Child to implement community based care and support program for HIV infected and affected people in Delhi funded by International HIV/AIDS Alliance (India). Even before that in 2000-2001, I worked with another grassroots level NGO called SHARAN in Delhi to implement an HIV/AIDS project with drug users and conducted a research study on building supportive environment for HIV/AIDS patients in Delhi hospitals. So by the time the idea to write a PhD dissertation on this topic came to my mind, I had already worked on HIV/AIDS for at least 4 years, and gathered sufficient practical experience from the field.

PFI, since its inception in 1970, had never worked on HIV/AIDS as their focus was solely on “family planning.” In fact, it was known as a Family Planning Foundation until 1993. In 2004, something new happened to the organizational structure of PFI: A retired bureaucrat, Mr. A.R. Nanda, former Health Secretary of the Government of India took over the organization as the Executive Director. So far, an academician from any reputed educational institution in the country was chosen by the PFI Governing Board to lead the organization. Mr. Nanda as a well-informed and well-known bureaucrat in the policy and NGO-circle inherited the organization, which in every respect, was much similar to a government leviathan than an “NGO”. He was surprised to see that two decades had almost passed since HIV epidemic started in India, and yet PFI had not
undertaken any HIV/AIDS programs, nor reoriented its focus to reflect the changing priorities in the population and health programs that it funds. Nanda urged for a drastic change not only to include HIV/AIDS programs for funding, but also to reorient the nature and character of the organization from merely a donor agency acting more like a government entity to a corporate style mediating and leveraging institution — pulling in funds from various sources and disbursing it to the NGOs.

This “change” indeed started with a “big bang.” PFI’s initiation into HIV-business was conceived as the “Principal Recipient” (PR) of Global Fund Round 4 grant. So far, in the previous three rounds of Global Fund grant, Government of India remained the sole PR. For the first time in India’s history of receiving Global Fund grant, an NGO was conceptualized as the second PR, and that too was PFI. An organization that never worked on HIV/AIDS, that in the HIV/AIDS-circle was virtually unheard of, that lacked basic understanding and fundamental principles of working on HIV/AIDS issues, of course came not only as a surprise to other established NGOs engaged in HIV-business, but also as a disappointment and challenge for them. Reputed and more credible organizations openly protested this unjust system and actively lobbied to overturn the arrangement. They questioned the credibility of PFI at the first place to act as a lead-agency for an NGO consortium: an agency that had no previous training on AIDS issues, where workers were not sensitive to the issues of HIV/AIDS; where there was no qualified staff to handle a technically sound project, made it the worst possible choice. Yet Mr. Nanda as a former Health Secretary had all the power and influence to reach (and persuade) the right people in the Ministry of Health, and National AIDS Control Organization (NACO), where no one else could reach. So PFI without any opposition from any quarter unequivocally became the PR for the Global Fund Round 4 grant.

Something that motivated me two write a dissertation on this topic was that, during this time, I saw and experienced the worst possible politics of NGOs, the so-called apolitical, do-gooders, who were vying for power and influence to grab a portion from the Global Fund pie. To receive the grant, an NGO-consortium was conceived in which there would be five NGOs consisting of Engender Health, Freedom Foundation (FF), Indian Network for People Living with HIV/AIDS (INP+), Confederation of Indian Industry (CII), and Population Foundation of India, in which PFI would be the leader and the second PR after Government of India. But what made these five NGOs more worthy than others to be in the consortium remained questionable. One straightforward answer could be: without involving the HIV-positive people as per the Global Fund guidelines, this proposal could not have been implemented, so INP+ was
in; the proposal had to show something like “public-private partnership” as per the Global Fund’s norm, so CII was in; FF previously received NACO grant to implement Global Fund Round 2 proposal with the drug users, which made them a suitable choice. But what made the remaining two “leaders” as more capable and worthy, and why “inexperienced” PFI should lead the implementation of Global Fund program in India remained a puzzle.

Then came the proposal development phase. I, being one of the two persons in PFI who had earlier experience of working on HIV/AIDS along with four other consortium members were given the responsibility to design the Global Fund Round 4 country proposal for India. We were told to make a proposal for $300 million.

“What’s a lot of money…!” was my first reaction. However, in the midst of the proposal development, we were redirected to design a proposal of $175 million. As we ran through the program components and budgets, we constantly struggled to justify how to allocate such a huge sum of money on which head. The problem was that money was plenty, and I could not find a meaningful program/strategy that could be developed to consume all the money involved. We hired a consultant to help us develop this project. He charged his remuneration in US dollars, which in India, other than airplane pilots and employees of international NGOs was still not a commonplace. His consultancy fee was a whopping $14,000 per day which at the May 2004 exchange rate stood at more than $300 per day. Mr. G. Balasubramanian (henceforth Bala) was known as an “expert” consultant in reproductive and child health (RCH) and HIV/AIDS, who was flown from Chennai to New Delhi to help us develop the country proposal. Though at the end I realized, his contribution in the whole proposal was minimal and mostly “aesthetic” rather than practical. The Global Fund also sent two of its own hired consultants from Europe to PFI with practically little or no knowledge of India to help us develop the country proposal. At every stage of the proposal development, these consultants were forcefully imposing their version and understanding of the HIV/AIDS programs with little respect or acknowledgment to the voices coming from PFI staffs. I witnessed how powerful global institutions impose their will and shape the national policies of developing countries through these grants.

As the proposal, mainly components of program and budget justification was being developed, I found myself constantly swimming in the upstream. The whole program was being conceived of as an administrative and leveraging program for which $175 million was being sought. The responsibility to provide treatment and care would rest with the government of India who is developing a separate proposal as the first PR with help from World Health Organization (WHO). NGOs will only do community
mobilization and ensure the treatment adherence of AIDS-patients. This was an unnecessary component in the proposal, because for a “free” antiretroviral (ARV) treatment program in the country, any individual suffering from AIDS would come to avail the facility. You don’t need the NGOs to tell people that free ARV drugs are available, neither you need them to bring HIV-patients to the hospitals. But NGOs needed the Global Fund money; so they had to be there in the proposal, somehow. The Global Fund Board approved the proposal for only $34 million primarily because it went through the Country Coordinating Mechanism (explained in Chapter 4) and it built upon the “public private partnership,” two important criteria to be eligible for Global Fund grant.

This completely turned me off: How for an “administrative” (and otherwise unjustifiable) project, $175 million was being brought into the county on which directors, managers, coordinators, and other associated AIDS-workers would survive by drawing a whopping salary? The way salaries were being distributed for various classes of workers in the project, was shocking for me. For example, the director’s salary was charged ‘170,000; the program manager’s salary was charged at ‘120,000, which in competitive Indian market at that time was 3-4 times higher than even the top-class Indian organizations. I fiercely resisted on moral and ethical grounds saying: “you are bringing money into the country in the name of the poor, helpless, HIV-infected people, and yet, not a single penny is being directed to them. This is unethical and I disagree to make a proposal of this kind.” I remember, I walked-off from the meeting for sometime. A sense of helplessness was squeezing me from inside with a feeling that I, being a part of the system, had little power to resist what’s going on, nor I could do anything to change it! When I came back in the meeting, Bala told me that Subir, “you must always remember that there’s more people living “on” HIV/AIDS than living “with” the virus.”

I wanted to take Bala’s words more seriously and as a challenge: How do I know if Bala’s assertion was true? How this situation came to exist at the first place? What were the dynamics? What happens to AIDS-programs that are primarily driven by vested interests of specific groups? I wanted to unravel some of these questions that Bala prompted me to think and take this intellectual challenge seriously to revisit the path Indian HIV/AIDS-industry had taken. But for doing that, I must first dissociate myself from being the one who “lives” on the earning of HIV/AIDS, as accused by Bala. So I decided to quit the job.

This dissertation therefore takes off from my first-hand experience of witnessing the all pervasive power-politics in designing of AIDS prevention and care programs in
India. Being an “insider” to the AIDS-industry, I situate India’s HIV/AIDS epidemic within the broader domestic and international political-economic contexts. Throughout this dissertation, I try to explicate two central questions: 1) How and why the Indian state responded to HIV/AIDS epidemic in certain ways; and 2) how such responses have animated vulnerable communities of sex workers and gay men for their civil and political rights. I have devoted almost equal half of this dissertation to answer my two central questions. In Chapters 2, 3 and 4, I respond to the first question, while Chapters 5 and 6 are devoted to the second question each addressing one vulnerable community of sex workers, and queers respectively. I did not write a chapter on the drug users, as one might argue that they too are the vulnerable population. However, there is a conscious reason behind it — the way HIV/AIDS mobilized the above two communities, it could not do the same for the drug users. I did not come across any political struggle of drug users for their civil and political rights in India. Moreover, drug use, in popular imagination, is not as stigmatized and sleazy as sex work and queer relationships are.

Thus being a *morphed* political scientist from an AIDS-activist, I have relied more on the international relations theory instead of population or sociological theories, to explain these two questions. Following a social constructivist perspective, I have placed emphasis on the power of regimes, norms and ideas to explain under what circumstances the norms of the regimes are instituted in the domestic institutional practices. I demonstrate how state interests and preferences are fluid and how they get reshaped and reconstituted by various actors in the international system. I have developed a model for norm socialization to explain the behavior of states. India, in this example, must be understood only as a “case,” because the processes outlined here may be similar in many other contexts; what will only differ is the role of various actors, timing and pace of norm adaptation thereby leaving the overall explanatory framework still valid.

Considering that I was an “insider” to the HIV/AIDS-industry when I started this work, I did not have to struggle hard to find my “cases” or key people for interviewing. I am grateful to all my friends, colleagues, professors, and people at the grassroots (sex workers and queers) who provided their valuable time for interviews and I duly acknowledge their contribution in helping me meticulously develop a sound dissertation proposal. Despite several attempts to proofread every chapter, errors are more than likely to surface. I take the onus of all the errors and omissions, if any.

What follows next is an account of how an unsolicited piece of advise from a former NGO-colleague turned into a dissertation.