University of Puget Sound
Sound Ideas

All Faculty Scholarship | Faculty Scholarship

2011

Catholic and Non-Catholic NGOs Fighting HIV/AIDS in Sub-Saharan Africa: Issue Framing and Collaboration

Lisa L. Ferrari
University of Puget Sound, lferrari@pugetsound.edu

Follow this and additional works at: http://soundideas.pugetsound.edu/faculty_pubs

Citation
Ferrari, Lisa L.. 2011. "Catholic and Non-Catholic NGOs Fighting HIV/AIDS in Sub-Saharan Africa: Issue Framing and Collaboration." International Relations 25(1): 85-107.

This Article is brought to you for free and open access by the Faculty Scholarship at Sound Ideas. It has been accepted for inclusion in All Faculty Scholarship by an authorized administrator of Sound Ideas. For more information, please contact soundideas@pugetsound.edu.

International Relations
http://ire.sagepub.com/

Catholic and Non-Catholic NGOs Fighting HIV/AIDS in Sub-Saharan Africa: Issue Framing and Collaboration

Lisa L. Ferrari

International Relations 2011 25: 85
DOI: 10.1177/0047117810397001

The online version of this article can be found at:
http://ire.sagepub.com/content/25/1/85

Published by:
SAGE
http://www.sagepublications.com

On behalf of:
David Davies Memorial Institute for International Studies

Additional services and information for *International Relations* can be found at:

Email Alerts: http://ire.sagepub.com/cgi/alerts

Subscriptions: http://ire.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

>> Version of Record - Apr 1, 2011

What is This?

Downloaded from ire.sagepub.com at UNIV OF PUGET SOUND on October 30, 2013

Article

International Relations
25(1) 85–107
© The Author(s) 2011
Reprints and permission: sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/0047117810397001
ire.sagepub.com
SAGE

Catholic and Non-Catholic NGOs Fighting HIV/AIDS in Sub-Saharan Africa: Issue Framing and Collaboration

Lisa L. Ferrari
University of Puget Sound, USA

Abstract
While governments in sub-Saharan Africa work to provide in-country relief for the HIV/AIDS crisis, much health care and infrastructure comes from local or international non-governmental organizations (NGOs). The literature on NGOs suggests that collaboration increases their efficacy. Many non-Catholic NGOs do not work collaboratively with Catholic NGOs on HIV/AIDS, though the Catholic Church has rich and varied resources at its disposal for relief work. Observers often characterize the incompatibility of Catholic and non-Catholic NGOs as tactical, especially with regard to condom use. However, divergent issue framing is a critical and more fundamental distinction between the two groups. Contrasting the Catholic Church's unique spiritual frame with the scientific frame of many non-Catholic NGOs highlights the epistemological and teleological differences between the two. Reconciling these differing approaches, or finding ways to cooperate despite them, is a key element of promoting broader NGO collaboration on HIV/AIDS relief work. This theoretical analysis suggests directions for future empirical research.

Keywords
Catholic Church, collaboration, framing, HIV/AIDS, non-governmental organizations, sub-Saharan Africa

Introduction

In fighting HIV/AIDS in sub-Saharan Africa, non-governmental organizations (NGOs) face shared problems, but are not always able to collaborate on solutions. Increasingly, NGOs have been able to partner with governments and intergovernmental organizations (IGOs) to carry out their mission. However, there is limited collaboration between

Corresponding author:
Lisa L. Ferrari, University of Puget Sound, Jones Hall, Tacoma, WA 98416, USA.
Email: lferrari@pugetsound.edu

Catholic and non-Catholic NGOs. The scholarly literature on NGO collaboration is largely silent on this issue. On the other hand, conventional wisdom and the popular press articulate the lack of cooperation as a tactical issue: the Catholic position on condom use precludes collaborative work with the majority of NGOs, which advocate condoms as a critical means of AIDS prevention. For example, many secular NGOs, such as Marie Stopes International and Planned Parenthood International, protested against the position of the Holy See at the 1994 United Nations Conference on Population and Development in Cairo. A representative of Ipas, an international NGO dedicated to reproductive health, says Catholic teaching is 'making the campaign difficult' to encourage women's health.[1]

While differing views on condom use are real and significant, they are only one manifestation of a more fundamental difference between Catholic and non-Catholic NGOs. That difference is one of framing. Frames are templates that perceivers use to determine which information is important in a given situation and how to proceed with discourse on the topic. One Catholic sister clearly showed the role of framing in her HIV/AIDS work when she observed:

> I know that you all think that we don't work with [men who have sex with men] because our tradition disapproves with [sic] their way of life, and that we don't work with prevention because we can't promote condoms. But our main problem is that most of us don't have the language to talk about sexuality. Since we don't have the language, we very rarely talk about sexuality in our church. On the rare occasions we do talk about it, we are in a way forced to stick with the limited knowledge and language we have and that is really not suitable for the context and situation right now. Somebody needs to teach us how to talk about sexuality in a real manner, without necessarily condemning us for the views we have on, for example, condoms.[2]

These comments reflect two levels of framing. At one level, the sister suggests that Catholic tradition shapes her behavior while doing relief work and guides her to certain views on same-sex relationships and condom use. In other words, her interactions with others are molded by her framing of the circumstances, as are her goals for those interactions. At a more abstract level, the sister shows that her comprehension of, opinions on, and ideas about sexuality – and her ability to articulate views on these topics – are constrained by the frame she uses. That is, the frame places epistemological and expressive limits on her work.

Both of these levels of framing can have profound implications for larger issues of health, politics, and NGO collaboration in responding to HIV/AIDS in sub-Saharan Africa. To demonstrate the significance of differences in framing, this article first provides an overview of the HIV/AIDS crisis in sub-Saharan Africa and the resources available through the transnational Catholic Church and other NGOs to address the problem. It then considers various ways of framing the crisis and their implications for NGO collaboration. Broadly construed, these frames may be characterized as either 'scientific' or 'spiritual,' though there can be notable variety within each of these two categories. For example, Catholic NGOs employ a unique type of spiritual frame that leads them to interpret illness, public health, and the missions of other NGOs differently than do other faith-based organizations (FBOs) and secular NGOs. This Catholic framing resonates with many Africans in the sub-Saharan region, both because it is consistent with some

cultures' traditional beliefs and because the Catholic Church has a centuries-old presence in parts of sub-Saharan Africa. As a result, the Catholic frame has a potent effect on the views of many Africans facing HIV/AIDS. Reconciling the Catholic Church's frame with that used by many non-Catholic NGOs may be necessary to generate the broadest NGO collaboration possible to ameliorate the AIDS crisis. The present theoretical exploration concludes by offering new directions for empirical research.

HIV/AIDS in sub-Saharan Africa

The demographic impact of the HIV/AIDS epidemic in Africa is staggering and well documented. In 2002, over 20 million Africans, about 10 percent of them children, were infected with HIV, and another 2 million died from AIDS or its complications. AIDS is the leading cause of death in Africa, and in some countries teenagers have a shorter life expectancy than do their parents.[3] While Africa has less than 20 percent of the world's population, 75 percent of the world's AIDS deaths occur there.[4]

Sub-Saharan Africa has been hit especially hard, and almost one-third of the world's HIV-positive population and AIDS deaths occur in that region alone.[5] A few examples can show the scope of the crisis. With an estimated 5.5 million HIV-positive people, South Africa alone has a larger HIV-infected population than does any other country in the world.[6] In the Kagera Region of Tanzania, one of the first affected by AIDS, some 200,000 of the nearly 2 million residents are AIDS orphans.[7] In Malawi, 14 percent of the population is HIV-positive, the median age is 15.5 years, and life expectancy is only 41 years.[8]

UNAIDS reports that HIV infection rates in sub-Saharan Africa seem to be reaching a plateau, and have even dropped in some countries. However, the scope of the problem remains immense across the region, and many individual countries continue to struggle with very high rates of infection. In 2007, Swaziland had the highest adult HIV infection rate (26 percent) ever reported in the world.[9]

HIV/AIDS in Africa has a particularly gendered nature, with women constituting 58 percent of the HIV-positive population. Africa is the only region of the world in which women outnumber men among the infected. By one estimate, four out of every five HIV-positive women live in Africa.[10] Traditional gender roles that discourage women from suggesting preventive measures, such as condom use or refusing sex, and perpetuate myths, such as the belief that sex with a virgin can cleanse a man of HIV, particularly imperil African women. Even monogamous women are at extremely high risk. In South Africa, married women are at greater risk of infection than are unmarried ones, and about one-quarter of all pregnant women are HIV-positive.[11] In many cases, African men have denied that HIV infection is a possibility given their patterns of sexual interaction and have been reluctant to change their behaviors.[12] Given current trends in infection and death, African states can expect that in the future there will be many more adult men than adult women throughout the continent.[13] Stephen Lewis, a long-time observer of HIV/AIDS in Africa, warns that 'women and girls are an endangered species.'[14]

Many African governments have taken measures to address the needs engendered by this crisis. However, limited resources have often seriously restricted the services that governments can offer. Some gaps in the infrastructure have been filled by NGOs, many of which operate transnationally. In some cases, NGOs provide the majority of the health

care infrastructure in a region. Concurrent with the rising tide of HIV/AIDS, the number of NGOs worldwide burgeoned in the aftermath of the Cold War and with the new international push for global economic development. As a result, there are now well over 25,000 international NGOs addressing issues as varied as micro-lending, water quality, and reproductive health.[15]

NGOs and cooperation

The scholarly literature on NGOs suggests that cooperation greatly increases the effectiveness of their work. At the most basic level, NGOs require access to states' territory and populations, which generally means interaction with the government through political channels. Creating alliances with influential government elites is essential.[16] Such powerful allies help legitimize an NGO in the government's eyes, and can also encourage the state to adopt or approve the NGO's framing of a particular issue.[17] There is also evidence that competing NGOs behave like any other organization, including for-profit ones, in a marketplace. While such behavior can have benefits, it can also have significant downsides. Competition for material resources can seriously detract from the organization's focus on delivering its services. It can also lead to skewed or even deceptive messages to donors, and may interfere with collective action.[18]

In the developing world, political and municipal infrastructure often does not serve the full population, especially in rural or exurban areas. For example, resources for transportation and communication may be in short supply, as may means of wider social, economic, and political participation. Therefore, a good relationship with political elites may be insufficient to facilitate NGOs' humanitarian work. NGOs often must generate their own action channels. Particularly in the case of humanitarian NGOs, which are perennially short of resources, collaboration can assist with the creation or location of these channels. This can mean an ongoing process of negotiating access to territory or to people.[19] Such negotiation may involve simple needs such as transportation, or more complex ones such as social acceptance among a particular group. Cyril Ritchie notes that NGO collaboration increases effectiveness, in part because coalitions can invest resources in good management, expert research, and credibility with IGOs such as the United Nations.[20] Collaboration with FBOs may be particularly advantageous for other NGOs concerned with HIV/AIDS, given the long-standing connection between religious organizations and public health efforts.[21]

Some research suggests that national, rather than local or regional, HIV/AIDS programs are most effective, especially insofar as they can provide uniform care.[22] For example, existing HIV/AIDS treatment and care facilities serve an estimated 5 percent of the population in rural Tanzania, providing some combination of counseling, orphan care, medical care for secondary or opportunistic illness, home-based care of HIV-positive persons, and so on.[23] Many areas, however, have no facilities at all. A program with sufficient infrastructure and resources, and committed to a national scope of operations, could tie together and augment this piecemeal care, giving more reliable protection and care to populations with many mobile elements.

James Pfeiffer et al. suggest that 'practices of NGOs may be causing permanent harm to public systems of care [in Africa] by fragmenting services' and creating redundant

work for government officials, in addition to having other negative impacts.[24] In other words, a patchwork of small efforts, often competing for expertise and resources, may have an impact on some individual patients, but as a strategy for creating a healthy society in the aggregate, it is inefficient at best and counterproductive at worst. However, coalitions of NGOs may unite some of these fragments by overlapping their work and rationalizing their operating procedures.

Ritchie agrees that the NGO approach to HIV/AIDS in sub-Saharan Africa is fragmented rather than collaborative.[25] He attributes this competition to scarce funding. Yet NGOs, including FBOs, also cooperate with each other, governments, and IGOs. For instance, the Global Fund to Fight AIDS, Tuberculosis, and Malaria brings together governments, private industry, and NGOs. The Global Health Council coordinates the work of NGOs and corporate sponsors. Some African states also have umbrella organizations, such as the AIDS Foundation of South Africa, to do such coordination. However, there appear to be only low levels of collaboration between non-Catholic and Catholic NGOs. For example, the Catholic Association for Overseas Development (CAFOD), the Catholic Church's aid organization in England and Wales, lists a sample of its interfaith partners on its website. Only two of the six organizations listed are not Catholic.[26] Of the network partners listed on the site, the majority are Catholic. CAFOD is a member of the UK NGO AIDS Consortium, which has a wide membership of secular and faith-based organizations. However, not all of the more than 80 NGOs in the Consortium work directly with one another. Similarly, the Catholic Church is not a member of the World Council of Churches (WCC), the world's most broadly inclusive Christian ecumenical organization, although some Catholic organizations have contributed to specific WCC projects. While Catholic relief organizations primarily work with one another, there are many reasons that the Catholic Church would be a highly desirable collaborator for other types of NGOs.

The Catholic Church as a desirable collaborator

NGOs vary greatly in the scope of resources they command, but the largest ones have budgets approximating those of the world's poorest countries. For example, the 1994 budget of American-based Catholic Relief Services (CRS) was approximately $300 million; by 2003 it had increased to $490 million.[27] Eritrea's central government budget was roughly $520 million and Guinea-Bissau's entire GDP was $461 million in 2008.[28] While most African states are working with larger budgets than are Eritrea and Guinea-Bissau, the comparative point is still telling. CRS has a budget that allows it to carry out operations of a scope formerly affordable only to states.

Even more remarkably, CRS is merely one agency of one branch of a single NGO. CRS is the international agency of the United States Conference of Catholic Bishops (USCCB), which is itself only one organ of the larger Roman Catholic Church. While the Catholic Church in the United States is the wealthiest portion of the entire Roman Catholic Church, the economic resources of CRS point to astounding financial resource levels, by NGO standards, in the Catholic Church as a whole.

Many NGOs report that fund-raising is their greatest challenge and 'most important achievement.'[29] This includes some of the smaller Catholic programs, although the larger

ones – including CRS – have been known to turn down funding or collaboration when the program in question contradicts Church teaching.[30] In general, FBOs have an easier time raising funds than do secular organizations, in part because religious congregations and institutions give them priority for funding. This makes the funding process less competitive for FBOs than for secular organizations.[31]

In addition to the ecclesial services it provides worldwide (e.g. administering sacraments, catechetical training of the laity, recruitment and formation of religious personnel), the Catholic Church also runs hospitals, schools, orphanages, shelters, child-care centers, hospices, clinics, and a variety of less formal sources of health care, sustenance, and other support. The Pontifical Council for Health Care Ministry estimates that Catholic health care institutions provide more than 25 percent of HIV/AIDS services worldwide.[32] Many other FBOs also have infrastructure for penetrating rural areas and other geographically or socially remote parts of a country, but the Catholic Church is particularly well established in this regard. While most FBOs in Africa struggle to find adequate human and financial resources, Catholic organizations are relatively much better off.[33] These resources, and the centuries-old commitments that the Catholic Church has made to its work in Africa, mean that Catholic programs can champion the needs of some of the politically and socially weakest and most marginalized members of society. This history often includes complicity with oppressive imperial powers, but also a more recent record generally emphasizing the 'preferential option for the poor.' This concept, articulated in 1971 by Pope Paul VI and central to subsequent Catholic social teaching, commends the faithful to place priority on shifting resources from the wealthy to the poor and promoting the common good rather than individualism.[34]

Whether they are run by clergy, religious, or laypeople, Catholic programs are often funded by both the institutional Church and private donations. For example, the Village of Hope, the only orphanage in Tanzania providing antiretroviral (ARV) therapy, was built in Dodoma by Missionaries of the Most Precious Blood from Italy. It receives some medical resources from governments and UNAIDS, but has primarily been supported by private donations, mostly from individual Catholics and parishes in Italy. Besides the missioners, the staff are mostly local people and international volunteers, almost all of them Catholics. Many volunteers come from Europe, and especially Italy. With these resources, the founders have developed a facility with group homes for 140 HIV-positive orphans, a well-appointed central kitchen, a dairy farm, vegetable gardens, a government-certified primary school, and state-of-the-art medical facilities including two operating rooms. All are built to Western standards, which is unusual in Tanzania. The Village of Hope employs men and women from the Dodoma area, including married couples who live in the group homes and serve as foster-parents. For the most part, staff are recruited from among local Catholics. While the Village of Hope is in many ways an exceptional program, it is only one small piece of the Catholic Church's work in Tanzania, let alone in sub-Saharan Africa as a whole.

With a network of more than 5000 hospitals, 17,000 dispensaries, 500 leprosy clinics, and 15,000 homes for the sick and aged, the Catholic Church is perhaps the largest provider of health care worldwide.[35] These facilities are more than a means for serving the medical needs of the sick and dying. They are elements of an extensive infrastructure that

is thoroughly interwoven within the political, economic, and cultural threads of a country's social fabric and the larger international community. James R. Cochrane argues that these 'religious health assets' are:

> Part of multiple sets of ties at local, regional, national and transnational levels that provide for resilience, responsiveness, flexibility and sustainable engagements across space and time … [they are] indispensable to the capacities that local people have for dealing with their situation.[36]

In other words, the extent and robustness of the Catholic Church's action channels and their links to the action channels of other types of organizations magnifies the potential impact of Catholic programs.

Michela Wrong, a harsh critic of the Vatican, nonetheless comments that 'Catholic leaders are often the only men of stature to champion ordinary folk.'[37] These leaders include national figures such as bishops or other religious working closely with governments. They may also include clergy and religious working primarily at the local level. The Catholic Church has a track record of being able to provoke, promote, and sustain politically and socially significant action. For example, in Poland in the 1980s, the Catholic Church's support was instrumental in the success of the Solidarity union and movement.[38] Similarly, in the 1980s and 1990s, Catholic advocacy and activism were critical to democratization and other political change in the Philippines and Malawi. In addition to this influence at the national level, the Catholic Church also has a voice at the level of the international system. The Holy See is a permanent observer at the UN, and participates in UN debates and conferences. This may facilitate the combination of the Catholic spiritual framework into those of secular states in formulating UN issue positions. Because 176 states have diplomatic relations with the Holy See, papal nuncios have direct access to foreign ministers and heads of state. The Catholic Church also has a concordat with each government in whose territory Catholic programs operate. The concordat is a diplomatic agreement regarding the nature and scope of the Catholic Church's access to the state's territory and population. This can facilitate Church operations, which need not entail the transaction costs of being negotiated anew or repeatedly. Hakan Seckineglin suggests that partnerships with governments are critical to effective NGO work in sub-Saharan Africa.[39]

Difficulty cooperating

Given these many assets, Catholic NGOs would seem to be desirable partners for organizations involved in the transnational fight against AIDS. Yet the Catholic Church's approach to its work puts off many potential collaborators. At one behavioral level, this rift arises because the Church blends religious and medical concerns, although it is not unique among FBOs in this respect. At another behavioral level, the most significant obstacle to collaboration is the Catholic Church's stance on condom use. This position is well documented, as is the controversy that surrounds it. More problematic for the prospect of collaboration is the fact that both of these behavioral issues are manifestations of a deeper divide. Catholic and non-Catholic NGOs frame the HIV/AIDS crisis in fundamentally different ways, and this distinction creates a marked epistemological divergence between the two types of organizations.

Behavioral differences

In many cases, the Catholic Church's ecclesial and social functions are not strictly delineated; clergy and religious often provide social services and frequently pair them with some religious task. This is especially true in the developing world, where health and social services may be provided by both the local church and by missioners.[40] For example, food programs may include scripture readings; children's programs may teach hymns and prayers; priests and religious may provide home care, including prayer and spiritual guidance, for the sick and dying. This treatment of a material condition (disease) as primarily a spiritual concern has made the Catholic Church unpopular with many NGOs, especially those that do not subscribe to Catholic sexual ethics. Catholic moral teaching has, since 1967, explicitly repudiated the use of 'artificial birth control,' including condoms.[41] Despite the growing threat of HIV/AIDS, Pope John Paul II and his successor Benedict XVI have confirmed the ban on condoms.[42] Instead, the Catholic Church focuses on encouraging lifestyles and behaviors rooted in Catholic ontology, epistemology, and moral teaching. As a result, the Catholic Church is at odds with the mainstream NGO response to HIV/AIDS. Most of these NGOs use a multifaceted public health strategy for containing the spread of HIV/AIDS and serving the needs of infected persons. Encouraging condom use is a central feature of this strategy, and the World Health Organization (WHO) has concluded that 'consistent and correct' condom use could decrease the likelihood of HIV infection by 90 percent.[43] Groups that emphasize safer sex, including condom use, find it difficult to cooperate with groups that focus on abstinence and fidelity as protection against HIV infection.[44] Because their positions on AIDS prevention diverge in precisely this way, non-Catholic NGOs and the Catholic Church have found it difficult, if not impossible, to work together to alleviate the HIV/AIDS crisis.

Other aspects of Catholic teaching and history exacerbate this rift. The Catholic Church, particularly through the person of Pope John Paul II, has at times vocally condemned certain 'traditional African practices,' such as polygamy, which conflict with Catholic sexual ethics.[45] In contrast, non-Catholic NGOs tend to focus either on the efficacy of sexual practices in limiting the spread of HIV, rather than on assessing the moral legitimacy of those practices, or to assume that efficacy is the measure of moral legitimacy. The tensions between the Catholic and non-Catholic approaches came to a head at the 1994 United Nations International Conference on Population and Development in Cairo, where the delegation from the Holy See (the transnational center of the Catholic Church) almost single-handedly derailed debate because of its position on matters of reproductive health.[46] Furthermore, education at Catholic missions seems to reinforce traditional gender roles that privilege boys and men in sexual decision-making.[47]

Frustrated NGO workers, journalists, and secular observers have characterized the Catholic Church's intractability, particularly on the use of condoms, as one of the biggest obstacles to alleviating the problem of AIDS in Africa. This position has contributed to many non-Catholic NGOs' deep suspicion of the Catholic Church's motivations, trustworthiness, and desirability as a partner in the struggle. As one incensed NGO activist observes:

> [Pope John Paul II] probably contributed more to the continental spread of [HIV/AIDS] than the trucking industry and prostitution combined…. John Paul II has the blood of innocents on his hands.[48]

Jonathan Clayton offered a similar reaction to John Paul II's 1990 visit to Tanzania:

> The pope was unequivocal. He told his audience that condoms, then internationally accepted as the only real way to curtail the spread of the disease, especially in the developing world, were a sin in any circumstances.
>
> He lauded family values and praised fidelity and abstinence as the only true ways to combat the disease – seemingly ignorant of many traditional practices such as wives marrying the brother of deceased husbands, a form of security in countries with no social services.
>
> AIDS activists, including many local African Catholics, were appalled.
>
> In that one afternoon, they said, the Vatican destroyed more than a decade of patient campaigning….
>
> For many, the pope that day in Tanzania sentenced millions of Africans to death.[49]

Pope Benedict's 2009 statement, while visiting Africa, that condoms increase the HIV/AIDS problem, generated further international outcry. While these accounts may overestimate the impact of a papal statement on the faithful,[50] they illustrate the gulf between the Catholic Church and others in addressing the AIDS crisis.

While the Catholic Church and other NGOs fighting HIV/AIDS in Africa share a goal – eradication, or at least limitation, of the illness – their differing approaches to the crisis mean that their programs may not work well together. However, the obstacles are more complex than a dispute over the permissibility of condom use. That pragmatic concern is emblematic of a deeper distinction in the way that the Catholic Church and other, particularly secular, NGOs understand the relevant health and policy issues. This divergence has two important aspects. First, the approaches differ in the extent to and manner in which they balance scientific and non-scientific factors. Second, they differ on their understanding of the relevant ethical concerns in disease prevention. These differences can be understood as matters of issue framing.

Framing HIV/AIDS

A frame comprises 'the specific concepts and terms used to present choice or decision options.'[51] When actors frame an issue, they identify a problem and the discourse within which it is to be explored. A clear effect of issue framing is that actors employing different frames tend to understand the same issues differently. They identify different parts of the issue as salient, and express different preferences and reactions regarding the issue. In terms of politics, frames help shape actors' interests, draw the attention of particular institutions, and set agendas for those institutions.[52] However, framing is not, in itself, a form of persuasion. Persuasion is the introduction of new evidence in an attempt to

change opinion. Framing, in contrast, is the introduction of a template or set of criteria for weighing the relative importance of information that one already has.[53] In other words, frames do not introduce content to communication. Rather, they describe a way of perceiving such content. A frame focuses the perceiver's attention on a particular subset of all the information presented on a particular topic.[54]

The process of framing is quite complex. Particular issue frames may house subframes, but may also be embedded in master frames that serve an epistemological function similar to that of paradigms.[55] As transnational NGOs address the AIDS crisis, they build their understandings of the issue through their preferred frames.

Within organizations, frames are primarily imposed from the top down. To the extent that an organization or movement is coherent, however, it will employ at all levels a frame or set of frames that is indicative of the organization's overall approach to an issue. Such frames may be evident in the expression of an organization's mission statement. When different actors, or groups of actors, use competing frames for a single issue, the result may be deep conflict because of the implications of having a frame adopted as politically and socially dominant.[56] The dominant frame has a profound effect on agenda-setting. Therefore, questions of issue framing may generate discourse that is politically charged and highly contested among various actors.

Christer Jönsson and Peter Söderholm suggest that NGOs tend to view the issue of HIV/AIDS in Africa through one of three frames: medical, human rights, or socio-economic.[57] In employing each of these frames, activists and analysts focus on different aspects of the crisis. In the first case, analysts understand Africa's AIDS crisis primarily in epidemiological terms. The problem is that pathogens are spreading and need to be stopped, and infected persons need clinical care. The solution is to provide more and better care for Africans' medical needs. Social and political factors are secondary matters in identifying and articulating the problem.

In the second case, the AIDS crisis is a problem of human rights. From this perspective, while HIV/AIDS is certainly a disease, the pressing issues concern societies' responses to AIDS patients. The human rights issues arising from the AIDS crisis include government surveillance, mandatory testing for certain populations, mandatory self-identification to authorities, breaches of legal rights to confidentiality, and tacit acceptance by authorities of discriminatory behavior. The solution is vigilance regarding the legal and social construction of AIDS, and the politics of delivering AIDS care. Elimination of social structures that violate human rights is a precondition to resolving the medical issues of HIV/AIDS.

In the third case, analysts focus on poverty and social inequality as the origins, catalysts, and results of the AIDS crisis. The poor have few resources to deal with illness, and often have little or no access to health care. They are also likely to have limited education, which means they may be difficult to target for public health outreach. For many Africans, these factors generate a painful cycle in which social conditions and resource limitations increase the impact of HIV/AIDS, and the resulting prevalence and severity of disease make it increasingly difficult to benefit from the few available resources. The resulting downward spiral of illness and poverty is likely to result in even greater poverty and instability in Africa.[58] This is the central problem of the AIDS crisis. Through this frame, the solution to the problem of HIV/AIDS is social, economic, and political development

in Africa. Unless activists and governments can alleviate the crushing poverty Africans face, medical, legal, and social structures will never overcome the scourge of AIDS.

These frames offer competing views, and each privileges different information, but they are not entirely discrete. In this sense, Jönsson and Söderholm's typology may overstate the degree to which their frames define unique epistemological approaches. Different frames may nonetheless share elements in common. For example, analysis from any of these three perspectives takes into account the medical nature of the problem. In addition, most NGOs acknowledge the socio-economic dimension of the epidemic – the poor are most susceptible to HIV/AIDS – and include some programming to address issues of poverty and economic development. Yet not all NGOs give equal weight to socio-economic factors as the cause or solution of the problem. The key, then, is the overall frame within which NGOs understand the nature of the AIDS crisis, including its socio-economic dimensions. While there is great descriptive value in the typology, all three of Jönsson and Söderholm's frames are based on material measures of the problem.

Scientific frame

Jönsson and Söderholm's frames share an emphasis on material realities for understanding HIV/AIDS, but for the purposes of the current argument it is also important to note that all three are issue frames embedded in a scientific master, or meta-, frame. Such master frames define the terms of discourse and the mode of articulating information. For example, the Catholic sister quoted at the beginning of this article referred to a master frame when she said that she lacked the language to discuss sexuality. Perceptions structured by Jönsson and Söderholm's embedded frames highlight Western medicine's focus 'on the rational and intellectual, with emphasis on outcomes and evidence.'[59] However, the scientific frame also shapes the epistemology arising from that frame, which permeates medical approaches to HIV/AIDS. This provides a clearer view of the distinction between many NGOs' approaches to HIV/AIDS and the Catholic Church's.

Through the scientific frame, analysts perceive the AIDS crisis in terms of information that can be gathered through the scientific method, which tests hypotheses about the material world and draws conclusions from empirical data. In this conception, the HIV/AIDS epidemic can be understood fully through observation and measurement of material conditions. These conditions may be clinical, social, or economic; but they are all empirically accessible. The implications of this perspective are clear. Those who can speak authoritatively on the crisis are experts in the collection and analysis of empirical data. These experts may be medical personnel, development economists, engineers, or social workers. In all cases, their expertise comes to bear by interpreting observations of material circumstances. For those framing the AIDS crisis in scientific terms, NGOs' primary responsibility is to care for bodies. The best possible outcome is to preserve individual lives; reduce the risk, in biological terms, to those who are not already infected; and alter the worldly conditions in which the infected and their societies exist. The worst possible outcome is that HIV spreads further, and that humans suffer materially, especially bodily, now.

Through this frame, HIV/AIDS is potentially a finite problem. NGOs that frame the problem of HIV/AIDS scientifically see their strategic goals as elimination or control of

HIV and improvement, especially in material terms, of individuals' quality of life. If the spread of the virus is contained, the scientific evidence suggests that the problem is eliminated, and social and material living conditions have improved to acceptable levels, then the NGOs' work is done. In fact, the purpose of NGO intervention is generally to be able to leave.[60]

NGOs employing scientific frames tend to express their mission statements in terms of material outcomes. For example:

> The [Global Health] Council works to ensure that all who strive for improvement and equity in global health have the information and resources they need to succeed.[61]

> Pathfinder International places reproductive health services at the center of all that we do – believing that health care is not only a fundamental human right but is critical for expanding opportunities for women, families, communities, and nations, while paving the way for transformations in environmental stewardship, decreases in population pressures, and innovations in poverty reduction.[62]

> The mission of [Population Services International] is to measurably improve the health of poor and vulnerable people in the developing world, principally through social marketing of family planning and health products and services, and health communications.[63]

For some sub-Saharan Africans, the scientific frame has been a comfortable and useful way of understanding the AIDS crisis. Africans work for and found NGOs that consider HIV/AIDS as wholly or largely a scientific matter, the prevention of which is best addressed through Western medical practices. Yet it would be easy to overestimate the uniformity of Africans' perspectives on either moral or political matters; and the actions of NGOs, even those framing issues in scientific terms, are neither value- nor politically neutral.[64] While the scientific frame is internally coherent and often generates materially efficacious outcomes, many sub-Saharan Africans have been reluctant to use it to understand HIV/AIDS. In the West, the Catholic Church has been criticized as a source of scientific misinformation, though some African governments have also promulgated scientifically questionable claims about HIV/AIDS. The most strident secular NGO activists imply that, without this religious or governmental interference, Africans would easily adopt the scientific frame as their primary way of interpreting information about HIV/AIDS. We cannot know for certain whether this is true, but there is evidence that it is not.

Gerrie ter Haar and Stephen Ellis emphasize the persistence and pervasiveness of religious belief in the developing world, Africa in particular, and the need to respect these beliefs when engaging Africans in development work.[65] Felicitas Becker and P. Wenzel Geissler show that the forthright empiricism emphasized by using the scientific frame may in some sense be counterproductive.[66] By acknowledging that AIDS currently has no cure, the medical community can raise questions about both the veracity of its framing and the accuracy of its practical approach to the problem. It is difficult to persuade skeptics of scientific framing to adopt that perspective when its advocates readily admit that it cannot fully resolve what they regard as the most pressing question of the epidemic – how to stop deaths.

Spiritual frame

In contrast to a scientific master frame, a spiritual master frame does not look to biological or material conditions as the most salient aspects of health. Through a spiritual frame, observers interpret events and issues as matters that foremost have meaning for persons' metaphysical condition. While empirical medical data may give important information about a person's circumstances, those data do not express the entirety or even the most important aspect of personhood. Spiritual health – often expressed as right relationship with the divine – is morally prior to physical health, because the essence of humanity is metaphysical rather than physical.

Melinda S. Miceli notes that cultures are most likely to adopt frames consistent with their prevailing beliefs and values.[67] Africa, or even sub-Saharan Africa, is culturally diverse. However, Cochrane points out that in many African languages the concepts of 'health' and 'religion' are expressed by the same word.[68] Furthermore, this word often expresses simultaneously the condition of an individual person and of that person's community. In these cases, 'religion' and 'health' are conflated in a way that can affect both individual preferences and social approaches to medical matters. Ruth Prince finds that among the Luo of Kenya there is a widespread understanding of AIDS as a result of social confusion and abandonment of traditional ways. The devastation of AIDS 'expresses a confusion of relations, a lack of continuity with the past, and a loss of moral direction.'[69] Hansjörg Dilger reports that Tanzanians regard AIDS as a 'bad disease' in part because of its impact on whole families and the broader society. Tanzanians' responses to this crisis have often been spiritual, turning to traditional or other religious leaders and generating new rituals associated with death and burial.[70] The cure for HIV/AIDS is as much spiritual and social as clinical, or even more so. This suggests two things. First, a scientific frame is not a 'natural' fit for medical issues in all parts of the world. Second, spiritual framing of issues resonates with the ontology and epistemology inherent in the traditional patterns, beliefs, and values of many African cultures. Further, Cochrane finds that the relationship between religion and health in much of Africa reflects 'a contestation about meaning, choice and action … all of which is politically loaded.'[71]

Suffering and dying also look different when viewed through a spiritual rather than a scientific frame. This is particularly relevant to AIDS patients in Africa, who likely cannot treat HIV/AIDS as a chronic illness, as many Westerners now do. Emmanuel Saidi notes that for most African patients, AIDS is an end-stage terminal illness.[72] Spirituality can help those suffering and their loved ones make sense of affliction and death, and to accept the inevitability of terminal illness.[73] Furthermore, analysis through a spiritual frame interprets life and death as stages in humans' relationship with the divine. While death is painful for those left behind, it is not necessarily an evil. Many religions understand death as the path to salvation or a return to one's transcendent origins. As a result, dying is not solely a medical or physical process.[74] This means that persons contemplating their own death need more than medical treatment of the needs identified for them by the scientific frame, which emphasizes the material meaning of death.

The Christian spiritual frame

Christianity employs one version of a spiritual frame. Christian scripture refers to humans as stewards of Creation.[75] Therefore, it is not surprising that the Christian spiritual frame is based on an assumption that humans are stewards according to God's plan. Humans have life because God has willed Creation ordered that way; and humans are not morally justified in using their lives, or any components of Creation, in ways that oppose God's will. From the expulsion of Adam and Eve in Genesis to Jesus's rebukes of the Pharisees, the Bible is replete with examples of how God defends the order of Creation.

The spiritual end of humans, according to Christianity, is salvation, or eternal union with God, through the person of Jesus Christ.[76] It follows that the worst possible outcome of any event would be interference with that union. Human flourishing, not necessarily in this life, is the best possible outcome. Therefore, a Christian frame will privilege an understanding of the AIDS crisis – or any event – as a potential vehicle for or obstruction to the patient's relationship with Jesus. The nature and parameters of discourse, including morality, are set by the revealed word of God and the teachings of religious authorities. While these latter authorities may appeal to the expertise of others in specialized areas, such as medicine or development economics, all information is understood within a world view that values metaphysical health foremost.

The fundamental teaching of Jesus is that every person has a dual duty to love God and neighbor with all of one's being.[77] Therefore, the Christian framing of any issue will focus on that occasion as an opportunity to express this divinely inspired love. In practical terms, Christians are interested in proselytizing and promoting Christianity. Therefore, they will also emphasize an event's potential as an evangelizing moment. For example, World Vision offers this description of itself:

> World Vision is a Christian humanitarian charity organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice….
>
> Motivated by our faith in Jesus Christ, we serve alongside the poor and oppressed as a demonstration of God's unconditional love for all people….
>
> Wherever we work, our prayer is that our efforts will be used by God to heal and strengthen people's relationships with Him and with one another. We do this by demonstrating God's unconditional love for all people through our service to the poor – which includes providing for daily needs, working to build peace and promote justice, and partnering with churches and individuals to encourage spiritual transformation.[78]

Managing temporal and corporeal needs is important, but serving God is most important. By distinguishing these dual, interacting purposes for activism, FBOs open the possibility that the two purposes may compete.

It is nearly impossible to conceive of this Christian mission as finite. The Christian mission of saving souls will remain in place at least until the second coming of Christ, but the human relationship with God is eternal. Engaging the AIDS crisis is only one component of a larger ministry that is intended to go on indefinitely. Events in this life

are intelligible only with reference to the next life. This element of the spiritual frame contrasts sharply with that of the scientific frame. As Frederick Klaits observes, 'health officials tend not to be concerned about life in the next world.'[79]

Many Christian FBOs cooperate easily with secular NGOs on HIV/AIDS issues, though the Catholic Church does not. This suggests that, in addition to a general distinction between scientific and spiritual frames for understanding health, there is a further distinction between the Catholic spiritual frame and the spiritual frames of other Christian FBOs. Both the Catholic Church and other FBOs already work in partnership with some other organizations. In general, the Catholic Church partners with governments, UN agencies, or select Christian FBOs that share its values.

The Catholic version of the Christian spiritual frame

The complexities of Catholic Church organization pose some difficulties for political analysis. The Church operates at many different organizational levels simultaneously (e.g. parishes, dioceses, bishops' conferences, the Holy See) and through the laity and their networks of local and transnational NGOs. Gerard Clarke distinguishes five categories of FBOs that mobilize transnationally:

- representative organizations or apex bodies, which are the guardians of doctrine and engage with other non-state actors and states;
- charitable or development organizations, which coordinate efforts to promote social justice and combat poverty;
- socio-political organizations, which shepherd the faithful in their efforts to affect political conditions;
- missionary organizations, which proselytize, sometimes in concert with other organizations; and
- illegal or terrorist organizations, which justify on religious grounds their illegal behaviors or use of force.[80]

Various levels of the Catholic Church fit into the first four of these categories. For example, the Holy See falls under the first category, CRS under the second.

While it would be possible to overestimate the homogeneity of 'the Catholic approach' to a given issue, the Church is hierarchical, and messages from the Vatican have significant bearing on the work of even the deepest grassroots. All other levels find their mission and raison d'etre as Catholic organizations in response to that which is articulated from the organization's transnational center. For that reason, it makes sense to define the Catholic spiritual frame by looking to the pinnacle of the Church hierarchy.

The Catholic Church shares the Christian spiritual frame, but alters it with some uniquely Catholic elements. The Catholic frame is shaped to a great extent by dogma and tradition. In addition, the Catholic frame tends to privilege an ontological understanding of Creation as the body of Christ. While this metaphor is familiar and comfortable to other Christian denominations, it is read in a distinctive way by the Catholic Church. Erving Goffman argues that frames 'involve expectations of a normative kind as to how deeply and fully the individual is to be carried into the activity organized by the frames.'[81]

With its focus on Creation as the body of Christ, the Catholic frame attempts to organize perceptions of existence and knowledge. It is difficult to imagine a frame that would carry individuals more 'deeply and fully' into its world view.

Most contemporary Christians agree that humans are simultaneously bodily and spiritual beings. The Catholic Church teaches that any attempt to divide the twin aspects of human nature defies God's vision of Creation and undermines a person's identity.[82] Persons who do not understand their lives in this way may thereby fall prey to choices and rationales that contradict the divine purpose. These errors will encourage humans to think of their bodies as 'simply a complex of organs, functions and energies to be used according to the sole criteria of pleasure and efficiency.'[83] It follows, then, that while physical care for the body is important to good stewardship of Creation, it is not unequivocally the highest good to which a person may aspire. Benedict XVI writes:

> This means that moral evaluation and scientific research must go hand in hand, and that charity must animate them in a harmonious interdisciplinary whole, marked by unity and distinction. The Church's social doctrine, which has '*an important interdisciplinary dimension*', can exercise, in this perspective, a function of extraordinary effectiveness. It allows faith, theology, metaphysics and science to come together in a collaborative effort in the service of humanity.[84]

Scientific inquiry is a gift that provides valuable knowledge. However, it is not the only, or even the best, source of knowledge. In addition, there may be times when persons must be willing to pursue higher goods, such as maintenance of right relationships in Creation, even when such action is suboptimal as viewed through a scientific frame. This includes choices that may come at the expense of physical health. As Pope Pius XII states, 'Life, health, all temporal activities are in fact subordinated to spiritual ends.'[85]

There are important ethical distinctions between the Catholic Church and other FBOs. First, the Catholic Church places greater emphasis on dogma than do other Christian denominations. This dogmatic approach has deep historical roots reaching back to 4th- and 5th-century councils intended to resolve doctrinal disputes and establish orthodoxy. The emphasis on dogma gives the Catholic Church a strong and predictable foundation for decision-making. It also means that the Church will not always be flexible in negotiating its issue positions, because dogmatic statements are articles of faith rather than teachings that may be debated.

Second, the Catholic Church places great importance on its own tradition and teaching authority (*Magisterium*). The Pope claims authority in an apostolic line beginning with Peter at the time of Jesus. Thus, papal authority is both ancient and derived from God. This is a matter of dogma and can lead to dogmatic teachings. It does not, however, mean that the Pope may never speak in error. Nonetheless, Catholic claims about the origins and validity of Church authority allow the hierarchy to teach and interpret events with a gravity unmatched by most other FBOs.

More so than other Christian denominations, the Catholic Church privileges an understanding of all Creation as the body of Christ.[86] In Paul's words, 'we who are many are one body.'[87] In this vision, choices about human dignity, ethics, or human bodily integrity are simultaneously choices about the divine being per se. Respecting Creation avoids attacks on God's self. In addition, 'the relationship of believers to Christ is inseparable from their

relationship to one another.'[88] Thus, the body of Christ metaphor points to a radically communal view of humans and questions the various forms of individualism. Such individualism includes an understanding of health as fundamentally a personal, rather than a social, condition. While there can be no doubt that individuals' bodies become infected with disease, the meaning of that illness transcends the corporeal experience of any individual person.[89] Treating the individual is important; but it is not morally prior to the imperative of maintaining the spiritual health and integrity of the community as a whole.

This preference for the body of Christ metaphor clarifies a distinction between Catholic sexual ethics and those of other FBOs. In the Hebrew Bible, God enjoins humans to 'be fruitful and multiply.'[90] The Catholic Church is unusual among FBOs because it teaches that every sexual act must leave open the possibility of conception. In the words of Pope Paul VI, 'each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life.'[91] This is the rationale for Catholic teaching on birth control, and makes sense within the body of Christ metaphor. Methods of controlling fertility must preserve the procreative dimension of sex because the organic unity of Creation is at risk when natural processes are disrupted. No part of the body is morally justified in inhibiting the right functioning of the body as a whole. In fact, acknowledging and honoring the wholeness of this body is one of the foundational values of Catholic bioethics.[92]

Competing frames

The scientific and Catholic spiritual frameworks build competing visions of the AIDS crisis, and lead to quite different strategies for addressing the epidemic. In the Catholic conception, healing is neither solely nor primarily a scientific matter.[93] Furthermore, Catholic moral theology is not consequentialist. Exhibiting right behaviors, or eliciting desirable outcomes, is not enough to be good. Rather, humans must have right intention behind their behaviors. For this reason, the Catholic Church focuses on, and sometimes seeks to alter, the moral reasons for human behavior, and not simply the behavior itself. The scientific frame, on the other hand, emphasizes the pragmatic reasons for human behavior. These may include avoidance of pain, maintaining the ability to be sexually active, and postponing death as long as possible.

Those employing these competing frames do not completely ignore one another's claims. For example, the body of Christ metaphor becomes complicated when a single sexual act can simultaneously be one of both procreation and deadly assault. If someone with HIV/AIDS has unprotected sex with someone who does not, the scientific evidence is clear that the likelihood of transmission is extremely high. The Catholic Church does not deny this. Rather, it responds on two levels. First, it disputes whether protected sex would do much to decrease the likelihood of transmission. This claim infuriates many other NGOs, arguably because the Catholic Church is claiming expertise on a scientific matter rather than a spiritual one. Second, the Church disputes whether trading physical disorder (illness) for metaphysical disorder (disruption of right human relationships as part of the body of Christ) is the morally superior choice. Instead of concluding that protected sex is permissible, the Catholic Church concludes that HIV/AIDS infection creates an imperative for celibacy, so that the meaning and purpose of human sexuality survive.

Competing frames can be deleterious to a common cause. Contention makes cooperation less likely, which means that NGOs are likely to lose the benefits of broad collaboration. Perhaps more important, conflicting messages from different NGOs can make individuals suspicious of their authority and could thereby alienate the very people HIV/AIDS activists wish to serve.[94]

Future directions

The persistence of human suffering generated by HIV/AIDS in sub-Saharan Africa, identification of competing frames for understanding that suffering, and recognition of the resulting obstacles to Catholic and non-Catholic NGO collaboration, all point to the need for further investigation of this issue. The current analysis has demonstrated the extraordinary resources that the Catholic Church has at its disposal. Collaborative access to such resources would be of tremendous benefit to non-Catholic NGOs seeking to leverage their relief work. Further, as NGOs increasingly seek partnerships to address the HIV/AIDS crisis, their effectiveness can only be increased by an awareness of the ways in which both partners and competitors interpret and express information differently. Recognition of the deep causes of action on the HIV/AIDS issue can allow for realistic discussion of the terms on which collaboration could be possible. From the theoretical discussion in the present analysis, four related directions arise for future research.

First, there is the question of whether the lack of collaboration is caused by mutual or one-sided exclusion. That is, are actors on both sides of the scientific–spiritual divide equally reluctant to collaborate? On the one hand, many non-Catholic actors voice frustration with the Catholic Church and do not seek partnership with Catholic NGOs. On the other hand, the Catholic Church has the political, financial, and human resources to act independently. Arguably, that gives the Church little incentive to seek collaborators, especially in situations that involve compromise. The lack of cooperation may result from spurned advances by one side or both, or from a lack of effort on either side. Knowing which of these is the case can provide valuable insight into the larger process of NGO collaboration.

Likewise, valuable lessons about collaboration may be learned from the instances when it does occur. For example, the African Jesuit AIDS Network, Catholic AIDS Action, and Catholic Campaign for Human Development (of the United States Catholic Conference) helped create the WCC's guidelines for partnerships between churches and organizations working with HIV-positive people. CRS partners with MAP International, a non-Catholic Christian NGO, in its transnational HIV/AIDS work. The Catholic Church, at many organizational levels, also works with UNAIDS. These instances suggest that there may be creative ways to bridge the divides between the Church and transnational organizations that do not employ the Catholic frame for understanding their mission and work. For example, the WCC guidelines are broad-ranging and address a wide variety of the concerns facing people living with HIV/AIDS. In such a case, it may be possible to find some mutually agreeable division of labor that seeks partnership between Catholic and non-Catholic NGOs on issues where there is less disagreement, such as palliative or orphan care, while leaving aside collaborative initiatives on the more contentious issue of disease prevention. While it is an oversimplification to say that

disease prevention and care are separable, the distinction may nonetheless open some space in which collaboration can occur.

Third, it is important to consider the varieties of action taken at different levels of the Catholic Church. While all groups that identify as Catholic will have common elements to the frames they employ, if only because they share a theological master frame, there could be important variance among the sub-frames they employ. The current theoretical argument assumes that the homogeneity engendered when groups identify as Catholic is more important than the heterogeneity potentially introduced when groups differ in their geographic location, charism, history, or place in the organizational hierarchy. There is already empirical evidence for such heterogeneity. In the case of the WCC initiative mentioned earlier, some Catholic NGOs joined in the work of an NGO with which the Catholic Church is not formally affiliated. Marcella Aslan notes that some individual, faithful members of the Catholic clergy and laity working with HIV/AIDS patients in Africa 'nevertheless endorse the use of condoms.'[95] In Latin America, the Maryknoll sisters advocate the use of condoms for sex workers and some other Catholic groups work with the United Nations Population Fund, which promotes condom use.[96] These cases may be Catholic outliers, but they suggest that there is value in analyzing the Catholic Church without treating it as a monolith.

Finally, there is a need to refine the frames identified in the current analysis. While the current project sought to characterize the frames at work in the politics of NGO collaboration on HIV/AIDS, there is a danger of overgeneralization through a simple bifurcation into 'scientific' and 'spiritual.' The present analysis sought to add nuance to that characterization by acknowledging a variety of Christian spiritual frames as well as Jönsson and Söderholm's typology of scientific frames. However, there also may be more than two master frames competing to articulate the issue. Governments or IGOs, for example, may have their own way of framing the discourse. Given the importance of collaboration among NGOs, governments, and IGOs fighting HIV/AIDS, the presence of such a frame could well have an impact on the work that NGOs do in relation to one another. Analysis of government, IGO, and NGO (including FBO) discourse may discern such additional frames and the dimensions along which they organize information and interact.

While there are important tactical distinctions among Catholic and non-Catholic NGOs' approaches to HIV/AIDS in sub-Saharan Africa, those distinctions are symptoms of deeper ontological, epistemological, and teleological differences between the approaches of those NGOs to the crisis. This deeper divergence results from differences in framing and distinguishes between strategic approaches to the AIDS epidemic. NGOs using both approaches hope to promote human flourishing in this life, but not all of them treat that as their ultimate goal. That difference has generated a significant obstacle to collaboration between Catholic and non-Catholic NGOs, and will need to be addressed in any future efforts at collaboration.

Notes

1 'Maternal Death – Our Women Are Endangered, Says Orji,' *Vanguard* (Lagos) in *Africa News*, 23 March 2010.

2 World Council of Churches, 'Partnerships between Churches and People Living with HIV/AIDS Organizations,' 2003, p. 44. Available at: http://www.oikoumene.org/fileadmin/files/wcc-main/documents/p4/guidelines-e.pdf (accessed 21 May 2010).

3 E. G. Benotsch, Y. L. Stevenson, C. A. Sitzler, J. A. Kelly, G. Makhaye, E. D. Mathey, A. M. Somlai, K. D. Brown, Y. Amirkhanian, I. Fernandez, and K.M. Opgenorth, 'HIV Prevention in Africa: Programs and Populations Served by Non-Governmental Organizations,' *Journal of Community Health*, 15, August 2004, p. 320; Alex de Waal, 'How Will HIV/AIDS Transform African Governance?' *African Affairs*, 102 (406), 2003, p. 3; Jonathan Clayton and Ruth Gledhill, 'Pope's Attack on Condoms Sickens AIDS Campaigners,' *The Times*, 18 March 2009, Edition I, p. 7.
4 Georg Oesterdiekhoff and Heiner Rindermann, 'The Spread of AIDS in Developing Countries: A Psycho-Cultural Approach,' *The Journal of Social, Political, and Economic Studies*, 32(2), (2007), p. 201.
5 United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization, *2007 AIDS Epidemic Update Regional Summary: Sub Saharan Africa*, 2008, p. 1. Available at: http://data.unaids.org/pub/Report/2008/JC1526_epibriefs_subsaharanafrica_en.pdf (accessed 12 August 2009).
6 UNAIDS, *2007 AIDS Epidemic Update*, p. 3.
7 Hans P. Binswanger, 'Scaling Up HIV/AIDS Programs to National Coverage,' *Science* 288, 23 June 2000, p. 2173.
8 Sally H. Rankin, Teri Lindgren, Susan M. Kools, and Ellen Schell, 'The Condom Divide: Disenfranchisement of Malawi Women by Church and State,' *Journal of Obstetric, Gynecological, and Neonatal Nursing* 37(5), 2008, p. 596.
9 UNAIDS, *2007 AIDS Epidemic Update*, p. 6.
10 Eudora Chikwendu, 'Faith-Based Organizations in Anti-HIV/AIDS Work among African Youth and Women,' *Dialectical Anthropology*, 28, 2004, p. 309.
11 Marcella Alsan, 'The Church & AIDS in Africa,' *Commonweal* 33(8), 21 April 2006, p. 17.
12 Catherine Campbell, Yugi Nair, and Sbongile Maimane, 'Building Contexts That Support Effective Community Responses to HIV/AIDS: A South African Case Study,' *American Journal of Community Psychology* 39, 2007, p. 354.
13 de Waal, 'How Will HIV/AIDS Transform African Governance?' p. 5.
14 Stephen Lewis, *Race against Time* (Toronto: Anansi, 2005), p. 154.
15 Julie Fisher, 'Local and Global: International Governance and Civil Society,' *Journal of International Affairs*, 57, 2003, pp. 19–21.
16 Jesse Lutabingwa and Kenneth R. Gray, 'NGOs in Sub-Saharan Africa: Developing Critical Capacity for Policy Advocacy,' *International Journal on World Peace*, 14(3), 1997, p. 42.
17 Jutta Joachim, 'Framing Issues and Seizing Opportunities: The UN, NGOs, and Women's Rights,' *International Studies Quarterly*, 47, 2003, p. 251.
18 Alexander Cooley and James Ron, 'The NGO Scramble: Organizational Insecurity and the Political Economy of Transnational Action,' *International Security*, 27(1), 2002, pp. 7–8, 36.
19 Liesbet Heyse, *Choosing the Lesser Evil: Understanding Decision Making in Humanitarian Aid NGOs* (Aldershot: Ashgate, 2006), p. 2.
20 Cyril Ritchie, 'Coordinate? Cooperate? Harmonise? NGO Policy and Operational Coalitions,'*Third World Quarterly*, 16(3), 1995, pp. 513–24.
21 James R. Cochrane, '"Fire from Above, Fire from Below": Health, Justice, and the Persistence of the Sacred,' *Theoria*, August 2008, p. 76.
22 Binswanger, 'Scaling up,' p. 2174.
23 Binswanger, 'Scaling up,' p. 2173.
24 James Pfeiffer, Wendy Johnson, Meredith Fort, Aaron Shakow, Amy Hagopian, Steve Gloyd, and Kenneth Gimbel-Sherr, 'Strengthening Health Systems in Poor Countries: A Code of Conduct for Nongovernmental Organizations,' *American Journal of Public Health*, 98(12), 2008, p. 2134.
25 Ritchie, 'Coordinate?'

26 Catholic Association for Overseas Development, 'With Other Faiths.' Available at: http://www.cafod.org.uk/about-us/how-we-work/other-faiths (8 July 2010).
27 Julie Hearn, 'The "Invisible" NGO: US Evangelical Missions in Kenya,' *Journal of Religion in Africa*, 32, 2002, p. 44; Chikwendu, 'Faith-Based Organizations,' p. 316.
28 United States Central Intelligence Agency (CIA), 'Eritrea,' *World Factbook*. Available at: https://www.cia.gov/library/publications/the-world-factbook/geos/er.html (accessed 8 October 2009); United States Central Intelligence Agency (CIA), 'Guinea-Bissau,' *World Factbook*. Available at: https://www.cia.gov/library/publications/the-world-factbook/geos/pu.html (accessed 8 October 2009).
29 Robert A. Pawinski and Umesh G. Lalloo, 'Multisectoral Responses to HIV/AIDS: Applying Research to Policy and Practice,' *American Journal of Public Health*, 96(7), 2006, p. 1190.
30 Stuart C. Bate, 'Catholic Pastoral Care as a Response to the HIV/AIDS Pandemic in Southern Africa,' *Journal of Pastoral Care and Counseling*, 57(2), 2003, p. 202; Cooley and Ron, 'The NGO Scramble,' p. 37.
31 Cooley and Ron, 'The NGO Scramble,' p. 37.
32 Michael Swan, 'Religions Best Suited to Combat AIDS, UN Leader Says,' *National Catholic Reporter*, 25 August 2006, p. 9.
33 James R. Cochrane, 'Religion, Public Health, and a Church for the 21st Century,' *International Review of Mission*, 95(376–7), 2006, pp. 59–72.
34 See Paul VI, Apostolic letter *Octogesima Adveniens* [*A Call to Action*], 1971, no. 23.
35 Caritas Internationalis, 'How Caritas Works: HIV and AIDS.' Available at: http://www.caritas.org/activities/hiv_aids/sinethemba_a_caritas_response_to_aids.html (accessed 8 October 2009); Dorothy Logie, 'Does God Want Orphans?' *British Medical Journal*, 309(6954), 3 September 1994, p. 614.
36 Cochrane, 'Religion, Public Health,' p. 65.
37 Michela Wrong, 'Blood of Innocents on His Hands,' *New Statesman*, 11 April 2005, p. 9.
38 Tad Szulc, *Pope John Paul II* (New York: Scribner, 1995).
39 Hakan Seckinelgin, 'A Global Disease and Its Governance: HIV/AIDS in Sub-Saharan Africa and the Agency of NGOs,' *Global Governance*, 11(3), 2005, pp. 351–68.
40 Chikwendu, 'Faith-Based Organizations,' p. 310.
41 Paul VI, Encyclical *Humanae Vitae* [*On Human Life*]. Available at: http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html (accessed 4 August 2009).
42 John Paul II, Encyclical *Evangelium Vitae* [*The Gospel of Truth*] (Washington, DC: United States Conference of Catholic Bishops/National Conference of Catholic Bishops, 1995), No. 91; Associated Press, 'Pope, in Africa, Says Condoms Aren't the Way to Fight AIDS,' *New York Times*, 18 March, p. A110. In late 2010 Benedict XV1 for the first time publicly indicated that condom use may be permissible in some limited circumstances when used solely to prevent transmission of disease. This observation stops short of a revision in official church teaching and Vatican spokesmen were quick to point out that Benedict's comments had no bearing on either the Catholic stance prohibiting condoms as birth control or the underlying rationale for the Church's position on condom use. See John L. Allen Jnr 'Pope signals nuance on condoms', National Catholic Reporter, 20 November 2010. Available at http://www.ncronline.org/blogs/ncr-today/pope-signals-nuance-condoms (accessed 16 December 2010; Associated Press, 'Vatican clarifies pope's condom comments', Washington Post, 21 December 2010. Available at http://www.washingtonpost.com/wp-dyn/content/article/2010/12/21/2010 (accessed 21 December 2010).
43 Clayton and Gledhill, 'Pope's Attack,' p. 7.

44 Victor Agadjanian and Soma Sen, 'Promises and Challenges of Faith-Based AIDS Care and Support in Mozambique,' *American Journal of Public Health*, 97(2), 2007, p. 362.
45 'The Pope's Grievous Errors' (editorial), *Economist*, 365, 12 March 2005, p. 912.
46 Christine Gorman, 'Clash of Wills in Cairo,' *Time*, 12 September 1994, p. 56; Kenneth L. Woodward, Daniela Dean, and Eleanor Clift, 'A Heavyweight Contest,' *Newsweek*, 6 June 1994, p. 82.
47 For example, A. Simpson, 'Sons and Fathers/Boys to Men in the Time of AIDS: Learning Masculinity in Zambia,' *Journal of Southern African Studies*, 31, 2005, pp. 569–86.
48 Wrong, 'Blood of Innocents,' p. 9.
49 Jonathan Clayton, 'John Paul's Condom Ban Worsened Crisis,' *The Australian*, all-around country edition, 19 March 2009, p. 8.
50 Thomas J. Reese, 'Pope, Condoms and AIDS,' *Washington Post 'On Faith' blog*, 31 March 2009. Available at: http://www.washingtonpost.com (accessed 31 March 2009).
51 Shanto Iyengar, 'Framing Responsibility for Political Issues: The Case of Poverty,' *Political Behavior*, 12(1), 1990, p. 20.
52 Joachim, 'Framing Issues,' p. 249.
53 Thomas E. Nelson, Zoe M. Oxley, and Rosalee A. Clawson, 'Toward a Psychology of Framing Effects,' *Political Behavior*, 19(3), 1997, pp. 235–6.
54 James N. Druckman, 'The Implications of Framing Effects for Citizen Competence,' *Political Behavior*, 23(3), 2001, p. 230.
55 Stephen Zavestocki, Kate Agnello, Frank Mignano, and Francine Darroch, 'Issue Framing and Citizen Apathy toward Local Environmental Contamination,' *Sociological Forum*, 19(2), 2004, pp. 258, 266ff.
56 Joachim, 'Framing Issues,' p. 251; Melinda Miceli, 'Morality Politics vs. Identity Politics: Framing Processes and Competition among Christian Right and Gay Social Movement Organizations,' *Sociological Forum*, 20(4), 2005, p. 596.
57 Christer Jönsson and Peter Söderholm, 'IGO–NGO Relations and HIV/AIDS: Innovation or Stalemate?' *Third World Quarterly*, 16(3), 1995, pp. 459–76.
58 de Waal, 'How Will HIV/AIDS Transform African Governance?'
59 Hazel Markwell, 'End-of-Life: A Catholic Viewpoint,' *The Lancet*, 366(9491), 24–30 September 2005, p. 1133.
60 Alan Fowler, *Striking a Balance: A Guide to Enhancing the Effectiveness of Non-Governmental Organizations in International Development* (London: Earthscan Publications, 1997), p. 102.
61 Global Health Council, 'Our Mission.' Available at: http://www.globalhealth.org/view_top.php3?id=25 (accessed 13 August 2009).
62 Pathfinder International, 'About Us: Mission.' Available at: http://www.pathfind.org/site/PageServer?pagename=About_Mission (accessed 13 August 2009).
63 Population Services International, 'PSI's Mission.' Available at: http://www.psi.org/about_us/index.html (accessed 8 October 2009).
64 William F. Fisher, 'Doing Good? The Politics and Antipolitics of NGO Practices,' *Annual Review of Anthropology*, 26, 1997, pp. 445–6, 450, 458.
65 Gerrie ter Haar and Stephen Ellis, 'The Role of Religion in Development: Towards a New Relationship between the European Union and Africa,' *European Journal of Development Research*, 18(3), 2006, pp. 351–67.
66 Felicitas Becker and P. Wenzel Geissler, 'Searching for Pathways in a Landscape of Death: Religion and AIDS in East Africa,' *Journal of Religion in Africa*, 37, 2007, p. 10.
67 Miceli, 'Morality Politics,' p. 601.
68 Cochrane, 'Religion, Public Health,' pp. 68–9.

69 Ruth Prince, 'Salvation and Tradition: Configurations of Faith in a Time of Death,' *Journal of Religion in Africa*, 37, 2007, p. 86.
70 Hansjörg Dilger, '"We Are All Going to Die": Kinship, Belonging, and the Morality of HIV/AIDS-Related Illnesses and Deaths in Rural Tanzania,' *Anthropological Quarterly*, 81(1), 2008, p. 211.
71 Cochrane, 'Fire from Above,' p. 82.
72 Emmanuel Saidi, 'Catholic Teaching on Life and the Challenge of the HIV/AIDS Crisis in Sub-Saharan Africa,' *Linacre Quarterly*, 71(1), 2004, p. 15.
73 Abraham P. Greeff and Karla Loubser, 'Spirituality as a Resiliency Quality in Xhosa-Speaking Families in South Africa,' *Journal of Religion and Health*, 47, 2008, p. 299.
74 Markwell, 'End-of-Life,' p. 1134.
75 For example, Matthew 25:14–30; Luke 16:1–13.
76 For example, Acts 4:12; 1 Thessalonians 5:9.
77 Mark 12:28–31; Galatians 5:14.
78 World Vision, 'Who We Are.' Available at: http://www.worldvision.org/content.nsf/about/who-we-are (accessed 8 October 2009).
79 Frederick Klaits, 'Making a Good Death: AIDS and Social Belonging in an Independent Church in Gabarone,' *Botswana Notes and Records*, 30, 1998, p. 106.
80 Gerard Clarke, 'Faith Matters: Faith-Based Organisations, Civil Society, and International Development,' *Journal of International Development*, 18, 2006, p. 840.
81 Erving Goffman, *Frame Analysis: An Essay on the Organization of Experience* (Cambridge, MA: Harvard University Press, 1974), p. 345.
82 John Paul II, Encyclical *Sollicitudo Rei Socialis* [*On Social Concern*] (Washington, DC: United States Conference of Catholic Bishops/National Conference of Catholic Bishops, 1987), No. 29.
83 John Paul II, *Evangelium Vitae*, No. 23.
84 Benedict XVI, Encyclical *Caritas in Veritate* [*Charity in Truth*] (Washington, DC: United States Conference of Catholic Bishops, 2009), No. 31 (emphasis in the original).
85 Pius XII, 'The Prolongation of Life,' address to the Congress of Anaesthesiologists, 24 November 1957.
86 Rhys H. Williams, 'Constructing the Public Good: Social Movements and Cultural Resources,' *Social Problems*, 42(1), 1995, p. 131.
87 1 Corinthians 10:17.
88 Daniel Donovan, *Distinctively Catholic: An Exploration of Catholic Identity* (New York: Paulist Press, 1997), p. 16.
89 Benedict XVI, *Caritas in Veritate*, No. 29.
90 Genesis 1:28.
91 Paul VI, *Humane Vitae*, No. 11.
92 Markwell, 'End-of-Life,' p. 1132.
93 Bate, 'Catholic Pastoral Care,' p. 208.
94 Sheila Jasanoff, 'NGOs and the Environment: From Knowledge to Action,' *Third World Quarterly*, 18(3), 1997, p. 585.
95 Aslan, 'Church & AIDS,' p. 17.
96 Jon Cohen, 'Mission Possible: Integrating the Church with HIV/AIDS Efforts,' *Science*, 313, 2006, p. 482.

Lisa L. Ferrari is an associate academic dean and associate professor in the Department of Politics and Government at the University of Puget Sound, where she teaches international relations and ethics. Her research interests include moral authority, U.S.-Canadian relations, and the Catholic Church as a political actor.