

SOUTH-SOUTH COOPERATION: BRAZILIAN PARTNERSHIP WITH MOZAMBIQUE AND THE CONSTRUCTION OF AN AIDS DRUG PLANT¹

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1. Introduction

This article will focus on development cooperation between Brazil and Mozambique, especially within the public health sector and regarding support for issues related to HIV/AIDS. To do this both countries will be seen as part of a globalized world and contextualized into a historical and socio-economic converse. Brazil has a long tradition of politics of health with far-reaching public health reforms and a Constitution from 1988 stating, among many issues; civil rights, the right to health and health care for all (da Costa Marques 2003; Nunn 2009). During the 1960s a sanitary reform movement of health professionals demanded equitable access to medical care and preventive health services (Nunn 2009, 31). Brazil introduced in 1990 a Unified Health System – “Sistema Único de Saúde” (SUS) – based on universal access to health care and equity. Even if the country, as a recipient country, had strong press from the International Monetary Fund (IMF) to act according to the structural adjustment plan and introduce more market-oriented policy in front of health care, the government, enforced by civil society organizations and social

¹ Acknowledgements: This research was generously funded by the Swedish International Development Cooperation Agency/Department for Research Cooperation – SIDA/SAREC. Research project: SWE-2007-094.

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movements on health, resisted and a strong national decentralized health system was established. Brazil has one of the better functioning health systems compared to other countries with similar economic situation (Oliveira Cruz et al. 2004; Costa Vaz and Inoue 2007). The strong social movement for health that exists since the 60s and a well functioning health system with good infrastructure will be important factors to understand the Brazilian success in implementing the AIDS program, and to carry out antiretroviral therapy (ART) with universal right to treatment for people living with HIV/AIDS (PLWHA). It is within this context that South-South Cooperation will be analyzed, and the ambition to export the Brazilian model on HIV/AIDS to countries in the Global South.

2. The transformation of “development aid” into “development cooperation”

At the end of the Cold War a transformation of power structures took place to rebuild countries in need of aid for reconstruction and to support ‘poor countries’ or the ‘Third World’. The leaders of the industrial world initiated the Bretton Woods Organizations. It can be described as a monetary order to rebuild the economy after the war. The leaders from the ‘rich’ countries established the International Monetary Fund and the International Bank for Reconstruction and Development (IBRD), today part of the group around the World Bank (WB) to govern the development. Money and human resources were transferred from the North to the South with strict conditionality for the recipient countries to follow the rules and regulations set by the donors. The world was seen as a dichotomy, one part of the world was ‘developed’ and the other part ‘underdeveloped’ or ‘developing’, and during the 1950s the concepts ‘central’ and ‘peripheral’ countries were coined to illustrate the same divide. This division is today questioned and challenged with the upcoming of the so-called emerging states. In the period after World War II, the Global North wanted through development assistance to create a stable and secure world and the emphasis was on bilateral cooperation between governments and mega-projects through the newly created IMF and WB.

The process of globalization has changed the world order and among various alterations the politics of aid has been re-defined and made less state-

centered (Thörn and Follér 2008, 277). This does not mean that the state has been undermined but repositioned in certain respects – and in relation to development aid there is a pervasive transformation with more multilateral agreements including new partners from countries, which earlier were recipient countries. Another aspect is that civil society organizations are playing a more active role in development cooperation. They act through International Non Governmental Organizations (INGOs) supporting civil society in recipient countries; as watchdogs, service providers or with social aims on issues such as gender, human rights or with health related programs.

With the increased role of civil society and the integration of CSOs as part of decision-making processes, scientists and activists have stated more substantial questioning of IMF and the WB. The watchdog function by global civil society organizations, communicating and distributing information through Internet, is one such factor. Campaigns have been initiated against multilateral aid that destroy the environment through e.g. building dams, displacement of people due to mega-projects and other activities harming the local population. The institutions have been forced to be more sensitive after a heavy critique regarding their approaches (structural adjustment programs and other interventions). The IMF and WB are at present dominated by the Global North. Even if there is an alteration with new countries entering the closed circles, the power concerning aid is still Global North governing the South ‘at a distance’. Decisions whether a country in the Global South should receive support or not are still taken by the Global North through institutions governed by powerful political and economic leaders and hybrid public-private enterprises or consortiums.

In 2000 at the United Nations Conference on Trade and Development, there was a call for a doubling of aid to Africa. The impact of aid to Sub Saharan Africa (SSA) has been discussed and questioned over the decades (UNCTAD 2006). This chapter will focus on Africa and the presence of other donors than the Global North. The so-called emerging donors have existed for a long time, but without a consistent structure, and the economic impact has not been significant. Countries such as Russia, Brazil, China and the Arabic countries have over history been involved in different development projects. But the reality is that during the 1990s and the early years of the present

century 95 % of development aid came from the 22 member countries of the OECD Development Assistance Committee (DAC) (Manning 2006: 371). But the non-DAC donors (or emerging donors as I would like to call them, even if they are not new) are today returning to Africa with more strength (Kragelund 2008, 555).

Brazil with South-South Cooperation for at least 40 years, first within Latin America and from the 70s also as a bridge to Africa, has been less visible than North-South Cooperation (ODI 2010; Costa Vaz and Inoue 2007). Today China (road and building constructions) and Brazil (health, agriculture, education and technical projects) are well established and highly visible in many African countries. Brazil, not least in the Portuguese speaking countries, is becoming a main player on the aid cooperation agenda.

Over the years the leaders of the world have signed many agreements and declarations, and commissions have been created to develop a world with less poverty, hunger and to eradicate deadly diseases. Some projects have been successful, such as the eradication of smallpox. But poverty and poverty-related deadly diseases still exist and new problems, such as refugees living a life without dignity are increasing. Also global climate change and pandemics, e.g. HIV/AIDS, are threatening the security and sustainable development of the planet.

In the field of development aid some 'new' landmarks started with UN Secretary-General Kofi Annan.³ A strong effort and political will to achieve concrete goals started at the first decade of the 21st century and a global hope was raised that global governance was at a crossroad to move forward and reduce poverty. The reasons for these observations are some initiatives and declarations pointing at the state of the world and the need for transfer of resources from the North to the South and with focus of how this transaction through development aid should be more effective and giving more power to the recipient countries through the achievement of local ownership and mutual accountability for the recipient countries. The United Nation Millennium

³ The term 'development aid' has in the official aid discourse been replaced by 'development cooperation' (Rottenburg 2009, xii). This change of terminology indicates that there are two equal partners, which are questioned in this article and I use both concepts parallel.

Development Goals (MDGs) was signed in 2001. It is a global action plan to accomplish the eight anti-poverty goals by 2015. Three of its eight objectives focus on health problems, and assign great importance to social health determinants, such as poverty, hunger, basic education and environmental sustainability (Buss and Ferreira 2010). The next declaration with focus on development aid is the Paris Declaration on Aid Effectiveness (hereafter PD) endorsed on 2 March 2005 to follow-up and complemented the MDGs. It is an agreement signed by one hundred ministers, heads of agencies and other actors. It is an action-oriented roadmap intended to improve the quality of aid and its impact on development. In 2008, the Summit called Accra Agenda for Action (hereafter AAA) gathered governmental leaders, powerful organizations and activists from NGOs. It can be seen as a follow-up of the PD to deepen the implementation of the agreement and to respond to emerging aid effectiveness issues. The 4th High Level Forum on Aid Effectiveness will take place in November-December 2011 in Busan, Korea. The question when the world's leaders, organizations, institutions and activists meet again is to evaluate the global progress to decrease poverty.

There are several reports written during the years, evaluating advances and failures of the PD. The evaluations are both on a general level, but also describing the situation in the recipient countries. There are examples of successful implementation of the PD in North-South Cooperation with a constructive cooperation with transfer of power and responsibility from the donor to a local ownership by the governments (Wood et al. 2011, 11). Regarding the prevalence of HIV/AIDS there is globally a significant decline of cases of new infected, even if it is uneven between countries and also within a country (UNAIDS 2010). This is, of course, good news, even if the goals from the MDGs are far from reached. There are about 33.3 million people living with HIV globally. Of the estimated 15 million people living with HIV in low- and middle-income countries who need treatment today, 5.2 million have access (UNAIDS 2010, 7). Through evaluating and monitoring it is difficult to separate if the improvement is due to donor interventions or if other domestic factors, such as a committed government or a vital civil society, are the actual causes, which the situation for PLWHA have changed for the better. There can also be biomedical and epidemiological factors behind the decreased number of

new cases of AIDS, due to that the virus is becoming less virulent.

At the High Level Meetings mentioned, discussions on the changing world system and the emerging powers entering the development aid through South-South Cooperation have been on the agenda. The Brazilian delegation at the Accra meeting represented a new voice being raised. They highlighted that Brazil is not a passive object of aid, but an active agent resisting the conditions set by donors and creating a space for independent interpretation and action. And in the OECD evaluation several times the South-South Cooperation is raised as something that has to be taken into consideration as a positive development (Wood et al. 2011: 11, 12). But there are also doubts, which are elucidated in the evaluation, and that is if South-South Cooperation fulfills 'good governance' and aid effectiveness as stipulated in the PD (Wood et al. 2011).

The AIDS pandemic is part of MDGs anti-poverty goals and prioritized area within UN organizations and national donors development programs. Through cooperation between UN organizations, hybrid organizations, such as the Global Fund to fight AIDS, Tuberculosis and Malaria (hereafter GF) and governments, the agenda concerning what is good AIDS governance and how to implement it is set. The U.S. is through the development assistance organization USAID, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) the principal economic donors in Africa. They are dominant actors and often criticized for the strings they attach to the aid delivered.

The market (in this case mainly the pharmaceutical industry) and civil society organizations are integrated parts of global AIDS governance and are becoming transnational in their activities, while the state and public institutions that guide development are still national. Therefore, the globalization process currently taking place is highly relevant as one influential factor when development aid is discussed and what happens when emerging actors such as Brazil want to enter into the global arena.

3. Emerging powers

I have mentioned 'traditional' Northern aid and a move towards more cooperation between the countries in the Global South. There are processes of

regionalization – that is cooperation between neighboring countries or within the same continent, and South-South Cooperation when the activities are crossing the sea and relate to cooperation mainly between countries in Africa, Asia and Latin America. The question is if we see a ‘paradigmatic shift’ of the world order with the upcoming ‘emerging powers’. The ‘emerging economies’ on the agenda in the discussions are Brazil, China, India, Malaysia, South Africa, and Thailand. There are some special associations of countries, which are referred to as BRIC (Brazil, Russia, India, China), which extended into BRICS (also included South Africa). Another association is the India-Brazil-South Africa Dialogue Forum (IBSA) established in 2003 (www.ibsa-trilateral.org). Through these associations, emerging countries want to strengthen their voices and be part in the construction of a novel aid architecture. The common characteristics for these countries are the shift in global economic power, a process away from the hegemonic Global North power states, towards countries situated in the Global South. These countries have recently increased their trade with and development assistance to other countries in the Global South.

4. Brazil’s foreign policy and history of development aid

Brazil is today regarded as a significant economic and political power in Latin America and in the world. The foreign relations are managed through the Ministry of Foreign Affairs-Itamaraty. What will be discussed in this chapter is its upcoming role on the global arena as a donor country. Most development aid goes through “Agência Brasileira de Cooperação” (ABC), the Brazilian Agency of Cooperation. There is a long tradition within the Ministry of Foreign Affairs for international cooperation and development aid and the focus has principally been on technology and capacity building related to agriculture and issues on public health. Partnership and South-South Cooperation related to HIV/AIDS started during President Fernando Henrique Cardoso in the 1990s as one important part of foreign policy (Nunn 2009, 80ff; Sousa 2010). The initiatives continued and were strengthened during President Luiz Inácio Lula da Silva from his inauguration in 2003 and during his eight years at power (Captain 2010, 184; Sousa 2010). Various cooperation programs related to technical health cooperation and HIV/AIDS have gained a strategic place in the policy (Almeida et al. 2010). Already in 2003 President Lula promised to construct an

AIDS drug plant in Mozambique. This partnership will be analyzed as a manifestation of Brazil's intensified international cooperation.

The foreign policy of Brazil undertaken by Itamaraty and ABC cooperate with institutions such as the International Centre for Technical Cooperation on HIV/AIDS (ICTC/AIDS) and joint projects between CSOs in Brazil and countries in the Global South (Terto Jr et al. 2009). Institutions such as ABC, ICTC/AIDS and similar organizations, together with Brazilian AIDS NGOs, international organizations such as UNAIDS, GF, donor organizations and the pharmaceutical industry constitute the global AIDS governance (Follér 2010).

During the two presidential terms mentioned above, the Brazilian government has, through close cooperation between Itamaraty and the Ministry of Health (hereafter MoH), taken an active role at a global level to export the Brazilian model on AIDS, including the National AIDS Program. This pro-active position is making Brazil one of the most outspoken "emerging countries" concerning global AIDS governance. An example of the "Brazilian model" worth mentioning is the "Brazilian Committee on Human Rights and Foreign Policy", or "Comitê Brasileiro de Direitos Humanos e Política Externa". This committee has existed since 2005 with the aims of providing greater transparency between civil society organizations and foreign policy and of strengthening citizen participation and democratic control of Brazilian foreign policy related to human rights (www.dhpoliticaexterna.org.br) (Foller 2010, 203). The Brazilian model includes and highlights that HIV/AIDS is not just a medical problem, but includes human and sexual rights.

The development aid policy is still not a formalized and well-functioning policy compared to the European Community and the United States, but the country has increased its involvement in several international health activities, both regionally in Latin America, but also in several countries in Africa (Buss 2011; Pimenta et al. 2006; Oliveira Cruz et al. 2004). The developing pattern of Brazilian South-South Cooperation has been described as a 'global model in waiting'. The expression comes from an article in the Economist and describes Brazil as one of the most important aid givers to the Global South indicating Brazil's aid as a transfer of knowledge, built on the

countries own experience to struggle with poverty and high prevalence of HIV/AIDS (Economist 2010; ODI 2010). One example is an aid program to post-earthquake Haiti. Brazil used its own experience from the domestic poverty reduction program ‘Bolsa Família’ – and transferred the technology, learned experience and knowledge from a successful domestic activity to the reality of Haiti.

But Brazilian aid is not only humanitarian and express solidarity with poor countries. The Economist continues: “Moreover, aid makes commercial sense. For example, Brazil is the world’s most efficient ethanol producer, and wants to create a global market in the green fuel. But it cannot do so if it is the world’s only real provider. Spreading ethanol technology to poor countries creates new suppliers, boosts the chances of a global market and generates business for Brazilian firms” (Economist 2010). This indicates that foreign policy and, to some extent, economic interests have played and play a major part in energizing Brazil’s development cooperation. It is also well known that Brazil wants a permanent seat on the UN Security Council and to have influence in international relations, in line with its successful economic trajectory. The country’s successful businesses are eager to expand their operations overseas. With these aims in mind, and in response to growing demand for Brazil’s assistance, President Lula da Silva has expanded Brazil’s diplomatic presence worldwide and development cooperation through South-South initiatives originating from official country visits made by the President and the Minister of Foreign Affairs. Technical cooperation with developing countries is, therefore, emerging as an important operational instrument of Brazilian foreign policy (ODI 2010).

What often is highlighted is the contradiction, motivating a term such as “a model in waiting”. Brazil’s role on the international arena, with specific focus on Africa, has been strengthened and more funds are distributed. But, the ambivalence is that Brazil still has domestic poverty problems. Some technical and juridical ambiguities have also been raised, related to the construction of the AIDS medicine plant. Brazil produces generic drugs at the state owned pharmaceutical industry and the Brazilian law says that it is forbidden to give public money to other governments. Therefore, the AIDS medicine plant has to find a specific construction between aid and business.

Brazil's role as both a recipient and a provider of aid, gives it, according to some, a better understanding of the needs and constraints facing aid (ODI 2010). But, according to some critics, the government should first solve the domestic problems.

The Brazilian way described above is different from most of the North-South Cooperation. It is in its approach more 'horizontal' due to cultural similarities and as in e.g. Mozambique, they speak the same language. The cooperation is more often based on Brazil's own experience and knowledge of successful social programs, such as "Bolsa Família" and the Brazilian AIDS model. Brazil has challenged global institutions with a committed policy of universal access to ARVs and questions on patents and intellectual property rights. The government, together with CSOs, have been lobbying at the WTO meetings, especially in connection with the signing of the Agreement on Trade-Related Aspects of Intellectual Property Rights –TRIPS (read more in Chavez et al. 2008).

5. The Brazilian AIDS Model

A brief background to the Brazilian AIDS epidemic will be carried out. The first official AIDS cases were reported in 1981 and at the beginning of the 1990s Brazil had the third highest absolute number of people with AIDS in the world (Terto Jr and García 2008). A military regime governed the country between 1964 and 1985. It was an authoritarian dictatorship, and many intellectuals and left activists had to leave the country. Just like in many other countries the government did at first not take the epidemic seriously, not the militaries and not the first civilian government that took over. Through the political process with activists and professionals returning home from the exile, an emerging civil society started to act. The earlier mentioned sanitary reform movement had continued to exist during the years and built a bridge to the incipient civil society. What is recognized is that civil society actors played a key role in bringing about the national AIDS policy through a process of re-democratization after twenty years of dictatorship (Bastos 1999; Berkman 2005; Galvão 2000; Follér 2005; Nunn 2009; Parker 1997). Civil society organizations improved the democratic accountability and fulfilled various

roles, creating public opinion about HIV/AIDS, campaigns against discrimination and stigma, the right to health and debates on sexual rights. The newly created AIDS NGOs, church organizations and CSOs, acted as service providers for the infected and their families, and they completed the watchdog function through the principle of *social control*. This is a central principle in the Brazilian Constitution stating that health care is the right of the citizens and the obligation of the State (Terto Jr and García 2008). Today the Brazilian model is all over the world seen as a success story with less than 1% of the population living with HIV/AIDS (Lieberman 2009, Nunn 2009).

During the 1990s, when Brazil was reconstructing itself on issues related to democracy, human rights and freedom of speech, it was a recipient country with support from multilateral institutions as well as from other organizations and countries. I will focus on the support they got to create the National STD (Sexually Transmitted Diseases) and AIDS Program (hereafter NAP) “Programa Nacional de DST/AIDS” and what will also be related to as “The Brazilian Model of Prevention and Treatment of HIV/AIDS”. The model was constructed in close cooperation between the government and civil society organizations and with foreign resources. For the creation of a sustainable AIDS-program, Brazil received substantial loans from the World Bank. These were distributed between 1995–1998 and 1999–2002, and a smaller one 2003–2006. This large amount of funding was for the most part used to implement prevention programs, services, and epidemiological monitoring, and to strengthen the health infrastructure. The loans were debated and questioned, especially by civil society organizations, because of the conditions attached to them were strict and contradicted with the domestic plan to work with HIV/AIDS in a multidimensional and broad human right influenced perspective. The WB policies for example *strictly forbade* expenditures for antiretrovirals (ARVs). The motivation of the WB was that treatment with ARVs was too costly for developing countries with limited resources. At the same time as the WB loans were delivered, a pro-active civil society through AIDS NGOs had campaigns and carried out lobby activities towards the government, and together with ‘radical’ people within the government, for activities with the goal to ‘scaling up AIDS treatment’ (Follér 2010a; Nunn 2009, 63). The AIDS NGOs pressured the government for universal access to

treatment. Global civil society activists, international organizations including the United Nations and the World Health Organization (WHO), supported the campaign. It later leads to the signing of the UNGASS (United Nations General Assembly Special Session) declaration (Follér 2010, 208).

The policy of WB was criticized, undermined and resisted. Parallel with the WB support to Brazilian AIDS NGOs working with prevention, the same organizations received simultaneously governmental support to lobby for expansion of ARV treatment (Nunn 2009, 100). The WB loans achieved their set goals of strengthening the health infrastructure and improving monitoring of the logistics. But many unintended goals were also reached when the Brazilian model expanded. This is a vital point to highlight as it illustrates the power dynamics and conflicting value systems that existed between the WB and the Brazilian National AIDS Program including the AIDS movement. The unified Brazilian AIDS governance had the strength to carry out the program in line with political and social goals set in the country.

The IMF has during the years been criticized for imposing Structural Adjustment Programs or other reforms on countries in the South. The policy of the WB was the same top-down policy with strict conditions set in Washington D.C. Just as in other policy areas, the WB attempted to shape the Brazilian AIDS program. An open clash came up between the WB's emphasis on prevention and the NGOs' pressure for universal treatment and the government followed the way of the AIDS movements. The Brazilian government kept its plans and continued the determined goals for universal access to ARVs. The power aspects elucidated in the Brazilian society during this period are of vital interest. It illustrates an emerging civil society, setting strong pressure on the government, and not acting as passive recipients of aid, but with resistance. This has been defined as the Brazilian government acting as an "activist state." The government did not accept the World Bank's conditions to cancel such activities as the promotion of condoms and special programs for sex workers (Biehl 2004 and 2007, 207). The blurring of borders between the state and civil society is typical of the Brazilian AIDS governance throughout its history. It can be seen as a victory of local ownership burgeoning in front of the donors. The loans led (unintentionally) to a strengthening of the 'Brazilian AIDS

model'. Probably there was a softening of the WB's value system in the global discussions on aid and due to the Washington Consensus losing credibility. What could be observed during the negotiations with the government, and under strong pressure from civil society actors, was that the WB had to deviate from the neo-liberal logic of costs and benefits, viewing prevention as likely to bring about more economic benefit. The government and civil society actors leaned towards the Brazilian constitution that expressly states 'everybody's right to health care' and the citizens' duty to exert 'social control' on the government – and so they did.

6. Brazilian South-South Cooperation

Emerging aid donors, such as China, India and increasingly Brazil, are changing the international aid architecture and challenging some of its tenets, such as the current consensus on 'aid effectiveness', the main statement of the PD. Things are becoming more complex, with aid moving across the South, and old definitions of 'developed' and 'developing' countries are losing their meaning. South-South aid has been less evaluated and little is known about its effect in the recipient countries (ODI 2010). Support for South-South Cooperation exists in different constellations and on different levels in society. From multilateral organization some overarching constructions are created, such as the United Nations Development Program (UNDP), where a South-South Cooperation Fund (www.undp.org) is set up as a special unit. Since 1989, the Group for South-South Consultation and Coordination (G-15) has been promoting bilateral South-South cooperation. The changes are evident and indicate a 'new' horizontal communication involving a transfer of resources, human and economical, and exchange of technical knowledge and capacity building within health, education, energy, climate and other areas. The constructions of the cooperation can be the establishment of bilateral, triangular and multilateral networks.

The National AIDS Program initiated in 2002 the Brazilian International Cooperation Program (ICP) with technical support to poor countries in the Global South and Mozambique was included. Brazil wanted, in opposition to the WB and other donors, to illustrate that it was possible to create sustainable ART in countries with limited financial resources. Some

initiatives, e.g. Brazilian support to the Khayelitsha project in South Africa, proved encouraging results (Follér 2010, 212; MSF 2003). In 2004 the program “Laços Sul-Sul” was launched. The Brazilian Government, through NAP, offered universal access to first line HIV/AIDS treatment to neighboring Latin American countries, committed to combating the epidemic. The aim was to contribute towards strengthening policies and national efforts by supporting universal access to ARV treatment. Later the same year it also included several countries in Africa and in East Timor.⁴

7. Cooperation between Brazil and Mozambique

Brazil and Mozambique were both part of the Portuguese colonial empire. Brazil became an independent country in 1822 and Mozambique first in 1975. Besides differences in the colonial history, the two countries have evolved diverge into two culturally and socio-economically states (Fry 2005, 45ff). Brazil's economic situation has been described, as stable and growing, but Mozambique is still one of the poorest countries in the world with over half of the population living in absolute poverty. After the independence from Portugal, the country only experienced a few years of peace before a destabilization war broke out that lasted for 16 years. It had a devastating impact on the development of the country. Since independence, Mozambique has undergone major structural political changes, from being a centralist socialist economy to a market economy in the end of the 1980s. During the last decade, changes in poverty level have occurred, but the development is unequal. Some data claim that poverty is increasing in some parts and in other parts declining at a slow rate (de Renzo and Hanlon 2009, 246), but international donors, such as the IMF, the WB, several UN organizations and Northern donors, see Mozambique as a success story in terms of economic growth during the last decade.

Mozambique is heavily aid dependent, with more than 50% of the state budget coming from external sources, while Brazil is a global emerging

⁴ The information on ICP and Laços Sul-Sul is from ICTC's homepage at <http://www.aids.gov.br/> and from conference presentations at <http://www.ipc-undp.org/aids/eng/prg.htm> by Mauro Teixeira de Figueiredo and Gustav Liliequist. (Accessed July 31, 2011).

economy. Other dissimilarity between the countries is the existence and strength of civil society organizations and independent media. In Mozambique CSOs are fairly recent phenomena and the right to freedom of association was initially established in 1990 with the new Constitution that introduced political pluralism. But an emerging civil society is growing and there are several AIDS NGOs with external support working with information campaigns, spread of condoms, and they are acting as service providers or having a watchdog function in front of the government (see e.g. Matsinhe 2008).

I visited Mozambique at two different occasions during 2010 and 2011 and interviewed several AIDS NGOs, and some examples will be given. The Mozambican Network of AIDS Services Organizations (MONASO) is a national HIV/AIDS civil society network with regional offices in several parts of the country. Another international organization with well functioning activities is the Comunidade de Sant' Egidio. I visited them in the outskirt of Maputo and they provide assistance to many HIV-positive Mozambicans, and distributed ARVs to as many as they had resources. The group carried out a program DREAM (Drug Resource Enhancement Against AIDS and Malnutrition), which gives out free ARVs, food supplements, and water filters. The program has been successful in preventing mother-to-child transmission. But, what I heard many times during my interviews with CSOs in Maputo, was that they did not get resources any longer, and had to stop the program due to lack of money. Some examples are the Mozambican Access to Treatment Movement (MATRAM) – Movimento de Acesso ao Tratamento em Moçambique – and the Mozambican organization in defense of sexual minorities (LAMBDA). Two organizations with good infrastructure educated and committed staff, with regional and partly global networks, but with limited economic resources. LAMBDA has struggled with bureaucratic problems to get registered as an NGO, but they had still not succeeded when I last visited them in March 2011.

One influential Brazilian development aid institute, mentioned earlier, is the International Centre for Technical Cooperation on HIV/AIDS (ICTC). The center was established in 2005 and has played an important role in promoting technical cooperation on AIDS. It was created as a collaboration between the Brazilian government and UNAIDS with support from the World Bank and other international partners, such as GTZ (German Agency for

Technical Cooperation) and the British DFID (Development for International Development) and others. The Brazilian AIDS model started to expand with initiatives such as the ICP and Laços Sul-Sul. They carried with them experience and knowledge from Brazil's domestic process and were sometimes developed in cooperation with multilateral organizations, such as UNDP or UNICEF. This kind of cooperation with Northern donors, named triangular, has the intention to transfer the leadership and ownership from the Northern donors to the Southern, in this case Brazil.

Mozambique had during the 1980s and 90s a high prevalence of HIV/AIDS an insufficient public health structure, lack of centers for HIV testing, counseling units and capable health personnel to give care to the infected and with capacity to confirm infection and give accurate advice and therapy (UNAIDS 2010; Matsinhe 2008). According to the Global Report, Mozambique has a decreasing AIDS epidemic, but it is still high (UNAIDS 2010, 61). There are about 500 new HIV/AIDS cases a day and official statistics show that about 1.4 million people in the country have HIV/AIDS. Among these less than 40 % (estimated 32%) receive ART (UNAIDS 2010, 97).

From 2009 the cooperation between Brazil and Mozambique is intensified, and there are more Brazilian projects in the country than in any other country in Africa, often carried out with the MoH and the ICTC (Almeida et al. 2010). Over the years there has been distribution of Brazilian produced generic AID drugs to health centers and patients in Mozambique. The programs contain the same components as most development aid: logistic support, evaluation and monitoring, strengthening the public health infrastructure; diagnosis, prevention, treatment, training programs for health professionals and the logistic of drug distribution. There has also been exchange of knowledge and capacity building, workshops and seminars with technicians and health personnel from Brazil going to Mozambique and vice versa.

I made an interview at the Brazilian embassy in Maputo in 2010. They said that they had different small-scale projects and some of them were really basic knowledge transfer. Mozambique had asked Brazil of technical support to clean the hospitals. They had a growing problem with hygiene and resistant bacteria. In Brazil the cleaning of hospitals is outsourced and well functioning.

A program started with exchange of technical staff going to Brazil for training and staff coming to Mozambique to transfer knowledge and practice. There is no language and cultural obstacles in this kind of cooperation projects, I was told.

To illustrate the multitudes of aid constructions, cooperation and partnerships that exist and how the borders between Northern and Southern donors are becoming blurred, another example I was told about at the Embassy, will be mentioned. It is a triangular cooperation, which was signed some months before my visit in March 2010. It is a cooperation between Brazil (MoH, NAP, Fiocruz⁵) – Mozambique (MoH, CNCS⁶) and The U.S. (PEPFAR, CDC – Centers for Disease Control and Prevention –, USAID). The main goals are to ‘Strengthen the response in Mozambique on the HIV/AIDS epidemic’. It is a project on a governmental level with the duration of 2 years and a budget of more than 3 million USD. The project was about to start when I visited the Embassy and besides to strengthen institutions and made them excellence, there is a goal to improve the logistics in the health sector. There is also a focus on epidemiology and to reinforce social relations within the program. The list of projects could be extended, but my intention is to show that Brazil is today an important actor on the global AIDS arena.

8. The AIDS medicine plant in Mozambique

One of President Luiz Inácio Lula da Silva promises of collaborations with Mozambique in 2003 was to construct a pharmaceutical plant to provide medical support and capacity building for health personnel, in cooperation with the National School of Public Health/ Fundação Oswaldo Cruz (Fiocruz). This is a health institution (connected to the MoH) that conducts advanced medical, pharmaceutical, and public health research. In addition, it has post-graduate programs, health training, and hospitals, and it produces vaccines and pharmaceutical drugs. The unit set up in Maputo is the first extension of Fiocruz outside Brazil. In July 2005 the two countries signed an agreement to study the feasibility of a plant to produce generic ARVs. It is emphasized that

⁵ Fiocruz - (www.fiocruz.br)

⁶ CNCS – Conselho Nacional de Combate ao HIV/SIDA em Moçambique (<http://www.cncs.org.mz>)

the drugs could be distributed and sold in Mozambique, but also outside the country. The two presidents of Brazil and Mozambique inaugurated, the yet not existing factory, in October 2008. Some initial steps have been taken with the construction of a pharmaceutical factory in Matola (a city south of Maputo). There are different information concerning the function and ambition of the plant. One main objective, mentioned in the press, was to produce ARVs. But during President Lula's visit in 2010, the inventiveness forwarded was more modest and the president admitted that there are logistical problems. It is for the moment difficult to say what will be produced at the AIDS medicine plant. It is one of Brazil's most ambitious foreign assistance projects and the aid package includes 23 million USD to construct the plant (Sotero 2009). No one questions the need for the plant in the region. It is obvious that in Southern Africa, which is hardest hit by the AIDS epidemic, an effective plant with production of antiretroviral could be one step closer to universal access for PLWHA.

President Lula has stated that the aim of the ongoing collaboration with Mozambique is to strengthen the overall health situation in the country. One component of the "aid package" is to transfer scientific knowledge and build capacity among health staff through an exchange program where health professionals from Brazil visit Mozambique and students from Mozambique take part in courses at Fiocruz. The other part is more technological, with Brazilian technicians constructing the pharmaceutical plant and starting up the production of ARV generics. This is an advanced level of production, and the distribution of drugs requires a well functioning infrastructure and biotechnical knowledge and ability, as well as augmented economic resources and political stability to be sustainable.

President Lula has stated that Brazil can help the African countries because "we have a more solid and stronger economy" and adds that "it is our responsibility to take care of that things proceed in a good way between Brazil and Africa. That is to say, Brazil has to be a part of the development of the African continent" (Damé 2008). In the Mozambican newspaper *Notícias*, the bilateral cooperation and the factory are discussed. One article reveals that the factory would start production during December–January 2009/2010 and the

first step is to produce the packaging for the AIDS drugs, which will be produced in Brazil. The article describes the exchange of scientists and technicians between the countries, and even if the process has been extended, the Brazilian ambassador in Mozambique who is interviewed declares that “the process will continue and antiretrovirals will be produced in Mozambique within a certain time” (*Notícias* June 23, 2009). The other article deals in more general terms with bilateral cooperation between the two countries and has the title “From Romanticism to Development: The President in Brazil to Stimulate Investments.” Related to the antiretroviral plant, the article states that there are indications that the cooperation protocols and financial details related to the factory have advanced. The articles illustrate a strong Brazilian interest in the foreign policy for bilateral cooperation, investments, and trade with Mozambique, especially within the sectors of agriculture and biofuel (*Notícias* July 20, 2009). The last week of October 2010 when President Lula was on his way to Brazil the Mozambican newspapers were filled with photos and texts. The front page of *O País* had a large photo of the Brazilian president and the title: “Lula’s visit to the country. The Brazilian interests in Mozambique.” (October 26, 2010) Other titles are “Company that is going to mount antiretroviral plant in the country will be announced next week.” (*CRIAS Notícias* September 9, 2010). After the president’s popular visit, *O País* states: “Lula hopes to come back in 2010 to take the first pill of the antiretroviral plant.” (November 11, 2010)

The Brazilian Congress has approved the allocation of R\$ 13.6 million for the project in December, 2009. The examples of the mass media interests in the AIDS fabric are massive and the project is important with a lot of prestige for President Lula, but also for Mozambique President Armando Guebuza. The day the fabric start producing anti-AIDS drug it will be the first public plant on the African continent. Private laboratories produce ARVs on small scale in Uganda, Kenya and South Africa. According to the latest news the plant will also produce drugs to fight tuberculosis and malaria.

9. Some concluding remarks

It is not yet a paradigmatic shift of the world order regarding the relation between donors and recipient countries and between the Global North and the

Global South, but a movement of power to the emerging states can be seen. The borders between the Global North and Global South are more blurred as new actors are entering the aid arena. But how different are the emerging donors, such as Brazil, compared to the old donors, when it comes to their role in the recipient country? I have tried to illustrate that Brazil has achieved a central place in development aid and partly, together with other emerging states, is challenging the hegemony of the Global North.

One example from Brazil's own experience as a recipient country was when the state acted in a pro-active way when the WB (1993-2002) imposed the strict conditions on Brazil for receiving loans. But thanks to the burgeoned National AIDS Program and pressure from a pro-active civil society, it has been able to continue on the path of national ownership and universal access to treatment. This example shows the Brazilian state acting more as an activist state than a governing at distance donor. They have learned from their own experience as a recipient country and they kept the universal access to treatment as a flagship and challenges WTO with the export of the Brazilian AIDS model. I will draw the conclusions that the Brazilian aid cooperation projects are closer to the target groups than most traditional North-South cooperation, more solidarity and horizontal practice.

Another determining factor is the 'political will' and commitment of the government. In the case of Brazil, they found their own form of 'local ownership' beyond the Paris Declaration and Accra. Together with other emerging economies they are pro-active in the new aid architecture by raising their voices at the High Level Summits.

Brazil's AIDS policies nowadays have a good international reputation. The model functions in Brazil, and other countries can learn lessons from, but not copy, the model. Brazil exports knowledge and experience of the donation of AIDS drugs and capacity building, supporting the construction of pharmaceutical laboratories and factories in the Global South. The decisions relating to goals are based on their own priorities and they have strong self-esteem based on effective practical activities. They have knowledge to share with countries still struggling with high AIDS prevalence, and the commitment illustrated through the projects from the president and on political, social,

academic level is evident and based on a strong solidarity more than economic. From different sources the virtue and challenge of the AIDS medicine plant is emphasized as not bringing commercial gain to Brazil. “ In this sense, Brazil international cooperation contrasts with the tied-aid of the traditional model of North-South cooperation and even with the policies of other BRIC countries, such as China” (Sotero 2009, 19).

Do regional cooperation and South-South cooperation imply another rationale or logic in cooperation projects than the multilateral and bilateral transfer of North-South aid? It is probably too early to answer this question, but the aid landscape is changing, with new actors entering the scene; a constructive dialogue between northern and southern donors to achieve sustainable development and poverty reduction should be in focus. In general terms, the following things are necessary if changes in the power relations are to take place. The role of the donors should be limited and be made less interventionist, as local ownership implies a shift of power. The national plans of the recipient countries should be supported in a more overt way. The role of the Global North could be to act as a broker or facilitator and pave the way for dialogue. If the donors wish to set any conditions – with the argument that they use the money from their taxpayers - these should be transparent and open to negotiation.

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ABSTRACT

The paper intends to clarify the Brazilian foreign policy concerning AIDS treatment in Africa. The building of an AIDS drug plant in Mozambique is the concrete example of the diplomatic evolution showed by Brazil in the past few years – evolution that is detailed in the present article.

KEYWORDS

South-South Cooperation; Emerging Powers; AIDS.

Received on September 15, 2012.

Approved on November 05, 2012.