

## **MANAGING UGANDA'S HIV/AIDS EPIDEMIC: LINKING PUBLIC ADMINISTRATION THEORY TO INTERNATIONAL RELATIONS THEORY**

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**ABSTRACT:** In January 2000 the United Nations Security Council made history by holding a meeting that equated a health issue to a global security concern. The health issue was the spread of HIV/AIDS across Africa. The security concern was the destabilization of the African continent by the disease. Analyzing how countries such as Uganda have managed their HIV/AIDS epidemics provides insight into how multi-actor networks that span local, national, and international levels of response are deployed to offset such transnational crises. These types of studies also offer students of public administration and international relations an opportunity to build theoretical bridges between their disciplines by linking theories on state sovereignty to those that focus on the contours of nation-state sovereignty.

One striking characteristic of the global response to the HIV/AIDS pandemic is that despite conflicting viewpoints that often dull or delay implementation efforts, a variety of actors have still managed to find ways to cooperatively network in order to at least begin acting on topics of mutual concern.<sup>1</sup> Establishing partnerships between state and nonstate entities to deliver vital services has become recommended best practice in the struggle to address HIV/AIDS. These partnerships have cultivated cross-sector linkages that are also capable of spanning international, national, and local levels of response (see Madraa and Ruranga-Rubaramira 1998).<sup>2</sup> Given the importance of cooperative activities in managing HIV/AIDS, it is essential that social scientists not restrict themselves to only examining conflicts and cleavages within the issue area that disrupt service delivery efforts.

Among the more intriguing findings that arise from examining cooperative efforts to manage the pandemic by individual nation-states, and the partnerships they have built to combat the disease, is the degree to which differing countries health responses are

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influenced by other nation-states and organizations external to their borders. The extent to which many non-Western nation-states, in particular, are penetrated by outside forces regarding the management of HIV/AIDS is significant, and touches on a concept advanced by public administration theorists in the 1980s and 1990s known as the hollowing of the state. The concept of the hollow state is commonly understood as the blurring of boundaries between the public and private sectors. This blurring occurs primarily through the growing use of government contracting out and privatization strategies. However, public administration theorists who defined the hollowing phenomenon have generally been concerned with these developments in the American context.<sup>3</sup> The hollow state concept reflects how state and nonstate parties interact when governmental power to deliver public services is shared between them. These relationships can take many forms. Sometimes the role of the government being hollowed out can be one where it is still arguably in control of the delivery of service. In other circumstances the government has exchanged a significant level of control for less involved monitoring functions (Milward 1996, 193).

Expanding the study of the hollow state beyond strictly Western experiences is overdue. The fact of the matter is that hollowing takes place in many countries, and can display characteristics beyond those outlined above. A review of conditions relating to the hollowing of the state in non-Western settings can help to bolster our overall understanding of the topic and chart important differences that exist. The notion of a government's relationship to the services it funds or contracts out needs to be expanded to consider countries whose finances do not allow them to conduct either activity outright. Instead, the condition of these countries limits them to coordinating the activities of nonstate parties who seek to supply private or foreign funds to deliver services within the nation-state in question.

For many of these nation-states, this has been an endemic condition since the end of World War II. Certainly the state is hollowed out in such a scenario, but it was never truly solid to begin with. Does this fact eliminate using hollow state analysis to understand the conditions of these countries, or simply supply a new element to the discussion? I suggest the latter is true, and posit that these circumstances represent a unique wrinkle on the hollowing thesis that needs to be explored further.

Accepting that the concept of the hollow state can include analysis of non-Western countries, and that the sharing of service delivery responsibility can take place with actors external to nation-state boundaries as well as internal to them, allows for examination of the hollowing phenomena from a much broader perspective. This theoretical expansion moves the discussion of the hollow state well beyond traditional privatization and contracting out issues to a space where it must also consider the nature and form of nation-state sovereignty as well. As such, the writings of international relations theorists who study topics ranging from globalization to international regime creation need to be integrated into the discourse. Examining these areas in tandem ultimately serves to begin building a bridge between public administration and international relations scholars (see Heady 1998 and Farazmand 1999 for discussion on linking these fields).

A case study of how the HIV/AIDS epidemic in Uganda has been managed is provided below. Special attention is paid to the partnership structure of Uganda's

HIV/AIDS response. The severity of Uganda's epidemic in the 1980s and early 1990s, as well as the nation-state's depleted economic condition, led to the early development of complex networks of service provision to address caring for the ill and further prevention of disease. Studying the currently successful management of HIV/AIDS in Uganda displays not only a hollowing of state authority from entities within the country's borders, but also a significant horizontal penetration from other nation-states and a vertical penetration from international governmental and nongovernmental organizations. Uganda's experience with HIV/AIDS service delivery raises interesting questions relating to our understanding of nation-state sovereignty and the hollowing of state authority in non-Western contexts, and offers one point of comparison to our findings from Western countries.

### UGANDA'S MANAGEMENT OF THE HIV/AIDS EPIDEMIC

Sub-Saharan Africa has been an epicenter of the HIV/AIDS pandemic since the early 1980s. Uganda, in particular the area around Lake Victoria, received special and ongoing attention from scholars, policymakers, and public health practitioners concerned with the disease because it had been so horribly afflicted.

The first recorded AIDS deaths in the country were in 1982 (Byrnes 1992, 89). The Ugandan epidemic has taken a heavy toll since that time, affecting men and women in approximately a 1:1 ratio and traveling along a path of primarily heterosexual transmission (Mann and Tarantola 1996, 533).<sup>4</sup> At various times, some estimates have gone as far as to indicate that a full ten percent of the people in the country, and twenty percent of the sexually active men and women, have contracted HIV.<sup>5</sup>

Given the severity of the epidemic within Ugandan borders, the length of time that the crisis has been ongoing, and the country's relative success in controlling HIV/AIDS spread, case studies of Uganda's efforts have provided lessons on networking and partnering that other countries in Africa are learning from. As the African continent embarks on a collaborative partnership program against HIV/AIDS in the beginning of the twenty-first century, these lessons are especially important.<sup>6</sup>

Facilitating the spread of the disease in Uganda have been issues of civil war, poverty, migratory employment, and health crises from sexually transmitted diseases that interact with and further the spread of HIV/AIDS. In addition, a mutually reinforcing tuberculosis epidemic, prostitution, and inadequate use of contraceptive protection in the general population furthered disease dissemination (see WHO/UNICEF 1994, 13-39; Sekimpi 1988; Rwabukwali et al. 1994; and Haq 1988 for further discussion on these issues). While urban areas were the hardest hit in the early years of the epidemic, evidence shows that rural sections of the country also have had to cope with heavy HIV/AIDS infection rates (Armstrong 1995, 1). Additional problems that developed in the 1990s included an increasing number of young women becoming infected with the disease, and an overwhelming number of orphaned children being left behind after the death of parents.<sup>7</sup>

After a sluggish start in the early 1980s, Uganda's government responded relatively quickly to the HIV/AIDS epidemic in comparison to other African and world nation-states. Although imperfect at times, by beginning an intensive education campaign in

1986, establishing a multisectoral policy of intervention in 1990 that emphasized community empowerment, creating the Uganda AIDS Commission in 1992, and welcoming support from donors and service providers beyond Uganda's borders, the government demonstrated a concrete commitment to understand and address the problem (see Williams and Tamale 1991, 4, and Uganda AIDS Commission 1999, segment 4.2.1, for more detail). As a result of these and other efforts, country reports from the now defunct WHO Global Program on AIDS indicated in late 1995 that despite the astounding progression of infection that had taken place in Uganda during the 1980s and early 1990s, "the rate of new infections appear to be stable or decreasing, indicating that prevention efforts can be successful" (World Health Organization 1996). This perception is further bolstered by a UNAIDS (United Nations Joint Programme on AIDS) case study of Uganda that found reduced HIV spread in several key areas of the country during the mid-1990s (UNAIDS 1998).

The perception among many experts is that AIDS cases, and HIV infections in particular, began to level off in Uganda in the middle to latter half of the 1990s. However, given Uganda's depleted economy, need to rebuild from civil war, culturally structured gender inequalities, and loss of young, qualified adults to reconstruct the country, there is little reason to assume that Uganda could not once again slip into the grip of HIV/AIDS through another wave of infection.

Complicating its response to the HIV/AIDS epidemic throughout the 1980s and 1990s have been the realities of Uganda's political and economic environments. For twenty years prior to 1986, brutal dictators controlled political power in Uganda. From Tito Okello, to Milton Obote, to Idi Amin, a long reign of terror gripped the county. In 1986, President Yoweri Museveni's National Resistance Movement (NRM) successfully completed a guerrilla war that brought his party to power. Since that time, political parties had been outlawed and no free elections were held until May 1996, when the first ostensibly free presidential election in a decade was held in Uganda (see "After a String of Dictators, Uganda Gets to Vote Again," by J.C. McKinley, Jr., published in *The New York Times*, 10 May 1996).<sup>8</sup> Combined with, and some would say caused by, its political woes, Uganda has long been an economically ravaged country. While recovery from many years of destruction and destabilization is still progressing, there is little doubt that Uganda will remain economically challenged and on the outskirts of the global economy for quite some time to come.

When considered in conjunction with the heavy loss of human life and consequent drop in productivity due to HIV/AIDS, these circumstances dictated that partnerships with other countries, and organizations external to the government, were needed for provision of effective care and prevention services. This reality became especially clear when considering how to both fund and empower the country's health care system was explored.

The long series of civil wars that had debilitated the Ugandan nation-state also took a severe toll on its health infrastructure. By the time HIV/AIDS was being addressed in the 1980s, a collaborative approach to providing health care was necessary. As of 1989, seventy-nine hospitals existed nationwide, but thirty-three of these hospitals were being operated by private, nonprofit, community based, and religious organizations (Byrnes 1992, 90). This pattern continues today, with much of the nation-state's health care being

an interwoven patchwork of government facilities, private, and nonprofit operations (Uganda AIDS Commission 1999, segment 1.4.6).<sup>9</sup> To even begin adequately addressing the full force of the HIV/AIDS epidemic, such partnership scenarios with non-governmental and private organizations were inescapable.

In Uganda, community empowerment programs were encouraged to help the government deal with the growing catastrophe of HIV/AIDS. International governmental organizations, international nongovernmental organizations, and other nation-states all helped fund and establish grass roots community based organizations to address the need for HIV/AIDS care in local settings (see Hampton 1994, Williams and Tamale 1991, and Uganda AIDS Commission 1999 for more detail in these areas). This strategy produced many successes, including the now world renowned TASO (The AIDS Support Organization of Uganda), as well as many other local community based nonprofit organizations that work in conjunction with governmental and international entities to manage the disease. It has been estimated that between 1,020 and 1,050 nongovernmental and community based organizations were directly involved in HIV/AIDS prevention and care services in the late 1990s (Uganda AIDS Commission 1999, segment 4.2.2).

From the beginning of its decision to seriously respond to the epidemic, collaboration, networking, and partnership have been synonymous with the Ugandan effort. However, what is not sufficiently explained above is the extent that other nation-states, international governmental and international nongovernmental organizations have played in the effort. From the mid-1980s to the mid-1990s the World Health Organization (WHO) was a central figure in Uganda's HIV/AIDS response. During this period, substantial progress was made in establishing an AIDS Control Program, safeguarding blood supplies, tracking epidemiological patterns, prevention efforts, education, and improving care with the guidance, help, and support of WHO. Today, Uganda remains a central part of global vaccine research efforts championed by UNAIDS, having originally been chosen as a site for these efforts along with Brazil, Rwanda, and Thailand in the mid-1990s. However, international influence of Uganda's efforts has not been limited to WHO and UNAIDS. The 1990 national task force that evaluated the progress made on HIV/AIDS was deliberately comprised of representatives from major international and local agencies. The board of the resulting Uganda AIDS Commission set up in 1992 included government representatives, as well as members from nongovernmental organizations, religious bodies, and individuals active in the HIV/AIDS response (Uganda AIDS Commission 1999, segment 4.4.1). Today, UNAIDS, coordinating seven United Nations agencies and programs, is deeply involved in the Ugandan effort.

The involvement of multilateral, bilateral, and private donors has remained significant in number as well (Uganda AIDS Commission 1999, segment 6.1.3).<sup>10</sup> The 1995 WHO Global Program on AIDS country profile of Uganda listed a variety of external financial supporters for the country's AIDS efforts: the United States, Canada, Finland, Germany, Italy, the Netherlands, Norway, and Sweden were only some of the bilateral funding agreements that had been secured. Multilateral funding sources in the early 1990s included a multitude of international governmental and nongovernmental organizations as well, including the European Community and many United Nations

organizations (World Health Organization 1995). Supporting this information, Mann and Tarantola identified Uganda as being one of five countries it found receiving donations from five or more donor states that were analyzed (1996, 386). Recently, the Uganda AIDS Commission has noted numerous UN donor agencies as well as such organizations as The Carter Center Global 2000, the EEC, and the Lutheran World Federation. Additionally, the governments of Japan, France, Belgium, Sweden, and Spain were identified as significant supporters of Uganda's HIV/AIDS efforts. Major intervention agencies have included CONCERN Worldwide, the Boy Scouts, Church Human Services, the Catholic Secretariat, the Ugandan Red Cross, Plan International, Oxfam, and a host of community based organizations and indigenous national nongovernmental entities (Uganda AIDS Commission 1999, segment 6.1.1). These relationships consist of direct external funding supplied to either the government or nonstate parties implementing service delivery (Uganda AIDS Commission 1999, segment 6.1.2).

Some programmatic examples of these partnerships are:

- 1) The Decentralization of HIV Counseling and Testing Project, supported by the United Nations Fund for Population Activities (UNFPA) with the Norwegian Trust Funds;
- 2) The Sexually Transmitted Infections project, funded by the World Bank and implemented by the Ugandan Ministry of Health and various nongovernmental and community based organizations;
- 3) The PEARL program, funded by UNFPA and managed by a national steering committee of representatives from government ministries and nongovernmental organizations;
- 4) The Ugandan Blood Transfusion Services, run through the Ministry of Health and funded by the Ugandan government, the European Development Fund and the Uganda Red Cross Society;
- 5) The DISH project on integrating reproductive health services, funded by USAID, Pathfinder International, Ernie Petrich and Associates, John Hopkins University Center for Communications Programs, the African Medical Research Foundation, and the University of North Carolina; and,
- 6) The Basic Health Services Project in Kabarole District, supported by the German Technical Assistance (GTZ).

(See Uganda AIDS Commission 1999, segment 6.2, for more detail on each of these programs).

Beyond support provided to the Ugandan government by outside parties, some of Uganda's own NGOs are now receiving direct assistance from other nation-states, international governmental and international nongovernmental organizations as well. For example, TASO receives bilateral funding from USAID, Voluntary Services Overseas, the Danish Red Cross Society, Action AID, Germany Emergency Doctor Service, John Hopkins University, the Pentecostal Church, WHO, UNFPA, the United Nations Children's Fund and the United Nations Development Program (Uganda AIDS Commission 1999, segment 6.2.8).

To believe that the influence of these parties is limited to donating funds, or taking orders from the Ugandan government, is simply naïve and opens a discussion of

hollowing and sovereignty. As Ayittey has noted, outside organizations and nation-states have their own agendas. In Africa this has entailed pushing for democratization and Westernized governance structures to be in place in exchange for providing financial aid (Ayittey 1999, 275-81).<sup>11</sup> However, these relationships are more complicated than they might at first seem. The paradox in much of Africa is that outside parties have not been able to use this leverage successfully to fully dictate the governance changes they want to see come about. Yet, they do tie their financial input to such presumptions, and continue to apply pressure as best they can. Through this approach, donors no doubt hope to influence African nation-states to at least pause and consider how to appease their financial backers and adjust their actions accordingly. However, these efforts may also serve to provide support for ruling parties who are relying on outside funding to solidify their hold on the state apparatus, while not fully following through on donor wishes where governance reinvention is concerned. The power relationships are complicated.

The role that external organizations and countries play in determining how their money is used in regard to delivery of HIV/AIDS services within Uganda is no doubt significant. At the same time, Uganda continues to reap the rewards of this funding from the international donor community while it slowly moves towards what appears to be greater democratization.

As has been shown, Uganda has successfully partnered with a wide variety of entities to address its HIV/AIDS epidemic. At least one example from the World Bank depicts that in seeking international funding from the United Nations family of organizations, Uganda has successfully met requirements for using appropriate implementation arrangements and funding multiple implementation agencies to satisfy the donor agency (World Bank 2000). It is not a long stretch to link this type of compliance with Uganda's receiving rewards for their efforts in combating HIV/AIDS. Recently having high-ranking members of the government selected for leadership positions in the new Global Health Fund might be seen as one such reward (see the article entitled "Kofi Annan Chooses Ugandan to Lead Global Health Fund" in *NewsWire*, 31 July 2001, from the Associate Free Press for details). However, if full democratization does not materialize over time then the ultimate political change may remain unsecured. Clearly, this is a process. But it is difficult to determine who is really in charge of the situation. Perhaps this is the case because both parties are sharing power to a significant extent.

The World Bank example above illustrates the complexity of the relationship that exists between state and nonstate actors in the Third World. While services are hollowed out to parties beyond the Ugandan government, it is difficult to say that Uganda has given up its power to outside parties entirely. Rather, this situation is one of sharing power. There appears to be a mutual benefit for each party, at least to a point. In this example Uganda is seen meeting external donors' wishes by achieving funding and administrative benchmarks in return for a type of quid pro quo down the line where greater rewards are offered to the nation-state. The hollowing of services to outside parties appears to partially strengthen all hands involved with the process. As a result, external parties to the state now have their foot in the door but they are not able to open and close it as they choose. As for those in power within the government, they may have a tighter grip on the doorknob than ever before.

While the Ugandan government maintains a significant coordination role, the hollowing of state authority and responsibility is well entrenched in Uganda regarding HIV/AIDS management. The main question to be addressed is not if hollowing of the administrative public health apparatus has occurred. That answer is clearly, yes. Now the question turns to understanding the extent this hollowing process has impacted on Ugandan nation-state sovereignty, and in what ways.

### **LINKING PUBLIC ADMINISTRATION THEORY TO INTERNATIONAL RELATIONS THEORY**

Theoretical concepts relating to state hollowing and the permeability of nation-state sovereignty are linked by their mutual ontological constructions that allow multiple actors to interact across levels of political response. Understanding the management of HIV/AIDS in Uganda requires relying on these flexible political and administrative theories about organizations and institutions.

From the perspective of theorists constructing hollowing scenarios, government by proxy was fast becoming the norm in America throughout the 1980s, and accusations of a blurring of the public and private sectors gave rise to fears that a shadow state was being created which was controlled through unelected and unrepresentative third parties (see Kettl 1988; Wolch 1990). However, as Uganda's attempts to address HIV/AIDS demonstrate, while hollowing has been an issue for American public administration to come to grips with, it has not been America's concern alone. Indeed, the hollowing phenomena goes well beyond the United States and includes not only the slippage of power to internal privatization efforts, but also to other nation-states, international governmental organizations, international nongovernmental organizations and private sector multinational corporations.

From the creation of local economic and political entities called business improvement districts (BIDs) in America, to the role of growing supranational organizations such as the European Union, to the penetration of various Third World countries' affairs by multinational corporations, it is clear that the concept of a hollow state entity is not limited to internal dimensions of nation-state geographic boundaries. As the Ugandan case study shows, a non-Western nation-state's administrative apparatus can be hollowed out through vertical and horizontal interorganizational relationships that extend beyond established territorial borders. However, the impact of this hollowing process is what remains inadequately defined both in Uganda and other non-Western settings. I believe that interdisciplinary study interweaving public administration and international relations theories can help to clarify some of these issues.

Despite the Americentric focus in the field of public administration over the last hundred years (Welch and Wong 1998, 40), there have been efforts to establish a view of how other cultures approach public administration through the application of comparative analysis. This approach strives to limit the influence of the American perspective, while continuing to include it in comparative analyses (Riggs 1998) (see Savage 1976 and Waldo 1980 for discussion on the academic evolution away from an American focus). Among other gains from the writers who have explored this research program, analyses that focus on issues of policy diffusion have indirectly been helping to



flesh out and substantiate the possible range of parameters for the concept of the hollowing state as a growing global phenomenon. Indeed, in regard to Africa alone, Soremekun has gone so far as to say that the administrative apparatus in most states is, in fact, already hollowed out (2000, 268) (also see Baker 1994, Wilensky, Hahn, Luebbert, and Jamieson 1985, and Rose 1993 for some additional examples).

Additionally, research done on comparing public bureaucracies and bureaucrats has served to reveal hollowing patterns within nation-states by pointing out the influences and relationships of government with nonstate entities (Campbell and Peters 1988; Aberbach, Putnam, and Rockman 1981; Peters 1988; and Smith 1984 offer illustrations of this approach). All of these perspectives enable today's theorists to see beyond strictly American and Western contexts when examining these questions.

By opening our range of vision to see how other countries deal with the issue of state hollowing, we can determine that the penetration of the nation-state by outside players is, in varying degrees, an increasingly common issue the world over. Being willing to include non-Western countries such as Uganda in the analysis broadens our understanding even more. We can gain further perspective and clarity by exploring the literature in the field of international relations that deals with nation-state sovereignty. Linked to the theory of the hollowing state provided by theorists of public administration is the current study among international relations academicians and practitioners about the shifting form and structure of nation-state sovereignty. Realist writers of international relations have provided the most enduring descriptions of nation-state powers and characteristics. The four central views that make up the realist philosophy of international relations are (Viotti and Kauppi 1987, 32-33):

- 1) States are the principal actors.
- 2) The state is viewed as both unitary and rational.
- 3) The above two building blocks of realist theory are assumptions about the world and not intended to be wholly descriptive of it.
- 4) National security issues govern the actions of states.

An essential aspect of the nation-state's make-up in the realist view is also that it is a sovereign entity in international relations. In this construction, sovereignty generally implies having control of a territory and a population. Two fundamental elements of sovereignty are consistently included within this definition: 1) freedom from external forces; and, 2) freedom to control internal affairs of state.

Defining nation-states as sovereign in this fashion highlights the important fact that sovereignty has internal and external characteristics. As we have seen in the case study of Uganda, this bifurcation of nation-state power complicates the discussion of hollowing and authority considerably when dealing with many non-Western countries. The study of Uganda also shows how important it is to understand international relations when looking beyond Western nation-state experiences where the nation of sovereignty may more closely match the realist description.

To begin examining how concepts of the hollowing of government services and the sovereignty of a nation-state interact, it is important to enter into logically mapping the

**TABLE 1**  
Hollowness/Sovereignty Nation-State Quadrant Chart

More Hollow/ More Sovereign Quadrant 1	More Hollow/Less Sovereign Quadrant 2
Less Hollow/More Sovereign Quadrant 3	Less Hollow/Less Sovereign Quadrant 4

various scenarios that could exist across contexts. Table 1 initiates discussion on the complex relationships involved in this matter. It must be stressed that this discussion is simply a means of unpacking the phenomenon that the Ugandan case study helped to illustrate. The next level of research on the topic will need to include measurable variables of hollowness and sovereignty for more significant learning to take place. As part of this baseline discussion, however, I will differentiate my classification scheme of hollow and sovereign nation-states along the lines of a less or more hollow nation-state, and a less or more sovereign nation-state. Precision of distinction is not my immediate goal—broad characterization is. The quadrant chart in table 1 displays some of the overall complexity of how state hollowness and sovereignty interact in the real world.

It would be easy to suggest that Quadrants 2 and 3 of the chart above would be where all examined real world cases could be mapped. By placing Third World and newly developing countries into Quadrant 2, and both Western and more affluent nation-states into Quadrant 3, a preliminary sketch that is intuitively satisfying to some would result. However, even a cursory examination of the world's nation-states would point out that this is far too simplistic a view to move forward from. As we have seen with the Ugandan case study, the initial inclination to assume that a hollow nation-state would be less sovereign than one that is not does not hold in all situations.

In Quadrant 1 there are likely to be cases where the courting of donors by Third World elites supplies enough support to their governments for them to strengthen their hold on power. This is arguably at least part of the case in the Ugandan management of the HIV/AIDS epidemic. In a different vein, it is arguable that in Afghanistan, Al-Qaeda's relationship with the Taliban government represented a non-Western form of hollowing out a country's security services. The end result in both cases was not a less sovereign nation-state, but a more sovereign one as the nonstate entity further secured the existence of the governing body. Far from sacrificing government sovereignty to nonstate actors, these scenarios assume use of nonstate support to improve existing governance power. Yes, the public administrative apparatus is significantly hollowed out, but somehow, at the same time, those in power seem to have increased their level of governmental control.

On the other hand, there are no doubt situations that support the original assumptions I noted above. In one scenario for Quadrant 2, heavy penetration of weak nation-states by IGO, INGOs, private entities, and other nonstate actors could weaken the overall control of countries by their governments as they do the bidding of their patrons, or are simply unable to effectively exercise control over them. The cases of disintegrating nation-states like Somalia in the early 1990s could be placed into this category. Additionally, in Quadrant 3, the experiences of America and primarily Western, affluent countries could

be found fitting nicely. Here, hollowing is restricted to privatization and contracting out with nonstate actors internal to a government's borders that appear at the edges of governance, rather than dominate it. Finally, for Quadrant 4, scenarios can be envisioned where smaller countries that are essentially under the protection of larger, more powerful ones may be able to prevent the internal hollowing of service delivery, but at the same time are forced to cede sovereignty of their external affairs to their protector as satellites of that entity.

There are additional iterations for each of these themes that would also need to be carefully examined once empirical analysis of individual situations is carried out. As the Ugandan case study shows us, this discussion is complex and there are many more questions of importance that would need to be answered to further refine such an analysis. For example: Is it important to map hollowing by sector of service delivery? How do different types of actors hollowing out different types of service categories impact on nation-state sovereignty? Is it necessary to map the hollowing of these sectors and actors according to internal and external dimensions of sovereignty? Is it necessary to aggregate conditions across sectors, involving both internal and external nonstate penetration, to reach an overall opinion of the relationship between hollowing and sovereignty for a given nation-state? I believe the answer to each of these questions is, yes. In this study, I am only trying to reveal the tip of an iceberg.

The management of the HIV/AIDS epidemic in Uganda provides a single, sectoral specific example of how hollowing and sovereignty interact within a Third World nation-state. However, more importantly, the Ugandan case study illustrates that there is a clear, but complex, link between the theoretical characteristics of state hollowing and nation-state sovereignty that warrants more in-depth analysis in the future.

### **CONCLUSION: HIV/AIDS AS A PRE-REGIME STUDY AREA?**

To date, the concept of the hollow state has had its roots in national and local government analyses that focused particularly on the American government's management of an increasingly complex world. The Ugandan management of the HIV/AIDS epidemic not only displays that the hollowing phenomenon extends beyond American shores, but also that the extent to which networking and partnerships are involved in this process has been underexamined in this environment. In fact, the HIV/AIDS case study presented displays that state hollowing did not only occur from within the borders of Uganda, but a significant horizontal penetration of the nation-state by other countries, and a vertical penetration from international governmental and nonstate organizational sources took place as well. The study further points out that understanding whether or not state hollowing impacts sovereignty positively or negatively is a complicated question that needs further review. Additional case studies focusing on HIV/AIDS as well as other topics may make it possible to create a much needed cartography on the topic that can spur more complete theorizing in this area over time. Attending to such concerns serves to build an important bridge between the theoretical understandings of public administration and international relations scholars that can continue to be strengthened in the ways I note below.

Building on the findings from this article by investigating how globalization processes, networking theory from public administration, and international regime theory from international relations can further answer questions relating to the HIV/AIDS pandemic would further establish this research program in the years to come. From the perspective of many scholars concerned with international relations, the processes of globalization are often seen to include an expanding interdependence among nation-states, a variety of other political actors, and the global ecosystem, in differing combinations and permutations (see Held and McGrew 2000 for a look at this burgeoning literature). In essence, it has been realized that nation-state sovereignty is permeable rather than opaque—and perhaps has always been so. This is particularly true for students of international organization who have studied international regimes. International regimes have been described as voluntary associations of actors who ascribe to a mutually accepted code of conduct, rules, and procedures (see Viotti and Kauppi 1987, 602, and Gordenker, Coate, Jonsson, and Soderholm 1995, 16 for further clarification on this topic).

Most often, international regimes will come into play where issues of severe global interdependence exist. At these times, networks of political actors from a variety of societal sectors (sometimes referred to as epistemic communities) are needed to address a specific problem. From issues of pollution to issues of nuclear security, regimes are born when nation-states need or want to cooperate with other political actors on matters of vital importance. The degree that government powers are hollowed out and sovereignty lost in such arrangements is open to debate. However, the fact that nation-state independence is sacrificed for interdependent action tells a tale of compromise that cannot be veiled and suggests a further area of study where public administration and international relations theorists can productively cooperate.<sup>12</sup>

With the creation of the United Nations program UNAIDS in January 1996, and the recently established International Partnership Against AIDS in Africa, the topic of an international AIDS regime deserves renewed attention. UNAIDS is administered by the WHO and consolidates the actions of seven different UN agencies and programs in the global management of the HIV/AIDS crisis. The World Health Organization, the World Bank, the United Nations Development Program (UNDP), the United Nations Economic, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNPFA), the United Nations Children's Fund, and the United Nations Drug Control Program (UNDCP) make up the international governmental organizations that are a part of UNAIDS. However, UNAIDS has a wide-ranging association with the governments of nation-states as well as with international and national nongovernmental organizations. Similarly, the International Partnership Against AIDS in Africa has been taking shape for the last several years and includes support from a substantial number of African nation-states, international governmental organizations and nongovernmental organizations operating in the region (UNAIDS 1999).

Studying the creation of UNAIDS and the African Partnership would be an important step out of the darkness of the past, which assumed that nation-states were independent entities which could tend to their own internal problems without significant coordinated, collegial collaboration from outside parties. As such, these developments represent an important experiment in cooperation that needs to be carefully examined as we move into

the twenty-first century. While there have been assertions that an HIV/AIDS regime is a likely occurrence yet to be actualized (Gordenker, Coate, Jonsson, and Soderholm 1995, 17), all that is safe to say at this time is that the creation of UNAIDS and the African Partnership once again highlight the need to reconsider this possibility. If anything, the current situation needs to be carefully tracked as perhaps a prelude to regime construction. Including research on the intersection of hollow state theory and nation-state sovereignty, and examining the functions of networks in preregime development, would further enliven this field of study.

## NOTES

1. Topics of concern regarding HIV/AIDS have increasingly focused on human rights and range across a wide array of issue areas. International travel rights, blood testing, population screening, vaccine research, the creation of international human rights standards in both the workplace and society, collaboration on treatment of special populations (i.e., prostitutes and drug users), the development of educational tools, enhancing sensitivity to gender disparities thereby increasing awareness of women's rights, drug availability, and many more subjects have been focused on in the last eighteen years.

2. For the purpose of this article, nonstate entities refer primarily to international and national not-for-profit organizations as well as community-based organizations. Private sector companies are also included in the definition, although they are not focused on in depth in this article. The term partnership covers a wide expanse of constructive relationships between governmental organizations, nongovernmental organizations, and private sector organizations designed to fund, develop, and implement HIV/AIDS services.

3. A brief list of those pursuing the topic of the hollow state or related issues include Allison 1980; Mosher 1980; Kettl 1988; Wolch 1990; and Milward, Provan, and Else 1993. Also, an entire issue of the *Journal of Public Administration Research and Theory* was dedicated to the topic of the hollow state in 1996.

4. Note that the Uganda AIDS Commission indicates the male/female ration skews towards increasing numbers of female infections in the 15 to 19 age group by an order of 3-6 to 1, and in the 20-25 age range by 2 to 1 (Uganda AIDS Commission 1998, segment 3.1.2).

5. Also see the Uganda AIDS Commission 1998, segment 3.1. This document indicates that the number of HIV infected persons was expected to peak at 1.84 million adults, with individuals between 15 to 49 accounting for sixty percent of all cases.

6. In an article entitled "Confronting the Cruel Reality of Africa's AIDS Epidemic," published in *The New York Times*, 19 September 1990, Erik Eckholm noted: "Uganda is a bellwether for Africa, a case study of the future. The strange new questions that Ugandans are brooding over will soon preoccupy people in many countries." For a more current discussion, see UNAIDS 1999, where it was announced that an Africa-wide partnership was being undertaken to fight HIV/AIDS.

7. It has also been noted that in addition to the problem of increasing numbers of orphans, AIDS is also recognized as the fourth leading cause of death among children under the age of 5 (Uganda AIDS Commission 1998, segment 3.1.1).

8. It is important to note that opponents of President Museveni complained the election was rigged.

9. While roughly sixty-six percent of Ugandan health facilities are government run, only forty percent of those who seek medical services choose these options as opposed to NGO or

private sector sites. In essence, of those using the modern medical system, sixty percent are choosing to opt out of the governmental structure.

10. It is noted that seventy percent of the country's HIV/AIDS funding comes from these external donors.

11. Further still, the influence of international lenders and donors to Africa is often found in the conditions of loan/grant assignment. For instance, Korten notes that health care arrangements are often rewritten by bank approved consultants (Korten 1995, 165). Ali Farazmand goes as far as to say that such actions serve as a negation to democracy within these countries (1999, 516). Raadschelders (2000) supports this view by noting that the variety of reforms built into the lender/donor agreements are Western style reforms rather than Africanized versions of such to suit the external partners.

12. Boone and Batsell (2000) see studying the HIV/AIDS pandemic from the perspective of international regimes as a fruitful area of research that political scientists could engage in years to come.

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