

## An analysis of the major challenges and obstacles for international technical cooperation in health, Brazil-Mozambique

Eduardo Mazzaroppi Barao Pereira <sup>1</sup>

**Abstract** *Health has become a priority issue on the agenda in relation to Brazilian international technical cooperation in the last decade. This applies to Mozambique which is a strategic partner of Brazil's when one takes into consideration the volume of projects that have been undertaken between the two countries and the available resources on offer. There has been a shift in the foreign policy paradigm which has resulted in a new Brazilian foreign policy posture that promotes bilateral agreements and international cooperation. On conducting a retrospective and current analysis it is clear that there are, however, major obstacles and challenges for bilateral agreements and technical international cooperation that require in-depth study and which need to be dealt with in the area of health. This paper seeks to identify and analyze these obstacles with a view to providing proposals for ways forward. It takes the approach of using the methodology of reviewing specialized journals on this topic as well as using qualitative research from the main actors and institutions involved in bilateral cooperation.*

**Key words** *International technical cooperation in health, Cooperation Brazil-Mozambique, Barriers and challenges*

---

<sup>1</sup> Instituto Oswaldo Cruz,  
Fiocruz. Av. Brasil 4365/  
Pav 108/28A, Manguinhos.  
21040-360 Rio de Janeiro  
RJ Brasil.  
eduardo.mazzaroppi@  
ioc.fiocruz.br

## Introduction

Nowadays the issue of health can be understood as a result of a series of determining factors related to life conditions and well-being: such as poverty and society's level of development. It also encompasses social determining denominators for health<sup>1</sup>, which broadens our understanding of health as well as its aspects that are only related to the person who is conditioned in society and their relationship with it.

In addition to this, the ability of national states to deal with these issues that relate to health, is becoming increasingly limited to their being a recognition of the existence of an emergency rather than establishing universal health care<sup>2</sup> whose governance goes across the traditional political mechanisms of state control. This is related to the idea of social determinants and the current thinking that the problems in health often affect all societies and therefore they should be tackled on a global platform.

A growing theme in Brazil and in the world is the idea of international technical cooperation (ITC), which is currently looked on as a valuable tool in the promotion of health and general development as well as being the main pillar of foreign policy on health. This is in accordance with Brazil's role of improving health systems in countries that regularly embark on these cooperation agreements and in developing its global governance in health.

Brazil has an awareness of this reality and as a result, it has been widely using antiretrovirals in health<sup>3</sup> as both a governance program and as part of its foreign policy over the last decade. The country has been developing various cooperation initiatives in the area of health by triangulating them with the World Health Organization (WHO). This has been done principally through its Inter-American agency known as the Pan-American Health Organization (PAHO) in initiatives that have included Brazilian institutions that are a part of the wider cooperation process and the management of public health.

The African continent has become an important field in the area of Brazilian technical cooperation in health, with Mozambique taking up the majority of Brazil's international work in this area. This has permitted the development of the Instituto Nacional da Saúde in this country. In addition to this, there has been a change of focus in the country with reference to the role of technical cooperation. This has become a strategic theme for the Brazilian government. We have been seeing, in the last few years, experiences related to the

provision of cooperation by Brazil, which was an atypical condition and which is nonetheless quite revealing of the current new perspective around this theme.

The Fundação Oswaldo Cruz (Fiocruz) is recognized as a strategic institution in the development and management of policies in international cooperation of C&T in health, being the Collaborative Center of the WHO for Universal Health and Health Diplomacy. It is also an important part of the Health Ministry in Brazil (MS). In the ambit of the Program for International Cooperation in Health signed through a Cooperation Agreement with the MS and Fiocruz (TC 41), the PAHO supported the various Brazilian cooperation initiatives in the health sector, many of which were carried out by Fiocruz.

The recent Brazilian experience in being a new provider in the area of technical cooperation, faced and still faces different challenges which have shown that Brazil is still unprepared for this new role. The Mozambican experience has proven to be, more than any other case, a valuable analysis tool of the difficulties and bottlenecks in the Brazilian South-South technical cooperation and in the evaluation of the results and perspectives.

### Technical cooperation Brazil-Mozambique in health

Over the last decade, Mozambique has become a major partner with Brazil in the South-South relationship with Africa. This is particularly the case where one considers the number of projects that have been undertaken and the volume of available resources on offer<sup>4</sup>. According to the ex-president Luiz Inácio Lula da Silva, Mozambique is the biggest and most important partner in relation to Brazilian cooperation. This is quite an interesting observation when one considers the national state of Mozambique and the Brazilian tradition in international cooperation which is typical of developing countries.

This is an inversion of the historical role of Brazil as the recipient of cooperation from providers. From 2008 Brazil switched to being a developer of major cooperation programs that have large budgets and set terms. Health, education, agriculture and international fortification have become major themes and principals in the area of technical cooperation with this country. This was called "structuring" as the purpose was the promotion of structural changes, meaning having substantial impacts with multiple effects. In addition to the missions of public sector workers, the constructed infrastructure meant buying

equipment and contracting full-time dedicated personnel. Fiocruz, SENAI and Embrapa are the major partners in these types of cooperation agreements.

Health is a priority theme that is on the agenda for technical cooperation between Brazil-Mozambique. Between 2000 and 2014 Brazilian cooperation gained significant attention according to the PAHO and ABC with 44 agreements being signed. This was just behind agriculture with 39 and Education with 23<sup>5</sup>. Fiocruz participated in the overwhelming majority of health projects in the country through the Brazil-Mozambique Agreement and the Cooperation Agreement between Fiocruz and the Health Ministry of Mozambique. Fiocruz in tandem with the Health and Foreign Affairs Ministries, developed the health cooperation agreements as well as the structural cooperation strategy in health.

The technical cooperation projects between Brazil-Mozambique in health took place, principally through the ambit of the Cooperation Term and Technical Assistance nº 41 text in the Program for International Cooperation in Health of the PAHO which it signed with the MS jointly with Fiocruz. It came into force in December 2005 and went on until December 2015. It promoted Brazilian technical cooperation in Africa. It left, as its principal legacy according to the coordinator of the Center for International Relations at Fiocruz (CRIS) José Roberto Ferreira, the advancement of the Instituto Nacional de Saúde in Mozambique.

Dozens of projects were developed and implemented by Fiocruz that were of different dimensions; from the provision of support to Mozambican children to participate in courses at the institution, to the creation of the only medication factory in the country. There was also the development of postgraduate *lato sensu* and *stricto sensu* courses taught and administered in Mozambique that included Mozambicans.

Some of the cooperation actions with the country resulted in: the implementation of a human milk bank, the of development multipliers for actions around training in the area of maternal, neo-natal, infant and adolescent primary health care, the creation of a thematic library and a distance education program, the creation of a Women's, Children and Adolescent Health center, the creation of the Popular Pharmacy Program and the carrying out of masters and doctorate courses in health sciences amongst other projects.

Two projects deserve special attention in this Brazil-Mozambique partnership namely: the anti-retroviral medication factory and primary health care and the Fiocruz office set up in the

capital Maputo that may become the Health Ministry's Brazilian office<sup>6</sup>.

The medication factory in Farmanguinhos which is a technical unit of Fiocruz in Mozambique, is the principal technical cooperation project in health in Africa and in terms of finances and duration, it is the biggest Brazilian cooperation project. It was initially thought of in terms of FHC government purposes. The project was set up and a protocol of intention was signed by Lula in 2003. It was ready in 2010 but it took a decade to become operative which occurred in 2013. It is projected that it will be self-sufficient until 2018.

To support factory projects and the management of the rest of the technical cooperation projects in health in Mozambique, the Brazilian Government decided to create, in 2008, a Fiocruz office in the capital of the country, Maputo. This was not a new idea. It had been understood for some years that the office in Africa would facilitate the administration and information would stimulate the South-South cooperation given by Fiocruz. Since 2008, the Fiocruz Regional Office in Mozambique known as Fiocruz Africa has been carrying out activities but just as the SMM, there was a series of obstacles for the order that impeded the formal recognition of the office, making its effectiveness unfeasible.

### Tensions, challenges and obstacles

Brazil stimulated the development of large projects in Mozambique but it did not create a system of international cooperation that would subsidize them. There was no technical body, logistical structure nor any adequate bureaucratic apparatus for their execution, nor was there any effective monitoring and evaluation systems for the projects. Other problems included: technical, legal, administrative, economic, logistical and socio-cultural difficulties. Relative to international relations, they hindered the feasibility, efficacy and effectiveness of many projects as well as not stimulating many others.

### Political obstacles

Political-judicial obstacles that involve the excesses of formalities and continuous political requests, have been shown to be one of the many difficulties faced by Brazilian cooperation in general and particularly for Fiocruz.

Fiocruz's regional office in Africa is an example of the political problem. An agreement was signed between the Republic of Brazil and Mozambique on 04/09/2008, but up until the present date it has not been legally instituted. After

having gone through various commissions, the agreement text was approved by the Lower House and in the Senate in 2011 through the Legislative Decree nº 355/11. "The approval of the decree is the first step in this form of institutionalization that will permit Fiocruz to have a permanent leadership body in Africa", explained Dr. José Luiz Telles<sup>7</sup>, the coordinator of the office at the time. Today this role is filled by Dr. Lícia Oliveira who is also the coordinator of the medication factory. According to the 2nd article of the Decree, its purpose is to set up a legal framework on which the installation of the headquarters of Fiocruz Africa would be based in Mozambique: "with the function of coordination, accompaniment and the evaluation of cooperation programs in health between Fiocruz and African countries"<sup>8</sup>.

*In all the commissions, both in the Lower House and the Senate, the project was approved by a unanimous vote of the politicians. This represents the clear recognition of the cooperation in health that Brazil established with the countries in Africa and in particular it was the recognition of the role of Fiocruz on the continent. But the decree did not regulate the Fiocruz office in a definitive way. In order for the roles to be created and for the Foundation to have autonomy to institute the necessary procedures involving the complete institutionalization of their office, there is the need for a specific legal provision meaning a presidential decree which is being negotiated between Fiocruz and the Foreign Affairs, Health and the Planning, Budgetary and Management Ministries. Even so, the approval of the legislative decree in the National Congress will strengthen the positions that both Fiocruz and the Health Ministry have been defending. Also, there are no doubts concerning the importance that the health cooperation projects have in tackling the serious sanitation problems that the African continent faces, particularly those that are in the Sub-Saharan region<sup>7</sup>.*

Since November 2011, there has been an expectation of a presidential decree for the definitive ratification of the international treaty and the institutionalization of Fiocruz Africa. The agreement went through Itamaraty and now it currently depends on the authorization of the Planning Ministry (MPOG) before going to the President. According to the current project coordinator Dr. Lícia Oliveira, despite the immense relevance of the Office of technical cooperation in health in Africa, without institutionalization, every unit project would be paralyzed which takes into account the assumption of regular operations.

Improvements ought to commence internally in Brazil and at Fiocruz which has management

models that are not comparable with the volume and depth of their international projects. An adequate technical cooperation system is required from their own internal employees from the Foundation which has obscure or non-existent procedures from the formalization of the cooperation to the execution and principally the monitoring and evaluation of the projects.

In relation to Africa, there is a recognition of the political difficulty of the cooperative countries with Brazil, whose countries change at great speed their ideological principals which results in major difficulties in ensuring the continuance of projects. Poverty, inequality, sparse infrastructure, corruption and a low level of schooling, are the common obstacles in African countries. In general, they are characterized by socio-political instability, wars and constant geo-political and economic disputes. In addition to this, if the Brazilian public administration continues to have low quality ratings in relation to management, the public management procedures are, in many cases, non-existent in African countries.

Mozambique has shown itself to be a relatively stable country which is appealing and this is in spite of its very recent political history. Nevertheless, there is a lack of the basic resources to deal with differences or onuses that as a minimum correspond to the bonus produced in the country. In the case of the anti-viral medication factory and generic medications, as an example, the project was only able to be materialized because the Brazilian Government and the private Brazilian company Vale assumed a large part of the costs. Although the Mozambican Government was delighted and content with the proposal, it made it clear that it could not take on the financial costs of the project whose budget passed the sum twenty million dollars.

In spite of this, as has been affirmed, the development of the Instituto Nacional de Saúde de Moçambique (INS-MZ) was established through the Brazilian technical cooperation. This was possibly the greatest achievement of the Brazilian technical cooperation in health to date. It was achieved at the cost of great political effort and the professionals that were involved in both countries.

But the principal difficulty of the nature of the policy is related to its acceptance by the national states and the rest of the actors involved in the governance model in health in which it participates through cooperation. There is still the major centralization of the key decisions in health in the ambit of the national governments in spite of the gradual strengthening of the international organizations and in particular the process. But

more than this, there is a common perception that the Brazilian foreign policy in Africa is imperialist and that the cooperation agreements only serve to bolster the capitalist interests of Brazil, principally for large companies such as Vale and the contractors Odebrecht and Andrade Gutierrez, amongst others.

### **Judicial-Regulatory obstacles**

What was revealed and what is possibly the principal complaint from professionals in the area of international relations in health, relates to the absence of a legal register for antiretroviral or its inability to meet its new function that it has received from Brazil in the last few years. This is the case for Mozambique, as Brazil is a developing country providing technical cooperation through the South-South cooperation and this is amongst other developing countries.

Brazilian legislation just regulates the technical cooperation received by the bodies and federal public entities of international organizations. This is not the case for cooperation offered by the country. This is in relation to the Decree nº 5.151/04 which: “sets out the procedures to be observed by the bodies and by the Federal Public Administration entities either directly or indirectly for the purpose of undertaking complementary acts for the technical cooperation received from international organizations and the approval and management of connected projects to the referred tools”. Such an instrument is principally for federal public institutions and is used only when there is cooperation that is intermediated by international organizations.

The absence of any legal or regulatory framework for the antiretroviral has made it practically unfeasible to undertake the main projects which are, as a result, executed in an improvised way with temporary solutions. The hiring of personnel, the procurement of equipment and the transference of resources are often carried out through programs from multilateral institutions such as PNUD. After the transference of money, the PNUD unit for South-South cooperation in Brasília switched to acting on behalf of Brazil. If it is necessary to contract someone, buy plane tickets, acquire machinery or items, PNUD can do this. This is often done through PNUD Mozambique. Support Foundations such as the Fundação para o Desenvolvimento Científico e Tecnológico em Saúde (FIOTEC) are also used principally for the transference of resources.

In many situations, Brazilian resources were authorized through a Provisionary Measure (MP) which falls within the remit of the President of

the Republic. This is done due to the lengthy legislative process and as a result there is lack of specific legislation authorizing donations, loans or the transference of resources to other countries. Equally, any disposal of state goods needs prior approval by Congress. A lot of humanitarian aid provided by Brazil over the last decade has been done through this mechanism which takes into account the pressing needs of the given circumstance. Taking the formal legislative route would make any solution unfeasible especially due to the slowness in the process.

The rigor of the Brazilian legislation and consultative and controlling organs such as the Federal Prosecutor (AGU), the General Accounting Office (TCU) and the Comptroller General (CGU) are not spurred to act when the execution of projects is not feasible. This problem is perceptible even with the national technical cooperation or the execution of research projects and technological development. It is worsened in international cooperation due to the bottlenecks in this type of process.

### **Technical, administrative and budgetary obstacles**

There are different challenges that come with technical cooperation related to technical and administrative aspects. Many technical questions were evaluated in the Management Report on the Terms of Cooperation at PAHO which was published in 2015. The lack of planning, monitoring and evaluating projects is critical in technical cooperation as well as specialized knowledge of many techniques used in projects.

It is necessary to deal with people who have different qualifications and knowledge and people are required to work in networks which is an additional difficulty. Even having the technical knowledge and necessary experience for the execution of the projects, the executors feel slightly constrained when working in cooperation. In spite of the relevance conferred on the networks for structural cooperation in health, it rarely works in practice. In addition to this, the management of information presents problems and difficulties. There is a lack of information systems and communication between the cooperating parties. Communication is normally done via virtual platforms. There is a lack of technically qualified personnel in Mozambique. In relation to the medication factory, there is just one pharmacy unit which immensely reduces the workforce offer.

The cost of structural projects is high thus it does not always fall within the finances and budgets of the country. In the first decade of the year



2000 there was an abundance of resources of high value *commodities* exported to China. However, in the second decade of the 21<sup>st</sup> century, there a big difference for this situation. “The structural projects offer various advantages however there are limitation due to the high costs being a characteristic requiring incremental budgetary increases that ensure their implementation”<sup>9</sup>.

In the cooperation agreements that involve PAHO, the acquisition of tickets is delayed and they are often issued the day before the trip which pushes up the costs. Daily rates are not paid to foreigners and the accounting process that involves PAHO is extremely bureaucratic and complicated requiring a series of reports and documents which are often difficult to access.

A lack of resources has also provided an additional challenge recently. Resources from ABC shrank by 40% in the first two years of the Dilma Rousseff administration even with the Plurianual Plan (PPA) 2012-2015 predicting a contribution of R\$ 50 million (fifty million Brazilian Reals) annually for international cooperative actions. With the worsening of the political-economic crisis in Brazil, the budget for cooperation has been annually reduced which runs the risk of paralyzing the projects, particularly when restricted to institutions and public resources. The guarantee of budgetary continuity for these projects is an extra difficulty in addition to the loss.

#### **Obstacles related to international relations**

The diversity of the types of cooperation is another hindrance. It was not possible to structure a common framework that encompassed humanitarian, technical, scientific, cultural, educational and commercial cooperation. As a result, all of the above is treated equally even when there is different material. Also, the information is flawed in terms of technical cooperation. It is easy to find information of Brazilian cooperation projects but it is almost impossible to find information on how they are executed and the results. If, on the side of Brazil it is not easy, on the African side it is even worse.

In the case of the medication factory, it still faces a geopolitical dispute with the traditional donors and China. Over the last decade, it has been competing rigorously for geo-economic and political space on the continent with strong investments and projects. For the traditional donors, the Brazilian project that involves the effective transfer of technology goes against the cooperation model that has been historically present in Africa. In the case of Mozambican medications for Aids, they were completely given through in-

ternational help from the North. In relation to this project governments and private companies tried for more than 10 years to buy and sabotage the factory.

#### **Cultural obstacles**

The justification in the discourse from Brazil for technical cooperation given to the African continent emphasizes, besides the “historical divide” due to slavery, solidarity as this is a principle of Brazilian foreign affairs as well as a “common past” and the historical-cultural affinities and “common problems”. In fact, there are similarities and affinities between the Brazilians and many Africans which has been widely mentioned by the Mozambicans. However, one should not omit the existing cultural differences between the African countries and amongst them and Brazil. The discourse from Africa as a monolithic unit is widely criticized<sup>10</sup> with the view that nothing corresponds to the sociocultural and political reality of the continent, being absolutely pluralistic.

In relation to the cultural differences and the reciprocal unawareness, whilst Brazil is the main provider in cooperation agreements, for the different national social realities on the African continent, there are clear elements that make technical cooperation difficult. The recognition of these differences in spite of their representing major obstacles in the cooperation agreements, has revealed itself as being essential for the proposal of horizontal cooperation or South-South which is confused with its own notion of this institute.

It is what the professor of the Escola Nacional de Saúde Pública (ENSP/Fiocruz) Dra. Anamaria Tambellini explained in an interview given to PAHO/OMS for the final TC-41 management report:

*What I think is the major challenge for international cooperation agreements [...] what for people was structural cooperation in a concept being well fluid, it is not possible for us to define it very well other than by that which we understood. In the international area, you cannot. According to the concept for example I created a certain technology for a bacterium in my laboratory. I created it and I have the diagnostic kit. If I go to Mozambique in relation to a cooperation agreement, I am going to transfer this technology. I get there and say: look at this kit and you're going to need it, in other words, the same thing that I do here, I'm going to do there [...]. When you are working on the logic of development, you cannot do the same thing that you do here, there because the context is completely different. This means this profile of the worker here, this profile is connected to the necessity for the reality of*

our health system. So, what does this require? This requires that you, when you go to Mozambique, propose or help them to construct a profile of the workers and to think of courses. You have to clearly understand how the health system and the education system is organized in Mozambique. If not you will come with your idea and course that you give here and you will want to apply them there and we all know that this will not work out<sup>3</sup>.

This difficulty is a restatement of Brazil's posture in the face of cooperation projects. The idea of horizontal cooperation sustains itself based on bilateralism and equality in such a way as to have both training and learning together. Ignoring this fact represents not just negligence in relation to multilateral governance but even veiled and reproduced imperialism on a scale that fits with Brazil. The Brazilian discourse has been one of a country in development with the traditional mechanisms of cooperation developed in a unilateral way without sharing.

A reading of Africa from a Brazilian perspective is extremely restricted to the dimension of the Afro-Brazilian nature with a continent that is molded by the past having historical debts that are spread throughout the world and with an ongoing dialogue of afro-descendants. And many Africans maintain this posture of victimization including the Mozambicans in spite of going through the rebirth of African cultural that values the present and future based on an encouraging moment that currently prevails on the continent. This is largely ignored by Brazilians.

In this way, the official Brazilian discourse does not reflect the reality in Africa. This unawareness presents itself as the principal obstacle being sociocultural in nature. More than this, the role played by Brazil in cooperation agreements with the continent should take into account the actual moment of the people and African nation in the twenty-first century. This is principally for the elites, aimed at the construction of the future.

*But this is not just an outline of the future of Africa from the outside looking in. The Africans are making their voices heard and constructing their decision-making autonomy. They are looking for national solutions for their challenges in social areas and citizenship. There is, in this way, a more positive environment having important initiatives that are emblematic of its self-confidence that has emerged from the heart of the political intelligence on the continent. It was the launch of a new partnership for the Development of Africa (Nepad) in 2001. On expressing the capacity for the construction of their future, the African leadership is taking on itself the responsibility of overcoming the*

*marginal level of insertion which the continent was subjected to in the 1990s. Searching for the most elevated of states, less subsidiary in the current asymmetric globalization is the central argument strategically designed that Nepad has<sup>10</sup>.*

Knowing these local realities and the current mentality of the African people is a condition for the effectiveness of a cooperation agreement that proposes itself as horizontal and it is essential for repairing global governance. With a conscious orchestration and valorizing of cultures and local values, this permits the development of effective and alternative governance models resulting from domestically expressed wills and not at the mercy of global conjecture that is externally guided.

### Suggestions and perspectives

Based on the diagnosis of the obstacles to technical cooperation provided by Brazil, some suggestions can be given. This is based on interviews with ABC, PAHO and based on self-suggested proposals for improvement and the deepening of Brazilian international cooperation. They both suggested the structuring of an international cooperation system supported by a specific regulatory framework.

Taking into account the political and bureaucratic nature of the obstacles, it is possible to think on the special procedures covering routine themes in addition to the specialization of organs and the technical body involved in the cooperation projects. The updating of courses and sector training also falls under this theme as well as stages in the agencies and institutional sectors responsible for the management in antiretroviral as ABC and CRIS. These measures have a tendency to quicken the legal process and thus reduce or lessen the excesses in the bureaucracy.

This in turn and related to the technical-administrative difficulties, is fundamental in improving the management of technical cooperation which requires similar measures. The development of a network of information connects itself with the necessity for monitoring and evaluation of projects including with reference to produced impacts in the cooperating country and for their society. This is connected to the approval of financial resources for projects, goals and results which is a strong indication. Technology tools need to be incorporated in the cooperation agencies and in the Brazilian institutions that provide technical cooperation. They should create offices and project management roles as well as obtaining resources with foundations and multilateral institutions.

For this, the most important thing to do is to improve the internal management mechanisms of the organs and current Brazilian institutions in the area of antiretroviral as Fiocruz. Working from an adequate internal cooperation system with monitoring and evaluation mechanisms for cooperation and based of the project management logic, it is indicated for the improvement of the antiretroviral. For Fiocruz which encompasses more than twenty technical units, the institutional coordination of the area of cooperation represents the fundamental assumption in the treatment of this theme in relation to its partners.

It is valid, in this way, to reproduce the flowchart model of the antiretroviral project management cycle recommended by the Technical Cooperation Management Report from ABC (Figure 1).

As can be seen in the flowchart, the ABC proposal is that of the management of the technical cooperation initiatives South-South as a cyclical process made up of five steps which are: identification, prospecting, development and framing, implementation and monitoring and finally evaluation and closure and after which the cycle restarts.

The identification step consists in the receipt and analysis of the cooperation request. At this stage, the cooperation is just a project idea that will be analyzed by the cooperating potential institutions based on the criteria such as convergence between the experiences or the availability of resources.

The purpose of the prospecting phase is to detail the idea for the initiative and to produce enough information to make a decisive decision in relation to the possibility of meeting the cooperation request. Based on wide dialogue between the Brazilian technicians and the country in question, the fundamental elements of the technical cooperation tools are delineated and analyzed which include: the objectives and results that are hoped for, the beneficiaries and the rest that are involved, the coordination mechanisms and the required supplies.

The development and framing phase seeks to ensure the drafting of the initial document with the project scope having been set and acceptance having been obtained from the cooperating parties. The implementation and monitoring steps involve two processes for interconnected and interdependent management. The first refers to technical implementation and the administrative-financial execution of scheduled activities in the initiative document based on the mobilization of inputs and the cooperating institutions. The second component of this phase is the mon-

itoring process through which there is the participative accompanying of the progress of the partnership in the pursuit of the objectives and the results hoped for.

Finally, the evaluation and closure phase involves the internal evaluation of the initiative covering a general summary of the project for its technical, management and operational aspects. When it is set out in the initiative document, this last step will also have the purpose of allowing an external evaluation so that it can be measured based on the following criteria of: efficacy, efficiency and sustainability amongst others.

Brazil is a developing country that is a provider in cooperation agreements<sup>11</sup>. It faces serious budgetary limitations. To overcome these problems, the triangular cooperation presents itself as a coherent and effective measure and it works through the triangulation of multilateral international bodies such as PAHO. This also includes through agencies and programs such as PNUD or third party countries normally developed having a tradition in the provision of antiretroviral as taught by the ABC coordinator Fernando José Morroni de Abreu:

*In triangulation, there are comparative advantages for Brazil in terms of affinity and the existence of better technology adapted to the realities of other countries. On the other hand, there are comparative advantages of the traditional donating countries (financial resource, structural logistics etc.) covering the accumulated experience and the specific knowledge of the international organizations<sup>9</sup>.*

This strategy also creates the desired governance in health, taking away the exclusive remit of the national governments to manage and administer the cooperation process in health. The triangulation of the work with the WHO is always advisable in the light of the democratization, transparency and universality of management in health.

Triangulation with developed countries also elevates the efficiency, efficacy and even the effectiveness of health actions. This occurs even when there is a lack of a desired component for multilateral governance. In Mozambique, the strategy can be the guarantee of continuity and the effectiveness of some large structural projects considering the interests of governments and private companies in participating.

This is already the case, as revealed by ABC with the participation of Germany, the USA, Italy and Japan as partners with Brazil in cooperation projects in Mozambique. But this should be stimulated and where possible it should be executed through global bodies such as the WHO.



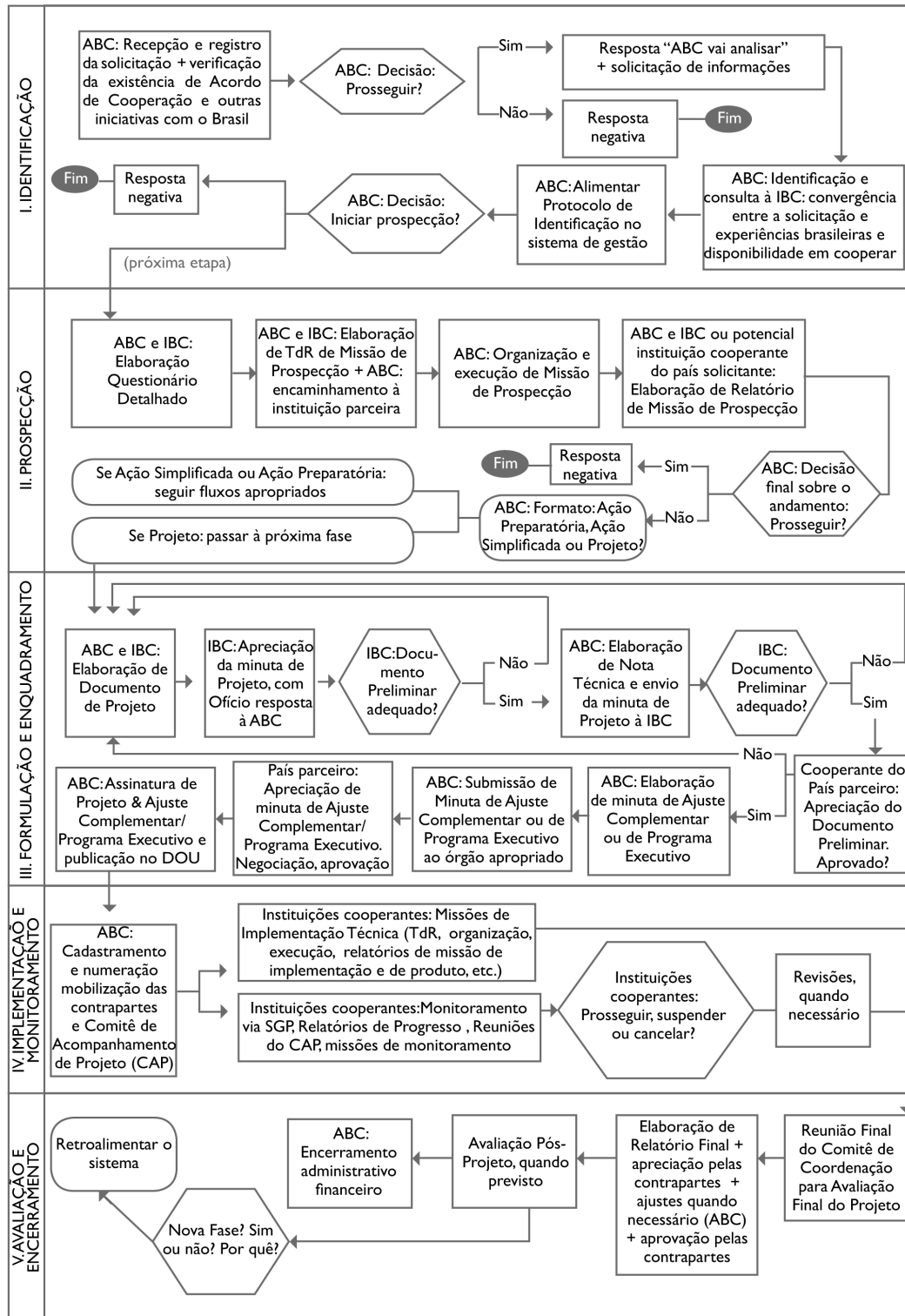


Figure 1. Flowchart of the South-South cooperation project management cycle.

Source: ABC<sup>12</sup>.

It is also advised that there is the dissemination and democratization of the antiretroviral attributing it to private institutions and civil society in general this cooperation role. Less government here means less costs and more democracy. Reducing bureaucracy and spreading technical cooperation presents itself, in this way, as an important measure in the era of globalization.

In relation to the judicial bottlenecks, improvements in Brazilian legislation related to technical cooperation and the development of a specific regulatory framework for the South-South cooperation provide by Brazil that embraces global governance in health, are all extremely advisable changes. We suggest that a comparison should be made concerning the legislation of countries that are the traditional providers of technical cooperation and the recommendations of the multilateral international institutions. This would be a way of improving the debate on the most suitable legal model to be adopted by Brazil.

It is essential in the development of these standards to re-think the role of the multilateral institutions principally the WHO considering the multi-level governance that is present in health and complying with Brazilian legislation in harmonizing them with the functions of the multilateral bodies, in accordance with the recognition

and recommendation of the Final Report on Governance in Health<sup>12</sup>.

## Conclusions

The Brazilian policy on international technical cooperation in health has gained impetus over the last decade and it has had Mozambique as a strategic ally. This has materialized in the commencement of long term projects in this African country.

After having analyzed the main difficulties faced by managers involved in the cooperation agreements, it has been noted that Brazil does not have the internal structure to provide technical cooperation on a large scale and its current political-economic situation is proving a challenge in relation to these endeavors.

This study on the exiting hindrances and an analysis of the main proposals, has shown the challenging scenario for a condition that results in the maintenance and deepening of the main technical cooperation projects in health in this African country. A re-evaluation of the projects and some strategies will be the issue to be faced by Brazil that is striving for objective results through this valuable form of cooperation.

## References

1. Buss PM, Filho AP. A saúde e seus determinantes sociais. *Rev. Saúde Colet* 2007; 17(1):77-93.
2. Cueto M. *Saúde global: uma breve história*. Rio de Janeiro: Fiocruz; 2015.
3. Organização Panamericana de Saúde (OPAS). *Manual de normas e orientações para a cooperação técnica internacional com a Opas/OMS*. Brasília: Ministério da Saúde (MS); 2015.
4. Esteves P. Brazil's south-south health cooperation in Mozambique: 'structuring projects' and their dynamics. *BPC Papers* 2013; 3(2).
5. Organização Panamericana de Saúde (OPAS). *Estratégia de cooperação técnica da OPAS/OMS com a República Federativa do Brasil 2008-2012*. Washington: OPAS; 2012.
6. Oliveira L. *Fiocruz África: o projeto da fábrica de medicamentos e o escritório da Fundação em Maputo*. Rio de Janeiro: Farmanguinhos; 2016.
7. Telles JL. *Fiocruz tem novo representante no continente africano*. Rio de Janeiro: Agência Fiocruz de Saúde; 2011.
8. Brasil. Decreto Legislativo nº 355 de 20 de Julho de 2011. Aprova o texto do Acordo entre o Governo da República Federativa do Brasil e o Governo da República de Moçambique para a Instalação da Sede do Escritório Regional da Fiocruz para a África, celebrado em Brasília, em 4 de setembro de 2008. *Diário Oficial da União* 2011; 20 Jul.
9. Abreu FJMD. A evolução da cooperação técnica internacional do Brasil. *Mural Internacional* 2013; 4(2):6.
10. Saraiva JFS. *A África no século XXI: um ensaio acadêmico*. Brasília: Funag; 2015.
11. Soares de Lima MR. *A política externa brasileira e os desafios da cooperação Sul-Sul*. Brasília: RBPI; 2005.
12. Organização Mundial da Saúde (OMS). *Relatório Final de Governança em Saúde 2014*. Genebra: OMS; 2014.
13. Agência Brasileira de Cooperação (ABC). *Manual de Gestão da Cooperação Técnica Sul-Sul*. Brasília: ABC; 2013.

Article submitted 30/08/2016

Approved 28/11/2016

Final version submitted 10/02/2017