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THE SOUTHERN EXPERTISE

Brazil, India and China's South-South
Cooperation in Health

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The Field of International Development Cooperation

- The IDC field

“existential crisis” (Gore, 2013)

“creative destruction of the aid industry” (Kharas&Rogerson, 2011)

“complexity and diversification” (Eyben&Savage, 2013)

“**battlefield**” (Esteves&Assunção, 2014; Bracho, 2015)

- SSC as field of study

- Southern providers as an actor *sui generis*

- i. Hybrid category challenging donor-recipient dyad

- ii. Promotion of “alternative” development partnerships based on horizontal relationships

- iii. **A “different” kind of expertise than the conventional international development expert**

The Southern Expert and Social Sector Policies

- ‘Hard’ *versus* ‘soft’ sectors
 - recent interest in health
- Social sector policies and SSC
 - the South as authoritative source in international development
- The Southern expertise
 - i. Not a development expert such as Northern bilateral development agency
 - ii. Shares recipient history
 - iii. Domestic experiences and (public) policy experiments
 - source of inspiration (either + and/or -)
 - enables South-South transfer

The Southern Expert in Health

- Emerging countries' contribution in health
 - (1) improvements of their own health policies;
 - (2) engagement in global health technical and governance issues;
 - (3) provision of health cooperation to other developing countries → SSC as valuable resource to strengthen health systems in partner countries
- Similar contexts – recipient condition and low-resource/technology availability
- Domestic experience
 - more “appropriate” + “adequate” or “common” policy solutions
- Health engagement linked to domestic health agendas – SSC reflects national strategies for int'l engagement (CSIS, 2010).

Brazil, India and China's Health Expertise

- Historic experience of health expertise
 - set of practices and dispositions
 - understanding of “health” which consolidated the national health systems
- **Which kind of expertise is mobilized for SSC?**
 - (i) How these actors treat the health object? (“own” body of knowledge)**
 - (ii) How health is promoted according to these actors’ strategies?**
- CSIS’ slogans
 - Brazil: “Health in All”
 - India: “Innovation at Home”
 - China: “Bare (but Powerfully Soft) Footprint”

Domestic Health Systems: a Snapshot

- All three countries have pluralistic health systems, but distinct organizational structures

Brazil – *Sistema Único de Saúde*

India – mostly unregulated private sector-led schemes

China – many transitions moved towards market-based system and facing “double burden“

- Pharmaceutical production and generic medicines market
- Domestic health workforce
- All three engaged in cooperation projects in Africa since the 1960s

Given shortages how expertise is promoted?

→ less-financial investment rather **technical, knowledge and experience sharing, and mutual learning**

→ differences in kind of “health” knowledge/experiences and resulting strategies for health promotion

Brazil, India and China: a snapshot on SSC in health

	Brazil	India	China
National context	Sanitary movement and 1988 Constitution	Economic development/health economics	3 different phases – free care to market-oriented to 2009 health initiative
Body of knowledge	Social determinants in health; 1ary universal assistance and democratic participation	Biomedical model of health and disease; 2ary&3ary care models	Barefoot doctors and medical teams → business cooperation for pharmaceutical sectors
Int'l presence/ guiding concepts/slogans	Health diplomacy; health-industrial complex; structuring cooperation „Health in All“	Health diplomacy; emerging role as SSC provider; private sector stimulated innovation “First-class treatment at Third World prices” “Innovation at Home”	“Going out”/“Going global”; mutual benefits; non-interference; “Bare (but Powerfully Soft) Footprint”
Actors	Brazilian Cooperation Agency (ABC); Ministry of Health; Fiocruz	Ministry of External Affairs; Indian manufacturers and hospitals – i.e. <i>Aravind Eye Care; Apollo Hospital Group; Telecommunications Consultants India Ltd</i>	State Council; Ministry of Commerce; Ministry of Health + Chinese provinces

	Brazil	India	China
Thematic focus and main modalities	Malaria, HIV/AIDS, universal health care, nutrition, the establishment of human milk banks, environmental surveillance for health, epidemiological surveillance, hospital administration, and technology transfer	HIV/AIDS; tele-education and telemedicine; eye care; medical tourism	Malaria, HIV/AIDS prevention and control; tuberculosis; influenza; Traditional Chinese Medicine (TCM)
Technical cooperation in Africa	Training and education; public health research & strengthening National Health Institutes; promotion of institutions and networks (RINSP; RESP; RETS); dental care; cancer prevention and control; child and maternal/reproductive health; regulatory agency; milk banks; ARV factory	Technical training of civil servants and managers working in state-owned enterprises and government-run institutions such as hospitals, railways, and universities; South-South collaboration networks; Pan-African E-Network	Build infrastructure such as hospitals; dispatch of medical teams treating patients; training of local medical professionals; medical equipment; joint programmes on infectious diseases; military medical units; reproductive health
Framework for Africa	CPLP's Strategic Public Health Cooperation Plan	India-Africa Forum Summit and "Beijing Consensus"	Forum on China-Africa Cooperation Summit

Preliminary Analysis & Future Research

- How the Southern expert articulates (health) “development”?
- What is the relation between knowledge and power in SSC?
- Whereas the separation between “expert” and “local” knowledge creates an intellectual distance between donor and recipient (**authoritative distance**), do Southern experts base their expertise creating “**authoritative proximity**”?
- Is the Southern expertise of “technical” nature and does it participate in the development policy market turning it more competitive with “alternative” policies?
- What is Brazil, India and China’s recipient history in health?
- What does the professional space created between Southern experts can say about SSC sustainability?

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