

Challenges for Brazilian Cooperation in Health under Dilma Rousseff government

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Brazil is currently facing many challenges. The economy has stalled, inflation hit the highest level in nearly ten years and the political opposition is growing. This scenario demand reflections about the future of international cooperation, considering that its sustainability is guaranteed due to its association to national, political and economic interests. International Development Cooperation became a foreign policy priority of Luís Inácio Lula da Silva' governments (2003-2010), according to the Brazilian Cooperation Agency (ABC), between 2005 and 2009, Brazil has invested more than US\$ 1.4 billion in South South Cooperation.

Regarding to health, the seventies saw the first significant reorientation of technical cooperation, with the Basic Human Needs (BHN) approach embodying greater concern for the human and social aspects of development. Building on its domestic record of providing comprehensive care for HIV/AIDS, reforming its own health sector and moving towards universal access to its family health programme, Brazil is scaling up its engagement in health cooperation.

The transition of the concept of public/international health to global health points out that increasingly cross-border health issues demand new practices of national and international governance which includes non-traditional actors who will share successful experiences and global responsibilities for health. Indeed, the emergence of health challenges beyond national borders sights that resolutions must be sought jointly, having in mind that health issues are surpassing technical scope and becoming essential in foreign policies and security, as well as in trade agreements.

Therefore, is important to comprehend that solidarity, one of the fundamental principles of Brazilian foreign policy, is also the "soul" of the Unified Health System (Sistema Único de Saúde - SUS). The National Health Policy has been developed taking into account the 1988 Federal Constitution, which established health as a right for all citizens and a duty of the State. In order to translate this basic right into practice, SUS was created, based on the principles of universal and egalitarian access to comprehensive care, to ensure promotion, protection and recovery of health, integrated into a regionalized and hierarchical network of services under the responsibility of the

three levels of government. Despite its underfunding, the rise of private health insurances and the growing role of private entities, Brazil notes progress in its health indicators. For example, the Millennium Development Goals (MDGs) were reached three years before their deadline (2015) concerning to the reduction of child and maternal mortality, as well as the fight against malaria and other diseases.

In this sense, Brazil has given a new spirit to South-South cooperation exploring, among others, the potential of health as a social subject in the heart of foreign policy. In conjunction with professional education and agriculture, it represents two-thirds of Brazil's cooperation with developing countries. The horizontality of Brazilian South-South cooperation is evident in the uninterrupted emphasis on exchanging experience and the sharing of results and responsibilities with national and international partners. This is a political and strategic position outlined by the recent democratic experience of grassroots social participation in making social policy – particularly health policy – in Brazil. Cooperation projects involve a wide range of actors from both sides and, consequently, decisions are taken at several levels and different loci of power, involving different organizational and institutional spheres in the countries.

Historically, since the 1990s, Fiocruz develops projects of cooperation with Africa. These actions were intensified from 2007 in order to meet the needs of many poor countries and also according to the guidelines of the Brazilian government. International cooperation actions with the African continent, especially with Community of Portuguese Language Countries (CPLP), encompass a large number of projects, all in consonance with the concept of "*structural cooperation in health*" and the Strategic Plans in Health Cooperation (PECS).

The Brazilian conception of "*structural cooperation in health*" rests fundamentally on the approach of "capacity-building for development". This new paradigm innovates in two respects in comparison with previous ones, by integrating human resource development with organizational and institutional development. It also tries to break with the traditional model of passive, unidirectional transfer of knowledge and technology, proposing rather to exploit each country's existing endogenous capacities and resources.

The purpose is to go beyond traditional forms of international aid and to redefine Brazilian cooperation in health as "structural". The approach is focused on strengthening recipient country health systems institutionally, combining concrete

interventions with local capacity building and knowledge generation, and promoting dialogue among actors, so that they can take the lead in health sector processes and promote formulation of a future health development agenda of their own.

Despite the emphasis on actions against the epidemic of HIV/AIDS, particularly the implementation of antiretroviral and other drugs factory in Mozambique, Brazilian cooperation in health comprehends other topics which afflict developing countries. For example: the prevention and control of malaria epidemics; attention to maternal and child health; capacity building for the production of vaccines against yellow fever; diagnosis, treatment and control of Chagas disease and also the management of human resource to hospitals and clinics.

According to the Ministry of Health (2010), Brazil's foreign policy has allocated US\$ 32.960.610 to 44 projects in Africa. Upon assuming the presidency, Dilma Rousseff has continued with actions of international cooperation, but not innovated and did not deepen what has been started. Facing an economic stagnation and an increasing political opposition, Rousseff faces persistent challenges to national development and also the inexistence of public policies that ensures planning, coordination and sustainable flow of resources to respond the growing demands by successful experiences and Brazilian knowledge.

There is a consensus about the lack of clarity on technical cooperation actions and also about its relations with other practices of cooperation and foreign policy priorities. This scenario has led to demands for greater transparency and social participation in setting priorities, implementation and evaluation of Brazilian international cooperation initiatives.

Systematize the approaches and the impacts of international cooperation initiatives are indispensable for a better comprehension of the importance of CSS as a political strategy of diversification of diplomatic and economic relations, and also in the pursuit of Brazilian endorsement as a global player in the international agenda.

Gaps of information and data also make extremely difficult to analyze how far the entanglement between the different forms of cooperation meets a coherent strategy and what are the impacts of Brazilian initiatives in partner countries. Such information is essential for evaluating opportunities and obstacles.

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