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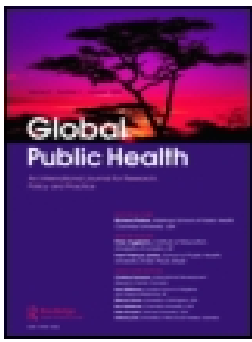
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Behind the scenes: International NGOs' influence on reproductive health policy in Malawi and South Sudan

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ABSTRACT

Global health donors increasingly embrace international non-governmental organisations (INGOs) as partners, often relying on them to conduct political advocacy in recipient countries, especially in controversial policy domains like reproductive health. Although INGOs are the primary recipients of donor funding, they are expected to work through national affiliates or counterparts to enable 'locally-led' change. Using prospective policy analysis and ethnographic evidence, this paper examines how donor-funded INGOs have influenced the restrictive policy environments for safe abortion and family planning in South Sudan and Malawi. While external actors themselves emphasise the technical nature of their involvement, the paper analyses them as instrumental *political* actors who strategically broker alliances and resources to shape policy, often working 'behind the scenes' to manage the challenging circumstances they operate under. Consequently, their agency and power are hidden through various practices of effacement or concealment. These practices may be necessary to rationalise the tensions inherent in delivering a global programme with the goal of inducing locally-led change in a highly controversial policy domain, but they also risk inciting suspicion and foreign-national tensions.

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Introduction

In 2011, the UK Department for International Development (DFID) funded two international non-governmental organisations (INGOs) to implement a programme designed to reduce maternal mortality from unwanted pregnancy in 14 countries in Africa and Asia. Alongside providing various family planning and safe abortion services, the INGOs were also tasked with influencing national policy environments, specifically by encouraging 'locally-led changes towards appropriate laws and policies that support women and girls to make their own decisions about their sexual and reproductive health' (DFID, 2013, p. 7).

Attempts by donor governments to redefine the political priorities of the recipient countries of aid are, of course, nothing new; it has even been described as the very foundation of international development (Hunsmann, 2016). In the history of international health collaboration, bilateral and multi-lateral donor influence helps to explain why many low and middle-income countries with quite different political, cultural and health systems contexts have adopted similar health policies around the same time (Bennett, Dalglish, Juma, & Rodríguez, 2015; Meyer, Boli, Thomas, & Ramirez, 1997).

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This is particularly striking with regard to population and reproductive health policies (Barrett, Kurzman, & Shanahan, 2010; Hessini, Brookman-Amissah, & Crane, 2006; Robinson, 2017), but is also the case with other global health policy domains, for example infectious disease management (Ogden, Walt, & Lush, 2003), and child survival policies (Bennett et al., 2015).

Although both bilateral and multilateral donors remain decisive in driving waves of health policy change (Khan, Meghani, Liverani, Roychowdhury, & Parkhurst, 2018), the DFID programme exemplifies a trend in which NGOs conduct political advocacy, often on donors' behalf. In the bifurcated global political scene of sexual and reproductive health, which is split between socially progressive donor organisations and NGOs on one hand and conservative, right-wing actors on the other, progressive donors have preferred to work through specialist reproductive health NGOs to avoid having to deal with recalcitrant governments, particularly in Africa (e.g. Mayhew, Walt, Lush, & Cleland, 2005; Storeng & Ouattara, 2014). This strategy is often based on an assumption that such NGOs have a comparative advantage over multilaterals and governments in this domain because they are good at formulating 'new ideas' and offering 'controversial services' like safe abortion (DFID, 2013; Minister for Foreign Trade and Development Cooperation (Netherlands), 2015). Indeed, the global trend towards liberalisation of abortion laws, regulations and policies over the past two decades is often attributed to an NGO-led transnational advocacy coalition (Boyle, Kim, & Longhofer, 2015; Finer & Fine, 2013; Hessini, 2005).

Although Western donors almost universally espouse commitment to strengthening civil society in donor-recipient countries, in practice donor governments channel most funds through *international* NGOs (INGOs) headquartered in donor countries (Bouret & Mc Donnell, 2015). Like in the DFID programme, INGOs are expected to work through national affiliates or counterparts, a practice that sociologists have likened to capitalist outsourcing (Watkins, Swidler, & Hannan, 2012). But how exactly do INGOs work through national counterparts to influence national policy change?

Amidst growing scholarly attention to the complex politics of reproductive health governance (e.g. De Zordo & Mishtal, 2017; Richey, 2004; Suh, 2017; Surjadjaja & Mayhew, 2011), there are few in-depth critical studies of *specific* INGOs' political advocacy strategies at the national level. While INGOs' influence on the diffusion or transfer of ideas and policies between countries is well-recognised (Keck & Sikkink, 1998; True & Mintrom, 2001), this paper addresses one of the main critiques of the policy diffusion literature, namely its lack of attention to the *processes* involved (Dolowitz & Marsh, 2000, p. 7). Moving beyond the typology of mechanisms – learning, socialisation, coercion and competition – specified in this literature (Dobbin, Simmons, & Garrett, 2007), this paper draws on ethnographic evidence and anthropological and sociological literature on aid and development to provide a critical perspective that foregrounds INGO actors' perspectives and practices (Asad & Kay, 2014; Lewis & Mosse, 2006; Mosse, 2011; Watkins et al., 2012).

Specifically, we analyse the work of two leading international NGOs funded by DFID to influence the reproductive health policy environments of Malawi and South Sudan, two of the most conservative contexts in DFID's programme portfolio, but where donors and NGOs saw a clear opportunity to influence policy. Like other 'diffusion professionals' who make it their job to spread a practice or institution (Barrett et al., 2010), our analysis shows how INGO staff embody 'travelling rationalities' (Craig & Porter, 2006) – seemingly universal concepts produced in international institutions and networks that they seek to apply in the countries in which they work (Mosse, 2011). We describe how they work through local intermediaries – or 'brokers' (Lewis & Mosse, 2006; Watkins & Swidler, 2013) – to secure partnerships with like-minded individuals in government and civil society, and thereby help shape national regulations, laws and policy in line with global norms on reproductive health and rights.

Although they emphasise the technical nature of their work, in these interactions, INGOs are political actors who operate within fields of power relations in which they mobilise both financial power and more subtle forms of power deriving from expertise and claims to moral authority (Shiffman, 2014). However, we argue that their power is often hidden from view through expert practices

that efface, or make inconspicuous, the INGOs', and indeed their donors', agency. Anthropologists have documented similar practices that conceal development workers' agency across different sectors, observing that development expertise involves a curious but inevitable 'hiding of the self in our relations with others' (Quarles von Ufford & Saleminck, 2006, cited in Mosse, 2011, p. 18). As White has described, development workers struggle to 'preserve an authorised view of themselves as facilitators of community action or local knowledge, as "catalysts", hastening but not partaking in the reaction' (White, 1999, cited in Mosse, 2011, p. 17). Although present in all domains of international development, where strong political sensitivities at both global, national and local levels, mean that INGOs often choose to work 'behind the scenes' or 'under the radar'. While perceived as necessary to enable and legitimate their approaches on the ground, such practices also shroud their work in secrecy, which can incite suspicion of their motives and feed foreign-national tensions.

Study context and methods

This study was carried out as part of a broader research-based evaluation of DFID's programme to prevent maternal deaths from unwanted pregnancy.¹ Between 2013 and 2017 we carried out policy analysis in five of the countries in which DFID intended to create an 'enabling environment' for reproductive health policy change (Malawi, South Sudan, Zambia, India and Pakistan). This paper analyses the cases of Malawi and South Sudan, where, despite important historical, political and cultural differences, we observed the implementing NGOs – Ipas, in Malawi, and Marie-Stopes International (MSI), in South Sudan – employ similar policy-influencing strategies.

DFID selected the US-based INGO Ipas and UK-based MSI to implement its multi-country programme because of the organisations' good track records and global reach. In Africa alone, Ipas is present in eight countries and MSI works in 15, whether through its own country offices or national affiliates. The INGOs often work together in global and regional policy initiatives, such as the 2016 African Leader's Summit on Safe, Legal Abortion, which pledged to 'remove all policy and administrative barriers to women's and girls' access to safe abortion services' (Ipas, 2017). However, their political advocacy approaches at the national level differ. While Ipas prides itself on its work with national authorities to advocate for policy change (Ipas, 2017), MSI is recognised for its private sector service provision and its 'advocacy by doing' approach, 'showing what works, pushing for change and ensuring reforms are then implemented' (MSI, 2017).

The award of the DFID contract in 2011 enabled MSI to set up operations in South Sudan and Ipas to expand its operations in Malawi, where MSI has also worked since 1987 through its national affiliate, *Banja La Mtsogolo* (BLM). In both countries, the INGOs operated alongside many other external actors, reflecting both countries' donor dependence. Foreign donors fund 95% and 70% of the health sector in South Sudan (DFID, 2015) and Malawi (WHO, 2015), respectively. At the start of the DFID programme both countries were classified as having extensive reproductive health care needs but 'restrictive' and, in the case of South Sudan, 'unformed' 'operating environments,' characterised by structural and systemic barriers to reform and service provision (DFID, 2013). Both countries' laws forbid abortion except to save a woman's life, or, in South Sudan, also in case of severe foetal abnormalities. Abortion, though widely considered sinful and heavily stigmatised in both places, remains frequent, reflecting very low modern contraceptive prevalence ratios. Unsafe abortions are a major cause of both South Sudan and Malawi's very heavy burden of maternal mortality, ranked first and fourth highest in East Africa respectively (Population Reference Bureau, 2016).

We used a combination of ethnographic and policy studies methods to examine how Ipas and MSI operated within broader networks of NGOs, donors and government officials in each country, including document review, repeated in-depth interviews and participant observation. We mapped national policy networks and developments, visited reproductive health clinics, observed policy events, reviewed policy and programme documents, and traced popular and media debates. We

considered documents as collective, negotiated articulations of policy actors' public positions (cf. Mosse, 2011) and thematically analysed them alongside transcripts from interviews and field notes about positions circulated orally. After obtaining informed consent, we interviewed informants (57 in South Sudan, 56 in Malawi) identified through web-searching, policy documents, and snow-ball sampling. Informants came from international NGOs (including MSI and Ipas), their national affiliates, who are nationally-registered NGOs, and other national NGOs; donor and UN agency country offices; governmental departments and Parliament; government human rights commissions; legal organisations; universities; health facilities; church organisations; and media outlets. We conducted interviews in private and recorded them when permitted. MSI, Ipas, DFID and all informants potentially identifiable in the manuscript were invited to review it for fact checking before publication. Three individuals withdrew consent for data they had provided to be used.

Because the study covered highly sensitive issues, and certain stakeholders were concerned that its findings can be distorted and used politically against them, we have had to anonymise to a greater degree than would otherwise be necessary. This includes removing citations to newspaper articles, blogs and websites that reveal individuals' identities.

Brokering alliances, resources and frames

Senior staff at MSI and Ipas's headquarters often described their role to us as offering technical advice. In an email about the DFID programme, for instance, one senior policy advisor said: 'Policy change is complex and our work is based on evidence of what's happening in country. We use human rights standards and global evidence and standards and guidelines on abortion to facilitate knowledge sharing that can inform existing policy processes and practices at the national level'. Technical support is clearly an important aspect of INGOs' work, reflecting that the use of evidence is one of the main means of legitimising external intervention into policy processes (Ferguson, 1994; Hunsmann, 2016; Li, 2007; Mosse, 2011). However, 'technical support' is an incomplete characterisation of INGOs' policy work. In Malawi and South Sudan, Ipas and MSI not only became important *technical* partners, but also instrumental *political* participants in ongoing processes to shape or reform national policy environments. Both INGOs, whether directly or, more often, through their national affiliates, acquired central positions within national policy networks and processes. As we show below, they did this by strategically brokering alliances and resources, including financial support, evidence, and 'frames' (concepts or strategies that hold discursive power) to gain access to key decision-makers and help reconceptualise available policy options (cf. Asad & Kay, 2014).

Ipas's role in Malawi's abortion law reform

In Malawi, Ipas, working through its country office, became an important participant in a process to reform the country's restrictive abortion law, enabled by its extremely close working relationship with the Malawian Ministry of Health's Reproductive Health Unit (See also Daire, Kloster, & Storeng, *in press*). This relationship dated to the African Union's Conference of Ministers of Health in Maputo, Mozambique, in 2006, which resulted in the Maputo Plan of Action on Sexual and Reproductive Health. The plan, which Malawi ratified the following year, included commitments to address unsafe abortion. After meeting in Maputo, Malawi's Minister of Health invited Ipas to advise the government on how to handle unsafe abortion. This continued the Ministry's tradition of collaborating with reproductive health INGOs, such as the partnership it initiated in 2000 with the American INGO Jhpiego to scale up post-abortion care to prevent deaths from unsafe abortions. In 2008, the Ipas African Alliance in Kenya invited Malawian government and civil society actors to regional workshops on comprehensive abortion care, after which participants from the Malawian Reproductive Health Unit and Human Rights Commission petitioned for abortion law reform. The same year, Ipas set up its Malawi country office in rented space within the Reproductive Health Unit, and registered Ipas Malawi as a national NGO initially focusing on service provision.

The Malawian Reproductive Health Unit and Human Rights Commission's call to review the abortion law in 2008, and a subsequent call in 2011, faltered due to insufficient political support. However, in 2012, Ipas Malawi's newly appointed policy associate, a former lawyer with the Malawi Human Rights Commission who would become Country Director from 2015, mobilised new evidence demonstrating the enormous burden of unsafe abortion in Malawi, thereby increasing pressure on the government to fulfil its international commitments to address unsafe abortion. Through his extensive networks across Malawi's educated elite and civil society, he was able to strengthen and significantly expand COPUA, the Coalition for the Prevention of Unsafe Abortion, which his predecessor had formed in 2010. Although international donors and advocates often describe COPUA as a grassroots civil society network because the majority of its members are national NGOs, Ipas Malawi coordinates the coalition and its legal task force and supports it with external financing. The coalition also includes medical professional associations, public institutions, and chapters of well-established regional or global organisations such as Women in Law in Southern Africa and the Family Planning Association of Malawi, a former parastatal organisation that in 2004 became the national affiliate of the International Planned Parenthood Federation (IPPF).

Alongside supporting COPUA, Ipas Malawi used DFID funding to work with the Ministry of Health's Reproductive Health Unit to disseminate the public health evidence upon which the government could interpret the benefits and consequences of legal change. According to an informant from DFID's Malawi office, Ipas staff helped identify 'like-minded' individuals to form a Special Law Commission to review the abortion law. Commissioners came from across the Ministries of Health and Justice, as well as religious councils, traditional leaders, the Malawi Law Society and Malawi College of Medicine (Malawi Law Commission, 2015). Several informants cited the appointment of this commission as indicative of Ipas's influence within Malawi's political sphere. Moreover, the Ipas country office provided sample laws and background papers to the Special Law Commission and even helped it draft a Termination of Pregnancy (ToP) Bill (often referred to simply as 'the abortion bill'). This bill, expands abortion indications to include threats to a woman's physical or mental health, pregnancy resulting from rape, incest or defilement, and severe malformations that threaten the viability of the foetus (Malawi Law Commission, 2015).

After the bill was launched at a press conference in July 2015, Ipas and COPUA's advocacy efforts helped to achieve cross-party support and formal statements of endorsement from traditional authorities, civil society networks and senior public officials in the Ministry of Health, and even some religious leaders. COPUA members, including informants from the MSI affiliate BLM and Malawi's Family Planning Association, attributed this success to Ipas's strategy of framing unsafe abortion as a public health challenge that must be addressed to meet the country's broader commitment to the Millennium Development Goal of reducing maternal mortality. Indeed, Ipas often uses health framings in its advocacy materials, with one training manual referring to unsafe abortion as a 'pandemic' (Ipas, 2014). In Malawi, such a framing sought to shift the debate on abortion away from morality, religion and even rights, which, a COPUA member claimed, is the 'best way of meeting the pro-life opposition.' As he put it, 'you can ask them "do you want this many women to die?" No. And we don't show them the rights argument'.

Even though Parliament had not yet considered the Termination of Pregnancy Bill and it remains subject to push back from internationally-supported anti-abortion groups, representatives of both donor agencies and INGOs considered the law review process an important step because it has helped break the political taboo of discussing abortion in public. Many observers we interviewed attributed these successes largely to Ipas, without distinguishing between the INGO and its national affiliate. Indeed, its formative role was emphasised at the 4th global Women Deliver conference in Copenhagen in 2016, where a Malawian chief involved in the process said they could have never done it without Ipas.

MSI's role in forming South Sudan's reproductive health policy environment

Meanwhile, in South Sudan, MSI worked with other international donors, NGOs, and Ministry of Health allies to shape a largely unformed reproductive health policy environment. After decades of conflict, the granting of regional (Southern) autonomy in 2005 and ultimately secession in 2011 provided an opportunity for systemic reforms through policy-writing, law-making and coordinated implementation of an essential healthcare package (Cometto, Fritsche, & Sondorp, 2010). Despite institutionalisation of many liberal human rights commitments during this period, after the war, in 2008, Southern Sudan adopted an abortion law even more restrictive than that previously used under Sudan. Sudan's law also permits abortion in cases of rape or incest (MoLACD, 2009, sections 216–222). Although they have never challenged the abortion law directly, since 2006, reproductive health advocates within the Ministry of Health, multilateral and bilateral donor organisations and NGOs have used the policy development process to legitimise liberal strategies. In 2013, officials at DFID's South Sudan office said they hoped that MSI's 'advocacy by doing' expertise would help 'go through these initial difficult stages' with authorities to gain permission for service delivery and ultimately 'model' reproductive health discourse and delivery to other NGOs commissioned to deliver government services.

While Ipas is known globally for its public sector links, MSI specialises in private sector service delivery. To achieve favourable regulatory conditions for its work, in South Sudan MSI built alliances with other INGOs with closer government links. Notably, this included Jhpiego, which the United States Agency for International Development (USAID) in 2012 had funded to appoint an expatriate expert to help coordinate and write policy input within the South Sudanese Reproductive Health Directorate. Many overworked Ministry officials valued this contribution to manpower, and empowered the Jhpiego advisor to 'represent' the Ministry of Health in meetings as needed (Jhpiego, 2014), in part because he could be more outspoken than they could afford to be.

Expatriate INGO consultants drafted technical content in policy documents. To frame and legitimise them, the Jhpiego advisor and Reproductive Health Director consulted as many people as possible from nursing and medical training schools, UN agencies and NGOs, including MSI. Military discourses about reproduction from the 1990s pressured women to ignore customary birth spacing techniques to rapidly replace the population sacrificed in war (Jok, 1999). Development partners and their allies in the Ministry of Health considered it necessary to overturn these before politicians would be willing to adopt liberal policies and before INGOs, who feared sanctioning by other parts of the government, would implement them. Policy authors therefore collectively adopted language which framed 'quality reproductive health services including family planning' (MoH-GoSS, 2013a, p. 1) as a casualty of war and thus something that a nation which fought for peace should address (Palmer & Storeng, 2016). They furthermore inserted into the national Reproductive Health Strategic Plan the 'policy imperative' to '[c]reat[e] an enabling environment for increased private sector, NGO and community involvement in MRH [maternal and reproductive health] service provision and finance' (MoH-GoSS, 2013b, p. 10), and incorporated 'progressive', 'state of the art' concepts about family planning and post-abortion care (Michael et al., 2007, p. 12).

Although the entrenchment of conflict has since weakened international relations and severely hampered service delivery, when these policy documents were 'launched by none other than His Excellency, the President' in July 2014 (Health Cluster South Sudan, 2014), those who had worked on them saw this as undeniable evidence of a transformation in the enabling environment. Like in Malawi, observers argued that the policy documents would not have been written and passed without INGO input and a local DFID official even claimed that 'we wouldn't be here without them [MSI]'.

In both countries, then, INGOs working through their national affiliates played crucial roles through alliances with other national and international actors. Staff at both Ipas and MSI's headquarters described these arrangements as indicative of the trust they had won. From these centralised partnerships, both INGOs then targeted elite networks to transform individuals within them into policy advocates or policy 'diffusion professionals' (Barrett et al., 2010). According to one of the

commissioners, Ipas trained journalists and lawyers and funded study tours in 2014 for Malawian commissioners to study abortion law reform in Mauritius, Zambia and Ethiopia. Meanwhile, MSI funded a tour for South Sudanese Ministry of Health officials to their programmes in Kenya and Uganda. According to a DFID observer in South Sudan, these trips ‘really transformed [Ministry] opinion [...] because [MSI] had those key people [in the ministry]’.

The layered practices of effacement

Although external support and funding clearly played a central part in enabling national policy processes, we observed that such influence and the power it reflects is often hidden from view through various practices of effacement or concealment that downplay foreign agency and attribute it to national or local ownership. Such practices occurred along the whole ‘aid chain’ in both countries (Watkins & Swidler, 2013). At the top, DFID was discrete about its financial support to its INGO subcontractors’ political advocacy. Despite its clear position on abortion in global-level fora (e.g. DFID, 2010), DFID and other donors are typically less outspoken about their views in the context of bilateral development programmes. Although DFID aims to be ‘as transparent as possible,’ it made only a selection of programme documentation publicly available and encouraged little or no public communication about programme aims, citing ‘security risks’ (DFID, 2018). Donors like DFID take advantage of the opaqueness of development structures to achieve discretion around reproductive health programming and particularly policy work. As an MSI representative explained, recipient governments may know that a particular donor is funding INGOs, but not that they have a programme output indicator focused on policy change. An official at DFID’s Malawi office furthermore explained that the decision to fund INGOs directly from DFID headquarters allows country office staff to exercise wilful ignorance and protect their broader agendas and diplomatic relations. ‘For us in the country not to be directly involved is an advantage because it focuses on a sensitive area, the sensitive topic of abortion and we don’t [want] whatever we’re trying to do to be clouded’. Moreover, the official claimed, working through INGOs with strong national-level alliances helps to avoid accusations of inappropriate or even ‘neo-colonial’ donor interference, a constant threat given the rising influence of anti-abortion groups who mobilise this kind of rhetoric: ‘Ipas, is working within the reproductive health unit of government so it is not seen as part of [the donor], it’s seen as a unit of government’.

At discussions with INGO headquarters and in international fora, agency for policy change processes was most often attributed to country-level staff, and external involvement was downplayed, described as ‘bouncing off ideas’ and sharing examples and suggestions, but not driving the process. While country-level staff often praised colleagues in their overseas headquarters for providing indispensable technical, legal and moral support in their everyday work, they also emphasised the importance of discretion around such collaboration. A COPUA member, for instance, told us that for the INGOs ‘it is advisable to work behind the scene – that is the best strategy’. Referring to the abortion law bill, he explained: ‘They [INGOs] will say: “We’ll be in the back, we’ll give you support, we’ll give you technical expertise”, but we’ll be the one taking the report to the parliament.’ In keeping with this depiction, we observed that Ipas’s Malawi office did not flout its involvement in the law reform process. For example, its presence within a Ministry of Health building in Lilongwe was indicated by a simple printed A4 sheet on the office door, a contrast to the prominent public profiling and branding often associated with NGOs. Most of Ipas Malawi’s public advocacy events were conducted ‘through’ the national COPUA, such that many policy actors in Malawi said Ipas and COPUA are ‘one and the same.’ Ipas’s (and COPUA’s) local legitimacy was strengthened by choosing a Malawian national as its lead representative. According to a COPUA member, the Ipas country director’s Malawian nationality was one of the reasons why he had so successfully become the public face of the safe abortion campaign. In contrast, he claimed it would be very difficult for MSI’s Malawi affiliate BLM to take up this role, because their country director was European, and ‘the advocacy cannot be seen as coming from outside’. Such concerns were part of the reason why BLM declined public COPUA

membership, though, as one BLM representative explained, ‘in terms of advocacy – yes, we are behind the scenes supporting Ipas’, for example, through discreetly contributing funds to COPUA’s advocacy campaigns.

In South Sudan too, INGOs’ country representatives downplayed their contributions even where national policy actors emphasised their formative role, instead attributing policy successes to national civil society or government. MSI, for example, described themselves as just ‘one of many actors’ who contributed to policy developments through technical working groups. They sought to ‘take a back seat and keep a low profile in terms of their involvement, and allow the government to clearly own the work and launch it’ (Newport & Walford, 2013, p. 126), going so far as to request their contributions remain anonymous in policy documents.

Managing the risks of policy engagement

Such practices of effacement are, we argue, necessary to rationalise the tensions and contradictions inherent in delivering a global programme with the goal of inducing locally-led change. Donors and INGO representatives alike face pressure to demonstrate adherence to their global-level commitments to promote country ownership and civil society involvement (Sridhar, 2009), and understandably do not want to be accused of *driving* policy changes when they work hard to create partnerships with national and even local actors. They recognise that the legitimacy and ultimate success of policy processes hinges on these processes being perceived as locally grounded.

Such sensitivities have become particularly acute within a context of state-led efforts to control processes of development, with East African governments increasingly adopting legislation prohibiting foreign interference in their policy processes in the interest of protecting national sovereignty (Hamsik, 2017). This was particularly important in South Sudan where a strong post-conflict nation-building discourse discouraged privatisation. MSI and even the internationally-funded national IPPF affiliate therefore incorporated such awareness of the political economy of aid into their strategies to manage seemingly ideological opposition to their work on reproductive health.

Globally, both IPPF affiliates and MSI commonly incorporate private (though sometimes non-profit or social franchising) clinics in their programmes. A member of Options, a London-based consultancy organisation owned by MSI, claimed that MSI operates from the private sector partly because it values the development potential of private sector dynamics. However, foreigners who open fee-charging clinics are often distrusted as they are seen as coming to South Sudan to make money and are suspected of out-competing local NGOs. Moreover, in the public imagination, the state has less ability to monitor private clinics (Palmer & Storeng, 2016), and MSI therefore had to manage intense scrutiny of its facilities. Such scrutiny intensified after a South Sudanese staff member, in the words of a donor representative, ‘leaked’ internal documents to a US-based blog and publicly accused the organisation of providing abortions illegally at their clinics. Although the allegations were not substantiated, MSI responded by relocating one of their clinics *inside* a government hospital. The Jhpiego advisor similarly helped the IPPF affiliate, whom he described as being ‘stuck’ for six years after the government seized their offices and refused them permission to work, to ‘think through how to get [East African] funding, how to establish a new name, to re-brand as RHASS [the Reproductive Health Association of South Sudan],’ rather than as an organisation operating under northern Sudanese leadership with Middle Eastern support. Such strategies helped to make the NGOs seem less foreign and ‘private’ and thus part of the collective post-war nation-building political project. Accordingly, a RHASS leader claimed that the organisation counts the Jhpiego advisor as among the organisation’s ‘pioneers’ who were instrumental in introducing them to parliament to sanction their reformation and expansion into new states. Individuals in government now view RHASS as ‘a national focal point’, even a ‘wing’ of the Reproductive Health Directorate to whom they can look for policy implementation.

Within the context of work on reproductive health, the political challenges of development practice are compounded by the need to manage globalised opposition to reproductive health rights, which similarly seeks to influence donor-recipient country policy. With the US Government the largest provider of aid globally, the 1973 Helms Amendment restriction on NGOs' use of US foreign assistance funds for abortions profoundly shapes the policy environment in subtle but significant ways, including by restricting free speech (Skuster, 2004). The re-instated Mexico City Policy goes even further, prohibiting organisations receiving US funding from using their private funds to offer counselling, advocate for or provide legal abortion services (Starrs, 2017). In recent years, even countries with liberal abortion laws have seen a rise in procedural barriers that limit the availability of abortion services (Finer & Fine, 2013), while an increasingly globalised 'pro-life' movement has waged campaigns to defund or expel reproductive health INGOs from donor-recipient countries (Colquhoun, 2015) and disseminated conspiracy theories. For instance, the US-based 'pro-life' organisation Human Life International has claimed that the true objective of international reproductive health agreements like the Maputo Protocol, is 'to force abortion on every country in Africa' as 'part of the decades-long campaign by Western elites to reduce the number of black Africans' (Human Life International, 2011). The organisation has made personal attacks on reproductive health advocates, including in Malawi. Those involved in safe abortion and even family planning work thus take on huge institutional, operational, financial and even personal risks.

Within this context, it is not surprising that donors with progressive positions on reproductive rights rely on specialist reproductive health INGOs to front their positions and implement their programmes. Even USAID is rumoured to rely on such INGOs so that it can be more progressive than the laws of the country it represents. In addition to their confidence in INGOs' ability to 'deliver results', INGOs' longstanding experience in navigating tensions and in establishing discrete and trusting working relationships with sympathetic actors within governments makes them very attractive implementing partners for government donors like DFID. As one DFID country office staff member put it, MSI 'has ways of messaging or tools that they use that work and they're not scared of talking about the issues like the other NGOs that are a little bit on tenterhooks when you say the word, "family planning"'. Revealing the tensions felt by development practitioners, a DFID South Sudan staff member admitted feeling unexpected relief when these layered practices of effacement actually led to a situation where MSI received credit for policy successes, albeit still only in closed-door meetings:

I'm proud of the fact that we didn't constantly have to say that this was because of DFID [...] I felt like maybe that's how things should really be. It allowed [MSI] to be [...] an equal partner in the room with the Ministry of Health, with other donors [...] to participate as an expert in their field [...] Because they *were* major players, as much as [MSI] might say they weren't, on the technical side at giving advice or influencing the agenda. And not many NGOs get into that position or are offered that position or allowed it.

Nevertheless, for INGOs, downplaying their agency, including that of their national offices, can be important to manage security risks, which are augmented in conflict situations. Another donor's characterisation of MSI's communications approach as 'extremely sensitive, almost paranoid' thus has to be seen in light of the insecure context in South Sudan, where 'all eyes are on you, bombs are going off, expats are fearful of travelling outside of Juba, people are getting thrown in jail.' Even in Malawi, however, the threat posed by rumours mischaracterising their services as illegal accounted for BLM's decision to eschew open policy work. To avoid false accusations of illegal activity, NGO staff constantly have to imagine the political consequences of their work.

Over time, the INGOs responded to increasing sensitivity towards the US government position, and to what informants described off the record as a growing realisation that they had overestimated how permissible the South Sudanese environment was. While early MSI country documents in South Sudan referred to a 'shared goal of providing accessible and affordable modern contraception and safe abortion services' (MSI, 2012), after 2012, terms such as 'abortion' and sometimes even the less controversial 'post-abortion care' were dropped from their newsletters and annual

donor reports. Similarly, Jhpiego reports to USAID never mentioned their work on post-abortion care at all, even though it is legal (Jhpiego, 2014). In one state in South Sudan, according to informants from an NGO working there, USAID-funded NGOs pressured MSI to withdraw from service delivery collaborations fearing their USAID primary healthcare funding was at risk. Similarly, in 2011, USAID threatened to withdraw its funding for the Malawian Ministry's Reproductive Health Director post, after learning that he was planning to disseminate findings on the magnitude of unsafe abortion in Malawi, arguing that it was advocacy and hence a violation of 'statutory restrictions on his funding' (Goldberg, 2011, p. 36). Others told us they anticipated that the abortion bill might not pass because of the government's wish to avoid antagonising USAID, its main development partner.

Suspicion and de-legitimation

Although discretion clearly serves strategic ends within very difficult working conditions, being an invisible partner in national policy processes can also feed suspicion and tensions at the country level. For instance, in trying to de-legitimize the Malawian campaign for abortion law reform, US- and UK-based pro-life organisations have written newspaper articles and blogs that publicly expose Ipas as the foreign organisation behind COPUA and have accused Ipas publicly of 'buying' local civil society to hide its own influence (*citation removed to protect anonymity*). Moreover, they have used Ipas's discretion about its involvement as fodder for their conspiracy theories about a secret Western eugenic mission in Africa. In an email, Human Life International's regional coordinator for English-speaking Africa even claimed that international actors like Ipas and its allies are 'targeting the country [Malawi] for depopulation' and promoting the 'anti-life package designed to deconstruct African life and culture.' By building their own alliances with like-minded national actors, international pro-life groups mobilise such claims when lobbying parliamentarians to reject the abortion bill.

In South Sudan, MSI's secrecy fed into both political sensitivities around abortion and government dislike of INGOs operating outside of their control, which only grew as the country returned to war at the end of 2013. DFID had wanted MSI to participate in the post-conflict state-building project and show other generalist NGOs that it was possible to engage successfully in the sensitive area of family planning. According to one donor official, however, some government actors perceived MSI clinics as 'against the government'. By operating against the norm at arm's length to the state, MSI ended up antagonising the government and could not shake the unsubstantiated rumours that it operated illegal services. This made them vulnerable to the state's bureaucratic power, which, as a key member of South Sudan's NGO health forum has described, in the current political atmosphere has the potential to lead to the death of an NGO 'by a thousand paper cuts' (Hamsik, 2017, p. 1).

After less than four years in the country, the government declined to renew MSI's memorandum of understanding, forcing MSI to shut down operations and leave. Officials within MSI and DFID were unsure whether the true reason for this expulsion was the abortion rumours or senior government members' wish to cut out competition for a new donor-funded service agreement that was eventually awarded to a consortium of national NGOs led by the Reproductive Health Association of South Sudan. This demonstrates how interrelated the sensitivities around reproductive health are with the political economy of aid. USAID also elected not to renew funding for the Ministry of Health-embedded Jhpiego position because, according to a donor informant, despite good relationships with individual reproductive health advocates in the Ministry, bilateral donors can no longer be seen to collaborate so closely with the state. Tellingly, since the departures of MSI and the Jhpiego advisor in 2015 and 2016, respectively, a representative from another INGO observed that any further policy writing has stalled: 'if we need a policy, we can't get it done anymore because no one has time,' while international actors remain 'very nervous' to talk about abortion following 'the MSI experience.'

Conclusion

In this paper, we have shown how international NGOs working in Malawi and South Sudan have become key actors within national processes to develop reproductive health policy or even enact legislative change, working on behalf of their donors to do so. As external actors – even when working through national affiliates – they represent a set of ideas often viewed as ‘un-African’ and that may be threatening. They therefore have to work hard to establish their legitimacy. This process involves managing the delicate tension between seeking legitimacy from ‘above’ (e.g. INGO headquarters, donors and the broader global health field) and from ‘below’ (acceptance by national policy makers, civil society organisations or the population in the countries where they work) (Walton, Davies, Thrandardottir, & Keating, 2016). We have suggested that they seek legitimacy and, in turn, policy influence by leveraging resources of various kinds (Asad & Kay, 2014). This is often facilitated by recruiting well-placed and highly skilled national-level brokers or by ‘embedding’ foreigners into government departments. These actors are valuable precisely because they can help ‘translate’ (Mosse & Lewis, 2006) global reproductive health goals into terms more likely to be acceptable at the local level. In both Malawi and South Sudan, this involved the common development practice of ideological effacement through making claims to transferring globalised technical knowledge (Ferguson, 1994; Li, 2007; Mosse, 2011).

One of the main effects of donor support to these NGOs is to enable hybrid INGO/state alliances that bring external actors into the heart of the national policy-making process. The senior INGO staff and the bilateral donors who fund their organisations are ever-present through their financial support and influence on programme design, but are rarely visible. Although widely described as ‘partnerships’, these new alliances are inevitably marked by power differentials. Not only do INGOs, as the primary recipients of donor funding, wield financial power over their counterparts in government and within civil society. They also wield normative and epistemic power, deriving from their claims to global moral standards and expertise (Shiffman, 2014).

Because donors and INGOs require intermediaries to influence government actors in official and unofficial fora, donor programmes’ ambition to promote ‘locally-led’ civil society groups can, in practice, be reduced to strengthening established groups of elites within and outside government. True grassroots mobilisation may, as a consequence, be lacking even though initiatives are widely described as ‘locally-led’, as scholars have observed in other global health programmes’ attempts to strengthen civil society in recipient countries (Doyle & Patel, 2008; Harmer et al., 2013; Kapilashrami & O’Brien, 2012). Meanwhile, little attention is devoted to questioning what might be lost in displacing more rights-based and feminist discourses with seemingly safer technological and public health frames. Within this context, support for ‘locally-led changes towards appropriate laws and policies’ may be one of those umbrella-like concepts that Watkins and Swidler (2013) have described as unstable in their meanings. It allows groups with very different agendas to ‘get along’ if they can avoid confronting the different meanings they attach to the same words (as in Malawi) – but leads to clashes when they cannot (as in South Sudan).

The INGO practices we have observed in Malawi and South Sudan of course reflect the controversial nature of abortion and family planning policy. Conceivably, in very different contexts, such as the US, where abortion is also hotly contested, NGOs may resort to very similar ‘behind the scenes’ strategies in dealing with policy makers. However, the politics of concealment take on specific dimensions within the context of international development work. In South Sudan, donor emphasis on private-sector strengthening in reproductive health service delivery was perceived as anti-government and had severe consequences for MSI. However, even when NGO programmes appear almost fused with government, as in the case of Ipas, they too can suffer de-legitimisation attempts based on the organisation’s or programme’s international parentage. Pointing out the hypocrisy of wealthy government policies which appear as being for ‘export only’ has been a particularly powerful rallying cry in the history of global resistance to population control (Barrett et al., 2010). It is precisely INGOs’ international backing that pro-life groups in Malawi have sought to expose to de-legitimate

Ipas Malawi and COPUA as agents of neo-colonialist eugenicists, while ignoring the irony that the pro-life groups are themselves internationally funded and supported. In this climate, it is uncertain whether the attacks against them would be less vehement if the INGOs, and their donors, adopted a more open stance, though in South Sudan, we have observed a public desire for clarification around the 'rules' of abortion provision by international organisations (Palmer & Storeng, 2016). Many policymakers also viewed MSI's steps to operate more openly after their clinics were scrutinised as an effective response.

Cleland and Watkins (2006, p. 2) have argued that success in liberalising public opinion towards reproductive health issues requires a process of domestication whereby ownership of the development agenda passes 'from the domain of officialdom to the people themselves,' a process which takes time. Services need to be available for people to experience and rationalise them in local terms, so providing and protecting them through policy work may be part of the wisdom in an 'advocacy by doing' approach like the one MSI takes. While seemingly alien ideas about reproduction can be expected to be greeted with suspicion, however, we have argued that attempts to efface external agency contributes to this problem and feeds opposition which is not only ideological, but is also concerned with persistent economic inequalities in international aid. Thus, as long as international funding is involved, debate around not only international actors' messages about abortion and family planning, but also their development practices, need to be recognised as part of this domestication process.

The specific strategies that we have described, including the ones of behind-the-scenes concealment, highlight that the process of global-national policy transfer is in no way about the neutral diffusion of technical evidence and policies from one level or place to another. Rather, it is a fundamentally political process that, like the broader global health politics of which it is part, is 'shot through' with power (Lee, 2015, p. 257).

Ethical clearance

The study received clearance from ethics review boards of the London School of Hygiene & Tropical Medicine (#6501), the Ministry of Health, Republic of South Sudan, the Office of the President and Cabinet and the National Commission for Science and Technology of Malawi, the College of Medicine, Malawi and Norwegian Centre for Research Data.

Note

1. Final report forthcoming at: <https://devtracker.dfid.gov.uk/projects/GB-1-201518/documents>.

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References

- Asad, A. L., & Kay, T. (2014). Theorizing the relationship between NGOs and the state in medical humanitarian development projects. *Social Science & Medicine*, 120, 325–333. doi:10.1016/j.socscimed.2014.04.045
- Barrett, D., Kurzman, C., & Shanahan, S. (2010). For export only: Diffusion professionals and population policy. *Social Forces*, 88(3), 1183–1207. doi:10.1353/sof.0.0306
- Bennett, S., Dalglish, S. L., Juma, P. A., & Rodríguez, D. C. (2015). Altogether now ... understanding the role of international organizations in iCCM policy transfer. *Health Policy and Planning*, 30(Suppl. 2), ii26–ii35. doi:10.1093/heapol/czv071
- Bouret, O., & Mc Donnell, I. (2015). *Aid at a Glance. Flows of official development assistance to and through civil society organisations in 2013*. Retrieved from Paris: https://www.oecd.org/dac/peer-reviews/Aid20for20CSOs20in20201320_20Dec%202015.pdf
- Boyle, E. H., Kim, M., & Longhofer, W. (2015). Abortion liberalization in world society, 1960–2009. *American Journal of Sociology*, 121(3), 882–913.
- Cleland, J., & Watkins, S. C. (2006). The key lesson of family planning programmes for HIV/AIDS control. *AIDS (London, England)*, 20(1), 1–3.
- Colquhoun, R. (2015). 7 Things you did not know about Marie Stopes International. Retrieved from <http://www.robertcolquhoun.com/7-things-you-did-not-know-about-marie-stopes-international/>
- Cometto, G., Fritsche, G., & Sondorp, E. (2010). Health sector recovery in early post-conflict environments: Experience from southern Sudan. *Disasters*, 34(4), 885–909. doi:10.1111/j.1467-7717.2010.01174.x
- Craig, D. A., & Porter, D. (2006). *Development beyond neoliberalism?: Governance, poverty reduction and political economy*. New York, NY: Routledge.
- Daire, J., Kloster, M. O., & Storeng, K. T. (in press). Political priority for abortion law reform in Malawi: Transnational and national influences. *International Journal of Health and Human Rights*.
- De Zordo, S., & Mishtal, J. (2017). *A fragmented landscape: Abortion governance and associated protest logics in Europe*. Oxford: Berghahn Books.
- DFID. (2010). DFID Policy 2010: UK's policy position on safe and unsafe abortion in developing countries (Practice paper). Retrieved from <https://www.gov.uk/government/publications/dfid-policy-2010-uks-policy-position-on-safe-and-unsafe-abortion-in-developing-countries-practice-paper>
- DFID. (2013). Business Case - Prevention of Maternal Death from Unwanted Pregnancy (Expansion) (Africa Regional Department and Asia Regional Team). Retrieved from <https://devtracker.dfid.gov.uk/projects/GB-1-201518/documents>
- DFID. (2015). *Business case and intervention summary: South Sudan Health Pooled Fund*. Retrieved from <https://devtracker.dfid.gov.uk/projects/GB-1-203109/documents>
- DFID. (2018). Health: Prevention of maternal deaths. Retrieved from <https://devtracker.dfid.gov.uk/projects/GB-1-201518/documents>
- Dobbin, F., Simmons, B., & Garrett, G. (2007). The global diffusion of public policies: Social construction, coercion, competition, or learning? *Annual Review of Sociology*, 33, 449–472. doi:10.1146/annurev.soc.33.090106.142507
- Dolowitz, D. P., & Marsh, D. (2000). Learning from abroad: The role of policy transfer in contemporary policy-making. *Governance*, 13(1), 5–23. doi:10.1111/0952-1895.00121
- Doyle, C., & Patel, P. (2008). Civil society organisations and global health initiatives: Problems of legitimacy. *Social Science & Medicine*, 66(9), 1928–1938. doi:10.1016/j.socscimed.2007.12.029
- Ferguson, J. (1994). *The anti-politics machine: 'development', depoliticisation and bureaucratic power in Lesotho*. Minneapolis: University of Minnesota Press.
- Finer, L., & Fine, J. B. (2013). Abortion Law around the world: Progress and pushback. *American Journal of Public Health*, 103(4), 585–589. doi:10.2105/AJPH.2012.301197
- Goldberg, M. (2011). All at Sea: USAID under Obama. *Conscience*, xxxii(1), 35–37.
- Hamsik, L. (2017). A thousand papercuts: The impact of NGO regulation in South Sudan. *Humanitarian Exchange*, 68, 25–28. Retrieved from <https://odihpn.org/magazine/a-thousand-papercuts-the-impact-of-ngo-regulation-in-south-sudan/>

- Harmer, A., Spicer, N., Aleshkina, J., Bogdan, D., Chkhatarashvili, K., Murzalieva, G., ... Walt, G. (2013). Has global fund support for civil society advocacy in the Former Soviet Union established meaningful engagement or 'a lot of jabber about nothing'? *Health Policy and Planning*, 28(3), 299–308.
- Health Cluster South Sudan. (2014). *South Sudan response 06 July - 19 July 2014*. Retrieved from http://www.who.int/hac/crises/ssd/sitreps/south_sudan_health_cluster_bulletin_19july2014.pdf
- Hessini, L. (2005). Global progress in abortion advocacy and policy: An assessment of the decade since ICPD. *Reproductive Health Matters*, 13(25), 88–100. doi:10.1016/S0968-8080(05)25168-6
- Hessini, L., Brookman-Amisshah, E., & Crane, B. B. (2006). Global policy change and women's access to safe abortion: The impact of the World Health Organization's guidance in Africa. *African Journal of Reproductive Health*, 10(3), 14–27.
- Human Life International. (2011). The Maputo Protocol, A Clear and Present Danger. Retrieved from www.maputo.org
- Hunsmann, M. (2016). Le «plaidoyer fondé sur des preuves» dans l'action sanitaire internationale. *Revue D'anthropologie des Connaissances*, 10(2), 219–243. doi:10.3917/rac.031.0219
- Ipas. (2014). *Youth act for safe abortion: A training guide for future health professionals*. Retrieved from <http://www.ipas.org/en/Resources/Ipas%20Publications/Youth-act-for-safe-abortion-A-training-guide-for-future-health-professionals.aspx>
- Ipas. (2017). Toward safe and legal abortion as a human right in Africa. Retrieved from <http://www.ipas.org/en/News/2017/February/Toward-safe-and-legal-abortion-as-a-human-right-in-Africa.aspx>
- Jhpiego. (2014). *MCHIP South Sudan end-of-project report (October 1, 2007–April 30, 2014)*. Retrieved from http://pdf.usaid.gov/pdf_docs/pa00k1nq.pdf
- Jok, M. (1999). Militarism, gender and reproductive suffering: The case of abortion in western Dinka. *Africa: Journal of the International African Institute*, 69(2), 194–212.
- Kapilashrami, A., & O'Brien, O. (2012). The global fund and the re-configuration and re-emergence of 'civil society': Widening or closing the democratic deficit? *Global Public Health*, 7(5), 437–451.
- Keck, M. E., & Sikkink, K. (1998). *Activists beyond borders: Advocacy networks in international politics*. Ithaca, NY: Cornell University Press.
- Khan, M. S., Meghani, A., Liverani, M., Roychowdhury, I., & Parkhurst, J. (2018). How do external donors influence national health policy processes? Experiences of domestic policy actors in Cambodia and Pakistan. *Health Policy and Planning*, 33(2): 215–223. doi:10.1093/heapol/czx145
- Lee, K. (2015). Revealing power in truth: Comment on "knowledge, moral claims and the exercise of power in global health". *International Journal of Health Policy and Management*, 4(4), 257–259. doi:10.15171/ijhpm.2015.42
- Lewis, D., & Mosse, D. (2006). *Development brokers and translators: The ethnography of aid and agencies*. Bloomfield: Kumarian Press.
- Li, T. M. (2007). *The will to improve: Governmentality, development, and the practice of politics*. Durham, NC: Duke University Press.
- Malawi Law Commission. (2015). *Report of the Law Commission on the review of the law on abortion in Malawi*. Retrieved from Lilongwe.
- Mayhew, S. H., Walt, G., Lush, L., & Cleland, J. (2005). Donor agencies' involvement in reproductive health: Saying one thing and doing another? *International Journal of Health Services*, 35(3), 579–601.
- Meyer, J. W., Boli, J., Thomas, G. M., & Ramirez, F. O. (1997). World society and the nation-state. *American Journal of Sociology*, 103(1), 144–181.
- Michael, J., Andreini, M., Mojidi, K., Pressman, W., Rajkotia, Y., & Stanton, M. (2007). *Southern Sudan maternal and reproductive health rapid assessment*. Retrieved from http://pdf.usaid.gov/pdf_docs/PNADN752.pdf
- Minister for Foreign Trade and Development Cooperation (Netherlands). (2015). *Administrative rules and model application form SRHR partnership fund*. Retrieved from Amsterdam: <https://www.government.nl/topics/grant-programmes/documents/forms/2015/04/07/administrative-rules-and-model-application-form-srhr-partnership-fund>
- MoH-GoSS. (2013a). *Family planning policy*. Retrieved from http://pdf.usaid.gov/pdf_docs/PA00JVB1.pdf
- MoH-GoSS. (2013b). *National reproductive health strategic plan 2013-2016*. Retrieved from http://pdf.usaid.gov/pdf_docs/PA00JVB3.pdf
- MoLACD. (2009). *Penal Code Act 2008, South Sudan*. Retrieved from http://www.goss-online.org/magnoliaPublic/en/Laws--Legislation--Policies/mainColumnParagraphs/0/content_files/file12/15.pdf
- Mosse, D. (Ed.). (2011). *Adventures in aidland: The anthropology of professionals in international development*. New York, NY: Berghahn Books.
- Mosse, D., & Lewis, D. (2006). Theoretical approaches to brokerage and translation in development. In *Development brokers and translators: The ethnography of aid and agencies* (pp. 1–26). Bloomfield: Kumarian.
- MSI. (2012). *MSI South Sudan newsletter 1(3): 2012 report*.
- MSI. (2017). Policy and advocacy. Retrieved from <https://www.mariestopes.org/what-we-do/our-approach/policy-and-advocacy/>
- Newport, S., & Walford, V. (2013). *Prevention of maternal deaths from unwanted pregnancy: Year 2 annual review, 1 July 2012 - 30 June 2013*.

- Ogden, J., Walt, G., & Lush, L. (2003). The politics of 'branding' in policy transfer: The case of DOTS for tuberculosis control. *Social Science & Medicine*, 57(1), 179–188.
- Palmer, J. J., & Storeng, K. T. (2016). Building the nation's body: The contested role of abortion and family planning in post-war South Sudan. *Social Science & Medicine*, 168, 84–92. doi:10.1016/j.socscimed.2016.09.011
- Population Reference Bureau. (2016). World Population Data 2016. Retrieved from <http://www.worldpopdata.org/data>
- Quarles von Ufford, P., & Saleminck, O. (2006, April). *After the fall: Cosmopolitanism and the paradoxical politics of global inclusion and authenticity*. Paper prepared for the panel on Cosmopolitanism and Development, Association for Social Anthropologists Diamond Jubilee Conference, Keele, UK.
- Richey, L. A. (2004). From the policies to the clinics: The reproductive health paradox in post-adjustment health care. *World Development*, 32(6), 923–940. doi:10.1016/j.worlddev.2004.01.005
- Robinson, R. S. (2017). *Intimate interventions in global health: Family planning and HIV prevention in Sub-Saharan Africa*. New York, NY: Cambridge University Press.
- Shiffman, J. (2014). Knowledge, moral claims and the exercise of power in global health. *International Journal of Health Policy and Management*, 3(6), 297–299. doi:10.15171/ijhpm.2014.120
- Skuster, P. (2004). Advocacy in whispers: The impact of the USAID Global Gag Rule upon free speech and free association in the context of abortion law reform in three East African countries. *Michigan Journal of Gender & Law*, 11, 97–126.
- Sridhar, D. (2009). Post-Accra: Is there space for country ownership in global health? *Third World Quarterly*, 30(7), 1363–1377.
- Starrs, A. M. (2017). The Trump global gag rule: An attack on US family planning and global health aid. *The Lancet*, 389(10068), 485–486. doi:10.1016/S0140-6736(17)30270-2
- Storeng, K. T., & Ouattara, F. (2014). The politics of unsafe abortion in Burkina Faso: The interface of local norms and global public health practice. *Global Public Health*, 9(8), 946–959. doi:10.1080/17441692.2014.937828
- Suh, S. (2017). Accounting for abortion: Accomplishing transnational reproductive governance through post-abortion care in Senegal. *Global Public Health*, 45(1), 1–18. doi:10.1080/17441692.2017.1301513
- Surjadjaja, C., & Mayhew, S. H. (2011). Can policy analysis theories predict and inform policy change? Reflections on the battle for legal abortion in Indonesia. *Health Policy and Planning*, 26(5), 373–384. doi:10.1093/heapol/czq079
- True, J., & Mintrom, M. (2001). Transnational networks and policy diffusion: The case of gender mainstreaming. *International Studies Quarterly*, 45(1), 27–57. doi:10.1111/0020-8833.00181
- Walton, O. E., Davies, T., Thrandardottir, E., & Keating, V. C. (2016). Understanding contemporary challenges to INGO legitimacy: Integrating Top-down and bottom-up perspectives. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 27(6), 2764–2786. doi:10.1007/s11266-016-9768-2
- Watkins, S. C., & Swidler, A. (2013). Working misunderstandings: Donors, brokers, and villagers in Africa's AIDS industry. *Population and Development Review*, 38(s1), 197–218. doi:10.1111/j.1728-4457.2013.00560.x
- Watkins, S. C., Swidler, A., & Hannan, T. (2012). Outsourcing social transformation: Development NGOs as organizations. *Annual Review of Sociology*, 38(1), 285–315. doi:10.1146/annurev-soc-071811-145516
- White, S. A. (1999). *The art of facilitating participation: Releasing the power of grassroots communication*. Thousand Oaks, CA: Sage.
- WHO. (2015). Global Health Expenditure Database. Retrieved from World Health Organization apps.who.int/nha/database.