BRAZILIAN COMMITMENT TO GLOBAL HEALTH
SOUTH-SOUTH COOPERATION

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Seminar Negotiating Health in the XXI Century
Geneva, October 21 2008

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Contents of the presentation

- Needs of international cooperation in health in the XXI Century
- Critical to the international cooperation dominant model
- Alternatives to the dominant model
- Brazilian experience in South-South cooperation
- Optimistic and pessimistic signals on international cooperation

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Health situation in some LIMCs

- Declining health conditions of the population in a great number of low-income medium countries (LIMCs)
- Marked inequalities both across countries and within countries
- Dual burden of diseases: Infectious and epidemic diseases like the big three (HIV/AIDS, malaria, tuberculoses) and other emerging and re-emerging diseases; neglected endemies; CNCDs like cardiovascular and cancer
- Poverty, hungry and malnutrition
- High infant and maternal mortality; low expectancy of life

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Health systems in some LMICs

- Limitations in governance: low capacity to analyses, formulate and implement health policies
- Health systems usually fragile, fragmented and ill equipped to confront the burden of diseases
- Lacking of health workforce and adequate technological resources
- Poor maternal and child care and very bad social conditions: high infant and maternal mortality; abandoned elder
- Under-funded and bad distribution among health care options

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Consequences

- The poor countries' health systems are not able to face alone the health needs of their population
- International cooperation is imperative to development and health

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Beyond tensions and tradeoffs

- Disease-focused intervention-specific funding *vs.* strengthening health systems
- Current- *vs.* long-term needs: Preparing key institutions to be nimble; establishing a future-oriented agenda; balancing investments in 'doing' and knowledge-generation
- Country-owned *vs.* globally defined goals and programs
- Population (public health) *vs.* individual focused

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Dominant model of international cooperation in health (1)

- No coordination or even articulation within international cooperation provided by multilateral organizations, national agencies and philanthropic assistance of several Foundations, and a myriad of non-governmental organizations
- 'Recipients' frequently unable to organize their demands; de-articulation between MoH, MFA and other key public and private partners within countries
- Fragmentation and low effectiveness of the already limited resources locally available

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Dominant model of international cooperation in health (2)

- Technical 'assistance'
- Lack of coordination
- Donors supporting overlapping projects within countries
- Donors orient their support based on globally pre-defined goals and programs
- Objectives not necessarily adjusted to the needs of the ''recipient' countries
- Absence and/or overlap in cooperation/assistance

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Alternatives to the dominant model (1)

- Paris Declaration on Aid Effectiveness (2005): Ownership, harmonization, alignment, results and mutual accountability
- Coordination among donors
- Coordination within country and link to national foreign policies
- Intersectoral approach
- Health diplomacy: Health and foreign affairs

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Paris Declaration on Aid Effectiveness

i. Strengthening partner countries' national development strategies
ii. Increasing alignment of aid with partner countries' priorities, systems and procedures
iii. Enhancing donors' and partner countries' respective accountability to their citizens and parliaments
iv. Eliminating duplication of efforts and rationalizing donor activities to make them as cost-effective as possible
v. Reforming and simplifying donor policies and procedures
vi. Defining measures and standards of performance and accountability of partner country systems

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Brazilian priorities in international cooperation

Countries/regions priorities:
- G 20
- CPLP – Community of Portuguese Speaking Countries
- UNASUL – Community of South American Countries
- IBSA – India, Brazil and South Africa

Active participation in multilateral institutions like WTO, WOMPI, WHO and PAHO
- Examples: Framework Convention on Tobacco Control; Doha Declaration on TRIPS Agreement and Public Health; and the Intergovernmental Working Group (IGWG) for Public Health and Intellectual Property

Health as a priority in Brazilian foreign policy

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CPLP

Community of Portuguese Speaking Countries

CPLP Figures

Statistics \ Country	Angola	Brazil	Cape Vert	East Timor	Guinea Bissau	Mozam bique	Portugal	San Tome and Principe
Total population (in thousands)*	16,557	189,32	519	1,114	1,646	20,971	10,579	155
Gross national income per capita (PPP international $) *	2,360	8,800	5,980	729**	830	1,220	21,580	n/a
Under-5 mortality (per 1000 live births) both sexes**	260	34	36	80	203	152	5	118
Life expectancy at birth (years)*	40/43	68/75	66/72	64/69	46/51	49/51	75/82	60/63

** Figures are for 2006. Source: World Health Statistics 2008.*
*** Figures are for 2004. Source: World Health Statistics 2006*

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Characteristics of the CPLP international cooperation in health

- CPLP Strategic Program of Cooperation in Health (PECS)
- PECS built collectively by the eight countries' Ministries of Health
- Ministers > Focal points
- Mobilization of politicians, leaders in public health and civil society
- Funded by the countries and other sources

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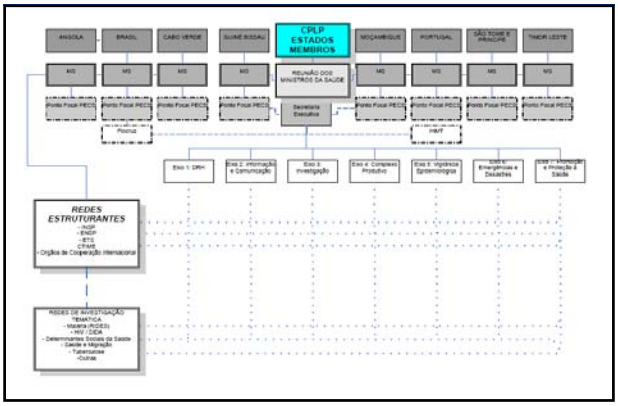

CPLP Strategic Plan of Cooperation in Health (PECS) (1)

- Strengthening health systems and services; emphasis in PHC
- Strengthening the 'structuring institutions': MoH, national health institutes, schools of public health, schools of technicians, main public clinical institutes, public undergraduate schools
- Development of the health workforce

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CPLP Strategic Plan of Cooperation in Health (PECS) (2)

Lines of cooperation

- Development of the health workforce
- Health information and communication
- Research and development for health and development
- Productive complex of health
- Epidemiological surveillance and diseases control
- Emergency and disasters
- Health promotion and protection; SDH and intersectoral actions
- Health diplomacy

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- Fiocruz's Office to Africa established in Maputo/Mozambique with the presence Presidents Lula and Gebusa, Ministers of Health and authorities of both countries
- Institutional development – Support to the establishment of National Institutes of Health in Mozambique and Guinea Bissau; the National School of Public Health in Angola; the Schools of Technicians in Cape Vert, Mozambique and Guinea Bissau; the new University of Cape Vert, with its main orientation to health professions; and the public pharmaceutical company in Mozambique to produce drugs to HIV/AIDS and others.
- Human resources development – Two Master Degrees Courses, respectively in Angola (Public Health) and Mozambique (Laboratory Sciences); training to pediatricians, obstetricians and nurses in Mozambique; training to health technicians in Cape Vert.

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Fiocruz cooperation in Africa

- Last Friday, October 17, Presidents Lula and Gebusa met in Mozambique and opened Fiocruz's Office to Africa
- Fiocruz formally started HIV and other drugs' technological transfer to Mozambique MoH's public company
- Presidents met 20 students of 1st. Joint NIH-Fiocruz MSc in Laboratory Sciences in Mozambique
- MoH and Fiocruz agreement to support the development of the National Institute of Women and Children

UNASUL - United Nations of the South

Mercosul
- Argentina
- Bolivia
- Brazil
- Chile
- Paraguay
- Uruguay

Andinean Community
- Bolivia
- Chile
- Colombia
- Ecuador
- Peru
- Venezuela

Other
- Guyana
- Suriname
- French Guyana (France)

UNASUL Figures

Statistics / Country	Total population (in thousands)*	Gross national income per capita (PPP international $) *	Under-5 mortality for both sexes (per 1000 live births)**	Life expectancy at birth (years)*
Argentina	39,134	15,390	18	72/78
Bolivia	9,354	2,890	69	64/67
Brazil	189,323	8,800	34	68/75
Chile	16,465	11,270	9	75/81
Colombia	45,558	7,620	21	71/78
Ecuador	13,202	4,400	26	70/76
French Guiana	n/a	n/a	n/a	n/a
Guyana	739	4,680	64	63/66
Paraguay	6,016	5,070	24	72/78
Peru	27,589	6,080	29	71/75
Suriname	455	8,120	39	65/71
Uruguay	3,331	11,150	14	72/79
Venezuela	27,191	7,440	19	71/78

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Characteristics of the UNASUL international cooperation in health

- UNASUL Strategic Program of Cooperation in Health (PECS)
- PECS built collectively by the twelve countries' Ministries of Health build
- Ministers > Focal points
- Mobilization of politicians, leaders in public health and civil society
- Funded by the countries and other sources

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UNASUL Strategic Program of Cooperation in Health (PECS)

- Under construction (agreement between focal points); still not submitted to Ministers
- Strengthening health systems and services
- South American epidemiological shield
- Strengthening the structuring institutions like national health institutes, schools of public health, schools of technicians, main clinical institutes, undergraduate schools
- Development of health workforce
- Drugs, vaccines and other supplies
- Social determinants of health and health promotion

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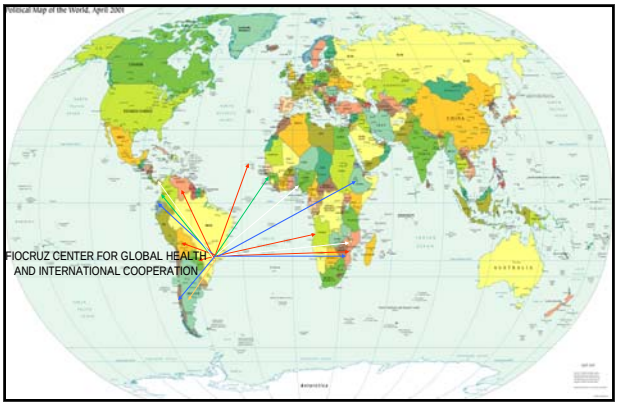
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Fundação Oswaldo Cruz

FIOCRUZ 'national'

Instituto Oswaldo Cruz
Escola Nacional de Saúde Pública
Escola Politécnica
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CECAL

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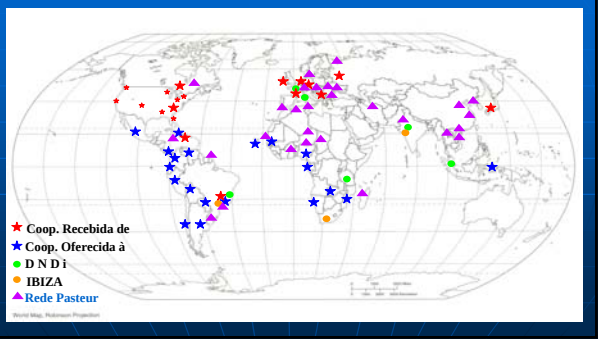
Center for Technological Development

Fiocruz international cooperation



Optimistic signs of international cooperation in health

- UN MDGs 2000-2015
- WHO Report 2008: Primary Health Care
- WHO Global Commission Report: Social Determinants of Health
- Paris Declaration (2005) and Accra (2008)
- US IOM Global Health Committee
- New players – commitment of civil society: WFPHA, IANPHI, IUHPE and others
- New donors, new funding, new models of technical cooperation in health

Pessimistic signs of international cooperation in health

- The drift toward recession in the world's wealthiest countries brings the possibility of lack of resources to international cooperation

BUT

- A global community able to commit hundreds of billions to bolstering banks should be willing to commit a fraction of that to fighting poverty and hunger and to implement international cooperation in health