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**‘Alternatives to Development’ and Acute Dependency:
HIV/AIDS as a Blind Spot of Post-Development Theory?¹**

1. Introduction

The annual budget of the AIDS response in Tanzania hovers around USD 500 million, over 97 percent of which is donor-financed (TACAIDS 2012). This external support for AIDS control represents over ten percent of Tanzania’s public expenditure and one third of all aid flowing into the country. Despite its obvious benefits, the rollout of antiretroviral treatment (ART) puts Tanzania in a situation where an increasing share of its population directly depends on foreign assistance for survival. This paper proposes to confront this situation, which raises the issue of dependency with unprecedented acuteness, with certain elements of post-development thought. Indeed, while all post-development theorists are “explicitly not calling for a better version of [development], but dismissing it altogether” (Ziai 2007: 3), the more radical authors among them share a resolute rejection of international aid. Rahnema and Latouche (2002), for instance, implore Western countries to “leave the poor alone!”. Esteva (1992: 90f), claims that “[d]evelopment aid is an instrument of colonial oppression”, that “[w]e must abolish aid organisations – indeed all of them; the national just as the international ones”, and that “we must not do things by halves”.

Beyond the provocative and at times questionable verbiage of its more uncompromising proponents, who assert “the right to be underdeveloped” (Alvares 1992: 68) and accuse development of being “another variety of AIDS” (Rahnema 1997), the post-development movement formulates a claim for genuine emancipation of the global South (Ziai 2004). In its critique of modernity and its reflections on *progress* and the social construction of *needs*, post-development theory explicitly draws on Illich’s (1995 [1969], 1976) critique of industrial society, its over-medicalisation of illness

and the “expropriation of health” it entails. His remarks concerning the limits to medicine and the blind faith Western societies put in technological solutions to control disease are highly relevant for the international AIDS response. The emphasis put on biomedical remedies (e.g. vaccines or ART), and the neglect of iatrogenic transmission and closely interwoven socio-economic and biological determinants of populations’ susceptibility to infection in the spread of HIV in Africa (Stillwaggon 2006; Hunsmann 2009; Pepin 2011) certainly confirm Illich’s claims. Yet, the idea that the marginal utility of modern medicine becomes negative beyond a certain point of development is at the heart of his critique. Its unmediated transfer to situations where even the most basic health services are not available is thus problematic.

More fundamentally, some post-development theorists’ at times radical constructionist approach raises an epistemological issue. The production of knowledge about health and illness is probably one of the most telling examples of the insufficiency of both radical positivism and radical constructionism. To be sure, the perceptions of and responses to HIV/AIDS result from socially constructed visions and values and politically contested processes of knowledge production (Epstein 1996). Yet, HIV exists. It causes AIDS and kills people regardless of the way they think and talk about it. The epistemological posture is thus analytically crucial. The radically constructionist reading of reality adopted by several post-development authors entails an affinity with value-relativist worldviews. Latouche (2003: 130), for instance, claims that “there are no values that transcend the plurality of cultures because a value exists as such only in a given cultural context”. Adopting a moderately constructionist perspective (e.g. Ziai 2004), I consider that the superiority of life over death and the ensuing ‘need’ for HIV prevention and treatment are not *pure* social constructions exclusively based on Western values.

The post-development theorists’ arguments concerning the general failure of aid and development are persuasive. No doubt, the ‘fight’ against AIDS in Africa is a top-down endeavour inspired by Western stereotypes of African sexuality (Stillwaggon 2006), implemented by Western agencies, and based on their experts’ technocratic definition of African people’s needs. In this sense, the international AIDS response is ‘development’ *par excellence*; it is a stereotypical example of the type of dependency relation

radical critics of aid want to put an end to. International AIDS assistance reaches USD 8.8 billion annually (Kates et al. 2012) and HIV/AIDS is many donors' largest single budgetary item in several African countries. Several Millennium Development Goals (MDGs) could not possibly be achieved in the absence of an effective rollback of the epidemic. Politically speaking, the success in the struggle against AIDS is thus crucial not only to the legitimacy of the Western development discourse, but to the credibility of the development endeavour itself.

Yet, despite being at the very heart of the development enterprise, AIDS has remained at the margins of the more critical theoretical debates about development and aid. For good reason – African AIDS epidemics are an uncomfortable ground upon which to radically criticise international aid. Perhaps because the question of survival is inescapable and immediately apparent in the case of HIV/AIDS, post-development theorists and other radical critics of aid have carefully avoided the issue. Indeed, the dramatic dimensions of the African AIDS epidemics and their catastrophic health, social and economic consequences make it problematic to suggest, as Matthews (2007: 131) fittingly sums up the essence of post-development thought, that “development [is] not the medicine but the disease”. Being nearly unanimously considered as a health emergency that calls for a forceful international response, AIDS poses a serious challenge to radical critics of aid. Indeed, how can one satisfactorily analyse the international response to HIV/AIDS within an approach repeatedly criticised for its reluctance to suggest concrete political alternatives, or even explicitly accused of advocating inaction in the face of misery (Kiely 1999)? Can this theoretical approach be relevant in the context of HIV/AIDS, or are there justified concerns “that the adoption of a post-development position may amount to the abdication of responsibility” (Matthews 2007: 141)?

While keeping in mind the heterogeneity of what is sometimes abusively referred to as a unified theoretical framework (Ziai 2006, 2004: 168-262), this contribution explores the implications of a central proposal of the more uncompromising post-development authors: the call to “radically stop aid” (Esteva 1992: 66). As Ziai (2007: 9) notes, post-development has “a lot of critical and constructive potential” and “needs to be further refined, explored and argued over”. In this perspective, and far from attempting to close the indispensable debate post-development theorists opened up,

this contribution provides some elements of discussion concerning both the necessity and the genuine difficulty of formulating radical critique in a context of pronounced dependency. Because it illustrates the contradictions both of the development endeavour and of its most radical critics, the response to AIDS in Africa is a fitting empirical example for a theoretically-oriented reflection on international aid.

This contribution² argues that AIDS control in Tanzania is highly dependent on foreign aid and that a significant increase in self-sufficiency is unlikely in the foreseeable future (2). Although international AIDS control illustrates the relevance of post-development theory, the call for an end to aid voiced by its more radical proponents draws on an artificially monolithic conception of development (3). Indeed, far from being credulous ‘bringers of development’, international development practitioners involved in AIDS control in Tanzania radically criticise their own action in ways that partially overlap with post-development thought (4). While the predictably harmful consequences of a massive donor draw-out make it difficult to envisage radical change (5), post-development appears as a theoretical refusal to adopt urgency as an exclusive framework of analysis (6). The article concludes by discussing the ‘conditions of possibility’ of radical critique in a context characterised by what the interviewees themselves perceive as an imperative for action.

2. Tanzania, a patient under aid transfusion

“The end of international funding is a nightmare for everybody.

We can only pray that it won’t happen and that, if it happens,

God... let it happen after I have died!”

(Tanzanian AIDS official, at a preparatory meeting for a Global Fund proposal, Dar-es-Salaam, 3.10.2008)

This remark illustrates the perplexity of many AIDS players in Tanzania. Indeed, the nature of the response to HIV in Tanzania is, in many respects, grist to the mills of post-development theorists. Although the case for HIV prevention is just as persuasive, the example of access to antiretroviral treatment is probably more immediately evident. In Tanzania, an estimated 1.4

million people are living with HIV, 660,000 of whom are currently in acute need of antiretroviral therapy. Optimistic estimates are that about 275,000 patients currently access the life-saving drugs (CDC 2012).³ This entirely donor-funded treatment programme currently costs approximately USD 340 million per year (Kates et al. 2012). Since the beginning of ART rollout in 2004, AIDS control has turned into a structural feature of Tanzanian politics and Tanzanian AIDS players have become increasingly aware that the life-long need for drugs and medical care for those enrolled in ART programmes makes the commitment to fund them virtually irreversible. Indeed, treatment interruptions lead to a rapid increase in people's viral load, thereby substantially increasing their infectiousness and the risk of spreading viral strains resistant to affordable 'first-line' drugs. A Tanzanian official passionately declares: "It is *impossible* to go back because we have incarcerated ourselves! [...] [Treatment] ties up resources forever, until these people die... [...] If you don't continue, they'll die...or develop resistances. So you *have to* continue!" (Interview GovSector-12).

Beyond the individual ethical issue, there is thus a strong public health rationale for ensuring life-long access to medicines to anyone who has initiated ART. The decision to roll out treatment is also perceived as being politically irreversible – a perception illustrated by the wide-spread use of the expression 'treatment mortgage' to describe the political obligation to ensure the continued provision of ART. "If you look at it, what actually happened is that we gave Tanzania a 'free shot'", a bilateral donor critically reflects, "now, we got them hooked on ARVs!" (Interview Bilateral-30). Recent episodes of shortages of antiretroviral drugs [ARVs] in several African countries illustrate that procurement gaps are not merely a hypothetical scenario.

A long-term discontinuation of treatment would cause patients' life expectancy to drop dramatically and would drastically increase their risk of spreading the virus. Although there are significant returns to scale in ART roll-out (as the number of people put on the treatment rises, the marginal cost per patient declines), ART programmes will need additional resources as the number of people on therapy rises and as increasing drug resistances require more expensive 'second-line' drugs. The magnitude of the sums involved makes most interviewees doubtful that Tanzania will be able to come up with a domestic solution to fill foreseeable future funding gaps.

As a former Tanzanian AIDS official puts it: “We don’t have the ability as a government to face HIV/AIDS alone. We need external support. The problem is too massive! [...] So all we can do is hope for the external support to continue... If it doesn’t, it’s a disaster! We cannot say: ‘Sorry, we have no more money, so you get no more ARVs...’ No, we cannot say that!” (Interview GovSector-3)

At the same time, the negligible and uneven contribution of the Tanzanian government to the country’s AIDS budget implies that its financial dependency is, to some extent, a political choice. Moreover, international AIDS expenditure nearly equals the rest of the country’s health budget, which makes it unlikely that a possible donor withdrawal from HIV/AIDS would be entirely offset by the Tanzanian government. Several Tanzanian officials suggest that the comparatively high expenditure on HIV/AIDS reflects donor rather than government priorities. Were the Tanzanian government to independently decide between AIDS and general health budgets, it would most likely rebalance them in favour of the broader health agenda. Be it because of the government’s inability or unwillingness to replace donor funding, the end of external support would invariably translate into a significant decrease in AIDS financing, and thus into surging death rates and the social, economic and possibly even political disruption that could ensue.

Beyond the sole issue of financial dependency, the undemocratic nature of AIDS-related decision-making in Tanzania is striking. Indeed, the international response to HIV/AIDS in Tanzania almost entirely bypasses domestic democratic structures. 85 percent of all external AIDS assistance is spent off budget (TACAIDS 2012), i.e. directly by donors (mostly PEPFAR) and their implementing partners, and without any meaningful Tanzanian contribution to priority setting. Even allocative decisions concerning on budget expenditures (mainly Global Fund money) are not discussed in Parliament but decided upon in an ad-hoc donor-government forum. A bilateral donor representative comments: “It is highly problematic that all these agreements and arrangements completely by-pass the country’s democratic process. If you look at it, the TNCM [the National Coordination Mechanism of the Global Fund in Tanzania] is a blatant violation of good governance principles!” (Interview Bilateral-31).

The international health initiatives and their constituent donors thus openly and systematically circumvent the very democratic institutions they have insistently advocated for over the last decade. As a result of the overriding importance of aid, government officials primarily report to their respective donors, not to Parliament or other representatives of the Tanzanian people. By introducing this systematic donor-bias into domestic structures of political accountability, the inflow of external funding for HIV/AIDS contributes to the perpetuation of anti-emancipatory structures of domination. In sum, concerning both the severity of dependency and the perverse incentives of aid, the Tanzanian example illustrates the relevance of the criticism voiced by post-development theorists. Yet, as the next section argues, their often over-simplified conception of development prevents radical critics of aid from grasping the profound ambiguity of ‘development cooperation’.

3. Omitting the ambivalence of development

Considered by some as its strength, by others as its weakness, a defining feature of post-development theory is the very generalising nature of the criticism it formulates. Some authors fail to even define development, while others circumvent the difficulty by equating it with globalisation (Latouche 2003: 125). The result is a general critique of development as both an ideology of progress and an exploitative, neo-colonial economic and symbolic World System. No doubt, such a holistic critique is indispensable in today’s world where the global intelligibility of structural processes is jeopardised by increasingly fragmented expert knowledge. This theoretical breadth of post-development, however, induces an often artificially homogeneous conception of development (Treillet 2004). As a result, many of its proponents miss the inherently ambiguous nature of their central object of study. They overlook the fact that ‘development’ describes a different reality in the WTO’s so-called ‘Doha development agenda’ and in international AIDS control initiatives. The latter have even radically challenged the former concerning, for instance, intellectual property rights on life-saving drugs. Rist’s (2007: 34-44) definition illustrates this monolithic conception: “‘Development’ is made up of a series of sometimes apparently

contradictory practices, which make it necessary, in order to guarantee the social reproduction of the dominant group, to generalise the transformation and destruction of the natural environment and of social relationships, so as to ensure a growing production of merchandises (goods and services) meant, through exchange, for solvent demand.”

Not only is international AIDS control not part of development according to this definition, as it satisfies a *non*-solvent demand, but the expression ‘apparently contradictory’ points to the belief of many post-development theorists that development is an *ultimately coherent* undertaking. There is, however, no unifying, hidden coherence behind the apparent contradictions of development. No consistent master plan exists. ‘Development’ is both a watchword and a field of power within which conflicting interests clash. Even when limiting one’s analysis to major international development agencies, their practices are contradictory and should be analysed as such.

While the artificially unequivocal conception of development is among the ‘standard’ criticisms of post-development that “have been raised again and again” (Ziai 2007: 8), this conception has serious implications in the case of HIV/AIDS. Indeed, it allows post-development theorists to switch the locus of the debate to a more general level whenever confronted with what Comelieu (2003: 121) calls the “dreadful human problems [they] do not even bother mentioning anymore”. Indeed, few post-development authors have addressed social policies or international health initiatives, while allowing the single most dramatic ‘development’ problem in several African countries – HIV/AIDS – to remain conspicuously absent from their analyses. A notable exception is Rist (2007: 416), who acknowledges that the fact that over 30 million people globally live with HIV “is part of the sad reality” – without, however, saying a word about the possible implications of this “sad reality” on post-development theory.

Intellectually speaking, post-development theorists are arguably in a situation comparable to that of radical left-wing theorists facing the welfare state: the same entity (the state) is both the incarnation of centralised, illegitimate power, *and* the provider of social services that shelter individuals from purely market-driven mechanisms – a protective function valued by these very thinkers. Bourdieu (1998) referred to the “right hand” and the “left hand” of the state to describe its ambivalent nature as both a

device of domination and coercion (right hand) and a provider of essential services and minimal social cohesion (left hand). Development in the sense of “what development agencies do” (Green 2003: 123) has the same fundamental ambiguity. Drawing on this distinction, international development agencies involved in AIDS control may be considered part of the left hand of development, which is composed of “those who are sent to the front line to fulfil so-called ‘social’ functions and to make up for the most intolerable inadequacies of the logic of the market, without being given the means to really fulfil their mission” (Bourdieu 1998: 11). One hand repairs what the other one destroys. Structural adjustment programmes have persistently impoverished African economies, causing substantial damage to the remnants of their health and other social systems. This push for neoliberal economic ‘reforms’ by the International Monetary Fund, the World Bank and the World Trade Organization has resulted in what Wade (2005) fittingly calls a “slow-motion Great Train Robbery” of low-income countries. At the same time, however, the UN launched its MDG-based ‘poverty reduction’ campaigns and the Global Fund was created to control three of the world’s major epidemics. No doubt the economic coercion of the right hand of development causes more destruction than the left hand’s social policies or so-called ‘poverty reduction’ programmes could ever repair. The ‘alternative to development’ in many African countries, however, does not necessarily mean the end of oppression, or the emergence of an endogenously constructed welfare state or other forms of solidarity. In a sense, putting an end to aid in the social sectors would amount to closing the fire brigade with the pyromaniacs still on the loose.

To be sure, the inequalities induced by the global economic system are among the root causes of many of the world’s social and medical ills – including HIV/AIDS, the spread of which is fuelled by poverty-related ill health and the prevalence of which is consistently correlated with economic inequality (Stillwaggon 2006). The industrialised countries’ ‘fight’ against the epidemic obviously contributes to legitimising their broader ‘development’ endeavour. Nevertheless, international AIDS-control efforts are not solely about the West’s attempt to improve its political image. HIV/AIDS is a partially autonomous sub-field of development, with its own rules, rationales, and practices. Its protagonists are not merely the unconscious or uncritical vassals of Western imperialism. Their strikingly self-critical

discourses are omitted by post-development theorists' (otherwise forceful) analyses of development discourse (e.g. Rist 2002). The next section argues that, far from being monolithic institutions, development agencies are highly heterogeneous entities. It is important to take this plurality into account in the analysis of development – not in order to claim 'mitigating circumstances' for its protagonists but to fully grasp its complexity and ambiguity.

4. Development agents as radical critics

"When I started, I really didn't want to work on AIDS. I mean, there are so many disgusting things going on in the AIDS business... I didn't want to be associated with that." (Interview Multilateral-12)

No doubt, credulous development officials exist. But rare are those donor agents in the field of HIV/AIDS who uncritically consider international aid and their own action as vectors of genuine progress for Tanzania. While criticism from NGO players is less surprising, it is striking that many bi- and multilateral donor agents in Tanzania spontaneously voice far-reaching criticism of their own agencies' actions. Far from being isolated statements uttered by 'infiltrated revolutionaries', this radical critique illustrates development agents' ability and willingness to critically reflect on their activity in ways completely at odds with their agencies' official discourse. In a discussion about the anti-democratic implications of aid, one bilateral agent, for instance, suggests: "The fundamental question we should ask ourselves is: To what extent can a well-meaning society [his home country or the US] get away with undermining the internal priority-setting process of a country such as Tanzania by placing enormous amounts of money at its disposal?" (Interview Bilateral-17)

Another interviewee denounces the dependency induced by aid and the donor agencies' fundamental hypocrisy. Although they have a precise idea of which activities they want to fund, this bilateral agent explains that they uphold the principle of 'country ownership' to insinuate that African governments are free *not* to accept their offer: "Honestly, which country would *not* go for the money that's out there? Nobody will say: 'No, thank

you very much for proposing, but given our priorities we won't apply for what you propose... That's ridiculous!" (Interview Bilateral-14)

Similarly, PEPFAR, which represents over 60 percent of AIDS expenditure in Tanzania and grants funding on a five-year basis for irreversible ART roll out, is regularly described as an imperialist endeavour, even by donor agents themselves. Pointing to the dependency induced by PEPFAR, a multilateral agent exclaims: "*Never* I would have signed such an agreement!" (Interview Multilateral-12). Some donors' self-criticism can go as far as to radically question their own *raison d'être*. Following a discussion about the contradictions of development 'cooperation', one bilateral agent with long-standing experience in Tanzania concludes after a brief moment of introspection: "Sometimes I believe that the best way to help Tanzanians would be to simply pack our stuff and get out of here..." (Interview Bilateral-9).

In sum, many AIDS players are deeply aware of the limitations of their own actions. Although some of them are among the first to agree with the failure of development underlined by post-development theorists, they nevertheless stay where they are and continue to do their jobs. No doubt, these people make a good living out of development. Yet, not all of them are cynics. Many are driven by strong convictions and a genuine commitment to social justice and emancipation. Indeed, the sometimes radically critical stance of many donor agents could be due to the fact that they have found their way into development agencies via a past activity as AIDS or social justice activists. They believe that it is probably a bad idea to stay, but they are convinced that leaving would be worse. The consequences of an end of aid for AIDS control make this position understandable.

5. Taking the proponents of an end of aid at their word?

"Imagine the funding for ARVs stopped drastically. People's viral loads would skyrocket! And, say, each HIV-positive person infects one other person in the following year... That would be a complete horror scenario! I don't know if anyone has already looked into that more in detail or if anyone has done some modelling on systemic breakdown, but that could be an absolute disaster!"

(Interview Multilateral-12)

Although not all interviewees envision an equally catastrophic scenario, many of them share their fears about the devastating effects of a poten-

tial cut in international support for AIDS control. In this context, a main concern of people living with HIV in Tanzania is not primarily to “survive development”, as Latouche (2004) puts it, but to survive at all. Since it illustrates the potential effects of an end of aid in a particularly dramatic manner, HIV/AIDS raises the question of to what extent the radical critics’ call for an end of aid could actually be put into practice. Unlike general issues of economic development, public inaction cannot possibly be accepted as an ethically tolerable alternative in the case of HIV/AIDS. The victims of public inaction are, at least in part, known in advance and one could individually list those who would die were international support for antiretroviral treatment to be ceased. One could put names to numbers and faces to names.

To what extent could one uphold a radical critique of aid if its conclusions are not applicable to HIV/AIDS – an empirical example of aid that is neither anecdotal nor essentially different from other development issues? Indeed, although it exacerbates contradictions by making them immediately apparent, the fact that the victims of inaction are ‘identifiable’ in the case of HIV/AIDS does not fundamentally change the underlying ethical argument (McKie/Richardson 2003). AIDS is thus not the only domain where ‘leaving the poor alone’ is ethically questionable; a long list of equally urgent health or nutrition issues could easily be established. Consequently, what can radical theory contribute to critical thought if the consequences of its application to real-life situations seem unbearable? Serving as a catalytic illustration of the complexities of aid, HIV/AIDS arguably reveals a blind-spot in those theories that wish to radically do away with aid. On the one hand, the top-down design and the problematic side-effects of the international AIDS response in terms of dependency, democratic accountability, and the medicalisation of poverty (Hunsmann 2009, 2010) provide some empirical confirmation of central arguments of post-development. On the other hand, the development agents’ self-critical analysis casts into doubt post-development thinkers’ frequently monolithic vision of development, while the predictably catastrophic consequences of an end to international support for AIDS control pose a serious challenge to the post-development call to ‘end aid’.

The following section argues that the above described blind spot of post-development is due to the fact that its theorists situate their critique in a long-term perspective, which at least partially intentionally turns a blind eye to immediate operational concerns.

6. The refusal of urgency and the politics of permanent crisis

“[Aid is] crucial, if you have HIV and are fighting for your life. [...] But not the old, dumb, only-game-in-town aid — smart aid that aims to put itself out of business in a generation or two. ‘Make aid history’ is the objective. It always was. Because when we end aid, it’ll mean that extreme poverty is history. But until that glorious day, smart aid can be a reforming tool [...]” (Bono 2010)

This justification of aid by one of its most famous proponents illustrates the reasoning that post-development theorists radically object to. They argue that, since aid has not even come close to achieving its stated objectives over the last 60 years, hoping that ‘smart aid’ will contribute to making both poverty and aid history is either incredibly naïve or a political sham. Even vague knowledge of the basic findings of the sociology of organisations is sufficient to allow one to understand that ‘aid putting itself out of business’ will undoubtedly remain a vain hope. More fundamentally, by refusing the eternal priority of the ‘urgent’ (here: the imperative to ensure survival), post-development theories place the debate on aid in a long-term perspective. Indeed, much of the pro-aid argument draws on a short-term analysis. By asking what would happen were aid to be stopped overnight, this reasoning implicitly compares the situation ‘before’ to that ‘directly after’ a hypothetical end of aid. As a result, the ‘after’ scene is characterised by the lack of what is no longer there: the services the aid money paid for. This reasoning abstracts from the long-term negative effects of aid on recipient countries’ socio-economic organisation, and political incentive structures.

Post-development theorists, in turn, claim that far from being a potential ‘reform tool’, aid perpetuates patronising power relations and is thus an *obstacle* to change. Their long-term thinking takes into account the positive changes that dependency relations prevent from happening, such as transformations in democratic accountability and their repercussions on practices of citizenship. This ambition of long-term thinking of post-development theorists makes it all the more paradoxical that they tend to omit the fact that significant social and political change is never instantaneous. Flouting the necessarily progressive nature of change, post-development theorists elide the inescapable period of transition between the ‘develop-

ment' they denounce and the 'end of development' they hope and call for. Consequently, they deliberately exclude time from their reasoning. While the followers of 'smart aid' run the risk of getting stuck in what they erroneously believe to be a transition period, many post-development thinkers refuse to even consider its existence.

That being said, giving precedence to a reflection on 'life according to the good' – or *buen vivir*, as many post-development thinkers say – over the conservation of "bare life" (Agamben 1998) is arguably a necessary condition for genuine critical analysis of HIV/AIDS, among other issues. Indeed, global AIDS institutions generally frame their activity as an apolitical humanitarian intervention in an emergency context. The fundamentally political choices involved in HIV prevention and treatment are presented as resulting from rational compromises based on epidemiological and biomedical evidence (Hunsmann 2012). Reducing their role to the mere 'saving of lives' shields the protagonists of humanitarian government from the critique levelled against development as a broader political project by transferring their activity from a political into a moral framework of reference (Schmitt 1963 [1932]; Mouffe 1993; Fassin 2010). To refrain from saving lives immediately at risk, the argument goes, would amount to committing homicide by omission or outright manslaughter. "Those who are on drugs have to stay on drugs", says a multilateral agent, "it would be a *crime* not to grant them access!" (Interview Multilateral-16).

The failure of HIV prevention efforts in sub-Saharan Africa and the increasingly chronic nature of HIV infection (thanks to ART) have progressively transformed the 'emergency response' into the normal state of affairs. Having instituted the "humanitarian exception as the rule" – an expression Fassin and Vasquez (2005) use in another context – the international AIDS response is comparable to what Agamben (2005: 2) calls a "voluntary creation of a permanent state of emergency". Declaring such a state of exception is a fundamentally political operation in that it suspends the requirement of public accountability (Schmitt 1963 [1932]). On the intellectual terrain, the framing of AIDS as a humanitarian emergency, and *nothing but* a humanitarian emergency, arguably has a comparable depoliticising effect in that it becomes difficult, if not impossible, to formulate a radical critique of 'life rescue activities'. It is thus the refusal to accept 'humanitarian emergency' as their main framework of analysis that allows

post-development theorists to ask questions about the finality of life, and hence about individual autonomy and political self-determination, as well as about the “politics that links a not-so-bare life to a more robust practice of citizenship” (Comaroff 2007: 215).

7. Conclusion: Radical critique and the ‘imperative for action’

“In the long run, and all other things being equal, foreign assistance dependence, like drug addiction, destroys rather than enhances the institutional capacities of the users, paralyses national initiatives [...] and erodes the very basis of national sovereignty.” (Severine Rugumamu 1997: 200)

“[The] long run is a misleading guide to current affairs. In the long run we are all dead. Economists set themselves too easy, too useless a task if in tempestuous seasons they can only tell us that when the storm is long past the ocean is flat again.” (John Maynard Keynes 2000 [1924]: 80)

“[T]o read post-development theory as advocating indifference or inaction is to read it uncharitably”, claims Matthews (2006: 52). To a certain extent, it surely is: not saying what to do is not the same as saying one should not do anything. While many post-development authors, for instance, rightly point to agro-ecological practices as ‘alternatives to development’ in the agricultural sector, none of them proposes a comparably credible ‘alternative to development’ in the field of HIV/AIDS. “The call for practical solutions”, responds Nustad (2007: 44) to this reasoning, “rests on the assumption that the apparatus now in place has the capacity for delivering a solution, and there are important reasons for doubting that premise”. Nevertheless, a paradox of post-development is that, while it (quite understandably) refuses to draw yet another blueprint for a better society, the radicalism of its position is resolutely incompatible with incremental change. No doubt, given the role of demographic concentration, mobility, and modern unsafe medical practices in its spread, HIV would never have reached epidemic proportions in an entirely pre-industrial and pre-colonial Africa (Iliffe 2006; Pepin 2011). Yet, for an end of aid for AIDS control in Africa to be ethically acceptable, post-development would have to be instantaneously and retroactively put into practice on a global scale.

Both imperialism and industrialisation would have to be abolished overnight, along with their historical legacies.

Beyond this purely intellectual reasoning, the question AIDS players could ask post-development theorists is: “Given the present state of affairs, what alternative strategies should we adopt?”. Putting post-development to such a ‘reality test’ is admittedly somewhat unfair as it confronts theories of generalised change with a demand for sector-specific solutions that could be implemented in the world *as it is*. It asks these theories to provide answers in an all-other-things-being-equal setting, although their fundamental claim is that all these ‘other things’ have to change drastically. While this leads to an implicit all-or-nothing approach, which renders post-development theories rather inoperative with respect to HIV/AIDS, being operational is not their pretension (Rist 2007: 445). So, does asking post-development to be operational amount to spitting in the wind? Post-development is mainly a critique of ideology (Ziai 2006) and, as such, it has revealed the erroneous premises and thus the impasse of ‘development’ as an ideology of progress based, among other things, on the devastating illusion of unlimited economic growth and the absurd belief in its desirability. It has made genuine and highly welcome contributions to critical thought and, paradoxically, to development practice. Therefore, Nustad (2007: 35) argues that “the lack of instrumentality is not a weighty argument against the analysis itself”. Consequently, the critique of development *as it is* can and should be distinguished from the call for alternatives. This reasoning raises several questions about the nature and role of critical theory. Is it intellectually satisfying to dissociate radical critique from what could be called an ‘imperative for action’ and the ensuing consciousness of necessarily incremental, reformist solutions? The fact that development practitioners can themselves be highly critical of their own action points to the lack of a clear-cut division of labour between ‘critical’ theorists and ‘pragmatic’ practitioners. It also suggests that critical development theorists, too, should have to grapple, at least intellectually, with the everyday reality of development practitioners and their ‘beneficiaries’ – in this instance, people living with HIV.

In any case, in a situation where inaction leads to mass mortality in the short run, the long run is “a misleading guide to current affairs”, as Keynes puts it. Policymakers are constrained to formulate sub-revolutionary strate-

gies that attempt to reconcile the diverging timescales of what ‘is’ and what ‘should be’. For this task, post-development as a state of mind characterised by the awareness that “those engaged in [popular] struggles may want different things from us than what we are most keen to offer” (Matthews 2007: 135) might provide some inspiration. Nevertheless, it is doubtful that any of these changes would include doing away with international support, let alone with Western medical technology, in the foreseeable future. The alternatives would thus, in a sense, be strategies for alternative development, rather than alternatives to development. Given the scale and scope of a real-life problem such as HIV/AIDS, the contribution of post-development thought will certainly – and in some cases hopefully – fall short of the stated ambitions of its more radical proponents.

As discussed, only a relativist posture grounded in radical constructionism allows the dismissal of an ethical ‘imperative for action’ concerning the African HIV epidemics. As soon as one analyses them using a moderately constructionist perspective, the ‘post’ in post-development becomes elusive. As Ziai (2004: 206-239) notes, there is a thin line between reactionary and progressive thought within post-development theory. While the exclusive focus on ensuring survival is in fact a thought-crippling framework (a *reductio ad vitam* shields against virtually all critique), genuine emancipatory theory requires a reflection upon the conditions of possibility of radical critique in a context where ‘bare life’ is massively and immediately at stake. Radical critique is vital. Yet, for it to be relevant, it must grapple with, rather than shy away from, the contradictions and tensions that arise from the confrontation with inescapable empirical problems.

- 1 I sincerely thank all interviewees for their openness and trust in sharing their views. My thanks also go to Deena Class, Aram Ziai and two anonymous reviewers, all of whom provided valuable comments. The interpretations and all remaining flaws are mine alone.
- 2 This contribution was submitted to *JEP* in June 2011. Although slightly updated before publication, it expresses the author’s analysis of the Tanzanian situation at that moment. This exploratory analysis draws on fieldwork conducted in Tanzania between 2007 and 2009, which included the observation of national-level policy meetings and 92 semi-structured interviews with bilateral (31) and multi-lateral donor agents (18), Tanzanian officials (14), researchers and/or consultants (11), as well as national (7) and international NGO workers (11). All interviewees quoted in this article were employees of one of the following institutions. The bilateral agencies (=bilateral) included in this study are Canada (CIDA), France

(embassy), Germany (GTZ), Ireland (Irish Aid), Japan (JICA), Netherlands (Dutch development cooperation), Switzerland (SDC), and the United States (CDC, PEPFAR, USAID). The multilateral agencies (=multilateral) include FAO, UNAIDS, UNDP, UNFPA, UNICEF, WFP, WHO, and the World Bank. The Tanzanian administrations (=GovSector) are the Ministry of Health, NACP, NIMR, TACAIDS, and TFNC. All interviews of which excerpts are quoted were conducted in Dar es Salaam. The interview dates are the following: Bilateral-9, 25.9.2008; Bilateral-14, 14.10.2008; Bilateral-17, 17.9.2008; Bilateral-30, 9.10.2009; Bilateral-31, 26.10.2009; GovSector-3, 23.9.2008; GovSector-12, 27.10.2009; Multilateral-12, 6.10.2009; Multilateral-16, 29.9.2009. One third of the interviewees were selected *a priori* because they held relevant positions in their organisations. The remaining participants were identified through respondent-driven chain referral sampling. All freely chose to participate, have been granted anonymity, and are therefore quoted with reference to their category of institutional affiliation only.

- 3 These numbers are biased upward, since they include anyone ever enrolled in ART programmes, and thus do not account for dropouts, deaths and double-counting.

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Abstracts

AIDS-Bekämpfung in Tansania ist nahezu vollständig geberfinanziert. Diese Tatsache ist eine ernsthafte Herausforderung für Post-Development-TheoretikerInnen. Basierend auf Feldforschungen zwischen 2007 und 2009 wird hier der in der Post-Development-Theorie verbreitete Aufruf zur Abschaffung von Entwicklungshilfe einer Realität gegenübergestellt, in der das Überleben eines zunehmenden Teils der tansanischen Bevölkerung direkt von dieser Hilfe abhängt. Auch wenn eine ausschließliche Fokussierung auf die alleinige Erhaltung des „nackten Lebens“ jegliche radikale Kritik von „Hilfe“ unmöglich macht, darf emanzipatorische Kritik nicht die aus einer Konfrontation mit der Realität entstehenden Widersprüche und Spannungen scheuen. Im Gegenteil, sie muss sich mit empirischen Situationen auseinandersetzen, in denen das Überleben von Millionen von Menschen direkt auf dem Spiel steht.

AIDS control in Tanzania is nearly entirely donor-funded. The fact that an increasing share of the country's population directly depends on foreign aid for survival raises dependency concerns with unprecedented acuteness. Based on fieldwork conducted between 2007 and 2009, this article confronts post-development theorists' calls to 'end aid' with the Tanzanian reality. It argues that HIV/AIDS poses a serious challenge to post-development thought. While an exclusively humanitarian focus on the sole preservation of life makes radical critique of aid impossible, genuinely emancipatory critical theory must grapple with, rather than shy away from, the contradictions and tensions that arise from its confrontation with empirical situations where 'bare life' is immediately at stake for millions of people.

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