

**From loose networks to exceptionalist alliances.
Power relations between the state
and NGOs in Swiss HIV/AIDS prevention**

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1 Introduction¹

There is little doubt today that the HIV/AIDS-epidemic has entered a new phase in Western developed countries (see Moatti et al. 2000). During the 1990s, the rate of new HIV infections has slowed down in several countries, and the incidence of new AIDS cases decreased for the first time since the beginning of the epidemic. This encouraging trend is associated with extensive prevention efforts that have been implemented in the last decades. And with the advent of highly active antiretroviral therapy, the course of HIV infections could be greatly modified. Very much in contrast to other regions of the globe – such as Africa south of the Sahara where the spread of HIV has reached endemic dimensions, or Eastern Europe and Central Asia where incidence is rising – AIDS has lost much of its threat in Western developed countries. It is no longer viewed as a mortal danger, but increasingly tends to be perceived as a ‘normal’ disease. On the one hand, this ‘normalization’ has consequences for individual risk taking, such as declining levels of protective behaviour within certain target groups. On the other hand, the ‘normalization’ trend may also affect the political conditions for prevention, in the sense that decision makers may no longer be willing to allocate significant public resources to prevention measures, as they did in the past. As some observers argue (Setbon 2000; Rosenbrock et al. 2000; Steffen 2000), declining political support may lead to a significant reduction of prevention efforts. In the absence of effective vaccination, this might ultimately threaten past achievements in curbing the epidemic, even in a Western European context.

The aim of this paper is to isolate the explanatory factors that condition the reduction or the maintenance of HIV prevention efforts in the era of normalization, drawing on the empirical example of Switzerland. Our analysis is based on the “social production model of power” (Stone 1993: 8), where power as well as the struggle for power is understood as “gaining and fusing a capacity to act – power to, not power over” (Stone 1989: 229). In other words, we are interested in isolating the critical assets that enable prevention advocates to realize their agenda – namely to produce HIV/AIDS prevention measures for a variety of target groups with an audience as large as possible – even in the unfavourable context of normalization.

¹ This paper draws on research conducted in 2001 on behalf of the Institute of Social and Preventive Medicine of the University of Lausanne, as well as on the currently ongoing research project *The future of AIDS prevention in the*

Now, what are the conceptual tools that could be used for this endeavour? Although it provides the original starting point for the social production model of power, regime theory does not seem to be applicable here. True, HIV/AIDS prevention in Switzerland emanates, as we will see later in this paper, from coalitions of actors that are stable over time, involve governmental as well as nongovernmental partners, collaborate on the basis of bringing together fragmented resources, and have an identifiable policy agenda. However, referring to the core properties of a regime, identified by Mossberger and Stoker (2001: 829), these HIV/AIDS prevention coalitions cannot be viewed as regimes, since they lack the involvement of business, i.e. private actors whose resources are based on their activities in the free market economy. HIV/AIDS prevention coalitions, where nongovernmental partners mainly are non-profit associations financed largely by the state, are rather shielded from the workings of capitalism. In this sense, the coalitions under scrutiny here will qualify as *policy networks* and not as regimes (Mossberger and Stoker 2001: 825).² Therefore, regime theory with its political economy underpinning and its focus on urban politics cannot be used for analyzing the capacity to act of the HIV/AIDS prevention coalitions under scrutiny here, since we cannot pretend that these coalitions bridge the divide between popular control of government and private control of the economy.

Nevertheless, writings in the realm of regime theory have developed analytical tools to identify resources that contribute to a policy network's capacity to act. Most useful in this context is Stoker's argument that the capacity to act, the 'power of social production,' results from the confluence and the mediation of three other forms of power (Stoker 1995: 64-65), namely:

1. *Systemic power* which is available to certain actors because of their position in the socio-economic context. Evidently, regime theory has business in mind here, because of its control over investment decisions and resources. More generally however, systemic power can be defined as reflecting "the advantages and disadvantages conferred on certain groups in society based on their position within the socio-economic structure" (Stoker 1995: 64);
2. *Command power* involves the active mobilisation of resources (legislation, information, finance, reputation) in order to achieve domination over other interests. This form of power is typically associated with the state's instruments to act upon society, but not

age of normalization, financed by the Swiss National Science Foundation. See methodological appendix for details.

exclusively. In complex societies, command power is necessarily limited: “The resources, the skill and the time to achieve command power are only likely to be available to certain interests in limited arenas” (Stoker 1995: 65);

3. *Coalition power* results from the collaboration between actors who seek not to dominate but rather to pool their respective bases of strength. Coalition power depends on finding others that share compatible goals and complementary resources (Stoker 1995: 65).

Stoker thus presents the ‘power of social production’ as resulting from the combination of these three other forms of power mentioned above. Actors’ advantages of their respective strategic position in the logic of the situation (systemic power), as well as their respective capacity to control resources for achieving domination over other interests (command power) are combined through bargaining and coordination by which collective action problems are overcome (coalition power): these are the three sources of a policy network’s capacity to act.

Hence, the thread of this paper will be to assess the HIV/AIDS prevention networks’ capacity to act by focusing on these three sources of power as well as on the mediation between them, and by concentrating particularly on the question of whether and how ‘normalization’ has changed these sources of mediation and the mediation between them. More precisely, we will develop our analysis in three steps. The first part of the paper starts off with a brief presentation of the coming about of the HIV/AIDS prevention networks in Switzerland. Here, we will see that the logic of the situation – no vaccine at hand; necessity to develop a public health approach and reach stigmatised target groups – gave rise to a stable coalition involving governmental public health agencies, civil-rights and self-help movements (mainly: gay men), and professionals from social work (prostitution, drug users). Tied together through various informal and formal relationships, these so-called “exceptionalist alliances” (Rosenbrock et al. 2000: 1609) proved able to effectively direct the flow of public resources in order to produce prevention measures. In the second part of the paper, we will detail the idea of ‘normalization’ by listing recent developments in the field of HIV/AIDS that are relevant to the functioning and the success of the existing HIV/AIDS prevention networks based on these exceptionalist alliances. In the third, most substantial part of the paper, we will analyze case study material on the development of HIV/AIDS prevention policy in various subnational entities in Switzerland (cantons), in order to

² Mossberger and Stoker consider urban regimes as a subcategory of policy networks (Mossberger and Stoker

isolate the crucial conditions for the HIV/AIDS-networks' capacity to act. More precisely, we will contrast cases where HIV/AIDS prevention measures have been drastically reduced, with other cases where such measures have been maintained or even extended, and work out the extent to which changes in power resources or the mediation between them can explain policy change in some cases (reduction of prevention) and policy stability in others (maintenance or extension of prevention).

2 The emergence of exceptionalist alliances in the fight against AIDS

Setbon (2000: 62) has argued that, since the first appearance of the Human Immunodeficiency Virus twenty years ago, four phases can be distinguished in the development of policy responses towards HIV/AIDS in Western Europe: a first phase of denial and indifference (ranging roughly from 1980 to 1985); a second phase characterized by mobilization on the basis of alarming HIV-test results and by the formulation of innovative measures in the fields of prevention as well as patient care (1985 to 1989); a third phase of implementation of these measures with an emphasis on prevention (1989 to 1996); a fourth phase of *normalization* characterized by stabilizing infection rates and the appearance of tritherapy (since 1996; see below). Phases one to three of HIV/AIDS policy have been intensely studied in a political science perspective. There is extensive knowledge on factors that have favoured, impeded or otherwise conditioned the formulation and implementation of effective policy measures against HIV/AIDS. This knowledge stems, in particular, from the work of authors who have conducted internationally comparative research on various fields of HIV/AIDS policy in Europe (Setbon 1993; Steffen 1996; 2000a; 2001; Cattacin and Panchaud 1995; 1997; Panchaud 1995; Albaek 2001; Bovens et al. 2001: 628-640).

In their comprehensive synthesis, Rosenbrock et al. (2000) have recently come up with a coherent explanatory framework in which they managed to condense most of the results of two decades of research on HIV/AIDS policy in Western Europe. Drawing on Bayer's early expression (1991), they argued that the formulation and implementation of HIV/AIDS policy in Western European countries is the result of *exceptionalist alliances* (Rosenbrock et al. 2000: 1609 ff.). These alliances consist of health professionals, psycho-social professionals, the gay

community as well as liberal and left-wing political parties, who argued that the threat of an HIV pandemic was an exceptional situation that required a reform of past rules, routines and approaches towards infectious diseases. Solutions advocated were inspired by the 'new public health' principles defined in the 1986 WHO Ottawa Charter of Health Promotion: e.g. orientation towards needs, mass media communication, concentration on positive (not negative) incentives to achieve changes in behaviour, empowerment of target groups. These exceptionalist alliances proved very successful. They skilfully exploited opportunities in various local and national contexts in order to promote their approach and to persuade decision makers. One of the more important factors for their success was the obvious powerlessness of clinical medicine with respect to HIV. This was very convincing an argument in favour of an innovative approach based on prevention. Many measures advocated by the exceptionalist alliances were finally integrated into the official HIV/AIDS policies, mostly considered as a prime example of a 'modern' health policy approach (see Hausser et al. 2001).

2.1 Power relations in the early phase of policy responses towards HIV/AIDS

In Switzerland as well, exceptionalist alliances played - and still play - a crucial role in the fight against HIV and AIDS. For a better understanding of the emergence of these alliances in Switzerland and other countries, the three power forms systemic, command and coalition power are useful analytical tools. At the outbreak of the epidemic in the eighties, the only possible way to fight the virus were prevention measures which postulated safer sex and safer use (for drug addicts). At this period of time, self-help organizations mushroomed all over the country. Gay organizations and psycho-social professionals were the first actors to take care of the victims of the new disease, and to actively promulgate prevention messages to target groups. They developed a variety of activities to support infected people and were responsible for preventive measures as well. As self-help organizations or professionals with a long experience in working with the different target groups, they were extremely well rooted in the various milieus (prostitution, homosexual community, drug users, etc.) that are normally quite difficult to penetrate - especially for state actors. In addition, the NGOs could count on a lot of support and donations of the public. Therefore, they were not so much dependent on public funds as they are nowadays (see below). These considerations show that in this early phase of the epidemic NGOs

were very important in the creation of exceptionalist alliances and thus, NGOs' exceptional position within the social and health structure points to their high degree of systemic power.

As we have argued before, the first phase of policy responses towards HIV and AIDS in Western Europe was determined by denial and indifference by state authorities. In Switzerland, it was only after 1985 that state authorities began to support the formulation and implementation of innovative measures in the fields of HIV/AIDS prevention as well as patient care. Furthermore, state authorities were forced to collaborate with gay and other self-help organizations in order to gain access to the relevant target groups, most concerned by the threat of HIV. This points to the fact that at the beginning of the epidemic the active mobilization of resources in form of finance and knowledge was only hard to achieve for public actors and therefore their command power was rather low.

The various activities of mainly private actors in the first two phases of policy responses towards HIV and AIDS happened in a very uncoordinated way. The need for action was so high that coordination was of no priority for involved actors. Besides, there existed no public actor that might have put the NGOs under pressure to look for a better coordination in order to profit from public funds. So, AIDS prevention networks were still in a loose state of coordination. Insofar, the coordination power was at a low level at this early phase of the epidemic as well.

These considerations show the extraordinary importance of NGOs in the emerging exceptionalist alliances and their systemic power as well. On the other hand, command and coalition power were only at a low level at this early phase of the epidemic.

2.2 Power relations in phase 3

Soon, preventive and other measures that were taken by gay and other organizations showed first success. The formulation and implementation of policy measures in the HIV/AIDS domain was accelerated by the building of alliances between health professionals and experts on the one hand, and political leaders and bureaucrats on the other hand (Setbon 1993). This new form of collaboration between actors of different legal status was crucial to facilitating innovation and learning that is required to face the HIV/AIDS challenge (Panchaud 1995). In short, at the end of the third phase of the development of policy responses towards HIV/AIDS exceptionalist

alliances were responsible for the formulation and implementation of HIV/AIDS-related policy measures. In the course of the development of formerly loose networks to exceptionalist alliances, the power forms within the network changed as well.

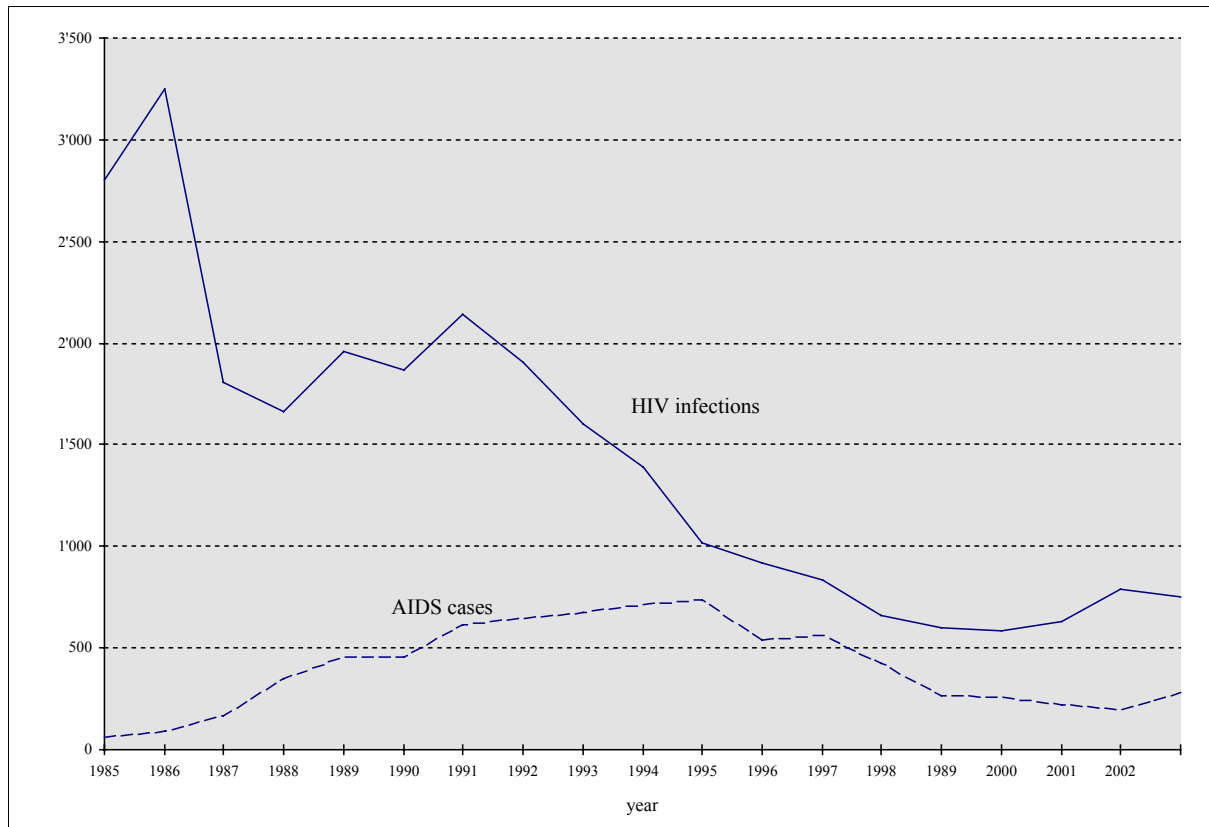
The command power of state authorities within exceptionalist alliances became more important as in the meantime they successfully mobilized resources to finance the various measures in the HIV/AIDS domain. Besides, NGOs became more and more dependent on state funding as public donations went back dramatically. Systemic power of NGOs remained high because they still disposed of great knowledge in the field and were very close to the most important target groups which for public authorities it would be difficult to reach (gays, prostitutes, drug addicts, etc.). Coalition power as well became more important during this third phase of the epidemic. The formerly uncoordinated activities of the various actors in the field had to be brought together and bundled to guarantee a coherent, long-term policy. This task of course was facilitated by the fact that NGOs active in the field were forced to tap public resources to be able to expand their activities and to maintain them in the long run.

If and how exceptionalist alliances and their power balance are challenged by the fourth phase of normalization, we will discuss in the next part of this paper.

3 Exceptionalism facing normalization

As we have mentioned in the second part of this paper HIV/AIDS policy in Western developed countries is in the phase of normalization since 1996. This normalization phase is characterized by stabilizing infection rates and the appearance of an effective medical treatment. Figure 1 illustrates this encouraging development with the course of HIV infections and AIDS cases in Switzerland for the period of 1985 to 2003.

Figure 1: HIV infections and AIDS cases in Switzerland (absolut numbers p.a.)



source: Federal Office of Public Health

Figure 1 shows that the number of HIV infections went back dramatically since 1991. The success in fighting the virus can clearly be attributed to the various measures that have been taken by state authorities at all levels and their non-governmental partner organizations. Nonetheless, since a couple of years the number of HIV infections is rising again. The most concerned populations of this flickering up of the epidemic are gay men as well as migrants from sub-saharian countries. New prevention measures specially dedicated to these target groups are already implemented. Figure 1 shows also, that the number of diagnosed AIDS cases is decreasing since 1995. The success in the treatment of infected people can clearly be attributed to the advent of the antiretroviral therapy since 1995. It is clear that, in spite of these positive epidemiological trends and encouraging results of therapy, the underlying problem remains the same. Hence, also in the fourth phase of normalization, the main challenge for HIV/AIDS policy is unchanged: namely effectively encouraging prevention of new infections, as well as providing care for those infected.

3.1 Three normalization scenarios

Research on HIV/AIDS policy in the phase of normalization is rather scarce to date. Generally, one can suppose that normalization will strongly affect the dynamics of the HIV/AIDS theme as a social and political problem, mainly because AIDS is no longer seen as a major threat. This may not only have consequences at the level of individual risk behaviour, such as declining levels of protection within certain target groups (see for example Dubois-Arber et al. 2001), but this may also result in a declining political support for existing prevention measures: if HIV/AIDS is no longer seen as exceptional, it will be difficult to justify ‘exceptionalist’ policy measures.

Based on their analysis of HIV/AIDS policies as the ‘oeuvre’ of exceptionalist alliances, Rosenbrock et al. argue that several factors within current tendencies undermine the hegemony of these alliances and thereby threaten the sustainability of policy measures that exist thanks to their advocacy (2000: 1613-1615). Horror-scenarios originally depicted to justify exceptionalism failed to materialise, depriving exceptionalist alliances of an important symbolic resource. Declining public attention in HIV/AIDS has resulted in a motivation crisis: the former pioneer spirit has given way to routinization. AIDS-related death of many activists has dispossessed exceptionalist alliances of some of their most dynamic members. Specific public funding programmes have come to an end in many countries, and HIV/AIDS-related policy measures are gradually integrated into normal funding procedures within the health sector and are thereby set on a tighter basis due to cost-containment strategies. In parallel, with the progress of therapeutic possibilities, clinical medicine plays a more important role in the HIV field, ensuing a neglect of tasks that go beyond the control of somatic processes. Increasingly, there are claims that AIDS should be integrated into the spectrum and routines of the management of chronic diseases within the health sector.

In the light of these trends, Rosenbrock et al. have defined three ideal-typical scenarios for the future of HIV/AIDS policies in Western Europe in the fourth phase of normalization (Rosenbrock et al. 2000: 1623):

1. *Normalization as regression*: specialised HIV/AIDS units in governments or NGOs are being dissolved or integrated into general structures of the health system. If this

movement goes beyond a reduction of overcapacities, it may result in a cutback of funds for HIV prevention and particularly endanger the prevention activities for socially marginalized target groups, such as migrants, sex-workers, drug users, etc.

2. *Normalization as stabilization*: HIV/AIDS-related professional knowledge and skills are integrated by health professionals more generally and HIV/AIDS-related prevention measures are taken over by general health institutions. In this scenario, measures originally initiated by exceptionalist alliances are institutionalised and thus sustained in the long run.
3. *Normalization as generalization*: Innovations of prevention and health care that were initiated by the exceptionalist alliances in the context of HIV/AIDS have a contagious effect for other health-related fields as well. The New public health approach embodied in HIV/AIDS thereby becomes a singpost for other fields of health prevention and care, as well.

The sustainability of policy measures is not only threatened by normalization trends but also by financial problems of the public sector at all political levels in Switzerland. Since several years now, the Swiss economy has undergone a severe crisis and has been in a phase of stagnation, if not regression at least in some years. Although there are signs for a recovery, the Swiss economy has not reached its former potency. Thus, it is not at all surprising that this tense economic situation leaves its mark on the budgets of public authorities in Switzerland. The pressure on public authorities to cut expenditures has grown in recent years and several budgets cuts have already been made or are underway. It is unnecessary to mention that AIDS prevention measures may be affected by this development as well.

3.2 Power relations in the phase of normalization

What are the consequences for exceptionalist alliances facing normalization and public economy measures with respect to the three different forms of power described above? We can assume that not-for-profit organizations' systemic power is declining. Many of the most dynamic foundation members have been victims of AIDS. The former pioneer spirit of these organizations has given way to routinization. Many of formerly exceptional self-help organizations have changed to

‘normal’ social and health organizations. In contrast to NGOs engaging in AIDS prevention we can assume that the importance of public actors in the era of normalization has grown. As donations went back dramatically in the past years NGOs have become more dependent on state funding. This means that the role of public actors within exceptionalist alliances has become more important and their command power has grown. On the other hand, one can assume that public authorities dispose of less financial resources to fund their non-governmental partner organizations. From this point of view, the command power of public actors would be weakened. These considerations show that only empirical case studies can reveal in which direction command power within exceptionalist alliances has developed in the normalization phase.

As to the consequence of the normalization trend and of declining public budgets on coalition power, an appropriate assessment is difficult as well. On the one hand one can assume that coalition power has grown because the actors involved in the exceptionalist alliances are forced to collaborate even closer to be able to defend their interests against challenges that are caused by normalization and public economy measures. On the other hand one can assume that shrinking financial resources are causing allocation related conflicts among the alliance members. Furthermore, it might be possible that public authorities use their strengthened command power to manipulate their non-governmental partner organizations. This might create conflicts between the state and NGOs and thereby weaken coalition power.

These considerations show the difficulties to predict effects of normalization trends and public economy measures on the three power forms. One and the same factor may lead to a strengthening as well as a weakening of a certain power form. Thus, in the next part we will analyze case study material from Switzerland in order to isolate the crucial conditions for AIDS prevention network’s capacity to act.

4 How exceptionalist alliances do or do not resist normalization

Case study material presented in this paper stems from two research projects (see methodological appendix). The exceptionalist alliances in the AIDS prevention domain that we have discovered differ from case to case. There are cantons where HIV/AIDS prevention networks are marked by very stable relations and a high degree of institutionalization, and where the set of involved actors has remained stable over a long period of time. However, there are other cantons, where

state authorities have neglected their responsibility to take relevant measures and where non-governmental organizations are therefore in a difficult and weak position. In the following we will have a closer look at different cases of HIV/AIDS prevention networks in Switzerland and discuss whether and how they do or do not resist challenges caused by normalization and by financial problems of the public sector and we will try to determine the role of the three power forms in this realm as well.

4.1 The case of the Confederation (national level)

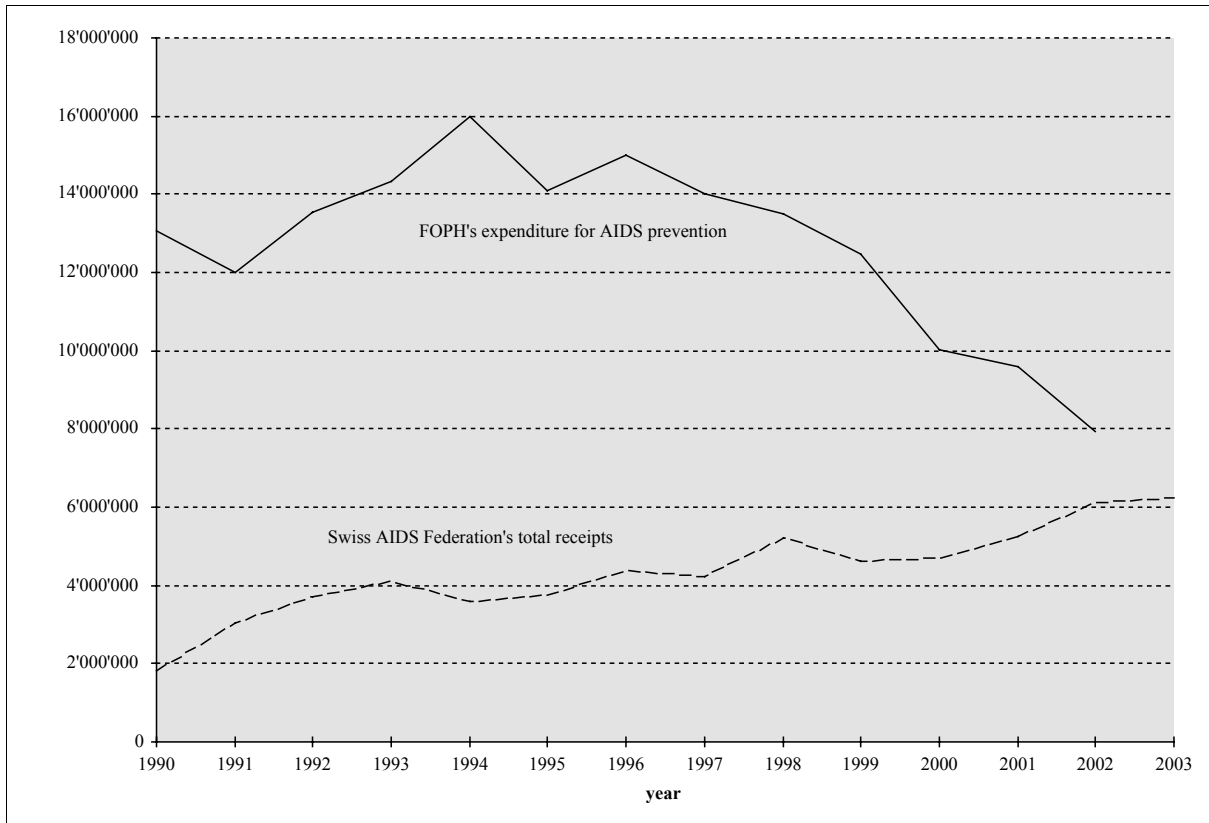
At the national level of Switzerland, one can observe two important actors in the HIV and AIDS prevention domain: the Federal Office of Public Health (FOPH) and the Swiss AIDS Federation. The Federal Office of Public Health has the lead for the elaboration of the National HIV and AIDS Programme, is responsible for the annual STOP AIDS campaign with placards all over the country, finances important programmes and projects that are dedicated to prevention and is also the main responsible for the epidemiological observation.³ With its great finance and knowledge resources the command power of the FOPH reaches a high degree. However, the FOPH's budget for AIDS prevention measures is going back since 1996 (see figure 2), whereas at the same time, its budget for other prevention domains like alcohol or tobacco is increasing. This points to the fact that the relative importance of AIDS has decreased in favour to other prevention domains. Thus, for the FOPH it has become more difficult to mobilize resources for this formerly most prioritized theme and therefore command power is decreasing.

The Swiss AIDS Federation is by far the most important partner organization for the FOPH. The Swiss AIDS Federation is the national holding organization of 21 cantonal AIDS organizations and is responsible for the coordination and development of projects and programmes that are implemented by its partner organizations at the cantonal level. Furthermore, the Swiss AIDS Federation is committed to quality of life for those infected and encourages social solidarity. With its long experience and its great knowledge in the HIV and AIDS domain, the systemic power of Swiss AIDS Federation is extraordinary. Normalization trends and the economizing pressure of the public sector have not led to decreasing financial resources yet, as is shown in

³ Within the Federal Office of Public Health, four different sections and units which are affiliated to the Specialised Unit 'Substance Abuse and AIDS' deal with preventive measures (section 'AIDS', 'Campaigns and Marketing Section', 'Migration and Health' unit, 'Health Promotion and Disease Prevention' unit.

figure 2. This fact is rather surprising and points to the high level of systemic power of the Swiss AIDS Federation within the exceptionalist alliance at the national level, that has not changed much in recent years.

Figure 2: FOPH's expenditure and Swiss AIDS Federation's total receipts (in Swiss Francs)



source: Federal Office of Public Health/Swiss AIDS Federation

By way of contrast, economy measures by the public sector have led to the dissolution of another nation-wide operating NGO - AIDS Info Docu - at the end of the year 2003. But AIDS Info Docu was not involved directly in prevention measures but essentially completed documentary tasks concerning HIV and AIDS-related questions. Therefore the dissolution of AIDS Info Docu can not be directly seen as a weakening of systemic power within the Swiss AIDS prevention community.

At the beginning of the new millenium, the FOPH wanted to get advantage of its command power by launching a new strategy of collaboration. FOPH's aim was to search for collaboration with other organizations than only the Swiss AIDS Federation. As a consequence, a new

prevention project dedicated to migrants from sub-saharian countries was not directly allocated to the Swiss AIDS Federation (as this has been the case with new projects beforehand) but, after public tendering, was given to two organizations with only little know-how in HIV/AIDS prevention in the Swiss context. FOPH's new strategy weakened the coalition power for a while and caused quite a stir within the Swiss AIDS prevention community. Furthermore, the new federal strategy caused insecurity and incomprehension by many public and private actors at the cantonal level, too. Because of the vehement resistance of the Swiss AIDS Federation against FOPH's new strategy and because of a substantial renewal of the staff within the office, the new strategy was finally dropped by the federal office and the former status quo was reestablished.

In spite of this challenging conflict between the two main actors in the Swiss AIDS prevention policy, the relationship between these two actors can be nonetheless described as long lasting and stable. The degree of institutionalization is very high, the rules of the game clear and widely accepted by network members. In short, normalization trends and economy measures by the public sector had an influence on the command power within the Swiss exceptionalist alliance but have not weakened systemic power and coalition power yet.

4.2 The case of Geneva

The canton of Geneva is the most affected by the HIV epidemic of all 26 Swiss cantons. It is another example for an exceptionalist alliance that is very resistant to challenges caused by normalization trends and measures of cuts in state budgets. This can be explained with the fact that AIDS prevention policy in Geneva is very well supported by all political parties. One of the founders of *Groupe Sida Genève* for example - the most important AIDS organization in the canton - was the actual president of the Socialdemocratic Party of the canton of Geneva. To put it short, the political anchorage of AIDS prevention policy in Geneva can be described as excellent. This assessment is supported by the fact that public funds for AIDS prevention measures have risen in recent years despite the challenging process of normalization.

Two public actors are involved in AIDS prevention policy: *Département de l'Action Sociale et de la Santé* (Department for Social Affairs and Public Health) and *Département de l'Instruction Publique* (Department of Education). As for NGOs, there are three organizations engaging in the fight against HIV and AIDS: *Groupe Sida Genève*, the most important organization in the field

and by far the biggest cantonal AIDS-help organization in Switzerland with an annual budget of 4.75 million Swiss Francs and a staff of more than 40. The other NGOs that have to be mentioned here are the prostitution organization *Aspasie* and the gay organization *Dialogai*. These two organizations are much smaller actors in the Geneva AIDS prevention network than *Groupe Sida Genève* but are also offering preventive measures for their target groups.

If we look at the exceptionalist alliance in the canton of Geneva, it becomes clear that the systemic power of the *Groupe Sida Genève* is extraordinary, as a lot of know-how and organizational power comes together in this big non-governmental organization. However, *Groupe Sida Genève* as well as *Aspasie* and *Dialogai* are dependent on funding to a great extent, a fact that points to the high command power of state authorities. The responsible public health authority, the Department for Social Affairs and Public Health, does not only dispose of finance but also informational resources concerning knowledge about epidemiological facts and other public health aspects.

To be able to achieve „compatible goals“ (Stoker 1995: 65) a third form of power resource is necessary, the coalition power. Indeed, all relevant actors in the AIDS policy domain in Geneva are member of a coordination group that holds regular meetings and where all relevant questions relating to HIV/AIDS are discussed. So, besides systemic and command power the coalition power is a third ingredient that guarantees an effective long-term coalition. Until now, the exceptionalist alliance of Geneva with its combination of the three power forms has been successfully resisting normalization challenges.

4.3 The Case of Grisons

The canton of Grisons is not as much affected by the HIV epidemic as other more urban cantons are. Nonetheless, there is a grisonian non-governmental AIDS organization that is responsible for the implementation of various preventive measures. This cantonal AIDS organization is highly dependent on public funds which mainly stem from the cantonal Office for Public Health. This fact points to the command power of state authorities within the AIDS prevention network of Grisons. Due to the tense economic situation in Grisons the whole public administration had to undergo budget cuts in the last several years. This means for the cantonal AIDS organization that they get less state funding since 1999. So in a way, command power of the Cantonal Office for

Public Health has decreased in recent years as it got less financial resources to fund its most important partner organization in the field.

As of the consequences of normalization trends and economy measures to the systemic power of the cantonal AIDS organization, a definite assessment is difficult. True, state funding is decreasing since 1999. On the other hand, the total receipts of the cantonal AIDS organization are rising again since the same year. This by first sight inconsistent development of the financial resources can be explained in two ways. On the one hand, the cantonal AIDS organization has put great effort in the improvement of its fundraising activities. On the other hand, the AIDS organization has tried to earn money by offering its prevention projects in a more systematic way. So on the whole, one can assume that systemic power of the cantonal AIDS organization has not changed much in recent years. This assessment is supported by another fact. Some years ago, the head of the Cantonal Office for Social Affairs has tried to affiliate the cantonal AIDS organization to its own office. The AIDS organization as well as the Cantonal Office for Public Health successfully defended themselves against these attempts. The reason for this resistance is convincing. If all non-governmental organizations dealing with social and/or public health problems are affiliated to the same state agency, it is much easier for the latter to manipulate their partner organizations and to play on the keyboard of resource distribution. If NGOs are affiliated to different state agencies, the command power of the authority is weaker and network members suffer less from political games in the public domain. But what kind of power is it when a non-governmental organization is able to prevent a state agency from affiliating it to another? Is this successful strategy an example for systemic power or rather command power? This question points to the problematic of the rather abstract power differentiation which perhaps is not capable of describing all existing power forms within policy networks and would need further consideration.

Of course, besides command power and systemic power the third form of power, coalition power, exists as well. All relevant public and private actors in the AIDS prevention domain are represented in the cantonal AIDS commission where all AIDS-related questions are discussed on a regular basis. Coalition power has not been weakened due to normalization trends and economy measures. On the contrary, all relevant actors strengthened their collaboration in order to defend

their interests in view of shrinking public funds. Thus, in the case of Grisons, coalition power has rather increased than weakened.

4.4 The case of Solothurn

Not all analyzed AIDS prevention networks are as stable and conflict resistant as the ones of Geneva or Grisons that we have described above. The case of Solothurn represents an example where the power of social production is only weak and therefore the policy network's capacity to act only low. How can this fact be explained in terms of the three power forms?

The public health authority of Solothurn refuses to fund cantonal NGOs that offer projects in the AIDS prevention domain except if the preventive measures are for the benefit of drug addicts (delivery of syringes and condoms). The explanation for this non-engagement of the public health authorities in other than drug related AIDS prevention measures is mainly that of the extremely tense situation of the public budget with the enormous debts of the canton of Solothurn. Besides that, public health authorities in Solothurn did not prove very willing in strengthening these weak ties with the existing NGOs. This points to the fact that the command power in Solothurn is at a very low level because public health authorities do not dispose of sufficient resources to fund the cantonal NGOs.

This low level of command power has an influence on the systemic power of the two NGOs that are - resp. have been active - in AIDS prevention. As they do not get any resources by the public sector and as it is very difficult to get sufficient public donations for AIDS prevention these days, it is a big challenge for them to be able to maintain their activities. This tense economic situation of NGO's in the AIDS prevention domain of Solothurn has already resulted in the disappearance of the cantonal AIDS organization in the year 2002. However, the other small NGO - a bus project for female sexworkers - still exists but is fighting for survival every year and is able to offer its services only on a very small basis.

As the Solothurn public sector does not dispose of sufficient resources and is not willing to fund NGO's that are active in the AIDS prevention domain, there is no need for collaboration. Thus, it is no wonder that coalition power is at a very low level as well. As all three power forms are very weak the policy network's capacity to act is only low, too. Therefore, in the case of the canton of

Solothurn no exceptionalist alliance exists that is responsible for the formulation and implementation of HIV/AIDS related policy measures. At the moment, only a very small NGO with limited resources is active in the AIDS prevention domain. And there is no sign that the situation will improve in the years to come.

4.5 The case of Zurich

Besides the canton of Geneva, the canton of Zurich is one of the most affected by the HIV epidemic. Therefore, it is no surprise that several non-governmental organizations are dealing with preventive activities. Although multi-level relationships play a certain role in most of the examined cases, this aspect is of central importance in the case of the canton of Zurich. Here, all private actors receive funding not only from cantonal but also from communal authorities. For several NGOs, communal funding is even much more important than funding from the canton. And as for the two AIDS organizations in the cities of Zurich and Winterthur, the cantonal contributions are tied to the contributions of the cities. This special situation of public funding within the exceptionalist alliance of the canton of Zurich points to the special form of command power within the network. In a way, the command power here compared with other cases is split between two political levels, in relation to the financial aspects at least. However, the tasks of the cantonal authorities differ from the ones at the communal level. The Cantonal Department for Public Health is the main responsible for the implementation of the National HIV/AIDS Programme and coordinates the various activities in this policy domain. Thus, the cantonal Department for Public Health can nonetheless be considered the leading public actor in the Zurich AIDS prevention network.

The coordination power within the AIDS prevention network of Zurich has to be described as rather low. This assessment is based on different reasons. First, as we have seen, Zurich NGOs have to deal with cantonal as well as communal authorities to a great extent. As the relationship between the canton and the city of Zurich is in an ongoing state of tension, it is clear that this multi-level coordination arrangement is a rather complicated one. Second, the cantonal NGOs are not concentrated in only one city as in other cantons, but are present in the two biggest cities of the canton, Zurich and Winterthur. This is another fact that hampers a strong coordination power. This rather weak coordination power has even become weaker in the phase of normalization as disputes concerning allocation of public funding take place amongst non-governmental

organizations at the moment. However, these considerations do not mean that no coordination at all takes place in Zurich. In Zurich as well, there exist regular meetings where all relevant actors meet. But compared with other cases, the cohesion of the private organizations in Zurich is only weak and each is more or less looking for its own.

What about the systemic power within the AIDS prevention network of Zurich? As we have seen above, there are several NGOs engaging in the fight against HIV and AIDS. But in contrast to the situation in the canton of Geneva, where *Groupe Sida Genève* is by far the biggest and most important actor in the field, in the case of Zurich no one of the cantonal NGOs dispose of a similar leadership function which enables it to have a similar power position as in the case of Geneva. The fact that coordination between the different NGOs happens only rarely points to a rather weak systemic power too. In short, cantonal NGOs do not speak in one voice as in other cantons, each speaks more or less for itself. As cantonal NGOs have become more dependent on public funds and allocation-related discussions within the network have grown, one can assume that systemic power has been weakened in recent years.

Considerations about the three different power forms in the case of the canton of Zurich show, that the AIDS prevention network's capacity to act is not as high as in other cantons. Indeed, one of the two official AIDS organizations that is located in Winterthur is fighting for survival at the moment because city authorities are forced to save money and to cut public budgets. As city funding is a condition for cantonal funding, it is not clear, if and how Winterthur's AIDS organization will continue to exist in the future. Another NGO that is facing some problems due to economy measures by the public sector is *Herrmann*. *Herrmann* is dealing with preventive measures for male sexworkers in the city of Zurich and had to reduce some of its services already. The other NGOs in the canton of Zurich however have been resistant to challenges caused by normalization trends and economy measures so far.

5 Conclusion

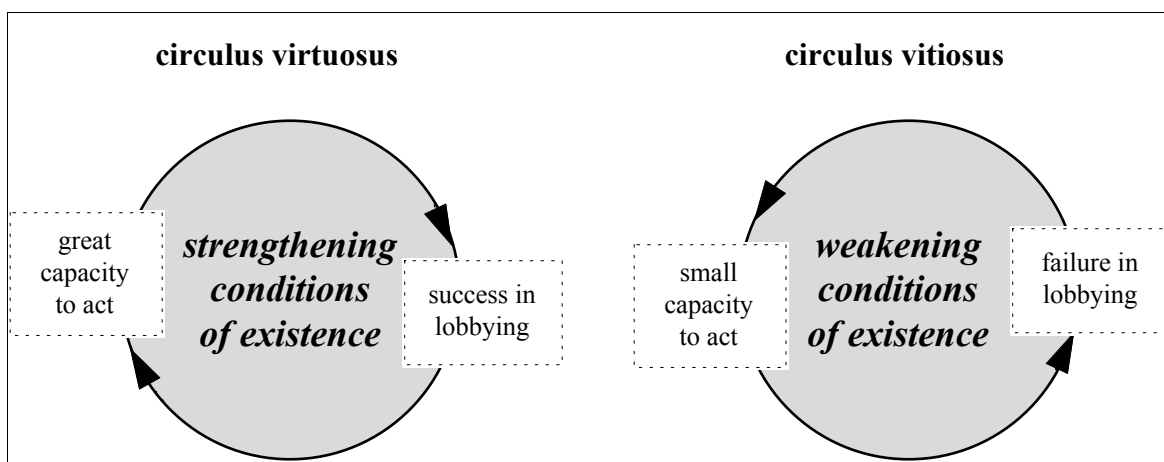
In the urban regime approach systemic power is more or less explicitly attributed to business interests, because of their „control over investment decisions and resources crucial to societal welfare“ (Stoker 1995: 64). The fact that in AIDS prevention policy business interests do not matter points to the importance of public authorities and their command power capacity. For

Smith it is clear that the most important and powerful actors within policy networks are state agencies: „it is government which creates the network, controls access to the network and the rules of the game.“ (Smith 1993: 59). As we have seen in the empirical part of this paper, state authorities are indeed very important actors within Swiss AIDS prevention networks as NGOs engaged in this field nowadays are much more dependent on public funds than what used to be the case in the past.

5.1 **Circulus virtuosus and circulus vitiosus**

As public donations went back dramatically in the phase of normalization, it is of central importance for NGOs to tap state resources and to keep them flowing in the long run. Indeed, we have found two reciprocal, self-intensifying processes that determine the strength or weakness of an AIDS prevention network (see figure 3). (Kübler et al. 2002: 150-1). On the one hand, there exist AIDS prevention networks with a stable public funding that are capable to maintain their secure position by political lobbying, i.e. by acting on command power. A great capacity to act and success in lobbying intensify each other; this process can be named as *circulus virtuosus*. On the other hand, there exist AIDS prevention networks with members that are fighting for survival. They are therefore weakend and are not capable of developing successful strategies for generating increasing public funds. A small capacity to act and failure in lobbying intensify one another as well; we speak of a *circulus vitiosus*.

Figure 3: *circulus virtuosus and circulus vitiosus*



Non-governmental AIDS prevention organizations in the cases of Switzerland and Geneva for example are clearly in a *circulus virtuosus*. The relevant NGOs dispose of a great capacity to act and do have sufficient resources to maintain their conditions of existence through lobbying and other measures. On the other hand, the NGOs in the canton of Solothurn do have only a small capacity to act and do not dispose of sufficient resources to go for an effective lobbying. Thus, their conditions of existence are weakend in the long run.

5.2 Network change and power change

In this paper we have shown that power differentiation may be a helpful analytical tool for a better understanding of policy networks's capacity to act, even when these policy networks are not understood in an urban regime theory kind of way. Case studies have shown that policy networks in the HIV/AIDS domain have undergone important changes since the beginning of the epidemic. These changes can be explained partly with changes in relation to the three power forms command, systemic and coalition power. Let us look at AIDS prevention networks and the importance of different power forms in the early phase of the epidemic that is characterized by mobilization on the basis of alarming HIV-test results and by the formulation of innovative measures in the field of prevention as well as patient care. In this phase of policy responses towards HIV and AIDS, gay organizations and other NGOs that were managed by psycho-social professionals were the most important actors in the field. They were the first actors in the field, understood the needs from their target groups and were very well accepted by them. As AIDS produced great anxieties within the public, donations flew to a great extent. In other words, if public authorities wanted to gain access to population that were much concerned by the epidemic, they were forced to search for collaboration with NGOs already active in this new policy domain. These considerations point to the high degree of systemic power attributed to NGOs in this second phase.

On the other hand, command power of public authorities was only weakly developed as public resources for AIDS prevention measures had to be generated first. Furthermore, many uncertainties existed about the extent of the epidemic and the most fruitful measures against it. Furthermore, AIDS is related to sex and drugs, themes that are not easy to handle for state authorities. Thus, state agencies were thankful for already existing NGOS and began to seek collaboration with them. These considerations show also that collaboration and a more cohesive

coordination between all the relevant not-for-profit and public actors had to be developed first and did not exist from the beginning. In other words, coalition power did not reach a high degree in phase two of policy responses towards HIV and AIDS.

In the course of the years, these formerly loose AIDS prevention networks developed to more and more institutionalized policy communities, or exceptionalist alliances as Rosenbrock et al. (2000) have labelled them. To be able to tap state resources, NGOs were forced to adjust their structures and activities more and more to business management criteria. Thus, former activist self-help organizations have changed to professional health organizations. What are the consequences of this change in terms of power forms? Of course, command power of public actors has grown as they were endowed with respectable funds to be able to fight the virus. Similarly, NGOs donations went back dramatically and they became much more dependent on state agencies if they wanted to survive in the long run. So on the whole, the role of public actors and their importance within the exceptionalist alliance has grown, a fact that points to the higher degree of command power of public actors. As Klijn and Koppenjan (2000: 147) put it: “the difference in the distribution of resources matter. Actors will use them to influence the process and the substance of the interaction.”

Similarly with the growth of command power on the side of public actors, the systemic power of NGOs within the exceptionalist alliances decreased. As we have seen above, NGOs nowadays usually dispose of less financial resources due to less donations of the public and have become more dependent on state funding. While NGOs in the AIDS prevention domain have been the only actors for a long time because of missing medical treatment possibilities, the importance of the clinical sector has grown with the advent of highly active antiretroviral therapy. This means that NGOs nowadays are not in a competitive situation with the clinical sector but have to share their formerly privileged position in the field of AIDS with other actors in the public health domain. On the whole, HIV/AIDS is no longer seen as a major threat, another fact that points to the weaker position of NGOs within exceptionalist alliances and therefore of a lower degree of systemic power.

Coalition power on the contrary has grown within AIDS prevention networks. As the importance of public actors has raised, they try to have more influence on the network participants. To be able to exercise more of their command power, the uncoordinated activities of the various NGOs

in the field had to be brought together and bundled to guarantee a coherent, longterm policy. Of course, this task was facilitated by the fact that NGOs were forced to tap public resources to be able to expand their activities and to maintain them in the long run.

Of course, when AIDS prevention networks change from loose networks to exceptionalist alliances, power forms within these networks do not always change as described above. In the case of Solothurn for example, all three power forms have remained at a very low level at all times. On the other hand, there exist cases where the involved NGOs have succeeded in maintaining their high degree of systemic power even in the phase of normalization (see the case of Geneva for example). Finally, the case of Geneva is a good example to show that the better members of a given network are able to maintain the different power forms on a high level, the more resistant such a network is to change and the better its capacity to act can be maintained.

6 Methodological Appendix

The paper draws upon two major sources of empirical research. Within the scope of a study that was financed by the Federal Office of Public Health, five case studies have been conducted at the cantonal level, one at the national level (see Kübler et al. 2002). In a currently ongoing follow-up study - financed by the Swiss National Science Foundation - we are exploring seven AIDS prevention networks at cantonal and two at national level (Switzerland, France). The aim of the case studies is to produce a „thick description“ (Geertz 1987) of developments and dynamics found in each case under scrutiny. Five types of data sources have been used:

- secondary analyses on HIV/AIDS policy conducted by other authors in Switzerland and abroad;
- official data published by governments and health authorities on epidemiological trends, as well as on government expenditures in the investigated HIV/AIDS policy domains;
- documents, reports and ‘grey literature’ published by actors involved in prevention or treatment of HIV/AIDS in the various countries and local contexts;
- in-depth interviews with government officials, professionals, interest group representatives as well as members of non-government organisations involved in HIV/AIDS prevention and treatment.

Title of research project: Aidspolitik in der Schweiz: Welche Normalisierung? (AIDS policy in Switzerland: which normalization?)	
Case studies	Number of interviewees
Switzerland	7
Geneva	5
Lucerne	5
Solothurn	4
Ticino	6
Zurich	5
Total:	32
Title of research project: The future of HIV/AIDS prevention in the age of normalization. Switzerland in the light of European tendencies	
Case studies	Number of interviewees
Switzerland	8
France	11
Argovia	5
Geneva	5
Grisons	5
Neuchâtel	5
St. Gall	4
Ticino	to be done
Zurich	7
Total:	43

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