Civil Society Organizations and Brazilian South-South AIDS Cooperation¹

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ABSTRACT

Exploring the implications of globalization for AIDS governance, this paper examines the Brazilian National AIDS Program, which is considered one of the foremost “success stories” in the world, combining educational programs, prevention, and free universal distribution of antiretroviral therapy. I scrutinize the different roles of the state, civil society, and the pharmaceutical industry and put special emphasis on the emergence of south-south cooperation, both by the government and by civil society organizations since Brazilian AIDS Governance is embedded in a global context. Globalization has opened considerable possibilities for civil society organizations to engage directly with realms beyond the state, thus several newly created south-south partnerships are evaluated. Further, the paper discusses civil society organizations from the standpoint of whether they live up to the expectations that underpin their political and democratic legitimacy.

INTRODUCTION

This article discusses the political mobilization and involvement of civil society in global governance, mainly as they relate to south-south partnerships with the Brazilian government or other national or international actors on themes related to HIV/AIDS. The questions raised are whether civil society is living up to the expectations that underpin its political and democratic legitimacy. The world has witnessed a considerable surge of societal activities outside the confines of the market and the state, and the concept of civil society has attracted special attention within the social sciences during the last ten to fifteen years. The rise of civil society organizations—locally, nationally, regionally, and glob-
ally—within various areas is a phenomenon that is often depicted as relating to the new role of the state. With globalization and regionalization, the role of the state is slowly being altered, but the state still matters (Thörn and Follér 279). In Brazil the concept of the “activist state” was coined to describe a new form of governance comprising both the state and civil society (Biehl, “Pharmaceutical” 208), but it can also be seen as a process affording less space for civil society, and where NGOs and other civil society actors are being co-opted or used for the implementation of projects (Terto Jr. and García 249). This will be discussed as civil society’s function as a “service provider.”

Private corporations, and especially the international pharmaceutical industries, are powerful actors in the global AIDS governance and are routinely involved in expensive lobbying campaigns. For the often economically disadvantaged global civil society, the electronic spread of information in campaigns and lobbying activities is a prerequisite for many successful actions. The role played by global civil society at the World Trade Organization (WTO) on issues such as lobbying against the TRIPS agreement (Trade-Related Aspects of Intellectual Property Rights), patent laws, and other issues related to AIDS are examples of the political impact it has within the global AIDS governance to influence the AIDS agenda.

Brazil is often designated a middle-income country, and together with other countries such as India, South Africa, China, and Thailand, it has entered into south–south cooperation as an alternative to the more traditional global arrangement of north–south aid. Brazil was early in cooperating with neighboring countries in Latin America on issues related to HIV/AIDS, which was an instance of regionalization, and has been providing aid and support to Africa—primarily the Portuguese-speaking countries, but also to South Africa.

This article begins by describing the ethnographic data collection for the study, delineating its aim, and identifying key concepts. After that, the AIDS situation in Brazil is described, including the governmental politics, and is exemplified by the development of the National AIDS program (NAP) and the politics of civil society. Then some global institutions are identified and the background of the “global scaling-up initiative,” as well as the campaign for universal access to treatment, are dealt with. The case studies selected represent various forms of south–south cooperation, and the intention is to capture the basic idea underlying them. Universal access to ART (antiretroviral treatment) will be discussed. The article ends with a concluding discussion on global and national AIDS governance and the role of civil society in shaping today’s situation.

The ethnographic material for this study derives from interviews with Brazilian governmental representatives and staff and activists at the NGOs involved in south–south initiatives. Associação Brasileira Interdisciplinar de AIDS (ABIA) is a non-governmental organization founded in 1986 and based
in Rio de Janeiro. ABIA is involved in several south–south projects and is one of my key organizations for gathering information. Other organizations are Médecins Sans Frontières (MSF), and other AIDS NGOs, such as Grupo Pela Vidda, Rio de Janeiro (GPV-RJ); Grupo de Incentivo à Vida in São Paulo (GIV); the Drugs for Neglected Diseases Initiatives (DNDi); International AIDS Vaccine Initiative (IAVI); and various researchers at Fundação Oswaldo Cruz (Fiocruz) involved in collaborations with Africa, and Mozambique in particular. Additional information has been obtained from official governmental websites, including reports and scientific articles. From the recipient countries Bolivia, Paraguay, Mozambique, and South Africa, I rely on scientific articles, written reports, official documents, websites, newspapers, and interviews with the Brazilian partner in the project. Information on the pharmaceutical industry concerning its role in and opinion on “universal access to medicine” comes from written materials and from interviews with representatives of civil society organizations working in partnership with the pharmaceutical industry.

The general aim is to examine whether CSOs participating in state-driven south–south cooperation are fulfilling their political function of ensuring civil society accountability in global politics, or if their main functions are as service providers or something else.

The theoretical approach is showing how local trajectories of pandemics are influenced by international policies and decisions. It points to the cultural dimension of science, politics, and policy, indicating that the “Brazilian AIDS model” cannot be copied because it developed within its own cultural context (C. Bastos 23). Nevertheless, there are lessons to be learned and interesting global connections in the politics of AIDS. The concept of governance is oriented towards its practical influences on people’s lives, with the state as one, but not the only actor. The involvement of international organizations, NGOs, and the market is crucial. Therefore, the concepts of globalization, civil society and civil society organizations, and global and Brazilian governance will be described.

GLOBALIZATION

The process of globalization is one prerequisite for the theme of this article, where politics is re-defined and made less state-centered (Thörn and Follér 277). But globalization has not undermined the state but rather repositioned it in certain important respects. Globalization is one of several relevant factors influencing the outcome of the treatment received by people living with AIDS. Society and markets are being integrated and becoming transnational in their activities, while the state and public institutions that guide development are still national. Therefore, globalization is both a central concept in analyzing the
transnationalization of the social movements and an arena for social and political struggles to impose cultural values and individual preferences. Two simultaneous globalization processes currently taking place that are of interest are the internationalization of politics through the emergence of transnational actors, networks, and institutions and the economic and political integration created through trade, global commerce, and Internet communication.

CIVIL SOCIETY AND CIVIL SOCIETY ORGANIZATIONS

There is no clear definition of civil society, but in a social science context, it often refers to all forms of social organization apart from the state, market, and family. The CSOs discussed in this article are mostly NGOs involved in issues related to HIV/AIDS, but civil society is much wider than just that. A rapid growth of different CSOs is taking place; these can be church- and faith-based organizations, professional organizations, or advocacy and volunteer organizations. Those dealing with HIV/AIDS often have a particular focus: for example, women, men, gays, lesbians, transvestites, etc. There are also groups dealing with related aspects of HIV/AIDS, such as promoting universal access to treatment or working with issues related to intellectual property rights and/or sexual rights, just to mention a few.

We can see a professionalization of activism, and a role in shaping public policy, but critical questions are also being raised about whom the NGOs represent, their political autonomy, and whether they are undermining state control (Biehl, *Will to Live* 390). Citizens’ participation is assumed to have positive effects in so far as they bring about social change in one direction or another. The other role of CSOs, as service providers, is applicable to the AIDS NGOs that will be discussed in the examples of Bolivia/Paraguay and South Africa below. NGOs, as parts of civil society, cooperate and form diverse constellations with governments and international organizations and have connections to, and create partnerships with, transnational and national corporations, such as pharmaceutical companies (Wogart 84). The actors involved in the governance of HIV/AIDS and in south-south partnerships exemplify a global development pointing to a new model for how health issues are dealt with. “But the political cultures of civil society also include power structures and power relations that are crucial obstacles both for a successful political response to AIDS—and for a truly democratic society” (Thörn and Follér 288).

GLOBAL AND BRAZILIAN AIDS GOVERNANCE

AIDS governance in Brazil is characterized by complex bridge-building between the government, medical science, pharmaceutical corporations, policy makers, a proactive civil society, and a network of global actors. It is part of the
ongoing political globalization and can be seen as an expression of a new configuration of actors summarized by the term “governance” (Hein et al. 8). “The relevance of the concept of governance for an analysis of the politics of AIDS is that it highlights the point that relations between national, local, regional, and supranational political levels are objects of negotiations and are partly determined by the contexts of specific political issues” (Thörn and Follér 278). The results of these negotiations are what ultimately affect people infected with HIV through politics, governance, policy implementation, and the putting into practice of different forms of knowledge. The state, the pharmaceutical industry, and CSOs will be defined as three types of actors with different discourses, power dynamics, and interests in the AIDS governance.

Brazilian national AIDS policy is formulated and implemented within the National AIDS Program, a unit of the Ministry of Health. It constitutes an integral part of an all-embracing Brazilian national health policy but is also part of the foreign policy through south-south cooperation. Therefore, the Brazilian Ministry of Foreign Policy—Itamaraty—is a part of the AIDS governance. Under the last two presidents—Fernando Henrique Cardoso and Luiz Inácio Lula da Silva—the Brazilian government (with Itamaraty and the Ministry of Health) has taken an active role at the global level, making Brazil one of the most outspoken “emerging countries” concerning AIDS governance. A Brazilian Committee on Human Rights and Foreign Policy Comitê Brasileiro de Direitos Humanos e Política Externa 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). The Brazilian policy of scaling up AIDS treatment and delivering “universal access to medicine for people infected with HIV” is a political and public-health strategy with the ambition to reach beyond the national borders. The state-run pharmaceutical industry and The National School of Public Health/Fundação Oswaldo Cruz (ENSP/Fiocruz), the research institute attached to the Ministry of Health, are dealt with as part of the governmental actor. The public pharmaceutical industry in Brazil mostly produces generic medicines to be sold and distributed within the public health system in large quantities at lower prices (de Mello 41). A revitalization of the state-run pharmaceutical sector has occurred in Brazil, and the production of generics for the AIDS cocktail within the country is a fundamental part of this initiative. But, it is also a commodity for trade and a part of the south-south cooperation.

The other powerful actor in global AIDS governance is the transnational pharmaceutical industry, as the global public health system is becoming more and more biotechnical and pharmaceuticalized. Brazilian social anthropologist João Biehl, in Will to Live: AIDS Therapies and the Politics of Survival, has written extensively about what he calls the “pharmaceutical form of gover-
nance” seen to be emerging from the new interactions between collective action, a neoliberalizing state, and the pharmaceutical industry (73). The transnational pharmaceutical industry and the national or state-based (in this case Brazilian) pharmaceutical industries are hence two distinct actors with different motivations and interests. Simply put, the private pharmaceutical industry is part of the global market to do research and develop new drugs that can then be patent-protected for 15–20 years. It is a research-intensive industry, and because research is costly, they see patent rights as the economic guarantee they need to invest in new, expensive innovations. These are issues under continuous political and ethical debate. One such ethical consideration and balancing act—which, of course, is highly political too—is between the pharmaceutical industries’ fight for patent rights and the AIDS patients’ right to healthcare and medicine free of charge.

The state-based pharmaceutical industry is underdeveloped and has problems competing with the scientific research and development of AIDS drugs within the transnational pharmaceutical industry. The policy of universal access to treatment requires more complex (second and third-line) ARVs, competence that the public system does not have at present. Therefore, the actors in the AIDS governance are continuously involved in price negotiations. These are undertaken between the Brazilian government and the transnational pharmaceutical industry, with civic organizations as interlocutor and watchdog. These negotiations are important, as the costly patented medicines might ruin the program and are vital for the future sustainability of the NAP (Greco and Simão 44).

The third actor to participate is civil society. In the context of south-south cooperation, CSOs varied roles of being service providers, building global solidarity, and creating a political arena for public opinion are the most obvious. Civil society organizations have in general terms the task of guaranteeing that democracy, solidarity, and citizenship are included as vital parts of the socio-political discourse. This normative connotation, when the civil society organizations are involved, often expressed as “good governance” or “good AIDS governance,” needs critical scrutiny to bring out the power relations that it masks (Fourie 295; Thörn and Follér 278).

The three actors involved in AIDS governance described above constitute agents approaching decisions on issues, such as promoting universal access to medicines from different positions. In the chapter “From Conflict over Compromise to Cooperation? Big Pharma, the HIV/AIDS Crisis and the Rise of Countervailing Power in the South” (Wogart 2), examples are given of confrontations between government and the pharmaceutical industry, but there are also examples of new forms of partnership and governance between the pharmaceutical industry and public/private organizations related to HIV/AIDS.
THE BRAZILIAN AIDS EPIDEMIC AND THE ROLE OF CIVIL SOCIETY

The HIV/AIDS epidemic began in Brazil in the early 1980s primarily through sexual transmission between men. Increased heterosexual transmission, however, has resulted in what can be described as heterosexualization, feminization, and pauperization (Berkman et al. 1162). According to the World Health Organization (WHO), at the beginning of the 1990s, Brazil had the third highest absolute number of people with AIDS in the world. From 2007, the estimates have decreased to about 700,000 people (0.7% of the population) living with HIV/AIDS in the country (UNAIDS). An important step for reducing deaths due to AIDS was the nationwide implementation of the antiretroviral law of 1996 through the National Public Health Care System (SUS) (Greco and Simão 38). This meant that in 2007, 180,000 HIV-positive Brazilians received 15 different ARVs as part of the AIDS cocktail (www.aids.br). The cost for ARV has partly been brought under control through Ministry of Health investments in public pharmaceutical manufacturers, which today supply 50% of all ARV medications used in the country. The initiative led to a decrease of new cases of infected people in Brazil and lower hospital costs (Bastos et al. 6; Greco and Simão 40). But the increase in the number of patients undergoing treatment and with better prognoses for survival has led to the need to include new AIDS medicines due to the rise of resistant strains of the virus. The new medicines, called second and third-line drugs, are often developed in the U.S. or Europe and are protected by patents. Attempting to include the “latest” drug on the market in the AIDS cocktail puts increased economic pressure on the Ministry of Health (Greco and Simão 40).

The implementation of AIDS care is decentralized in the Brazilian public health system, with a division between the federal government’s NAP—responsible for the overall AIDS planning, including securing the delivery of ARV—and the state and local authorities. The regional state governments are responsible for supplying adjunct medicines. There seem to be bureaucratic problems with the delivery of these drugs in several states in Brazil, and the AIDS NGOs have been active in alleviating the problems by acting as service providers for the state. Just to mention some of the dilemmas and worries that the AIDS patients are concerned with and the service the NGOs are delivering, in my interviews with HIV positive people at the NGO, GPV-RJ, I was told about a lack of medicines needed to combat the opportunistic infections that afflict those with AIDS. I was also told about the high risk of abandoning the ARV because of the suffering caused by the dreadful side effects of the treatment. I also participated at several meetings of the women’s group at the GPV-RJ. They discussed side effects such as rashes all over the body and reddish skin, headaches, stomach pain, diarrhea, and weight loss. The more “aesthetic” aspects of the side effects were also discussed. In this case, the NGOs function as a meeting point, which can
help make the patients’ voices heard through various campaigns to put pressure on the local and federal government.

The history of civil society in Brazil and the key role various civil society actors played in assuring the humane and people-centred national AIDS policy that emerged through the process of democratization after twenty years of dictatorship is vital for understanding today’s situation (Biehl, *Will to Live* 105–110; Galvão 37–43; Nunn 45; Parker 7–15). In the Brazilian constitution of 1988, civil participation—*controle social*—is a central principle, and within the health code, it is stated that health care is a right of the citizens and the obligation of the state. One struggle was to broaden the concept of public health to include human and sexual rights and solidarity. Another factor to be emphasized for a comprehensive understanding of the development of Brazilian AIDS governance is that the national CSOs were, from the outset, intimately linked to global civil society; they had strong ties with the gay movement in the U.S. and also with global AIDS networks, social movements, and private-public networks in which the pharmaceutical industries also had, and have, a position. There are many examples during these periods of AIDS activists moving between being civic activists, scientists, and governmental civil servants (Biehl, *Will to Live* 173, 259–60). North American Public Health researcher Amy Nunn talks about how “social movements infiltrate the state” (45) and how the AIDS movement’s had direct, tangible impacts on historical development of Brazil’s AIDS policies: three of the twelve people NAP Director Lair Guerra hired to write the World Bank loan proposal were activists from the NGO sector (63). In its relationship with the World Bank, and when the AIDS I and AIDS II loans were received, the NAP, with the support of civil society, acted as what Biehl has defined 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, *Will to Live* 207; Follér 214). The blurring of borders between the state and civil society is typical of the Brazilian AIDS governance throughout its history.

**INTERNATIONAL AIDS INSTITUTIONS**

The epidemic of HIV/AIDS is regarded by many as one of the major political challenges of our time. Some important agencies on the global AIDS agenda are the international organization UNAIDS (Joint United Nations Programme on HIV/AIDS) established in 1996; WHO (World Health Organization); the U.S.-based PEPFAR (United States President’s Emergency Plan for AIDS Relief); USAID (United States Agency for International Development); and the World Bank’s Multi-Country HIV/AIDS Program (MAP). Another significant international financing institution is the Global Fund based in Geneva. This is a global private/public partnership initiative to prevent and treat AIDS,
tuberculosis, and malaria (www.theglobalfund.org). The Global Fund is a powerful actor with strict requirements for civil society participation in the governmental projects they are funding. Another organization worth mentioning is the International AIDS Vaccine Initiative (IAVI). This non-profit public/private organization, launched in 1996, aims to make AIDS vaccine development a priority (www.iavi.org). Also the Bill and Melinda Gates Foundation, the Clinton foundation, and other private funds spend a huge amount of money on AIDS. The international actors mentioned above are part of the global AIDS governance, are key sources of financial resources, and are also important producers of new specialist knowledge in cooperation with medical expertise, which is vital for the distribution of adequate economic resources to reduce new HIV infections.

The Brazilian government, under strong pressure from civil society, implemented the right to universal access to medicine for everybody infected with HIV in 1996 through the National Health System. But the government policy is that this should not be a solely domestic public health initiative; through south-south cooperation, it should also support other countries in the South in implementing universal access to ART.

SCALING UP HIV/AIDS TREATMENT AND UNIVERSAL ACCESS TO TREATMENT

The drivers of the idea of a global scale-up of treatment were mainly AIDS activists and NGOs who in the late 1980s petitioned WHO and donor organizations. One such project, undertaken after many campaigns and lobbying efforts by the global civil society AIDS community, was to “treat 3 million by 2005.” It was planned and launched by WHO and UNAIDS with the goal of providing ARV to 3 million people with HIV/AIDS in developing countries by the end of 2005. A great deal of money and effort were put into the project, but there were many obstacles—mainly posed by national governments—and the project was not seen as successful. But even so, a certain political will of an ethical character was initiated in favour of universal access to medicine. This aspiration is still being expressed, and more voices are being raised from civil society organizations in the South to increase access to ARV globally, and this is supported by its links to the United Nations Millennium Development Goals. The latter has as one of its objectives to achieve universal access to treatment for HIV/AIDS for all who need it and to halt or reverse the pandemic by 2015 (www.un.org/millenniumgoals). The Brazilian AIDS governance has been a pioneer of free access to medicine for people in Brazil and is now also one of the forerunners in the south-south partnership movement to support countries in the South with donations of drugs.

The complex procedure of implementing projects such as universal access to medicine is a long process—including setbacks—of negotiations and lobby-
ing by the AIDS actors. In this case, the civil society’s “bottom-up” struggle, in combination with the determination of some political leaders, finally led to a resolution adopted by United Nations General Assembly in 2001. The document is called “Declaration of Commitment on HIV/AIDS” and consists of 103 paragraphs stating what needs to be done to fight HIV/AIDS in the world (9–50). During the process, the USA threatened sanctions against Brazil, as the country had weaker patent protection than the USA. The USA also opened judicial proceedings within the World Trade Organization (WTO) concerning Brazilian national patent regulations. However, the case was later dropped at the behest of both parties. The UNGASS (United Nations General Assembly Special Session) declaration won global political acceptance, and the process began to trickle down through organizations such as WHO, PAHO (Pan American Health Organization) and UNAIDS. The next step in the procedure is to have it accepted by governmental AIDS programs for political implementation mainly in the South. For the countries to implement the projects, economic support from organizations such as the World Bank or the Global Fund, or through bilateral aid from northern governments or south-south cooperation, is required, and this has to be followed by the transfer of know-how through consultants, experts, and advocacy networks. Civil society organizations often take part in the implementation together with the medical community, hospitals, laboratories, and people living with HIV/AIDS.

The pharmaceutical industries are the producers of the medicines and have the scientific knowledge needed to develop drugs and refine raw materials into patented medicines. They set the prices and have the law on their side concerning patents. In October 2004, eighteen AIDS-related global networks of government and civil society organizations were in active partnerships with the pharmaceutical industry. This gives an indication of the complex links that exist and the extent to which the actors need each other (Wogart 83–4). The question is: what responsibilities can be expected of the pharmaceutical industry? It is part of their role to take economic and legal responsibility, but the demands coming from civil society groups concern political, ethical, and social responsibilities. They argue that part of the profits should benefit societal goals. In my interviews with the representative of DNDi in Brazil, he gave several examples of social responsibility on the part of the pharmaceutical industry, which they undertook so as not to be the “bad guys” in the opinion of the public.

Part of the scenario described above concerning the political importance of AIDS on a global level is the declaration “Scaling up HIV prevention, treatment, care and support” launched by the UN Secretary-General on 24 March 2006 (UN General Assembly 2006). This declaration was followed up on June 10–12, 2008 to evaluate if the goal of universal access to medicine had been reached and the Millennium Goal 6 fulfilled. It was also to evaluate if the process was on the right track regarding the commitment to halt and reverse the
global AIDS epidemic by 2015 (UN General Assembly, 21 July 2008). Besides the political and social questions, factors related to biotechnology have to be included, such as the countries’ know-how with regard to producing the ARVs at national laboratories, the role of the transnational pharmaceutical industry in the pricing of medicine and royalties, and the regulations on the global arena, such as the WTO-agreements on patents and intellectual property rights. João Biehl calls this a medicamentation: a change in the concept of public health from clinical care and prevention to a highly biotechnological and drug-dependent care (“Activist State” 113). Biehl has in his later publication expressed that “a pharmaceutically centered model of public health is being consolidated worldwide, and medicines have become increasingly equated with health care for afflicted populations” (“Pharmaceutical” 382).

EXAMPLES OF REGIONAL AND SOUTH-SOUTH COOPERATION ON HIV/AIDS

The following case studies selected from my fieldwork are of different characters.

Case 1: Examples of south-south cooperation between governments:

President Luiz Inácio Lula da Silva initiated collaboration between Brazil and Mozambique in 2003. The aim was to provide medical support and capacity building for health personnel and the construction of a research unit in Mozambique. A branch of Fiocruz (www.fiocruz.br) was recently inaugurated in Maputo with a pharmaceutical factory for the production of antiretrovirals as part of the research institute. The presidents of Brazil and Mozambique inaugurated it in October 2008. This was the first establishment of a Fiocruz unit outside Brazil. Fiocruz is a health institution 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.

President Lula has stated that the aim of the collaboration is to help strengthen the overall health situation in Mozambique. 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-ordered 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 see to it 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” (Damê). In the Mozambican newspaper Notícias, the bilateral co-operation and the factory are discussed (June 23 and July 20, 2009). In the first article, it is revealed that the factory would start production during December–January 2009/2010 and the first step is to produce the packaging for the antiretrovirals, 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.”

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 co-operation, investments, and trade with Mozambique, especially within the sectors of agriculture and biofuel.

Case 2:

Another AIDS-project, with a different approach, is a south-south technical network that is being created. The International Centre for Technical Cooperation on HIV/AIDS (ICTC) is a collaboration between the Brazilian government and UNAIDS. An agreement was signed in May 2008 to continue a previously initiated project to provide technical support to countries endeavouring to strengthen and scale-up their national responses to AIDS. The center was established in Brazil in 2005 and has played an important role in promoting technical cooperation on AIDS. ICTC has received support from the World Bank and other international partners. The current agreement with UNAIDS enables the center to scale up its operations and strengthen the quality and scope of the support it provides. This is a “hybrid” organization, that is, a link between a governmental and a UN organization with support from international funding agencies and promoting south-south cooperation. The director of the International Centre for Technical Cooperation on HIV/AIDS has an explicit activist background, which is of interest.

Case 3:

A recently started south-south project between AIDS NGOs with economic support from donor organizations was a satellite-conference on “Access to AIDS treatment and Intellectual Property” that took place at the XVII International AIDS Conference in Mexico City in August 2008. The Brazilian
partners were The Working Group of Intellectual Property (GTPI) and the Brazilian Interdisciplinary AIDS Association (ABIA). The Brazilian partners initiated and designed the project together with NGOs from Colombia, India, China, South Africa, and Thailand. According to Veriano Terto Jr., the purpose was primarily the exchange of knowledge between the participants. One vital discussion was the contribution of civil society in the South concerning the struggle for universal access to ARV and against the abuses of the patent system with regard to these drugs in the local realities. But it was also an exchange of information concerning similar problems they had encountered in their respective local settings. The drugs that were discussed are patented medicines that are essential for the AIDS cocktail. An act of solidarity was manifested at the conference in support of people living with HIV/AIDS in Colombia. The manifestation was addressed to the Colombian government, petitioning them to work for universal access to medicine and to emit a compulsory license for Kaletra®, which due to its high price, has been very difficult to obtain in Colombia. In Brazil, the government was subject to strong pressure from civil society activists together with Médecins Sans Frontières to emit a compulsory license (Chaves, Vieira, and Reis 178). They called attention to the fact that the government of Thailand has issued compulsory license for Kaletra®. This argument was convincing enough for the Brazilian government, and in June 2005 the Ministry of Health declared Kaletra® to be of public interest (178). A follow-up meeting took place in Cape Town, South Africa in July 2009 (Reis, Terto Jr., and Pimenta).

Case 4: The Access to AIDS treatment in Bolivia and Paraguay: International Cooperation and Social Mobilization:

This is an NGO-driven project in partnership with the Brazilian Ministry of Health and NAP and the Bolivian and Paraguayan national AIDS programs, including cooperation with various public health institutions. The project was implemented with ABIA as a driving force. According to the report (Pimenta et al.), the project was initiated by CSOs seeking to strengthen their activities in Latin America. The report highlights the importance of developing south-south strategies that enhance national and international responses to the epidemic (Pimenta et al. 5). In discussions with Terto Jr. and Pimenta, representatives of ABIA, they stressed the importance of acting transnationally for the sustainability of universal access to medicine because the pharmaceutical industry is active at an international level. To carry out the studies in Bolivia and Paraguay, ABIA gathered information on the situation for people living with HIV/AIDS (PLHA) in the countries and the access to treatment for people in need. The Brazilian government has a cooperation agreement for donating drugs and providing technical support for AIDS treatment to both countries (Pimenta et al. 5). Another aspect of the project was to determine the impact of the Brazil-
ian donations on other developing countries and to ascertain what this represents in the field of production of generics and external cooperation programs related to the connections between national production, protection of patents, and forms of access to treatment.

**Case 5:**
Khayelitsha is a poor township in Cape Town, South Africa with a population of 400,000, 40–50% of whom are infected with HIV. In April 2000, the provincial health department signed an agreement with MSF to provide services for patients with HIV-related illnesses within the community health centers. The first ARV was provided in May 2001. MSF delivered the ARV and the viral load measurement and paid for half of the staff while the provincial department of health covered the other expenses. The results of the project indicate that it functioned very well on an individual level: “The benefits of antiretroviral therapy at an individual level are incontrovertible” (Coetzee et al. 887). Nevertheless, the benefits at a population level of successful ART programs with heavily affected HIV/AIDS epidemics are still widely questioned (887). The Brazilian government donated antiretroviral drugs to the Khayelitsha project, and through the NAP, the generic drugs for the project were procured from the Brazilian state manufacturer Farmanguinhos, which is part of Fiocruz. This is the only pharmaceutical laboratory directly connected to the Ministry of Health, and it has played an important role in research and technological development of essential products distributed freely to the Brazilian population. The remaining ARVs were registered medicines approved by the South African Medicines Control Council (Coetzee et al. 888). The reason for including this project as a civil society project is that the Brazilian government reacted and got involved after strong pressure from CSOs to donate drugs. It was also NGOs who were the intermediaries in delivering the drugs to South Africa. The project was controversial as it took place against the wishes of the South African government. The South African government has generally displayed a hostile attitude towards civil society, and former President Thabo Mbeki was known for his AIDS-denialism. The project was, however, a success for the AIDS patients receiving ART, for the work of civil society organizations cooperating across borders, and especially for the most prominent South African AIDS-NGO, Treatment Action Campaign (TAC), as well as for the provincial health authorities who managed to handle the challenges posed by the new group of patients and the distribution of the ARVs. The involvement of the Brazilian government, which together with pressure from civil society acted as an “activist state,” is the key point illustrated by this case. The role of the national and international civic organizations was partly based on solidarity, but was also intended to create public space and function as a service to distrib-
They can also be seen as the social putty—connecting people with each other.

CONCLUDING DISCUSSIONS AND REMARKS

The argument of the Brazilian government in favour of south-south partnership has mainly been that the networks are important for strengthening the voice of “the South” in organizations such as the WTO, WHO, and various United Nations organizations. The NGOs, on the other hand, view the cooperation as an act of solidarity, reasoning that people living with HIV/AIDS in countries with less developed governmental AIDS programs need economic support to get medicine as well as human support and knowledge. These arguments are evident in the Satellite project, the Bolivia/Paraguay cooperation, and the Khayelitsha program. In my interviews with activists, the south-south NGOs’ involvement has been questioned by other NGOs. The argument is that the autonomy of civil society can be compromised if the borders between state and CSOs become too unclear. If autonomy gives way to overly close involvement with governmental programs and the NGOs role becomes one of a service provider, distributing drugs and implementing the government’s policies, the NGOs can come to be seen as the “prolonged arm of the state.” In the cases above, the NGOs create public space and seek to influence governments on behalf of civil society at large. Who the NGOs represent, the overlap with or dependence upon the state, and donor organizations are important areas for further research.

South-south cooperation and regionalization can be perceived as an expression of discontent on the part of governments and civil society in the South with the present world order and the hegemonic power of the North. During the last decade, environmental questions, human rights, and intellectual property rights have been sources of tension between the North and South. One example is the WTO-Summit and the Doha-round on Intellectual Property Rights (IPRs) and the TRIPS agreement. The global balance of power is slowly changing, with the emergence of middle-income countries, such as Brazil, initiating south-south partnerships and creating political, economic, and social regionalization as an alternative to north-south bilateral aid programs and trade. These are indicators of new horizontal communications and exchanges of technical knowledge and capacity building. The International Center for Technical Cooperation (ICTC) is an example of how the “hybridity” of organizations emerges, in this case between the Brazilian government and UNAIDS. The ICTC will probably continue the partnerships that were established, and this is a construction with great potential to fulfil the Brazilian south-south policy.

The Mozambique partnership looks very much like a “traditional” aid.
package. Brazil wants to exert influence in Africa, which in the future can result in more trade and exchange. The ARV factory was started in 2003, and over the years there have been many obstacles, but as of 2009, no ARVs have been produced. The Brazilian government’s projects on AIDS treatment, including the donation of drugs in the Bolivia/Paraguay project and in Khayelitsha, show indications of being strongly influenced by civil society, both in the sense of influencing the state to become an “activist state,” and also insofar as civil society acts as service provider in these projects. There are signs of greater openness, with one example where the government has invited civil society to participate in a committee on human rights and foreign policy. This is a sign of transparency and democratization in Brazilian society.

South-south cooperation is a trend with vocal proponents in today’s global world. I have tried to show that non-state actors have received a voice in global AIDS governance. The reasons are various, but previous research has revealed that on the global arena, most donor organizations (e.g. the Global Fund and the World Bank) stress the importance of local civil society actors in the implementation of aid projects. The government and NGOs have together accomplished some of the goals of prevention programs—better health care and free access to medication for all – and the next step is south-south cooperation as a new strategy. However, the sustainability of universal access to treatment is threatened when the nationalized supply chain of ARV comes under pressure from the introduction of more expensive second and third-line drugs that strain the national budget. The technologization described implies a change of discourse as the pharmaceutical industry has become more closely integrated into public policy through IPRs, patents, compulsory licenses, and the global effort for universal access to medicine. Globally, more infected people are receiving ARV, and there are countries where the number of infected people is shrinking, meaning lower costs for hospitalization and fewer people dying from AIDS. This is, of course, one positive development. But the goal of universal access to treatment is still far off.

There are concerns about the sustainability of the current policy of universal access to antiretroviral treatment in Brazil and globally. Expenditures on these medicines in Brazil increased by 66% in 2005 mainly due to the large numbers of people receiving second-line antiretroviral regimens. Even if efforts to revitalize the public pharmaceutical industry started during President Cardoso’s government, there is evidence of a weakening of the national generic drug industry and difficulties in negotiating pricing and other arrangements with pharmaceutical corporations (Grangeiro et al. 91). Countries such as Brazil, Thailand, and Uganda and global CSOs, often based in the South, have influenced the course of political activities at the global level, but we still live in an unequal world, and the northern actors (governments, industry, civil society) have more economic resources than the South (Bartsch and Kohlmo-
The south-south partnerships described in the case studies have increased the access to ARV for people in Bolivia and Paraguay on an individual level, but they receive the first-line of antiretrovirals, and I learned from my interviews that drug-resistant strains are emerging. The patients need access to the second-line drugs developed by the pharmaceutical industries, but due to economic obstacles, these are not accessible through this cooperation. With a weak health infrastructure, the sustainability of this form of donation of drugs and capacity building still suffers under constraints, limiting its benefit for the development of the health sector in the countries more generally. In the case of Mozambique, it is too early to say if the pharmaceutical factory will have the capacity to produce and distribute ARV to those in need throughout the entire country. The challenges for the government of Mozambique are biotechnical development, economic priorities, and political determination. In the South African Khayelitsha project, the Brazilian state proceeded as an activist state in partnership with national NGOs and in cooperation with MSF, Oxfam, and TAC. The government displayed international solidarity by donating drugs to a very resource-poor environment. This activity revealed a contested question: Is it possible to support resource-poor settings with positive results for the individuals included in the project? The issue in question is that poor people are not capable of fulfilling the ART-program. The satellite project launched in Mexico has resulted in the compulsory licensing of Kaletra® in Colombia after a strong campaign by civil society organizations, mainly in the South.

There are still many obstacles—global, regional, national, and local—to be overcome before universal access to medicine is the right of everyone, but the political mobilization of civil society and dialogue through global AIDS governance seems to be a way to reach this goal. South-south projects highlight new challenges for governments and civil society by opening up new channels of cooperation for poor countries in order to even out some of the pervasive imbalances in international power relations and in disease and health outcomes (Biehl, “Pharmaceutical” 236–7). In my interviews with civil society representatives and at meetings, I could perceive critique of the government’s foreign policy and its role in the global health arena, with less support going to domestic AIDS policy than to south-south partnerships. Several representatives of NGOs mentioned problems with decreasing funds from the government for community work and less support from international donor organizations. The European and U.S. donors were no longer interested in supporting Brazil since, from an external perspective, Brazil had succeeded well. This is a critical point to consider as a democratic deficit might be the outcome if CSOs are marginalized due to human and economic shortages. Political space and economic resources for CSOs’ activities are important for democracy, so they can act as independent agencies.
From a global perspective, the “Brazilian AIDS model” has been a success story, and even if each country has to find its own way, Brazil is a source of inspiration for poor countries in the South. For the future of the National AIDS Program, innovative political decisions have to be made. The bridge building among the AIDS governance actors, with both consensus building and also an open dialogue that sometimes must accept controversies, has resulted in a significant and positive impact on the fight against AIDS in Brazil. By crossing borders, it has extended its influence globally, especially in the South where it serves as an example. Brazil is part of the economic globalization, and the neoliberal regime needs to expand and increase the export of Brazilian pharmaceutical products. Therefore, I think that a solidarity-based globalization emerging from a vibrant civil society with a strong political oversight function over the market actors and the government would be conducive to satisfactory AIDS prevention and treatment, including free access to ARV for people living with HIV/AIDS. The Brazilian state has different roles to play, one of which is the foreign policy goal of expanding the Brazilian pharmaceutical industry into the global market. The other is in the realm of domestic policy, namely that when it comes to AIDS governance, starting with ex-President Cardoso and continuing with President Lula da Silva, Brazil has taken on the role of an “activist state.” Thanks to these efforts, and those of the Brazilian social movements, a solidarity-based globalization is taking place that benefits people living with HIV/AIDS in Brazil and also in other countries.

Notes

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2. A five-month period of fieldwork was conducted from October 2008 to February 2009. Before that, several 1–2 month periods of fieldwork were conducted in Brazil (mainly in Rio de Janeiro, but also including short visits to Brasília, São Paulo, and Natal) with interviews, participatory observations, meetings, conferences, workshops, etc.

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