

A REPORT OF THE CSIS  
GLOBAL HEALTH POLICY CENTER

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PERSPECTIVES FROM BRAZIL

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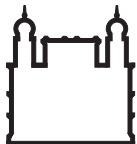
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September 2012



Ministério da Saúde

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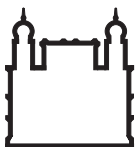
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# NEW APPROACHES TO GLOBAL HEALTH COOPERATION

## PERSPECTIVES FROM BRAZIL

*Katherine E. Bliss, Paulo Buss, and Felix Rosenberg<sup>1</sup>*

On November 7, 2011, the Global Health Policy Center of the Center for Strategic and International Studies (CSIS) in Washington, D.C., in partnership with the Fiocruz Center for Global Health (CRIS) in Rio de Janeiro, Brazil, hosted a seminar entitled “New Approaches to Global Health Cooperation.” The event, which took place in Rio de Janeiro, assembled health policy researchers and practitioners from Brazil, Europe, the United States, and sub-Saharan Africa to examine emerging practices in global health cooperation. Issues considered included the factors driving greater international engagement on public health challenges, the growing trend of trilateral cooperation, and the role of the BRICS (Brazil, Russia, India, China, and South Africa) and South-South activities in expanding international cooperation on global health. Over the course of the day-long meeting, speakers and audience members examined the reasons for the overall expansion of funding and programming for overseas global health activities during the past decade; considered the factors that underpin Brazil’s increasing focus on global health as an area of bilateral and multilateral outreach; reviewed the characteristics of successful trilateral cooperation efforts; and debated the future of multicountry engagement on health.

This report summarizes key observations and conclusions that emerged in the context of the day’s discussion. Because the seminar content was not for attribution, this report does not cover individual presentations or comments but instead presents a synopsis of key points made during the day’s deliberations. Thus, the text does not necessarily reflect consensus among the participants. Rather, it is intended to capture the range of views expressed by the expert practitioners, researchers, and audience members who generously shared their perspectives and insights and their suggestions for decisionmakers to consider as they develop future bilateral, trilateral, and multilateral global health activities.

The theme of global health cooperation, and the factors that characterize the emergence of South-South and horizontal partnerships, were the focus of the opening discussion. Key questions

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included the following: What explains the proliferation of overseas global health initiatives in recent years? What domestic and foreign policy factors influence governments in engaging bilaterally or multilaterally on global health issues? What trends have characterized the field's development over the past decade?

Several speakers noted the importance of the shift from the concept of international health, that is, formal diplomatic or programmatic relations on health between governments, to global health, which some viewed as encompassing a wide array of nonstate, civil society, and private-sector actors. They emphasized that this expanded understanding of health and international relations has taken place within a broader context of economic integration and globalization, on the one hand, and conflicts of interests among states and/or other national and global stakeholders, on the other. One speaker pointed out that health has traditionally been seen as an intrinsic interest of the state, insofar as protecting public health serves both to defend populations from health threats and as a government tool for stimulating economic and social development. Support for overseas health projects can also be viewed as linked to a government's wider foreign policy strategy, including access to specific health-related materials or cultivating mutually supportive relationships with foreign governments that might impact on negotiations in global fora. During the Cold War, health projects were relatively low profile, but increasingly health is linked to "high politics," and disease is now often seen as a geopolitical issue, with concerns about universal access to health care, intellectual property issues, access to medicines and other key health products, as well as biological security driving many bilateral and multilateral activities in the field.

During the past two decades, a number of nonstate actors, including universities and other academic institutions, nongovernmental organizations (NGOs), as well as private corporations, have begun actively supporting global health goals. Indeed the private-public partnership paradigm has become an influential model for pooling resources and developing complementary efforts in some regions. This trend has been accompanied by the emergence of new, nongovernmental funders, such as foundations and other philanthropic organizations, as well as providers of technical assistance for health programs, such as universities and other academic institutions. The result has been a proliferation of bilateral, as well as multilateral, and nongovernmental approaches. While this development has led to greater funds and political will to address significant global health challenges, the increase in the numbers of global health approaches has originated a new set of challenges, as well. One speaker had calculated at least 130 different global health initiatives, many of which are highly duplicative. Some participants expressed concern that the multiplication of global health projects and actors has led to a fragmentation of foreign aid for health and, consequently, a fragmentation of national health programs and institutions. Other participants worried that this could lead to the entrenchment of vertical, or unequal, relationships in health.

A related point of discussion was that donor governments frequently use overseas development assistance (ODA) for health as a foreign policy tool for encouraging trade or commercial relations, or for cultivating alliances with foreign governments; thus, ODA for health does not necessarily go to the countries or the programs where the needs on the ground are greatest but rather to countries viewed solely as politically or economically strategic. Whatever the motivation of funders or

assistance providers in supporting global health initiatives, there was general agreement that the sustainability of ODA for health must be enhanced, with a corresponding emphasis on host country “ownership” of projects. In this sense, it should be national governments, rather than donors, setting priorities and driving projects forward.

Brazil’s emergence as a global health leader and emphasis on supporting horizontal, South-South health cooperation, was also examined. Seminar participants noted the importance of two phases with respect to health politics in Brazil. The first was the Public Health Reform movement (known as the “*sanitarista* movement”) in the 1960s–1970s, which engaged physicians and other health workers, as well as academics, in an effort to promote democratic processes in a context of military dictatorship. This led to the protection of health as a human right and the state’s duty within the new Brazilian democratic constitution of 1988. The second phase was characterized by Brazil’s late-1990s effort to address its burgeoning HIV/AIDS epidemic by implementing a very aggressive and widespread prevention policy and, at the same time, to provide universal access to antiretroviral drugs after they became widely available in 1996, within the context of broader health policies guaranteeing access to basic medicines. In 2003, Brazil received international recognition from many multilateral organizations—such as the World Health Organization (WHO), the Joint UN Programme on HIV/AIDS (UNAIDS), as well as the Bill and Melinda Gates Foundation—for its National AIDS Program, with Peter Piot, head of UNAIDS at the time, lauding the country’s AIDS program as a model for other countries to emulate. After widespread recognition of Brazil’s AIDS program, international organizations began to approach Brazil for advice, and the country became an “agenda setter” on the global stage, demonstrating leadership and exercising influence over such global health efforts as the negotiations leading to the 2003 Framework Convention on Tobacco Control. Civil society influence on health, coupled with Brazil’s successful HIV/AIDS programs, have driven the country’s international engagement on global health and inspired its focus on sharing its experience with other countries on the development path.

A second seminar theme concerned the experience of trilateral, or triangular, cooperation schemes, in which two countries agree to work together to address health challenges in partnership with a third, host country. Trilateral cooperation schemes frequently involve one country from the global North and two from the global South, but they can also involve two or more developed countries agreeing to work in a less-developed country or three from the global South. Trilateral relationships on health can be formal or relatively ad hoc. Central questions included the following: What accounts for the emergence and growth of multicountry, especially trilateral, cooperation ventures with respect to health? How is trilateral cooperation on health different from bilateral cooperation, and what are the challenges and opportunities of pursuing this model? What are concrete examples of trilateral cooperation on health, and how have they taken shape?

Speakers and participants discussed Brazil’s role in facilitating trilateral cooperation initiatives and the lessons learned from the efforts. Although Brazil has not engaged in overseas health activities as long as some of the northern countries, including the United States and the European countries, it has recently emerged as an important political influence in the area of global health cooperation, through its work with the Community of Lusophone Countries (*Comunidade dos Países de Língua*

*Portuguesa* or CPLP) and also in Latin America and the Caribbean. One area where Brazil has sought to foster multilateral cooperation on health is through the Union of South American Countries (*Unión de Repúblicas Suramericanas* or UNASUR), which was founded in 2008 in a move toward greater South American economic and political integration. UNASUR builds on preexisting subregional communities of countries such as the MERCOSUR and the Andean Community of Nations (*Comunidad Andina de Naciones* or CAN).

The Health Council of UNASUR promotes a movement toward horizontal cooperation and technical support and away from what its regional members view as an outmoded, vertical model of donors and recipients. It has developed a five-year plan to promote cooperation in six major fields: surveillance, universal health systems, universal access to medications, health promotion, social determinants for health, and the management of human resources for health, each of which is managed through so-called Working Groups made up of senior representatives of the 12 Ministries of Health. UNASUR also promotes institutional integration through the creation of five networks: the National Institutes of Health, the Schools of Public Health, the Schools of Health Technicians, the National Cancer Institutes, and the International Agencies for Cooperation in Health. Each of the networks develops its own strategic cooperation agenda, in accordance with the UNASUR Five-Year Strategic Plan for Health.

UNASUR has also created a new multilateral institution, the South American Institute for Governance in Health (ISAGS), which focuses on the development and management of knowledge and information about health systems and determinants as a main strategy to strengthen health governance in the South American region. The organization is located in Rio de Janeiro, Brazil, and received an important start-up grant from the government of Brazil.

Brazil's involvement in trilateral cooperation schemes in El Salvador, Mozambique, Guinea-Bissau, Angola, and Haiti was also a focus of discussion. Participants acknowledged that there are many reasons to engage in trilateral cooperation, including lower costs to the funding or assistance-providing countries when resources are pooled, and the fact that when the arrangement involves two countries from the global South, there may be a more profound sense of trust among parties and a greater likelihood of promoting horizontal relationships rather than vertical, donor-driven ones.

Brazil has been engaged on health in a trilateral context in El Salvador since 2009, when it began cooperating with the U.S. government and the government of El Salvador to set up a National Institute of Health. Despite the initial commitment of each of the governments, this experience revealed the importance of securing the approval and participation of all subagencies engaged in health work, as internal disagreements between the U.S. Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID) over the nature of the collaboration limited the potential of the U.S. government to contribute to the program. Although this development ultimately derailed the original trilateral cooperation effort, it has created new opportunities for the governments of El Salvador and Brazil to jointly enter new partnerships for



work on health in El Salvador with the Inter-American Development Bank (IDB), the Spanish cooperation agency, and the Chilean government.

Brazil's experience working with the United States in Mozambique was also a subject of discussion. Mozambique has been a significant global health cooperation partner both of the United States and of Brazil. In partnership with the government of Mozambique, Brazil has committed to supporting the development in the country of a pharmaceutical production facility capable of supplying antiretroviral therapies to markets in southern Africa. The U.S. CDC has long supported the Mozambique National Institute of Health laboratories (INS) in working on HIV/AIDS. In a partnership involving Fiocruz (Brazil), INS (Mozambique), and the CDC (United States), along with the Atlanta-based International Association of National Public Health Institutes (IANPHI), to which all three institutions belong, a trilateral effort has strengthened and empowered the Mozambique National Institute of Health, without interfering in existing bilateral efforts on health and development.

Guinea-Bissau's experience with respect to international cooperation on health demonstrates the importance of cultivating new relationships with funders and supporters as political circumstances change. One seminar participant noted that the northern countries have supported global health projects in West Africa since the 1960s and 1970s, when many of the countries achieved independence from European colonial powers. Yet the recent civil war in Guinea-Bissau resulted in a loss of health professionals for the country, with 400 physicians, many of whom had trained in the Soviet Union or Cuba, migrating to Portugal to practice medicine there instead. The legacy of the civil war has created challenges for the government, in that Nordic countries, which had previously been strong supporters of health projects in Guinea-Bissau, have now shifted priorities and have largely reduced project funding in that country. Guinea-Bissau now finds support from alternative funders or actors, including China and Brazil. IANPHI, with support from the Bill and Melinda Gates Foundation, has been an important partner in a joint project with Brazil and Portugal to support the creation and development of the Guinea-Bissau National Institute of Health.

In 2007, Brazil and the United States worked together in Angola to assist the government in collecting information about popular behaviors that put people at risk for HIV infection. An existing cooperative agreement between CDC, Brazil's Fiocruz, and Tulane University created the framework for collaboration. However, while each government brought a set of complementary linguistic, cultural, and technical skills to the project, there was no adequate funding mechanism in place to facilitate travel or personnel or to pay participants; this, combined with limited on-the-ground capacity for administering programs, restricted the potential for the partnership in the long term.

In Haiti, Brazil has worked with Cuba to improve health conditions since the earthquake of January 2010. Brazil's leadership of the UN Stabilization Mission in Haiti (MINUSTAH) was important in setting a framework for the cooperation. The fact that Brazil and Cuba had already worked bilaterally in Haiti helped create conditions conducive for South-South-South cooperation. This work was further enabled by the fact that each participating government had existing knowledge of

the Haitian health situation. The goals of the three countries are to have a participatory strategic planning approach and help Haiti overcome its dependency on funders from the Global North.

The future of multicountry cooperation on health was a third topic of engagement. Questions considered included the following: How will the emergence of new regional and international affiliations focused on health shape the future of trilateral cooperation? Are the BRICS likely to move forward with a common global health agenda? Is the G20 likely to emerge as a venue for deliberation and decisionmaking on global health issues?

Regarding the BRICS, it was noted that Brazil, Russia, India, China, and South Africa do have a set of common interests when it comes to global governance challenges. In recent years, they have worked to coordinate messages and positions in advance of international meetings and fora, but the alliance of emerging economies also faces enormous internal tensions and differences. To build bridges among them, the BRICS have begun holding informal sessions on the sidelines of major meetings, such as the G20, in order to coordinate positions and share perspectives in advance of negotiations or deliberations. The BRICS have articulated shared interests in the fight against poverty, provision of social and public services, UN reform, and identifying new models of assistance and cooperation. However, while interaction among the countries, including on trade, has expanded, there continue to be differences where global health priorities are concerned. At the July 2011 gathering of BRICS ministers of health in Beijing, the governments expressed a commitment to cooperate on helping developing countries implement universal health care access programs, particularly vis-à-vis access to pharmaceuticals. As several speakers noted, it may prove difficult for the countries to find common ground on this issue, given the differences in how each of the BRICS have approached their own domestic and overseas health challenges. The issue of WHO reform has also been a common item on the BRICS' agendas, and many of the countries have endorsed a greater voice for developing countries within the UN setting. Participants agreed that, at least in the short term, it seems doubtful that health cooperation among the BRICS will be institutionalized in the way that cooperation on health has developed within UNASUR.

Despite these divergent approaches to global health, the current financial crisis, asserted one speaker, makes the issue of cooperation on health imperative—if complicated. Health especially should not be subject to trade imperatives, which can lead to a “patents vs. patients” approach. The 2011 G20 declaration, which includes language on social protections, creates the potential for more widespread cooperation on health through that and other multilateral bodies. And even as the proliferation of new philanthropies, NGOs, and nonstate actors creates expanded funding opportunities for health activities, there is a renewed and increased role for the state. This is especially true in South America, where countries have new or renewed democracies and where within civil society there is a growing awareness of the importance of self-determination. It is more important than ever to develop new forms of cooperation, with trilateral and multicountry schemes having significant potential.

## Observations and Conclusions

The seminar was envisioned as an opportunity to exchange perspectives and ideas regarding trends in the area of international cooperation on health, and several important ideas emerged. However, it must be emphasized that these points do not necessarily reflect consensus among the group; rather, they were the subject of discussion and some debate.

- An expanded view of international relations on health, which sees beyond formal diplomatic or government-to-government relations on health and includes a wide array of nonstate, civil society, academic, and private-sector actors, has influenced the development of new patterns of collaboration on global health and development challenges. In many regions this shift has taken place within a broader context of economic and political integration.
- While health has traditionally been viewed as the responsibility of the state, the contribution of nonstate actors, including nongovernmental organizations, universities and other academic institutions, as well as private corporations, in advancing global health goals should be viewed as an important development, as long as they do not contribute to fragmenting national programs and institutions and are aligned with national policies and priorities. Indeed the private-public partnership paradigm has become an influential model for pooling resources and developing complementary efforts in some regions.
- Governments frequently use overseas development assistance (ODA) for health as a foreign policy tool for encouraging trade or commercial relations, or for cultivating alliances with foreign governments. In this context, ODA for health does not necessarily go to the countries or the programs where the needs on the ground are greatest. Whatever the motivation of funders or assistance providers in supporting global health initiatives, the sustainability of ODA for health must be enhanced, along with country “ownership” of projects and initiatives.
- Trilateral cooperation can be a desirable means of pooling resources and building confidence among participants, but it does pose logistical and political challenges. Several issues are important to consider in developing trilateral cooperation schemes:
  - In the planning process, it is essential to secure program alignment with national priorities and policies, which means the intense participation and prior approval of key partners and subagencies that may be engaged in health work, both on the part of the host government and the funding or supporting partner program. For host countries, having a strategic plan that sets out a vision for how trilateral cooperation schemes will support government health priorities is essential.
  - It helps to have a strong agreement and prior history of bilateral cooperation on health in place. Issues to consider include mutual trust, visas, work permits, funding mechanisms, labor protections of visiting staff, and review protocols, among others.

- At the 2011 gathering of BRICS ministers of health in Beijing, the governments expressed a commitment to cooperate on helping developing countries implement universal health care access programs. As several speakers noted, it may prove difficult for the countries to find common ground on this issue, given the differences in how each of the BRICS have approached their own domestic and overseas health challenges.

Over the past decade expanded international engagement on a broad range of public health issues has led to increased funding for global health activities and the proliferation of government, NGO, academic, and private-sector initiatives. The rise of new government actors, such as the BRICS, as well as other middle-income countries, has also created new patterns of collaboration when it comes to global health. Trilateral cooperation schemes have gained prominence, but as with other global health initiatives, they must be initiated and carried out with an eye toward sustainability. As participants in the November 2011 seminar on global health cooperation showed, recent experiences from the Americas and sub-Saharan Africa can offer lessons for others engaged in supporting overseas health activities.

## Participants

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