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Local pain, global prescriptions?

Using scale to analyse the globalisation of the HIV/AIDS response.

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Introduction to Special Section of *Health & Place*

Introduction

How can we best characterise the contexts that shape opportunities for members of HIV-affected communities to respond to the challenges of prevention, care and treatment, and to derive optimal benefit from associated interventions? Can the concepts of space and scale, and more particularly concepts such as 'local' and 'global', help us to develop actionable understandings of these contexts? What is the nature of HIV-mediated global interconnectedness, and how does it open up or close down opportunities for increased agency amongst the so-called beneficiaries of global funds and programmes?

Billions of dollars of aid have been poured into HIV/AIDS responses in low and middle income countries, often with disappointing results. Thousands continue to be infected every day, with new infections out-pacing the scale-up of access to antiretroviral therapy (ART) in a ratio of 5:2 (WHO, 2008a). Furthermore, in ever-shifting political and economic climates, the sustainability even of current levels of ART provision is not assured. Millions of people continue to die from a preventable and treatable disease, and the epidemic continues to be a massive crisis, wreaking untold levels of suffering.

A key obstacle to programme success is the lack of resonance between biomedically and behaviourally rooted interventions and the social identities of AIDS-vulnerable community members (Seckinelgin, 2008). This is particularly vital in the context of a disease that interfaces so closely with people's psycho-social experiences of the fraught areas of death, sexuality and gender relations (Campbell, 2003). In an attempt to accommodate this insight, the 'empowerment' and 'mobilisation' of vulnerable communities are now a pillar of international AIDS policy (AIDS2031, 2010; UNAIDS, 2007; UNAIDS, 2010a). These are considered essential for (i) 'translating' intervention approaches into locally and culturally appropriate discourses and practices; (ii) building local capacity to sustain interventions once their funded period is over; and (iii) strengthening health systems in affected settings. The challenge of 'mobilising communities' is notoriously tough, however, with growing calls for greater attention to how the 'contexts' of community mobilisation programmes shape their possibilities for success (Campbell & Cornish, 2010).

To better understand the contexts of interventions, recent scholarship has begun to examine the workings of the 'global AIDS industry' (Nguyen, 2005) or 'global governance of AIDS' (Seckinelgin, 2008), as manifest in, e.g. global health initiatives, international drug trials and trans-national activism (Ingram, 2010; Richey & Ponte, 2011; Petryna, 2009). From a different starting-point, we recently co-edited a special issue of *AIDS Care* (Cornish and Campbell, 2010) addressing the contexts of local community mobilisation programmes in low income countries. Whilst no specific effort was made to focus on local-global relations, a central theme that emerged was how the uneasy interfacing of 'local' and 'global' systems of power/knowledge undermined programme success.

Papers illustrated how efforts to strengthen local responses to HIV were undermined by the top-down, prescriptive nature of the global funding architecture (Kelly and Birdsall, 2010), gaps between donor and local understandings of core concepts such as 'gender' (Mannell 2010) and 'health' (Vaughan, 2010), the positioning of communities as passive recipients of aid rather than agents of their own health (Aveling, 2010), and the uneasy fit between donor and indigenous styles of response (Campbell 2010, Cassidy 2010). Papers repeatedly illustrated how the health-related experiences and worldviews of grassroots communities ('local' power, knowledge and interests) were subordinated to the imperatives of international experts and funders using western, individual-focused biomedical and behavioural models of health, illness and healing ('global' power, knowledge and interests).

Against this background we convened a workshop at the London School of Economics in September 2010, attended by geographers, anthropologists, social psychologists and scholars of development and social policy. The workshop discussed the value of the 'local-global' concept in making sense of the complex alignments and misalignments characterising the interaction between top-down international responses to HIV and the bottom-up needs of vulnerable communities. 'Local-global' was conceptualised in terms of dynamic and reciprocal flows of resources, knowledge and influence between donors and target communities, mediated by national and regional relations, and material and biological constraints. Within this context we sought to examine how internationally funded programmes served to open up or close down opportunities for HIV-affected communities to exercise agency in relation to their sexual health and well-being. A selection of workshop papers constitutes this special section of *Health and Place*.

By 'local' we refer to the spatially defined communities that are the target of HIV interventions (given that public health programmes almost invariably take spatially defined communities as their unit of focus). Of course, identities in what we call local communities are fluid and permeable, often intertwined with global processes across great distances – in ways that problematise a simple 'local-global' binary. By 'global' we refer to the self-styled cluster of mostly northern donors and policy-makers who overwhelmingly shape what issues are considered important in the HIV response, and who steer and fund programmes. The actions and identities of global actors and agencies are also hybrid, both constrained and enabled by their engagements with the local communities they target. However, as we will argue below, such constraints may be weaker where 'global' actors have greater access not only to political and economic power but also to life itself.

Using 'local-global' language as a strategy for asserting power (Swyngedouw, 2002), it is these actors themselves that have styled themselves as the 'global' community, singling out HIV/AIDS (rather than e.g. tuberculosis or malaria) as an issue of 'global' significance, labelling it as a global 'emergency' and a 'threat to global security' (Elbe, 2009; Ravishankar *et al.*, 2009). It is through the use of such language that powerful groups justify their claims to intervene in the lives of millions around the world, and to shape the terms of intervention (Fassin and Pandolfi, 2010). As such, HIV is as much an "epidemic of signification", as a medical epidemic (Treichler, 1988:357). This preoccupation with HIV has been linked to its anxiety-provoking connections with the taboo issues of death and sexuality (Crawford, 1994), where globalisation increasingly facilitates opportunities for sexual contact across the tightly policed unconscious cultural boundaries between the west and its imaginary 'Other' (Douglas, 1991; Said, 1995).

Below, we begin by framing this special section within a brief overview of the 'global health initiatives' (Hanefeld, 2010) that dominate current responses to the epidemic. We then discuss current debates about the use of scalar concepts such as 'local' and 'global'. Finally we provide a brief reference to research in this area, concluding with an overview of the special section's papers, and calling for the more explicit and self-conscious use of scalar concepts as tools for analysis and action.

Background: global policies, local agency?

Worldwide 33.3 million people are living with HIV/AIDS (UNAIDS 2010b). Whilst the interface between poverty, marginalisation and HIV vulnerability is a complex one, globally women and young people tend to be the most vulnerable, with poor people and people in rural areas having the fewest opportunities to access and benefit from services (ibid.). A significant proportion of funding for interventions emanates from the global North. For example, in 2006, money from the US PEPFAR (President's Emergency Plan for AIDS Relief) constituted 62% of AIDS resources in Zambia, 73% in Uganda and 78% in Mocambique (Hanefeld, 2010). Funding has often been allocated through top-down processes with little consideration of community interests (Edström and MacGregor, 2010). There is often an emphasis on short-term programmes, evaluated in terms of numbers reached, with relatively little investment in local infrastructures, and the bulk of funding paid to international rather than local development agents. Where international agencies engage with states in poor countries, this often takes the form of efforts to transform state understandings of their national interests, and of the costs and benefits of particular policies, to fit agency perspectives (Seckinelgin, 2009).

Such funding has resulted in a deluge of technical programmes: HIV awareness, condom distribution, peer education, voluntary counselling and testing, home-based care, drug treatments, support groups, cash transfers for impact mitigation and so on. These constitute a complex edifice of responses seeking to change people's sexual behaviour or improve their access to services through intervening in their customs, relationships and worldviews. There has been less attention to the strengthening of health systems, and the building of in-country capacity to exercise effective programme leadership or to optimise the 'goodness of fit' between programmes and communities.

The greater a country's economic dependence on donor funding, the less they are able to shape the conditions under which funding is accepted, no matter how much lip service is paid to country consultation mechanisms and community representation (Hanefeld, 2010). There are growing calls for systematic attention to the impacts of the 'global' health industry at country and sub-country levels, and the extent to which 'local' communities benefit from programmes (Biesma et al, 2009).

Critics of the international development apparatus (e.g. Escobar, 1995; Ferguson, 1994), have long argued that it sustains social inequalities through 'depoliticising' social problems -- conceptualising them as technical rather than political, and

solvable through neutral systems of (e.g. biomedical) expertise, with no attention to the role that redistribution of political and economic resources would need to play in tackling inequalities (WHO, 2008b). Harcourt (2009) highlights how the Millennium Development Goals draw attention away from the impacts of women's oppression on poor levels of female reproductive health, emphasising instead the need for increased medical services (opening up markets for western health and pharmaceutical interests), with little attention to factors that prevent women from benefiting from services. Harman (2010) argues that the funding of AIDS interventions is often motivated more by wealthier countries' desire to extend their economic and political interests, than by a commitment to tackling the social drivers of poor health.

However, others argue that even in conditions of an apparent one-way flow of money and influence, less powerful countries and communities may subvert international donor agendas and appropriate resources in ways that are more reflective of their own needs and interests than radical critics would suggest (Cassidy, 2010; Mosse, 2005). They shy away from viewing power as a monolithic entity, possessed by some groups and not others, and inevitably wielded by the strong against the weak, and reject the implicit dualism between all-powerful international development agencies and the powerless impoverished sick. Citing Foucault, they argue that power can be productive as well as repressive, and that wherever power is wielded, there lies the possibility of resistance. Lewis and Mosse (2006: 10) argue that "reality is messy ... [and that] encounters between developers and people tend to be much more complex and nuanced than meets the eye". Even flawed development projects may offer resources and opportunities for poor communities to enhance their well-being in ways that may not be obvious to those who conceptualise development in terms of linear relationships between 'inputs' (e.g. donor funding) and 'outputs' (e.g. immediately observable and quantifiable improvements in health indicators).

In relation to the interest of this special section in HIV/AIDS interventions, the broadest issue to highlight from these debates is that the global health apparatus itself comprises important contexts for interventions, influencing projects' prospects for success. Hence, turning the gaze back towards the 'global' actors is necessary, as much as it may be uncomfortable. More specifically, we seek, with this special section, to advance a nuanced conceptual position which is capable of acknowledging *both* the domination of 'global' power interests and knowledge, *and* the agency of 'local' communities in appropriating 'global' power, in the interest of

promoting greater awareness of the role of local-global connectedness in shaping HIV interventions.

Conceptual frameworks

Space and the social construction of identities

Social identities (or subjectivities) are key determinants of HIV-related behaviours linked to prevention, care of the sick, the accessing of services and treatment, particularly through the link between identity and agency. What contribution can notions of space and scale, currently under-utilised in HIV intervention research, make to understanding how the contexts of interventions facilitate or hinder the negotiation of health-enhancing identities and agencies?

Massey's (1994, 1999) focus on space as the site of identity construction provides a starting point. Viewing space as the meeting point of diverse groups, she argues that identities – inherently relational in nature – emerge from the resulting processes of engagement. Space is the product of “interrelations of multiplicity, difference and plurality” (1999:285), opening up varying opportunities for dialogue and interchange between different groups. This focus offers an analytically productive lens for viewing the spaces of engagement opened up by the global AIDS industry, and investigating how intervention narratives of prevention or impact mitigation interface with the life stories of community members in ways that open up or close down opportunities for agency. If social spaces play a key role in enabling the development of varyingly empowered forms of identity, what spaces do globally funded interventions open up for new identities in poor communities? The expressed agendas of many global agencies are to shape new subjectivities in which ‘informed individuals’ are ‘empowered’ to ‘take control’ over their health (Dilger, 2011). To what extent do interventions constitute what Foucault (1967) would call ‘heterotopian’ (unusual and enabling of new relationships) social spaces in which the construction of new narratives is possible?

Massey presents an optimistic vision of space as an arena of radical openness and potential for change. She describes space as “a sphere where there is always the possibility of more than one voice”, arguing that it is “inherently disrupted and a source of disruption, open to change rather than constructed and coherent” (1999:280). Even in conditions of severe marginalisation, she holds that

engagements between varyingly powerful groups offer the potential for the marginalised to resist oppressive social relationships and construct new narratives and identities, enabling more positive outcomes for their well-being.

It may be the case that the nature of HIV, involving people's very access to life itself, challenges Massey's radical emphasis on the potential for resistance and change through the construction of new narratives by socially marginalised groups. Large numbers of AIDS-affected people do not have access to life-saving care and treatment or the material resources to stay alive, let alone healthy. Local-global engagements take place within complex networks of power which may have irreducibly material and biological dimensions (Nguyen, 2005; Seckinelgin, this volume) which cannot be fully apprehended or resisted at the level of narratives alone.

Conceptualising scale

Notions of scale (e.g. categories such as local, national, regional and global, and their interrelationships) are often used to categorise spaces in geography. Physical geographers understand scale in terms of physical distance or size. In contrast, rather than viewing scale as a natural given, human geographers view scale – varyingly conceived in terms of levels, networks, assemblages and practices – as the outcome of the social relationships underpinning the processes of economic production, social reproduction and consumption that constitute human society in a rapidly globalising world (Marston *et al.*, 2000).

'Levels' metaphors conceptualise scale in terms of ladders (with rungs progressively arranged from local to regional to national to global), or Russian dolls (with the all-encompassing global enclosing ever smaller scales, the local being the smallest). These imply fixed or hierarchical relationships between different scales, with the local and global as distinct spheres of analysis, the global viewed as 'more' than the local in some way. Such approaches have been widely criticised for reifying and exaggerating the scope and power of the global relative to the local, in the process suppressing alternative narratives that might support political resistance in local communities (Marston *et al.*, 2005, Gibson-Graham, 2002, 2006).

Latour argues that "the world's complexity cannot be captured by notions of levels, layers, territories or spheres", and is better understood in terms of networks that are

“fibrous, thread-like, wiry, stringy, ropy and capillary” (cited in Herod and Wright, 2002:8). The network metaphor opens up possibilities that e.g. particular spaces may sometimes be *both* local and global, or that the local may at some times be more powerful or influential than the global. Within this context, in her work on schools-based HIV interventions in Lesotho, Ansell (2009:675), one of the few geographers to explicitly use scalar thinking in HIV intervention research, argues that “HIV interventions are produced through flows of knowledge, funding and personnel within and between institutions [such as international agencies, non-governmental organisations, government departments and individual schools], that make it hard to assert that any intervention is more local or more international than any other”.

However, whilst Ansell is committed to recognising the multi-directionality of these flows she stops short of an unqualified assertion of the fluidity of local-global connections, arguing that where flows of funding are completely unidirectional (as is the case in most HIV projects in poor countries), scale may become the site for the expression and reinforcement of social inequalities through limiting the ability of programme beneficiaries to exert real influence in their spaces of engagement with funders.

Whilst network metaphors are less intellectually constraining than ‘level’ metaphors, they still imply relationships of connectedness between different groups, which, whilst complex, might in principle be tracked or traced. Conceptualisations of scale in terms of “global assemblages” (Ong & Collier, 2005:4), and of HIV programmes as “biopolitical assemblages cobbled together from global flows of organisms, drugs, discourses and technologies of all kinds” (Nguyen, 2005:125) open up the possibilities that local-global relations might be characterised by disconnection as well as connection. Ong and Collier (2005:12) emphasise the “heterogenous, contingent, unstable, partial and situated” nature of local-global connections, often characterised by divergent or incommensurable logics. Within this context they define global assemblages as the collection of material, social and discursive relationships that result from globalisation “in which the forms and values of individual and collective existence are problematised or at stake through being subject to technical, political and ethical intervention” of some kind (2005:4).

This assembling of different groups and technologies across physical distances, and the resulting engagements or disengagements, are part and parcel of the constitution of economic and gendered power relations. Under the banner, “Good-bye local-

global discourses, hello scale politics”, Swyngedouw (2002:159) conceptualises scale as the practice of power in human social relationships, and hence as the site of political struggle, conflict and compromise. He argues for a focus on the processes through which scale is constructed, with attention to the multiple relations of domination-subordination and participation-exclusion that constitute social life.

Like Ansell, Swyngedouw (2002) rejects assumptions of a necessary hierarchy in the construction of scale, emphasising that power asymmetries are open to contestation. For him, this theorisation is also part of the on-going political project of developing visions of change that involve “formulating cross-spatial strategies that do not silence the other, exclude the different, or assume the particular within a totalising vision” (2002:160). Such a project takes account of the vital role that both local and global practices play in co-constituting their on-going conditions of mutual engagement, and hence in opening up or closing down directions and possibilities for social change.

We suggest that ‘scale’ – conceptualised as the processes through which power-saturated assemblages of discourses and practices are constructed and reconstructed through the engagement of diverse groups over space and time, in ways that open up or close down opportunities for the exercise of agency by marginalised groups – provides a useful frame for analysing local-global connectedness in the HIV response.

Three case studies

Whilst abstract debates have some role to play in constituting scale as the arena of academic debate and political struggle, these need to go hand in hand with continuous efforts to conceptualise scale in empirical contexts (Paasi, 2003). We highlight here three exemplary case studies which examine local-global engagements as contexts for HIV/AIDS interventions, and which illustrate the workings of scale politics.

Seckinelgin (2008, 2009) argues that the demarcation of HIV as a global emergency has been used to justify top-down short-term responses by external health professionals and agencies in poor countries. These responses have constructed the subjects of their interventions at the individual level – as physical bodies constituted by the biomedical gaze, or ‘empowered individuals’ using medical information to make sensible health decisions. Neither lens takes account of cultural, gendered and

economic constraints on action or choice. Seckinelgin argues that the resulting policies and interventions may appear coherent from the international policy perspective, but are blunt instruments in the face of the complexities of real social settings. He pays particular attention to UN AIDS' efforts to involve grassroots communities in their policy-making process, criticising their demarcation of particular kinds of non-governmental organisations (NGOs) as legitimate community voices. He concludes that, in practice, the bulk of grassroots community involvement in UN-mediated responses to HIV has taken the form of poor people providing short-term welfare services in their own communities. Since developing long-term welfare structures is a low donor priority, the long-term sustainability of this involvement remains limited.

Ingram (2010) uses Foucault's concept of governmentality to frame his case study of PEPFAR, the largest funder of HIV programmes, which has supported various HIV programmes reaching millions of people in 30 countries (PEPFAR, 2011).

Governmentality refers to the process through which people's behaviour is governed, and their 'well-being' attained, through complex and sophisticated institutions and practices of socialisation (rather than through the use of direct surveillance or force). Ingram analyses how the US has used its claim to preserve life in AIDS-affected countries in ways that have advanced the country's political goals (i.e. consolidation of its self-styled status of global superpower), economic interests (including expanding US bioscience to create new commercial opportunities for American companies) and religious agendas (particularly the conservative agenda of its religious right, including negative attitudes to condoms, sex work and homosexuality).

Responding to Elbe's (2009) claim that human rights and humanitarian issues have played an unprecedented role in the framing of HIV/AIDS as a global security crisis, Ingram agrees that PEPFAR has indeed been partly motivated by the 'will to improve'. Its orientation has been shaped by lively interchange amongst 'contentious mobilisations' of Christian groups, rights-based groups and science-based groups, with such engagements arguably constituting advocacy on behalf of AIDS-afflicted populations. However he points out that PEPFAR's long-term contribution is severely limited by its short-term focus on 'numbers reached' and a neoliberal brand of economic rationality that has focused on the 'cost-effective' provision of technical solutions, delivered in ways that have failed to contribute to the sustainable development of broad-based and inclusive health systems, particularly important

given the on-going development of new infections, and that AIDS-infected people will need drug treatments for many years to come.

Nguyen (2005: 125) examines the types of subjectivities “conjured up” by externally funded interventions, with particular attention to the structures of opportunity they offer for the poor and dying to secure ‘life itself’ through gaining access to sometimes pitifully short supplies of life-saving drugs. A medical doctor as well as anthropologist, he highlights the role of the biological in mediating local-global connections. In a Burkino Faso case study, he explores how a fortunate minority of people with AIDS were able to exercise agency in accessing drugs through engagement in an unfamiliar North American mode of support group participation. It was their skill in the tactical use of western-style confessional narratives that determined whether they were seen as deserving recipients of short supplies of drugs. He contextualises his discussion within a Cote D’Ivoire study that focused on a UN AIDS pilot project to improve peoples’ access to drugs. A welter of conflicting organisational and individual priorities and poor planning and communication between external and local actors resulted in the development of drug resistant viruses, revealing the stark embodied effects of ill-conceived external interventions.

Opening up a new ‘problem space’ for intervention research?

The aim of this special section is to advance the conceptualisation of ‘local-global connectedness’ as a space of engagement between externally imposed interventions and local people in HIV-affected communities. This approach offers a productive lens for discussing how local interventions and community agency are often framed by north-south power relations, and how people in poor communities are able to appropriate new ideas and resources in ways that serve their own programmes of survival in conditions of poverty and illness.

Three papers focus on interventions. Seckinelgin explores how the social construction of ‘success’ by global funders is framed by de-contextualised biomedical rationalities, neglecting the contexts that make it difficult for poor people in Burundi to use antiretroviral treatment to advance their health and improve their quality of life. His paper is the most pessimistic, illustrating how the grim realities of poverty and death undermine possibilities of emancipatory social engagement by the sick and the dying in the absence of regular and reliable supplies of food and life-saving drugs.

Papers by Aveling and Cornish *et al.* present a more bidirectional account of flows of knowledge and management practices. Aveling explores how Cambodian military couples appropriate the funder's concern with 'gender inequality' in ways that make sense in their own lives. While some aspects of gender equality are simply too far from their experience to be locally workable (and even potentially dangerous for some wives), target community members are also creative, transforming and hybridising international NGO messages with existing worldviews and identities in ways that allow them to negotiate a shifting and already globalising 'local' ground. In a similar vein, Cornish *et al.* show local Indian projects to be creatively adapting themselves to meet the managerial requirements of their donors. They point out that this form of creativity permits the continuing dominance of global funding regimes, and requires ongoing mediation by project founders fluent in the peculiar discourse of 'global AIDS' – all in contradiction to the 'community empowerment' policies espoused by the self-same donors. Despite their nuanced appreciation of local creativity, both papers illustrate ways in which the economically and symbolically superior power-knowledge wielded by the 'global AIDS apparatus' constrain local peoples' opportunities to exercise agency in relation to their health and sexuality.

Two papers focus on how global networks may also open up possibilities for local agency, providing case studies of situations where local people have been able to turn the opportunities offered by the explosion of global resources to their own interests in various complex ways. Smith explores different ways in which international funding for local NGOs is appropriated by local NGO leaders in Nigeria. Such appropriation is mediated by clearly understood cultural norms around what does and does not constitute 'corruption' – in a society where the distribution of patronage to one's immediate networks is part and parcel of daily survival. Craddock's study challenges any knee-jerk assumption that global responses are necessarily a bad thing. She examines how new partnerships for drug development are generating not only the possibility of effective treatment of tuberculosis that may save millions of lives, but also serve as networks for flows of capabilities and resources to poor communities in which drug trials take place.

Finally, Barnett *et al.*, argue that processes of 'global governance', enacted in the workings of 'transnational advocacy networks' (TANs) may be rather less global, and rather more local than is usually assumed. Their case study of a process of consultation on UK government HIV/AIDS policy shows that the priorities of TANs are embedded in the particular interests of the local (in this case UK-based)

organisations comprising their membership, and further, how a policy portrayed as having a global outlook ended up marginalising the role of global networks.

As stated at the outset, HIV continues to wreak havoc in the lives of millions despite the exceptional resources that have been devoted to the global response. There is an urgent need for new ways of HIV-related seeing, knowing and being both by funders and communities. What might we learn by conceptualising space as constituted in the engagements between diverse groups, and scale as power-laden transactions between groups? None of the papers presents a simplistic picture of a unidirectional or seamless flow of money, knowledge and influence from 'local' to 'global', or vice versa. Nor do they dichotomise 'global' and 'local', assuming that what is 'local' cannot be 'global', or vice versa. Instead, collectively, they examine the engagements between 'global' actors (typically policy makers and donors) and 'local' ones (typically HIV/AIDS NGOs and 'target' communities). Through these engagements, slanted by a scale politics which favours representatives of the 'global', but appropriated by creative local communities, intervention practices are constituted, for good or for ill.

We hope that this special section begins to chart out a new problem space for HIV/AIDS intervention research. At the most straightforward level, the papers argue that global prescriptions are crucial contexts for local interventions. Too often, policies and funding have been assumed, by policy-makers and evaluators, to be neutral facilitators of interventions, and thus have escaped the gaze of analysts seeking to account for intervention success or failure. For future evaluations and interpretations of HIV/AIDS interventions, the basic message of this special section is that it is not possible to understand the form or outcome of interventions without including the role of global health initiatives as part of the puzzle, indeed often as part of the problem.

At a more conceptual level, the special section shows that scalar thinking, and careful and qualified use of the local-global as a conceptual tool, has great heuristic value. They provide a route to querying whose knowledge and interests have the power to be asserted in multiple locales and thus attain a 'global' scale, and whose do not. Moreover, the sophisticated analyses presented here encourage further nuanced work on the practices through which global-local struggles and connectedness are constituted, so that interventions and their effects can be understood with greater precision.

Studies are needed to conduct a fine-grained mapping out of the multiple scales at which power and knowledge are negotiated in the HIV/AIDS response, to articulate the complex ways in which each of these spaces are, in themselves, both local and global, and the processes through which these local-global social relations become inscribed on people's physical bodies in material contexts. As much as this conceptual trajectory emphasises the open-endedness of engagements between 'global' and 'local', and the need for continual deconstruction of the 'global', the very materiality of AIDS, culminating in undeniable bodily pain and death, grounds and affirms the embodied material realities of local peoples' experience. It also highlights the need for greater acknowledgement of the materiality and embodiment of human experience than is currently the case much local-global research and thinking. The ultimate question may be whether shakily 'global' prescriptions are the solution to real local pain.

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