

*Full Length Research Paper*

# UN discourse and information power: An illustration via HIV/AIDS news in Uganda

Tara Das

198 Wilson St. Apt. 5D Brooklyn, NY 11211 USA. E-mail: [tara.das@gmail.com](mailto:tara.das@gmail.com). Phone: 1-201-452-4036.

Accepted 26, April 2021

International organizations disseminate vast amounts of information on social problems. To what extent does this dissemination manifest in discourse and information power? That is to say, how do country-level actors respond to international information on HIV/AIDS? This paper addresses this question using Uganda as case study and examines how actors adopt, modify, or ignore information disseminated by UN organizations. Using news content analysis, it is discerned that while international information is influential, country actors exercise agency. They identify and adopt specific international information that accord with their particular objectives and situations. With respect to national adoption of international information, the extent to which country policy actors adopt international information derives from country experiences and relations with the international community. International information is not imposed on blank canvases; it intersects with domestic politics. Regional information on HIV/AIDS has also developed on issues like donor fraud and government corruption, traditional medicine, and access to antiretroviral treatment.

**Key words:** UNAIDS, World Bank, Uganda, HIV/AIDS, discourse, power, international organizations

## INTRODUCTION

International organizations provide a unit of analysis for any major global issue, including HIV/AIDS. They have been extensively involved in addressing HIV/AIDS in developing countries since the late 1980s. While they cannot impose public policies upon states, international UN organizations are able to shape legitimized meanings and responses concerning HIV/AIDS. They accomplish this through their mandated role of disseminating information to states. International organizations are in a powerful position to control information, through coordinating extensive research networks of policy experts, scholars, and area specialists, (also known as epistemic communities), to which individual states may only have limited access. By identifying issues as important for international attention, and defining them in specific ways, international organizations significantly influence public debates and policymaking. This paper consists of a three -part analysis focusing on HIV/AIDS:

1) elucidating UN discourses on HIV/AIDS, via text analysis; 2) identifying how UN information is communicated to country actors, via interviews; and 3) examining how country actors respond to international discourses or information on HIV/AIDS, via news content analysis. The terms “discourse” and “information” are

used interchangeably in this paper.

There is a wide range of international information on HIV/AIDS, and it has changed little over time. Do countries actors accept international policy information as given, ignore it altogether, or do they modify information to accord with local politics and social circumstances? Uganda serves as case study in this regard. This paper argues that international information or discourse is influential, for it possesses flexibility and stability, the latter which facilitates habituation to information. However, country actors do exercise agency. They identify and adopt specific international information that accord with their particular objectives and situations. With respect to national adoption of international information, the extent to which country policy actors adopt derives from country experiences and relations with the international community. International information is not imposed on blank canvases; it intersects with domestic politics.

Therefore, as it is argued in sociology, international information provides legitimized discourses which impose meaning upon and orient attention to particular experiences. For instance, international information on women's rights and development help shape national

policy agendas and debates, by prioritizing these concerns as they manifest on national and local levels. With international organizations defining what is valued and important at the international level, via discourse and project financing, country actors are oriented to locating domestic events that reinforce or undermine these values.

### **Literature review on international organizations and discourse power**

Literature on discourse and information power of international organizations emanates in several fields, including development studies, political science, and sociology. Compared to other sites of power - government, family, community - international organizations are a relatively recent focus for scholarly attention; and arguments can be organized in the following manner.

- i. Discourse as power.
- ii. Sources of discourse power in international organizations.
- iii. Discourse creation within international organizations.
- iv. Discourse communication between international organizations and countries.
- v. Discourse reception within countries.

These arguments are summarized below. It will be shown that the first two areas in this literature are well established, the third is burgeoning (mainly with reference to the World Bank), and the fourth and fifth have scarcely begun. Moreover, current arguments neglect discourse comparison across international organizations, focusing case studies on single organizations. This paper contributes to the literature by focusing on discourse communication, comparing World Bank and UNAIDS information, and discourse reception, using Uganda as case study.

### **Discourse as power**

Two of the most prominent theorists on power via discourse and knowledge are Gramsci (1971) and Foucault (1977). Both conceptualize this kind of power as non-coercive and all-encompassing. People agree with and internalize knowledge, ideas, and norms, which proffer meaning to subjects, objects, and practices. In doing so, they internalize a particular set of power relations, as knowledge or discourse is not neutral. It constructs and defines subjects and practices in ways that reinforce the societal status quo, and stifle resistance and other ways of knowing and reasoning. Overall, power is micro-capillary, invisible, and runs through every aspect of society. It is soft, neither violent nor physical, and is exercised continuously.

While international organizations cannot impose public policies upon states, they are able to shape legitimized meanings and responses to social issues, through their mandated role of disseminating information to states. By identifying issues as important for international attention, and defining them in specific ways, international organizations significantly influence public debates and policymaking. Hence, international organizations possess discourse power. Escobar (1995) and Ferguson (1994) were instrumental in showing how development discourse, primarily generated in the World Bank, shapes reality, perceptions, and development practice. Escobar writes, "Development discourse has created an extremely efficient apparatus for producing knowledge about, and the exercise of power over, the Third World" (1995:9). In doing so, development discourse bears little resemblance to reality on the ground in these countries. It is rationalistic and reductionist, couched in the economic language of the World Bank without heed to context, articulating a system of knowledge and power.

### **Sources of discourse power in international organizations**

Yet, if international discourse does not reflect reality as experienced on the ground, how is it powerful? How does a system of knowledge and power, via discourse, possess resonance? Barnett and Finnemore (1999, 2004) utilize Weberian theory and sociological institutionalism to address these issues. Sociological institutionalism perceives bureaucracies, states, and markets as creating a world culture that values universalism, scientific and professional authority, and rational progress (Boli and Thomas, 1997; Meyer et al., 1997). In turn, Barnett and Finnemore assert the power of international organizations with the assumption that these organizations are Weberian bureaucracies. They hold rational-legal authority, as organizational procedures and neutral professionalism are legitimized as authoritative under world culture values.

Bureaucracy is a distinctive social form of authority...They exercise power through an ability to make impersonal rules. They use these rules to regulate, constitute, and construct the social world. Through their rules, they create new categories of actors, form new interests for actors, define new shared international tasks, and disseminate new models of social organization. (Barnett and Finnemore, 2004:3).

Hence there are two sources of discourse power in international organizations: rational-legal authority and control over information and technical expertise (Barnett and Finnemore, 1999). Escobar (1995) corroborates in stating the principal mechanisms of discourse power are the professionalization of development knowledge and the institutionalization of development practices. Consequently, international organizations appear more legitimate than states because they seem autonomous from

the latter, have greater access to information, and exercise power in a non-obtrusive manner. "The power of international organizations, and bureaucracies generally, is that they present themselves as impersonal, technocratic, and neutral - as not exercising power but instead as serving others" (Barnett and Finnemore, 1999:708). Countries are motivated to accept international discourses due to needs for social legitimacy, conformity, and esteem in the international community (Finnemore and Sikkink, 1998).

### **Discourse creation within international organizations**

While discourse is recognized as a source of power, discourse creation via human agency and organizational operations is relatively unexplored. Indeed, Escobar and Ferguson have been recently criticized on this point. Bebbington et al. state, "They say little about the actors, dynamics, and political processes underlying the production of such texts" (2004:35). That is, if discourse on development significantly shapes how development policies and programs are implemented, then how discourse emerges within organizations must be examined via ethnographies (Bebbington et al. 2004; 2006). Likewise, Goldman (2005) argues that development discourse has been presented as non-problematic, sprung into existence fully formed, that is, there is little discussion of how discourse is constructed. In his research on text production at the World Bank, Goldman discovers that Bank publications are more marketing tools than scholarly products. There are internal norms that prohibit staff from openly voicing disagreement with the information that is produced and disseminated.

These norms are strengthened with the hierarchical nature of text production. Discourse stems from Bank headquarters, and contradictory findings from the field are routinely ignored. "From hiring practices, to hierarchical pressures, to funding decisions for research, to the way information flows are manipulated internally and externally, the assembly line of knowledge production is studded with cultural practices as well as incorporation and hegemony building" (Goldman, 2005:149). While Bebbington et al. and Goldman focus on development discourse as produced within the World Bank; there are few works considering organizational processes, particularly outside the World Bank, surrounding international discourse creation.

### **Discourse communication between international organizations and countries**

Once discourse is created, it must be transmitted or communicated in order to have influence over perceptions and practices. Finnemore (1996) has argued

that international organizations socialize states to new discourses, norms, and interests, thereby affecting state interests and preferences. "International organizations pick up on norms or concerns and popularize them" (Finnemore, 1996:125). They can do so because of their professional expertise and knowledge, which is viewed as authoritative; they are organizational platforms for the promotion of discourses (Finnemore and Sikkink, 1998). In their work, Barnett and Finnemore (1999; 2004) discuss three means of power:

- i.) Classifying the world.
- ii.) Fixing meanings.
- iii.) Articulating and diffusing norms and rules.

The first two stem from the nature of discourse power. With respect to the third, they state, "Many IO (international organizations) staff have as their stated purpose to shape state action by establishing best practices and by articulating and transmitting norms that define what constitutes acceptable and legitimate state behavior" (2004:33).

### **Discourse reception within countries**

In addition, the ability of international organizations to socialize countries to accept discourses has been identified (Finnemore, 1996; Finnemore and Sikkink, 1998). Moreover, Finnemore and Sikkink caution, "international norms must always work their influence through the filter of domestic structures and domestic norms, which can produce important variations in compliance and interpretation of these norms" (1998:893). Unfortunately, this point has been little investigated via country case studies. To be sure, researchers have examined how the World Bank has translated discourse as text into discourse as intervention or practice (Ferguson, 1994; Bebbington et al., 2004, 2006). Bebbington et al. (2006) claim a need to focus on the slippage between text and effect. An "analysis of practice must accompany analysis of text if one is to fully understand how development organizations produce ideas, how slippage occurs in their translation into practice, and the material effects" (Bebbington et al. 2006: 9). Though they assert that national political economies affect World Bank country-level operations, an analysis of practice, that is, of discourse exemplified in development projects, maintains the focus on international organizations. Yet there is also a need to focus on country reception of international discourse, once it is transmitted or communicated in text or in person. How do a country's leaders and policy elite respond to international discourse? This paper addresses these issues, but first the nature of international discourse or information on HIV/AIDS must be established.

## Part I. Text analysis of UN discourse: Methods

A text analysis of all UNAIDS (n = 93) and World Bank (n = 16) HIV/AIDS publications through year 2003 was performed using grounded theory, in order to systematically elicit international information. An appendix to this paper lists all publications used for the text analysis. UNAIDS is the lead UN agency responding to the HIV/AIDS pandemic, and the World Bank is the lead UN agency financing HIV/AIDS projects. A text analysis is necessary in order to later see how policy actors in Uganda adopt, modify, or ignore international information. The purpose of grounded theory methods is to generate theory that is grounded in specific data (Cresswell, 1998; Ezzy, 2002; Glaser and Strauss, 1967). It is completed through detailed coding procedures via a line by line reading of the data. The codes are categories or concepts that summarize themes found in the data. Open coding is exploratory and produces the initial set of codes, many of which are discarded upon finding that they do not appear frequently. The data is thus translated into numerous codes, which are continuously compared to one another as the researcher hypothesizes on associations between codes. Ezzy (2002) describes this constant comparative approach, which is key to grounded theory, as the following. "Comparisons allow data to be grouped and differentiated, as categories are identified and various pieces of data are grouped together" (Ezzy, 2002: 90). In this analysis, if an open code is found in at least three publications, it is kept for the next step of axial coding. In axial coding, the relevant open codes are amalgamated into several axes of central categories or sub-frames. This is done by examining the relations between codes, and merging those which are interconnected. The final step is selective coding, during which the researcher discerns a core code or dominant discourse, the main theme pervading the data set, under which axial categories are subsumed. In doing so, a theory is developed. It centers on the core code and posits relations amongst the axial categories with each other and with the core code. Creswell (1998) writes, "in selective coding, the researcher identifies a 'story line' and writes a story that integrates the categories in the axial coding model" (1998: 57). Likewise, Strauss (1987) asserts the importance of the core code to theory creation. He states, "Since a core category accounts for most of the variation in a pattern of behavior, the core category has several important functions for generating theory" (Strauss, 1987: 35). Open codes that pass the first coding stage are integrated into more inclusive codes – axial codes. These are central themes discovered in the data set, which are then subsumed under a core category or dominant discourse.

## Text analysis of UN discourse: Results

The core category or dominant discourse of UNAIDS is human rights, and of World Bank is development, both of which derive directly from their respective mandates. The UNAIDS dominant discourse is in line with its mandate of leading a comprehensive UN response to HIV/AIDS that protects rights, with its guiding concept being vulnerability. UNAIDS argues that socioeconomic, cultural, and political vulnerability, that is, the underlying environment, influences individual risk to HIV/AIDS. Vulnerable groups (akin to epidemiological risk groups) include women, the military, refugees, and migrants. That is, they are more susceptible to contracting HIV due to their underlying environments, which shape individual risky behavior. War, population displacement, poverty, and violence are conditions that enhance vulnerability. According to the institution, vulnerability has to be addressed first through deep-rooted societal change and transformation, before individuals can successfully protect themselves against HIV/AIDS. One way to do so is through encouraging NGO and people with HIV/AIDS' participation in community level prevention and voluntary testing programs, to

reduce stigma and discrimination associated with HIV/AIDS. Prevention includes the development and social marketing of innovative female-controlled methods, such as the female condom and microbicide. Legislation is necessary to protect human rights, which include anti-discrimination, anti-violence, and education and employment opportunities, and ensure public health. According to UNAIDS, it is ultimately through legislation that the spread of HIV/AIDS will be stopped; otherwise, individually-based prevention strategies (e.g. condom use) will fail.

The mandate of the World Bank is to facilitate economic growth and development in lesser developed countries. The HIV/AIDS discourse of development is shared by UNAIDS, however, as it refers to the threat of HIV/AIDS beyond individual health and to socioeconomic development. This threat is framed in more detail by the Bank in line with its mandate, in discussing the disease's negative impact on labor productivity, schooling, and food security, which are due to employee illness, absenteeism, and death. Demographic indicators, such as mortality rates and dependency ratios, are frequently used to substantiate these arguments. Due to limited state resources, the Bank regards cost-effectiveness to be the main priority in developing responses to HIV/AIDS. Education, more so than treatment, is considered cost-effective, for it prevents HIV transmission to occur in the first place. Moreover, cost-effectiveness dictates that donors should devote resources to averting full-blown or generalized epidemics, according to the organization. Governments should take efforts early to instill anti-AIDS measures, for to delay in doing so will require much more monies and may be too late in the midst of a generalized epidemic. Using the discourse of public economics, the Bank argues that governments must intervene to address HIV/AIDS with the provision of public goods, which benefit individuals who would otherwise not pay for the goods themselves, and not leave HIV/AIDS intervention to the private sector. Government policies and programs could address these market failures: the under-provision of public goods, the negative social externalities of individual high-risk behavior, and inequity. From a public economics standpoint, government policies would alter the costs and benefits of individual choices and modify the economic and sociopolitical environment that influences and shapes individual choices. In particular, such policies would seek to lessen poverty and elevate the status of women. This discourse on modifying the environment and improving living conditions/rights is borrowed from UNAIDS. This sharing of mandate discourses between World Bank and UNAIDS widens the breadth of UN discourse, lending to its flexibility and expansiveness.

## Part II. UN discourse communication to countries: Methods and Results

Interviews with approximately 50 staff in UNAIDS and the World Bank were also conducted, from 2003 - 2004, to discern how HIV/AIDS information is communicated to countries. Staff members were contacted through each organization's media center, because they were involved in the production and dissemination of UN information at the headquarters and country levels. It was found that international HIV/AIDS discourses are successfully communicated to state-level actors, and thereby possess power, due to the following factors:

- i. Country field presence of international institutions.
- ii. International lending requirements for HIV/AIDS projects.
- iii. UN media influence.

With regards to field presence, each institution has an organizational structure in place that enables transmission of information from staff in headquarters to regions to countries to localities, and vice versa. Country representatives of international institutions are

active in vocalizing international discourses when attending regional, national, and local AIDS-related workshops and conferences. In addition, there are UN Theme Groups on HIV/AIDS in 134 countries, with UNAIDS Country Coordinators assisting in 60 countries. More UN Theme Groups exist for HIV/AIDS than for any other internationally recognized issue. A UN Theme Group on HIV/AIDS is composed of country representatives from each of the UNAIDS co-sponsoring agencies. The co-sponsoring agencies are WHO, World Bank, UNICEF, International Labor Organization (ILO), World Food Program (WFP), UN Development Program (UNDP), UN Office on Drugs and Crime (UNODC), UN Economic, Scientific, and Cultural Organization (UNESCO), UN Fund for Population Activities (UNFPA), and UN High Commissioner for Refugees (UNHCR). Its activities include facilitating collaboration between the state government and the UN system; facilitating HIV/AIDS activities; disseminating publications; and providing technical and information support.

UNAIDS also provides Program Acceleration Funds to eligible UN Theme Groups, who request financing for activities that encourage the involvement of people living with HIV/AIDS in national responses, activities that address “vulnerable groups,” or implementation of country response information systems (national epidemiological tracking systems). Therefore, there are financial incentives for countries to translate UNAIDS discourses into programs. Such incentives are also in evidence with World Bank lending requirements for HIV/AIDS projects, as it is the premier financier of projects in developing countries. Countries are better able to secure support through demonstrating adherence to internationally agreed upon meanings and values assigned to an issue. Official policy statements issued from state governments are common mediums for such symbolic use.

The National HIV/AIDS Strategic Framework is the primary instrument for countries to signal to the World Bank their political commitment and willingness to respond to HIV/AIDS in accordance with international discourse. In 2000, the Bank’s Africa region unit also constructed a Multi-Country HIV/AIDS Program (MAP) framework, which has made \$1 billion available for HIV/AIDS grants in African low-income countries. These grants are aimed at scaling up prevention, care, and treatment programs and mitigating the socioeconomic impact of HIV/AIDS. The MAP aims to expand access to HIV/AIDS prevention, care, and treatment programs particularly for vulnerable groups (e.g. youth and women) for the Africa region. The program’s eligibility criteria reflect the symbolic importance, to international donors, of policy statements and decisions made by country governments. They are;

- i.) Adequate evidence of a strategic, comprehensive, multi-sectoral approach to HIV/AIDS (that is, a National HIV/AIDS Strategic Framework).
- ii.) A high level HIV/AIDS coordinating body (that is, a national AIDS commission or council).
- iii.) Government agreement to use appropriate implementation arrangements (e.g. channeling funds directly to NGOs who will provide said services).
- iv.) Government agreement to use and fund multiple implementation agencies (World Bank, 2000).

While UN Theme Groups on HIV/AIDS residing in countries outside sub-Saharan Africa also influence development of National HIV/AIDS Strategic Frameworks and national commissions, the World Bank makes them explicit lending pre-requisites for the Africa region. Likewise, international organizations have utilized their established media presence in sub-Saharan Africa for publicizing UN-wide documents and publications, hence publicizing international HIV/AIDS discourses. For instance, UNESCO has aided in financing an African newswire agency, the Pan African News Agency (PANA), which arose out of discussions in the 1970s over a New World Information and Communication Order.

Developing countries argued for the need for freedom from Western-dominated news and media. However, PANA newswires, which are carried by African newspapers, do frequently report upon research and publications issued from international institutions. International HIV/AIDS discourses that are highlighted through these reports include linkages with development, vulnerable groups, food security, refugees, and employee discrimination. Indeed, PANA is a strong vehicle for summarizing international and regional publications, projects, workshops and conferences.

Another instrument of international media influence is the UN Integrated Regional Information Networks (IRIN), which is designed to provide a non-partisan source of knowledge, information, and resources during humanitarian crises in sub-Saharan Africa and Central Asia. Based on experiences of the 1994 Rwanda crisis, IRIN has become a stable newswire agency, whose reports are also consistently picked up by African newspapers. These include summaries of UN agencies’ documents and publications, thus publicizing international HIV/AIDS discourses such as poverty, female vulnerability, development, prevention, and human rights. Indeed, the IRIN community privileges the role of the IRIN in creating an expert knowledge network of “informateurs” and developing high connectivity amongst donors, UN agencies, governments, and NGOs. Their reports have also been utilized by state actors as situational updates and for informing decisions on budgets, policies, and programs.

### Part III. UN discourse reception in Uganda: Methods

The last step in the analysis is to discern how UN information is integrated in HIV/AIDS news coverage in Uganda. News articles related to HIV/AIDS from January 1, 1994 –January 1, 2004 were first reviewed for recurring themes across newspaper articles in one country, and then grouped and summarized according to themes discovered for each country. News articles on HIV/AIDS (excluding ones authored by the UN system) were reviewed from the major media outlets that archive their reports: *The Monitor* and *New Vision*. For Uganda, 1400 articles resulted from applying the search criteria. News media is used as a lens into how policy elites, NGO leaders, and journalists in each country address HIV/AIDS, it is not itself the focus of examination. A background to the role of African media in society and politics is provided next.

In addition to locating the ways in which countries adhere to international discourses and information, there is a more general rationale for undertaking an analysis of African news articles. While much micro-level research has investigated how Africans experience HIV/AIDS as individuals through their daily lives, the ways in which African public officials, NGO activists, journalists, and policy elites wrestle with HIV/AIDS in their interactions with citizens in addition to international organizations have not. How do they debate and deliberate upon the disease? Emphasizing either international organizations or Africans “on the ground” to the exclusion of African leaders leads to an implicit linking of leadership and decision-making to Western developed countries. Their public statements and arguments on HIV/AIDS over time, and how they incorporate international frames and information within their own countries, are best captured publicly in print.

Further, how issues are reported in African media has been largely neglected. Few outside Africa study how regional and national events are portrayed in its own media outlets. Scannell (1995) argues, “News from Africa today, as filtered through the mesh of western news values, presents an almost apocalyptic image of catastrophe. We never see the reverse of course – the ways in which such issues are dealt with in African media and their role in, say, preventing starvation” (1995: 531). However, as biases in various Western media outlets should be kept in mind (e.g. corporate ownership), the same is true of African media outlets. Ellis (2000) points out, “Those who live outside Africa can find

abundant information in the African press but, like the press of every country, it has to be read in the context of the prevailing culture if maximum information is to be gleaned from it" (2000: 226). Most importantly, many newspapers and radio stations in Africa are government-owned or government-sponsored in the midst of one-party states. Since the majority of Africans are more inclined to listen to the transistor radio rather than read the newspaper (often published in English) or watch television, governments concentrate on capturing radio stations for their use. Davidson (1995) contends that African governments "may be prepared to tolerate a critical independent press while maintaining a tighter control of radio, which has a much wider reach" (1995: 58). Nevertheless, financial support is withdrawn, repressive press legislation is instituted, editors and journalists are harassed or arrested, when newspaper accounts that oppose or criticize government actions are published. However, this is not to say that independent press is non-existent.

For example, Uganda has experienced relatively more independent press than have other African countries. Uganda's *The Monitor* is the leading independent newspaper in the country. According to Balikowa (1995), independent newspapers, rather than relying on advertising (which governments can influence) for revenue and profits, draw financial support from circulation. Uganda's *New Vision* newspaper is government-owned. On average, African countries have two or three leading newspapers, including at least one independent paper (Kasoma, 1995; Martin, 1992).

Since 1986, Uganda has been presided over by Yoweri Museveni, in whom much of the international community has invested support and trust, and his New Resistance Movement-led government. This close relationship is reflected in the great extent to which Ugandan incorporate international HIV/AIDS discourse into its national discourse. In 1986, the Minister of Health spoke publicly about AIDS in Uganda at the World Health Assembly, which was notable as many countries around the world were denying its existence. The government recognized early on that the disease posed a serious threat to the country's socioeconomic development, and that prevention was as important as treatment in addressing HIV/AIDS. The AIDS Support Organization (TASO) was created for the purposes of changing social attitudes and providing counseling to those with HIV/AIDS, and has since become a leading NGO in Africa. As a result, Museveni and Uganda have been widely credited with being one of the first and most successful examples of openly responding to HIV/AIDS with public information and education campaigns. Uganda had already been framed as a "success story," in terms of economic turnaround (post-Idi Amin's years) under Museveni, and his implementation of the World Bank/IMF's and major donors' policy recommendations; and it has since been framed as a "success story" in terms of significantly reducing its HIV prevalence (The Economist Intelligence Unit, 1998; The Economist Intelligence Unit, 1999 - 2000; Leggett, 2001). The following discussion provides an overview of international and local HIV/AIDS discourses circulating in Uganda between 1994 and 2004.

## UN discourse reception in Uganda: Results

UNAIDS information on prevention, community action, and human rights prevention in Uganda. Uganda utilizes international information to a greater extent than other countries. This includes UNAIDS information on voluntary counseling and testing (VCT), female-controlled prevention methods (e.g. female condoms, microbicides), social marketing, stigma and discrimination. The AIDS Information Center, created in 1990, has been instrumental in opening VCT centers in every district through-

out the country and changing sexual practices (*The Monitor*, 25 May, 1992). The Ministry of Health constructed a campaign that advertises its now-famous slogan via radio stations, billboards, and newspapers: ABC (abstinence, be faithful to one partner and condom use). However in contrast to UNAIDS, policy emphasis remains on abstinence first in the ABC approach. For example, First Lady Museveni, while active in lecturing on AIDS prevention, stresses abstinence and does not speak publicly about condoms. At a Makerere University talk, she said (to the dissatisfaction of the college audience), "The only condom we believe in is abstinence. I am neither qualified to and neither want to talk about condoms" (Ocwich, 2002).

Nonetheless, the country has imported female condoms through its AIDS Control Program so that women need not depend on men for HIV precautions (*New Vision*, 19 November, 1997). In 2002, Dr. Elizabeth Madraa, the Manger of the AIDS Control Program, reported that men are reluctant to negotiate condom use with their partners and prefer the male condom. Similar to UNAIDS, she recommended social marketing as a way to popularize the female condom. Madraa "told an HIV/AIDS seminar in Kampala that a consignment of up to 1.2 million condoms that were imported into the country in 1999 to provide women with an HIV prevention tool they can control is not yet finished. Madraa recommended the use of social marketing organisations to try and popularise the female condom" (Kisambira, 2002).

The Ugandan government has also taken an interest in microbicide development, citing international information that most infected women were in long-term relationships, wherein it is often more difficult to negotiate condom use on a continual basis (*New Vision*, 13 July, 2000). "The new product, which is expected to be in the form of a gel or a pessary, is expected on the Ugandan market in 2007. The Secretary General of the Society of Women Against Aids in Africa, Uganda Chapter, Dr Josephine Kasolo said that researchers in Uganda and other countries are working on the microbicide" (Mirembe, 2003). Both female condom and microbicide development have been framed by UNAIDS as innovative prevention options that need more attention, and Uganda has adopted this information.

## Community action in Uganda

Ugandans have also focused on integrating people living with HIV/AIDS (PLWHA) into society and into the country's fight against the disease. The government views the two going hand in hand, as does UNAIDS, since existing stigma and discrimination against people with HIV/AIDS discourages individuals from getting tested.

Madraa (AIDS Program Manager) said the Government position on HIV/AIDS stresses the principle of no disci-

mination in various places of work, health institutions and recreational centres. She said since the first reporting of AIDS in Uganda (1981) the government has followed an open and positive attitude towards AIDS and has encouraged provision of love and care to patients. (*New Vision*, 14 February, 2000).

Ugandan NGOs have displayed a strong presence in AIDS activism and advocacy, encouraging acceptance of PLWHA. They also act as a check on government in its carrying out of AIDS policies and programs. For instance, the Uganda Network of AIDS Service Organizations has had to call on the government to release allocated funds for community programs. The linkage between government corruption and HIV/AIDS epidemics is regional discourse; one that is made within Kenya as well, and it highlights the stealing by government officials of scarce resources needed to address the epidemic. The threat to development by corruption, or graft, such as embezzlement, bribes, and nepotism has been longstanding regional information, into which HIV/AIDS has been integrated. Alongside the effects of government corruption on HIV/AIDS interventions, leading NGOs in the country have warned donors against NGO fraud (Komakech, 2003).

In the countryside, the only services to speak of come through NGOs. Many people simply use NGOs to earn easy money. Within a couple of months of forming an NGO and getting donor funding, they will have built personal houses and set up a chain of personal businesses. To cover up their fraud, they will choose a few people among the would-be beneficiaries, shower them with money and services and use them as show cases when donor teams visit. (*The Monitor* 26 October 2003).

### **Human rights in Uganda**

Human rights is the dominant discourse of UNAIDS. Similarly, Ugandan government officials perceive human rights, particularly those of women, in terms of education and employment opportunities. In 1995, the manager of the AIDS Control Program, Dr. Elizabeth Madraa, stated that HIV/AIDS was taking a stronghold amongst women due to rape and commercial sex. Moreover, married women did not have the power to negotiate condom use with their husbands. Utilizing a UNAIDS argument, Dr. Madraa declared, "Many times Ugandan women find themselves dependent on men financially. This reduces their bargaining power for protected sex. When a man says no to a condom the woman has no choice" (*New Vision*, 4 December, 1995). First Lady Museveni, speaking at the first East, Central and Southern African Obstetrical and Gynecological Societies conference in 1997, argued that international talk of empowering women through educational, employment, and political opportunities is unrealistic without first securing the reproductive health of women (Musoke, 1997). The

devaluation and exploitation of women's labor and domestic work, and resulting financial dependence on men, are emphasized in discussions over ways to decrease HIV/AIDS prevalence. In Uganda, the issue of gender inequality and HIV/AIDS is more often raised with regards to employment, workplace discrimination, and policy decision making, as it is in international discourse.

### **World Bank information on socioeconomic development in Uganda**

Encompassing women's rights, the impact of HIV/AIDS on socioeconomic development has received widespread attention. Reports by international organizations are quoted in articles about the loss of teachers and school administrators due to AIDS-related death or absenteeism. For instance, "UNAIDS estimates that on average, 10% of teaching years will be lost between 2000 and 2015 because of absenteeism" (Makubuya, 2003). "Over 81,000 primary school children in Uganda lost their teachers to AIDS last year, a UNICEF report has said. The 'Progress of Nations 2000' report launched last week puts at 860,000, the number of children who lost their teachers to Aids in sub-Saharan Africa in 1999" (Wendo, 2000). The disease is noted for having a disproportionate impact on education, with children either left without teachers or dropping out of school themselves in order to take care of family members. Akin to World Bank, government officials discuss the macroeconomic costs of AIDS on education and society, and the need to mitigate the socioeconomic impact of AIDS at all levels. In illustration, Apuuli, Director-General of Uganda AIDS Commission, "said HIV/AIDS posed great new challenges in the country. He said it has brought about a severe health burden, grave socio-economic problems and a potential security crisis" (Samuel, 2002).

As well, President Yoweri Museveni said on Monday that Uganda loses \$703 m (sh1.2 trillion) annually due to HIV/AIDS and \$ 348 (sh630b) due to malaria. Museveni did not explain how the costs were arrived at. But experts say direct costs are computed in terms of expenditure on drugs and funerals. Indirect costs include hours lost by sick workers, loss of trained personnel and the burden of orphans and other dependants (Kaheru, 2002).

In line with international discourses on human rights and cost-effectiveness, the Ugandan government has stressed non-discrimination against those with HIV/AIDS in its approach to the epidemic. In 2000, it decided to prosecute employers, who conducted mandatory HIV tests (*New Vision*, 14 February, 2000) . The Uganda AIDS Commission has urged companies to recognize the contributions of people living with HIV/AIDS (PLWHA) and adopt PLWHA-friendly policies. The Uganda Business Council on AIDS is also affiliated with the Global Business Council on AIDS, UNAIDS, and the Uganda AIDS Commission. It maintains that HIV-positive employees should be allowed to continue their jobs as

long as they can meet work performance standards, which upholds non-discrimination as well as saves in employee hiring and training costs.

A person with HIV/AIDS is usually able to continue making valuable contributions towards the success of a company or business enterprise. It is with such a view that the Uganda AIDS Commission (UAC) encourages companies to adopt policies that enable affected employees to stay at work and give them the confidence to work diligently (Nsambu, 2002). Despite the information and debate on individual and societal prevention responses, the realm of HIV/AIDS treatment is not neglected in Uganda, which has been lesser emphasized by international organizations.

## **Uganda information on traditional medicine, vaccine research, and access to antiretroviral treatment**

### **Traditional medicine in Uganda**

While international organizations focused on HIV/AIDS prevention to the near exclusion of treatment during the time period under analysis, Uganda focused on treatment and vaccine research almost as soon as an epidemic was in evidence. For instance, in the early 1990s, the Joint Clinical Research Centre in Kampala, Uganda was busy testing at least nine AIDS treatments, developed by national scientists, for safety and efficacy (Draku, 1995). Yet, the Ugandan Ministry of Health has had to also order people to stop administering their individual herbal AIDS treatments or cures. One professor, Charles Ssali, had treated thousands of people with an herbal medicine called Mariandina, and his claim of success was subjected to much debate (*The Monitor*, 11 March, 1996). At last in 1997, "the Uganda Medical Association has ruled that the controversial 'Mariandana' drugs are not medical drugs used for the treatment of human beings" (*New Vision*, 3 December, 1997). Another healer, Berita Apeduno-Okwii, was one of a series of women in the late 1980s to 1990s, claiming that she had the spiritual power to cure AIDS and injecting people with herbal concoctions (*New Vision*, 7 July, 1997; Olupot, 1997). In response to government attitudes toward traditional medicine, herbalists have criticized the government for advocating access to Western drugs such as AZT, but not assisting local research endeavors and legalizing traditional medicine for HIV/AIDS (Namutebi, 1997).

The Association of the Promotion of Traditional Medicine (Prometra) was created in order to heighten the legitimacy of traditional HIV/AIDS treatment and to develop collaboration between modern and traditional medical research. Underscoring the perceived authority of international organizations, Prometra's chairman Dr. Yahaya Sekagya has cited WHO policies in justifying administration of herbal HIV/AIDS drugs. "When challenged on how Prometra can administer Metrafaids, without conducting safety and efficacious scientific

research needed of every drug, Sekagya said the World Health Organisation (WHO) had relaxed certain conditions for traditional medicines" (Bakyawa, 2003). Since then, the Ministry of Health has proclaimed support for research in traditional medicine, since such medicine has prolonged the lives of many HIV-positive Ugandans. The Ministry also appointed a task team to draft a law that would oversee actions of traditional healers. State Minister, Dr. Philip Byaruhanga, "said traditional healers had prolonged the lives of many HIV-positive Ugandans who could not afford Western drugs. He, however, blamed traditional healers and their clients for operating in secrecy" (Wendo, 2000).

### **Vaccine research in Uganda**

Likewise, attention was given to discovering a cure or vaccine for HIV/AIDS. At a 1996 international workshop aimed towards developing vaccine trials, "Dr. Medi Kaggwa, a minister of state minister in the office of the president, reaffirmed the government's commitment to the vaccine trials. 'The ultimate weapon against the AIDS pandemic is a preventive vaccine that works well' he told the participants" (*The Monitor*, 11 September, 1996). Uganda's Joint Clinical Research Centre and Makerere University have collaborated with Johns Hopkins University under funding from the US Institute for Allergy and Infectious Diseases in vaccine trials (*New Vision*, 30 September, 1997). The Uganda Virus Research Institute began collaboration with the International AIDS Vaccine Initiative (IAVI) in preventive vaccine research in 2001, based on findings from Kenya-Britain trials (Mpagi, 2003). Overall, the high prevalence and rapid spread of HIV/AIDS motivates a strong support for vaccine trials, whose launches are subject to frequent news coverage in Uganda. An editorial in *The Monitor* declares, "In this era where a cure has eluded scientists, and there are only anti-retroviral drugs to treat opportunistic illnesses and help lengthen lives of patients, hope lies only in a vaccine to prevent further spread of the disease" (*The Monitor*, 9 March, 2003). Nonetheless, a principal investigator for Uganda's Virus Research Institute, Dr. Pontiano Kaleebu, laments, "Vaccine research has been very disappointing. We have waited many years and we don't know how much longer we will wait" (Nakazibwe, 2003).

### **Access to antiretroviral treatment in Uganda**

Thus information on traditional medicine and vaccine research emerged in Uganda in great part, during this time, due to the prohibitive high prices of antiretroviral drugs. In response, there was a UNAIDS initiative in 1997 in collaboration with WHO and pharmaceutical companies, on widening availability and lowering costs of anti-AIDS drugs to the Ivory Coast, Uganda, Vietnam and Chile. Yet it was a short-lived and ineffective initiative.



The prices would remain out of reach for many, at US\$100 - \$300 per month, and the initiative was to last for 3 years.

Dr. Mugenyi [of the Joint Clinical Research Center] admits he is worried by a number of his patients who start off on the treatment but later default [after the initiative's end] due to the high cost of medicines---about \$1,200 per month. He fears that the virus may develop resistance to drugs if people take these powerful medicines haphazardly (*The Monitor*, 17 November, 1997). It became clear that wealthy Ugandans could better afford anti-retroviral therapy, but what of the rest? In arguing against widespread provision of treatment, Andrew Natsios of USAID stated in 2001 that Africans would not be able to take AIDS drugs because they do not use clocks or understand Western time. The quote received extended coverage and criticism in Ugandan newspapers. It was then seen as vindication when a 2003 study, undertaken by the University of California at San Francisco, found that Ugandans had a 91% antiretroviral drug compliance rate whereas Americans had a 70% compliance rate (McNeil, 2003; Nakazibwe, 2003). Government efforts to secure external subsidization and provision of drugs, and the outcomes of these efforts, receive continuous media coverage. Members of the Ugandan government have now and again proposed a health tax to be levied on all people in order to help pay for antiretroviral drugs. Henry Kityo, member of Parliament, argues, "The anti-retroviral drugs are still very expensive and out of reach for the majority of Ugandans. One way of solving this problem, in my view is to introduce HIV/AIDS tax to subsidize the current exorbitant cost of treatment" (*New Vision*, 8 September, 2003). These proposals, made in 1999 and 2003, had yet to pass into legislation (Kamali, 1999; *New Vision*, 28 January, 2003).

Interestingly, some Ugandan public health officials have reshaped World Bank information to apply to treatment as well as to prevention. For example, using a popular World Bank phrase, they discuss the need to "scale up" treatment interventions. With regards to widening access for mothers to nevirapine (which prevent mother-to-child HIV transmission), professor David Serwadda of Makerere University Institute of Public Health asserts, "We need to scale up on all interventions in order to implement programs that have an impact on public health" (Bakyawa, 2002). In addition, a vaccine is labeled as "cost-effective." In illustration, "Mr. John Barenzi, a CAB member and a retired government official who has worked on immunization programs in Uganda for many years, says "Vaccination is the most cost effective way of preventing disease" (*New Vision*, 25 July, 2003). Nonetheless, there has been less use of international information against international organizations, in contrast to other countries like Kenya, since the Ugandan government has effectively secured more access to antiretroviral therapy than other countries.

By the same token, African AIDS activists have challenged their government to do more to widen accessibility to antiretroviral treatment for the poor in the name of human rights (Wamboga, 2002). At the XIV International Conference on HIV/AIDS, one Ugandan activist proclaimed,

Anti- AIDS activists must address the more pertinent needs of over-burdened medical services, combating mother to child transmission, and the high cost of anti-retroviral cocktails. And this is what the world should be spending money on, not conferences -- and more conferences! (*The Monitor* 2 July 2002).

In January 2004, Uganda became the second African country after Botswana to provide free AIDS drugs for its people. Orphans and pregnant mothers will be provided with drugs before others, and more people will be given drugs as the prices continue to decline. In early 2004, government employees, including teachers, began to receive free antiretroviral drugs as well (Jaramogi, 2004; Kayizzi, 2004).

In stark contrast to other countries, and reflective of its positive standing with the international community, Ugandan officials have not been vocal in criticism of multinational pharmaceuticals and their concerns over patents and profits. Rather, Museveni has publicly sided with pharmaceutical companies against lowering prices or approving provision of generic drugs while a patent is still in effect. He supports the pharmaceutical argument that patents are necessary for recovering research and development costs; and that governments should engage in fundraising to subsidize drug prices. Museveni said, "I am not part of that group which thinks you are philanthropists. I know you are in the business of drugs to make money" (*New Vision*, 12 June, 2001). Maintaining a positive relationship between Uganda and multi-national institutions is important for Museveni and his government, and encompasses international organizations.

## DISCUSSION

Compared to other sites of discourse power, international organizations are a relatively recent focus for analysis; and arguments can be organized in the following manner:

- i.) Discourse as power.
- ii.) Sources of discourse power in international organizations.
- iii.) Discourse creation within international organizations.
- iv.) Discourse communication between international organizations and countries.
- v.) Discourse reception within countries.

The first two areas in this literature are well established, the third is currently developing, and the fourth and fifth have scarcely begun. This paper focuses on the fourth and fifth area with analysis on HIV/AIDS discourse communication from UN organizations and discourse recep-

tion in Uganda, as demonstrated in local news coverage. The broad range of HIV/AIDS information promulgated by UNAIDS and the World Bank (who share their mandate discourses) enhances international discourse and information power. Power of international organizations is maintained, with country actors more able to exercise agency and less able to articulate alternative discourses, given international discourse expansiveness and flexibility. Akin to international information, Uganda news coverage frames HIV/AIDS as an issue that goes beyond health and touches upon other issues of concern, including socioeconomic development and women's rights. Nonetheless, country actors are faced with an array of international information, from which to select ones that resonate with their experiences and concerns. Hence despite international discourse and information power, there is country agency.

For instance, in Uganda, abstinence is stressed over condoms, though both methods are included in its HIV/AIDS campaign. Local discourse has developed around issues of government corruption with HIV/AIDS monies, donor fraud, and efficacy of traditional medicine for treating HIV/AIDS. Moreover, the economic arguments contained in international information, which prioritize prevention over treatment, are reshaped in Uganda to argue for access to Western antiretroviral treatment. It is evident that there is an alternative discourse, demonstrated in Uganda, which orients HIV/AIDS program planning towards treatment provision and vaccine research. Thus international HIV/AIDS information have made their way into national debates and information as points of agreement, or modification to suit national interests.

There is variety in African state responses to international discourse. This is so since international discourses are not imposed on blank canvases; they intersect with domestic politics. In Uganda, reputed as a success story and enjoying positive relations with the international community, people are attuned to international discourses in the context of acclaim for Uganda as an HIV/AIDS success story (e.g. stigma and discrimination, community-level action). Ugandan leaders are less likely to criticize international organizations and multi-national pharmaceuticals. In contrast to Uganda, Kenyan policy actors are more inclined to critique bilateral and multilateral institutions.

Sam Ongeru, the Kenyan Public Health Minister in 2001, for instance, requested that donors write off Kenyan debts so that the country can better address the epidemic. He pronounced, "In Kenya, 53% of the population live below the poverty line. Since poverty has been identified as a major contributor to the spread of AIDS, the UN should create programs to attract specific funding to help alleviate the rasping poverty at the grassroots level, where a majority live" (*The Nation*, July 15, 2001). In addition, Kenyans also pay attention to and critique research findings on their national HIV/AIDS

situation that are published by international NGOs, such as Amnesty International and Human Rights Watch. For example, an editorial in *The Nation* stated, "While we support the Human Rights position that the children of AIDS victims tend to be tarred by the same brush as their parents, it is also important that we avoid generalizations that distort the broader picture – particularly when the conclusions are less than honest" (*The Nation*, 26 June 2001).

In supporting a Kenyan discourse on African self-reliance and Kenyan leadership, the Parliament enacted the Industrial Property Bill in 2001, in order to ease the way for local manufacturing of generic AIDS drugs. The legislation allows the government to suspend patent rights in times of national disaster, and drug importation from countries where drugs are less expensive. Kenya is the third country after South Africa and Malaysia to push such legislation in making HIV/AIDS treatment affordable for the poor (*The East African*, 7 May, 2001; *The Nation*, 2 June, 2001). President Moi declared that with this legislation, Kenya would lead "a crusade [that] will stimulate and enthuse the people of Africa, enabling them to fight this disease with energy and courage. Our culture of self-help will be reborn" (*The Nation*, 27 June, 2001).

Overall, Kenyan policy actors are more inclined to criticize pharmaceutical companies, and pinpoint the repercussions of limited antiretroviral availability than their Ugandan counterparts. Alarm has also emerged over an incipient Nairobi black market in AIDS drugs; generic and patented drugs are legally restricted to specific hospitals and pharmacies and necessitate close medical supervision. *The Nation* reported, "In the street, branded drugs from major manufacturers sell at a fraction of the official prices. Street-vended drugs are prone to under-dosing, irregularity and outright fakes. These may lead to drug resistance and toxins build-up in patients" (22 January, 2004). People with HIV/AIDS who cannot afford antiretroviral treatment are susceptible to such criminal activity, especially those who are reluctant to head into public clinics for treatment in fear of being stigmatized by observers. Indicative of their willingness to critique multi-national or international actions, Kenyans pay close attention to international discourses, research findings, and policy recommendations.

In another neighboring country, Rwanda, there is a fledgling media, compared to Uganda and Kenya. The major sources of information is the Rwanda News Agency and Radio Rwanda, both of which are owned by the government, and provide fewer articles than Uganda and Kenya on HIV/AIDS. The genocide experiences in Rwanda have significantly influenced the use of international information by its leaders. This is in line with this paper's argument that international information is selectively adopted and modified by countries so that it makes sense for their sociopolitical and cultural experiences. The most pervasive HIV/AIDS discourse in Rwanda is that of violence against and the genocide's

impact on women and girls. President Kagame has spoken on how the 1994 genocide, wherein women and girls were systematically raped and tortured, played a crucial role in facilitating HIV transmission.

The mass rape of Tutsi women was an integral part of what was a planned genocide. The propaganda that poured from radio stations in the months leading up to the genocide taunted Hutus with the mythology of Tutsi women: they were taller, more beautiful and arrogant. They had to be tasted and humiliated before they were killed. Some say their rapists boasted of infecting Tutsi women with the AIDS virus. They would be left to live, they were told, so they could pass on the virus to returning Tutsi fighters (*Rwanda News Agency*, 17 September, 1999).

Presently, there are numerous activist organizations constituting 1994 genocide survivors, one of which is the association of genocide widows – Avega–Agahozo. It started in 1995, and has approximately 2,500 members with provincial offices throughout the country. The association has carried out and publicized studies, which have concluded that half of the 55 to 60% of the female Rwandan population are widows; that 80% of the surviving women were raped during the genocide; and that 70% of the 1994 genocide widows became HIV positive due to rape and brutal forms of sexual violence during the genocide (*Rwanda News Agency*, 11 December, 2001; *Rwanda News Agency*, 25 March, 2002).

As in Uganda and Kenya, international information on gender and HIV/AIDS emerges in Rwanda. However, it more so stems from Rwandan experiences than from adoption of international discourse. Also emblematic of the more distant relationship between Rwanda and the international community is the emphasis on regional initiatives, as opposed to cooperation with international organizations, to address the pandemic. Illustrating a wary attitude of the international community, in part based on the absence of help during the 1994 genocide, Rwandan leaders emphasize the development of regional initiatives to counter HIV/AIDS epidemics. President Kagame proclaims in a radio address:

We are determined to give our people the security so critical to the overall realization of these objectives. And, working with our neighbours in this region, we will work towards peace and stability. We continue to work hard towards full integration that will enable people of this region to fully utilize the enormous potential that exists in our region and beyond. (*Radio Rwanda*, 4 September, 2001).

The Rwandan government has invested in regional partnerships within sub-Saharan Africa; and has stressed the need for African cooperation on African problems, including HIV/AIDS. President Kagame opines, "Africa should build partnerships to fight the pandemic which is killing its people" (*Rwanda News Agency*, 10 September, 2001). In turn, there is a Great Lakes Initiative on HIV/AIDS, whose headquarters are in Kigali, Rwanda. Its

members include Burundi, the Democratic Republic of Congo, Tanzania, Uganda, and Kenya, and it receives assistance from UNAIDS and the Bank (*Rwanda News Agency*, 22 October, 2002; *Radio Rwanda*, 27 April 1999). There is also a Great Lakes Human Rights League, which concerns itself with the region's socioeconomic decline, associated with conflict, poverty, and HIV/AIDS (*Rwanda News Agency*, 7 June, 2002). The Rwandan government is more apt, than that of Uganda or Kenya, to discuss these regional initiatives.

However, country news coverage is an imperfect measure of the influence of international information. This is so particularly in African countries, where the extent of independent media and media in general, varies considerably. One interesting follow-up study would be to perform a similar news content analysis on countries with similar sociopolitical experiences but different media coverage, or vice versa. Of course, such cases could prove difficult to find as the type of media coverage is dependent on the type of sociopolitical environment.

## REFERENCES

- Asiimwe MJ (2003). "Look Marital Rape in the Face, See AIDS," *The Monitor*, 3 December.
- Bakyawa J (2002). "Less 5% of Pregnant Women Access to HIV/AIDS Drugs," *The Monitor*, 10 July.
- Bakyawa J (2003). "Ugandan Healers Plead Their Case in Nairobi," *The Monitor*, 30 September.
- Bakyawa J (2004). "US Money to Save 165,000 Ugandans from HIV Infection," *The Monitor*, 2 February.
- Balikowa DO (1995). "Media marketing: an essential part of a free press for Africa," *Media, Culture & Society* 17: 603-613.
- Barnett M. Finnemore M (1999). "The Politics, Power, and Pathologies of International Organizations," *International Organization* 53:699-732.
- Barnett M, Finnemore M (2004). *Rules for the World: International Organizations in World Politics*. Ithaca: Cornell University Press.
- Barrett D. Tsui A (1999). "Policy as Symbolic Statement: International Response to National Population Policies," *Social Forces* 78:213-234.
- Beauchamp P (2000). "Drivers at Risk of HIV," *New Vision*, 9 July.
- Bebbington A., Guggenheim S, Olson E, Woolcock M (2004). "Exploring Social Capital Debates at the World Bank," *Journal of Development Studies* 40:33-64.
- Bebbington, A., Guggenheim, S., Olson, E., Woolcock, M, eds (2006). *The Search for Empowerment: Social Capital as Idea and Practice at the World Bank*. Bloomfield, CT: Kumarian Press.
- Boli J. Thomas G. "World Culture in the World Polity: A Century of International Non-Governmental Organization," *American Sociological Review* 62:171-190.
- Creswell, J (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*, Thousand Oaks: Sage Publications.
- Davidson J (1995). "The price of African press freedom," *Media Studies Journal* 9: 53-60.
- Draku M (1995). "Scientist Produces AIDS Drug," *The Monitor*, 30 November.
- The Economist Intelligence Unit. (1998). *Country Report: Uganda, Rwanda, and Burundi*. London: The Economist Intelligence Unit.
- The Economist Intelligence Unit. (1999-2000). *Country Profile: Uganda*. London: The Economist Intelligence Unit.
- Ellis, Stephen (2000). "Reporting Africa," *Current History* 99: 221-226.
- Escobar A (1995). *Encountering Development: The Making and Unmaking of the Third World*. Princeton: Princeton University Press
- Ezzy, Douglas (2002). *Qualitative Analysis: Practice and Innovation*, London: Routledge.
- Ferguson, J (1994). *The Anti-Politics Machine: "Development," Depoliti-*

- cization, and Bureaucratic Power in Lesotho. Minneapolis: University of Minnesota Press.
- Finnemore M (1996). *National Interests in International Society*. Ithaca: Cornell University Press.
- Finnemore M, Sikkink K. "International Norm Dynamics and Political Change," *International Organization*, 52: 887-917.
- Foucault M (1977). *Discipline and Punish: The Birth of the Prison*. New York: Pantheon Books.
- Glaser B, Strauss A (1967). *The discovery of grounded theory*, Chicago: Aldine.
- Goldman M (2005). *Imperial Nature*. New Haven: Yale University Press.
- Gramsci A (1971). *Selections from the prison notebooks of Antonio Gramsci*. New York: International Publishers.
- Ilungole S (2003). "FUE to Reward Firms on HIV/AIDS," *New Vision*, 22 February.
- Jaramogi P (2004). "Free AIDS Drugs for Civil Servants," *The Monitor*, 3 February.
- Kaheru H (2002). "Nation Loses SH1,200B to AIDS Scourge," *New Vision*, 20 November.
- Takeeto J (2003). "Don't Tag Work to HIV Status, Employers Told," *New Vision*, 28 May.
- Kamali G (1999). "State Asked to Levy HIV Tax," *New Vision*, 30 November.
- Kasoma FP (1995). "The role of the independent media in Africa's change to democracy," *Media, Culture & Society* 17: 537-555.
- Kayizzi R (2004). "Government Launches New Free Drug Program," *New Vision*, 26 January.
- Kiryowa S (2002). "Local Artists for AIDS Concert," *New Vision*, 8 November.
- Kisambira E (2002). "Men Unwilling to Negotiate Female Condom Use," *New Vision*, 13 August.
- Komakech R. (2003). "Activist Attacks Government On HIV Funds," *New Vision*, 5 November.
- Kulubya S (2002). "New AIDS Vaccine Trials for Next Year," *The Monitor*, 8 February.
- Leggett I (2001). *Uganda*. Oxford: Oxfam.
- Makubuya EK (2003). "AIDS Hurts Teachers, Education," *The Monitor*, 27 June.
- Martin R (1992). "Building Independent Mass Media in Africa," *The Journal of Modern African Studies* 30: 331-340.
- McNeil D (2003). "Africans Outdo Americans in Taking Their HIV Drugs," *New Vision*, 8 September.
- Meyer J, Boli J, Thomas G, Ramirez F. "World Society and the Nation-State," *American Journal of Sociol*, 103:144-181.
- Mirembe J (2003). "New Cream to Protect Women from HIV/AIDS," *The Monitor*, 21 August.
- Mpagi MC (2003). "AIDS Vaccine Trials Begin," *The Monitor*, 11 February.
- Mugeere A (2001). "In Arms Against Gender Violence," *New Vision*, 4 December.
- Mugenzi J. (1997). "African Women Endure Suffering Without Complaining," *The Monitor*, 16 April.
- Namutebi J (1997). "Herbalists Divided Over Ssali Demo," *New Vision*, 15 November.
- Nankumba C (2003). "Volunteers Embark on AIDS Campaign," *New Vision*, 10 April.
- Nakazibwe C (2003). "50 for AIDS Vaccine Trial," *The Monitor*, 5 February.
- Nakazibwe C (2003). "Ugandans Outdo Americans in Drug Compliance," *The Monitor*, 7 September.
- Nsambu JM (2002). "Private Sector Joins Anti-AIDS War," *New Vision*, 28 June.
- Nsambu JM (2002). "Companies Start HIV/AIDS Schemes," *New Vision*, 29 June.
- Nyakairu F, Emma M (2003). "AIDS Killed 70,000 Ugandans in 2002," *The Monitor*, 1 December.
- Ocwich D (2002). "Woes of the Young and Restless," *New Vision*, 26 November.
- Olupot M (1997). "Govt Directs Kumi AIDS Healer to Stop," *New Vision*, 11 July.
- Onyang S (2002). "Employers Set Rules on AIDS," *The Monitor*, 1 December.
- Samuel W. (2002). "AIDS Drug Prices to Drop Further," *The Monitor*, 26 April.
- Scannell P (1995). "Media and social change in Africa (Editorial)," *Media, Culture & Society* 17: 531-536.
- Wamboga N (2002). "Broken Silences, Empty Promises," *The Monitor*, 28 October.
- Watson C (1997). "Quiet Condom Promotion Dropped," *New Vision*, 29 October.
- Weber M (1947). *The Theory of Social and Economic Organization*. New York: Oxford University Press.
- Wendo C (2000). "81,000 Uganda Pupils Lose Teachers to AIDS," *New Vision*, 20 July.
- Wendo C (2000). "Health Ministry Drafts Healers Law," *New Vision*, 11 February.
- Wendo C (2001). "Uganda A Role Model in HIV Fight," *New Vision*, 19 April.
- Wendo C (2003). "US Donates \$6M for AIDS Drugs," *New Vision*, 6 December.
- Wendo C (2003). "One Hundred Women Test Anti-HIV Cream," *New Vision*, 9 September.
- World Bank. (2000). "Uganda – HIV/AIDS Control Project." Washington DC: World Bank.
- Appendix: References used for Text Analysis
- UNAIDS
- 1996a. *Children and AIDS in Thailand: One country's response*. Geneva: UNAIDS.
- 1996b. *The status and trends of the global HIV/AIDS pandemic*. Geneva: UNAIDS.
- 1997a. *Blood Safety and AIDS*. Geneva: UNAIDS.
- 1997b. *Blood Safety and HIV*. Geneva: UNAIDS.
- 1997c. *Community mobilization and AIDS*. Geneva: UNAIDS.
- 1997d. *Counseling and HIV/AIDS*. Geneva: UNAIDS.
- 1997e. *The female condom and AIDS*. Geneva: UNAIDS.
- 1997f. *HIV testing methods*. Geneva: UNAIDS.
- 1997g. *Impact of HIV and sexual health education on the sexual behavior of young people – a review update*. Geneva: UNAIDS.
- 1997h. *Learning and Teaching about AIDS at School*. Geneva: UNAIDS.
- 1997i. *Prisons and AIDS*. Geneva: UNAIDS.
- 1997j. *Refugees and AIDS*. Geneva: UNAIDS.
- 1997k. *Refugees and AIDS*. Geneva: UNAIDS.
- 1997l. *Sexually transmitted diseases: policies and principles for prevention and care*. Geneva: UNAIDS.
- 1997m. *Tuberculosis and AIDS*. Geneva: UNAIDS.
- 1997n. *UNAIDS policy on HIV testing and counseling*. Geneva: UNAIDS.
- 1997o. *Women and AIDS*. Geneva: UNAIDS.
- 1998a. *Access to drugs*. Geneva: UNAIDS.
- 1998b. *AIDS education through Imams: A spiritually motivated community effort in Uganda*. Geneva: UNAIDS.
- 1998c. *AIDS and men who have sex with men*. Geneva: UNAIDS.
- 1998d. *AIDS and the military*. Geneva: UNAIDS.
- 1998e. *Cost-effective analysis and HIV/AIDS*. Geneva: UNAIDS.
- 1998f. *Expanding the global response to HIV/AIDS through focused action, reducing risk and vulnerability: definitions, rationale, and pathways*. Geneva: UNAIDS.
- 1998g. *Gender and HIV/AIDS*. Geneva: UNAIDS.
- 1998h. *HIV/AIDS and the workplace. forging innovative business responses*. Geneva: UNAIDS.
- 1998i. *HIV/AIDS prevention in the context of new therapies*. Geneva: UNAIDS.
- 1998j. *HIV-related opportunistic diseases*. Geneva: UNAIDS.
- 1998k. *Looking deeper into the HIV epidemic. A questionnaire for tracing sexual networks*. Geneva: UNAIDS.
- 1998l. *A measure of success in Uganda: The value of monitoring both HIV prevalence and sexual behavior*. Geneva: UNAIDS.
- 1998m. *Microbicides for HIV prevention*. Geneva: UNAIDS.
- 1998n. *Mother-to-child transmission of HIV*. Geneva: UNAIDS.
- 1998o. *NGO perspectives on access to HIV-related drugs in 13 Latin American and Caribbean countries*. Geneva: UNAIDS.
- 1998p. *Partners in prevention: International case studies of effective health promotion practice in HIV/AIDS*. Geneva: UNAIDS.
- 1998q. *The public health approach to STD control*. Geneva: UNAIDS.

- 1998r. Social marketing: An effective tool in the global response to HIV/AIDS. Geneva: UNAIDS.
- 1998s. Towards the creation of strategic partnerships: Improving access to drugs for HIV/AIDS. Geneva: UNAIDS.
- 1999a. Acting early to prevent AIDS – the case of Senegal. Geneva: UNAIDS.
- 1999b. AIDS, 5 years since ICPD: Emerging issues and challenges for women, young people, and infants. Geneva: UNAIDS.
- 1999c. Comfort and hope – six case studies on mobilizing family and community care for and by people with HIV/AIDS. Geneva: UNAIDS.
- 1999d. Counseling and voluntary HIV testing for pregnant women in high HIV prevalence countries: Elements and issues. Geneva: UNAIDS.
- 1999e. Developing HIV/AIDS treatment guidelines. Geneva: UNAIDS.
- 1999f. Differences in HIV spread in four sub-Saharan African cities. Geneva: UNAIDS.
- 1999g. From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA).. Geneva: UNAIDS.
- 1999h. Funding priorities for the HIV/AIDS crisis in Thailand. Geneva: UNAIDS. 1999.
- 1999i. Gender and HIV/AIDS: Taking stock of research and programs. Geneva: UNAIDS.
- 1999j. Knowledge is power: Voluntary HIV counseling and testing in Uganda. Geneva: UNAIDS.
- 1999k. Launching and promoting the female condom in Eastern and Southern Africa. Geneva: UNAIDS.
- 1999l. Peer education and HIV/AIDS: Concepts, uses and challenges. Geneva: UNAIDS.
- 1999m. Prevention of HIV transmission from mother to child: Strategic options. Geneva: UNAIDS.
- 1999n. Regional consultation on HIV/AIDS prevention, care and support programs in Latin America and the Caribbean for men who have sex with men. Geneva: UNAIDS.
- 1999o. Sex and youth: Contextual factors affecting HIV/AIDS; A comparative analysis of multi-site studies in developing countries. Geneva: UNAIDS.
- 1999p. Trends in HIV incidence and prevalence: Natural course of the epidemic or results of behavioral change? Geneva: UNAIDS.
- 1999q. Sexual behavioral change for HIV: Where have theories taken us? Geneva: UNAIDS.
- 1999r. UNAIDS and nongovernmental organizations. Geneva: UNAIDS.
- 2000a. AIDS and men who have sex with men. Geneva: UNAIDS.
- 2000b. AIDS: Palliative care. Geneva: UNAIDS.
- 2000c. The business response to HIV/AIDS: Impact and lessons learned. Geneva: UNAIDS.
- 2000d. Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa. Geneva: UNAIDS.
- 2000e. Condom social marketing: Selected case studies. Geneva: UNAIDS.
- 2000f. Enhancing the greater involvement of people living with or affected by HIV/AIDS (GIPA) in sub-Saharan Africa: How far have we gone?. Geneva: UNAIDS.
- 2000g. Ethical considerations in HIV preventive vaccine research. Geneva: UNAIDS.
- 2000h. Fact sheets on HIV/AIDS and security. Geneva: UNAIDS.
- 2000i. Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India, and Bangladesh. Geneva: UNAIDS.
- 2000j. Guide to the strategic planning process for a national response to HIV/AIDS – resource mobilization. Geneva: UNAIDS.
- 2000k. Guidelines for studies of the social and economic impact of HIV/AIDS. Geneva: UNAIDS.
- 2000l. HIV and AIDS-related stigmatization, discrimination and denial: Forms, contexts and determinant; research studies from Uganda and India. Geneva: UNAIDS.
- 2000m. A human rights approach to AIDS prevention at work: The Southern African Development Community's Code on HIV/AIDS and employment. Geneva: UNAIDS.
- 2000n. Innovative approaches to HIV prevention: Selected case studies. Geneva: UNAIDS.
- 2000o. The male condom. Geneva: UNAIDS.
- 2000p. Opening up the HIV/AIDS epidemic: Guidance on encouraging beneficial disclosure, ethical partner counseling and appropriate use of HIV case-reporting. Geneva: UNAIDS.
- 2000q. Protocol for the identification of discrimination against people living with HIV. Geneva: UNAIDS.
- 2000r. Putting knowledge to work: Technical resource networks for effective responses to HIV/AIDS. Geneva: UNAIDS.
- 2000s. Summary booklet of best practices. Geneva: UNAIDS.
- 2000t. Tools for evaluating HIV voluntary counseling and testing. Geneva: UNAIDS.
- 2000u. Use of Nevirapine to reduce MTCT of HIV. Geneva: UNAIDS.
- 2000v. Voluntary counseling and testing. Geneva: UNAIDS.
- 2001a. Agenda for action. Background materials to the 4<sup>th</sup> World Conference on Women. Geneva: UNAIDS.
- 2001b. HIV prevention needs and successes: A tale of three countries, an update on HIV prevention success in Senegal, Thailand, and Uganda. Geneva: UNAIDS.
- 2001c. The impact of VCT: A global review of the benefits and challenges. Geneva: UNAIDS.
- 2001d. A media handbook for HIV vaccine trials for Africa. Geneva: UNAIDS.
- 2001e. Migrants' right to health. Geneva: UNAIDS.
- 2001f. Population mobility and AIDS. Geneva: UNAIDS.
- 2001g. Working with men for HIV prevention and care. Geneva: UNAIDS.
- 2002a. Meeting on care within the context of HIV/AIDS-related research in developing countries: Summary of issues and conclusions. Geneva: UNAIDS.
- 2002b. Paediatric HIV infection and AIDS. Geneva: UNAIDS.
- 2002c. Sex work and HIV/AIDS. Geneva: UNAIDS.
- 2003a. Criminal law, public health, and HIV transmission: A policy options paper. Geneva: UNAIDS.
- 2003b. HIV/AIDS and STI prevention and care in Rwandan refugee camps in the United Republic of Tanzania. Geneva: UNAIDS.
- UNAIDS and FAO. (1999). Sustainable agricultural/rural development and vulnerability to the AIDS epidemic. Geneva: UNAIDS.
- UNAIDS and Inter-Parliamentary Union. (1999). Handbooks for legislators on HIV/AIDS, law, and human rights: Action to combat HIV/AIDS in view of its devastating human, economic and social impact. Geneva: UNAIDS.
- UNAIDS and WHO. (1997). Sexually transmitted diseases: policies and principles for prevention and care. Geneva: UNAIDS.
- UNAIDS and WHO. (2000). Consultations on STD interventions for preventing HIV: What is the evidence?. Geneva: UNAIDS.
- UNAIDS and WHO. (2001). Fighting HIV-related intolerance: Exposing the links between racism, stigma and discrimination. Geneva: UNAIDS.
- UNAIDS and World Bank. (2001). AIDS, poverty reduction, and debt relief: A toolkit for mainstreaming HIV/AIDS programmes into development instruments. Geneva: UNAIDS.
- World Bank
1992. Tanzania: AIDS Assessment and Planning Study. Washington, DC: World Bank.
1997. Confronting AIDS: Public Priorities in a Global Epidemic. New York: Oxford University Press.
1998. Malawi: AIDS Assessment Study. Washington, DC: World Bank.
2001. HIV/AIDS in the Caribbean: Issues and Options. Washington, DC: World Bank.
2002. Education and HIV/AIDS: A Window of Hope. Washington, DC: World Bank.
- 2003a. Averting AIDS Crises in Eastern Europe and Central Asia. Washington, DC: World Bank.
- 2003b. HIV/AIDS and Tuberculosis in Central Asia. Washington, DC: World Bank.
- Abreu A, Nogueira I, Cowgill K (2003). HIV/AIDS in Latin American Countries: The Challenges Ahead. Washington, DC: World Bank.
- Africa Region. (1999). Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis. Washington, DC: World Bank.
- Armstrong J (1995). Uganda's AIDS Crisis: Its Implications for Development. Washington, DC: World Bank.
- Dayton J (1998). World Bank HIV/AIDS Interventions: Ex-ante and Ex-post Evaluation. Washington, DC: World Bank
- Jenkins C, Robalino D (2003). HIV/AIDS in the Middle East and North Africa: The Costs of Inaction. Washington, DC: World Bank.

Lamboray J, Elmendorf A. (1992). Combating AIDS and other Sexually Transmitted Diseases in Africa: A Review of World Bank's Agenda for Action. Washington, DC: World Bank.

Novotny T, Haazen D, Adeyi O (2003). HIV/AIDS in Southeastern Europe: Case Studies from Bulgaria, Croatia, and Romania. Washington, DC: World Bank.

Vinokur A., Godinho J, Dye C, Nagelkerke N (2001). The TB and HIV/AIDS Epidemics in the Russian Federation. Washington, DC: World Bank.