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What's Left to Own?: Moving Beyond Ownership of Development in Aid-dependent Africa

Takiyah Harper-Shipman

University of Connecticut - Storrs, takiyah.harper@uconn.edu

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What's Left to Own?: Moving Beyond Ownership of Development in Aid-dependent Africa

Takiyah Harper-Shipman, PhD

University of Connecticut, 2017

Abstract: What is ownership of development and how does it operate in aid-dependent Africa? This dissertation examines the various power structures and agents that shape development in aid-dependent Africa through the lens of Ownership of Development. Using Burkina Faso and Kenya as country case studies and the health sector as the standard case for comparison, I argued that the ownership paradigm precludes the end of the development industry making the teleological ends of development exist only as a chimera, while the inherent discourse reifies the underdeveloped subject in Africa. I develop this argument based on seventy-five original interviews with government officials, civil society organizations, and donors in Burkina Faso and Kenya's health sector.

What's Left to Own?: Moving Beyond Ownership of Development in Aid-Dependent Africa

Takiyah D. Harper-Shipman

B.A. Howard University, 2006

M.A. University of Connecticut, 2014

A Dissertation

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What's Left to Own?: Moving Beyond Ownership of Development in Aid-dependent Africa

Presented by
Takiyah D. Harper-Shipman, B.A., M.A.

Major Advisor _____
Shareen Hertel

Associate Advisor _____
Manisha Desai

Associate Advisor _____
Jennifer Sterling-Folker

Associate Advisor _____
Jane Gordon

Associate Advisor _____
Susan Randolph

University of Connecticut
[2017]

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List of Acronyms

CDF	Comprehensive Development Framework
DGEP	La Direction générale de l'économie et de la Planification (General Directorate for the economy and planning)
ERD	External Resource Department
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation
GTZ	German Technical Co-operation Agency
HIPC	Heavily Indebted Poor Countries
IDA	International Development Agency
ICPD	International Conference on Population Development
IFI	International Financial Institution
IMF	International Monetary Fund
JICA	Japanese International Co-operation Agency
KANU	Kenyan African National Union
MDGs	Millennium Development Goals
MoFE	Ministry of Finance and Economics
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NARC	National Rainbow Coalition
OECD	Organization for Economic Co-operation and Development
PADS	Programme d'Appui Sanitaire
PEPFAR	President's Emergency Plan for Aids Relief
PNDS	Programme National de Développement Sanitaire
PRSPs	Poverty Reduction Strategy Papers
SAPs	Structural Adjustment Programmes
SDGs	Sustainable Development Goals
SIDA	Swedish International Co-operation and Development Agency
SWAp	Sector Wide Approach
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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I dedicate this dissertation to my daughter, Jaelyn Xolani. I read somewhere that we did not inherit the land from our ancestors; we have borrowed it from our children. If this is true, then I hope that this dissertation is a testament of my attempts to return to you a world in better condition than when it was given back to me.

Introduction

“It is in Africa that the future of the world is being played out, because it is in Africa in particular where the...forces that have yet to make their contribution are found: wealth in economic terms, and wealth in human terms” –Michel Camdessus (Managing Director of the IMF, Jan 19, 2000).

Africa as an underdeveloped and catastrophic geopolitical space inhabited by victims of economic, natural, and political crisis is a pervasive trope that exists not only in the global media, but is reinforced through the academy. There is no shortage of references to some facet of African existence as being in crisis, either in education, agriculture, politics, economics, or environment. Similarly, Melinda Smith compiled a collection of academic articles addressing the need to move *Beyond the African Tragedy* (2006). Or, as Siba Grovogui points out,

Africa’ has emerged to the large Western public yet again as a metaphor for a number of evils: failed states, AIDS, poverty, corruption, and ‘fratricide’. The multiplicity of these signs of evil and despair allows for multiple allusions to race without the inconvenience of falling prey to a natural-history ontology of race, civilization, and culture, particularly in relation to supposed regional performances and ethics (Grovogui 2001, 426).

The continent’s failures are cemented in the need for development. The dominant understanding of development in Africa exists within a framework of poverty reduction and economic growth (Gelb 2000). In accordance with this view, Africa can finally begin contributing to the world once the continent starts to develop economically and socially.

This dissertation progresses with the latent assumption that Africa has already contributed and continues to contribute to the world through its human and natural resources. Through European colonialism, imperialism, Cold War political maneuverings, structural adjustments, and globalization, Africa has made considerable contributions to the “so called” developed world. And through the legacies of these exploitative processes it continues to do so. This particular assumption runs counter to the dominant claims of Africa as providing the world with little more than a philanthropist’s dream, through its need for constant intervention. However, if one were to take up the presupposition that Africa has not yet made any global contributions and remains in a perpetual crisis, the next logical question is, who or what is

responsible for impeding progress on the continent? Furthermore, whose interest does it serve to describe Africa in such pejorative terms? Throughout this dissertation, I illustrate how the answers to these questions are embedded in the discursive practices of the current development paradigm. One of the arguments that I advance in this dissertation is that the contemporary development paradigm is predicated on the demand that African countries *own* their development. The dominant definition of ownership comes from the Organization of Economic Co-operation and Development (OECD) High-Level Forums on Aid Effectiveness as “a developing country governments’ abilities to exercise leadership over their development policies and strategies and co-ordinate development actions” (OECD 2011, 29). However, the call for ownership dates back to the World Bank and International Monetary Fund’s (IMF) imposition of Structural adjustments in Africa.

The origins and importance of “ownership”

Ownership of development, country ownership, ownership of adjustment policies, or simply ownership comes from the Bank and IMF’s legitimacy crisis that emerges in the wake of its imposition of neoliberal development in the 1990s. Neoliberal development pertains to structuring and conditioning of political and social entities around the market so that progress in these areas is understood in predominantly economic terms. Accordingly, neoliberal development entails the state implementing a constellation of policies that should lead to individuals having the freedoms to participate in domestic and global markets. A neoliberal state does not interfere with the market, as neoliberal theory purports that government failure is worse than market failure (Harvey 2005). In the 1980s and 1990s, the World Bank and IMF proposed a neoliberal model of development for Africa (and the rest of the global South) that made state-adoption of neoliberal policies a condition for continued access to concessional loans. During this same time period, many African states were experiencing crises in their economic sectors

for a variety of reasons (Mkandawire and Soludo 1999) including global shocks and government spending.

In order to stabilize their economies, African states borrowed heavily from the IMF and World Bank to avoid borrowing from private banks, which would provide loans with interest at market rates. From the IMF and World Bank, African governments could acquire concessional loans, or loans with little to no interest and extended periods for debt-repayment. In exchange for these loans, the two Bretton Woods Institutions (the IMF and World Bank) required African governments to implement a host of neoliberal development policies. Primarily, African governments had to privatize state-owned enterprises, liberalize their borders, and essentially integrate into the global market on the IMF and World Bank's terms (Harvey 2005; Owusu 2003; Portes 1997). Although there was some variation across the recommended policies, the predominate policy prescriptions sought to increase GDP growth, which became synonymous with development, through an unleashing of market forces (Harvey 2005; Pons-Vignon and Segatti 2013). Not only did these policies not lead to sustained economic growth for many African countries, but they also destroyed post-independence gains in the social sectors.

As the institutional manifestations of neoliberal development, the World Bank and IMF shouldered a considerable amount of the responsibility for the reversals in social progress that took place on the African continent and in Latin America throughout this period. Needing to remain legitimate institutions capable of solving development problems, the Bank and IMF proceeded to design a development paradigm that would not only prevent the institutions from ever taking responsibility for underdevelopment in Africa again, but also ensure that the IMF and World Bank would remain inexorable fixtures in Africa; they accomplished this twin feat through the call for more ownership in Africa.

In the context of today's development scheme for Africa, ownership has become paramount for any type of development success and has been taken up by a wide range of

members in the international community. Giving a speech in Busan, Korea, then Secretary of State Hillary Clinton argued,

We need to get serious about what we mean when we talk about country ownership of development strategies. Let's be clear, too often, donors' decisions are driven more by our own political interests or our policy preferences or development orthodoxies than by our partners' needs. But now our partners have access to evidence-based analysis and best practices, so they can better decide what will work for them. We have to be willing to follow their lead (United States Government 2012b, 5)

The language of ownership also permeates the UN's Sustainable Development Goals (SDGs).

In a speech on the sustainable development agenda in Africa in July 2016, the Administrator of the United Nations Development Programme (UNDP), Helen Clark noted,

Broad coalitions around the SDGs are needed to leverage stakeholders' strengths, build synergies, and promote *national ownership*. Government leadership and commitment to the SDGs is vital, but it is insufficient on its own. To achieve the SDGs, there will need to be engagement across civil society, the private sector, philanthropy, multilateral institutions, and development partners as appropriate (Clark 2016, n.p. emphasis mine).

In the story of Africa's tragic existence in relation to the West, foreign aid donors are the protagonists for progress, assisting struggling African civil societies in their futile attempts to check predatory African states that hamper economic, political, and social progress. Headlines like, "Malawi Leader Hails World Bank for \$70m Support to MASAF 4" and "Germany's 'Marshall Plan' for Africa" are not uncommon headlines that reinforce the depiction of foreign aid as a saving grace for the continent (Pelz 2017; *Nyasa Times* 2017). The positioning of donors as an indispensable part of Africa's development is also cemented in the international call for ownership. But what if aid and development were the source of underdevelopment?

The idea that foreign aid is responsible for truncating economic and political progress in Africa is not novel (Dijkstra 2015; Hydén 2011; Kinsella and Brehony 2009; Van de Walle and Ndulo 2014). Dambisa Moyo's widely-cited, *Dead Aid* (2009) criticizes foreign aid for creating a culture of dependency in Africa. William Easterly takes umbrage at the inefficiencies that characterize the delivery of aid in places like Africa under the auspices of grand development plans (2006; Easterly and Pfutze 2008). However, these scholars and other critics

of foreign aid often still conform to the notion of development; they just do not think that aid will help reach these ends. This dissertation explores not the question of aid effectiveness, but rather the consequences when the tacit power politics that inform aid are effective.

This dissertation critically analyzes the ways in which the discourses and practices of ownership of development materialize in Africa. The two dominant questions guiding this dissertation are: 1) what is ownership of development; and, 2) how does it operate in the African context? More specifically, I examine what I call the ownership paradigm in Burkina Faso and Kenya. The ownership paradigm refers to the language, principles, tools, and strategies *inter alia* that come from the World Bank, and is subsequently reinforced through the Organization of Economic Co-operation and Development (OECD) High-Level Forums. The story of ownership as it unfolds in these two distinct African contexts makes clear how rooted the paradigm is in questions of accountability for Africa's limited progress towards the achievement of international development benchmarks. Despite rhetoric suggesting that the international call for more ownership indicates a shift in the neoliberal development associated with structural adjustments, ownership merely allows for a continuation of neoliberal development in Africa, but without the possibility to hold donors accountable.

Critically exploring the ownership paradigm highlights the ways in which donors, especially the World Bank, maintain a degree of power over the political and economic trajectories of African states and societies.¹ While there remain other examples of conflict between donors and African states under the ownership paradigm, like disagreement over policy implementation (as I demonstrate with Kenya), by accepting the ownership principles, African development stakeholders and Western donors no longer disagree over the strategy and end-goals of development. By consenting to these policies, African development stakeholders accept responsibility for Africa's underdevelopment and foreclose the possibility of

¹ As I mention later, although the IMF was a part of the legitimacy crisis and thus perpetuates ownership as necessary for development, the World Bank was the primary architect of the paradigm.

addressing the history of exploitation that has contributed to the continent's inability to develop according to international metrics for progress. Adopting the principles and practices of the ownership paradigm also requires Africans to enter the paradigm as underdeveloped.

Throughout this dissertation I will demonstrate the ways in which the ownership paradigm clearly dictates who can produce development knowledge (as this process has already taken place before reaching the domestic level) and who is responsible for carrying it out. African governments and civil society are not producers of development knowledge; they are merely responsible for carrying it out. This is evident in the widely circulated phrase that accompanies ownership: "governments are in the driver's seat". This phrase reappears several times in the Kenyan case central to this dissertation. For instance, while conducting an interview with a government official in the Kenyan Treasury in June of 2013, I noticed a sign on the office wall that said, "Donors want governments in the drivers' seat, but they want to hold on to the road map." Taking a moment to unpack this phrase, the implementer and the knower of development become clear. Drivers merely follow the rules and sanctioned roads that have already been established. The average driver had no say in where to pave a new road or put up a new stop sign. There is also the possibility that the driver is only a chauffeur, taking direction from an employer. In the end, being in the driver's seat does not immediately translate into African countries having power over their development possibilities, as the approved roads have already been paved. More important than being behind the wheel or even holding the map, is designing the map. The map indicates the legitimate courses and avenues that one can take to reach a destination. But the map is also a site of power and privilege. Exploring ownership in Africa shows that African governments are certainly in the drivers' seats, but donors have designed the road map.

Much of the consent that donors acquire over African development comes from a paradigm that positions donors as an epistemic community for all things development-related (Haas 1989). As an epistemic community of development experts, donors are most essential

under the pretext of a crisis. In other words, donor advice and presence in African development policy-making is most incontrovertible when African governments and societies fear that their development is in critical condition. Africa as a tragedy in perpetuity, results in the need for an epistemic community. The interminable crisis in African development, and need for ownership, also allow for the institutionalization of donors in the domestic policy-making spheres of aid-dependent African countries. This process is facilitated through the designation of donors as “development partners”. Although the ownership paradigm proposes country-specific approaches to development, my dissertation illustrates how the paradigm actually forecloses the possibility for genuinely African-specific development to the extent that it does not conform to the dictates of neoliberal development.

In order to answer the two questions guiding this research, I employ a range of qualitative methods. I draw heavily on data from seventy-five primary interviews that I conducted with government official, donors, and civil society organizations in both Burkina Faso and Kenya in the summer of 2013, 2015 and winter of 2016, along with participant observations carried out during the same period. I also analyze primary source policy documents from three stakeholders groups: donors, government, and civil society. I supplement the interviews and policy documents with analysis of speeches and public interviews from donors operating within the ownership paradigm. I use the data from all of these sources to analyze the evolution of discourses and practices that the ownership paradigm produces in Africa.

There are some limitations within this study. Although I attempted to keep the data collection process as similar as possible in both countries, the realities of conducting fieldwork led to several discrepancies. The interviews and participant observations from Burkina Faso come from three different cities: Tenkodogo, Ouagadougou, and Koudougou, while I was only able to conduct interviews with government and civil society representatives in one site in Kenya, namely Nairobi. The data from Burkina Faso is thus more representative of a wider range of development stakeholders in Burkina Faso than in Kenya. To supplement the Nairobi-

based perspective, I thus draw on more diverse data (i.e. interviews and policy documents) in the Kenya chapter.

This dissertation makes contributions to debates in political economy. To understand what ownership of development is and how it operates in the African context is to expose the matrix that allows for the incorporation of international ideas (under the auspices of irrefutable knowledge) into the domestic sphere. I further pinpoint the key decision-makers in African politics and the mechanisms through which they influence development. In many ways, this dissertation is a critique of the ways in which the quest for a particular form of development in Africa exposes the continent to a range of epistemic experiments. Neoliberal development, as one such experiment, further constitutes the African development stakeholder as underdeveloped while constituting donors as the bearers of development knowledge. Instead of development conforming to specific African cultural contexts, it is the other way around: African societies must conform to development. In understanding development as societies ability to identify problems and find lasting solutions to those problems, sustainable and genuine development must come from the people. This rendering of development allows for a multiplicity of possibilities not dependent on donors being the sole bearers of knowledge.

Dissertation Summary

Chapter one provides a review of the relevant literature, theoretical contributions, and more detailed explanation of my methodology. In this chapter, I explain how ownership constitutes a development paradigm that does not mark a significant break with the hegemonic paradigm that characterized development in Africa in the 1980s and 1990s. The chapter also provides an overview of the current literature on ownership, as scholars have explored the concept using a range of theoretical lenses, and explains why I believe ownership is best understood as a paradigm. I then further justify my case selection and theoretical assumptions that undergird this study.

Chapter two presents the first empirical case study of Burkina Faso. Burkina Faso represents a case in which all development stakeholders have fully adopted the ownership principles under the pretense of there being a Faustian-type bargain between the government and donors. Although the government and civil society organizations recognize that donors continue to heavily influence the country's development trajectory, Burkinabè stakeholders view themselves as underdeveloped and lacking the necessary resources to reach development. Donors, although intrusive, provide Burkina with the necessary epistemic and financial resources to achieve development. The Burkina Faso case also demonstrates the way in which the ownership paradigm constrains development choices at the local level. I provide the example of family planning in Burkina Faso. At the local level, health agents in Burkina Faso use shaming methods in an attempt to change men and women's attitudes towards the adoption of modern family planning methods (namely birth control and the spacing of births) despite obvious resistance to this type of family planning.

Chapter three lays out Kenya as the second empirical case. Kenya is another African country that has taken up the ownership paradigm for its development ends. The Kenyan government, although displaying a mastery of the development lexis along with expressed commitment to the principles, remains in a paternalistic relationship with donors. Donors consider the Kenyan government's lack of ownership to be a consequence of implementation problems on the part of the government. Instead of viewing the lack of implementation as demonstrative of flaws in the ownership paradigm, donors view it as emblematic of a longer history of donors' own battles with the government to implement policies.

The fourth chapter comparatively analyzes the findings from the two case studies. The chapter demonstrates how ownership reproduces the underdeveloped subject in Burkina Faso and Kenya, but through different means. It also explores the construction of donors as an epistemic community, and the absolution of donors from any responsibility for development

failures. Chapter four also explores the different conceptualizations of ownership that come from both countries and offers an historical institutionalist explanation for their divergence.

The dissertation concludes with a discussion of the consequences of my findings, namely Africans being increasingly dependent on donors for development. The conclusion also posits alternative frameworks to development derived from different African contexts that provide a feasible alternative to ownership.

Chapter 1: Theorizing Ownership in Africa

“What the new [IMF-World Bank] paradigm seems to be principally about getting African governments to accept, implement, and legitimate policies made in Europe and North America largely in the interest of Western banks” James Ferguson (2009, 83)

“Given high levels of aid dependency in most of Africa, promoting African ‘ownership’ of the policy process is not a straightforward matter” Fantu Cheru (2006, 357).

In the African context, ownership produces development outcomes that run counter to global development goals. The ownership paradigm reproduces the underdeveloped subject, and donor-dependency that surpasses financial aid to the level of epistemic dependency. Through discursive practices, the ownership paradigm produces the need for more and not less development in Africa.

The assumptions guiding the analysis of ownership throughout this dissertation are predicated on ownership being a paradigmatic framework for international development. By referring to ownership as a paradigm, I am arguing that there are a range of relatively consistent ideas, methods, theories, commitments, approaches, and beliefs that together construct a particular reality associated with ownership as a model for development (Geddes 2003; Kuhn 1970, 2012). According to Geddes, paradigms determine “which facts are theoretically salient; defining what constitutes a paradox and what questions urgently require answers; identifying which cases need to be examined and what kinds of evidence are considered meaningful” (Geddes 2003, 7). Paradigms can collapse, usually based on the internal inconsistencies of the theory or the paradigm’s inability to grapple with the unfolding of real world events. Often, it is not that the evidence was new, causing the paradigm to collapse, but that scholars failed to notice or take the evidence into consideration.

The origins of ownership lay in the ruins of the development paradigm grounded in formal structural adjustment programs, otherwise known as SAPs. The story of structural adjustments and their limitations in Africa during the late 1980s and 1990s is one that scholars

have retold in various ways and in extensive details (See Ali 1998; Chikulo 1997; Easterly 2005; Konadu-Agyemang 2000; Lugalla 1995; Rono 2002; Kaiser 1996; Mkandawire and Soludo 1999; Vavrus 2005). The adjustment of macroeconomic policies and the associated political reforms that donors enforced on African governments and societies became known as the Washington Consensus.² This development paradigm assumed a universal approach to, and understanding of, progress. After a series of global events in the 1990s, the policies and programs associated with SAPs came under considerable scrutiny.³ Activists around the world led protests against the neoliberal economic policies that characterized the Bretton Woods Institutions' reforms (Broad 2002).

Eventually, critiques of the Bank and IMF began to come directly from American policymakers in Washington. For example, the Bush administration made efforts to defund the World Bank and began giving more leverage to bilateral development interventions through the U.S. Agency for International Development (USAID) and the Millennium Challenge Accounts (MCA) to promote neoliberal policies (Engler 2011). Both the World Bank and the IMF experienced a crisis of legitimacy as institutions and required public facelifts (Kosack, Ranis, and Vreeland 2004; Stone 2011). The “crisis” of global poverty became the central focus of the Bank’s interventions in the late 1990s.⁴ Although the IMF was also subject to the criticisms and attempts to reinvent itself (Stone 2011), I focus specifically in this dissertation on the World Bank’s experiences, as it has mobilized the language of poverty and ownership as its dominant goal. The IMF continues to express its open commitment to macroeconomic stability, even if it clashes with poverty objectives (Boughton 2003). The World Bank responded to the global

² The Washington Consensus refers to the constellation of neoliberal development policies coming from the World Bank and IMF, both located on 14th Street in Washington D.C. that would lead to an economic and political liberalization (Williamson 1993)

³ Two examples of such events are the Mexican Tequila Crisis of 1994 which represents a country that followed dogmatically the policy recommendations from both institutions and the rise of the Asian Tigers in South East Asia, which represented countries that strayed from the universal policy recommendations undergirding structural adjustments and adopted more context-specific economic policies for development (Rodrik 2008).

⁴ Around the same time as the Bank’s renewed focus on poverty, then President James Wolfensohn (who was also responsible for elaborating the Comprehensive Development Framework (CDF)) published a treatise titled “The Other Crisis”, in which he articulates that there are a staggering number of people living below the poverty line around the world. The response to this crisis is a global commitment with the backing of the World Bank and other development institutions, to rid the world of extreme poverty (Wolfensohn 1998).

critiques with the Comprehensive Development Framework (CDF)—a “novel” approach to fighting global poverty.

The World Bank launched the CDF in January of 1999 as a more holistic approach to development and poverty reduction. CDF entailed four principles: 1) development strategies should be long-term and comprehensive; 2) each country should own its own development strategy with input from its citizens; 3) there should be partnership between all development stakeholders including government, civil society, donors, and the private sector; 4) development outcomes and performance should be based on measurable results.⁵ Alongside the CDF, the Bank designed the skeleton for every country’s long-term and holistic development approach—Poverty Reduction Strategy Papers (PRSPs). In a joint note, then presidents of the World Bank, James Wolfensohn, and IMF, Stanley Fischer, articulated the vision and overlap between PRSPs and the CDF,

The Poverty Reduction Strategy Paper (PRSP) is based on CDF principles. It integrates poverty reducing policies into a coherent, growth oriented macroeconomic framework. As with CDF, national governments are responsible for the preparation of PRSPs with the participation of domestic and external partners...Thus, the PRSP is an operational vehicle—which can be a specific output of the CDF or of processes based on CDF principles—that is intended to translate a country’s poverty reduction strategy into a focused action plan (Wolfensohn and Fischer 2000, n.p.).

Although the institutions toted PRSPs and CDF as voluntary, drafting a Bank and IMF-approved PRSP was a condition for accessing funds through the heavily indebted poor countries initiative (HIPC).⁶ The joint note states, “A PRSP must be broadly endorsed by the Bank and Fund Boards to provide a basis for both institutions’ programs in low income countries, and for countries to obtain debt relief under the HIPC Initiative” (Wolfensohn and Fischer 2000, n.p.). The CDF principles and PRSP approach by themselves do not constitute the ownership

⁵ These four principles are articulated in a World Bank document titled, “Comprehensive Development Framework” made available on the Bank’s webpage on January 11, 2014. The permanent URL, <http://go.worldbank.org/N2NDBE5QL0> has since ceased to function.

⁶The Heavily Indebted Poor Countries Initiative (HIPC) is World Bank and IMF initiative launched in 1996 to provide debt relief and concessional loans to countries with unmanageable debt. Countries that are eligible for HIPC must produce a World Bank and IMF-approved poverty reduction strategy paper.

paradigm. It was not until the larger international community added to, adopted, and proliferated these principles that they became paradigmatic.

OECD High-Level Fora

In 2003, the Organization for Economic Co-Operation and Development (OECD) began a series of High Level Fora to discuss increasing the effectiveness of foreign aid. The fora came as a response to mounting criticism of foreign aid's inability to produce its intended aims—modernized development. Easterly and Williamson note, “Despite the transfer of over \$4.6 trillion in gross official development assistance (ODA) to developing countries from 1960 through 2008, a substantial amount of the world remains in extreme poverty and stagnant growth”(Easterly and Williamson 2011, 1930). Similarly, Dambisa Moyo argues, “But has more than US\$1 trillion in development assistance over the last several decades made African people better off? No. In fact, across the globe the recipients of this aid are worse off; much worse off” (Moyo 2009, 2). The four OECD high-level fora, which took place in Rome (2003), Paris (2005), Accra (2008), and Busan (2011), established a set of principles for ameliorating aid practices, including donor-government relations, in efforts to reach the Millennium Development Goals (MDGs).⁷ These high-level fora were a direct response to the global critiques of aid effectiveness.

By the 2005 meeting in Paris, members of the international community came to a consensus on the Paris Declaration on Aid Effectiveness, hereinafter referred to as the Paris Declaration. This document articulates the five principles for improving aid effectiveness: ownership, alignment, harmonization, results, and mutual accountability (Paris Declaration 2012). Ownership, as with the CDF, is the dominant principle, which leads to realization of the subsequent principles. The OECD defines ownership as “a developing country governments’

⁷ The MDGs are another aspect of the post-Washington Consensus era. MDGs are the product of the UN's millennial resolution to halve global poverty by the year 2015. The initiative has come to dominate all facets of international development. The OECD high-level forums have seized the initiatives as integral why aid's effectiveness must improve. Every country receiving OECD aid must domesticate the eight MDGs.

abilities to exercise leadership over their development policies and strategies and co-ordinate development actions” (OECD 2011, 29). Because ownership means that governments are coordinating development actions, they should, ideally, be responsible for making sure donors align with the country’s development objectives, harmonize with government systems, implement and evaluate programs, and hold donors accountable. The Paris Declaration also outlined the ways in which the international development community would measure ownership—through PRSPs.

Although the general requirement for ownership is that countries have their own operational development strategy, the requirements for what is considered an operational development strategy map directly onto the PRSP framework. Operational development strategies refer to an authoritative countrywide development policy with a realistic development strategy that can be funded through linking with budget allocations (OECD 2011). The strategy must also be tied to a medium term expenditure framework (OECD 2011).

The international development community further reinforced the Paris principles in the subsequent high-level meeting in Accra, Ghana in 2008. The Accra Agenda for Action (AAA) outlined development stakeholder’s agreement to “broaden country-level policy dialogue on development” (OECD 2008, 2). “Developing country governments will take stronger leadership of their own development policies, and will engage with their parliaments and citizens in shaping those policies” (OECD 2008, 2). Donors and government officials must include members from different facets of society at various points in the policy cycle: formulation, approval, implementation, monitoring, and evaluation.

The OECD high-level forums builds on the Bank’s CDF from 1999 and culminate into what I refer to as the ownership paradigm. Much like CDF, the Paris declaration promotes principles of long-term development strategy with a poverty-reduction focus; use of a medium-term expenditure framework; results-oriented development, aid alignment and harmonization with country systems; and broad inclusion of local stakeholders—all of which can only happen

through country ownership. Furthermore, the Paris Declaration formally adopted PRSPs, the Bank's framework for long-term poverty reduction in aid-dependent countries. The ownership paradigm also entails a rhetorical shift from the language of donors and aid-recipients to that of development partners. Despite the Bank being the first to advocate the ownership approach, it is the Paris Declaration that is often credited with being the source for change towards ownership in the international architecture (Steinle and Correll 2008; Hyden 2008; Booth 2012; Gottschalk 2005; Holvoet and Renard 2007). Nevertheless, the ideas, principles, approach and instruments tied to ownership should indicate a paradigmatic approach to development.

Debate over the paradigm shift

The degree to which Paris and the CDF indicate a new paradigm or a shift from the previous Washington Consensus paradigm is a point of disagreement in the development literature. Rodrik (2006), in his article, "Goodbye Washington Consensus, hello Washington Confusion" proposes that there has been a fundamental shift in the Bank's development policy thinking from the era of structural adjustments. Focusing only on the Bank's policy document *Economic Growth in the 1990s: Learning from a Decade of Reform* (2006), Rodrik maintains that not only has there been a move from the monolithic economic policies embedded in the Washington consensus, but that there is no longer a global consensus on development policies. Instead, there is the promotion of institutional reforms and those of UN Millennium development project, which promotes an increase in foreign aid (2005). Rodrik, who also promoted the need to end the one-size fits all model of economic development (see Rodrik 2008), explains how the Bank is moving towards this model. Two of the conclusions he draws from the Bank's document are that "the broad objectives economic reform—namely market-oriented incentives, macroeconomic stability, and outward orientation—do not translate into unique set of policy actions" and "different contexts require different solutions to solving common problems" (Rodrik 2006, 976). These two conclusions would suggest an inability to establish another development

paradigm predicated on a monolithic approach to progress. Rodrik is not alone in arguing that there is enough discontinuity and lack of a paradigm to call the current moment post-Washington Consensus (Gereffi 2014; Werner, Bair, and Fernández 2014). Other scholars suggest that the CDF language of partnership between donors, civil society and government is what sets it apart from the previous model (Gilbert and Vines 2006). Penders (2001) also views the CDF as a substantially mutated development framework from the standpoint of ownership and conditionality. He argues that the ownership principle, although it still requires donor conditionalities, does so with the intent of brining forth poverty reduction, whereas it was previously based solely on economic growth (Pender 2001).

For there to be a collapse in any paradigm, the logic and expectations internal to that paradigm must conflict with reality to such an extent that a series of anomalies arise and the old paradigm becomes difficult to maintain in the face of mounting contradictions (Geddes 2003; T. Kuhn 1996). The Mexican and Asian financial crises of the 1990s coupled with limited growth experienced in African countries that adopted the Washington Consensus are the type of anomalies that created instability in the pervious development paradigm (Gore 2000; Rodrik 2006; Serra and Stiglitz 2008; Hurt, Knio, and Ryner 2009). However, closer examination of what the ownership paradigm entails exposes the limited responsibility that donors, especially the World Bank, assume for the failure of structural adjustments (Cheru 2009; Ferguson 2006). I argue that there has been less of a shift and more of a circle as the language of ownership is new rhetoric cloaking old policies.

While acknowledging that there have been some changes between the approaches and policies of the Washington Consensus and the ownership model, I demonstrate how these changes are superficial and hence no more than a mutation of the Washington Consensus development paradigm. For example, poverty reduction is not a novel agenda for the Bank. When the Bank was undergoing its first legitimacy crisis in the 1960s, former World Bank president and U.S. Secretary of Defense Robert McNamara re-branded the Bank as a global

institution for poverty reduction (Mosley, Harrigan, and Toye 1995). To the extent that the language of partnership, harmonization, and alignment are novel, the ends that they serve in Africa have not changed—placing responsibility for Africa’s inability to progress along a particular telos on factors autochthonous to Africa (Harper-Shipman, forthcoming).

In order for there to be true reforms in the development paradigm, or a paradigmatic shift, the West must reckon with its role in exploiting and purging the African continent, which includes the disastrous consequences of structural adjustments (Harper-Shipman, forthcoming). As the guiding development institutions, neither the World Bank nor the IMF have done so. In fact, on numerous occasions, the Bank has suggested that the problem with structural adjustments was not the policies themselves, but the lack of ownership (Devarajan, Dollar, and Holmgren 2001).

In the 1994 World Bank report *Adjustment in Africa*, the institution concluded its assessment of structural adjustments in Africa by indicating the programs’ failures were due to a lack of country ownership (Husain and Faruquee 1994). Furthermore, the original language of ownership referred to structural adjustments (Johnson and Wasty 1993). It is further difficult to argue that there has been a paradigm shift when top officials at the Bank have also acknowledged the continuation in policies. In 2013, Shantayanan Devarajan, the former Chief Economist of the World Bank’s Africa division, gave an interview with the Think Africa Press, where he argued that “If you look at the programmes of the 2000s and compare them to the SAP, they are exactly the same...” (Mbom 2013, n.p.). The dominant difference between the two periods in Africa, he argues, is that the policies are now coming from Bangui and Dakar instead of Washington D.C. That the policies are now coming from Bangui and Dakar points to Africa’s consenting to the ownership paradigm. This dissertation argues that it is the discursive nature of ownership that facilitates this rhetorical shift in development practices.⁸

⁸ There is also distinct continuities between the ownership paradigm and the strategies and objectives of modernization theory. The policy prescriptions and development goals that African stakeholders and donors propose are obviously informed by the promises of modernization theory. For example, donors continue to promote increased education and economic growth as

Embedded in the desire to get African countries to engage in the ownership paradigm is the need not only to legitimize structural adjustments but also to exonerate donors from future culpability for failed development policies in Africa. In a speech to African leaders in Addis Ababa in 1998, World Bank President James Wolfensohn stated, “I do not want to come to another meeting where we talk about World Bank projects. I reject World Bank projects, unless they are owned by African leadership and the African people, we in the Bank are not going to participate” (Wolfensohn 2005, 95). And with the end of “World Bank projects” and other donor-driven projects it becomes difficult to blame the Bank if projects fail, even though the Bank provides the epistemic and financial aid. Throughout this dissertation, I unpack the ways in which the ownership paradigm does not represent a paradigmatic break from the previous development model, but instead allows donors to continue dictating development goals and approaches while distancing themselves from any responsibility when these goals are not met. Furthermore, by extending the teleological ends of development and integrating them within global development agendas while reconstituting donors as development partners who contribute “expertise” to development policy, the ownership paradigm reproduces the underdeveloped subject in Africa. I draw empirical evidence to support my argument from the health sectors of Burkina Faso and Kenya. I look specifically at family planning policies in Burkina Faso and the general health sector strategy in Kenya. From within each case, I demonstrate how consenting to ownership constrains African stakeholders’ development choices.

Methodology

This dissertation answers two dominant questions: How do development stakeholders in Africa define ownership and how does ownership operate in the context of contemporary African development? The dominant method for answering these questions is through a discursive

indispensable factors for social and political development (Pieterse 2010). Much like modernization theory, ownership of development also entails a break from traditional norms in order to reach development objectives (Bruton 1985). To this end, the ownership paradigm simply provides a new rhetoric for advancing development and its modernizing agenda.

triangulation of health policies, documents and interviews. I also employ a discursive analysis of ownership as it unfolds in Africa. Discourse analysis is the examination of how discourse, meaning-making tools that exist in society, shape and are shaped by institutions, situations, and social structures in ways that (re)produce networks of power (Schiffrin, Tannen, and Hamilton 2008; Dijk 2011; Weiss and Wodak 2007). Discourse analysis is useful because it pertains to the ways in which language produces knowledge and through practice develops meaning (Hall 2006). Because discourse makes claims about meaning and reality, an examination of ownership's discursive practices thus allows for an interrogation of sites of power within the language and practices (both overt and covert) of the dominant development paradigm.

Within development studies, discourse analysis is most associated with the post-development critiques of development (Kirshner and Power 2015; Litonjua 2012; Escobar 2011; Ferguson 1990). To this end, the discursive practices are inextricable from the source of knowledge production that acts to legitimize and guide development practices.⁹

Methodologically, using a discursive analysis to interrogate ownership thus requires an examination of the language surrounding the origins and practice of ownership in Africa. I analyze the discourse and practices using the seventy-five original interviews¹⁰, donor and government policy documents and programs produced under the ownership paradigm, and the nonlinguistic elements through participant observations in both countries. Because I framed my inquiry as a comparative analysis, I implemented the same process for collecting data in both countries, to the extent that it was possible.

⁹ For postdevelopment scholars employing a discourse analysis, the language of development is examined in relation to the practices of development (Escobar 2011; Ferguson 1990). For example, in arguing that development constitutes a specific constellation of knowledge and practice, Arturo Escobar analyzes the forms of knowledge that produce the concepts, theories, subjects and objects of development, the power schemes that normalize development practices, and the forms of subjectivity, i.e. how people come to view themselves as developed or undeveloped (1995, 10).

¹⁰ Despite the many benefits of interviewing, there are also potential limitations when using interviews. A common concern that follows the argument that I am proposing in this dissertation, is: what if participants are only telling you, the researcher, what they think you want to hear? Or what if they said that they control, development vis-à-vis donors out of pride and desire to seem as if they are in control -- when in fact they know they are not? In other words, what if I am the one being duped? This dissertation navigates this challenging terrain by constructing a set of semi-structured interview questions (see Appendix 1) that are intended to highlight inconsistencies throughout the responses. For example, if a participant tells me that the government is solely in control of their development policies, I followed up by asking them to give examples of how the government is in control and by having respondents discuss what could be evidence indicating the contrary.

I gather data from seventy-five original semi-structured interviews as well as participant observation that I conducted in both countries.¹¹ I conducted field research for a total of four months, two months in Kenya (one month in June 2013 and 5 weeks from December 2015 thru January 2016) and two months in Burkina Faso from June 2015 through August 2015. From within the health sectors, I spoke with top-ranking government officials and policymakers in the Ministries of Health (MoH) and Finance.¹² In Kenya I interviewed government officials in the external resource department (ERD) in the National Treasury. In Burkina Faso, I interviewed policy makers in la Direction générale de l'économie et de la Planification (DGEP) or the General Directorate for the economy and planning. The government officials in the ERD and DGEP were able to speak to their respective country's economic and national development strategies and the degree to which donors were involved in elaborating these strategies. These departments and the MoH represent the government stakeholder under the ownership paradigm. As previously stated, the ownership paradigm identifies government as the dominant development actor. While the government's increasing role in the development realm may indicate another reason to conclude that there has been a paradigm shift from the Washington Consensus, when neoliberal policies required a reduced role for the state in the social sectors, that would be premature. As (Pons-Vignon and Segatti 2013) demonstrate, even under the Washington Consensus, the state's role was never reduced as much as it was redirected. Thus, understanding the African state's role under this new model helps elucidate the realities and potential for ownership in Africa, as the postcolonial African state remains the primary decision-making apparatus.

The other indispensable stakeholder under the ownership paradigm is the donor. I interviewed a variety of donors in the two case studies. In Burkina Faso, I spoke with representatives from the U.S. Agency for International Development (USAID), the U.S. Peace

¹¹ University of Connecticut IRB Protocol #H-15-134: "Who Owns Development in Africa?"

¹² In Kenya, the Ministry of Finance is now the National Treasury and in Burkina, the official title is the Ministry of Finance and Economics (MOFE).

Corps, and the United Nations Population Fund (UNFPA). In Kenya, I interviewed representatives from the Japanese International Cooperation Agency (JICA), the European Union, and the Danish International Development Agency (DANIDA). I spoke with World Bank representatives in both countries. I focus principally on the World Bank instead of the IMF. I do so because the Bank is responsible for developing the Poverty Reduction Strategy Approach and remains the primary arbiter of development policy in the global South (Pender 2001; Rodrik 2006; Ferguson 2006). Admittedly, there is considerable variation across donor organizations and their aid practices (Easterly and Williamson 2011; Easterly and Pfutze 2008).¹³ Nevertheless, despite this divergence all of the donors that I interviewed at the very least, signed on to the Paris Declaration. I supplement these interviews with analysis of donor policies from Family Planning 2020, a substantial conglomeration of international donors promoting family planning policies in Africa and the rest of the global South. I also analyze donor-funded global initiatives such as the International Conference on Population Development (ICPD), the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) to understand international donors' discourse and policies towards health.

The third key development stakeholder is civil society. In Africa, this concept is a point of contestation and confusion for scholars. Dominant theorizations of civil society define it as the distinct sphere that exists independent of the state and the market; this autonomy allows civil society actors to regulate and place checks on the dominant political and economic institutions, keeping them from becoming hegemonic (Edwards 2009; Fukuyama 2001; Polanyi 2001). Development discourse, and thus the ownership paradigm, fully incorporates this understanding of civil society into its schema (States News Service 2012; Steinle and Correll 2008; World Bank 2000; Declaration 2012; Wood et al. 2008; Fisher and Marquette 2016). This model gives

¹³ Some of the divergent practices among donors came out in my interviews with donors. Consistently, multilateral donors, and government officials in Burkina and Kenya listed USAID as being one of the worst organizations to work with in terms of adhering to the government's development strategies, not using country systems, and circumventing government to deliver aid. The field of development economics is also not so monolithic. The economics discourse that I discuss throughout this dissertation pertains to the dominant development economics discourse that has become institutionalized in international development practices.

primacy to Non-Governmental Organizations (NGOs) to carry out development programs and deliver services, and act as the government watch dog. Looking at education policies in Burkina Faso, Kenya, Tanzania, and Mali, Mundy et al. note that under the guise of ownership, “civil society actors are expected to act as independent watch dogs and critics, as well as complementary service providers, subcontractors, and partners to government” (Mundy, Cherry, Haggerty, Maclure, and Sivasubramanian 2007, 2).

The African context highlights two problems with this theorizing of civil society. First, as an analytical category, civil society does not map neatly on to African realities, illustrating the limited utility of concept for comparison across spatial, temporal, and cultural context (Comaroff and Comaroff 1999). Second, even when donors and scholars force the concept onto existing contexts in postcolonial Africa, one still finds a dearth of possibility for an autonomous civil societies (Mbembé 2001; Mamdani 1996; Amutabi 2013). Because the ownership paradigm heavily implicates civil society in the development process, I interviewed representatives from civil society organizations such as NGOs, community based organizations, and local associations. I was able to observe representatives from the local health associations of Tenkodogo (Burkina Faso) report to the NGOs that funded them regarding local efforts at implementing the health sector strategy. I was also able to participate in the Economic Cooperation of West African States’ (ECOWAS) Good Practices Forum in Health from July 29 - 31, 2015. The Forum’s theme was “Ending Preventable Mother and Child Deaths in West Africa – What works in Reproductive Health and Family Planning”. Member states from West Africa, donors including USAID and the World Bank, and civil society associations from across West Africa presented research on maternal and child health, understood largely as the need to increase the adoption of family planning methods. In Kenya and Burkina Faso the health sector continues to receive government funding; however, service delivery occurs predominantly through NGOs. Examining the sphere of civil society allowed me to examine the ways in which

ownership percolates through to the everyday activities of Africans and does not stay at the level of abstract technical development jargon.

I chose Kenya and Burkina Faso as the case studies central to my dissertation because of their distinct histories with donors, their economic positions within their respective sub regions of Africa, and for variation across colonial histories.¹⁴ Kenya, a strong political player in the East African region, is notorious for its “hot and cold” relationship with donors; it represents a case in which government officials and members of civil society attempt to use ownership as a form of leverage vis-à-vis donor preferences.¹⁵ Kenya has also been amenable to market-based approaches to development since independence. Burkina Faso has remained one of the more politically stable countries in the region, despite being one of the poorest by GDP standards.¹⁶ Unlike Kenya, Burkina Faso experienced a revolutionary period of anti-imperialism and anti-market-driven development from 1983 until 1987. In both of these countries, I use health as a sectoral backdrop for analyzing development policies.

Understanding the ways in which hegemony of knowledge production plays out in the health sector is crucial because of what health represents to development practitioners: an objective space concerned only with the saving of lives through modern means. Modern medicine, although rife with a history of racism and sexism, still seemingly transcends tedious debates about power and development because lives are at stake. However, health in Africa has been and remains a site of power and privilege mediated through knowledge and material production (Chapman 2016; Waitzkin 2015). “Rather than the state focusing on the determinants of health, ‘experts’ and corporations alike are encouraged to offer their goods and services through the free market, whereby, it is expected that the responsible, health conscious, neoliberal citizen will buy into them” (Ayo 2012, 102). Ayo’s summarization of neoliberal health

¹⁴ For more on case studies see Bennett and Elman (2006) and Gerring (2004)

¹⁵ In a pre-dissertation field survey conducted in 2013 (IRB protocol #H13-136), I interviewed 25 Kenyan government officials in order to analyze their conceptualization of aid ownership (including whether or not they felt that they, or donors, controlled their development policies).

¹⁶ In fall of the 2014, Burkina Faso experienced a coup d’état that ousted President Blaise Compaoré, who had been in power for close to thirty years.

highlights the ways in which neoliberalized health is no longer a question of reduced state intervention and services to the health sector. Donors are pushing for more involvement from the private sectors in both countries. A World Bank official who I interviewed in Burkina Faso acknowledged that the Bank's primary objective for health in Burkina was to increase and standardize the private sector's involvement in the health sector.¹⁷ As is the case with family planning, if the market is providing these health services, the population must consume them. Another underlying logic behind family planning policies as they exist under the poverty reduction scheme is that poor women having too many children places a burden on national economic resources, further straining already limited national resources in low-income countries. Thus, the act of teaching women how to consume modern contraceptives demonstrates how poverty reduction tied to family planning becomes the individual woman's responsibility.

The primary data central to this dissertation, combined with a robust review of secondary source data on reproductive health policy in Africa, are central to determining whether health policies and strategies align with health conditions and problems at the sub-national level, or whether they largely reflect "outside" priorities. In other words, triangulating between these various forms of data allows me to trace the process by which the concept of ownership has emerged at the international, national, and sub-national levels, as well as the extent to which there is overlap or divergence in the way actors at these various levels are conceptualizing and employing the concept. The dominant findings from my study indicate that ownership of development in Africa necessitates and recreates the underdeveloped African subject, heavily implicates donors in the decision-making at the state and local levels, but absolves donors of any responsibility for failed development policies in Africa.

Some of the main arguments that I advance in this dissertation about the true nature of ownership, *prima facie*, appear structural. Arguing that the ownership paradigm reproduces the

¹⁷ ST0731, 07/31/2015_Ouagadougou

underdeveloped African subject and further entrenches donor dependency ostensibly assumes that the African subject has limited agency. As Maulana Karenga has insisted, scholars should engage Africans “as subjects rather than objects...stressing their agency and initiative in history and life rather than describing a mute and victimized experience” (Karenga 2006, 254). At the same time, African agency operates within the context of structural and other constraints. To quote Steven Lukes,

Social life can only properly be understood as an interplay of power and structure, a web of possibilities for agents, whose nature is both active and structured, to make choices and pursue strategies within given limits, which in consequence expand and contract over time (2004, 68–69).

The web of possibilities for African agents operating in the development structure is evident in my findings not only in the different conceptualizations of ownership across the two country cases but also within the countries themselves. I find that there is no universal definition of ownership of development. That there is no consensus around the meaning of ownership is not a novel finding (Buiter 2007). However, what informs the different conceptualizations and its consequence for attempting to apply a standard measure of ownership is missing from the literature on ownership. I argue that the varied renderings of ownership in Africa are informed by a type of historical institutionalism whereby the country's initial engagement with structural adjustments acts as a critical juncture for the contemporary interactions with the ownership paradigm (Thelen 1999; Sanders 2008; Fioretos, Falleti, and Sheingate 2016; Lichbach and Zuckerman 2009). In Burkina Faso, Thomas Sankara's leadership between 1983 and 1987 was grounded in a rejection of both structural adjustments and political aid. In advocating for a model of self-reliant development, the Sankara model was inculcating Burkinabé with a sense of ownership predicated on collective responsibility for progress and resistance to neoimperialism from the West. Alternatively, under Daniel Arap Moi, Kenya was the first African country to accept structural adjustments and today continues to

promote a rendering of ownership close to that produced under the dominant ownership paradigm.

Review of the Literature

The literature on country ownership, aid ownership, and/or ownership of development has grown extensively over the past fifteen years. In the African context, scholars have employed a range of theoretical frames to discuss the possibilities and limitations of the ownership paradigm in Africa.

Prior to the formal adoption of ownership through the OECD, Carlsson, Somolekae, van de Walle (1997) sought to measure ownership in Africa by examining donor-government relations. The authors looked specifically at the degree to which donor procedures and needs drove the direction of foreign aid and the impact of donor conditionalities on development projects and programs in various aid-dependent African countries. For Carlsson et al., the origin and impetus for development policies factored heavily into whether or not the country truly owned its development. When assessing how much control the Ghanaian government exercises over development, for instance, Carlsson et. al. observed that “about 35 percent of [policy] proposals for bilateral projects are prepared with significant donor input, while project design is either completely in the hands of donors or partially controlled by the donor” (Carlsson 1997, 95).¹⁸ Across their various African cases, the authors found very limited evidence of country ownership.

Just over a decade later, Whitfield (2009) examined the presence of ownership in the African context. For Whitfield et al. ownership is also a matter of government control over the design and implementation of development policy. The authors ground their conceptualization of *ownership* in John Stuart Mill’s foundational notion of sovereignty. For Mill, “non-intervention

¹⁸ Although international financial institutions (IFIs) have identified Ghana as demonstrating strong ownership, this assessment is questionable given the amount of control and input donors have in the development arena, as measured by Carlsson et. al.

provided a protected space for societies to struggle for and amongst themselves” (Whitfield 2009, 7). Sovereignty as a political space within which states are free to arrange their domestic affairs without undue pressure or unwanted involvement from foreign actors sets a much higher threshold for *ownership* than the existing framework for aid-dependent countries. When one undergirds *ownership* in pursuit of popular national sovereignty, the outcome is *ownership* as collective local command of development strategies. There is a dearth of *ownership* in Africa by this standard. As Whitfield 2009 argues:

The willingness of powerful states to accept a plurality of domestic political arrangements and developmental visions has weakened and the “right” to sovereignty for weaker states has gradually been made conditional upon meeting responsibilities imposed by the international community (Whitfield et al. 2009, 8).

Analyzing ownership in Africa as a matter of sovereignty or state control over policy direction and implementation means that donors are the ones who impede the possibility of ownership in Africa. Alternatively, scholars have proposed the neopatrimonial African state as being the dominant obstacle to ownership (Booth 2012; Faust 2010). One such example comes from Khan and Sharma (2001), who discuss ownership through the lens of the principal-agent dilemma.

According to Khan and Sharma, donor agencies are the principals and African states are the agents and their relationship is often riddled with mistrust. Information between the two parties can be asymmetrical in the sense that donors are unsure of whether governments will properly execute and remain committed to policies or programs. Conditionalities were designed as an earlier solution to this problem. However, they have a poor track record for bringing about sustainable progress (Chikulo 1997; Gould 2005). Donors have turned to ownership as an alternative, with advocates suggesting that a principal-agent view of ownership coalesces the demands of borrowers and lenders, harmonizing their incentives in ways that make it more likely that governments will remain committed to development policies. Khan and Sharma define ownership loosely as “a situation in which the policy content of the program is similar to what the

country itself would have chosen in the absence of IMF involvement...In such a situation, the country 'owns' the program in the sense that it is committed to the spirit of the program, rather than just to comply with its letter" (2001, 13-14).

In theory, country ownership could address a number of complications that often arise with principals and agents in the aid realm, the most pressing and costly of which are monitoring and evaluation (Holvoet and Renard 2007). With ownership, donor agencies can be more certain that African governments are using funds for the purposes for which they were intended, enabling donors to reduce money spent, as with conditionalities, on monitoring. Resolving fundamental problems of traditional donor-recipient relationships while replacing tedious conditionalities would ultimately increase aid's effectiveness (Khan and Sharma 2001; Pender 2001).¹⁹ The World Bank and IMF, however, continue to attach conditionalities to lending instruments like the Poverty Reduction Growth Facility (PRGF) and the Poverty Reduction Strategy Credit (PRSCs) that do little to increase recipient ownership. With the PRSC, specifically, the World Bank imposes conditionalities on countries' PRSPs through a Letter of Development Policy (LoDP), which remains guarded from the public (Stewart and Wang 2004).

There are also those scholars who examine ownership through the frame of participation. In this sense, ownership is about increasing local stakeholder participation in the policy-making and implementation processes. This approach to assessing ownership extends beyond sovereignty and principal agent theories in that it takes into account civil society and non-state entities as necessary for achieving country ownership. Fischer and Marquette (2016) analyze ownership through a political economy analysis (PEA) framework. The PEA approach entails donors focusing on the factors that influence political behavior in a given context and examining how these factors come to bear on policy and development approaches such as cultural norms or geography. The authors argue that PEA is still donor-centric, meaning it does

¹⁹ Khan and Sharma (2001) actually argue that ownership works best with IMF conditionalities to address the principal-agent dilemma. Conditionalities should include measures that somehow increase country ownership.

not incorporate local stakeholders into the framework in a meaningful way. In a similar fashion, but in the context of the Peruvian health sector, Buffardi (2013) engages ownership around degrees of stakeholder participation. She finds three different relationships: doctor knows best, empowered patient, and it takes a village. Empowered patient and “it takes a village” are examples of stakeholders practicing a version of ownership that involves civil society and central government (Buffardi 2013).²⁰ Nevertheless, Buffardi finds that the “doctor knows best” relationship model that is most pervasive in Peru’s health sector.

These varying theories illustrate how ownership of development *should* unfold based on some variation of the international community’s definition of the term: “a developing country government’s abilities to exercise leadership over their development policies and strategies and co-ordinate development actions” (OECD 2011, 29). These analyses generally assume that the challenges central to current international development architecture is making aid more effective; or donors giving more control to “developing countries”; or persuading developing countries to commit to the development policies coming from the international community (Booth 2012; Faust 2010; Buiters 2007; Renzio, Whitfield, and Bergamaschi 2008). Thus, the end goal for all of these types of analyses becomes: how do policymakers and international donors increase ownership?

This dissertation takes a different approach, in that it attempts to analyze ownership based on how various key stakeholders conceptualize the term and how it *actually* functions in practice in two distinct African contexts—Burkina Faso and Kenya. In doing so, I argue that Africa needs to move past ownership. I demonstrate how the international community’s push for ownership as a corrective to various contentions with development and aid further entrenches the problematic tenets of international development, namely donor-dependency, a sense of

²⁰ “Doctor knows best” refers to the donor-driven model of ownership where donors manage the various stages of the policymaking process from design to implementation. “It takes a village” has very little donor involvement. Civil society works with the government and other sectors to address health priorities. Finally, the “empowered patient” model of donor-recipient relations in Peru, there is donor involvement, but not to the extent of driving the entire policymaking process. Donors use the budget support modality to allow Peruvian development stakeholders to partake in developing the health sector.

underdevelopment, and a one-size fits all model of social, political, and economic progress. These findings make sense when analyzing not just the practices, as scholars have done, but the discourses of ownership as well. Thus, I use epistemic communities and post-development theory as analytical lenses for examining the ownership paradigm. Using these theoretical frameworks, I demonstrate that ownership has little to do with increasing Africans' control over their development trajectories. It has more to do with contentions over culpability for failed development strategies and a desire on the part of the international donor community to hand to African governments and societies the responsibility for development's failures.

Epistemic Communities

Epistemic communities are collective groups of experts or scholars who seek to influence policy by changing the interests of decision-makers in a given realm with a particular type of knowledge that validates their intervention (Adler and Haas 1992, 2; Dunlop 2009; Marier 2008; Haas 1989, 398). Scholars demonstrate the ways in which these communities could influence inter-state cooperation by framing policy issues in such a way that states see the need for policy coordination. Through a leveraging of uncertainty, interpretation, and institutionalization, epistemic communities could promote new patterns of behavior at the state level, which translate into different policy trajectories.

Uncertainty is key to the legitimizing the contributions and presence of an epistemic community in the policy-making arena. The uncertainty that comes with moments of crisis creates a situation in which policy-makers and politicians, by themselves, are unsure of which strategy is best—the assumption being that states seek to reduce uncertainty (Radaelli 1995; Adler and Haas 1992). Desiring to reduce uncertainty means that in moments of crisis, policy-makers are willing to concede power to an epistemic community based on the ability of members in the community to offer consensual knowledge. Consensual knowledge, in turn, is a form of power that insulates the epistemic community's authority over policy-making from

outside criticism on the grounds that government officials and those outside of the community do not have the epistemic or professional training to challenge the advice (Haas 1989, 398). Uncertainty legitimizes the consensual knowledge coming from the epistemic community, or as Haas states, “In the face of uncertainty, and more so in the wake of a shock or crisis, many of the conditions facilitating a focus on power are absent” (1992, 14). In other words, politicians are so preoccupied with the crisis that they are willing to cede power to the epistemic community in order to address the crisis.

Interpretation is central to the maintenance of an epistemic community because the community essentially offers politicians and policy-makers the interpretive lens through which they will view the problem. That there is room for interpreting the crisis allows room for competing epistemic communities to influence government (Cross 2013; Ewig 2011). To be sure, not only does “the group responsible for articulating the dimensions of reality [have] great social and political influence”, but the group establishes a space wherein alternative knowledge becomes subjugated (Haas 1992, 14; Foucault 1980). Thus, institutionalization becomes essential for ensuring the community’s continued influence over policymaking, with little competition from alternative knowledge sources. Haas (1992) argues that epistemic communities can institutionalize their influence by acquiring bureaucratic power within the national government and at the international level. He states, “Epistemic communities can insinuate their views and influence national governments and international organizations by occupying niches in advisory and regulatory bodies. This suggests that the application of consensual knowledge to policymaking depends on the ability of the groups transmitting this knowledge to gain and exercise bureaucratic power” (Adler and Haas 1992, 30). Ultimately, epistemic communities, in order to be influential, require some level of permanence within the decision-making apparatus.

Over time, scholars have both reworked and criticized the epistemic communities approach (Toke 1999; Adler 2008).²¹ For the purposes of this dissertation, the most salient criticisms and amendments come from (Krebs 2001) and Cross (2013). Krebs (2001) proposes that epistemic communities may be comprised of scientists whose motivations are not objective and altruistic, but rather are the product of their national backgrounds and strategic interests. This amendment allows for the incorporation of donors into the epistemic community frame. Cross (2013) argues that the definition of epistemic community should include non-academic actors as potential members and non-state actors as potential targets. This means that the binding factors among members of such communities are no longer just scientific knowledge but also professionalism and professional interests. Donors as an epistemic community can (and do) attempt to influence civil society interests as well as government interests.

I explore ownership of development as the creation and maintenance of an epistemic community of Western donors. There is a long tradition of critical reflection on the implications of the episteme on notions of social, political, and economic progress in the global South (Serra and Stiglitz 2008; Mbembé 2001; Keita 2011; Guardiola-Rivera 2010). For example, Mkandawire (2014) demonstrates how economic ideas and frameworks coming directly from Western donors have been the guiding force behind policies in postcolonial Africa. The push for ownership that the epistemic community of donors has made since 2005 and subsequent policy changes illustrate the impact that this community of development professionals has in sustaining particular development paradigms. It also demonstrates how ownership thus becomes a necessary mechanism for translating these theories into policies. Few scholars have made the link between epistemic communities and international development, and even fewer have examined the concept as it plays out in the global South, or Africa specifically (Ahu Sandal 2011; Cohendet, Grandadam, Simon, and Capdevila 2014; Hennemann, Rybski, and Liefner

²¹ Anthony Zito (2001) argues that epistemic communities should consider that national institutions are not necessarily open to receiving new ideas; Emanuel Adler (2008) proposes that epistemic communities function along similar lines as “communities of practice”, thus the focus is on the particular actions associated with the community’s advice and not the specific “knowledge” *per se*.

2012; Youde 2007). Much of the epistemic communities literature relies heavily on Europe as the source of empirical case studies (Adler 2008; Marier 2008; Faleg 2012; Galbreath and McEvoy 2013; Dunlop 2014). Where proponents of the epistemic communities approach have applied this theoretical program to development, it has been uncritical of the “knowledge” that Western donors, as the dominant community, contribute to policymaking. One such example comes from Peter Haas (2015), who views epistemic communities as valuable actors in carrying out the Millennium Development Goals (MDGs) and global governance programs that lead to sustainable development. In using this lens to explore development in the global South, the heavy influence that donors have had over policy selection in the postcolonial African state and society begins to require critical reflection. Epistemic communities as a theoretical concept help explain donors’ continued role in Africa under the pretense of development in crisis. It also helps explain how donors have become permanent fixtures in Africa.

The Bank’s shift towards being a “knowledge bank” and no longer providing solely finances contributes to the need to re-examine ownership and donors in light of this purported shift for two reasons. First, suggesting that the Bank is just now becoming a source of knowledge willfully neglects the epistemic aid that motivated and legitimized the proliferation of structural adjustment policies, which indicates another supposed break in development paradigms that does not exist. Second, it simultaneously opens the bank and others proposing epistemic aid up to a scrutinizing of the purported neutrality of their knowledge.

Missing from the scholarly international relations discussion of the role of epistemic communities and their ability to influence policy decisions is how knowledge production is not an objective and value-neutral enterprise. Knowledge production is also the product of its geopolitical contexts. Walter Mignolo’s idea of “geopolitics of knowledge” provides a useful analytical tool for grappling with the relationship between knowledge and geopolitical spaces and the “epistemic privilege” that the West has had over the question of development (2009). Mignolo (2002, 2009) asks, “who and when, why and where is knowledge generated”(Mignolo

2009, 2). Within the context of all forms of development, there is a “global power differential in knowledge-making” (Mignolo 2009) -- meaning that if one were to look at the gestalt of purposive development models targeting Sub-Saharan Africa countries since the colonial period, the dominant paradigm has come from the North, with the exception of the brief period of import substitution, a theoretical framework that emerged from Latin America (Santos 1970; Cardoso and Faletto 1979; Prebisch 1971).

Furthermore, the literature on epistemic communities is missing an account of the ways in which the community produces discourses or behaviors and practices that demonstrate membership in the community. For example, there is a lexis or jargon associated with any community (Swales 2011; Escobar 2011). Entrance into an epistemic community requires that one demonstrate a mastery of the jargon, practices, and discourses internal to the community. Consequently, epistemic communities become a privileged space closed off to unqualified actors.

Postdevelopment Theory

I address the embedded limitations of epistemic communities, subjugated knowledges and the geopolitical origins of hegemonic knowledges using a postdevelopment framework. Postdevelopment highlights the ways in which the development industry is not neutral, but steeped in the reproduction and reification of historical power relations between the West and the Rest (Ziai 2015; Parfitt 2011). In promoting various Eurocentric development paradigms as scientifically-based solutions for human suffering, alternative systems of thought that grapple with socioeconomic and political change remain calcified relics of failed cultures or do not even enter the discussion as possible alternatives to development (Saunders 2005; Berg 2007). Thus, postdevelopment’s goal becomes to “decenter development” as the dominant frame through which one discusses conditions in the global South. Doing so allows alternatives to

development instead of alternative development.²² Alternatives to development alter “the political economy of truth” or “development’s order of expert knowledge” in favor of local knowledges as sites for solutions to political, economic, and social challenges (Escobar 2011, xiii).

Grounded in the writing of Foucault and other post-structuralist scholarship, post-development scholarship problematizes the underlying assumptions and aims of development, as both an enterprise and an end in and of itself (Sachs 1997; Sidaway 2007; Rahnema and Bawtree 1997). The assumptions rest on the notion that the post-industrialized countries, generally denoted as the West, are the models for development. Consequently, the various economic, social, and political agendas that these countries and their international institutions propagate are rooted in a purportedly objective and scientific truth about development. Within the ownership paradigm, donors serve as knowledge-experts; financial assistance becomes all the more necessary for stakeholders in these countries to feel that they are on the correct path to becoming developed. Donors have cloaked the term in rhetoric suggesting local control, context-specific policy formulation, and boundless possibilities for African countries and their development trajectories – when reality on the ground is starkly different, as my field research reveals.

Analyzing ownership through these critical lenses problematizes the concept itself, rendering it emblematic of development writ-large. The ownership paradigm continues to propose one model for sociopolitical and economic progress and seeks to obscure the extent to which donors continue to dictate what is considered progress and how Africa should achieve it. This dissertation argues that ownership is a mechanism which international donors have crafted to secure African governments’ and societies’ compliance with neoliberal policies in the form of PRSPs. But the way in which ownership is defined and the way in which stakeholders practice

²² Escobar (1995, 96) gives the example of the peasant model, which gives primacy to the earth and her needs. Human existence depends on the earth; the difference between abundance and scarcity is a tied to how “healthy” the earth is. Thus, more food scarcity and natural disasters mean that humans are neglecting the earth. This is a radically different rendering of sustainability and development, than the market and human-centered neoliberal approach.

it, vary greatly. The unfolding of the ownership paradigm in both countries reveals that if development policies fail, international donors like the World Bank can remain impervious to the same types of criticisms that they received in the 1990s, because African governments have admittedly “taken ownership of development,” despite the World Bank and IMF having designed and laid out the framework for development.

A second assumption central to the practice of ownership as explored in this dissertation is that ownership necessitates a perpetually underdeveloped subject. On the question of underdevelopment in Africa, Walter Rodney (1974) explains the processes through which Europe underdeveloped Africa in a material sense, namely through colonization and slavery. Understanding the process of material underdevelopment is important for historically situating Africa’s inability to achieve international development benchmarks. As the international benchmarks for development become increasingly tied to countries’ economic capabilities and internationally produced standards, many African states and communities, international states and the outside world as well continue to view themselves as underdeveloped and in need of development. However, postdevelopment theory helps unpack the discursive processes that led to Africa’s material and mental underdevelopment. Underdevelopment through this lens challenges the assumptions embedded in the ownership enterprise that Africa’s underdevelopment is a consequence of autochthonous factors.

Although couched in seemingly benign rhetoric (featuring terms like poverty reduction, global equality, and sustainability), the discourses associated with hegemonic development paradigms aim to first, construct the underdeveloped so that development becomes necessary (Esteva 1992). This process is also facilitated through the extension of development past its provincial origins to a global and “scientific” enterprise. Esteva notes, “The helpless individual, whose survival now becomes necessarily dependent on the market, was not the invention of the economists; neither was he born with Adam and Eve, as they contend. He was a historical creation. He was created by the economic project redesigning mankind” (1997,15). This form of

underdevelopment is especially salient in the language and policies of family planning in Africa along with the paternalistic nature of donor relations and discussions of African states.

The logic that undergirds family planning efforts in Africa further speaks to the question of culpability that surrounds the need for ownership. The Malthusian policies that Western countries promoted in Africa, and the global South, in the name of population control were undifferentiated and were aimed towards economics and not human beings.²³ The economic discourse of neoMalthusian policies constructs modern contraceptives and the spacing of births as necessary for economic and social development. Women should engage in modern family planning methods so that they are empowered enough to contribute to the work force (Boserup, Tan, and Toulmin 2013). Men should encourage their wives to consume modern contraceptives so that the woman will be empowered; men and women, in turn, will both be able to afford to educate their children so that they can grow up and contribute to the work force as well (Kowalewski, Mujinja, and Jahn 2002; Rao 1994; Bandarage 1997).

The language of population control had died down until it resurfaced under the auspices of population development in the 1990s. The notion that family planning was a matter of economic development was exemplified in the International Conference on Population Development in 1994 and the World Bank's *Investing in Health* report, issued in 1993.²⁴ These documents construct the problems and solutions to reproductive health in market discourse. Scholars have identified a number of problems with the neoliberal framing of reproductive health. On one hand, women's empowerment through family planning is a ligature in a history of eugenics and racialized sterilization campaigns towards women of color around the globe (Hawkesworth 2012; Ewig 2011; Briggs 2003). The population control approach to development is also imbued with a paternalism that does not lead to women's empowerment but instead to their continued subjugation (Hawkesworth 2012; Saunders 2005). If ownership were truly a

²³ British economist Thomas Malthus and the British Malthus League popularized the idea that overpopulation caused poverty and poverty, as it is today, relates to the question of economic well-being (Rao 1994). Western countries adopted this economic logic that too many people leads to an over extension of finite resources such as water, land, and food (Briggs 2003).

²⁴ I explore these two documents in greater length in chapter four.

question of country-specific and country-led development, in Burkina Faso, where there is a low demand for modern contraception, the family planning policies should look markedly different from those in Kenya where there is a relatively higher demand for modern contraception (Ministry of Health 2013). This, however, is not the case.

Post-development theory is not without limitations as well.²⁵ Parfitt (2011) argues that post-development theorists may fall into the same paternalistic trap with which they charge the Western development industry. In other words, how can post-development theorists be sure that their assessments and solutions for ongoing problems in the global South are better than those offered by so-called development experts? Post-development scholars have also been charged with a uniform rejection of modernity and development without acknowledging its successes, like increased life expectancy (Corbridge 1998; Parfitt 2011), or with idealizing local communities as “noble savages” who do not want development or modernization (Storey 2000), which leads to critiques of the theory as culturally relativistic. Nanda (1999) criticizes post-development theory for creating a static and essentialist view of traditional cultures.

The ownership paradigm is not inherently problematic because it promotes development and modernity, but rather because of the ways in which it masks the continued asymmetrical power relations between OECD countries and aid-dependent African states. Modernity and development become discernable issues when one unpacks why it is that African states and some facets of different African societies are striving for development and a particular type of modernity, the particularity being rooted in neoliberalism. Furthermore, my findings in this dissertation contribute to postdevelopment theory by demonstrating how the “post” in postdevelopment does not represent the end of development, as postdevelopment scholars have argued. Critically excavating the ownership paradigm in Africa exposes how the “post” is

²⁵ See Jan Nederveen-Pieterse's (2010) critique of postdevelopment. He accurately argues that just as there are problems with knowledge coming from donors, there are problems with local knowledges as well.

more an indication of development's move to a lingering axiom in Africa's present and future ontology.

Conclusion

The ownership paradigm is less a question of African countries dictating the possibilities of their own development, and more a discursive trope for handing culpability for failed donor-driven development to African countries. Through my fieldwork in Burkina Faso and Kenya, I find that the ownership paradigm is not an emancipatory framework leading to African modalities of progress. These limitations are evident when examining ownership through the lens of power and knowledge production. Ownership formally codifies donors as knowledge experts. This undergirds their existence as an epistemic community, which uses its "consensual knowledge" to influence development strategies and goals in Africa. Rather than African solutions to African problems, Africa's solutions and problems remain wedded to the developmental discourse that promoted structural adjustments in the 1980s and 1990s. I bring together two theoretical frames for examining ownership: epistemic communities and postdevelopment theory. The epistemic communities literature aids in explaining why and how African states and societies have institutionalized donor influence in the form of knowledge experts under the ownership paradigm. Epistemic communities theory also elucidates why donors constantly refer to development in Africa as being in a state of uncertainty or crisis. Postdevelopment theory exposes the limitations that come with donors as a putative epistemic community place on alternative renderings of development and ownership in general. In this way, ideas matter.

Even within the web of power and knowledge that donors create with the ownership paradigm, there is space for agency. The legacies of political leadership during the initial period of structural adjustments act as a critical juncture for understanding how ownership evolves in Burkina Faso and Kenya today. Politics still matter, and there is still potential for an ontological

rupturing in the gnosis of African development. This dissertation also explores the conditions under which such a rupture is possible.

Chapter 2: La Santé Avant Tout (Health Before Everything)

“While revolutionaries as individuals can be murdered, you cannot kill ideas.” Thomas Sankara
(2007, 20)

Burkina Faso is located predominantly in the Sahalien region of West Africa. A former French colony, Burkina Faso exists in very similar socio-political and economic development contexts as other Francophone countries in Africa: it is a low-income country with what development experts would consider a dismal development record as measured against any international standard. Burkina ranks 183 out of 187 on the Human Development Index. GDP per capita lingers around \$740 US dollars per year. Only about 30 percent of the population lives in urban areas (World Bank 2013, 7). A dearth of natural resources and rudimentary infrastructure makes foreign investment in the country a precarious venture. Reports on human rights and progress towards gender equality in Burkina render the picture even grimmer and desperate in the imaginary of those invested in development.²⁶ By every international benchmark for development, Burkina falls short. In essence, it remains “developing,” meaning that it has not achieved the political, economic, and social sagacity of the West.²⁷

This bleak picture of Burkina Faso and its inability to develop provides the backdrop for the country’s engagement with the ownership paradigm. Burkina, however, has been very invested in reaching these development targets; this is evident in the country’s efforts to sign onto a number of global development agendas and, in particular, the Organization for Economic Co-operation and Development-Development Assistance Committee’s (OECD-DAC) Aid Effectiveness fora. More specifically, the Burkinabè government and civil society actors have

²⁶ Amnesty International’s 2013 report highlights a number of human rights abuses in Burkina Faso with respect to maternal and child mortality rates and impunity for top government officials (2013). See also the Swedish International Development Cooperation Agency’s (SIDA) 2004 report, “Gender Equality in Burkina Faso” (2004) and the United State’s chapter on “Burkina Faso 2012 Human Rights Report” in the *Country Reports on Human Rights Practices for 2012* (2012a)

²⁷ By “the West” I am simultaneously proposing a monolithic group of countries that we often describe as being “developed” and suggesting that even these countries have not reached the teleological ends of progress. In the development sphere, these are generally the donor countries that comprise the Organization for Economic Co-operation and Development (OECD). Throughout this dissertation, I use a postdevelopment conceptualization of development (Escobar 2011; Ferguson 2006).

invested in the ownership paradigm that comes from the World Bank, International Monetary Fund (IMF), and Paris Declaration.

If one accepts the OECD's definition of ownership—a developing country's government's ability to exercise leadership over its development policies and strategies and co-ordinate development actions—then both theoretically and practically, ownership should operate in such a way that Burkinabè stakeholders have more control over the direction and substance of their health development policies vis-à-vis donors (OECD 2011, 29). The Ministry of Health (MoH) and Ministry of Finance and Economics (MoE) should not only design and implement health policies, they should be able to coordinate all other actors involved (OECD 2011, World Bank 2005). Civil society actors in the health sector should also be able to participate in the policy development and implementation processes so that health outcomes reflect the needs of civil society and the poorest segments of the population (Declaration 2012; White 1996; Steinle and Correll 2008). By aligning their financial support with these health policies and using national systems and institutions to deliver this support, donors can, in turn, create a space for more local ownership. The final product should lead to increased aid effectiveness, which would lead to more tangible results in the health sector. These results would mean achieving MDGs and reducing global poverty.

This chapter applies the postdevelopment framework and epistemic communities concept to data gathered from fieldwork in Burkina Faso in order to answer the questions, what is ownership of development and how does it operate under the contemporary aid paradigm? I demonstrate the ways in which the notion of ownership (*l'appropriation de développement*) varies across different stakeholders as a consequence of historically embedded relationships to development. My analysis is informed by data from thirty-eight original interviews and participant observation carried out between June and August of 2015 with government officials in the Burkinabè Ministry of Health as well as the Ministry of Finance and Economics, civil society organizations, community-based associations, and international donors. I conducted seven

interviews with four different donors working in Burkina's health sector: the Peace Corps, World Bank, UNFPA, and USAID. From the Ministry of Health (which includes civil servants working at the local clinics) and the Ministry of Finance, I collected seventeen interviews. Finally, I spoke with fourteen representatives from within civil society.

Despite the underlying difference in understandings, the institutions and expectations rooted in the officially agreed-upon ownership paradigm (enshrined in the Paris Declaration and MDGs) are still in operation in Burkina Faso. Drawing on this case, I find that in essence, the current international framework for ownership does not lead to more development in the health sector or leverage for aid-recipient countries, but instead constructs and reinforces the underdeveloped subject, placing donors as indispensable sources of development knowledge, and absolving donors of any responsibility for failed health policies. Ultimately, ownership in Burkina's health sector further entrenches donors in Burkina's decision-making apparatus, as the teleological end of development remains forever unreachable. Although Burkinabè stakeholders are invested in the form of development that donors are propagating through the ownership paradigm, they view donor control and their prolonged presence as a Faustian bargain for the promise of development.

The Burkinabè stakeholders' perception of donors as problematic interveners is tied to their unique conceptualizations of ownership. Over the course of my interaction with people in Burkina, I found that policymakers shared similar renderings of ownership with members of civil society who are involved in the country's health sector. These local actors view *l'appropriation de développement* as a collective understanding about the responsibility that all societal members have to participate in bringing about development. Representatives of donor institutions, by contrast, grounded their understanding of ownership in a country's financial capabilities: was the Burkinabè government financing its own development? I argue in chapter four that this difference in conceptualization and the government's view of donor presence as Faustian bargain are legacies of the Burkinabè revolution from 1983 until 1987.

The ways in which ownership reproduces the underdeveloped subject and donors as an infallible source of development knowledge are borne out in the country's family planning policies. Global discourses surrounding family planning elicit both a real and imagined fear that can only be addressed through developing the underdeveloped. This lingering catastrophe around population growth and family planning creates a space for the epistemic community of donors to operate on an interminable basis. Across the continent, donors and scholars consistently refer to the prevalence and usage of contraceptives as "critical" for economic development. For example, in a *New York Times* article titled, "Talking their way out of a population crisis," the author paints a grim picture of Africa's population emergency: "In many parts of Africa, people already scramble to obtain food, land and water, and discontent provides fertile ground for extremism. So it is important to think carefully about the response to Africa's exploding population" (Epstein 2011, n.p.). Even donors like the Bill and Melinda Gates foundation have taken up the fight to address the critical need for modern contraceptives around the world. At a talk for the American Enterprise Institute, Melinda Gates described the global situation around family planning as follows: "We have 220 million women asking us for contraceptives, and we're not delivering them. Because of the political controversy, we backed away from the issue as a world. And yet women are dying in childbirth because they have child after child after child, and their children are dying because they're coming too quickly" (Reed 2016). The picture of poverty and destitution in Africa and the global South presents an impending crisis as a result of a population boom.

Following this logic, accountability for these development consequences should fall on both donors and Burkinabè stakeholders' shoulders (OECD 2011, 2008). The reality on the ground, however, is that not only is this definition of ownership not employed by stakeholders in Burkina's health sector, but also the premises and supporting institutions do not lead to any substantial shift in donor practices; yet the ownership paradigm has fundamentally changed the rhetoric surrounding development. The question then becomes, how do actors in Burkina's

health sector define and understand *l'appropriation de développement*? Do the emergence of this discourse and corresponding change in institutional frameworks lead to more local stakeholder control and better health outcomes, or not? How does ownership operate in practice within a given context, such as Burkina Faso?

Investing in the Ownership Paradigm

Although the World Bank and IMF had already laid the foundation for ownership with the Comprehensive Development Framework (CDF), first introduced in 1999, rhetoric associated with this paradigm was cemented through the OECD High Level Fora on Aid Effectiveness, beginning in 2003.²⁸ Of the four fora that took place--Rome, Paris, Accra, and Busan—Paris and Accra have become emblematic of the international community's commitment to increasing aid effectiveness through ownership, harmonization and alignment. In fact, while conducting fieldwork, government and civil society stakeholders I interviewed repeatedly attributed the call for ownership to the Paris Declaration (the product of the Paris forum in 2005) and not the World Bank and IMF's Comprehensive Development Framework, adopted in 1999.

International donors and supranational institutions have played a long and sustained role in Burkina's development practices, further establishing and reifying the ownership paradigm. The Burkinabè health sector is highly demonstrative of the country's history with regional and international institutions. In 1987, the World Health Organization (WHO) and UNICEF developed the Bamako Initiative (BI) as a corrective to the salient inefficiencies in the health sectors across Africa. More specifically, the BI was tailored to address the dearth of resources in many African states as they tried to implement comprehensive primary health programs (Bamako Initiative 1987). The Burkinabè government launched its version of the BI in 1993. In 1996, Burkina Faso reconfigured its health sector, adding regional health districts, which created 11 health regions

²⁸ As mentioned in the previous chapter, the language of ownership assumes a paradigm shift in the ways in which aid is managed and delivered. Increasing the volume of aid is necessary for achieving the Millennium Development Goals, governance, and improving development performance (OECD 2011). Furthermore, if countries can better "own" development, aid can better address poverty, inequality, and increase economic growth (OECD 2011; World Bank 2005).

over 53 health districts and the implementation of cost-sharing mechanisms, like user fees, to generate income for the health sector (Ridde 2008, 2011). The initiative reflects some of the core principles found in neoliberal development policy recommendations such as cost-sharing. Within this model, consumers would carry the burden of health costs, which in Burkina Faso meant increased cost for essential generic drugs (Haddad, Nougara, and Fournier 2006). The underlying logic for pushing cost-sharing at the community level was that the income that families were spending in the informal sector could be reallocated toward expenses in the formal health sector and combined with donor and government contributions. Under the BI, the government also decentralized the health sector (again, with an emphasis on efficiency), the underlying assumption being that communities could better manage the delivery and maintenance of health services than the central government (Ridde 2011). The plan led to the creation of private pharmacy depots that provide generic drugs to health centers at the district level. Another element of the BI was a reliance on increased donor funding for the health sector. Donors were encouraged to help contribute to the initial purchase of essential generic drugs in Burkina. Between 1992 and 1998, donor contributions to health increased by about 31 percent annually (Haddad et al. 2006, 1891).

Scholars have linked the macroeconomic reforms under World Bank and IMF-instituted Structural Adjustment Programs (SAPs) to the stagnant progress in public health sector (Kanji 1989; Ridde 2011; Konadu-Agyemang 2000; Sahn and Bernier 1995). Because of the currency devaluation, drug prices became too exorbitant for the average Burkinabè to afford. After the currency devaluation, drug prices increased by 76% and medication represented about 80% of the cost for visiting health professionals (Haddad et al. 2006, 1892) Because of the required liberalization, fees for consultation increased between 100 and 150%, while fees for delivering a baby increased by 20-30% (Haddad et al 2006, 1892). After these economic reforms and their impact on the health sector, health care in Burkina Faso became more expensive than in neighboring countries like Mali and Cote d'Ivoire (Bodart et al. 2001). The population remained,

generally dissatisfied with health services and allocation of resources remained inefficient. These lingering lacunae from the BI implementation and SAPs is attributed to donors and NGOs in the health sector promoting an overemphasis on efficiencies and little focus on equity in health (Ridde 2008)²⁹.

A distinct discourse on international interventions and approaches to development and health in Burkina emerged with the creation of Poverty Reduction Strategy Papers (PRSPs) and the Millennium Development Goals in 1999 and 2000. The World Bank and IMF, looking to re-legitimize their presence in development politics, created the Comprehensive Development Framework (CDF) as a new poverty-centered framework for aid-dependent countries (Ferguson 2006). In order for aid-dependent countries to continue accessing concessional loans from both institutions and access Heavily Indebted Poor Country Initiative (HIPC) funds, they would have to subscribe to this new framework for “eradicating poverty.” As a heavily indebted poor country, Burkina produced its first PRSP titled *le Cadre stratégique de lutte contre la pauvreté* (the Strategic Framework for the Fight Against Poverty), which was implemented in 2000 (Ministere de l'Economie et des Finances 2000). That same year, Burkina also became signatory to the UN's Millennium Development Goals. In adopting this global pledge to reduce poverty, the government agreed to work towards achieving the 8 pre-established development goals, three of which are health-related.³⁰ The shift in international development discourse to partnership and poverty reduction prompted a call to increase donor funding and presence in national development strategies, along with the mobilization of domestic resources to meet these new development goals. A year after agreeing to work towards the MDGs, Burkina collaborated with a number of other states in the African Union to produce the Abuja Declaration. With this document, Burkina Faso and other African states agreed to allocate at least 15% of their annual

²⁹ There is considerable scholarship that addresses the ways in which the quest for efficiency through neoliberal policies led to inequality in the delivery of social services outside of Africa as well (Abouharb and Cingranelli 2007; Chapman 2016; Easterly 2005).

³⁰ There are three Millennium Development Goals (MDGs) that pertain to health: MDG number four is to reduce the under-5 mortality rate by two-thirds; MDG number five is to reduce the maternal mortality rate by three quarters; and, MDG number six is to combat HIV/AIDS, malaria and other diseases.

budgets towards their health sectors. Ideally, in meeting the Abuja pledge, these states would also achieve the three health related MDGs (World Health Organization 2011). African leaders also called on donors to meet their former pledge of committing at least 0.7% of their domestic GNI towards development in Africa (World Health Organization 2011). These four international declarations—the Bamako Initiative, Comprehensive Development Framework, Millennium Development Goals, and the Abuja Declaration—inform the current foci of political and economic resources in the Burkinabè health sector.

The World Bank and other donors have had a substantial impact on Burkina Faso's social, political, and economic development strategies. Since the early 1990s, the World Bank has facilitated Burkina Faso's transition to a market economy and neoliberalization (World Bank 2010). Beginning with independence in 1960, the country produced five-year development plans to guide the government in its quest for "development" along Western lines. The government produced plans that spanned periods from 1967-1971, 1972-1976, 1977-1981, 1986-1990, and 1991-1995. Between 1984 and 1985, the government elaborated *le Programme Populaire de Développement* (PPD, People's Development Program)—a biannual plan (Ministère de la Planification et du Développement Populaire 1985). After 1995, the government moved away from the five-year plan to its first 10-year strategy. *La lettre d'intention de politique de développement humain durable* (LIPDHD, The Letter of Intent on Sustainable Human Development Policy) was the first 10-year development plan that the Burkinabè government established. However, the government quickly jettisoned this plan when it became eligible for HIPC funds in 1997 and had to replace the LIPDHD with the *Cadre stratégique de lutte contre la pauvreté* (CSLP, Strategic Framework for Poverty Reduction)—the country's first PRSP—in 2000. Because the country was under pressure to complete the first CSLP in order to receive HIPC funds, it created its first PRSP in just seven months (World Bank 2013). The CSLP, being the first iteration of the PRSP, was the country's comprehensive and long-term approach to social, political, and economic development. It reflected the spirit of the Bank and IMF's

comprehensive development framework in that it presented a long-term holistic vision, used the language of country led-partnership and country ownership and was “results- oriented” meaning it elaborated time-bound targets to measure the achievement of goals (Merry, Davis, and Kingsbury 2015; Rottenburg, Merry, Park, and Mugler 2015; Cooley and Snyder 2015). The first CSLP spanned 2000 to 2010. After the CSLP came *La stratégie de croissance accélérée et de développement durable* (SCADD, The Strategy for Accelerated Growth and Sustainable Development) from 2011 until 2015.

La SCADD is the second iteration of the country’s PRSP. Much like the CSLP, La SCADD articulates the present state of development in the economic, political, and social sectors and provides a technocratic strategy for achieving the stated development goals. Also like the CSLP, la SCADD takes economic cues from the neoliberal playbook, which influences the approach to dealing with health issues. According to the government and donors, key problems in the health sector include governance and leadership, improving health service delivery and finding enough resources to fund health services (International Development Association 2010; l’Organisation Mondiale de la Santé 2009; Ministère de l’Economie et des Finances 2011). The outlined health issues remain directly in line with the Bamako Initiative and MDGs. The major public health challenges identified are malaria, acute respiratory infections, malnutrition, HIV/AIDS, and noncommunicable diseases like diabetes, cancer, and cardiovascular issues (Ministère de l’Economie et des Finances 2011). The plan also articulates specific development benchmarks integral to achieving the stated goals, such as increased numbers of health centers, assisted births, vaccinated infants and decline in HIV/AIDS prevalence (Ministère de l’Economie et des Finances 2011). According to la SCADD, development successes are the product of country ownership, and increased donor assistance. To achieve the MDGs, the government prioritizes financing the social sectors. Ultimately, average annual financing of La SCADD over the period 2006-2010 accounted for 38.66% of the

annual Burkinabe budget, with a high of 44.64% in 2010 (Ministere de l'Economie et des Finances 2011).

Through a formal adoption of the discourse and the donor-sanctioned tools and instruments for development, the Burkinabè government has consented to the principles and practices of the ownership paradigm. The adoption of the CSLP and La SCAAD as long-term, holistic development strategies that conceive of development in terms of poverty reduction through economic growth comes directly from the World Bank and not the Burkinabè contexts. The consequences of the government consenting to the ownership paradigm also unfold across the Burkinabè development stakeholders.

Ownership from the Top Down

Taking the government's national strategies at face value leads one to believe that, although struggling in some areas, Burkina Faso is well on the path to development and has demonstrated remarkable *appropriation de développement*. A number of significant tropes come to light in moving from examining ownership at just the national level to how it is understood and applied at the micro level with community supported organizations (CSOs) and donors in the health sector.

Although the need for ownership of development remains paramount under this current paradigm, there is no consistency across stakeholders on what the concept means, how it is executed, and whether or not it exists in Burkina's health sector. Across the various donor groups included in this study, the World Bank, the U.S. Peace Corps, United Nations Population Fund (UNFPA), and the United States Agency for International Development (USAID), all defined ownership in similar terms. For these stakeholders, ownership was very much about the government and local stakeholders taking the lead with respect to funding development and participating in program implementation. For example, one respondent in the World Bank's country office in Burkina Faso stated that "ownership of development in the health sector is the

Ministry of Health giving all the resources that it has, both technical and financial, to meet development partners halfway; not just the Ministry of Health, the communities as well.”³¹

Another donor from USAID noted that who owns development is “whoever contributes most of the budget.”³²

If, for donors, ownership means that the government is giving all possible financial resources to the health sector, then it would be very difficult to say that the Burkinabè government owns development. There are three main financial contributors to Burkina’s health sector: government, donors, and households. Of the three, government consistently contributes more than the other two stakeholders to health. However, these numbers do not reflect the international NGOs and donor projects that circumvent government, which calls into question the practical and theoretical purchase of ownership as donors define it. Notably, respondents at the World Bank did not see the government as fully owning development in the health sector, but regarded it as being on track to doing so.

For government officials in the Ministry of Finance and Economics (MOFE), specifically the subdivision known as *la Direction générale de l’économie et de la planification* (DGEP), ownership is a combination of control over policies and consciousness about development. The element of control over policies seems informed by the donor version of ownership in that a number of respondents used the “government in the drivers’ seat” metaphor to define the concept. There are also elements of the international version of ownership evident in the reasons for why most of these actors believe that government does in fact own development. For civil servants in the DGEP, government owns development because it takes the initiative in creating national documents, like la SCADD and le CSLP. Again, this version corresponds with the Bank and IMF’s measures of ownership, evident in the assessment of the Paris Declaration’s implementation. In the Ministry of Health, there is overlap with the connection

³¹ ST0731, 07/31/2015_Ouagadougou

³² LB0709, 07/09/2015_Ouagadougou

between ownership and consciousness. Policy-makers in the MoH, across the board, view ownership as involving a level of consciousness about development. The expected level of consciousness percolates down to the individual level where, as one official noted, “Chacun a son part à jouer” (Everyone has a role to play).³³ But more importantly, each person knows what his part is. There is also an element of responsibility and independence that seeps through this understanding— “Nous devons écrire les chemins que nous voulons suivre” (we write the path that we want to follow).³⁴

Whether these same actors see the government as “owning” development is not so black and white. Respondents at the local level, including nurses and midwives working at the health center where I conducted participant observation and several interviews, believe that government owns development based on reasons ranging from the allotment of government subsidies for services and medication to the decentralized state of health care – a process of decentralization over which they feel little control. Technocrats in the MoH suggested otherwise. One top government official in the MoH gave a resounding no in response to my question as to whether or not the government owns development:

Non, le gouvernement ne s'approprie pas le développement parce que le gouvernement détruire l'argent. Il gaspille l'argent. Ca va dire qu'il travail, oui, mais ce n'est pas arrivé. Ils auraient pu mieux faire (No, the government does not own development because the government destroys money. They waste money. That means they work, yes, but it's not enough. They could have done better).³⁵

For other officials in the MoH, the reason for government not owning development came back to the question of aid dependence. “Il y a beaucoup de volonté pour pouvoir aller dans le sens de [l'appropriation], mais quand on n'a pas souvent l'argent, les choses sont dicter d'ailleurs quoi” (There's a lot of will to own development, but when one often doesn't have money, these things are dictated from elsewhere).³⁶

³³ YA1607, 07/16/2015_Koudougou

³⁴ BS3006, 06/30/2015_Ouagadougou

³⁵ OB2207, 07/22/2015_Ouagadougou

³⁶ CD0707, 07/07/2015_Ouagadougou

Tacit conflict over the terms, definitions, and the ways in which it is manifest in the development sector exists between donors and government. Other than one official at the World Bank, people I interviewed did not mention the presence of an operational development strategy as evidence of ownership.³⁷ Again, the focus was primarily on funding the health sector. This is not necessarily divergent from the goals outlined in many of the international commitments to reduce poverty and improve the health sector. For example, both the Abuja and Bamako aid frameworks as well as the MDGs all refer multiple times to the need to increase government funding to the health sector. With the exception of the World Bank, donors tied the term inextricably to funding.

By contrast, Burkinabe government officials were particularly proud of, and grounded in their national and sector-wide strategy for health promotion. One official in the MoH maintained, “je prend l’exemple très simple, si je me dit que le Burkina s’approprié son développement, par exemple, je prend le PNDS. Un peu en Afrique d’Ouest [le Burkina] est un exemple. Le Burkina est un exemple et les gens même viens s’inspirer de l’exemple de Burkina” (I’ll give a very simple example, I tell myself that Burkina owns its development, for example, I take the PNDS. Burkina is somewhat of an example in West Africa. Burkina is an example and people are even inspired by Burkina).³⁸ Pointing out how Burkina’s PNDS is an example that other West African states use as a model for their own health strategies is exemplary of the pride this government official takes in producing a development strategy, which he then associates with the government taking ownership of development policies in health. Many government officials share in this sentiment. One Burkinabè doctor I interviewed who currently works for USAID but formerly practiced under the MoH, characterized the PNDS as an important document that the government elaborated in order to achieve strategic objectives in the health sector.³⁹ At the same time, another top official from USAID, with an American nationality, described the

³⁷ Part of the Paris Declaration’s operationalization of ownership is the presence of an operational development strategy. The operational development strategy often takes the form of a Poverty Reduction Strategy paper.

³⁸ DR0107, 07/01/2015_Ouagadougou

³⁹ CM0907, 07/09/2015_Ouagadougou

document as not that important, and not a living document, because there had been no changes to the PNDS since it was validated.⁴⁰

Although other donors may have mentioned contributing to the PNDS and “accompanying” government in their quest to execute the stated objectives, no donor (other than one World Bank official) used the document as an example of government ownership (Ministère de la Santé 2011). That the Bank highlighted the government’s creation of the PNDS as exemplary of government control of development is not striking, particularly because, as explained in my earlier discussion of ownership, the Bank is responsible for formulating and promoting this technocratic approach to development policy making (Pender 2001; Goldman 2006). Given its role in establishing this framework, the Bank is thus heavily invested in the government’s ownership of the PNDS. However, this particular Bank representative also linked ownership to the government’s ability to finance 100% of the health sector and development programs and projects overall: “Avec la déclaration de Paris, on peut dire qu’il y a un tendance ver l’appropriation. Bien sur quand tu as 40% de ton financement qui dépend des aides extérieur, tu peut avoir petites influence par ci par la (With the Paris Declaration one can say there is a trend towards ownership. Of course when you have 40% of your financing that depends on outside aid, you can have small influences here and there).⁴¹

The collection of actors in Burkina’s civil society are numerous and vibrant. Scholars have mislabeled civil society and Burkina as a-political, when in fact actors in Burkina’s civil society have engaged in a number of politically transformative movements (Engberg-Pedersen 2002). Since 2008, multiple movements (both organized and acephalous) steeped in political and economic demands have arisen around issues varying from cost of living to police impunity. In 2008, the Coalition Against the High Cost of Living together with national labor unions organized a national protest under the banner “*La vie est cher* (Life is expensive) to protest the

⁴⁰ LB0907, 07/09/2015_Ouagadougou

⁴¹ HO0701, 07/01/2015_Ouagadougou

exponentially rising cost of living. Three years later, in 2011, in what might be the third or fourth largest city in the country, police killed a student, John Zongo, which led to massive protests, looting, and demonstrations around the country (Hilgers and Loada 2013; Banegas 2015). While the explicit aims were to have the offending officers prosecuted, the larger and implicit target was the pervasive air of impunity that encapsulated government officials, military, and police activities.

During the protest, demonstrators burned government buildings, the CDP headquarters, and police stations and attacked police officers until the officers involved were eventually jailed. In 2011, there were also 64 distinct local mobilizations in Burkina (Harsch 2016). Perhaps the most significant uprising came in October 2014 with the forced resignation of 27-year incumbent president Blaise Compaoré. From formal CSOs like Balai Citoyen, to women carrying wooden spoons, people marched in the streets of nearly every major city in Burkina, demanding the ouster of Compaoré (Harsch 2016; Vink and Sangaré 2015). The protests ended with a burned National Assembly building, a destroyed hotel where CDP officials took refuge during the protests, and the burned homes of political allies and family members of the former president. Ultimately, Compaoré fled into exile in neighboring Côte D'Ivoire, leaving the country open to a democratic transition (Harsch 2016).

This level of political engagement testifies to the willingness of average people to participate in the processes of political and economic development. Calls by the international community for the inclusion of civil society organizations in the development process and as stakeholders in the ownership model come against this backdrop of considerable domestic political unrest (OECD 2011, 2008). Donors continue to expect that civil society organizations and people will increase the government's potential for achieving development goals in Burkina's health sector (Brinkerhoff 1999; Steinle and Correll 2008), regardless of the level of internal unrest.

There are a plethora of actors contributing to the Burkinabè health system: faith-based organizations, nongovernmental organizations, international nongovernment organizations, community based organizations, and associations, just to name a few. Under the ownership paradigm, these actors should participate in elaborating the sector-wide strategy for the health sector and aid government in implementing the projects and programs tied to national health policies. With a decentralized health system based on the Bamako Initiative, local actors are heavily incorporated into the health framework; but whether or not they in fact exercise power or have autonomy is an altogether different question, to which I will later return. At the community level, there is the *Comité de Gestion* (CoGes, Management Committee). The CoGes consists of members from the local communities services by the CSPS, otherwise known as the *aire sanitaire*. Community members elect representatives from their villages to serve on the CoGes board for a number of years. The members are responsible for implementing health related activities and using funds collected from the community in conjunction with the CSPS. Community members are also responsible for selecting the manager of the pharmacy, from within the community.

Civil society members also play a critical role in implementing the policies and programs tied to either the national health strategy or to donor health programs and projects that circumvent that government's strategy. For example, in order to implement the PADS and the PNDS, donors and government fund large NGOs. The NGOs, in turn, will find local associations throughout a particular region in order to implement the different activities and sensitize the population based on the articulated directives from the *Programme d'Appui au Développement Sanitaire* (PADS, Program to Support Health Development). These community-based organizations are responsible for working with a certain number of villages and their *agents de santé* (health promoters) to carry out grassroots health promotion in the village. In this way, civil society members become essential for implementing the health policies created under the ownership model, in a top-down fashion. This diffusion model reflects the ways in which

ownership is not an innocuous concept that state actors and donors employ with little consequence. Instead, these actors breathe life into the concept through their implementation of PADS and other national health strategies produced under the ownership framework. Later in this chapter, I will demonstrate how this system further reinforces the neoliberal approach to health and development.

Although the majority of my interviews with civil society members came from local health associations working in the city of Tenkodogo and the neighboring villages, I also included input from Burkinabé who do not work in the health sector, or have worked as former members of CoGes. I engaged these respondents in the capital Ouagadougou and in the city of Koudougou, primarily. These respondents were able to provide a more qualitative assessment of the health care system than that conveyed by the quantitative data that the state and donors used to assess the system. In this context, it becomes important to interrogate how this range of actors define and engage with *ownership*.

Civil society's understanding of ownership is more in line with that of the government. Respondents in the different community-based organizations and in civil society, in general, often met my question, "What does ownership of development mean to you?" with hesitation. On multiple occasions, I had to explain that there was no right answer to the question. Collectively, civil society members working in the health sector relate ownership to an understanding of the role that individuals within the community have in bringing about development at the country level: "le développement doit être un problème ou une question de tout le monde. Et tout le monde doit s'impliquer pour que l'Etat puisse se développer. Ce n'est pas un problème de seulement les dirigeants pour le gouvernement, mais tout les citoyens s'impliquer pour que on puisse atteindre se développement effectivement" (Development should be a problem or a question for everyone. And everyone should involve himself or herself so that the state can develop. It's not a problem for only government leaders, but all citizens involve

themselves so that we can achieve development).⁴² These sentiments reflect the dominant understanding of development amongst members of civil society. “L’appropriation de développement ca va dire que chacun de nous a en tête son développement. Il ne droit pas attendre que quelqu’un ailleurs pour venir te dire, il faut que tu fasse comme ca pour être développer. Ca, ce n’est pas un développement qui est propre a toi même” (Ownership of development means that each one of us has development in mind. He shouldn’t wait for someone elsewhere to come to tell you; you must do it this way in order to be developed. That’s not a development that is just for you personally).⁴³ For many people in civil society, notions of ownership are thus shaped both by the need to understand the policy itself and by a felt sense of responsibility for implementing it.

As with many government officials, a number of respondents do believe that the government owns development in the health sector because the government produces development strategies for the sector. One respondent working for a local association in Tenkodogo stated, “le gouvernement essaye de s’appropriier le développement parce que le gouvernement a élaboré ces plan de développement” (The government tries to own development because it elaborated its development plans).⁴⁴ Not all civil society members felt that government was either owning or on track to own development in the health sector. For many, and especially those not working with PADS or NGOs, the government was not in the position to own development because of the democratic transition that was taking place at the time I conducted interviews (i.e., from June to August in 2015). Again, the general consensus was that government was on course to own development, not because it was fully funding development in the health sector, but because it produces health strategies and works with donors.

⁴² ZD0308, 08/03/2015_Ouagadougou

⁴³ ZJ2807, 07/28/2015_Tenkodogo

⁴⁴ ZJ2807, 07/28/2015_Tenkodogo

How does ownership work in Burkina Faso?

As explained previously, the PNDS is the national strategy that articulates the national plan for developing the health sector in accordance with the priorities outlined in PNS, which corresponds with the country's larger economic development objectives in the SCADD, which is Burkina's variant of the PRSP. These documents do not remain stagnant at the national level. In fact, government and donor institutions alike use local level organizations to carry out the objectives by financing the relevant activities under the PADS. As it stands, the PADS funds different NGOs throughout the country, who in turn, fund local associations. These associations use the money to pay for their own overhead costs and the activities outlined under the PADS. I was able to experience this process first hand in Tenkodogo.

While in Tenkodogo, I was able to participate in a meeting hosted by the NGO *Renforcement de Capacités* (RENCAP), which funds ten different associations working in the Tenkodogo district. The PADS is comprised of multiple targets based on the PNDS. Donors pay the NGO, which pays the associations, which pay the village agents, to implement related program. Donors include the *pannier commun* (community basket), which is a compilation of various donors, including the World Bank, UNFPA, and Gavi vaccinations. The meeting I attended in July 2015 functioned to gather ground-level data from the various associations with respect to their implementation of key activities. At the meeting, representatives from the ten different associations presented their reports from the previous trimester of activities to the NGO representatives. The NGO then gathered the data for a larger report to transmit to the donors and government funding the different strategic activities. There were four major strategic activities that donors funded: improving governance and leadership in health; reinforcing communication for changing behavior; improving the delivery of health services; and promoting health and the fight against diseases. For this particular meeting, the associations were reporting on their progress on these activities from January through June of 2015.

The tone and orientation of the meeting was illustrative of the impact that donor priorities and knowledge structures have in dictating how policies are executed and subsequently turned in to reports that suggest progress in development. The number of community awareness-raising activities or sensibilizations that each association carried out, along with whether or not they were successful in completing the tasks assigned, weighed heavily in whether the NGO thought the associations would continue to receive funding. In fact, at one point, a number of associations had to explain why they were not able to execute the *perdue de vue* activity that GAVI Vaccinations funds through the PADS.⁴⁵ Most of the association members attributed not being able to complete the task to the lack of cooperation on the part of the ICP at the CSPS, along with the last minute addition of GAVI to the list of participants. In response, the head of the NGO emphasized how their inability to complete the task and spend the money would lead to less money in the future.

In another instance, the head of the NGO at the helm of the consultation questioned how all of the associations could have 100% completion of all of the assigned activities; he in turn suggested that he would corroborate reports with the various CSPSs. The general tone was not one of full participation in the decision-making process with respect to the health activities or some “partnership” between these local associations and the more politically well-connected NGO, donors, and the state. Rather, it appeared as if the associations were to function mainly as the sensibilizing-mechanisms for the larger health policies that came from the capital, Ouagadougou. Much of their data and motivation for the activities seemed purely financial. Many of the members noted in their interviews how their particular organization could not continue functioning without the funds from the PADS. As one of the association members stated: “quand un financement tombe, ce n’est pas pour s’amuser avec. On vous dit, voila, vous respectez nos clause. Nous voulons intervenir dans le district sanitaire de Tenkodogo. Et voila,

⁴⁵ *Perdue de Vue* refers to children that do not complete the series of vaccinations. One of the activities that GAVI Vaccination required from members of the local associations was to find these children and keep them on file.

nous attendons telle, telle, et telle résultats. Donc, c'est [les PTF] qui on le dernier mot. Nous, on ne fait que exécuter leur désires quoi" (When financing falls, it's not something to play with. They tell you, look, you respect our clause. We want to intervene in Tenkodogo's health district. And look, we are waiting for these, these, and these results. So, it's the donors who have the last word. Us, we do nothing but execute their desires).⁴⁶

Ownership of development in the Burkinabè contexts operates to further entrench the problematic elements of the development enterprise. The paradigm itself keeps states locked into a neoliberal development paradigm through the act of sensibilization, which takes place at multiple levels. Despite donors contending that ownership is evident where governments are financing the majority of the budget for development, this does not mean that donors do not see a continued need for their presence in Burkina's health sector. Instead, donors are moving to position themselves as technical and epistemic sources of power. By promoting their contribution as less financial and more knowledge-based under this framework of "development partners", donors have the potential to become permanent advisors on development without taking on the financial burden. This maneuver places the responsibility for failed health policies on the state and civil society, while absolving donors of any direct responsibility.

Creating the Underdeveloped Subject

The ownership paradigm situates poverty reduction and development as key problems that the international community and domestic actors in "developing" nations must address. The belief in the country's struggle or incapacity to develop without donor assistance is also evident in its PRSP and PNDS. The dominant document that international donors and institutions use to define and articulate ownership is aptly titled, Poverty Reduction Strategy Papers. The four pillars of Burkina's PRSP are all poverty and economically driven: "raising growth and equity in a stable macroeconomic environment to reduce poverty; increasing access to and quality of

⁴⁶ YB0729, 07/29/2015_Tenkodogo

basic social services; improving employment and income opportunities for the poor; improving governance with a particular emphasis on public sector management and budget management reforms” (World Bank 2010, 3). Much of the belief that countries like Burkina remain works in progress, with respect to development, is also evident in the explicit aims of MDGs. By investing in this model, development’s underlying process of creating the underdeveloped does not cease. Instead, it is further entrenched in national actors’ imaginaries.

At the state level, the Burkinabè government has, in fact, tangibly bought into the notion that the country is underdeveloped, or developing by producing PRSPs and using them as a measure of ownership. With this process comes the reinforcement of being underdeveloped in popular consciousness as well. One government official noted, “Le Burkina, c’est un pays sous-développé. Donc, quand on parle de développement, c’est de sortir de sous-développement...C’est d’être totalement indépendant. Actuellement, on dépend beaucoup de l’aide extérieur” (Burkina is an underdeveloped country. So when one speaks of development, get out of being underdeveloped. It’s to be totally independent. Actually, we depend a lot on outside aid).⁴⁷ No government official would disagree with this statement. In fact, these sentiments resurfaced at the MOFE and MoH alike, with government officials describing Burkina Faso as “un pays pauvre” (a poor country) or “un pays sous-développé” (an underdeveloped country).⁴⁸

Despite the government’s efforts to remediate problems such as high infant and maternal mortality, decreasing the number of fatal malaria cases, and increasing the number of CSPs, Burkina still remains unable to achieve MDGs or to satisfy the global agenda for development in health (Ministry of State for Planning, Land Use and Community Development and United Nation System in the Burkina Faso 2012). In fact, using the measurements provided by the UN, over 80% of low-income African countries were not on track for meeting the 4th and

⁴⁷ NM0107, 07/01/2015_Koudougou

⁴⁸ BS3006, 06/30/2015_Ouagadougou; NM0107, 07/01/2015_Koudougou; DR0107, 07/01/2015_Ouagadougou; CD0707, 07/07/2015_Ouagadougou

5th Millennium Development (i.e. good on reducing mortality in children under five years old and improving maternal health), although they made significant progress in these areas (Cohendet et al. 2014).

Institutions like the World Health Organization contribute to this sense of underdevelopment as well. Although the organization acknowledges some of the country's achievements with respect to progress on MDGs 6 (on combating HIV/AIDS and reversing current trends) and improvements towards MDGs 4 and 5, the list of challenges that remain are nothing short of daunting. According to the WHO, Burkina still needs to strengthen the health system to drive forward implementation of priority health interventions; improve the quality of health care; improve financial access to health care for the poorest and most vulnerable; reduce maternal, neonatal and infant and child mortality rates; reduce the double burden of communicable and noncommunicable diseases through prevention, case management, and research and surveillance, including implementation of the International Health Regulations; routinely take account of the social determinants of health as essential component for improving the health of the population; improve the availability and affordability of quality, safe and efficient health products; adopt a health financing strategy, give effect to the universal health insurance scheme and the various initiatives on subsidies and free medical care; develop a strategy for health promotion that includes community health (l'Organisation Mondiale de la Santé 2009; World Health Organization 2014). Some of the challenges listed remain unfulfilled by some of the most "developed" countries in the West (Connolly Carmalt, Zaidi, and Yamin 2011). These challenges will also take time and resources that will extend into the not-so-near future, prolonging the need for interventions on the part of the international community. The WHO's problems for Burkina's health sector are not lost on the state policy-makers or at the local level in the CSPS. In fact, during my interviews, many respondents contributed to this laundry list with

a number of other problems that plagued the health sector, like the limited number of nurses and doctors, receiving medication in a timely manner, or even aesthetically pleasing facilities.⁴⁹

Civil society actors were also keen to point out how poor and underdeveloped Burkina is. Health workers in the different associations articulated a very similar sentiment to that voiced by government officials: “on ne peut pas dire actuellement que le Burkina se développe même. Mais il y a des efforts qui sont faire qu’a même pour aller vers ce développement la. (We can’t actually say that Burkina is actually developing. But, there are efforts being made at least towards development.)”⁵⁰ Beyond just the actors working directly with civil society organizations, my personal encounters with Burkinabè also reflected this understanding of Burkina as poor and not having enough resources to develop itself. On several occasions, my status as an American solicited request for money and help with visas to the U.S. because “tout les Américains sont riche et les Burkinabè, ils sont pauvre” (All Americans are rich and the Burkinabè are poor). This persistent reference to Burkina not as “developing” or “developed” but “underdeveloped” speaks to the critiques that scholars like Gustavo Esteva (1992) and Sylvia Wynters (1996) have of the development industry.⁵¹ There are psychological and tangible consequences for the underdeveloped subject.

Situating oneself on a teleological spectrum of progress predicated on the unique histories of only a handful of the world’s population requires that one perpetuate and reify the myth of development. Oddly enough, the most pervasive donors in Burkina’s health sector were also the ones to note that the ways in which one defines development are in some ways based on a Eurocentric model and international norms.⁵² Nevertheless, the feelings of being

⁴⁹ YA1607, 07/16/2015_Koudougou; RJ1607, 07/16/2015_Koudougou; KD1607, 07/16/2015_Koudougou; OB2207, 07/22/2015_Ouagadougou; SM2407, 07/24/2015_Tenkodogo; BS2507, 07/25/2015_Tenkodogo; OM25/07, 07/25/2015_Tenkodogo; KF1008, 08/10/2015_Koudougou; KP2607, 07/26/2015_Tenkodogo; DI2407, 07/24/2015_Tenkodogo; IA0507, 07/05/2015_Ouagadougou

⁵⁰ ZD0308, 08/03/2015_Tenkodogo

⁵¹ SM2407, 07/24/2015_Tenkodogo; BS3006, 06/30/2015_Ouagadougou; NM0107, 07/01/2015_Koudougou; DR0107, 07/01/2015_Ouagadougou; CD0707, 07/07/2015_Ouagadougou; BS2507, 07/25/2015_Tenkodogo; NB1907_07/19/2015_Ouagadougou

⁵² One of the USAID respondents gave an example of how with respect HIV/AIDs Burkina could be considered more developed than places like Washington D.C. in the U.S. where nearly 1 in 5 people is infected with the virus versus in Burkina where seroprevalence

underdeveloped and too poor to develop without donors percolate from the government level to the level of society.

Indispensable donors

Resolving Burkina's health problems under the ownership model leads to the necessity of the indispensable donor. For many of the state and local stakeholders working in the health sector, donors are essential for maintaining Burkina's health system. Government officials were very clear that the Burkinabè government elaborates its own health development strategies in collaboration with other stakeholders (both local and international). Again, this exemplified ownership for many of the respondents in the MOFE and MOS. However, they also made it very clear that developing and executing the strategies would be especially difficult without donors' financial and technical assistance.⁵³

For example, nurses at the CSPA in Koudougou were vocal about the role that they think donors play in keeping the health system afloat: "c'est eux [donors] qui vient justement soulager beaucoup plus la population Burkinabè". (It's donors that come and relieve so much of the Burkinabè population).⁵⁴ More often than not, the health workers suggested that donor influence and presence was not only positive but essential for providing subsidized medicines and services to the Burkinabè population. A typical CSPA, *secteur cinq's* (sector 5) building and aesthetics were by no means welcoming. Parts of the ceiling were rotted out. All of the walls were covered with more dirt than paint. The floors, cracked slabs of cement, were equally layered in dirt. Each wall displayed health propaganda that bore the mark of an international donor. One sign stated, "You want your wife to help you work? Support her in choosing a contraceptive" paid for by USAID. Each of the consultation rooms contained boxes of Plumpy Nut and sacks of cereal from World Food Program, staples of food relief. Given the amount of

is around 1%. A World Bank official explained how we do not label Cuba as developed, although it has a health system comparable to Canada. LB0907_07/09/2015_Ouagadougou

⁵³ OB2207, 07/22/2015_Ouagadougou

⁵⁴ RJ1607, 07/16/2015_Koudougou

tangible goods the nurses at the CSPS receive from donors and the ubiquitous presence of donor-sponsored health fliers, it is no wonder they feel that donors maintain the health system.

Associations at the local level find that their work would be especially difficult to carry out without donor support. As the director of one association noted, “on est dans un système où le financement est obligatoire. On a un besoin de financement pour pouvoir fonctionner” (We are in a system where financing is necessary. One needs financing to be able to function), or as another member of a different association stated, “aujourd’hui on comprend que le monde aujourd’hui, ça évolue avec l’argent” (Today, things evolve with money).⁵⁵ This sense of financial necessity guides much of the reverence for donors and their contributions to the health sector. It also leaves the majority of the organizations unable to say that they are autonomous. As a number of workers in grassroots health promotion organizations commented in interviews that many of their important health activities depend on donor funding to continue. This is not only the case in the health sector. The majority of community-based associations and NGOs in Burkina depend on donors to finance not only their activities, but also their over-head costs (Engberg-Pedersen 2002). Such financial dependence on donors and the state calls into question whether these organizations fall into the traditional understanding of civil society. At the same time, they demonstrate how these groups are brought directly into the ownership paradigm to maintain it, not subvert it.

This financially grounded rendering of ownership places the responsibility for health outcomes on the Burkinabè population while absolving donors of any responsibility. Government and the community should be in control, meaning that they are the ones funding development. These views are not divergent from the overall contemporary discourse on aid and development. Donors and governments alike are suggesting that there be less aid-dependence in low-income countries.⁵⁶ However, the reality is that although foreign aid is

⁵⁵ ZJ2807, 07/28/2015_Tenkodogo; KN2707, 07/27/2015_Tenkodogo

⁵⁶ see La Stratégie de Croissance Accélérée et de Développement Durable 2011-2015 (Ministère de l’Economie et des Finances 2011).

declining in general, this does not automatically give way to more country ownership. Instead, donors have repositioned themselves as “development experts”, giving advice in lieu of finances. According to one staff member I interviewed in the Burkina Faso office of the World Bank, “la banque joue un role de knowledges génération” (The Bank plays the role of knowledge generation).⁵⁷ Their position as sources of knowledge for health development is also evident in donors’ professed strategies for health. Strategies for donors, as each respondent put it, are to “reinforce” either capacity or the health system. All donors claimed that their role is merely to support government priorities, but USAID was clear about its lack of support for traditional medicine and any health intervention not approved by the WHO, despite traditional medicine being incorporated into the government’s national health strategy.⁵⁸ The emphasis that donors place on knowledge production and reinforcing capacity speaks directly to post-development contentions with the development industry. For donors, in order to demonstrate that they sit in the driver’s seat, government must be able to fully finance sector development; whether local governments truly determine health priorities or possess a knowledge-set essential to health development does not factor into the equation.

Donor Influence and Impunity

Instead of saying outright that donors are funding the health sector, or dictate the policy direction, some government officials I interviewed instead used the term “*accompagner*” (to accompany), which is also integral to the language of ownership. Donors exist only to accompany the government by providing technical and financial expertise. “Les PTF n’ont pas d’influence comme ça sur le PNDS. Oui ils ont participé à l’élaboration de PNDS. Alors, comme nous sommes un pays a ressource limiter, il n’y a pas beaucoup d’argent, ce sont des partenaires maintenant qui nous aident. ...Ils pourront que accompagner “ (Donors don’t have

⁵⁷ HO0107, 07/01/2015_Ouagadougou

⁵⁸ LB0907, 07/09/2015_Ouagadougou

that much influence over the PNDS. Yes, they helped to elaborate the PNDS. Since we are a country with limited resources, there isn't a lot of money. It's the partners now that come and help us. They will only be able to accompany us).⁵⁹ As I probed further in interviews in an effort to have these officials explain how donors are merely accompanying government when donors have provided the framework for the PNDS, *panier commun*, PRSPs (initially approving all of these documents before work could commence), respondents began to speak more candidly about the ways in which donors influence health policies. "Puis que c'est eux qui finance la mise en oeuvre de ces documents. Donc les PTF même s'approprient plus nos documents que nous même. Voilà ils ont travaillé beaucoup avec les PTF de PNUD, le système de Nations Unies en générale. Mais ils connaissent bien nos documents, oui" (Because it's them that finance the implementation of these documents. So the FTP even own our documents more than we do. They work more a lot with donors from UNDP, the UN system in general. But they are very familiar with our documents).⁶⁰ This explanation is limited to the financial influence that donors wield over the policy process. Indeed, when respondents did acknowledge donor influence, it was primarily financial. Even if the government wanted to implement alternative projects or programs in the health sector, government officials felt that the process would be futile since the government does not have the economic resources to put these projects and programs in place without donor support. The implicit reality is that donors will only pay for a development that corresponds with their vision.

Despite the aforementioned ways that donors influence health policies and development in Burkina, donors still maintain that they have limited influence over development in Burkina. As one official at the World Bank characterized the situation, donors have only as much influence as the government allows.⁶¹ In fact, this same official suggested that bilateral donors like the U.S. were the more likely to push their own agendas to influence health policies than the

⁵⁹ DR0107, 07/01/2015_Ouagadougou

⁶⁰ YS2406, 06/24/2015_Ouagadougou

⁶¹ HO0107, 07/01/2015_Ouagadougou

multilateral donors: “mais l’influence sur le développement de pays n’est pas obligatoirement les multilatéraux telle que la banque mondiale et le FMI. L’influence est beaucoup plus votre pays, les pays bilatéraux. C’est eux qui font l’influence de développement et empêche l’appropriation en tant que telle. Les pays bilatéraux telle que la France, l’Allemand, les Etats unis d’Amérique qui ont en terme dans les politique d’aide (But the influence over country development is not necessarily the multilaterals such as the World Bank and IMF. The influence is much more your country, the bilateral countries. They are the ones that influence development and impede ownership).”⁶² While there may be more overt political agendas with bilateral donors (which seemed to be the case especially with USAID) the World Bank and IMF’s ability to dictate the direction of health policies in Burkina may be more pernicious in that it is not so overt. Surprisingly enough, another World Bank officer professed, “we go into a meeting with the ministry and they express the need to, I don’t know, um revise a law or something. We will supply them with the technical support but there’s a conflict of interest there because we actually want the law to change, so we will channel the technical support not in the views of the ministry but from our own perspective. And so, you wonder, where is the ownership at that point?”⁶³

These examples of donors promoting development strategies and policies that are not in line with local stakeholder visions diverge significantly from the Paris tenets of ownership. Yet, by measuring ownership with respect to PRSPs and funding mechanisms, there is no space to discuss the embedded presence of donors in the policy and development process; this, in turn, makes deciphering whether or not government and local stakeholders are in control of development both tedious and difficult. Furthermore, the responsibility for any failed policies is laid on the doorstep of the Ministry of Health; impediments to development are thus rendered internal to the country, neither the product of structural inequalities nor internal to the

⁶² HO0107, 07/01/2015_Ouagadougou

⁶³ ST0731, 07/31/2015_Ouagadougou

development paradigm itself. These tropes of underdevelopment, epistemic community of donors and Burkinabè stakeholders' dependence on donors are evident in the family planning policies and their implementation in Burkina Faso.

Family Planning and Ownership

International policies have set the stage for family planning policies in Burkina Faso. The 1994 International Conference on Population Development (ICPD) and Post-2015 Goals are exemplary of international commitments that further the narrative of population control as necessary for poverty reduction and global development. The ICPD aided in reformulating the question of reproductive health in terms of sustainable development. And, according to the ICPD, sustainable development is a question of economic progress: “sustainable development implies, inter alia, long-term sustainability in production and consumption relating to all economic activities including industry, energy, agriculture, forestry, fisheries, transport, tourism and infrastructure, in order to optimize ecologically sound resource use and minimize waste” (United Nations Population Fund 1994, 18). In order to address “the magnitude, diversity and urgency of unmet [family planning] needs”, the ICPD encourages the international community to adopt favorable macroeconomic policies that promote ‘sustained economic growth and development’ (ibid, 159). The international community of donors has furthered the domestication of its norm through their financial and technical expertise in the development arena. For example, through Family Planning 2020, where donors like USAID, Bill and Melinda Gates Foundation, UNFPA, USAID, and the United Nations Foundation, created a Rapid Response Mechanism (RRM) to that will enable donors to rapidly deliver funding and resources to countries and local organizations to assist in increasing the number of girls and women using contraceptives by 120 million by the year 2020.

According to international donors, the gravitas of limited access to family planning and its impending impact on both global and domestic economies allows this issue to fall within the

scope of development. Family planning is purportedly one more technically complicated problem too difficult for African governments to address without financial and technical expertise from donors. Burkinabè development stakeholders engage with this pairing of knowledge, family planning, and economics. The country also adopts the language of crisis that surrounds the need to increase family planning.

In Burkina's *National Family Planning Stimulus 2013-2015*, the government warns that unchecked population growth to 55 million people by 2050 would mean excessive strain on resources, leading to limited employment options and stalled poverty reduction (Burkina Faso, Ministry of Health, n.d., 7). The plan also maintains that maternal deaths could be prevented by up to 30% with family planning (Ministry of Health, n.d.). Implementing the population policies will be a matter of private-public partnerships, getting men involved, and monitoring availability of contraceptives (Ministry of Health, n.d.). The fight to provide access to contraceptives in Burkina Faso necessitates generating a demand. Some 1.5 million people in rural areas do not want to space out or limit births; another 280, 000 want to limit or space births but do not want family planning compared to 160,000 women in rural Burkina that want to space out their births but are limited in their understanding of family planning (Ministry of Health, n.d.11). These same disparities are evident in the urban areas as well: 280,000 women do not want to space or limit births; 70,000 want to limit or space births but not through family planning; and only 40,000 want to space out their births but are not knowledgeable about family planning. The high number of women in Burkina Faso who do not want to space or limit births indicates that there is little demand for modern contraceptives.

In the Burkinabè contexts, donors and the government attribute the limited demand for modern contraceptives and spacing of births to traditional commitments at the local level. This discourse permeates the local associations' approaches to community health. The act of sensibilizing is an attempt to change an individual or community's comportment around a given issue. Sensibilisations take on a number of forms, "telle que la causerie, les entretien

individuelle, le projection de film, de démonstration de produit nutritionnelle” (such as talks, individual interviews, movies, and demonstrations of nutritional products). The underlying assumption is that the original comportment is detrimental to the livelihood of the individual or the community. The community health associations in Tenkodogo and those working under the PADS employ the act of sensibilizing around family planning with the understanding that not using modern contraceptives and/or spacing births is symptomatic of tradition and underdevelopment, as one health agent noted, “Notre objectif c’est d’amener cette population à laisser tomber ces choses traditionnelle” (Our objective is to get this population to let go of traditional things).⁶⁴ In fact, the local associations’ primary responsibilities are to sensitize the surrounding communities in accordance with the policies being paid for under the PADS.

The local actors take their orders directly from the national development strategy, which is largely the product of donor and international priorities in conjunction with government-identified priorities. Again, these priorities, however, must align with the larger paradigm of development. Within the project breakdown of the PADS, the World Bank requires the NGOs and local associations receiving money from the PADS to sensibilise men and women on the advantages of family planning through sixteen targeted sensibilizations.⁶⁵

The process of shaming women into consuming these forms of family planning becomes integral to development. The director of one of the associations remarked with conviction, “C’est en fonction de ça que au niveau des OMD...mais le Burkina, vous avez appris que le Burkina ne sera pas au rendez-vous. On n’a pas atteint parce que jusqu’aujourd’hui il y a des décès maternelle. Si je vous sort les résultat tout de suite vous allez voir que a Tenkodogo il y a eu plus de vingt décès maternelle au cours de l’année 2014. A donc c’est pour dire que c’est pas finir, la planification familiale, une femme neuf enfants, c’est trop. Ou bien?” (It is a function of this, at the level of the MDGs ... but Burkina, you have learned that

⁶⁴ BS2507 (25/07/2015_ Tenkodogo)

⁶⁵ This information comes from the *Rapports du Première Semestre 2015 SOS-ASD Tenkodogo* (The first semester report 2015). This is the Association SOS Santé et Développement’s activity for report for RENCAP. It details how the association met the different donor requirements and activities with the given amount of money during the first half of 2015.

Burkina will not make the appointment. We did not reach it because even today there are maternal deaths. If I show the results to you right away you will see that in Tenkodogo there have been more than twenty maternal deaths in the course of the year 2014).⁶⁶ In this statement, we see the way in which the Millennium Development Goals percolate from the international level all the way into the communities. The director frames Burkina's progress in terms of reaching the MDGs, and in line with the hegemonic development narrative blames failure to decrease maternal mortality rates on the lack of family planning adopted by women. He continues, "la planification n'a pas marché. La population n'a pas compris. Et il y a un grand travail à faire pour que la population puisse comprendre... parce que quand tu regardes il y a trop de décès infantile. Le taux est élevé. Alors dans d'autres pays et quand tu fais la comparaison, tu vois la Belgique le taux de décès est trop bas au niveau maternelle" (The planning did not work. The population did not understand. And there is a great deal of work to be done so that the public can understand ... because when you look there are too many infant deaths. The rate is high. So in other countries and when you make the comparison, you see Belgium the death rate is too low at the maternal level).⁶⁷ In this instance, the need to *understand* the importance of family planning is lost on the Burkinabe population in a way that is not lost on the Belgian population, where maternal death rates are low. Again, the inability to develop becomes internal to Burkina, not the consequence of inequities in the valuation of knowledge or unbalanced global economic structures.

This type of thinking was pervasive across development stakeholders I surveyed, but especially those actors working closely with communities. For example, another health agent explained how, "nous au Burkina ici, on met beaucoup au monde des enfants. Tu vas trouver une famille qui a douze, treize enfants la seule femme. Alors que le monsieur peut avoir trois ou quatre femmes. Si chaque femme a douze enfants, lui seul il a combiné plus de trente,

⁶⁶ KN2707 (27/07/2015_Tenkodogo)

⁶⁷ Ibid

quarante et l'entretien est difficile, et présentement il ne plu pas beaucoup. Donc, on sensibiliser surtout si c'est la planification familiale pour qu'on diminue le nombre d'enfant qu'on met au monde pour pouvoir les entretenir" (We in Burkina Faso, we bring a lot of children into the world. You will find a family that has twelve, thirteen children, only one woman. While the gentleman may have three or four women. If every woman has twelve children, he alone has combined more than thirty, forty and the maintenance is difficult, and presently it does not rain much. So we have to raise awareness, especially if it is family planning so that we can reduce the number of children we give birth to be able to maintain them).⁶⁸ In accordance with the larger policies and approaches to family planning, family size and birthing become understood in the context of productivity within the larger national economy (Gill and Scharff 2013).

Family Planning 2020, ICPD, and World Bank claims of family planning aiding in economic growth, women's empowerment, and thus poverty reduction all place the onus, once again, for failed development on factors internal to the postcolonial country. Yet, there are statistics from the UN that clearly demonstrate a decline in the global population and Africa as well.⁶⁹

As demonstrated previously, the Burkinabè government has incorporated this logic as the scientific bases for their family planning policies. In suggesting that if their countries were to reach the projected population rates, there would be untenable strain on already limited resources, the governments and donors promoting these claims look over the ways in which resources are strained because they have either been privatized and/or are not being distributed. Scholars have long exposed the fallacy of statements regarding "food scarcity" or lack of access to potable water as natural phenomena (Holt-Giménez, Shattuck, Altieri, Herren, and Gliessman 2012; Lappe, Collins, and Fowler 1981; Gleick 2000). Furthermore, the neo-Malthusian approach continues to re-postulate the population problem as one solvable only in

⁶⁸ SM2407 (24/07/2015_Tenkodogo)

⁶⁹ "WORLD POPULATION TO 2300." *The Department of Economic and Social Affairs of the United Nations* (2004)

the realm of economics. Women's empowerment refers to their ability to contribute to the formal economy. For example, in the course of my field observations, I saw that donors like USAID and RespondProject had prominently displayed posters on local clinic walls that stated, "You want your wife to work, support her in choosing a contraceptive." These family planning policies are superficially about liberating women and giving them autonomy over their reproductive health, they instead constrain women's choices (Saunders 2005).

This approach to family planning under the auspices of development and family planning are not particular to Burkina Faso. Donors and governments are carrying out similar neoliberal family planning policies throughout Latin America. In Peru, the government and donors promote family planning policies within the context of rights and economic development. On the ground, there is forced sterilization and shaming of primarily indigenous women in order to achieve poverty reduction and global development targets like those adopted at the ICPD (Ewig 2011). One scholar provides the example of an indigenous woman being shamed "Mrs. Mestanza and her husband had been harassed by health care officials for having more than five children, harassment directed at their social status and indigeneity" (Chinkin 2006, 54).

As international health agendas drive these policies through an irrefutable neoliberal frame and consequently demand that states own these policies in order to continue receiving funding, there is no consideration of local contexts for family planning (Ravindran 2014). For example, a World Health Organization (WHO) study highlighted what's called the "infertility belt" that stretches across central Africa, where there are a growing number of African women experiencing infertility (World Health Organization 2010). But for global health initiatives and ownership to sincerely conform to cultural values, policies would reflect the social stigma attached to infertility in Africa.

Instead, the crisis of overpopulation drives the putative narrative around adoption of family planning methods. And because part of the OECD's articulation of ownership is the more concentrated incorporation of international agendas into domestic development frameworks,

donors mobilize the need to meet international benchmarks like MDGs by mobilizing around reducing maternal mortality to further the implementation of FP methods. At the national level, when governments take responsibility for these commitments based on the assumption that the problems are not exogenous to the country but internally produced, the people at the local level must also fall in line with the given policies. By forcing the population to change its mentality and engage with family planning, the implicit reasoning is that not conforming to the given policies stalls national progress towards development.

Conclusion

In many respects, the story of ownership in Burkina is the narrative of struggle and sacrifice for the chimera of development. The World Bank, IMF, and international community writ-large proposed ownership of development as the catholicon for poverty reduction and all-around progress, when, in fact, it proves to be one more nostrum that serves only to further entrench development in its neoliberal state. In my field study of the ownership concept in Burkina's health sector, I have discovered significant differences across three dominant groups of stakeholders—government, civil society, and donors—specifically in relation to how these actors define and measure ownership.

Burkinabè development stakeholders view ownership as the individual understanding his or her role in contributing to the overall progress of the community or country. In this way, the Burkinabè civil society representatives and government officials who I interviewed produce a conceptualization of ownership that is informed by their particular experiences with collective progress. However, this version of ownership conflicts with the definition of ownership embedded in the ownership paradigm. Consequently, government officials recognize the limitations of ownership as it comes from the international community of donors. Nevertheless, the Burkinabè government consents to the paradigm in exchange for its promises of development.

Donors continue to assess levels of ownership (whether at the locus of government institutions, CSOs, or community level) based on indicators of economic development. And, although donors are very influential in the health sector (so much so that many respondents in my interviews believed that the health system would collapse without donors), the responsibility for failed health policies, projects, and programs falls squarely on the government's shoulders. Donors evade responsibility by reconstituting themselves as "knowledge experts" who are in the country merely to reinforce capacity and accompany Burkina on its path towards development. Consequently, the "knowledge" that these "experts" bring to the health sector, and development in general, creates a different type of dependence that transcends our traditional notion of aid-dependence. Donor knowledge is grounded in the assumption that there are no alternative approaches to, or understandings of health and progress that emanate from the Burkinabè themselves. A secondary assumption is that Burkina will attain a certain level of socio-economic progress not based on the resources that the country has at its disposal but commensurate with the level of outside support it receives. Based on this model, any substantial progress will remain elusive; superficial success will come at the expense of alternative knowledge/approaches to development.

Chapter 3: Beggars Can't Be Choosers

“..It must have been thought in international policy circles that the pain of adjustments would be easier to bear if the people felt that they had voted for it themselves”
--Ankie Hoogvelt (2002, 24)

“If we want to turn Africa into a new Europe ... then let us leave the destiny of our countries to Europeans. They will know how to do it better than the most gifted among us.”
— Ngũgĩ wa Thiong’o (2013, 25)

Kenya is located on the eastern coast of Africa. A former British colony, the country has experienced a tumultuous political trajectory and volatile economic environment since independence in 1963. Politically, the country has had only four post-independence presidents, two of whom were despotic by all accounts.⁷⁰ Economically, the country is exposed to exogenous shocks from the international market given its heavy dependence on primary commodity exports (Government of Kenya 1996). Members of the international community have linked the political and economic instability to low indicators of progress in Kenya’s social sectors, especially health. International benchmarks for development show Kenya as lagging in its attainment of global health initiatives like the MDGs and Abuja Declaration (United States Government 2014). The putative reasoning for the country’s besieged health sector is the Kenyan government itself. By failing to implement the economic policies (and create the political environment conducive to these policies) that the World Bank and IMF recommend, the government of Kenya (GoK) is stalling development. Although the range of actors influencing Kenya’s development extends beyond the Kenyan government, by adopting the ownership paradigm, the government assumes responsibility for the failed policies in the Kenyan health sector.

Examining ownership of development in Kenya provides an example of an African country fully invested in the discourses and practices commensurate with the international

⁷⁰ Jomo Kenyatta, the first president died in office and ruled through a one-party system. After his death, Daniel Arap Moi assumed power without holding elections and remained in power, ruling with an iron fist in Kenya until the first multiparty elections in 2002. In 2007, the country also erupted in civil unrest during the second national election for the Kenyan presidency. Violence broke out between supporters of the two dominant rivals, Mwai Kibaki and Raila Odinga.

development paradigm, but still not arriving at “owning” its development by donor standards. In this chapter I will demonstrate how lingering distrust between the donors and the Kenyan government over policy implementation, no matter how much the Kenyan government attempts to enter the development discourse community through the adoption of donor instruments and jargon, donors working in the Kenyan health sector refuse to view the Kenyan government as a partner. In both Burkina Faso and Kenya, the ownership paradigm does not view lack of policy implementation as demonstrative of country ownership. But Kenya demonstrates a particular dearth of potential for a genuinely country-specific approach to development allotted through the ownership paradigm, despite its efforts to fully investing in this paradigm, Kenya further illustrates how ownership absolves donors of responsibility for failed development while creating the space for donors to operate as an indispensable source of development expertise under the pretense of partnership.

I collected the data for this chapter during two trips to Kenya. During the first trip (in June of 2013) I spent four weeks in Nairobi interviewing policymakers in the Kenyan Treasury (then known as the Ministry of Finance) and the Ministry of Education, along with academics at the University of Nairobi. My original intentions were to focus this case study on Kenya's education sector. Working on the education sector became challenging when I realized that Kenya's major education program, the Kenyan Education Sector Support Programme (KESSP), had succumbed to a large corruption scandal in which billions of donor funds went missing. In this context, posing questions about ownership (which is imbued with sentiments surrounding government-donor relations) proved difficult. Policymakers in the Ministry of Education were apprehensive to discuss KESSP, and their responses regarding questions of ownership seemed tainted by their recent fall-out with donors over the missing KESSP funds. During the first trip, the majority of my interviews were with government officials working in the external resource department of the Ministry of Finance. These officials are responsible for working closely with specific donors operating in the various sectors in Kenya. This department also houses the

office tasked with monitoring implementation of the Paris Declaration. Between government officials in the Treasury, Ministry of Education and University of Nairobi, I collected twenty-five interviews over this period.

During my second trip to Nairobi (from December 2015 through January 2016) I focused my data collection specifically on the health sector, conducting interviews with representatives of civil society organizations and donors working in Kenya's health sector. From within the Ministry of Health, I spoke with three top officials responsible for working with donors and developing the Kenya Health Sector Strategy. With respect to donors, I conducted semi-structured interviews with two separate officials at the World Bank, the Japanese International Cooperation Agency (JICA), and a former contractor with the European Union and the Danish International Development Agency (DANIDA). The number of interviews from this trip totaled twelve, bringing the overall total number of formal interviews in Kenya to thirty-seven.

I draw on these formal interview data to explore the question: what is ownership of development in Kenya? During the interview process, I engaged respondents in elaborating the context within which they determine what the concept means to them. I also asked whether the government owns development in the health sector. In order to understand how ownership actually works in the Kenyan context, I triangulate across three main sources of data: 1) my interviews; 2) government policy documents (such as the Kenya Health Sector Strategy, Kenya's Vision 2030, and the Medium-term Expenditure Framework); and 3) donor and civil society policy papers, like the World Bank's country partnership for Kenya and the Health NGOs Network (HENNET)'s strategic plan for 2014-2018. I also draw on other primary sources such as Kenyan newspapers, along with secondary sources including published reports on development in Kenya.

This chapter provides another empirical case for understanding the consequences of the ownership paradigm in Africa. The next section outlines key economic and health policies in Kenya that reflect hegemonic development discourses and explores how they are rooted in the

geopolitics of donor knowledge. The subsequent section answers the questions driving this research: what is ownership of development and how does it operate in Kenya? I find that Kenyan stakeholders view ownership according to their roles as defined under the ownership paradigm. Consequently, ownership leads to the same regressive outcomes in Kenya, as was the case in Burkina. Ownership constructs donors as an indispensable source of development knowledge; however, donors do not share accountability with the GoK for stagnant development in Kenya. As with Burkina, the paradigm also reproduces the Kenyan development stakeholder as an undeveloped subject but through different means than the Burkina case. In Kenya, the mistrust that characterizes donor-government relations leads to a continued paternalistic relationship in which the government can never arrive at being equal development partners with donors.

Investing in Ownership: Taming the Domestic

The ownership paradigm consists of a constellation of principles, institutions, norms, legitimate actors, problems, and acceptable solutions germane to economic, political, and social development. Central to investing in this paradigm is the drafting of a PRSP that incorporates global development initiatives like the MDGs, Paris and Accra principles, using World Bank and IMF-sanctioned mechanisms like Sector Wide Approach (SWAs) and MTFs through formal channels of stakeholder participation. The Kenyan government and civil society stakeholders have adopted the ownership paradigm as their current modality for achieving development.

Kenya entered into the ownership paradigm under precarious economic conditions and a strained relationship with donors in 1999. Unlike many other African countries that subscribed to the paradigm in order to access HIPC funds, Kenya was not eligible for HIPC (Boote and Thugge 1997; Hamner, Ikiara, Eberlei, and Abong 2003). The World Bank and IMF did, however, require that the country produce a PRSP in order to continue receiving concessional lending from both institutions (Hamner et al. 2003). The Bank and Fund recommenced giving

concessional loans to Kenya in August of 2000, only to suspend them four months later in light of government corruption (Booth 2003). During this same period, the Kenya African National Union (KANU) government (Daniel Arap Moi's administration) was drafting their interim PRSP. The IFIs resumed lending in 2002 with the new Kibaki administration and the National Rainbow Coalition (NARC). The NARC government came in to office pledging to address corruption, implement economic reforms, and restore the government's relationship with the World Bank and IMF (Shiverenje 2005). Kibaki elaborated the Economic Recovery Strategy (ERS) predicated on the Bank and IMF's poverty reduction framework in 2002. This document demonstrated an act of good faith on the part of the Kenyan government towards working within the institutional parameters established under the CDF. While the final PRSP still awaited approval from the WB and IMF, the NARC government drafted the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC), which set the groundwork for the 2004 approved version of the first iteration of the PRSP. ERSWEC, as a development strategy, focused on stimulating economic growth and economic recovery (Ministry of Planning and National Development 2003). Kenya's willingness to draft a WB and IMF-approved poverty reduction strategy was the country's attempt to reposition itself within the larger aid-architecture and demonstrate that the government was willing to play by the IFI's rules on governance. For example, the second of the four pillars in the ERSWEC promotes "good governance", understood as being derived from rule of law (Ministry of Planning and National Development 2003). Notably, the government's inability to create an environment conducive to good governance and rule of law were some of the Bank and Fund's most enduring problems with the Kenyan government during the low funding periods.

The Kenyan government continued to operate within the ownership paradigm when it produced the second iteration of its PRSP in 2008: Kenya Vision 2030. Slightly different from the goal of economic recovery, Kenya Vision 2030's ultimate goal is to turn the country into a middle-income country by the year 2030, ensuring that all of its citizens experience a "high

quality life” (Ministry of State for Planning, National Development and Vision 2030, 2008). The first Vision 2030 covered the period from 2008 through 2012. The second Vision 2030 covers from 2013 through 2017. Although the stated end goals may be different, both versions of the Vision 2030 carry forward the stated objectives in the ERSWEC, especially on the economic and political axes. Economically, Vision 2030 seeks to achieve a GDP growth rate of 10% per annum through six key sectors: tourism, agriculture, wholesale and retail trade, manufacturing, business process off-shoring, and financial services (Ministry of State for Planning, National Development and Vision 2030, 2008). Politically, rule of law remains central to the country’s political progress (Ministry of State for Planning, National Development and Vision 2030, 2008).

To implement the PRSPs, the government adopted the Medium-Term Expenditure Framework (MTEF) and Sector-Wide Approach (SWAp). As stated previously, the MTEF and SWAp are instruments that the Bank and Fund created to accompany the PRSP. These instruments, especially the MTEF, are also now part of ownership paradigm. The Paris Declaration, for example, states that partner countries exhibit ownership when they, “Translate these national development strategies into prioritized result-oriented operational programmes as expressed in frameworks and annual budgets” (OECD 2005, 3). Evidence of a MTEF, thus, becomes an operational facet of ownership (OECD 2011). The SWAp is also tied to the CDF and Paris Declaration. In an assessment of SWAp in the health sector, the World Bank states,

The World Bank and other donors proposed a new way of working with developing country governments to overcome inefficiencies, lack of government ownership, and a number of other problems that were constraining the impact of international support to developing countries. This new approach, eventually called the Sector-Wide Approach (SWAp), embraced many of the principles of harmonization and alignment that were later endorsed by the Paris Declaration on Aid Effectiveness in 2005 and subsequent international meetings (Vaillancourt 2009, x).

Not only did the Kenyan government adopt these instruments, but the government stakeholders whom I interviewed also acknowledged the government’s incorporation and elaboration of these instruments as demonstrative of the government’s commitment to development, often with a sense of pride. In fact, for one Bank official, the government demonstrates ownership because it

is “able to draw [its] own vision, they are able to translate that to medium term plans and they follow through. These are the ingredients of ownership.”⁷¹

In 1999, the Kenyan government implemented its first medium-term plan for the health sector: the National Health Sector Strategic Plan (NHSSP). NHSSP detailed the development goals and strategy for the health sector from 1999 through 2004. In line with the requirements of ownership, the government created NHSSP through a consultative process that extended beyond just the donor community. This strategic plan gave primacy to primary health care and to addressing the remaining constraints on health, thus indicating a desired shift from the previous neglect of the sector during the SAP era (Rono 2002; Mwabu 1995).

The second medium-term strategy, NHSSP II, spanned the following five years (2005 through 2010). NHSSP II (the first health strategy) incorporated more of the institutions under the ownership paradigm. The GoK and donors established the first Sector Wide Approach (SWAp) for the health sector in accordance with the second medium-term strategy. The purpose of the SWAp is to gather all stakeholders in a given sector and coordinate them around the sector priorities. In June 2006, the Joint Program of Work and Funding created the SWAp with significant donor support; there was attempted consultation (albeit limited) involving other stakeholders in health (Glenngård and Maina 2007; Wamai 2009).

Along with the adoption of the tools and instruments for achieving development under the ownership paradigm, the Kenyan stakeholders also adopted the respective roles as defined under the paradigm. The following section briefly discusses “participation”, which is integral to the ownership paradigm in the drafting of Kenya’s PRSP. The section also explains the ways in which the dominant development stakeholders in Kenya conceive of ownership based on my field interviews.

Participation and Stakeholders

⁷¹ 0051 Donor (05/01/2016_Nairobi, Kenya)

In accordance with the ownership paradigm, when drafting the PRSP, countries must allow for a wide range of stakeholder participation, including members of civil society, parliament, and the private sector, as well as members of the donor community (OECD 2011; World Bank 2005). The underlying assumption is that wide participation from country stakeholders will increase the development strategy's staying power. Even beyond the initial drafting, country stakeholders are also encouraged to aid in the implementation phase (OECD 2011). These actors, through various interventions, are responsible for implementing and maintaining the development strategy.

Kenya's PRSP has come under scrutiny for continuing to exclude the poorest populations from the consultation process, giving priority to expenditures that do not correspond with the poor's demands, and for failing to acknowledge the nuances in the poverty situation across the country (meaning that different social groups and regions experience poverty differently) the result has been to keep the final say for the PRSP in hands of technocrats at the ministerial level (Nyamboga, Nyamweya, Sisia, and George 2014; Calaguas and O'Connell 2002; Ufanisi 2002; Kiringai and Manda 2002; Wilkes and Lefrancois 2002). Others have praised Kenya's PRSP as revolutionary and holistic, arguing that it has brought a refreshing element of participation and transparency to the policy formation process, and in many respects, helped align the strategy with community-level priorities (Hamner et al. 2003; Shiverenje 2005; Swallow 2005). Despite these differences, few consider the exercise futile. Where the document is limited in its efficacy, there is a lack of political will, or an in-opportune political and economic environment (Shiverenje 2005; Hamner et al. 2003).

In fact, much of the belief in Kenya's PRSP stems from the participatory element, the more participation in developing and implementing these poverty reduction strategies, the better the outcome for reducing poverty. Proponents of increased participation find this to be particularly true for the health sector (Olayo, Wafula, Aseyo, Loum, and Kaseje 2014). Yet the

focus on participation overlooks the uncomfortable reality that participation does not automatically translate into influence. Or, as one scholar states, “What began as a political issue is translated into a technical problem, which the development enterprise can accommodate with barely a falter in its stride. Incorporation, rather than exclusion, is often the best means of control” (White 1996, 7). In an attempt to indicate a shift to the current development paradigm from the neoliberal development paradigm of the 1980s and 1990s, donors moved to bring the state and civil society back into the development process through increased participation and ownership. Accordingly, each of these stakeholders has a hand in the country “owning” development. This also suggests that the limits of each stakeholder’s participation are inscribed in the paradigm’s principles.

One of the problems, however, with the term “ownership” of development is that its meaning and application are ambiguous (Buiter 2007; Meyer and Schulz 2008; Renzio, Whitfield, and Bergamaschi 2008). In the Kenyan context, there was more consensus across stakeholders regarding the definition of ownership. I found that the Kenyan government, civil society, and donors contributing to the Kenyan health sector all defined ownership in relative accordance with the conceptual definition given in the Paris Declaration and Accra versions of ownership; The Paris Declaration and Accra Agenda for Action (AAA) define ownership similarly as: “Partner countries exercise effective leadership over their development policies and strategies and co-ordinate development actions” (2005/2008, 3).⁷² Different from the dominant definition attached to the paradigm, is the restricted view of ownership being applicable only to the government. Distinct from donors and government officials, the Kenyan civil society representatives I interviewed saw their implication in the ownership process as being central to bringing about ownership and development in Kenya.

Government

⁷² This is also the case for the education sector, which I focused on during the preliminary fieldwork for this study. The policymakers in the Ministry of Education and the three academics whom I interviewed all defined ownership along the same lines as those elaborated under the ownership paradigm.

During the first two decades following Kenyan independence, government was the only stakeholder capable of ownership.⁷³ Despite being the dominant decision-making apparatus, however, government is not a monolithic entity; rather, it is a constellation of various institutions, groups and ideologies. I thus interviewed a range of actors at the ministerial level. Despite there being considerable differences in the sectors and policy foci, those who I interviewed in the Kenyan Treasury's External Resource Department and Ministry of Health all had corresponding understandings of ownership: *government* should be in charge of its policies, programs, and strategies. As a respondent in the External Resource Department put it, "We develop our own policy. We develop our own programs. We have our own strategies. And then, we tell our partners, this is the direction we are walking."⁷⁴ Or, more broadly as an official in the MoH stated, "the country is in charge of its affairs."⁷⁵ Although the Paris document employs the term country with a range of government and nongovernment stakeholders in mind, and most of the Kenyan government respondents refer to the government as the agent responsible for ownership, the Paris document implies that government should be the leading stakeholder.⁷⁶

A number of respondents also used the metaphor of government being "in the driver's seat" to further explain ownership.⁷⁷ The government's rendering of ownership also places significant emphasis on donor support and presence in Kenya's overall development process. Referring to government and donors, one Ministry of Health official discussed the concept in these terms: "ownership of development ideally should be where we sit together and, of course, you are there to support me. We look at everything that we have. We agree on this, this is the direction...so this is what I have, you say what you have and you support me to deliver on

⁷³ Johnson and Wasty unpack the World Bank's early articulations of "borrower ownership" as a mechanism for "providing credibility to policies, safeguarding against policy reversals, and ensuring sustainability of benefits" (1993, 1). In this form, the state is the borrowing entity and there is no reference to other stakeholders.

⁷⁴ JM0626 (26/06/2013_Nairobi, Kenya)

⁷⁵ 0047MoH (02/01/2016_Nairobi, Kenya)

⁷⁶ The Accra Agenda for Action stipulates that ownership should include civil society. The Paris Declaration language thus begins to refer to the larger network of country stakeholders as necessary for ownership; however, implicit in the operationalization of the term is the primacy given to government. For example, partner countries commit to, "tak[ing] the lead in co-ordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector" (OECD 2005/2008, 3).

⁷⁷ DK0618 (18/06/2013_Nairobi, Kenya), HM0618 (18/06/2013_Nairobi, Kenya), MA0620 (20/06/2013_Nairobi, Kenya), KY0619 (19/06/2013_Nairobi, Kenya)

this.”⁷⁸ For Kenyan government respondents, there was very little mention of civil society being a necessary part of ownership. Donors seemed to be the primary partners in their quest for development through the ownership paradigm.

Donors

Under the ownership paradigm, and with creation of the Poverty Reduction Strategy Papers (PRSPs), donors should no longer be at the forefront of project and program implementation. In allowing government and country stakeholders to take more control of their development policies, donors should ease their grip on policy formation and implementation. All of the donors whom I interviewed made this abundantly clear: the national government (not donors) is responsible for implementation. Donors in Kenya should be working towards harmonizing and aligning their systems for delivering aid with those in the Kenyan government and working within the established policy frameworks that the government and other Kenyan stakeholders have created to improve development.

The donor community in Kenya appears to have the same definition of ownership as the government and the OECD: “Country-led, country-initiated, country-driven and a process that actually addresses the concerns or the priorities of that particular government.”⁷⁹ This was the general consensus among donors. Representative who I interviewed from key donor agencies argued that the country or government should determine its development trajectory. To the extent that donors are present, they should not impose their own agendas on the government. As with the Kenyan government’s definition, there is no concrete mention of civil society. Ownership remains very government-centered. Civil society is not central to the ownership process from the donor perspective.

Much of this focus on government perhaps comes from the contentious relationship between government and donors. Kenya’s history of stalled implementation of donor

⁷⁸ 0049MoH (04/01/2016_Nairobi, Kenya)

⁷⁹ 0051 Donor (05/01/2016_Nairobi, Kenya)

conditionalities and what donors deem poor governance and corruption in the government continue to mar the donor-government relationship in Kenya. My interviews revealed a significant lack of trust between these two sets of development stakeholders. Both the World Bank and JICA identified implementation as one of the major challenges that they experience in working with government in the health sector. One Bank official gave the example of a health insurance subsidy program that is stalled in the government, which means that the Bank is, “spending hours, and hours, and hours, chasing implementation instead of using the time to do other things.”⁸⁰ As I will demonstrate later, this lack of trust between government and donors translates into the GoK begging for more “ownership” vis-à-vis donors.

Civil Society

As key development stakeholders, understanding civil society's rendering of ownership is also essential. In Kenya, civil society organizations (comprised of faith-based organizations, non-governmental organizations, and community-based organizations) began to directly receive development assistance in the late 1980s (Amutabi 2013).⁸¹ Donors began to redirect funds from government projects and programs to NGOs in the late 1990s (Booth 2003). Within the ownership paradigm, CSO actors are responsible for a range of monitoring and implementation functions including “to monitor the implementation of PRSP in the context of specific sectors and/or thematic groups, such as gender, governance, HIV/AIDS, pastoralism, natural resource utilization and management...monitoring is to be done in relation to budgetary allocations and impact of the same on target groups” (Shiverenje 2005, 29). Each developmental sector has established an umbrella organization for CSOs operating within the particular sector. For health, the Health NGO Network or HENNET is the lead organization for the sector.

⁸⁰ 0052Donor (01/08/2016_Nairobi, Kenya)

⁸¹ Civil society in Kenya is constituted of non-state actors. The Health NGO Network (HENNET) refers to itself and member organizations as the private sector in their strategic plan, which is not odd in Kenya since, according to one NGO director, there are time when the private sector is included under the civil society umbrella (0053CSO, 01/08/2016_Nairobi).

HENNET currently has 92-member organizations responsible for implementing health programs throughout the country. The organization works in the realm of policy formation, advocacy, and monitoring and evaluation of health programs, projects, and strategies. HENNET also participated in elaborating the SWAp for Kenya's health sector (HENNET Secretariat 2014). The director of programming described the organization as being highly influential with respect to the health sector strategy: "In terms of the health sector strategic plan, I think we influenced a lot in terms of bringing on board [the] private sector and influencing health and contributing to health service delivery in the country."⁸² As an organization, HENNET also receives a substantial amount of its financial support from bilateral donors. In fact, all of the representatives of CSOs that I interviewed were actively receiving donor funds. With HENNET, however, the contribution was notable: "I might say we are 50/50; HENNET depends majorly on donor funds..."⁸³

Not surprisingly, representatives from the civil society groups produced a more community-centered understanding of ownership. For example, one director of a NGO defined ownership as, "all actors participate in the entire cycle of development, implementation, and feel their decisions and contributions are valid and incorporated."⁸⁴ Another CSO respondent defined it in similar terms, "Feeling a part of the planning process [and] taking it as your own."⁸⁵ To give context to this definition, the respondent gave an example of ownership from her personal experience. Growing up in a part of Kenya where access to water was limited, she explained how donors would constantly go to her village and build water pumps without involving the community. When the pumps would break, members of the village community took no initiative to fix them. The village ultimately became littered with broken pumps. On one occasion, a donor organization came to build another pump; this time, however, they involved the community in the design and implementation stages of the project. While the rest of the pumps remain broken

⁸² 0053CSO (08/01/2016_Nairobi, Kenya)

⁸³ 0053 CSO (08/01/2016_Nairobi, Kenya)

⁸⁴ 0057CSO (15/01/2016_Nairobi, Kenya)

⁸⁵ 0056CSO (15/01/2016_Nairobi, Kenya)

or have been removed, the NGO director noted how that particular pump remains a working fixture and reflects a sense of pride for the community. This example is representative of the general consensus on what ownership looks like in practice from people in civil society: the community being involved in the various stages of development projects and programs. This rendering of ownership corresponds far more to the amendments made to the ownership paradigm at the Accra meeting. Interestingly enough, the CSO version of ownership does not have the same underlying sense of donor dependency as with the government version. In fact, one CSO respondent defined ownership as, “communities will think through innovative ways to deal when things continue beyond donor funding.”⁸⁶

Analyzing these three views on ownership illustrates the distinct manifestations of the concept on the ground across the three main stakeholder groups. How people in each group engage the term is a matter of their position of power within the policy-making institutions. However, each of these stakeholders is aware of, and actively trying to increase ownership in Kenya’s health sector through the various stages of the policymaking process, from creation to monitoring and evaluation. The active pursuit of ownership on the part of each stakeholder demonstrates the level of investment each group has in the paradigm. What each group also understands is that the other groups are now permanent fixtures in the development process. As one Ministry of Health official put it, “[Donors] are now our partners, like the communities are our partners.”⁸⁷ Again, this tripartite framework of government, donors, and civil society for development policymaking comes directly from the ownership paradigm. The paradigm does not, however, expose the ways in which donors shape preferences in the other two spheres.

How does Ownership Work in the Kenyan Context?

Having subscribed to the ownership paradigm, Kenyan development stakeholders are now subject to the discourses that ownership produces. This section advances not with an

⁸⁶ 0053CSO (08/01/2016_Nairobi, Kenya)

⁸⁷ 0047MoH (02/01/2016_Nairobi, Kenya)

attempt to measure ownership in Kenya, but with a description of discernible discursive tropes that were manifest in my examination of the ownership paradigm in Kenya. After analyzing interview responses across the different stakeholders and triangulating these responses with the principles and policies associated with the paradigm, I found that the paradigm solidifies donors as “development experts” who offer technical support and capacity building along with their financial services. As the development partners who contribute the expertise (and with aid flows to Kenya on the decline) donors are positioned to have a lasting role in Kenya’s development process, making them an interminable part of Kenya’s domestic policy-making process. Although donors have, and will continue to have, a lasting impact on development policies, Kenyan development stakeholders do not hold donors accountable when health policies fail to achieve their intended goals. These elements—donors as an indispensable epistemic community of development experts with impunity—render ownership in Kenya a chimera.

Donors as an epistemic community

The donor organizations that participated in this study all defined their role in Kenya’s health sector as assisting the government through the use of their analytical abilities and technical expertise. Accordingly, members of an epistemic community use their *consensual knowledge* to persuade governments and other actors to pursue specific policies (Haas 1989). With its promotion of measurable and evidence-based development strategies, the ownership paradigm facilitates the imposition of policies through consensual knowledge. The World Bank, for example, no longer imposes policies on the Kenyan government; it now exists to offer advice based on its research, which aids the government in carrying out policies. As one of the Bank officials that I interviewed aptly noted, “When we present something, we present the evidence. We know that evidence is not everything in terms of policy, but we have strong evidence; you

can persuade government to change its thinking.”⁸⁸ This is the premise upon which an epistemic community operates—using evidence generated from “scientific” research to persuade governments to make policy decisions (Haas 2001; Haas 2015; Cross 2013). Another Bank official working in Kenya stated,

Like I told you, we don’t implement. What we do is advise, ok. We say, ‘On the basis of the information available’, because we do the analysis, ‘this is what we recommend. These are the options.’ And they choose their option. So once they choose, we support them along whatever they have chosen that goes with our interest.⁸⁹

And the Kenyan government, in turn, views donors in this capacity. In the official Kenyan Health Policy, the government outlines donors’ role in carrying out the policy as follows:

This policy recognizes that health services require significant financial and technical investment in a context of limited domestic resources. Donors and international non-governmental organizations have traditionally played a key role in providing resources for the health sector. This role has been structured around principles of Aid Effectiveness, which place emphasis on government ownership, alignment, harmonization, mutual accountability and managing for results of programs in the health sector (Ministry of Health 2012, 31).

In practice, donors assume the role of knowledge experts and leave a lasting impact on the episteme by designing the training of personnel working in the realm of a particular disease. For example, the respondent working with JICA explained, “one of our strong points is we do technical cooperation. Technical cooperation means we are able to bring some *expertise* that will [be] *embedded* in the ministry of health, provide policy advice, [to] provide strategic support.”⁹⁰ In this way JICA becomes institutionalized in the Kenyan Ministry of Health. JICA is in the process of implementing a new Tuberculosis control program. Part of the program involves training personnel at the national and country level along with providing laboratory equipment. This level of influence and determination of thought is permissible and reinforced through ownership, due to the focus on measurable results and improved decision-making (Owa 2015; OECD 2011, 85).

⁸⁸ 0052Donor (08/01/2016_Nairobi, Kenya)

⁸⁹ 0051Donor (05/01/2016_Nairobi, Kenya)

⁹⁰ 0050Donor (05/01/2016_Nairobi, Kenya)

The permanence and influence of donors as an epistemic community continues through the constant articulation of development in Kenya as being in a state of crisis. For example, the USAID's Country Development Cooperation Strategy for Kenya 2014-18, states that,

The development context in Kenya is unstable and marked by numerous complex challenges. These include poor enabling environment for economic growth; half of the population living in poverty with limited access to basic services; chronic drought and food insecurity; stubbornly high maternal and under-five mortality rates; weak rule of law allowing corruption and a culture of impunity to flourish; natural resource degradation; increased radicalization; and a growing youth population with limited employment options putting pressure on social systems (United States Government 2014, 3).

USAID maintains that it will aid Kenya in redressing these developmental lacunae by strengthening Kenya's ownership of its development strategy, which entails the relaying of "U.S. know-how, expertise and technology..." (United States Government 2014, 92). Ultimately, the pervasive presence of donors in the health sector (and development writ large) alludes to a permanent position for donors in the development process.

Donor longevity

By subscribing to this new development paradigm, Kenya is committing to an interminable relationship with donors as they assume their role as development partners. Donors are so institutionalized in the various aspects of Kenya's development that parsing out influence at the level of policy creation can seem difficult. Within the National Treasury, there is now an Aid Effectiveness Secretariat responsible for tracking progress on the OECD's Aid Effectiveness forums. In Kenya's health sector, donors play a substantial role in funding HIV/AIDS, tuberculosis and malarial service delivery. Donors generally fund between 60 and 90 percent of the health budget (Wamai 2009, 137). Thus, even though donor funding in Kenya's health sector is decreasing through the formal channels, donors continue to influence policy through informal channels. Close to one-third of Kenya's health expenditures are paid with donor funds and about 90% of that is off budget.⁹¹ As mentioned previously, donor impact is not

⁹¹ 0052Donor (08/01/2016_Nairobi, Kenya)

limited to government institutions but also is manifested through the funding of a large number of NGOs. With respect to HIV/AIDS, one NGO director working in the HIV sector explained, 60% of the policies for HIV/AIDS are donor-driven because 75% of HIV programs are donor-funded.⁹² The general consensus among NGOs in the health sector is that if donors were to leave Kenya, the country would fall into a state of crisis. One NGO representative noted, “If a donor says they’re closing shop today, you’d see a real crisis in Kenya...”⁹³

Donors’ role as financiers of development would not be as significant if Kenya were not committed to a number of international agreements regarding health that make the cost of health development too expensive. In Kenya’s Medium-term strategic plan for the health sector, the government lists a range of global health commitments as informing the Kenya Health Sector Strategic and Investment Plan (KHSSP)- see figure 1.

Figure 1: Kenya Health Sector Strategic and Investment Plan (KHSSP)

- International health regulations
- Ouagadougou declaration on Primary Health Care and Health Systems
- International Health Partnership on Aid Effectiveness
- Millennium Development Goals and post-2015 Agenda
- Abuja Declaration
- International Human Rights Agreements: Convention on the Elimination of Discrimination Against Women (CEDAW), Child Rights Convention (CRC), International Conference on Population and Development programme of action (ICPD), Beijing Declaration and Platform of Action (BPFA).

Source: Government of the Republic of Kenya (2014, 4)

Implementing Kenya’s health sector strategic plan in two phases would cost the government Kshs 588 million in the first year and Kshs 344 million in the 5th year (Ministry of Health 2014, 77). The government would still see a resource gap of Kshs 207 million after contributing 45% of the total cost (Ministry of Health 2014, 77). Although health investments increased from \$17 US per capita to \$40 US per capita from 1994 to 2010 (largely through government and donor

⁹² 0056CSO (15/01/2016_Nairobi, Kenya)

⁹³ 0056CSO (15/01/2016_Nairobi, Kenya)

contributions), Kenya's health sector is still deemed developing and under-funded.⁹⁴ In Kenya's revised PRSP for the IMF, the government lists as a targeted reform goal:

Increase total government spending on health from the current 5.6 percent as a share of total public expenditure to 12 percent over the time period of this investment program. *Such an increase in the investments in human capital may seem ambitious, but past public spending per capita on health in Kenya has significantly lagged behind as compared to global and regional experiences.* In addition, the challenges described and the commitment of the government to make significant progress towards the Millennium Development Goals justify such an increase (Government of Kenya 2005, 52 Italics added).

Kenya's commitment to MDGs and a number of other global health commitments forces the government to create "ambitious" policies that, when not achieved, will act as evidence for more donor interventions and ostensibly necessitate a development industry.

Along with the financial dependency that will keep donors around, there is the language of partnership that surrounds ownership. A partnership implies a long-term relationship and Kenyan development stakeholders are invested in this language. During a conversation with a director in the Ministry of Education, I used the word "donors" and the director abruptly cut me off to let me know that they are no longer referred to as donors, but development partners.⁹⁵ In fact, in every interview respondents consistently referred to donors as development partners. Through the different national and health policies, this is the language used: "The implementation of [the Kenyan Health Policy] will require the continued support of development partners in health, especially given the devolved system of government" (Ministry of Health 2012, 31). In reviewing the way in which donors defined ownership, this reliance on donors is evident by suggesting that ownership means that government creates the policies in conjunction with donors, who then help by contributing much needed resources. One policy official in the Ministry of Health remarked, "government ideally should lead agenda-setting but there are limitations with resources and technical expertise."⁹⁶ Donors, according to the principles of

⁹⁴ Nyaboga et al. (2014) argue that there is a gap across policies, institutions, and poverty reduction strategies in Kenya. Even though the government has increased spending on development and poverty reduction, poverty rates in Kenya remain high.

⁹⁵ Ministry of Education staff are particularly empathic on this point, based on my participant observation.

⁹⁶ 0049MoH (04/01/2016_Nairobi, Kenya)

ownership, necessarily fill these limitations, as they are responsible for building country capacity. In joining the PRSP model, which also requires SWAp, donors are agreeing to help governments with their policy design, development strategies, institutional reforms, and capacity building (Hill 2002). With this considerable amount of influence and the ubiquitous language of partnership, one would expect shared accountability across all development stakeholders. However, findings from my fieldwork in Kenya suggest that the Kenyan government shoulders the responsibility for failed development objects.

Accountability

Although donors have been very present in designing these development strategies, should they take responsibility for the failed outcomes in the health sector? Another way in which ownership works in Kenya is by government assuming sole responsibility for development outcomes, despite its partnership with donors. Although the language of ownership says that both donors and government are to be held accountable, this is generally not the case.⁹⁷ I asked each respondent: who was responsible when health policies failed to achieve their desired outcomes and the overwhelming response was, “the government”. One government official’s explanation of accountability on the ground suggests that accountability may be different depending on the stakeholder. He professed,

Normally government, generally, is held accountable as opposed to donors. But that is strictly speaking from an evaluative perspective. From the perspective of the population, of course, it is very different. [The population] will say, “well the Germans, or the French, or who ever it was, came here and they left nothing.” So the population probably holds donors accountable for failures. A case in point, for instance, twenty, thirty years ago, there was a big water project in western Kenya and they brought hand pumps which didn’t work and which were not serviceable by the community. And they left them. Three years later, there was no water. The community does not blame the government; they blame the donors directly for that. Donors of course look at it very differently because they hold the government of Kenya accountable for failed policies, rightly or wrongly. In some instances, the local policies probably were not the best or, they were not backed

⁹⁷ The Paris Declaration states that it was “developed in a spirit of mutual accountability” 2005/2008, 3. This is also one of the partnership commitments, which translates to both government and donor stakeholders taking responsibility and holding each other accountable while being transparent.

by sufficient funding from the government side. But the flip side to that is that also the donor strategy was incorrect.⁹⁸

On one hand this account alludes to donors circumventing the government and going directly to the communities. This is problematic in that it is a direct violation of the ownership principles, but demonstrates the realpolitik of donor development practices. Donors are supposed to be using government systems to deliver services. Using government systems cuts down on wasted resources through duplication, making aid more effective (Winters 2010). One interviewee articulated an on-going battle that the GoK was having with the World Bank over the use of country systems:

Currently, right now, there is a very huge fight with the World Bank because the World Bank is refusing to support devolution; and they want to support devolution using their own systems, which then makes it impossible to effectively deliver services that the Kenyans need. Then it means that when the projects are over, you'll again have to start setting up new systems. So donors just need to stop and follow the country systems that have been set.⁹⁹

If donors were, in fact, using government systems, communities would not be able to place the blame on donors, as the projects would appear to be coming from the government. On the other hand, with respect to accountability, the anecdote highlights the ways in which accountability between donors and government tends to be one-sided, with donors holding government accountable and not the other way around. Furthermore, communities may hold donors responsible for projects; however, donors are not held responsible for policies, although they design policies with input and influence tantamount to (and often greater than) the government. The same respondent noted that most Kenyans do not hold donors accountable, “because they think [donor] funding is a great thing.”¹⁰⁰ Donor funding being a “great thing” is reinforced by the development paradigm, in general. The entire paradigm is premised on donor funding being essential for sustainable progress. In this way, donors become reinforced as defenders of development.

⁹⁸ AA0626(26/06/2013_Nairobi, Kenya)

⁹⁹ 0054Donor (08/01/2016_Nairobi, Kenya)

¹⁰⁰ 0054Donor (08/01/2016_Nairobi, Kenya)

Begging for Ownership

The Kenyan government is very invested and complicit in reproducing the ownership principles. Take for example, the government respondents' answers to my question on whether government owns development or not. Perhaps more illustrative is the concept's ability to induce commitment to external interests. Government officials in both the Ministry of Health and the Ministry of Finance strongly believed that the Kenyan government owns development, largely because the government has created its own national development policies and contributes the largest share of resources to development. In the Ministry of Finance, there was a strong sentiment that the GoK tells donors what to do, and for the most part, they follow. Otherwise, it is the donors who impede ownership, not the government. This is because the language of ownership gives government some leverage vis-à-vis donors. For example, one official in the Ministry of Finance expressed how "[donors] know that they have to take a back seat because, again, Paris, Accra, Busan is emphasizing the fact they are here to support."¹⁰¹ Even before adopting the ownership principles with PRSP, the Kenyan government attempted to demonstrate its commitment to poverty reduction and development with the National Poverty Eradication Plan (NPEP).

The case of NPEP

Kenya's contentious relationship with donors over the years, and the substantial influence that donors have had over economic and health development strategies and policies in Kenya, indicate the need for a concept like *ownership* as the OECD defines it. The story behind Kenya's initial engagement with PRSPs and the ownership model highlights the power structure inherent to the ownership model.

Earlier in this chapter, I noted that Kenya produced its first PRSP not because it wanted access to HIPC funds, but because it needed to restore its relationship with the World Bank and

¹⁰¹ KY0619 (19/06/2013_Nairobi, Kenya)

IMF in order to resume receiving concessional loans. The IMF required the PRSP, anti-corruption legislation and governance reforms as necessary steps before the government could receive more concessional loans (Booth 2003). When the Kenyan government created its first PRSP, the government had already created a national plan for ridding Kenya of poverty, called the National Poverty Eradication Plan (NPEP). NPEP was a long-term framework for alleviating poverty across Kenya, covering the years 1999 through 2015. The development strategy was no different from previous strategies that focused on increasing economic growth so that there would be increased resources for improved services and assistance for poor families (Republic of Kenya 1999). With specific goals for the health and education sectors, along with a slightly gendered aspect, the strategy was also created through a largely consultative process (Republic of Kenya 1999). For the health sector, the government sought to achieve universal primary health care and increase access to potable water by 8% every year until 2004, ultimately reaching universal access to potable water (Republic of Kenya 1999). To fund the plan, the Kenyan government created the Poverty Eradication Budget and an Anti-Poverty Trust Fund that would function independent of the government framework.

Despite drawing support from some in the donor community, the strategy did not garner backing from key donor organizations, namely the World Bank and IMF.¹⁰² That the World Bank and IMF were opposed to the government's homegrown approach to poverty reduction is not a surprise. Both of these institutions had a vested interest in getting the Kenyan government to produce PRSPs since they reflect a strategy for poverty reduction and development that corresponds to the development philosophy of the IMF and World Bank. The Bank opposed the NPEP as a poverty reduction strategy because it was not mainstream enough; did not adequately conform to the new medium-term structure that works with the PRSP; and did not depoliticize poverty reduction programs (Booth 2003). One of the ways donors were able to

¹⁰² German Technical Cooperation Agency (GTZ) and the African Development Bank were in favor of the Kenyan government's NPEP.

persuade the government to switch from NPEP to the PRSP, beyond financial incentive, was by positioning itself as a “knowledge source”. Instead of proceeding with the NPEP, the KANU government produced its interim PRSP in June of 2000.

The case of NPEP may serve as the necessary counterfactual example demonstrating how the Kenyan government would have pursued an alternative approach to poverty reduction if the World Bank had not demanded that the government create a PRSP. The World Bank’s execution of power is not limited to simply imposing the PRSP as a condition of assistance. This is merely the observable part of the power dynamic, an extension of historical donor-Kenya relations in the context of aid and development. The more clandestine element of the power play comes through ownership. In demanding that the Kenyan government switch from the NPEP to the PRSP as a conditionality for resuming concessional lending, the Bank could have been leaving itself open to more weak implementation on the part of the Kenyan government, similar to what the Bank experienced with the country in the 1980s and 1990s. By situating PRSPs within the ownership paradigm, however, the Bank could ensure that the development reforms had staying power by getting the government to believe that it was the government’s idea to do so. As one Bank official noted, the Kenyan government owns development because, “there are things the government doesn’t want to do but will still do.”¹⁰³ This is evident in the Kenyan government’s insistence that it designs and controls its development strategy despite the fact that PRSPs and the coordinating mechanisms like SWAs and MTEFs come from the World Bank, and all aid-receiving countries use these same tools.

If the World Bank had not made the PRSP a requirement for the Kenyan government to reconvene lending, the Kenyan government would have kept NPEP as its national approach to poverty reduction. Coupled with financial incentives, the World Bank used its leverage as a knowledge source to persuade other donors to commit to the PRSP over NPEP. The government’s willful rejection of NPEP after investing resources in the drafting of the strategy in

¹⁰³ 0052 Donor (08/01/2016_Nairobi, Kenya)

favor of the PRSP highlights not only the power structures inherent in the ownership paradigm that require full compliance, but also the Kenyan government's eagerness to adopt the paradigm.

For many in the government, the ownership paradigm is supposed to mark a welcome shift in donor-government relations. Along with the requirement for increased participation, the relationship between government and donors is to take on a new form, one of partnership instead of paternalism. Prior to Paris, respondents noted that donors were scattered with their programing, not using government systems, and took the lead in development. There were, however, a number of reasons to conclude that not much has changed with respect to donor-government relations since the implementation of the Paris agreement. There remains a dearth of trust between donors and the Kenyan government. More specifically, donors' belief in the Kenyan government's commitment to development continues to wane.

Partnership or Paternalism?

Because of Kenya's weak performance with respect to implementing structural adjustment policies, the IMF and World Bank suspended lending to the Kenyan government a number of times. Several of these suspensions took place during Daniel Arap Moi's administration and the KANU administration (Booth 2003; Shiverenje 2005). In 1997, the IMF deferred loans under the enhanced structural adjustment facility because of poor governance on the Moi administration's part. During this period, the government had to borrow at market rates, which negatively affected an already deteriorating economy (Devarajan, Dollar, and Holmgren 2001). In order to resume lending with the IMF in 1996, the government had to complete a series of structural reforms, including the reduction of the civil service sector and privatization of 40 public businesses by the end of that year (Camdessus 2000, 714). According to the IMF, the government made a decent start at implementing the reforms but never implemented the full range of adjustments, leading the IMF to refuse lending until the government made substantive

adjustments (Camdessus 2000). In the face of IMF and Bank claims that the government did not fully implement their reforms, others have noted that in 1997, the Kenyan government executed the swiftest round of deregulation of any African country.¹⁰⁴ This strained relationship has not completely dissipated. In fact, there remain lingering trust issues between donors and government, impacting the degree to which donors can see the GoK as committed to development.

As I demonstrated earlier, the Kenyan government eventually did decide to play fully by the Bank's rules with the adoption of PRSPs under Mwai Kibaki. Despite the elaboration of the PRSP and incorporation of the concomitant instruments and institutions, donors continue to view the government as lacking in ownership. In the health sector, donors refuse to offer budget support—a modality for disbursing aid funds at the government's discretion. Donor funds in health either circumvent the government completely, going directly to NGOs or to specific health programs. Consequently, donors restrict the government's ability to redirect funds to the issue areas that the government deems important (Wamai 2009). The Swedish International Development Agency (SIDA), a bilateral donor in Kenya's health sector, explained the situation as follows, "Kenyan donors are faced with the contradiction of attempting to convey ownership in the absence of partnership. Low donor trust of the Kenyan government's commitment to transparency and openness in budgetary matters implies that dialogue with the government is prevented from making progress on ownership issues" (Weeks, Andersson, Cramer, Alemayehu, Degol, Muhereza, Rizzi, Ronge, and Stein 2002, iii). In this same report, SIDA argues that Kenya is lacking ownership because it does not commit to and take responsibility for its development activities (Weeks et al. 2002). The rest of the donor community in Kenya appears to share these sentiments.

¹⁰⁴ In his account of structural adjustments while conducting fieldwork in Kenya in 1997, James Howard Smith notes that Kenya was "plunged into darkness" as the government began the heavy round of neoliberal adjustments coming from the IMF and World Bank (J. H. Smith 2008, 35).

In 2009, donors and the GoK began participating in the Development Partnership Forum Meetings (DPF) and the Pre-Development Partnership Forum Meetings. These meetings bring together the various donors or development partners in Kenya and top government officials to establish different commitments for the GoK to achieve by the next meeting. The DPFs are institutional manifestations of the ownership paradigm—these fora operate in the context of strengthening the partnership between the government and donors in order to facilitate more government ownership. The title of these meetings, however, is very misleading. After reviewing the notes and transcripts from the 2010 Pre-DPF, 2010 DPF, 2012 DPF and the 2013 DPF, these meetings appear to be forums for donors to assess the GoK's progress towards meeting its development commitments (Government of Kenya 2013, 2012, 2011, 2010). The World Bank representative, Johannes Zutt, on the other hand, represented donors with more peremptory remarks, alluding to a less-than-equal partnership. What one finds in these forums is not the GoK telling donors what to do, or donors eagerly awaiting the government's command on the next step forward. Instead, one finds the government and donors devising and monitoring commitments that cater to donor objectives (such as governance and "business-friendly" institutions) but must be implemented by the GoK.

Despite rhetoric suggesting equally valid input with regards to development strategies, donors' preferences have become more entrenched and pervasive, while their conditionalities percolate deeper into government operations beyond the realm of development. During these meetings, the World Bank representative used language regarding the GoK's progress on their agreed upon obligations which suggested the desire for greater commitment from government. He states, "For our partnership to work best, we need to trust that agreeing to these commitments will also result in getting them done, expecting unforeseen circumstances. It is a matter of mutual credibility and accountability" (DPF 2012, n.p.). He, furthermore, suggests that "Kenya is living beyond its means" and must do more to promote growth and reduce poverty (DPF 2012, n.p.). In line with the CDF and international community's development agenda, Zutt

chides the government on its poor governance record and the potential consequences that may arise if this issue persists. He argues that donors are “ambassadors” for other sources of foreign aid, but this means nothing if Kenya does not create “business-friendly” policies and ensure that “corruption does not impede equal competitiveness” (2012, n.p.). Zutt states, “Many donors will shape their future aid program in the light of their assessment of Kenya’s governance—how well the government manages the election process, its planning and budgetary processes, its macroeconomic levers, the fight against corruption, and the agenda for structural reforms” (2012, n.p.). If nothing else, this statement is demonstrative of the conveniently capacious conceptualization of governance. In this form, donors become pervasive and inexorably linked to entities in the Kenyan government—all under the auspices of development. These forums are also illustrative of the extensive involvement donors have in monitoring the GoK, especially in light of the history between both stakeholders. Donors interviewed during my fieldwork in Kenya corroborated these accounts with respect to the health sector. One of the Bank officials whom I interviewed stated,

I would say for Kenya, we don’t have a problem in terms of capacity of government to actually implement. What I see is a lack of commitment from the government to implement. For example, in the health insurance subsidy program, which is being implemented through the national hospital insurance fund, it doesn’t matter what type of support you give them, things just don’t move. Uh, I think it’s a typical civil servant’s way of working, which derails the process.¹⁰⁵

Donors do not reserve their mistrust just for the Kenyan government. Representatives I interviewed from local CSOs also voiced frustration with donors withholding funds because they do not trust the NGO. “[Donors] are after their money, but you, you are after your development. So you see the two contrast [sic]. You want to build a school, but the donor’s telling you, give me the accountability...you know, accountability works before you start your work. The first form you receive is how are you going to account for the money. There’s no trust.”¹⁰⁶ As the respondent noted, the dollar is the bottom line for donors. And the larger paradigmatic

¹⁰⁵ 0052Donor (08/01/2016_Nairobi, Kenya)

¹⁰⁶ 0058 (15/01/2016_Nairobi, Kenya)

orientation towards increased effectiveness measured through tangible results further breeds these types of interactions. For example, the Paris Declaration makes clear the need to improve aid effectiveness in the face of growing doubt from constituents in donor countries regarding the utility of foreign aid (OECD 2011). The language of ownership, however, has the unintentional consequence of providing a space for some agency for the Kenyan government.

Government respondents place the responsibility for blocking ownership on donors. A number of government respondents argued that donors make it difficult to implement the Paris Declaration. Although they believed that Kenya was better than it had been prior to Paris, a number of donors still refuse to let Kenyans take the lead in their development trajectory. According to the ownership principles, donors are supposed to work within government's framework for development. As I argued previously, many of these donors were actually essential in developing these frameworks. Yet, a number of them refuse to work within these guidelines. One of the major culprits is the United States Agency for International Development (USAID). A Ministry of Health official explained that almost all of USAID's funding is off-budget, meaning that it is not delivered through the GoK, but instead through third parties.¹⁰⁷ The third parties, namely civil society organizations, also work with the government to implement development strategies. When donors go straight to CSOs, they are not using government systems. One Kenyan, who worked with two different donor organizations expressed how this is damaging to the government: "I think even donors are to blame in this country because there is a tendency for donors here thinking that they can drive this system. Well, indeed, they have not been able to do that. And, one of the problems that the donors have been able to do is infiltrate and penetrate the government and make it ineffective, replacing government funding with the project funding that doesn't last for long".¹⁰⁸ It is the principle of harmonization and alignment that give Kenyan NGOs and government the rhetorical leverage to make these claims.

¹⁰⁷ 0049 MoH (04/01/2016_Nairobi, Kenya)

¹⁰⁸ 0054 (08/01/2016_Nairobi, Kenya)

Previously, during structural adjustments, there was no formal agreement between African stakeholders and donors indicating the need for donors to use African systems. Still, there remains little room within the ownership architecture for Kenyan stakeholders to operate outside of donor influences. One of the ways African governments, the Kenyan government included, have been able to gain leverage vis-à-vis donors that is not predicated on the formal language of ownership is by not implementing certain policies (Whitfield 2009; Van de Walle and Ndulo 2014). Thus, where donors see the Kenyan government as untrustworthy and lacking ownership, the government is actually employing one of the few tools it has to counter donor hegemony over development. Overtly it embraces the rhetoric of ownership; covertly it subverts the very same.

The mistrust that undergirds the relationship between donors and the Kenyan government illuminates the circumscribed possibilities for any type of truly Kenyan-derived approach to development under the ownership paradigm. Through its adoption of ownership, the Kenyan government subscribes to the pervasiveness of donors through institutions like the DPFs under the guise of partnership. The logic informing the ownership paradigm facilitates this paternalistic interaction where the GoK must defer to donor knowledge and authority over all development matters. For example, the African Development Bank's president describes the implementation of ownership as follows:

Strengthening ownership is more difficult to achieve than it first appears, basically for two reasons. First, effective ownership requires that donors be willing to relinquish some control, and second, it requires that partner or recipient countries have demonstrable capacity to lead. Indeed, critical requirements for ownership are commitment to good governance and strong state capacity (Kasekende 2006, 4).

This statement further points to ownership not requiring donors to release *all* control, but *some* control. With the emphasis for ownership being on governments having capacity and demonstrating good governance, these conditions not being present justifies donors not relinquishing control. In this light, the relationship between donors and the Kenyan government, based on the dynamics of the paradigm, can legitimately remain paternalistic. To the extent that

the Kenyan government can only show its displeasure with policy direction by not implementing said policies, one must ask how useful the ownership paradigm truly is in allowing aid-recipients to articulate their development vision vis-à-vis donors?

Conclusion

Both theoretically and practically, ownership does not operate in such a way that Kenyan stakeholders have more control over the direction and substance of their health development policies vis-à-vis donors (OECD 2011, 29). The Ministry of Health (MoH) and Ministry of Finance and Economics (MOFE) should not only design and implement health policies, but should also be able to coordinate all other actors involved (OECD 2011, World Bank 2005). Civil society actors in the health sector should be able to participate in the policy development and implementation processes so that health outcomes reflect the needs of civil society and the poorest segments of the population. By aligning their financial support with these health policies and using national systems and institutions to deliver this support, donors could, in turn, create a space for more local ownership. The final product should lead to increased aid effectiveness, which would lead to more tangible results in the health sector. These results would mean achieving MDGs and reducing global poverty. Accountability for these development outcomes would fall on both donors and Kenyan stakeholders' shoulders (Owa 2015).

Ownership does not necessarily function in such a fashion that the Kenyan government designs and controls the road map of development. In examining health and economic policies in Kenya, the mechanisms through which ownership emerges become all the more salient. Critically, I find a rhetorical shift in development practices since the Paris Declaration, not a substantive change. Yet, the rhetoric is not without consequences. In Kenya, ownership places responsibility for health sector outcomes in the government's hands, absolving donors of significant responsibility for poor development results. The language embedded in the ownership paradigm also turns donors into an epistemic community; their role is to provide

knowledge and expertise to the Kenyan government. What follows, then, are permanent institutions for donors within the Kenyan government like the DPF, DPDF, and Aid Effectiveness Secretariat. Consequently, donor presence becomes an indispensable part of Kenya's health and economic sectors.

Even with the example from the CSO director about the donor organization coming to build the pump and incorporating members of the village in the planning and implementation process, the donors came to the village already knowing that they were going to build a pump. The community had little say in that part. Thus, the consultation with the village (i.e. making them feel as if they had a substantial input) was misleading. If the villagers could have said, "we don't want a pump, we want a school" this would have shown that the villagers were in charge of identifying the village's needs. But the donor group came in with an agenda (to build a pump) and succeeded in making members of the community believe that they had made a significant contribution. Ownership offers a false sense of choice, which one Bank official acknowledged: "we say, on the basis of the information available, because we do the analysis, this is what we recommend, these are the options and they choose their options."¹⁰⁹

If ownership were sincerely about aid-recipients determining their own development plans and policies for poverty reduction, Kenya might not have a PRSP today. Naturally, one might take the Bank and other pro-PRSP donors' critiques of NPEP as valid criticisms coming from development experts. Some might argue that it makes sense for the GoK to jettison the strategy that it produced in favor of an IMF and World Bank-approved approach (Van de Walle and Ndulo 2014). But this line of thinking is part of the larger problem with the ownership paradigm and the development enterprise in general: despite a history of failed development policies and approaches, donors are still somehow considered experts. The consequence of

¹⁰⁹ 0051 Donor (05/01/2016_Nairobi, Kenya)

adopting ownership reinforces this narrative and validates continued donor interventions in Kenya.

Chapter 4: Ownership in Comparison--the audacity of choice

The empirical chapters in this dissertation highlight the ways in which ownership of development is defined and implemented in the two African countries. Burkina Faso and Kenya represent different geographical, historical, cultural, political, and economic contexts. Despite these differences, the discursive practices embedded in the ownership paradigm produce very similar development strategies in both countries. My findings in these empirically grounded case studies challenge the dominant claim in development circles that there is no longer a coherent development approach (Rodrik 2006; World Bank 2000). My analysis of development policy evolution in the health sector of both countries reveals how the paradigm reproduces both the underdeveloped subject and donor-dependency, while absolving donors of any responsibility for failed development outcomes in Burkina Faso and Kenya.

Paradigm no more?

Ownership of development as the guiding discourse for improving aid effectiveness and achieving development outcomes in aid-dependent Africa is pervasive across both Burkina and Kenya. The Paris Declaration on Aid Effectiveness provides the consolidated definition, and subsequently hegemonic version, of ownership: “partner countries exercise effective leadership over their development policies, and strategies, and co-ordinate development actions” (OECD 2011, 29). Since the signing of the Paris Declaration in 2005, a range of development stakeholders have leveraged the concept for varied and sometimes conflicting ends (de Renzio et al. 2008; Buiters 2007). Although scholars and policy makers attribute ownership to the OECD High-Level forums, this has not been the case.¹¹⁰ In an earlier chapter of this dissertation, I articulated the origins of *ownership* as being located in the World Bank and IMF’s need to re-legitimize their existence as necessary for development in debt-ridden and impoverished countries (Pender 2001; Owusu 2006).

¹¹⁰ Ample scholarship has attributed the call for ownership to the OECD High-Level Forums (Meyer and Schulz 2008; Holvoet and Renard 2007; Fisher and Marquette 2016; Shiverenje 2005; Dijkstra 2011; Gottschalk 2005). In some of my interviews respondents also explained ownership as coming from the Paris Declaration and Accra Agenda for Action.

For the World Bank, the process of re-legitimization entailed elaborating an alternative set of rules of engagement for development than those used during the formal structural adjustment era. The comprehensive development framework is an articulation of what the Bank's superficially changed engagement would look like: long-term and comprehensive development strategies; countries must own their reforms by "devis[ing] and direct[ing]" their own development agenda; there must be partnership between development stakeholders (primarily government, donors, civil society, and private sector); and performance based on measurable results (Wolfensohn and Fischer 2000; Wolfensohn 2005). These rules of engagement form part of the set of instruments, measures, discourses, and practices commensurate with the ownership paradigm. Incorporated in the paradigm is the usage of Sector Wide Approaches (SWAs), Poverty Reduction Strategy Papers (PRSPs), Medium-Term Expenditure Frameworks (MTEFs) as the standard policy tools for development, and the principles of ownership, partnership, poverty reduction; while the dominant actors are donors, the state, and civil society. There are also the international institutions that inform the domestic-level development goals such as the Millennium Development Goals (MDGs), now Sustainable Development Goals (SDGs).

Much like the PRSPs, identification of legitimate stakeholders, and focus on poverty reduction, SWAs and MTEFs are products of the World Bank. Local actors in the two countries have also adopted the language of partnership and ownership. In both Burkina Faso and Kenya one finds a version of development consistent with the ownership paradigm. Both countries possess a PRSP, which is tied to a SWA for the health sector through a MTEF. Burkina Faso has the Vision 2020 as its long-term development strategy and Kenya has its Vision 2030. These two strategies give primacy to rapid economic growth as key to poverty reduction, along with other factors like good governance and foreign direct investment (Ministry of State for Planning, National Development and Vision 2030 2008; Ministere de l'Economie et des Finances 2011).

Donors in both countries no longer carry the formal title of “donors”. In accordance with the Paris Declaration and Accra Agenda for Action (AAA), donors are now development partners. Burkinabè and Kenyan stakeholders have fully adopted this change in nomenclature. For Burkinabè, donors are now “les partenaires technique et financier” (PTF) or technical and financial partners. Kenyans refer to these same actors as development partners. Although all development stakeholders should be partners based on the consensus coming from the AAA, in Kenya, informally the term is reserved specifically for donors. In order to gauge the extent to which local actors had consolidated this change in rhetoric, I formulated my interview questions in both countries using the term “donor”, making sure to use “development partner” in communication with the respondent only after the respondent referred to donors as development partners.

My chapter on Kenya demonstrates how committed the Kenyan government is to the notion of partnership, as it seemingly provides leverage for the government when negotiating with donors over development policies. Government officials in Burkina Faso, while they did employ the language of partnership in conversation, were not as committed to it. Burkinabe civil society proved different. In the midst of a conversation with a friend who worked with one of the local associations responsible for carrying out national health programs, I, once again, kept referring to *les donateurs*. This friend at least waited until the end of the conversation to tell me that they were no longer referred to as donors, but as “les PTF”. In practice, however, Burkinabe actors continued to use “les PTF” and “les bailleurs de fond” interchangeably—*bailleur de fond* is another word for donor. At the level of formally consolidating the language of ownership, both countries have done so. Development policies and frameworks in both countries unequivocally make the rhetorical move of referring to donors as partners; however, the Kenyan government has truly bought into the partnership rhetoric. It is at the informal level that one notices the difference between these two cases. Much of this language, as I will explain later, is a result of

their country-specific renderings of ownership, which is a function of the countries' historical engagement with aid and development.

By formally consolidating the language of ownership, both countries reproduce the same outcomes with respect to donors and development. In Burkina Faso and Kenya, whether referred to as donors, PTF, partners, or bailleurs de fond, local stakeholders have codified these actors as sources of development “knowledge”. Although the development industry has always implied this relationship between African countries and aid-giving countries, ownership cements this asymmetrical dynamic (Alemazung 2010; Keita 2011).

Even the informal measures of ownership persist across both cases. Donors in Burkina Faso's health sector measure the degree to which the government owns development according to its ability to finance the associated programs and projects. As one donor at the United Nations Population Fund (UNFPA) in Ouagadougou stated, “Je crois que oui [le gouvernement s'approprié le développement] parce que, quand on regardait déjà le niveau de ressource domestique que le pays injecte, c'est qu'à même importante” (I believe so, [the government owns development] because when having looked at the level of domestic resources that the government injects, that is at least important).¹¹¹ The same thought process is evident across Kenyan civil society organizations. As the following quote from a Nairobi-based NGO representative illustrates: “I don't think there is ownership; and if there is ownership, than the political will is not there because the key factors, like I've already told you, 75% of HIV [treatment and prevention activity] is donor funded...I think the highest we've allocated to health in the national budget was about 7%.”¹¹²

Although the OECD measurement makes no mention of who the funder of the “well-costed” policies should be, on the ground, stakeholders are suggesting that this should be the government's responsibility. The formal measure for ownership is meant to account for context-

¹¹¹ BS3007 (30/07/2015_Ouagadougou)

¹¹² 0056 CSO (15/01/2016_Nairobi)

specificity. What the informal guidelines show is a more standard measure that clashes with the particulars of each country. For governments themselves, being able to fund the development programs and projects that correspond with international targets for progress trivializes the degree to which the same governments are attempting to design their own development trajectories in accordance with their available resources. Ultimately interpreting ability to fund development as a measure of ownership reinforces the assumptions of universality embedded in the current paradigm and is evident in the various health commitments and targets to which the Kenyan and Burkinabè governments must agree. The implicit universality is consistent with the funding-gaps that both governments encounter in trying to attain these targets.¹¹³

As chapters two and three demonstrated, however, the ownership paradigm produces the same outcomes despite variation in the country contexts. Within both countries I found that the ownership paradigms reproduce the underdeveloped subject, reconstructs donors as an epistemic community, absolves donors of any responsibility for failed development. These outcomes lead, not to less development, but more development predicated on donor intervention in Africa.

The Ownership Paradigm in Africa

One evening in July, at the World Bank headquarters in Ouagadougou, I sat in the shared work office transcribing interviews that I had collected that day. To my right, an economist who the Bank had contracted for a short-term project on governance and to my left was an American student pursuing his Masters in Political Science at Yale. We were all typing feverishly when an I.T. specialist working for the Bank walked in. He asked whether we were economists, to which he received one yes and two no's. He then asked, if there are all of these economists here (meaning in the World Bank) why hasn't the country seen any progress? Coming from a permanent employee of the World Bank, I began to expect the response to be part of some well-known institutional joke, to which I was obviously not privy. So, I responded, isn't the country experiencing an 8% growth in GDP? "Ah bon?" he said. Are we really, because there is a difference between real growth and GDP growth. Now, he had my full attention. Maybe the problem isn't growth, but how the growth is shared, I said. He nodded, "that's true, you need both. But after SAPs, which didn't work ("des chaos" to be exact) we've still had nothing but economists with their models, paradigms, and formula that don't work. We say the Minister of

¹¹³ I give examples of this in both the Burkina and Kenya chapters, highlighting in the governments' policy documents how they outline the cost of implementing their health strategies and consistently fall short of meeting these identified amounts, requiring more donor financial inputs. Furthermore, the problem of funding is evident in the calls by the WHO and UN, along with other donors, for more financial commitments from governments to health in order to meet MDGs and SDGs.

*Finance must be an economist. Basically, all government officials must be economists. Even here, at the Bank, everyone is an economist. But, their recommendations haven't yet produced progress. I think the whole discipline needs to change." I listened for him to finish with a laugh indicating how uncommitted he was to his previous statement, or some indication that he was joking. I listened in vain. Instead, hoping to get more from the gentleman I said, "It is, in fact. There are changes happening within the discipline." In an honest and telling manner, he responded, "I just think we need other people with different trainings and backgrounds making decisions."*¹¹⁴

This vignette from my field experience in Burkina Faso is emblematic of the hegemonic influence of economics in African development. Mkandawire states, "the economics profession in Africa has rarely been critical of its epistemological foundations, nor has it seriously considered the deontology of the profession, especially the implications of its material underpinnings and social construction on the integrity and credibility of its research" (Mkandawire 2014, 173). As a development discourse, the economic framing of problems and solutions to development in Africa is a continuation of the economics discourse from the structural adjustment era. Thus, donors like the World Bank, IMF, and USAID produce this knowledge set as scientifically sound and value-neutral approach and consequently, understanding of development. Ferguson (2006, 80) demonstrates how the World Bank employs what he terms, *scientific capitalism* in Africa as an irrefutable and non-moral order that makes progress a question of technical expertise, mastered through economics. The economics discourse is part and parcel with the ownership paradigm, as it aids in the construction of donors as knowledge experts of development because of their "technical" and economic acumen.

As knowledge experts, donors are operating as part of an epistemic community that offer insulated policy input based on a purported "expertise" that donors bring to development in Burkina Faso and Kenya by way of their mastery of economics. The overall purpose of an epistemic community is to change state interests through the use of consensual knowledge,

¹¹⁴ This is from a conversation that I had working in the World Bank office around 5pm on July 8, 2015 in Ouagadougou. The conversation happened in French. In order to capture everything that the I.T. specialist was saying, I paraphrased the longer conversation in English from the original French.

which functions best during periods of uncertainty or crisis (Haas 1989). In the health sectors for both countries, the epistemic community of donors provides the governments with “advice” regarding sound policies for strengthening the respective health sectors, which are always somehow rooted in the market. The World Bank, the WHO, USAID, and other donors produce policy papers and publications about the conditions of country-level and global health with the intention of offering policy-advice.¹¹⁵ The production of policy papers alone does not make these donor organizations epistemic communities in health. It is the other factors (such as their institutionalization around consensual knowledge and the perpetual crisis in the health sectors) that facilitate this process.

I mentioned previously that the ownership framework is predicated on donor involvement in development. Their role in development, and in the health sector more specifically, is to equip governments with the technical capacity to deal with the technical problems that accompany establishing a fully functioning health system. Donors also provide financial assistance that can translate into consumable health commodities, or workshops and trainings that build and strengthen capacities. Using the word “technical” however, presumes a certain level of objectivity surrounding the donor contribution to development. On the ground, technical is imbued with normative implications around knowledge. As one donor working with JICA in Kenya noted, “One of [JICA’s] strong points is we do technical cooperation. Technical cooperation means we are able to bring in some expertise that will embed in the Ministry of Health provide policy advice, provide strategic support.”¹¹⁶ This same arrangement exists in Burkina with the UNDP, “Ce qu’on entend par le renforcement de capacité, en d’autre terme, c’est vraiment les accompagner pour que eux même ils puissent avoir le compétence pour assurer les actions de développement qu’ils auraient définir” (What we mean by capacity building, in other words, it’s really accompanying them so that they themselves can have the

¹¹⁵ The World Development Reports are just one example of this.

¹¹⁶ 0050 Donor (05/01/2016_Nairobi)

competence to secure the development actions that they would define).¹¹⁷ That JICA is a bilateral donor and UNDP multilateral, demonstrates how this view of donor responsibility and superiority in development knowledge vis-à-vis the Kenyan and Burkinabè governments is not a question of multilateral versus bilateral politics. Instead, it is donors conforming to their roles as indicated in under the Paris Declaration and Accra Agenda for Action.

The Paris Declaration identifies capacity building and “strengthening partner countries’ national development strategies and associated operational frameworks” as part of donor responsibilities in carrying out the plan for aid effectiveness and increasing partner countries’ abilities to actually own development (OECD 2011; OECD 2008). The explicit role of donors as knowledge experts is also evident in the original CDF. Former World Bank president James Wolfensohn, in propagating the Bank’s new framework, made clear that the Bank would act as “a source of knowledge” and no longer “implement” projects. This framework reinforces the *consensual knowledge* that protects donors from government criticism. It also explains why there is a false distinction between technical expertise and policy advice. Policy advice assumes that there are other viable alternatives; technical expertise assumes an inarguable truth with respect to a given problem. The consensual knowledge that binds donors to technical expertise plays out in the designing of strategies and solutions to development problems, problems that are often the consequence of the strategy itself.

Attempting to change government interest and consensual knowledge is necessary but not sufficient for explaining the ways in which the ownership paradigm reproduces donors as an epistemic community. There must also be a state of crisis or uncertainty. The ownership paradigm presents the interminable crises around poverty and underdevelopment in order to further validate the epistemic community of donors. One of the ways in which epistemic communities are able to maintain power in a given policy arena is through the contribution of technical expertise during periods of crises. Generally, the technical knowledge that the

¹¹⁷ BS3007 (30/07/2015_Ouagadougou)

community contributes is deemed too complicated for political officials to ascertain on their own (Haas 1989). The need for ownership and its associated procedures grows directly from the crisis around global poverty and the twin challenges of meeting the UN Millennium Development Goals while improving aid effectiveness. The World Bank has been instrumental in creating this fear. In fact, the creator of the CDF and ownership paradigm, former Bank president James Wolfensohn, articulated his vision of CDF in a speech titled, “The other Crisis” (1998). He states,

And so in response to the current crisis, we at the Bank have been focusing on putting in place the short- and the long-term measures for sustained recovery. Working with governments on financial, judicial, and regulatory reform, on bankruptcy laws, anti-corruption programs, and corporate governance — so essential to the restoration of private sector confidence. Before the crisis hit, we had already worked on financial sector reform in sixty-eight countries. At the request of our shareholders, we have now expanded that capacity by one-third and we are reinforcing our leadership in corporate governance. On the social side, we have been restructuring our existing portfolios to ensure a sharp focus on priority programs that can reach poor communities quickly (1998, 4).

Wolfensohn is referring to the crisis of global poverty—a world in which millions of inhabitants go without food, health care, education, etc. He and others central to the epistemic development community deem these problems to be the consequence of poor economics internal to each country. Take for example the World Bank’s assessment of Burkina Faso’s social and economic standing with respect to implementation of the country’s first PRSP:

Burkina Faso is faced with daunting economic and social problems, from the slow process of privatization and private sector growth to below-benchmark social indicators. However, if the country continues to improve its economic management and sustains its commitment to poverty reduction, there is a good probability that it can implement the CSLP and, in the process, make solid progress toward achieving the Millennium Development Goals, a parallel target of the government (World Bank 2003, 25).

By suggesting that the problem is rooted in economics, so too is the solution. The problem that the I.T. specialist at the World Bank articulated is pervasive, and part and parcel with the maintenance of donors as “development experts”. Instead of viewing the knowledge generated within the communities of economists as being a set of internally derived and maintained opinions about development, both governments take the policy advice coming from donors as

rooted in sound, empirically-tested evidence. Thus, when the Kenyan government refuses to implement donor-backed policies, within the context of the ownership paradigm, it is an affront to science and evidence-based development. Similarly, rural Burkinabè women to abstaining from consuming modern contraceptives is not a matter of personal choice, it is an indication of backwardness and blatant rejection of development. Placing the onus for stalled progress on the African subject (be it the state or individual) aids in the exoneration of donors from any failed development outcomes.

Donor impunity with influence

The ownership paradigm and accompanying global targets around health give donors as an epistemic community considerable input in the policymaking decisions and development designs in Burkina Faso and Kenya but do not lead to more donor accountability. The Paris Declaration makes clear the considerable engagement that donors will have in increasing aid effectiveness in aid-dependent countries and helping these countries reduce poverty and achieve the MDG targets. As an epistemic community operating with the agreed upon goal of fostering development, donors have embedded themselves within the policy-making processes in aid-dependent Africa.

Beyond just direct government-donor negotiations over policy preferences, bilateral and multilateral donors also reinforce their influence through global agendas and within civil societies at the local level. Ownership facilitates this process by pointing to “insufficient integration of global programs and initiatives into partner countries’ broader development agendas” as one of the reasons for ownership (OECD 2011). Both countries have incorporated the numerous global health initiatives into their health sector strategies. The top four most influential are Global Fund to Fight AIDS, Malaria, and Tuberculosis; Global Alliance for Vaccines and Immunizations (GAVI); President’s Emergency Plan for Aids Relief (PEPFAR); and the World Bank Multi-County AIDS Programme (MAP). These large funding sources shift

the priorities of health workers from other health concerns to target these globally recognized diseases (Ravindran 2014). The Millennium Development Goals (MDGs) also inform the health development strategies in Kenya and Burkina. As I have indicated previously, both countries use MDGs as one of the major guidelines for determining success in their health sectors.

In being considered partners, which implies shared responsibility, donors participate in a number of policy decisions in both countries. The health sector policies and strategies in Burkina Faso and Kenya are demonstrative of the partnership that characterizes the government-donor relationship during the policy-making process. Both governments, however, look differently at the ways in which donors go about exercising their partnership. In Kenya, government officials I interviewed suggested that they only support what the government wants. Burkinabe policy makers described their role as an *accompagnement* (to accompany). While the Kenyan government officials held fast to the notion that donors merely support the government through technical and financial assistance, Kenyan civil society organizations operating in the health sector thought differently. Respondents I interviewed from the different civil society organizations stated that health policy was a donor-driven sector, especially with respect to HIV/AIDS. According to respondents, donors drove the health sector proportionate to the financing they contributed. One director noted, “If a donor says they’re closing shop today, you’d see a real crisis in Kenya and a real crisis in any African country. Because I think, in terms of donor-dependency, it’s not just a Kenyan thing, it’s across [Africa].”¹¹⁸ This is not unlike the statement that the employee in the local association in Burkina Faso made regarding the loss of funding to health associations: loss of donor funding is nothing to laugh about.¹¹⁹

When the call for ownership was formalized at the OECD, so too was the accompanying framework for delivering the long-term, holistic, development approach integral to demonstrating a country’s ownership. The World Bank, and not the individual countries, was responsible for

¹¹⁸ 0056 CSO (00/01/2016_Nairobi, Kenya)

¹¹⁹ YB0729, 07/29/2015_Tenkodogo

designing the skeletal structure for all of the Poverty Reduction Strategy Papers (PRSP) and corresponding Medium-term plans and SWAPs. The Bank's role in designing these instruments translated into their responsibility for approving the first generation of PRSPs. Prior to either country being able to access the Heavily Indebted Poor Countries (HIPC) funds, the World Bank and IMF had to approve both Burkina Faso and Kenya's development strategies. This fact never figured into any of the rationales for why and how donors influence development in the respective countries. In a conversation with a World Bank official in Nairobi, the Bank official brought up the question of ownership very early on in the interview. I later asked whether he thought that there could be genuine "ownership" if the World Bank and IMF had to approve the plans? He quickly retorted, "No, they don't have to be approved." I followed up by saying "originally," to which he gave a rapid, "yeah, originally, but now they don't."¹²⁰ The emphasis was on how these institutions no longer "impose" their beliefs. I continued to push, "right, because [countries] are now able to do it by themselves." Exasperated, he responded, "They simply share. Yeah, they do it through a consultative process; it is a requirement, which they have to do. So [countries] go and do it themselves in a consultative process and then share with us. We don't endorse or whatever."¹²¹ This level of influence rarely factors into considering the degree to which donors influence development in either country. Respondents focused more on the observable forms of influence like funding.

Financially, donors have considerable influence in the given health sectors. This is part and parcel with their role as capacity builders and ownership enforcers. However, finance as a form of influence is becoming less salient in Kenya. In Kenya, 38 percent of the development budget came from external development partners in 2014/2015. This is 19% less than donor commitments to the development budget during the 2013/2014 fiscal year (National Treasury Development Estimates 2014). Health expenditures saw declines as well. Donor contributed

¹²⁰ 0051 Donor (00/01/2016_Nairobi, Kenya)

¹²¹ Ibid

close to 26 percent of the total health expenditure in 2012/2013, down from 35 percent in 2009/2010 (Kenya National Health Accounts). With respect to reproductive health, which houses family planning, donor contributions also fell from 22 percent in 2009/2010 to 18 percent in 2013 (ibid). These estimates do not include the considerable amount of funds that donors allocated to development projects through NGOs and civil society organizations.

Donor ability and desire to circumvent government and directly target community level associations speaks to another element of influence donors wield over development strategies and outcomes. One of the more persistent problems that representatives of governments in Burkina Faso and Kenya brought up in interviews I conducted was the issue of donors reallocating funding to NGO and civil society projects. This was the case especially in the health sector where there are ample numbers of NGOs willing to deliver health services like contraception and medications. Both governments expressed discontent with this process. One policy maker in the Burkinabe Ministry of Health recounted, "Les PTF, ils vont directement au niveau communautaire même. Ils sont entrainé d'aller vers la base parce qu'il y a, on a trop politique, quoi. Ça va dire on parle plus qu'on réagisse. Au niveau communautaire, quand on va directement, c'est l'action même. Donc eux [les PTF] préfèrent aller directement [au niveau communautaire]. Ils sautent plus des étapes" (The [donors] go directly to the community level. They are going there because there is, we are too political. That means we talk more than we react. At the community level, when one goes directly, it is the action itself. So [donors] prefer to go directly [to the community]. They skip more stages).¹²² But as the policymaker noted, "Ça aussi ce n'est pas une très bonne chose, parce que nous [le gouvernement], on a un plan qui est là, qu'il faut [le] suivre" (That's also not a very good thing, because we [the government] have a plan that is there, we must follow [it]).¹²³ In Kenya, government officials expressed the same frustrations, "Most of [USAID] funding doesn't run through the budget. Most of the, almost

¹²² DR0107 (01/07/2015_Ouagadougou, Burkina Faso)

¹²³ ibid.

all of it, is kind of off budget. So they work through third parties.”¹²⁴ One of the respondents at USAID acquiesced that, “It’s hard for governments to tell donors how to spend their money.”¹²⁵

These accounts of donors, especially USAID, circumventing government control and instead interacting directly with the communities and NGOs demonstrates the multiple axes of intervention that donors have within development. As noted in chapters two and three, every civil society organization in this study stated that they either could not function without donor funding or would have a very difficult time doing so. If donors are circumventing government to carry out different development projects, what does that mean for the governments’ abilities to lead and direct all development stakeholders?

Through international commitments, designing government strategies, and funding local NGOs donors are influencing health policies in these two aid-dependent African countries. Despite influence at these various levels, the dominant narrative remains that donors do not influence health policies, which means that they cannot be held accountable if health policies produce undesirable outcomes. Responding to the question, “who is held responsible when health policies do not produce the desired outcomes?” the resounding answer across both countries and with multiple stakeholders was the government, not governments and donors. My interviews revealed how development stakeholders in Burkina Faso and Kenya view the respective governments as responsible for policy outcomes and not donors; this view is not inconsistent with the hegemonic language of ownership since country ownership purports to put governments in control of development, and not donors.

The underdeveloped subject

Gustavo Esteva aptly explains, that “for those who make up two-thirds of the world’s population, to think of development—of any kind of development—requires first the perception of themselves as underdeveloped, with the whole burden of connotations that this carries”

¹²⁴ 0049 MoH (04/01/2016_Nairobi)

¹²⁵ LB0709 (09/07/2015_Ouagadougou, Burkina Faso)

(Sachs 1997, 3). Chapters two and three illustrate the ways in which the ownership paradigm reproduces Burkinabè and Kenyan stakeholders' perceptions of self as underdeveloped, but through different means. Consistently attributing failed policies to development stakeholders in both countries reinforces the notion that their development problems are internal to their respective countries and not a consequence of historical and structural inequalities. In accordance with the dominant rationale for Africa's underdevelopment, the new culprit is its institutions (Grovoqui 2001). Neither country can develop due to their cultural institutions, as is the case with the family planning, or state-level institutions that are not conducive to good governance. Burkinabè development stakeholders also referred to themselves and Burkina Faso as being underdeveloped. Often times, this was in the context of not having enough resources to meet their development objectives. Coincidentally, this frame of thinking justified donor presence in Burkina Faso. Viewing themselves as underdeveloped and in need of donor help in order to develop played was manifest in Burkina Faso's family planning policies and the implementation of these policies at the community level. In Kenya, ownership reproduced the underdeveloped subject through a continual rejection of the Kenyan government as a legitimate partner in development.

In Burkina Faso, the paradigm constructs the Burkinabè man and woman who abstains from family planning methods deemed legitimate under the neoliberal model of development as underdeveloped. As I demonstrated, local associations in Tenkodogo receive funding from the *Programme d'Appui au Développement Sanitaire* (PADS) to carry out a range of health-related activities aimed at implementing the national and sector-wide strategies for the health sector. Along with the Burkinabè government, donors such as the World Bank, GAVI Vaccination, and the UN Development Programme (UNDP) fund and list specific health objectives that the local associations are to carry out in their local communities. One of the dominant objectives is to *sensibilize* (or teach with the intention of changing behavior) men and women about the benefits and necessity of family planning methods like modern contraception and the spacing of births.

The act of *sensibilizing* itself refers to the changing of an individual or community's behavior through the delivery of relevant and evidence-based information. Act in a manner that does not conform to the behavior-modifying information indicates backwards thinking and a "traditional" mindset. By interviewing respondents from these health associations, I was able to see how the health workers employed these modernizing and underdevelopment discourses to persuade men and women in Tenkodogo to adopt this rendering of family planning. Not divorced from the international discourses around family planning in Africa, the health workers intimated that women and men who refused to use modern contraception and space out their births were keeping the country from meeting the MDGs or putting an undue burden on the population. As I demonstrated in chapter 2, by demarcating the line between what is women's empowerment and what is not, these family planning policies under the ownership paradigm dis-empower women, making them view family structures that do not conform to the nuclear model as backward and traditional.

Underdevelopment in Kenya, at the state-level, happens through a different process. The Kenyan government attempts to mobilize the development discourse and adopt the associated practices as demonstrative of their equal status with donors and commitment to development. Fredrick Cooper explains,

While development ideology was originally supposed to sustain empire, not facilitate the transfer of power, the discourse still provided 'something trade union and political leaders in Africa could engage with, appropriate, and turn back'. Much as one can read the universalism of development discourse as a form of European particularism imposed abroad, it could also be read...as a rejection of the fundamental premises of colonial rule, a firm assertion of people of all races to participate in global politics and lay claim to a globally defined standard of living (1997, 84).

Even before the advent of the ownership paradigm, Kenya was appropriating the language and practice of hegemonic development. As I mentioned previously, Kenya was the first African country to accept structural adjustment packages from the World Bank and IMF. It was also the first African country to adopt a family planning program that promoted women using some form of contraception, at a time when other African leaders were skeptical of the Malthusian logic

embedded in the push for population control policies (Obadina 2014). The Kenyan government has also long been open to a market approach to development, again, even when its neighbors were experimenting with economic socialism as a model for development (Okereke and Agupusi 2015). Consequently, it is not surprising that the Kenyan government has taken up the ownership paradigm as its own.

Chapter three lays out the ways in which the government officials who participated in my study had fully adopted the practices, using the appropriate development tools such as SWAps, MTEFs, and PRSPs to address the country's development problems and consulting civil society and other non-state stakeholders regarding development policy options, and establishing an aid effectiveness secretariat, for example. The government respondents also appropriated the ownership discourse and demonstrate that it has mastered the development lexis, referring to donors only as their partners, invoking the Paris Declaration and Accra Agenda for Action (AAA) as illustrative of a shift in donor-government power dynamics. Prior to the elaborating its first PRSP, the government even used these same principles of long-term development strategies for poverty reduction with broad stakeholder participation to produce its National Poverty Eradication Plan (NPEP). However, the World Bank and IMF did not consider NPEP a legitimate poverty reduction strategy (Hamner et al. 2003). And despite the government's numerous attempts to demonstrate its commitment to the ownership paradigm, donors operating in Kenya do not trust the Kenyan government, and suggest that the Kenyan government lacks ownership (Weeks et al. 2002; United States Government 2014). Donors' inability to trust the Kenyan government (and at times civil society) was a dominant trope that I found during my fieldwork in Kenya. Much of the donor distrust is rooted in the GoK failing to implement agreed-upon development policies and programs.

Refusing to implement agree-upon programs and policies, is an example of the GoK exercising some agency with respect to the country's development (Whitfield 2009). However, such actions on the part of government are not deemed legitimate under the ownership

paradigm. For example, the putative definition of ownership only accounts for government's implementing and taking responsibility for development (OECD 2005). Thus to not implement policies or take responsibility for them, the GoK cannot "own" development according to these discursive restraints. Nevertheless, in the face of the Kenyan government attempting to show that it has mastered the required development lexis, adopted the modes of sanctioned communication with the Development Partnership Forums, and met the other requirements for genuine partnership with donors, the donor community continues to engage the government in a paternalistic relationship. Donors I interviewed consistently lamented the constant monitoring and pursuit of implementation that they felt was necessary vis-a-vis the GoK. And, because the paradigm constructs donors as the development experts, to not implement their recommended policies, again suggests that the GoK is acting in bad faith and rendering Kenya perpetually underdeveloped.

When Kenyan and Burkinabè development stakeholders choose actions that do not conform to the principles, science, or solutions that donors deem to be valid and contributing to development, the current development paradigm reproduces the stakeholder as underdeveloped. The examples of family planning in Burkina Faso and policy implementation (or governance) in Kenya illustrate the ways in which the ownership paradigm constructs the underdeveloped African subject through a constraining of choice. Acting in their capacity as "development experts" and working towards measurable indicators of aid's effectiveness, donors present African stakeholders with, what seems to be, their only options for development. In turn, the paradigm attempts to keep African stakeholders dependent on western knowledge for indications of progress. It is, however, an attempt. Although one of the implicit goals of the ownership paradigm is to de-politicize development, remnants of the political are trapped in the different country renderings of ownership.

Footsteps versus Revolution: Politics Matter

In Kenya, government and civil society-based stakeholders produce a rendering of ownership that is informed by the World Bank and OECD's definition, or the hegemonic definition of ownership. For these actors, ownership refers to the state and community's ability to control its development trajectory vis-à-vis donors. The notions of ownership in Burkina Faso vary drastically from the OECD and Bank's definition, and consequently from the Kenyan rendering. Burkinabé stakeholders view *l'appropriation de développement* as a particular level of consciousness regarding the individual's role vis-à-vis the community in bringing about development. Much of the difference between these two conceptualizations comes from the way in which the countries initially engaged the neoliberal paradigm. As a critical juncture, the initial introduction of SAPs in Burkina Faso and Kenya marked a critical moment for reifying the ontological possibilities for development in both countries. The legacies of this crucial juncture do not bear out at the level of path dependent policies in both countries (Thelen 1999; Pierson 1993), but at the ideational level.

In both Burkina Faso and Kenya, the executive institutions left lasting legacies with respect to stakeholder engagement with development. Notably, Kenya was the first African country to receive a structural adjustment loan in the 1980s. Then-President Daniel Arap Moi was considerably open to the economic changes that the World Bank and IMF required as conditions for the stabilization package that the country required during its second economic recession. The generally welcoming disposition towards donors was characteristic of the Moi regime. Although he ruled with a tight grasp around the political processes in the country, Moi's economic and development policies were commensurate with the neoliberal development framework coming from the IFIs (Smith 2008; Maathai 2008). His *nyayo* (footsteps) development proposed an incremental approach to progress. As Kenyans suffered from cuts to the social sectors, *nyayo* development sought to elicit a consensus of patience from the population waiting to reap the benefits of these policies (Moi 1986). While Moi was in Kenya

pushing *nyayo*, for a brief period, Thomas Sankara was attempting to revolutionize Burkina Faso in a direction opposite that of structural adjustments.¹²⁶

Thomas Sankara's development model borrowed heavily from the ideologies of socialism and Marxism. Ultimately, this led Sankara to promote a national identity based on self-reliance and social solidarity and with it, an anti-charity sentiment across the social and political sectors (Sankara 1985; Martin 1987). This is not to suggest that the country was not receiving external aid during this period. However, aid from international donors only targeted projects (Harsch 2013; Wilkins 1989). This very targeted aid was a consequence of both Sankara's development philosophies and dominant donor opposition to these same philosophies. For example, once France, the U.S., the World Bank, and other major international donors at the time became aware of Sankara's anti-charity, anti-debt, anti-structural adjustments, and anti-neo-imperialist politics, these donors became anti-Thomas Sankara. Consequently, France and the World Bank ceased offering budgetary support to the Burkinabè government during Sankara's tenure (Gabas, Faure, and Sindzingre 1997). Where donors did remain present, the Sankara government created a consultation table that required donors to sit down and work with the Burkinabè government around this new model of development (Harsch 2013; Zagré 1994).

A staunch anti-neoliberal, Sankara refused to accept the neoliberal structural adjustment packages that the World Bank and IMF were demanding of other in-debted nations throughout the 1980s. In the context of my own fieldwork, while having a conversation with an older Burkinabè man about the recent political uprisings of the early 2000s, as with most political conversations in Burkina, he began to talk about his time in the military under Sankara. More specifically, he recounted how opposed Sankara was to structural adjustment policies.

¹²⁶ During the mid- to late- 1980s, Burkina Faso gave rise to what some have called the last African revolutionary, Thomas Sankara. In order to understand local renderings of ownership in Burkina, one must take centrally into consideration the politics and legacy of Thomas Sankara. Sankara came to power in 1983 by overthrowing a military government with the help of the military and civilians. Although he was also a military official, he centrally included civilians within the ranks of the National Council for the Revolution (CNR) government (Harsch 2013). While in power and after his assassination in 1987, Sankara's approach to development constitutes an alternative to the current neoliberal model of development prevailing in Burkina. As a consequence, so too does the notion of ownership of development that lingers from the Sankara era.

The man recalled that during one of his speeches to the military, Sankara told the soldiers never to accept the structural adjustment packages that the World Bank and IMF were imposing across the rest of the continent. Sankara told the soldiers that accepting SAPS would be akin to selling out your family so that only a few members could eat. Instead, he advocated for a collective tightening of belts. Everyone, he proposed, should “tighten their belts” until the period of economic hardship had passed because once the country accepts the SAPs, it can never pull out. As we spoke, the old man went on to lament how Burkina sits today exactly where Sankara predicted it would. As soon as former president Blaise Compaore took office after Sankara's death, one of the first things he did was implement World Bank and IMF structural adjustment policy reforms.¹²⁷

In unpacking the narrative that the older gentleman gave, one dominant theme of Sankara's development approach is evident: the country must develop using the resources at its disposal. In asking that Burkinabè make-do with the resources that the country had available, Sankara was imposing a different type of adjustment program, distinct from the type that spread hardship across all groups (Savadogo and Wetta 1991). In relying primarily on domestic resources, the government was still able to spend more on the health and the social sectors than in previous years (Harsch 2013). Although the country was experiencing challenging economic conditions during this time period, the Sankara government was still able to make noticeable changes in the public health sector. By 1986, the government built 7,460 primary health posts (almost one per village) throughout the country (Harsch 2014). Public health spending also increased by 27% between 1983 and 1987 (Savadogo and Wetta 1992, 60). Furthermore, 2.5 million children received vaccinations (Smith 2015). During this same period, Moi was implementing structural adjustments in the health sector that led to increased infant mortality rates, a decline in doctor-to-population ratios, and an increase in overall poverty rates (Muga, Kizito, Mbayah, and Gakuruh 2005; Rono 2002).

¹²⁷ This participant observation is based on a conversation that I had on July 7, 2015 around 8:30 pm in Koudougou.

Sankara's self-reliance model, in the economic sense, meant that the national economy would operate based on domestic interests. The needs of subsistence farmers and rural communities would take precedence over exports that served international interests (Zagré 1994). The government departed from a top-down approach in allocating resources and focused instead on the needs of people and institutions at the grassroots level. To this end, the government relied on social mobilization and community self-help projects to promote development. These community self-help projects were essential to maintaining the Sankara model of development during periods of economic hardship (i.e., from 1983 to 1984, in particular). Alternatively, *Nyayo* reinforced a notion of development that can only come from the state; Kenyans could not obtain development without fierce loyalty to the state (J. H. Smith 2008).

Along with sharing hardship across the different groups, Sankara's model of adjustment also pushed Burkinabè to buy locally. In another conversation I had with a young man not yet born during Sankara's time in office, a discussion of the history of imperialism in Burkina was once again marked by invocation of the revolutionary spirit of Sankara. This young man explained how Sankara once said that the African was so busy trying to fight the imperialists but Africans should look down at their plates: imperialism was sitting on their plates as they consumed rice and other imported foods from Western countries, despite producing these same foods in their own countries.¹²⁸ Stories such as these serve the dual purpose of illustrating the impactful legacy that Sankara left in Burkina, as well as the alternative path of development that Burkina was in the process of undertaking during his short time in office.

The different histories of commitment to neoliberal development largely inform the disparate conceptualizations of ownership between Burkina Faso and Kenya. Kenya was initially open to the types of reforms and development that came with structural adjustments in the 1980s and 1990s. The Moi regime implemented an immense number of these economic

¹²⁸ This participant observation comes from a conversation that took place on July 24, 2015 around noon in Tenkodogo.

policies, and even began allowing for symbolic multiparty elections in 1992 in response to international pressure (J. H. Smith 2008; Brown 2001; Devarajan, Dollar, and Holmgren 2001). In this way, the continuation of neoliberal policies under the guise of PRSPs is commensurate with the history of policies coming from the Kenyan government. Ownership in Kenya will look like “being in control of policies” with no inherent contradiction because the country has long been oriented towards many of these market-driven policies. There are remnants of this thinking in the *African Socialism* doctrine that Kenyatta proposed. Kenyans have, thus, had a long and sustained engagement with the market-driven form of development.

The consequences of this relationship are evident in the stakeholder’s relationship with ownership of development. Because the country has long been oriented toward a market approach to development and has had an uninterrupted commitment to this particular rendering of development, Kenyan stakeholders have adopted perspectives of ownership that conform to market-based description of their respective roles. Representatives from the Kenyan government overwhelmingly defined ownership in terms of the government taking the lead in drafting development plans with donor support. Alternatively, civil society representatives who I interviewed defined the ownership as the process whereby all members of society are included in the development planning process. The ownership paradigm, which remains grounded in neoliberal development discourse, clearly defines the state’s role as “taking the lead” in drafting and implementing development policies through a partnership with donors, while civil society exists in the capacity of consultation and watch-dogs for government implementation (Declaration 2012; World Bank 2000).

Sankara's model of development called for a type of ownership from the various facets of Burkinabè society that is ontologically different from the version of ownership that donors have created and continue to proffer today. Ownership under this alternate model meant individual sacrifice for collective progress along with a deep-rooted understanding of the individual's position and responsibilities within the collective for furthering development. The

sacrifice pertained to the need to thrive with the resources that the country had available and to forgo the Faustian-type bargain that came with the development that the West was promoting through SAPs and foreign aid. Although its application is difficult in the context of the current aid paradigm, the spirit of Sankara's "ownership" remains embedded in Burkinabè notions of ownership today. However, civil society members and government officials in the Burkinabè health sector have bought into the dominant philosophy of development, and thus feel that donors are necessary for achieving this end because, as many respondents noted, Burkina is a poor country with no resources. Thus, there is no more imagining an alternative that aligns with what the country has to offer, but rather an unyielding view of Burkina and Burkinabè as lagging in development and struggling to catch up.

Although Burkina Faso eventually implemented very similar neoliberal development policies as Kenya after Sankara's death in 1987, the revolutionary ideas of development and self-reliance continue to tacitly inform the Burkinabè rendering of ownership. Burkinabè stakeholders conceptualize *ownership* as the individual acting with the greater community's interest in mind. Alternatively, the Kenyan and donor definitions of ownership are embedded in the technical language of neoliberal development, where the state takes responsibility for development policies and consults civil society and donors throughout the development process. These two disparate conceptualizations of ownership remain rooted in their particular political histories. Consequently, they illustrate how in a seemingly a-political and universal development paradigm, politics continue to permeate development. In turn, the lasting legacy of Sankara in Burkina alludes to the potential to rupture the current development paradigm, replacing it with a more just and equitable alternative.

Conclusion

Claims regarding the end of the Washington Consensus and a paradigmatic approach to development in Africa are untenable. The principles of ownership, donor-partnership, evidence-

driven development, and long-term development strategies are just some of the indicators of the reigning set of assumptions about political, economic, and social progress. Burkina Faso and Kenya have both adopted these assumptions and the corresponding discourses and practices into their domestic frameworks for development. Consequently, both countries also manifest the same outcomes: donors as a community of development experts who, despite their considerable authority over development-policy options, remain impervious to criticism and accountability for failed policies. Under the ownership paradigm, Kenya and Burkina Faso also remain underdeveloped subjects. At the community level, I provide the example of family planning policies and techniques coming directly from the donors and the Burkinabè government, which constructs the men and women who do not employ donor-legitimized family planning methods as traditional and blames them for stalling development. In Kenya, I demonstrate how underdevelopment manifests at the state level, where despite exhibiting commitment to the discourses and practices of the ownership paradigm, donors continue to regard the Kenyan government as untrustworthy and lacking ownership. Thus, the nature of the Kenyan government-donor relationship is more characteristic of paternalism than partnership.

Politics, however, are still relevant in both contexts. Allowing stakeholders from both countries to define what ownership of development means to them highlighted not only the different ways in which stakeholders in both countries conceptualized ownership, but also how those conceptualizations are informed by the particular political histories of each country, more specifically the political climates that characterized each country during the initial moment of structural adjustments in Africa. Irrespective of these different understandings of ownership, the dominant language still permeates and influences state and civil society engagement with development in a way that is consistent across both Burkina Faso and Kenya. However, the lingering ideas informing the Burkinabè version of ownership suggest the potential for escaping the ownership paradigm in Africa, and as Franz Fanon stated, setting afoot a new humanity (Fanon 1961).

Conclusion: Go Back and Get It

“Let us not look back at what has happened in the past; let us look forward” –Former World Bank President, James Wolfensohn to African leaders in Addis Ababa (2005, 95)

“*Se wo were fi na wosankofa a yenkyi*,” (“It is not wrong to go back for that which you have forgotten”)—Sankofa Proverb

A cursory reading of the previous chapters leaves one with little hope in the ownership paradigm’s potential to deliver genuinely African solutions for Africa’s development problems. The paradigm is, however, useful in constructing African problems that will require Western solutions. Despite the formal measures and language of ownership suggesting a relativistic approach to development, in both the Kenya and Burkina Faso cases, subscribing to the ownership paradigm results in the same outcomes with respect to each country’s relationship to the current development paradigm. In both countries the language and application of the OECD’s version of development produces donors as an epistemic community along with the indispensable donor and the corresponding underdeveloped subject, which leads to donor impunity with respect to policy failures. By way of conclusion, I will explore the following questions: What are the consequences of Africa *owning* development? Is there an alternative; and how does the aid-dependent African state make steps towards this end? In answering these questions, I will embed a brief review of the findings from chapters two, three, and four.

Ownership is not context-specific; it represents another universal development model. There is a cocktail of global development initiatives from MDGs to SDGs, ICPD, and other international development markers embedded in the paradigm. African governments are implored to adopt these as development ends. It is, then, difficult to see how development in African can be based truly on local contexts.¹²⁹ More importantly, the means and the ends are

¹²⁹ The demographics and demand for family planning differs significantly between these two cases. In Burkina, not only is there low prevalence of family planning usage, but the low prevalence coalesces around the limited desire for family planning across the Burkinabe population. On the contrary, Kenya has a longer history of engagement with family planning policies, and has seen dramatic increases in the indicators around population control. Despite the difference in contexts, both countries are engaged in the

not country-specific. Burkina Faso and Kenya use PRSPs, SWAps, MTEFs, and other donor-sanctioned frameworks to achieve development, which is understood as poverty reduction in both countries. Ownership has produced the same outcomes in both countries. Donors working in Kenya and Burkina have taken on the formal role of knowledge experts. As knowledge experts, donors constitute an epistemic community of development experts. They are formally institutionalized in both countries through practices like donor-working groups and Aid Effectiveness Secretariats, and in rhetoric as development partners. From their institutionalized positions as development experts, donors actively work to change state and civil society interests using their consensual knowledge. The consensual knowledge is embedded in donors advocating the use of PRSPs, in donor-driven development tools, and in donors working to build country capacity. It is also evident in their influence over development policies under the guise of evidence-based and measurable development. The epistemic community of donors in both countries is maintained through development being in perpetual crisis. There is either impending economic, environmental, or social crisis that validates the need for donor expertise in both countries.

Although donors have considerable influence in the domestic affairs of Kenya and Burkina Faso, their function as knowledge experts absolves them of any responsibility for future or past development failures in Africa. At the same time, it guarantees them an indispensable role in the domestic affairs of both countries. In both countries I asked civil society, government, and donor representatives who is held responsible when policies do not achieve their stated objectives? Nearly every respondent named the government. And by adopting the ownership principles, Kenyan and Burkinabè stakeholders (especially government) assume responsibility for development. Even if the formal language of the Paris Declaration suggests that there be mutual accountability across stakeholders, on the ground this is not the case. This discrepancy

same type of aggressive population control policies that suggest an impending population crisis that will reverse or stall efforts at sustainable development.

is a function of donors being cast as merely contributing expertise and capacity support. In this light, it is difficult for African stakeholders to hold donors accountable for what seems like the government's failed development policies and initiatives.

In turn, the current development paradigm ultimately reproduces the underdeveloped subject in Africa. Burkinabè development stakeholders view themselves as underdeveloped, requiring financial and epistemic aid from donors to achieve development. Development, of course, is understood in the terms expressed under global development agendas like the Millennium Development Goals (MDGs). Underdevelopment in Burkina is not just a matter of material-lacking; it is a reinforced mindset (Sachs 1997). Family planning policies and implementation in Burkina provide an example of how the ownership paradigm facilitates the reproduction of the underdeveloped subject in Burkina, and further points to internal factors, (such as a woman's choice to have more than three children) as stifling development. In Kenya, I demonstrate how the underdevelopment takes place at the state level. Donors refuse to recognize the Kenyan government as a veritable development partner even though the Kenyan government demonstrates a full command of the development lexis from the underlying economic doctrines to the use of ownership discourses. Demonstration of this ability should come with the ability for the government to reject implementation of agreed-upon policies. Instead, donors view the GoK defaulting on policy implementation as a lack of commitment to development, an indication that donors must continue to monitor the government. The relationship between donors and the GoK becomes one of paternalism, not partnership.

Where there is variation under the ownership paradigm is at the level of semantics. Stakeholders across and within both countries define ownership according to their respective countries' histories with critical moments in development. While Burkinabè stakeholders maintain a relatively cohesive view of ownership (as i.e. each individual understanding their responsibility within and to the community in the name of collective progress) Kenyan stakeholders defined ownership relative to their defined roles under the conventional

development paradigm. The Kenyan government viewed ownership as government being in the driver's seat but accepting help from donors. Kenyan civil society representatives defined ownership as being involved in every stage of the policy process, from formulation to implementation. Each version of ownership harkens back to the countries' development commitments at the time that the World Bank and IMF were introducing SAPs in Africa. The stickiness of these ideas and the politics that they represent suggest that politics still matter in Africa. As the current development paradigm seeks to make notions of progress seem a-political and objective, these lasting interpretations suggest that the paradigm has not reached hegemonic status.

What is There to Own?

As I demonstrate throughout this dissertation, the problems with ownership are rooted in the problems with the promises of development *ipso facto*. The ownership paradigm does not pretend to rupture the scientific coloniality that has long been the adhesive binding colonialism and development in Africa (W. D. Mignolo 2009; W. Mignolo 2002; Gyekye and Wiredu 1992). The shift of accountability is especially pernicious with respect to reproductive policies, in that the burden of "development" falls on the African woman instead of states or private sector actors for addressing the unequal distribution of resources needed to improve women's capacities.

The ownership paradigm raises the stakes of development in Africa. With African governments and societies accepting full responsibility for the range of development policies that the countries are implementing, should these countries continue to see limited progress fifty years from now, there may be further justification for the types of neo-trusteeships that some scholars have proposed for Africa.¹³⁰ And, according to some, that critical moment may not take

¹³⁰ In the 1990s with the "so-called" collapse of various African states, there was a small community of scholars who advocated for the formal recolonization of Africa in the interest of protecting Africans (see Mazrui 1994; Pfaff 1995). The increased control of

another fifty years to arrive. In a recent study, Ian Taylor argues that the continent is headed for another economic crisis because the continent remains trapped in a “resource corner” that precludes the possibility of industrialization across the continent (2016). Those who praise the continent’s recent economic growth, laud the amelioration in policies, institutions, and governance as responsible for the continent’s success. Taylor, however, argues that the economic growth is predicated on a faulty reliance on GDP. In unpacking this indicator, it becomes clear that the international companies responsible for extracting natural resources from the continent have contributed to the ostensible increase in GDP. He furthermore argues that the boom in natural resource prices due to the emerging economies’ growing industrialization has aided in Africa’s economic growth. With the continued reliance on raw material exports and importing finished products, the continent will not be able to industrialize and thus will remain in the same structurally disadvantaged place as it did when Africa was the “hopeless continent”.

The constant referencing of Africa in terms of a crisis, be it real or imagined, further perpetuates the racist discourse that underlies the call for good governance and needed-interventions into the domestic and regional affairs on the continent (Anievas 2015). Siba Grovogui aptly explains the West being coded in pop culture and scholarship as possessing “cultural adaptability, political competency, and ethical versatility” while Africa, in these same spheres, represents “internal dysfunction” (Grovogui 2001, 427). The internal dysfunction impedes political, social, and most importantly economic development because of static cultural institutions that are not conducive to “good governance”. The development impasse in Africa becomes primordial in nature. For African governments to *own* development they have been and will continue to remain responsible for underdevelopment in their countries.

African states by external forces eventually took on more palatable names like, *proxy governance*, *neotrusteeship*, and *shared-sovereignty*, see (Lemay-Hébert 2015).

An accurate reading of contemporary Africa is incomplete without accounting for the legacies of colonialism and remnants of the colonial system embedded in the development industry. By incorporating the history of colonialism and its lingering power structures within donor relations in Africa, the notion of “ownership” as emancipatory and paradigm-shifting seems almost a cruel joke. By contrast, “ownership” as another scheme that guards Africa as underdeveloped, in crisis, and in need of donor assistance in perpetuity makes more sense.

Moving Beyond Ownership

When the former World Bank President, James Wolfensohn, addressed a room filled with African leaders in Addis Ababa in 1998, imploring them not to look back, but look only to the future, he captured the underlying spirit of development. The language and practice of development in Africa involve active attempts to a-historicize the centuries of exploitation and extortion that the continent has undergone (Rodney 1974; Keita 2011). To truly consent to development at this juncture is to not look back, when in fact, African states and societies should adhere to Ghanaian proverb of Sankofa and “go back and get it”. “It” refers to a more profound sense of social and political change that coalesces with Africa’s realities. “It” refers to the demand that African leaders and societies once placed on the West to acknowledge its role in underdeveloping and exploiting Africa.¹³¹ The act of “going back” highlights the continuities across donor-driven development paradigms. African governments “going back” may also demonstrate how the population development and the associated family planning methods remain rooted in the racist and misogynistic logic of Malthusian political economy. The act of “going back” also prevents donors and the international community from acting as the sole arbiters of history.

Currently, the ownership paradigm and its call for government accountability and commitment to development strategies and goals based on donor priorities does not permit

¹³¹ Lagos Plan of Action is a development strategy that African leaders drafted and adopted in the 1980s that identified Cold War politics, colonialism, and the global economic architecture as responsible for impeding Africa’s development (Organization of African Unity 1985).

African states and societies to go back. Bringing the history of exploitation to bear on the ownership paradigm causes it to collapse, as the paradigm cannot reconcile this reality under its current ontological frame. This act of bringing the past to bear on current development paradigms has considerable import for understanding and grappling with donor characterization of African states as predatory and ineffective. To truly reconcile with the past means that donors must acknowledge the ways in which predatory African states are a legacy of colonialism (Young 1994; Mamdani 1996; Lange 2004; Migdal 1988). It means tackling the reality of the African state, as Makau Mutua argues, “At its dawn, the African postcolonial state was handed a virtually impossible task: Assimilate the norms of the liberal tradition overnight within the structures of the colonial state while at the same time building a nation from disparate groups in a hostile international political economy” (2008, 28). Understanding the African state within this historical lens forecloses attempts to characterize the political corruption and weak states in Africa as reflective of an innate disposition that Africans cannot escape. This rendering of the African state also forces the former colonizers, who are now donors, to struggle with the beast that they have created, but not from the position of savior, instead, from a humble position of atonement.

There have been numerous calls for Africa to move beyond the imperial project that is development towards a model that truly comes from the ground up (Cheru 2009; Mkandawire and Soludo 1999; Mutua 2008). The solution that I propose is moving beyond development in Africa. This does not mean that factors such as health, education, and decent housing should no longer be important attributes in African societies. However, what constitutes being healthy, having a good education, and decent housing should not be the product of another culture being in a hegemonic position to determine these things and subsequently rank the world accordingly.

When African governments and societies are engaged in the process of defining their political, economic, and social trajectories, there is no need for external actors to measure the level of country ownership. In fact, in instances when African countries have embarked on this

journey, historically, the West has intervened, as the outcomes of genuine African ownership often conflict with Western interests.¹³² Thomas Sankara's revolution is but one of many examples. Collectively, Burkina worked towards achieving a standard of progress based on the cultural, economic, and political resources that it had available under Sankara's revolution. The Sankara administration encouraged Burkinabè to consume the locally produced agriculture in lieu of imported foods from Europe. The administration required civil servants to wear locally made traditional garb to work instead of suits and ties (Harsch 2014; Sankara 1985). Requiring Burkinabè to consume locally was not solely a matter of economic doctrine. It was a step towards mental decolonization.

Both colonization and development must be practiced in accordance with a particular value system, namely one that reveres that which comes from the West and deplores that which is local. Overturning this fundamental understanding was at the heart of Sankara's development. In an interview regarding his administration's progress after the first year in offices, he acknowledged that there was a persistent neocolonial spirit in Burkina Faso: "The most important thing for us, however, is not what is lacking. Most important is the effort we have made to change people's attitudes" (Sankara 2007, n.p.). As Sankara and the Burkinabè were defining progress through a prism that corresponded with the Burkinabè realities, the outcome threatened Western powers, and ended with Sankara's assassination (Harsch 2014). The Burkinabè revolution highlights the obvious futility of a concept or paradigm like ownership when Africans are truly engaged in defining their own development.

The Burkinabè revolution also illustrates how Africans are not passive consumers of modernity, which development implicitly assumes and attempts to reproduce. Values like gender-equality, health, family planning, and fiscal austerity are not intrinsically western values.

¹³² One notable example of African ownership being truncated is Patrice Lumumba in the Democratic Republic of the Congo. Belgium and the U.S. did not approve of Lumumba's seemingly socialist policies and his unwillingness to allow the Kitanga region of the Congo to exist independently. Shortly after Lumumba took office, Belgium and the U.S. colluded to have Lumumba assassinated and put Sese Seko Mobutu in power. Mobutu would go on to serve Western interests during his 30 years in power and to exploit the Congolese people simultaneously (Witte 2001; Gerard and Kuklick 2015).

For example, in the aftermath of failed structural adjustments in Africa, a group of African economists proposed the *African Alternative Framework to Structural Adjustment Programmes for Socio-Economic Recovery and Transformation* (AAF-SAP)(United Nations Economic Commission for Africa 1990). The authors note that transforming economic and social structures is generally couched in modernizing language that pits Africa's social and economic trajectory against those of the West. This language, then, is not in accordance with African values and realities. Thus, the authors advocate a new "African transformation ethic" that incorporates these realities and values. African consumption, especially in urban areas, is part of the social and economic transformation that has to happen—

The present consumption patterns, especially those of the urban areas, are distorted, as they are often a derivative of the value systems of the developed countries. The outward orientation of consumption has inevitably resulted in a dependence on the products of the developed countries, while undermining the development of internally-produceable goods (United Nations Economic Commission for Africa 1990, 12).

The transformation requires changes in production, where what needs to be produced should be reassessed. Africa should stop relying on raw material exports as a means of development. This is not to say that African countries should not trade these goods, but should look more towards trading with other African countries and producing based on these needs. This call for internal trade and looking within Africa is reminiscent of Kwame Nkrumah's call for pan-Africanism (Nkrumah 1968). Although both AAF-SAP and Nkrumah still employ modernizing language in their frameworks for Africa, they are also attempting to produce a modernity particular to Africa. Thus, breaking away from ownership and development does not entail Africans forgoing certain material aspirations that development has co-opted (Ferguson 2006). It does entail a decolonization of the values and the scientific capitalism that motivates their being sought after.

Donors reify the need for development ownership in Africa through an epistemic and financial dependency. This form of epistemic and financial dependency is not new. To quote Hountondji:

Thus it was natural that the annexation of the Third World, its integration in the worldwide capitalist system through trade and colonization, also comprises a 'scientific' window, that the draining of material riches goes hand in hand with intellectual and scientific exploitation... (Hountondji 1992, 242).

There is indeed a scientific exploitation evident in the ownership paradigm and neoliberal development, writ-large. Donors propagate the ownership paradigm and the associated tools and measures as objective and scientifically guaranteed to produced results if implemented properly. However, tools like SWAps, PRSPs, and even the measure of poverty that come from the World Bank have been criticized for having little empirical basis (Owa 2015; Wade 2004; Hill 2002; Lazarus 2008). Thus, ownership hinging on the consensual knowledge that the epistemic community of donors wields over African governments and civil societies is a crucial starting point for breaking down and delegitimizing the paradigm itself. Because colonial power is situated in the episteme, any alternative necessitates a mental decolonization (Mignolo 2002). African thinkers have posited what this process looks like in practice.¹³³

Moving beyond ownership means moving beyond the language, practice, and promises of development for Africa. Addressing the social needs specific to each African country cannot happen under a universal approach that gives ex ante prescriptions for progress. Solutions for more equitable, just, and humane conditions may mean the dissolution of the state or a strengthening of state capacity. Economic progress may require the abolition of private property rights or stronger mechanisms for their enforcement. Women's empowerment may mean allowing women to have more than three children, but ensuring that she is not ashamed of her decision to do so. A post-ownership, and subsequently postdevelopment, Africa does mean uncertainty, but the uncertainty that captured the continent in immediate post-independence years. Uncertainty means endless possibilities, not crisis.

¹³³ African writers and activists have also called for Africans to "know thy self". N'gugi Wa Th'iongo (1994) illustrates the ways in which language and literature in Africa must undergo a de-linking with European values, in that African writers should write in their mother-tongues. Wangari Maathai also explores the need to escape the cultural nihilism that comes with education in Africa being a question of how well one excels in European language and history (Maathai 1995; Harper-Shipman, forthcoming).

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