South-South Cooperation and the re-politicization of development in health

Abstract: Brazil's South-South cooperation (SSC) has been accused of using a depoliticizing language of similarity and horizontality that hid structural asymmetries between very divergent realities. Focusing on a SSC project in health between Brazil and Mozambique, the Mozambican Pharmaceutical Ltd. (SMM), this article seeks to understand whether SSC can in fact *re-politicize* development. Drawing on a poststructuralist approach to discourse, I see re-politicization as challenging views of development in line with foreign aid (privatization in this context) and the enactment of initiatives in line with SSC principles (state-ownership). I explore the political negotiations and conflict around the implementation of the SMM and argue that while initially the language of horizontality masked structural differences between Brazil and Mozambique, it was later mobilized to challenge Mozambique's desire to privatize the SMM. A compromise between stakeholders allowed the SMM to be majority state-owned, in what I say represented some degree of structural transformation. My analysis shows that development principles are neither universal (a criticism long addressed at foreign aid) nor do they have a single effect. The implementation of SSC projects that aim to effect structural transformation on highly divergent contexts will be subject to contestation, negotiation and accommodation by stakeholders, and the strategic employment of principles. The article suggests that SSC would require a more frequent engagement between partners so that SSC norms become naturalized. More broadly, it echoes part of the SSC literature that calls for a focus on development encounters, political dynamics and local constructions of reality rather than generic policy statements or principles.

Keywords: South-South cooperation, cooperation in health, re-politicization of development, post-structuralism, logics of critical explanation, Mozambican Pharmaceutical Limited.

Introduction

Emerging states' engagement with South-South cooperation (SSC) for development in the 2000s and beyond has been largely legitimized by a politicized discourse. While the Northern development apparatus was accused of rendering development technical and economistic, translating the political roots of poverty into technical problems whose solutions only the expert agencies from the North could offer (Ferguson, 1994), new development providers such as Brazil, India and China have tried to expose, at least rhetorically, the unequal relationships between the North and the South that have long contributed to the latter's 'underdevelopment'. South-South cooperation principles of 'horizontality', 'solidarity', 'self-reliance' and 'sovereignty' were constructed in opposition to the verticality, self-interest and dependence promoted by foreign aid.

But if on the one hand the official discourse on SSC has re-politicized development by exposing power asymmetries that are at the very root of the problem of development, on the other hand several studies have shown how this same discourse can de-politicize development, particularly when it hides different local realities and uneven power relations by presenting "a natural congruity between very different southern states" (McEwan and Mawdsley, 2012, p. 1887). Although applied by emerging countries such as India and China, this [false] congruity has been most prominently constitutive of Brazil's 'culturalist discourse', according to which Brazil and Africa are united by a common culture, biology, and historical heritage (Saraiva, 1993, 1995), especially in relation to Lusophone Africa. Several studies have shown

how Brazilian agricultural expansion in Africa, more particularly in Mozambique[1], was largely based not only on the culturalist discourse, but also on claims of similarity of context, climate, and even landscape (Funada Classen, 2013, Abdenur, 2015, Shankland and Gonçalves, 2016). Such is the case of Brazil's flagship large-scale agricultural cooperation project, the ProSavannah, which was initially inspired by Brazil's transformation of its *cerrado* into a global producer of agricultural commodities. By claiming similarities between Brazil's 'vast unused and unproductive lands' of the *cerrado* and Mozambique's savannah, Prosavannah proponents were accused of ignoring Mozambique's indigenous populations and their relationship with land (Funada Classen, 2013) in order to advance a neoliberal model of development based on private gains and social losses (Nogueira et al, 2013, Nogueira and Ollinaho, 2013). Perhaps most notoriously the ProSavannah was accused of promoting an agricultural model based on a supposedly conflict-free relationship between peasants (or smallholders) and agribusiness as if they could coexist harmoniously (Cabral et al, 2013). It was alleged that Brazil was exporting its internal contradictions (Mello 2013, Cabral 2015) characterized by "opposing political forces and contradictory agricultural policy agendas [of agribusiness and family-farming]" (Zanella and Milhorance, 2016, p. 73). With more or less nuanced views, these studies have contributed to understanding how power relations are played – and masked – through discourse. Overall, their conclusions help problematize and challenge Brazil's SSC official narrative of horizontality, similarity and solidarity and the category of the 'South' as a homogeneous group of countries.

This article focuses on a question that has been largely neglected: whether and how Brazilian SSC can in fact *re-politicize* development, by investigating Brazil's flagship project in health cooperation: the project for the implementation of an antiretroviral

(ARV) factory in Mozambique, the *Sociedade Moçambicana de Medicamentos* (Mozambican Pharmaceutical Ltd. – henceforth SMM). Together with the ProSavannah, the SMM was Brazil's longest and most expensive programme, and received a lot of (negative and positive) attention worldwide[2] particularly as it triggered a conflict between the governments of Brazil (henceforth GoB) and Mozambique (GoM) over the principles that should shape the SMM. As such, these projects have a higher degree of symbolic power as they can define more effectively than other projects what SSC is.

However, little has been written about the politics and discursive dynamics that have shaped the implementation of the SMM[3]. Esteves and Assunção (2017) argued that also in the case of the SMM the use of SSC principles such as 'horizontality' concealed structural differences and power asymmetries between partners. I argue that while this is true, it is precisely this same SSC language that represented the discursive limits of the conflict that unfolded between Mozambique and Brazil, promoting, to some extent, the re-politicization of the project. Based on a post-structuralist approach, I propose an ontological definition of 're-politicization' which is linked to (some degree of) transformative political action that challenges Northern hegemonic norms of development. While Ferguson's study is still useful to think about de-politicization (and re-politicization) as the masking (and unmasking) of power relations, the definition proposed here allows me to see change and political transformation as the ultimate goal of re-politicization.

Signed in 2003, the SMM's initial objectives were to expand the population's access to ARV medicine[4] and other essential medications, and to build local capacity and production of generic pharmaceuticals in Mozambique thus reducing the country's dependence on imports and donations (Russo and Banda, 2015). Importantly, the

SMM was conceived by Brazil's main public health institution, the Oswaldo Cruz Foundation (Fiocruz)[5], as an expression of a 'structuring cooperation' project, a concept elaborated by Fiocruz which meant to promote capacity building and organizational strengthening based on a development agenda that would encourage local autonomy as opposed to the verticality promoted by Northern aid (Almeida et al, 2010). Structuring cooperation meant to strengthen public health systems rather than target specific diseases (Ferreira and Fonseca, 2017). Within this logic, the role of the state would be central to the implementation and development of the SMM. As initially agreed by both governments, the SMM should be the materialization of SSC principles of self-reliance and sovereignty.

However, shaped by decades of foreign aid, Mozambique's health sector and ARV treatment (ART) more specifically had been mostly informed by the logics of Northern aid. These were characterized by a results-oriented approach according to which international non-governmental organizations (INGOs) would implement projects in line with donor-identified objectives rather than the state's goals and health agenda. An approach to health in the form of international vertical funds that targeted specific diseases became a common practice, consequently contributing to the weakening of state institutions. Furthermore, with structural adjustment policies promoted by the World Bank in the 1980s, neoliberal principles of privatization were part of Mozambique's restructuring of state institutions and experience of development. It is within this context of opposing discursive structures that the implementation of the SMM unfolded.

A discursive approach allows me to see these discursive structures such as norms of foreign aid or structuring cooperation not only as describing an underlying reality in these countries but also as resources that actors mobilize in order to construct policies

and reinforce certain development practices. It is these discourses that the GoB and GoM mobilize to shape the SMM according to their view. If in the first stage of the project the SMM was framed as part of a Southern alliance based on a horizontal partnership, in the second stage it became the object of a political dispute. The two governments disagreed over fundamental principles and norms that should shape the SMM, with the GoM drawing on Northern principles such as 'privatization', while Fiocruz and Brazil's Ministry of Health (henceforth MoH) promoted 'state ownership' based on the logics of structuring cooperation. In the third stage of the implementation, SSC principles of horizontality and sovereignty were mobilized to break down the antagonistic frontier between the two governments. This was fundamental in the construction of a compromise over the fate of the SMM. Rather than 100% state owned, a common decision was reached whereby 35% of the SMM's shares were supposed to be listed in the country's stock exchange – thus acknowledging Mozambique's agency and sovereignty – while preserving majority state ownership in line with a structuring cooperation project.

This article first exposes structural asymmetries between Brazil and Mozambique in the health sector as a result of different historical trajectories of development. In doing so it contributes to the literature that questions and problematizes the South as a homogeneous group of countries and SSC as a narrative that claims affinity between so-called Southern countries (Mawdsley 2012, Cabral et al 2016, Shankland and Gonçalves 2016, Cabral 2019). If SSC principles such as 'horizontality' first concealed these asymmetries, the same language was later mobilized to acknowledge Mozambique's context and to effect some degree of structural transformation in Mozambique's health sector. What my analysis illustrates is that development principles or norms are not universal – a criticism long addressed at foreign aid – as

they unfold differently in different contexts, nor do they have a single effect. The transformative potential development projects may have will depend not only on how they are initially framed, but also on the political and discursive interactions that unfold between stakeholders as a result of different views and underlying realities. This has broader implications for international development, particularly SSC projects that aim to promote structural transformation: applied to highly divergent contexts, SSC initiatives would have to rely on – and be shaped by – an intensive discursive labour where negotiation and accommodation take place.

The logics of critical explanation

The case of the SMM is not a story of a SSC project whose implementation was smooth, much like the official discourse of horizontality and similarity would make us believe. It is a story of conflict, contestation and adaptability of an enterprise that had been inspired by policies that emerged in a context and travelled to a completely different socio-political context. This calls for an approach that helps to characterize through a conceptual framework these different contexts (through the grammar of 'social logics'), and to show how the meanings of objects such as the SMM change as a function of these contexts, being contested, de-contested and re-framed by different actors (through the 'political logics') (Glynos and Speed, 2012).

The basis of the Logics of Critical Explanation (Glynos and Howarth, 2007) is Laclau and Mouffe's poststructuralist theory, which understands discourse as encompassing all social practices, linguistic or non-linguistic, since every object only acquires meaning within a discourse. For post-structuralism, discourse is constitutively unstable and radically contingent. In other words, rather than fixed, discourses are malleable and can always be re-articulated in different ways. The emphasis on the

ontological incompleteness of discourses allows the logics approach to draw attention to the non-necessity of social structures. Through the 'political logics' the researcher can expose the contingency of a practice by showing what has been excluded in the construction or re-establishment of old norms and meanings, and what might have been otherwise. For example, by framing the factory as 'a financial burden for Mozambique' the role of the state is backgrounded and the need for 'privatization' is foregrounded. This is precisely the point of the critical analysis, i.e., to uncover hegemonic structures and open up spaces for alternative ways for thinking of development. The logics approach is particularly helpful here as it helps me situate, through the 'political logics', the normative aspect of the analysis. The 'political logics' involves questioning what discursive structures are being contested but should *not*, or what is *not* being contested but should be. As Glynos and Howarth (2007, p. 121) put it, "the very identification of a social norm as *worthy* of public contestation presupposes some view of society and domination". In this article I make a normative commitment to the extent that I choose to criticize the contestation of norms that ideally should *not* have been contested, namely 'state ownership'. I chose to criticize hegemonic norms of Northern aid.

Based on this understanding, I propose an ontological definition of re-politicization as the exposure of contingency, and the acceptance that development can be constructed in different ways other than by Northern hegemonic norms or principles. Re-politicization would thus involve challenging hegemonic norms and effecting (some degree of) political and structural transformation. As stakeholders reached a compromise, I argue that the acceptance of the norm of majority 'state-ownership' represented some degree of structural transformation that challenged 'privatization'. Alternatively, de-politicization would be the attempt to hide the contingency of the

social by reinforcing hegemonic norms as if they were immanent and necessary. This will become clear as an economistic conception of the state is initially used by the GoM to contest 'state-ownership' of the SMM.

In view of the above, the logics approach is a useful way to critically engage with the SMM: it helps critically explain discursive battles as a result of the contexts in which they unfold as well as to propose, by drawing from the approach's ontology, a view of re-politicization as political transformation based on Southern principles. The concept of 'logics' as the unit of analysis is "the rules or grammar of the practice" (Glynos and Howarth, 2007, p. 136). Logic comprises of a set of subject positions, objects and the system of relations and meanings connecting subjects and objects, as well as the conditions of possibility which enable their practices, and what makes them vulnerable (Glynos and Howarth, 2007).

For the purposes of this article, I will draw on two types of logics: the social logics, and the political logics. Briefly put, 'social logics' characterize relatively stable patterns in practices and subjects' self-interpretations, which appear uncontested and 'natural' (Glynos and Howarth, 2007) [6]. I argue that in Mozambique the healthcare system is highly shaped by the foreign aid logics of 'results oriented approach', which has also informed the way foreign donors dealt with the AIDS epidemic. The critical literature links the results oriented approach to the fragmentation of Mozambique's healthcare system and its aid dependency. Alternatively, the SMM is initially shaped by Brazil's contrasting social logics of 'universal health' and 'structuring cooperation', which relies on a strong state. I explore how these logics emerged and were maintained over time, in both contexts.

The 'political logics' help characterize processes that contest, challenge, defend or transform the dominant norms – social logics – by drawing equivalences or

differences between elements or individuals (Glynos et al, 2015). Equivalences between discursive elements can be mobilized into friend/enemy frontiers – strengthening antagonistic relations between discourses – while differences can break down these frontiers – weakening antagonism (Glynos et al, 2015). For example, in the first phase of implementation of the SMM, Mozambique's minister of health tried to draw a chain of equivalence between Brazil's norms of health cooperation and Mozambique's demands against the logics of foreign aid, strengthening the antagonism between the two opposing logics; while in the second phase, the new minister of health applied a logic of difference to demobilized this chain of equivalence by contesting the main cooperation logics, that of structuring cooperation. The aim was to weaken the antagonistic relation: the logics of structuring cooperation *versus* the logics of foreign aid. However, by drawing on long-established logics of foreign aid, the GoM reinforces the norm of 'privatization', triggering a conflict with the GoB. In the third and final stage of the implementation, I argue that the antagonistic frontier was disturbed by SSC norms, namely horizontality and sovereignty. This was the result of a political logic of *transformism* marshalled by the GoB, particularly by Fiocruz. *Transformism*, according to Gramsci (1971) involves the absorption of elements that seem irreconcilable into a chain of equivalence around one signifier, in this case, the SMM. As a consequence, there was the possibility of reconciliation and some degree of structural transformation.

However, it cannot be argued that the structural transformation replaced hegemonic foreign norms of cooperation in Mozambique's health sector in the sense that it became sedimented and dominant. As the political logics show, discursive battles are struggles over meanings whereby agents try to act over the unstable and precarious social structure to partially fix it, or, as Laclau (1991) called it, to 'hegemonize' it.

They do so through 'articulatory practices', that is, the construction of 'nodal points' (or "privileged discursive points") through the linking of signifying elements.[7] The desired result is the construction and stabilization of systems of meanings so that they are socially accepted as natural, taken-for-granted, i.e., become hegemonic, albeit only temporarily. For this to happen there must be antagonism (Laclau and Mouffe, 1985), which was disturbed through the reconciliation of both logics. For SSC norms to become hegemonic, I suggest that a hard discursive labour still has to be done in future partnerships for a significant political transformation to take place.

To briefly conclude, the logics framework will help explain the contrasting practices of healthcare and ART in Mozambique and Brazil, and *how* they were challenged, defended and negotiated. While other studies have offered discursive analysis of SSC projects, the logics framework offers a novel way of analysing projects that are born in a context and transferred to a completely different reality. I conducted 39 semi-structured interviews with the main actors involved in the implementation of the SMM both in Brazil and in Mozambique in 2017 and 2018, in a total period of 8 months. I rely on actors' contextualized self-interpretation not only through interviews but also through the analysis of governmental documents available on institutional websites and in ministerial archives.

The Social Logics of the Health Sector and ART in Mozambique

Mozambique and its health sector have been highly shaped by foreign donors and international agencies. With the end of a 15-year devastating civil war between the socialist government of Frelimo (Mozambique Liberation Front) and the rebel group Renamo (Mozambican National Resistance) in 1992, a liberal post-war programme of state building under the watch of European donors and international financial

institutions (IFIs) intensified Mozambique's political and economic liberalization (Sabaratnam, 2012). The World Bank Structural Adjustment Programme (SAP) implemented was based on the neoliberal paradigm, which held a "profoundly cynical view of the state in developing countries" (Toye, 1991, p. 322). The signifier 'State' was linked with corruption, and as such should be replaced by NGOs and the private sector as providers of health. The fact that international organizations and not corrupt governments were in charge of development was by itself seen as a positive factor (Powell and Seddon, 1997). In this context, aid started flooding the country through a growing army of INGOs who promoted a 'New Policy Agenda' intimately linked with neoliberal principles of free-market and privatization (Pfeiffer and Chapman, 2015). By the late 1990s, 90% of health expenditures came from international donors (Pavignani and Durão, 1999). This meant to fill the gap created by the World Bank's SAP and its roll back of the State.

Instead, however, as documented by a large number of existing studies, this 'New Agenda' promoted by INGOs has damaged rather than helped the Mozambican health system (Pfeiffer, 2003, Pavignani and Durão, 1999, Pfeiffer and Chapman, 2015, Renzio and Goldsbrough, 2007, Marshall, 1990). The narrative produced by the critical literature and many of my interviewees links international donors with 'aid dependency' towards the North; the 'fragmentation' of the health infrastructure; and 'brain drain' of health experts from the public sector into NGOs and private organizations (Sabaratnam, 2017, Pfeiffer 2003, Renzio and Hanlon, 2007). Fundamentally, as these studies argue, these effects followed the norms and practices implemented by the new agenda.

The first social logic promoted by donors such as the US Agency for International Development (USAID) and the World Bank was the 'results oriented approach', or

'managing for results' (Pfeiffer, 2003). This meant aid should be delivered in the form of projects in line with specific donor-identified objectives rather than the State's objectives, and in general lasted approximately two to three years (Pfeiffer, 2003). A second set of logics concerned the implementation of projects through INGOs rather than the GoM. This meant INGOs had the control of budgets and implementation practices, even though some of these projects were integrated into government programmes (Pfeiffer, 2003).

Mozambique has been heavily dependent on foreign aid. Aid had started to flood into the country in the 1990s, and more than twenty years later, in 2008, it corresponded to more than two thirds of public expenditure (Castel-Branco, 2008). According to Castel-Branco (2008), aid dependency has penetrated every pore of the social, political and economic sphere.

The end of the civil war in 1992 coincided with rising HIV/AIDS rates (Audet et al, 2010). According to the World Bank, in 1992, the prevalence of HIV among the Mozambican population between 15 to 49 years old was 2.8%. By 2001, this figure represented 10.5%, and in 2017, 12.5%.[8] Against this background, the beginning of the 2000s saw a set of social logics dominating the response to HIV-AIDS epidemic in Mozambique and globally, namely the social logics advocated by the 'vertical approach', also known as 'AIDS exceptionalism'. This followed another, overarching 'logic of securitization' towards the HIV-AIDS epidemic, according to which HIV-AIDS represented an existential global threat that required emergency measures (Vieira, 2011). What the securitization of HIV-AIDS did was to move the issue from the realm of normal public policy debate and policy decision-making to a realm of urgent matters that required extraordinary actions outside the normal political procedures (Vieira, 2011). In these circumstances, the debate on – and prescription of

– ‘best policies’ was restricted to a global and powerful network of foreign donors and international institutions such as the World Health Organization (WHO), the US President’s Emergency Plan for AIDS Relief (PEPFAR), the World Bank, the Global Fund, USAID, and INGOs. The logics of securitization sought to fixate meanings that represent ‘the truth’ about AIDS treatment according to these institutions. The very definition of the issue as a ‘global threat’ and the narrowing of political debate around HIV-AIDS to a coterie of international institutions meant there was no recognition of other points of view from the local Mozambican context.

Specifically, norms promoted by the social logic of ‘AIDS exceptionalism’ were centred on the promotion of ‘vertical projects’ focused mostly on treatment (ART) (Mussa et al, 2013), and according to the results-oriented approach discussed above. Following this logic, in 2004, the GoM alongside foreign donors initiated ART scale up in order to “place large numbers of people on ART as quickly as possible” (Pfeiffer et al, 2010, p. 2). The funds directed towards these vertical projects through INGOs accounted for more than 58% of all health sector spending by 2008, and were responsible for creating separate and sometimes parallel systems (Mussa et al, 2013). The main parallel infrastructure was known as Day Hospitals, and came to represent the most contested norm of the AIDS exceptionalism approach in Mozambique. Day Hospitals were defined as “specialized units for the treatment of people living with HIV-AIDS [and were created] […] to reduce the burden on the National Health System” (MISAU, 2004, p. 78). AIDS exceptionalism has also promoted a logic of drug funding that has been criticized by the literature as producing a “Medicines Without Doctors Paradox” (Ooms, 2008 in Høg, 2014, p. 215). Since international funds exclusively pay for drugs, training of health workers was underfunded (Høg, 2014).

Acknowledging the limitations of the social logics of AIDS exceptionalism, the GoM decided to adopt a 'social logic of normalization' or 'horizontal approach' in 2005 (Høg, 2014). Normalization concerned the 'integration' and 'decentralization' of ART through the strengthening of the public healthcare system (Pfeiffer et al, 2010). The former Minister of Health, Ivo Garrido, was a key political actor in advancing the logic of normalization. Referring to himself as the "Minister of Projects" in a clear reference to the fragmentation of the health sector by donors' projects (Sabaratnam, 2017, p. 66), he was highly critical of Day Hospitals and vertical funds.[9] To him, the decision to provide ART through the public system was a non-negotiable matter, and a matter for a 'sovereign government' to decide.[10] Garrido's combative attitude and outspoken criticism towards international donors seemed to have contributed to his dismissal in 2010, according to local news outlets.[11] It also reflects the political dynamics and divisions within the Frelimo party.

Efforts to integrate NGOs and their responses to HIV-AIDS into the public health care system did not mean, however, the end of AIDS exceptionalism. In fact, the GoM did adopt the securitization discourse in order to secure the massive global mobilization of resources (Vieira, 2011). At the same time, it saw it as an opportunity to reconstruct, according to Høg (2014), the weak public health care system. Conversely, international donors such as the Global Fund, the World Bank, and GAVI Alliance declared their support for the horizontal approach to HIV-AIDS, creating the Health Systems Funding Platform to coordinate aid (Høg, 2014). The WHO has itself published reports in line with a "diagonal approach" (Ooms et al, 2008) whereby a reconciliation of the two contrasting social logics of HIV-AIDS response would produce positive synergies between health systems and global health initiatives (WHO, 2008).

Many of the norms of the so-called "diagonal approach" remain, however, as 'projected norms' (Glynos et al, 2015), or norms that have not been materialized, and the social logics of AIDS exceptionalism remain dominant. International NGOs and donors and multilateral organizations such as the WHO and The Joint United Nations Programme on HIV/AIDS (UNAIDS) monopolize the HIV policy agenda in Mozambique, and enjoy a privileged status (Vieira, 2011), which means the GoM has no ownership of HIV-AIDS policies. Indeed, in terms of ART guidelines, for example, Mozambique follows the WHO's recommendations, which, as will be explored, proved to be an obstacle for the domestic production of ARV.

In sum, according to the critical literature, the social logics of AIDS exceptionalism reinforced the status quo and promoted further fragmentation and donor dependency.

The Social Logics of Healthcare and ART in Brazil

The decision by Lula da Silva's government to implement an ARV drugs factory in Mozambique was inspired by the successful policies and initiatives of Brazil's AIDS programme since the 1990s. Brazil's response to HIV-AIDS was firmly rooted in the norms that shaped the new health system institutionalized in the 1988 Constitution, marking the re-democratization of Brazil. The main actor responsible for Brazil's health reform was the 'Sanitarist Movement',[12] a social and political movement formed by progressive doctors, health professionals, academics, activists and the Catholic Church. They advocated norms such as 'civil society's participation' in the construction of a healthcare system, and 'health as human right and the duty of the State', or, the principle of 'universal healthcare' (Fleury, 2009).

Since the beginning of the 1990s the National AIDS programme embodied the main norm of the public healthcare system, namely universal access to treatment. At the

time, Brazil's main donor to HIV-AIDS programme, the World Bank, opposed universal treatment because of "Brazil's precarious economic situation" (Gómez, 2011, p. 58). Nevertheless, Brazil decided to ignore the Bank's recommendation and institutionalized the 1996 federal law, which guaranteed free and universal provision to HIV medication, more particularly the Highly Active Antiretroviral Therapy (HAAT) through the NHS (Gómez, 2011, Teixeira et al, 2003).

By 2002, the MoH was distributing 15 ARV drugs to HIV patients who met the criteria specified in national guidelines on treatment. Importantly, the MoH promoted a logic of domestic production of ART drugs, and by 2001 seven of these were locally produced with pharmacological specifications for generic versions.[13] In the early 1990s the prevalence of HIV among the Brazilian population between 15 to 49 years old was 0.3%, and while the World Bank had predicted that this number would triple by the turn of the century (Greco and Simão, 2007), it has remained at 0.4% and 0.5% since the beginning of the 2000s.[14]

Internationally, Brazil's logics of domestic production of generic medicines were highly contested by the pharmaceutical industry and developed nations. In 2001, the US threatened to have Brazil disciplined by the World Trade Organization (WTO) against Brazil's appeal to compulsory licenses (BBC, 2001). Compulsory licenses would guarantee further domestic production of HIV drugs against the monopoly of the pharmaceutical laboratories protected by intellectual property (Amorim, 2017). The MoH and the Ministry of Foreign Relations (henceforth MRE) took a very firm stance against the pressures coming from developed nations (Amorim, 2017). They managed to articulate a chain of equivalence between the demands of developing countries and AIDS NGOs against the Trade-Related Aspects of Intellectual Property Rights (TRIPS) promoted by the WTO, which restricted the production of generic

medicines through compulsory license. Brazil's efforts in trying to negotiate the flexibilization of the TRIPS to address the right to generic production (Amorim, 2017) culminated with the Doha Ministerial Declaration about TRIPS and Public Health, which allowed for the flexibilization of the TRIPS when it comes to countries' rights to protect their public health (WTO, 2001).

Brazil's political stance against the hegemony of the World Bank at first, and the pharmaceutical industry and the US later, was firmly rooted in the principle of sovereignty and in the logics promoted by the Sanitarist Movement throughout the 1970s, 1980s and 1990s, and sedimented through the 1988 Constitution. These norms also shaped the development of a reasonably robust pharmaceutical infrastructure, such as the state-run pharmaceutical lab Farmanguinhos, from Fiocruz. As the main producer of public drugs, Farmanguinhos played a central role in the development of technology for the production of antiretroviral drugs, and became the main provider of ARV generics for the public health system.

Unlike Mozambique's reliance on the WHO Guideline for ART, Farmanguinhos's production of ARV drugs relies on Brazil's own ART guidelines, which is an important part of the logics of domestic production. This means the MoH counts on a team of experts in AIDS, be they doctors, academics, NGOs, government agencies such as the Brazilian Health Regulatory Agency (ANVISA) to elaborate and change the list of drug recommendations for ART (Ministry of Health, 2010). Universal access to ART is a key norm guiding this process, meaning that the team must consider, amongst other factors, cost/benefits of the drugs to be used (Ministry of Health, 2010). Brazil's guidelines for ART has, until very recently, prescribed not the most modern medications, but off-patent drugs which are more affordable and can be produced locally.

An equally important set of logics came from Fiocruz's own experience in international cooperation. Before the resurgence of SSC in the 2000s, Fiocruz had long cooperated with both developed and developing countries. According to Fonseca and Buss (2017), since the beginning of the XX century, Fiocruz, and particularly Farmanguinhos, were involved in intense cooperation with South American institutions. In the 1960s and 1970s, Fiocruz and more broadly the members of the Sanitarist Movement were active participants in debates at international institutions such as the Pan American Health Organization (PAHO), the WHO and the United Nations Children's Emergency Fund (UNICEF) (Esteves and Assunção, 2017). In these debates, prominent Brazilian doctors argued that as opposed to technical assistance, technical cooperation should forge autonomy and self-reliance, adaptation of knowledge and emphasis of local issues (Esteves and Assunção, 2017).

When SSC returns to the government's agenda in the 2000s, Fiocruz already has a view of international cooperation and global health that had evolved in the previous years, when it already occupied a prominent role in international fora. From its international and domestic experience, Fiocruz developed a concept that became central to SSC in health, namely the concept of 'structuring cooperation'. This was based on Fiocruz's analysis and diagnosis of the problems of developing countries, namely their extremely precarious healthcare systems, with limited governance, low capabilities for analysis, formulation and implementation of social and health policies, fragility, fragmentation, low levels of workforce, no social control etc (Fonseca and Buss, 2017). From this point of view, structuring cooperation should, thus, strengthen health systems as a whole, by strengthening organizations' capacities and developing institutions as well as capacitating human resources (Fonseca and Buss, 2017). The strategic plan underpinning any structuring project should be elaborated by both

cooperation partners (Fonseca and Buss, 2017). As such, structuring cooperation should be related to the principle of horizontality, which "breaks with the passive transfer of knowledge and technology […]" (Fonseca and Buss, 2017, p. 240).

The concept of structuring cooperation was defined in opposition to 'vertical projects', the 'results oriented approach' and 'implementation through INGOs', characteristic of the North-South cooperation in countries such as Mozambique. Importantly, structuring cooperation would serve the purpose to address "the huge fragmentation of objects [which] burdened the governments whose governance [in health] was already fragile […]"[15].

The next section will explore how actors drew on their respective social logics to either contest or reinforce norms that should shape the SMM. The characterization of the social logics already suggests that the way the SMM was initially discursively framed would sit uneasily within the Mozambican context, and that the principle of horizontality is highly problematic when used to portray SSC in health between Brazil and Mozambique as if both countries shared the same reality. Rather than a conflict-free process, the implementation will expose structural asymmetries and divergent views of development.

The Political Logics of the SMM: The Initial Stage

The idea of transferring technology from Brazil for the domestic production of ARV drugs in Mozambique can be traced back to the III Conference of Heads of State and Government of the CPLP (Community of Portuguese Language Countries) in Maputo in July 2000 (MRE 2000). But it was only in 2003, after president Lula's visit to Mozambique, that the ARV project started to materialize through a memorandum of understanding (MoU) between the two countries.

From the beginning, the MoU stated its general objectives as the transfer of technology for the production of ARV medicines and the establishment of a public pharmaceutical laboratory "to attend predominantly to the needs of Mozambique's public health" (MRE, 2003). As for the overall responsibility of each government, the MoU stated that Brazil would be responsible for capacity building courses and Mozambique would provide the physical infrastructure, materials and inputs for the installation of the factory (MRE, 2003). It was attributed to Fiocruz, and more particularly to Farmanguinhos, the responsibility to implement the project.

In Mozambique, it was only in 2005, when Dr Ivo Garrido was appointed Minister of Health by the new president Armando Guebuza that the project started to take off. The idea that Dr Garrido had a very close relationship with Brazilian government officials and with Fiocruz, which he saw as a reference in international cooperation in health, was recurrent in my interviews in Brazil. For Garrido, the factory, which initially meant to produce ARV medicines and later "other essential medications",[16] should be in accordance with Brazil's sanitarist and SSC principles, more particularly 'State ownership' and 'Southern self-reliance'. For him, the SMM was a "sovereign opportunity" for Mozambique to produce its own drugs based on a cooperation agreement that would privilege the capacity building of Mozambicans. Importantly, the factory was not only about the production of ARV drugs (and later, as Garrido noted, 20 other drugs requested from Fiocruz by himself) but also about the creation of "a critical mass", which "differentiates developed from underdeveloped countries"[17]. In this sense, the factory was linked with the idea of 'structuring cooperation' promoted by Fiocruz, and the norm of domestic drug production.

However, the meanings around the idea of 'structuring cooperation' were not shared by the community of bureaucrats, politicians and health experts involved in the

implementation of the factory on the Mozambican side. There was no chain of equivalence formed in opposition to the logics of 'results oriented approach' and 'implementation through INGOs' so long promoted by foreign aid and IFIs.

When Minister Garrido took office, he mobilized a team of bureaucrats and health experts within MISAU and the SMM to deal specifically with the project. Garrido's function would be that of a hegemonic agent who attempts to universalize the particular norms (State ownership, structuring cooperation) for the purpose of the project (Torfing, 1999). But while official documents collected from the MISAU archive show a more or less homogeneous discourse around the meaning of the factory and the importance of the cooperation with Fiocruz, I gathered different views when conducting interviews with key personnel from MISAU. There were different interpretations with diverse signifiers linked with the factory, although they all considered the factory to be important for Mozambique.

While some of these interviewees linked to the 'factory' signifiers such as 'independence', 'public interest'[18], 'a great partner for the MISAU'[19], 'a solution for Mozambique's main problem [HIV]'[20]; others, or even the same ones, linked the factory with elements such as 'slow', 'complex', 'not very stable', 'not priority for the State', 'high expenses'[21]. In general, there was not clarity over whether the factory should belong to the state or the private initiative. There was also confusion as to what the factory represented for Mozambique. Many of my interviewees, including health experts, admitted that they did not know what the role of the factory was in the Mozambican health system, or what exactly a pharmaceutical factory involved[22].

Despite Minister Garrido's commitment to the SMM, the project did not enjoy a solid political support or alignment based on widely shared principles. Esteves and Assunção (2017, p. 126) rightly claimed that the evidence for this is "the insufficient

or indeed lack of common vocabulary shared between Brazilian and Mozambican health communities". As mentioned, Mozambique's health sector has been characterized by fragmentation and donor dependency. This, I suggest, has been responsible for the lack of a common goal, or common discourse around what health is, and what the role of the state should be. According to one of my interviewees who worked directly in the project at MISAU, "to be honest, I don't think we ever had a proper national health policy"[23]. Importantly, grassroots civil society involvement in AIDS that would challenge the logics of foreign aid is still very incipient in Mozambique.

Moreover, the different ART guidelines the two countries followed were a strong element in the decision from both sides not to produce ARV medication. On the Brazilian side, most of those who were directly involved in the implementation of the factory mentioned the difference between Mozambique's and Brazil's therapeutic guidelines as a roadblock in the cooperation between the two countries regarding the production of ARV medicine. As mentioned, Brazil follows its own therapeutic guidelines; Mozambique, on the other hand, has followed the WHO's recommendations, which usually prescribe the most modern ARV medicines produced by the big pharmaceutical companies. Although this did not seem to be an obstacle in the beginning because both Mozambique's (following the WHO) and Brazil's guidelines were aligned to produce the same medication, in 2012 MISAU requested that the factory produce other, more modern medications as recommended by the WHO. At the time, however, Brazil's guidelines were out-dated in relation to Mozambique's and WHO's guidelines.

What this goes to show is that the ART guidelines should have been an important component of the political alignment between the two countries, and as such it should

have been a common discursive structure underlining the SMM. But as part of the hegemonic social logic of ART, Mozambique's guidelines were promoted not only by the WHO, but also by the vertical funds and international development agencies such as USAID. According to my interviewees at Fiocruz, the WHO's ART guidelines directly benefit big pharmaceutical companies, including those that produce the medications bought by vertical funds in order to donate to developing countries[24]. It is, in sum, a relationship between the vertical funds (US mainly), the WHO and the US pharmaceutical companies that, according to Fiocruz[25] perpetuated Mozambique's donor dependency and were a crucial aspect in the decision not to produce ARV medicines.

On the Mozambican side, the major setbacks that have impacted the project started to manifest themselves during Garrido's term at the ministry. In 2009, the GoM bought a private laboratory in Matola, in the outskirts of Maputo, for the future implementation of the SMM, as agreed in the MoU (MISAU, 2008). However, the GoM fell short in providing the funds for the adaptation and rehabilitation works of the factory as also agreed in the MoU. While some of my interviewees saw this as a result of the political and economic crisis triggered by a rise of food and fuel prices, others noted that the factory was never a priority for the Frelimo government, an ideologically divided party.

Meanwhile, Mozambique registered the enterprise as a private limited company ("so that we did not have the same restrictions as Farmanguinhos and could be more independent"[26]) whose shares belonged 100% to the State. Whereas in Brazil Farmanguinhos belongs to the MoH, in Mozambique the factory belongs to the public business institution called the Institute for the Management of State Holdings (Portuguese acronym, IGEPE), and the sectorial tutelage is exercised by MISAU.

IGEPE is an entity created in the context of the International Monetary Fund (IMF) structural adjustment policies, under the Ministry of Finance. Despite acknowledging IGEPE as the formal owner and financial tutor of the factory since 2009, it was not until the change in ministers that the GoM mobilized IGEPE to play a key role in the management of the factory. This becomes one of the core strategies in the political logics of economicization, as will be explored.

Apart from the fragile political commitment, another big obstacle to the implementation of the factory during this period was Brazil's delay in approving the funds necessary to buy the equipment for the factory. The fact that Brazil, until 2017, did not posses a legal framework for SSC made the allocation of resources into projects very difficult. In the case of the SMM, it took the national congress 20 months to approve the funds. This certainly impacted in the way Mozambicans saw the viability of the factory, and how willing they were to make it work according to Fiocruz's norms. It could be argued that their disappointment with the delay in the implementation helped trigger economicist norms that contested Fiocruz's social logics.

Despite the setbacks, until the end of Garrido's mandate, progress was made. A viability study had confirmed that the SMM would also be able to produce other medications for basic healthcare according to Mozambique's demands. Between 2008 and 2009 other additional agreements were signed in relation to capacity building and training, which should be provided by Fiocruz to Mozambicans for the production of ARV and other medications (Russo et al, 2014).

However, ideally, the SMM should have become a 'nodal point', which represented the interests of both Brazil and Mozambique, all articulated in a chain of equivalence around the SMM and against the logics of foreign aid. Rather, the SMM can be

conceptualized as a floating signifier, i.e., a signifier whose meaning was not fixed. This fragile political alignment crumbled in the second phase of the implementation of the factory, when the new minister employs the political logics of economicization, drawing on long-established discursive structures such as privatization.

The Political Logics of Economicization: The Second Stage

From October 2010, when Minister Alexandre Manguele replaced Minister Ivo Garrido at MISAU, two important strategic decisions were made: First, the dismantling of the teams that were formed within MISAU for the implementation of the project. This involved the reallocation of staff to other posts and the nomination of a team of three members for the Administrative Council[27] to be allocated outside the factory, at IGEPE. This dismantling was essential to prevent the articulation of principles that should shape the factory, most importantly 'State ownership'. It constituted a logic of difference that sought to weaken the frontier between the SMM and the logics of foreign aid.

Second, and as part of this strategy, IGEPE took over a more important role in managing the SMM, or rather in promoting its restructuring according to the logics of economicization. As mentioned, already in January 2009 the factory had been registered under the auspices of IGEPE. But it was not until 2010 that "its [IGEPE's] presence was felt"[28]. According to a key health expert, "the communication with the MISAU was easier [than with IGEPE] because the Ministry of Health understood the social logics better than the economic logics"[29]. Indeed, according to most of my interviewees on both sides, what was a strong and close relationship between Fiocruz, Brazil's MoH and MISAU becomes weakened and less important from 2010 onwards. Instead, it is the IGEPE that starts playing a major role in restructuring the

factory and making decisions regarding its future. Although it is MISAU who appoints the chair of the Administrative Council and the executive director of the SMM, as Russo et al (2014) noted, with the appointment of IGEPE, the GoM's view of the SMM is less in line with public health goals.

These two strategic decisions were part of a political logic of difference at first, and subsequently of a logic of economicization, which sought to appropriate the floating signifier 'SMM' into a new discourse. Instead of 'structuring cooperation' the discourse employed signifiers such as 'white elephant', 'burden', 'not pragmatic', 'financially not viable', 'not profitable', 'not sustainable', 'left-wing ideas', 'Brazil's donation to Mozambique'. Although these signifiers were often followed by others, more positive ones, such as 'union between two peoples [from the South]'[30], 'support for people in need'[31], or somewhat related to the idea of independence from aid donors, there was an economistic discourse permeating the interviews I conducted with several of the key actors within the GoM, that is, within MISAU, IGEPE and the SMM itself. While many of them did not want to comment on the supposedly will of the government to privatize the SMM from 2012, there was a common and unchallenged belief that the State could not finance the factory because Mozambique did not have the financial resources. This became a presupposition in almost every interview. Presuppositions, as Doty (1993, p. 306) put it are 'background knowledge' which accompany statements and are "things [that] are recognized as true". Presuppositions are very useful ways of creating truths that depoliticize development because they hide controversy and conflict, and exclude ways of articulating reality in different ways.

What I suggest, thus, is that as a presupposition the 'lack of resources by the State' denied the participation of the State in a matter that should be, according to Fiocruz's

logics, subjected to public debate and social participation, rather than subjected to economistic arguments. This is an example of how power operates through discourse to exclude other possibilities of thinking of development. It is what Glynos et al (2015) call 'logics of marginalization' as it marginalizes efforts to contest norms such as 'privatization' and narrows the scope of the debate about the role of the state in healthcare.

An exception to the view that the State could not afford the SMM was voiced by a very close ally of former Minister Garrido:

> A private actor is worried about profit […] they don't care, so it all depends on what we want in order to develop our country. I believe there can be several private factories, there is no problem, but a publicly owned factory makes a difference if it is managed to favour the people in need. Because a private actor will unlikely be worried with those in need, it will be concerned with profit. If this is good for the factory, I don't know, but for those in need, I believe it is no good […][32]

The management of the factory by IGEPE proved to be a controversial move in Brazil, as Fiocruz and the MoH expected it to be managed by MISAU, in line with Brazil's model where Farmanguinhos is under the MoH. Asked whether the factory should be managed and privatized by IGEPE or should be under MISAU, the Minister of Health responsible for employing the political logics of economicization, Alexandre Manguele, said that this was a problem of economics, and that he just wanted "to be practical, to have medications for sick people!" He told me he'd made sure to emphasize a few times that the factory should be under the Ministry of Industry. "I never wanted to have the factory under MISAU".

This ‘pragmatic’ and economistic discourse can be traced back to the 1990s Structural Adjustment Programme. Following the IMF’s recommendations, Mozambique decided to implement an ‘ownership policy’ in order to restructure State Owned Enterprises (SOEs) and determine the sectors where state ownership was considered necessary (Balbuena, 2014). It was in this context that the IGEPE was established in 2001. According to a US Department of State report (2017), in 2017 IGEPE held majority and minority interests in 128 companies, down from 156 before the privatization and restructuring programmes. IGEPE’s general objective, according to its executive chairman, was to “[s]trength[en] intervention in management of State corporate sector with a view to increase revenues deriving from dividends in Government Linked Companies (GLC’s)” (Tembe, 2009, p. 5). Its mission was to “[m]anage state shares in compliance with good governance principles and promote new investment initiatives” (Tembe, 2009, p. 5). In sum, IGEPE’s concern was to make state companies profitable, or to alienate those that were not. According to one of Fiocruz’s personnel who participated in the project since the initial phase:

> IGEPE’s official discourse in meetings with MRE representatives or with Brazil’s technical team basically referred to the need for the factory to yield financial results in the shortest period possible so that it could become self-sustainable and not a ‘constant weight’ in the country’s budget. (Rodrigues, 2014, p. 104)

Underlying IGEPE’s logics was good governance principles. Promoted by the IFIs, ‘good governance’ has acquired different meanings over the years. It was established in the 1990s, when the World Bank changed its strategic approach to development and placed a new focus on the importance of institutions in economic reform and development processes, articulating its new view of development around a new

organizing concept, that of 'good governance' (Payne and Phillips, 2010, p. 81). However, according to Leftwich,

> The new preoccupation with 'good governance' was part of a wider technicist illusion which holds that there is always a technical, administrative or managerial 'fix' in the normally difficult affairs of human societies and organizations, and also holds that this applies to the field of development, defined essentially as a matter of economics (2000, p. 107)

Thus, although the World Bank understood governance as the "exercise of political power to manage a nation's affair" (World Bank, 1989, p. 60, in Leftwich, 2000, p. 105), it presented it as if it were detached from social forces, politics and the structure and purpose of the state (Leftwich, 2000, p. 108). Underpinned by the World Bank's continued faith in the economic orthodoxy, 'good governance' focused on public sector management, accountability, transparency, civil society and the legal framework in order to provide an appropriate environment for the growth of the private sector and for poverty reduction (Payne and Phillips, 2010). Despite changes over the years in what 'good governance' means, some signifiers remained linked with it: 'keeping the State out of the economy', 'not promoting domestic industry' (Hanlon, 2012) are some of the core ideas that good governance promotes.

In sum, while the previous minister Ivo Garrido tried to establish the signifier SMM as a nodal point linked with norms that were in line with Fiocruz's (and Brazil's) SSC norms, the new Minister applied the logics of economicization, which sought to further weaken the potential alignment between Mozambique and Brazil and to marginalize the contestation of Mozambique's social logics of foreign aid. As such, this discourse introduced norms such as 'private' *vs* 'public'; 'expense' *vs*

'investment'; 'economic' *vs* 'social', 'privatization' *vs* 'sovereignty'. While my Brazilian interviewees would refer to the factory as an 'investment', some of my Mozambican interviewees used the word 'expense'; and while for Brazilians the factory had a social character, for some key Mozambican players such as the previous minister, it was a matter of economics, albeit many times the signifier 'social character' would also be present in the same discourse.

By drawing on long-established norms, the economicist logics managed to break down the equivalence between the SMM and sanitarist norms, and linked the SMM with 'privatization'. In this way, it brought a degree of discursive closure on the question of the role of the state in managing the SMM. But this new articulation between SMM and privatization was antagonistic to the GoB's plans for the SMM.

The Political Logics of *Transformism*: The Third Stage

When the desire to privatize the SMM became clearer, there was intense mobilization from the MRE, the MoH and particularly from Fiocruz to convince the GoM of the strategic importance of the factory to the health system. These Brazilian actors reinforced the principle of 'State ownership', and articulated it with the logics of economicization, in what I regard as political logics of *transformism*. This was underpinned by SSC principles of horizontality and sovereignty.

Thus, instead of a process whereby the government of Brazil and the health institutions impose their view, the two parts constructed a compromise around the fate of the SMM. To this end, Brazil's health experts and diplomats drew on principles of SSC to justify their compromise with the GoM on the core issue of listing the SMM in the country's stock exchange (whereby approximately 35% of the company would be available in order to raise capital). Apart from the MRE, health experts at Fiocruz and the MoH recurrently employed principles of horizontality, non-interference and

sovereignty during our interviews. For example, when asked about why the GoM had delegated more decision power to the IGEPE, one of my interviewees at Fiocruz said: "This is an internal decision, a sovereign decision of the government of Mozambique" [33] . Often, 'sovereignty' would oppose 'political interference' or 'imposition', which would be repeatedly associated with the 'Northern model of cooperation'.

Despite making it clear that the bilateral agreement between the two governments explicitly stated that the factory had to belong to the State, my interviewees recurrently referred to the idea of horizontality based on 'dialogue' and 'compromise' in order to reach an agreement. This is clear in the extract below:

> We are not advocating that the factory has to promote financial loss. Nobody is saying that. But the economic logic cannot be privileged in relation to the Sanitarist logic. There must be compromise.[34]

Mozambique's ownership of the factory was also repeatedly emphasized as a justification for non-interference or imposition of Brazil's will. An interesting moment in one of the interviews with a health expert from the MoH was when I inadvertently used the term 'donation' to refer to the factory, to which he immediately responded, correcting me: "We are not donating a factory. We helped them construct their [own] factory"[35].

These extracts, among others, show that not only the MRE but also the health experts' discourse drew heavily on SSC principles. This was a sedimented discourse for them, and one that shaped their relations with Mozambicans. While it is not difficult to understand why and how conflict unfolded within a South-South relation, precisely because of different historical experiences and thus uncommon discursive structures

and mismatched principles, it is important to note that it was precisely the same SSC discourse that weakened this conflict and tried to re-politicize the project. If the previous discursive battle can be characterized as the logics of sanitarism *versus* the logics of economicization, or state-ownership *versus* privatization, the new logics of *transformism* enabled the articulation of private capital *with* state-ownership. Rendering the two opposing norms compatible was possible through an appeal to horizontality and sovereignty.

In Mozambique, what I gathered from key actors especially within IGEPE is that after the process of negotiation with the Brazilian government in which Fiocruz played a key role the discourse linked the 'SMM' with the signifiers 'self-sustainable' and 'the state as the main shareholder'. The construction of this compromise was, thus, underpinned by a discourse that would allow the GoM to attract private capital to the SMM while at the same time keeping the ownership of the factory. Signifiers such as 'public interest', 'improve the quality of life of the population', 'priority for the Mozambican government' were linked to the SMM as a key signifier. But also 'profitability', 'company rather than State unit' were signifiers that denoted a different logic than the Sanitarist logic.

A second aspect of this discourse was their response to the fact that SMM would no longer produce ARV medicines. Instead of ARV, the decision agreed by both sides was to transfer the technology required for the production of the essential medicines in primary healthcare only. This, as explained to me by all my interviewees at Fiocruz and the MoH was not a negative decision. Producing essential medicines would spearhead the production of other technologies and capacities. This was part of the structuring logics promoted by SSC in health. Along the same lines, my Mozambican interviewees had virtually the same answer, although some of them voiced some

frustration for not producing ARV medicine. Overall, however, it was clear to me that the narrative was very aligned, perhaps as a result of dialogue and common decision making. As such it is safe to assume that Mozambican health experts shared, to some extent, the principle of structuring cooperation shaping the factory's operations.

Thus, although some economistic principles persist in their discourse, my Mozambican interviewees also drew on important SSC principles to justify the final decision to keep the factory under state ownership. On the other hand, it would be naïve to assume that this compromise reached by the Mozambican and Brazilian governments was a result of both parts negotiating on equal terms. Brazil-Mozambique relationship in the field of health, agriculture and others are, of course, based on unequal power relations. Brazil is the provider of the cooperation and a hegemonic agent in the case of the SMM. It is the one that has know-how, resources and a more prominent position in the international realm, which allowed it to challenge the pharmaceutical industry. Further research and fieldwork would be necessary to understand how power asymmetries shape decisions.

While a compromise towards the logics of economicism may seem contradictory with the process of re-politicization, it is important to recognize that hegemonic structures have been sedimented in Mozambique since colonial times. Until 2016, before international donors cut aid to Mozambique due to the 'hidden loan scandal'[36] the country still received large amounts of foreign aid, constituting more than 50% of their national budget (Newitt, 2017).

In sum, the logics of *transformism* did promote some degree of structural transformation of development in health by absorbing what seemed like irreconcilably elements into a chain of equivalence around the SMM. At the time of writing, a few initiatives show that the GoM is emphasizing the SMM as a state company whose role

is central in the promotion of public health and the development of a national pharmaceutical industry. These are: i) a new health regulatory agency responsible for the regulation and approval of pharmaceutical drugs, ii) the successful application for the Southern African Generic Medicines Association (SAGMA), and iii) a recent presidential decree that highlights the importance of the local production of active pharmaceutical ingredients for the fight against covid-19 (SMM, 2020). However, for Mozambique, this was a recent partnership within a new logic, and as such it still remains to be seen whether meanings promoted by Sanitarism and SSC will become prevalent in their health institutions in the context of other projects.

Conclusion

The SMM had been originally articulated as part of a logic of structuring cooperation. Inspired by the Brazilian experience of healthcare and particularly of domestic drug production under the state, the SMM did not sit easily within the Mozambican context, highly shaped by the logics of foreign aid. I explored the political dynamics that shaped the implementation of the project, in an attempt to understand whether it has effected some degree of structural transformation. I argued that despite drawing on a logic of *transformism*, the project did in fact promote some new ways of articulating development, with the norm of state ownership being mostly enacted. My study shows that SSC principles are neither universal (a criticism addressed at Northern aid) nor do they have a single effect. Principles such as horizontality hid asymmetries, but later promoted compromise.

While this study focused on SSC between Brazil and Mozambique, it has broader implications for the study and practice of SSC and international development in general. Whether cooperation projects re-politicize development will depend not only

on how they were initially framed, but mostly on the political dynamics and local contexts where they unfold. For development studies, my analysis reverberates other studies in SSC, particularly in agriculture, in calling for a focus on the encounters on the ground, their political dynamics and local constructions of reality (Cabral et al, 2016, Scoones et al, 2016). For development practice, striking divergences between partner countries suggest that strategic and intense discursive labour has to be involved in the creation of alternative discourses and practices. This indicates that SSC would have to become a constant and systematic engagement between countries. The official narrative that reinforces the North/South divide based on pre-established meanings does not help clarify how or whether development SSC re-politicizes development.

Bibliography

Abdenur, A. (2015). Organisation and politics in south–south cooperation: Brazil's technical cooperation in Africa. *Global Society*, 29 (3), 321-338. 10.1080/13600826.2015.1033384

Almeida, C., Campos, R.P., Buss, P., Ferreira, J.R., Fonseca, L.E. (2010). A concepção brasileira de "cooperação Sul-Sul estruturante em saúde". *Revista Eletrônica de Comunicação Informação e Inovação em Saúde*, 25-35. DOI: 10.3395/reciis.v4i1.343pt

Amorim, C. (2017). A Política Internacional da Saúde (Prefácio). In Buss, P.M., Tobar, S. (org), *Diplomacia em Saúde e Saúde Global* (pp. 13-22). Editora Fiocruz.

Antonielli, A., B. (2018). A Transferência de Tecnologia do Brasil para Moçambique para a Fabricação Local de Medicamentos Genéricos. *IESE*: Mozambique.

Audet, C.M., Burlison, J., Moon, T.D., Sidat, M., Vergara, A.E., Vermund, S.H. (2010). Sociocultural and epidemiological aspects of HIV/AIDS in Mozambique. *BMC International Health and Human Rights.*10:15. DOI: 10.1186/1472-698X-10-15

Balbuena, S. S. (2014). State-owned Enterprises in Southern Africa: A Stocktaking of Reforms and Challenges. *OECD Corporate Governance Working Papers No. 13*. https://dx.doi.org/10.1787/5jzb5zntk5r8-en

BBC (British Broadcasting Corporation), 2001. Brazil to break Aids patent. *BBC*, 23 August 2001. Retrieved from http://news.bbc.co.uk/1/hi/business/1505163.stm Accessed May 20 2019.

Cabral, L. (2015). Priests, technicians and traders? The discursive politics of Brazil's agricultural cooperation in Mozambique. *Future Agricultures Working Paper 110*. Institute of Development Studies, Brighton.

Cabral, L. (2019). Vignette: Interrogating the binary in Brazil's agricultural cooperation for development. In Mawdsley, E., Elsje, F., and Nauta, W. (eds.). *Researching South–South Development Cooperation: The Politics of Knowledge Production*. Routledge: London and New York.

Cabral, L., Favareto, A., Mukwereza, L., Amanor, K. (2016). Brazil's agricultural politics in Africa: More Food International and the disputed meanings of 'family farming'. *World Development*, *81*. 47-60. https://doi.org/10.1016/j.worlddev.2015.11.010

Castel-Branco, N. (2008). Aid Dependency and Development: a Question of Ownership? *A Critical View*. IESE working paper 01/2008. Maputo.

Cesarino, L. (2015). Brazil as an Emerging Donor in Africa's Agricultural Sector: Comparing Two Projects. Agrarian South: *Journal of Political Economy* 4(3) 1–23. https://doi.org/10.1177/2277976016637785

Doty, R., L. (1993). Foreign Policy as Social Construction: A Post-Positivist Analysis of U.S. Counterinsurgency Policy in the Philippines. *International Studies Quarterly*, 37, 3. pp 297–320. https://doi.org/10.2307/2600810

Dunn, K. and Neumann, I. (2016). *Undertaking Discourse Analysis for Social Research*. Ann Arbor, MI: University of Michigan Press.

Esteves, P., and Assunção, M. (2017). The South-South Partnership Puzzle: The Brazilian Health Expert Community. In Bergamaschi, I., Moore, M., Tickner, A. (eds.). *South-South Cooperation Beyond the Myths: Rising Donors, New Aid Practices?* The Palgrave Macmillan: London, UK.

Ferguson, J. (1994). *The Anti-Politics Machine: Development, Depoliticization and Bureaucratic Power in Lesotho*. Minneapolis, London: University of Minnesota Press.

Ferreira, J.R. and Fonseca, L.E. (2017). Cooperação estruturante, a experiência da Fiocruz. *Ciência e saúde coletiva* 22 (7). https://doi.org/10.1590/1413-81232017227.04412017

Fiocruz (Fundação Oswaldo Cruz) (2007). *Study of Technical and Economic Viability for the Installation of the Mozambican Factory of Medicine*. Fundação Oswaldo Cruz, Rio de Janeiro.

Fleury, S. (2009). Brazilian sanitary reform: dilemmas between the instituting and the institutionalized. *Ciência e saúde coletiva*, vol.14 no.3. 10.1590/s1413-81232009000300010

Fonseca, L. E., Buss, P. M., (2017). Diplomacia e Cooperação em Saúde: Uma Perspectiva da Fiocruz. In Almino and Lima (ed.), *30 Anos da ABC: Visões da Cooperação Técnica Internacional Brasileira*. Fundação Alexandre Gusmão: Brasília.

Funada-Classen, S. (2013). Analysis of the discourse and background of the ProSAVANA programme in Mozambique – Focusing on Japan's role. University of Foreign Studies, Tokyo.

Glynos, J., and Howarth, D. (2007). *Logics of Critical Explanation*. Abingdon: Routledge.

Glynos, J. and Speed, E. (2012). Varieties of co-production in public services: time banks in a UK health policy context. *Critical Policy Studies*, 6:4, 402-433. 10.1080/19460171.2012.730760

Glynos, J., Speed, E. and West, K. (2015). Logics of Marginalisation in Health and Social Care Reform: Integration, Choice and Provider-blind Provision. *Critical Social*

Policy, 35(1): 45-68. https://doi.org/10.1177/0261018314545599

Gómez, E., 2011. The Politics of Brazil's Successful Response to HIV/AIDS: Civic Movements, Infiltration, and "Strategic Internationalization". *The Brown Journal of World Affairs*. vol. 17: 2. 51-64.

Gramsci, A. (1971). *Selections from the Prison Notebooks*. London: Lawrence and Wishart.

Greco, D. and Simão, M. (2007). Brazilian Policy of Universal Access to AIDS Treatment: Sustainability Challenges and Perspectives. *Aids,* 21:4, 37-45 10.1097/01.aids.0000279705.24428.a3

Fedatto, M.S. (2017). The AIDS Epidemic and the Mozambican Society of Medicines: an analysis of Brazilian cooperation. *Ciência e Saúde Coletiva*. 22 (7). https://doi.org/10.1590/1413-81232017227.03892017

Hanlon, J. (2012). Governance as 'Kicking Away the Ladder'. *New Political Economy*, 17:5, 691-698. https://doi.org/10.1080/13563467.2012.732272.

Høg, E., 2014. 'HIV scale-up in Mozambique: exceptionalism, normalisation and global health'. *Global public health*. 9 (1-2), 210- 223. 10.1080/17441692.2014.881522

IPEA (Instituto de Pesquisa Econômica Aplicada) (2011). 'Brazilian Cooperation for

International Development: 2005-2009'. Brasília: Ipea : ABC, 2011.

Laclau, E. (1991). The Impossibility of Society. *Canadian Journal of Political and Social Theory* 24, 15(1/3).

Laclau, E., and Mouffe, C. (1985). *Hegemony and Socialist Strategy*. London: Verso, 2nd Edition.

Leftwich, A. (2000). *States of development: on the primacy of politics in development.* Cambridge: Polity Press in association with Blackwell Publishers.

Marcondes, D. (2021). Brazilian Health Cooperation in Africa: A Case Study of Promoting Pharmaceutical Production in Mozambique. In Alencastro and Seabra (ed.) *Brazilian Health Cooperation in Africa: A Case Study of Promoting Pharmaceutical Production in Mozambique.* Switzerland: Springer.

Mawdsley, E. (2012). *From Recipients to Donors: Emerging Powers and the Changing Development Landscape*. London, New York: Zed.

McEwan, C. and Mawdsley, E. (2012). Trilateral development cooperation: Power and politics in emerging aid relationships Development and Change. 43 (6) 1185-1209. 10.1111/j.1467-7660.2012.01805.x

Marshall, J. (1990). Structural adjustment and social policy in Mozambique. *Review of African Political Economy*, 17:47, 28-43.

Mello, F. (2013). Camponeses Erguem suas Vozes e Mudam o Jogo no ProSavana'. *Brasil de Fato*. Retrieved from: http://www.brasildefato.com.br/node/17786. Accessed June 1 2016.

Milani, C. e Lopes, R. (2014). Cooperação Sul-Sul e Policy Transfer em Saúde Pública: análise das relações entre Brasil e Moçambique entre 2003 e 2012. *Carta Internacional* Vol. 9, n. 1, jan. -jun. 2014 [p. 59 a 78].

Ministry of Health (2010). Protocolo Assistência Farmacêutica para a AIDS. Retrieved from: http://bvsms.saude.gov.br/bvs/publicacoes/protocolo_assistencia_farmaceutica_aids.pdf
Accessed February 2 2018

MISAU (Ministério da Saúde) (2004). Plano Estratégico Nacional de Combate ao HIV/SIDA. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_127551.pdf
Accessed May 10 2019.

MISAU (Ministério da Saúde) (2008). Relatório da Visita de Sua Excia Senhor Ministro da Saúde à República Federativa do Brasil de 15 a 18 de Janeiro de 2008. (Archive). Accessed March 2 2018. DOI: (to be given later for reasons of anonymity in the review process)

MRE (Ministério das Relações Exteriores) (2000). 'Resenha da Política Exterior do Brasil. III Conferência de Chefes de Estado e de Governo da Comunidade dos Países de Língua Portuguesa (CPLP) – Declaração de Maputo. Departamento de Comunicações e Documentação: Coordenação de Documentação Diplomática'. Ano 27. nº. 87. Brasília: Ministério das Relações Exteriores. 148-152.

MRE (Ministério das Relações Exteriores) (2003). Protocolo de Intenções entre o Governo da República Federativa do Brasil e a República de Moçambique sobre Cooperação Científica e Tecnológica na Área da Saúde. Ministério das Relações Exteriores. Divisão de Atos Internacionais. Maputo, Moçambique. Retrieved from: http://dai-mre.serpro.gov.br/atos-internacionais/bilaterais/ 2003/b_134/ at_download/arquivo
Accessed January 20 2018.

Mussa, A.H., Pfeiffer, J., Gloyd, S.S. et al. (2013). Vertical funding, non-governmental organizations, and health system strengthening: perspectives of public sector health workers in Mozambique. *Hum Resour Health* 11-26. https://doi.org/10.1186/1478-4491-11-26

Newitt, M., 2017. *A Short History of Mozambique*. London: C Hurst & Co Publishers Ltd.

Nogueira et al (2017). Mozambican economic porosity and the role of Brazilian capital: a political economy analysis. *Review of African Political Economy*, 44:151, 104-121. https://doi.org/10.1080/03056244.2017.1295367

Nogueira, I. and Ollinaho, O. (2013). From rhetoric to practice in south–south

development cooperation: A case study of Brazilian interventions in the Nacala corridor development program. Institute of Socioeconomics, University of Geneva, Geneva.

Ooms G, van Damme W, Baker BK, Zeitz P, Schrecker T. (2008). 'The 'diagonal' approach to Global Fund financing: a cure for the broader malaise of health systems?' *Global Health*, 4:6. https://doi.org/10.1186/1744-8603-4-6

Pavignani, E., and Durão, J.R. (1999). Managing external resources in Mozambique: building new aid relationships on shifting sands? *Health Policy Plan*. 243-53. 10.1093/heapol/14.3.243

Payne, A. and Philips, N. (2010). *Development*. Cambridge, USA: Polity Press.

Pfeiffer, J. (2003). International NGOs and primary health care in Mozambique: the need for a new model of collaboration. *Social Science & Medicine Publisher*. 10.1016/s0277-9536(02)00068-0

Pfeiffer J., et al. (2010). Integration of HIV/AIDS services into African primary health care: Lessons learned for health system strengthening in Mozambique: A case study. *Journal of the International AIDS Society*. 2010, 13(1): 3. 10.1186/1758-2652-13-3

Pfeiffer, J. and Chapman, R. (2015). The art of medicine: An anthropology of aid in Africa. *The Lancet*. 385. https://doi.org/10.1016/S0140-6736(15)61013-3

Powell, M. and Seddon, D. (1997). NGOs & the development industry. *Review of African Political Economy*. 24:71, 3-10. 10.1080/03056249708704235

Renzio, P., and Goldsbrough, D. (2007). IMF Programs and Health Spending: Case Study of Mozambique. *Working Group on IMF Programs and Health Expenditures*. Center for Global Development.

Renzio, P. and Hanlon, J. (2007). 'Contested Sovereignty in Mozambique: The Dilemmas of Aid Dependence. *GEG working paper*, 2007/25.

Rodrigues, R. D. (2014). *Cooperação Internacional da Fiocruz: O Caso do Projeto de Instalação da Fábrica de Medicamentos em Moçambique*. Tese de Mestrado. ENSP, Rio de Janeiro, Brazil.

Rossi, A. (2017). Em vez de remédio contra a AIDS, fábrica financiada pelo Brasil vai produzir analgésico. BBC. 6 December 2017. https://www.bbc.com/portuguese/internacional-42176248 [accessed 26 April, 2019].

Russo, G. and Banda, G. (2015). Re-Thinking Pharmaceutical Production in Africa; Insights from the Analysis of the Local Manufacturing Dynamics in Mozambique and Zimbabwe. *St Comp Int Dev* 50, 258–281. https://doi.org/10.1007/s12116-015-9186-2

Russo, G., Oliveira, L., Shankland A., Sitoe, T. (2014). On the margins of aid orthodoxy: the Brazil-Mozambique collaboration to produce essential medicines in Africa. *Globalization and Health*, 10:70. https://doi.org/10.1186/s12992-014-0070-z

Russo G., de Oliveira L. (2016). South-South Collaboration in Pharmaceuticals: Manufacturing Anti-retroviral Medicines in Mozambique. In: Mackintosh M., Banda G., Tibandebage P., Wamae W. (eds) *Making Medicines in Africa*. International Political Economy Series. Palgrave Macmillan, London.

Sabaratnam, M. (2012). 'History repeating? Colonial, socialist and liberal Statebuilding in Mozambique'. In Chandler, D., and Sisk, T. *International Statebuilding: Concepts, Themes and Practices*. New York: Routledge Handbook.

Sabaratnam, M., 2017. *Decolonising Intervention: International Statebuilding in Mozambique*. London: Rowman & Littlefield International Ltd.

Sachy M, Almeida, C., Pepe, V.L.E. (2018). Pharmaceutical Services in Mozambique: foreign aid in public provision of medicines. *Ciência e Saude Coletiva*, 23:7. https://doi.org/10.1590/1413-81232018237.09332018

Saraiva, J.F.S. (1993). Construção e Desconstrução do Discurso Culturalista na Política Africana do Brasil. *Revista de Informação Legislativa*, 113. 219-236.

Saraiva, J. F. S. (1995). África, Brasil e Portugal: Vinculação Historica e Construções Discursivas. *Colóquio Construção e Ensino da História de África.* ANAIS. LISBOA. 125-136.

Scoones, I., Amanor, K., Favareto, A., and Qi, G. (2016). A new politics of development cooperation? Chinese and Brazilian engagements in African agriculture. *World Development*, 81, 1–12. https://doi.org/10.1016/j.worlddev.2015.11.020

Shankland, A. & Gonçalves, E., 2016. 'Imagining Agricultural Development in SSC: The Contestation and Transformation of ProSavana'. *World Development* Vol. 81, pp. 35-46. https://doi.org/10.1016/j.worlddev.2016.01.002

SMM (2020). Nota Informativa de Admissão à Cotação ao Mercado de Cotações Oficiais da Bolsa de Valores de Moçambique de 300.000 Obrigações Nominativas e Escriturais, de Valor Nominal de 100,00 MT cada, representativas da emissão de papel comercial "SMM 2020" no Montante Global de DE 30.000.000,00 MT. (Document available in the data repository). DOI: (to be given later for reasons of anonymity in the review process)

Tembe, D. G. (2009). Corporate Governance in State-Owned Enterprises in Mozambique. Retrieved from: https://www.oecd.org/corporate/ca/corporategovernanceofstate-ownedenterprises/44199442.pdf Accessed April 4 2019.

Teixeira, P., M.A. and Barcarolo, J. (2003). The Brazilian Experience in Providing Universal Access to Antiretroviral Therapy. J.P. Moatti et al. (eds) *Economics of AIDS and Access to HIV/AIDS Care in Developing Countries: Issues and Challenges*. 69–86. Paris: Agence Nationale pour Recherche sur le Sida.

Torfing, J. (1999). *New Theories of Discourse: Laclau, Mouffe and ŽiŽek*. Oxford: Blackwell.

Toye, J. (1991). Is There a New Political Economy of Development? Colclough and Manor (eds.). *States or Markets? Neo-Liberalism and the Development Debate.* 321-338. Oxford: Clarendon Press.

US Department of State, 2017. 'Mozambique'. https://www.state.gov/e/eb/rls/othr/ics/2017/af/269761.htm Accessed on April 18 2019

Vieira, M. A. (2011). Southern Africa's response(s) to international HIV/AIDS norms: The politics of assimilation. *Review of International Studies*. 37(1), 3-28. https://doi.org/10.1017/S0260210510000306

WHO (World Health Organization) (2008). *Maximizing Positive Synergies between Health Systems and Global Health Initiatives*. Geneva: WHO.

WTO (World Trade Organization) (2001). Declaration on the TRIPS agreement and public health. https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm. Accessed May 23 2019

Zanella, M.A. and Milhorance, C. (2016). *Cerrado* meets savannah, family farmers meet peasants: The political economy of Brazil's agricultural cooperation with Mozambique. *Food Policy,* 70-81. https://doi.org/10.1016/j.foodpol.2015.12.006

[1] Mozambique was Brazil's most important cooperation partner (IPEA, 2011),

[2] See Rossi, 2017.

[3] See studies that have offered an analysis on the SMM, its challenges and bottlenecks: Russo et al (2014); Russo and Oliveira (2016); Russo and Banda (2015); Milani and Lopes (2014); Antonielli (2018) Rodrigues (2014); Fedatto (2017), Marcondes (2021).

[4] It was later decided that ARV medicine would no longer be produced because as the virus mutated, Brazil no longer had the technology to transfer to Mozambique (see Rossi, 2017).

[5] The Oswaldo Cruz Foundation is a scientific institution for research and development in biological sciences located in Rio de Janeiro, Brazil.

[6] Social logics embody practices and norms of behaviour and as such I use 'social logic' and 'norm' interchangeably.

[7] In Laclau and Mouffe's terminology, 'elements' are signifiers that are 'floating'. When these are articulated, they become 'moments', having a 'necessary' character.

[8] https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=MZ

[9] Interview 3, Mozambique, January 2018

[10] Idem, ibid.

[11] http://eagora-chauque.blogspot.com/2010/11/depois-da-exonerado-pelo-presidente-da.html [accessed 12 February 2019],

[12] *Movimento Sanitário,* in Portuguese.

[13] These were zidovudine, didanosine, zalcitabine, lamivudine, stavudine, indinavir and neviparine (Teixeira et al, 2003: 81).

[14] https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=BR

[15] Interview with Health Expert 33, Brazil, 2017.

[16] These include antibiotics, anti-anaemic and anti-inflammatory medicine (Sachy, 2018).

[17] Interview with Minister Garrido, Mozambique, 2018.

[18] Interview 8, SMM employee, Mozambique, 2018.

[19] Interview 2, MISAU employee, Mozambique, 2018.

[20] Interview 11, SMM, Mozambique, 2018.

[21] Interviews 10 and 11, SMM, Mozambique, 2018.

[22] Interviews 11 and 15, SMM, Mozambique, 2018.

[23] Interview 8, SMM, Mozambique, 2018.

[24] Interview 44, Fiocruz, Brazil, 2017.

[25] Interviews 43, 44, Fiocruz, Brazil, 2017.

[26] Interview 1, MISAU, Mozambique, 2018.

[27] The Administrative Council consists of three members who are responsible for managing the SMM.

[28] Interview 8, SMM, Mozambique, 2018.

[29] Interview 34, Fiocruz, Brazil, 2017.

[30] Interview 4, MISAU, Mozambique, 2018.

[31] Interview 5, IGEPE, Mozambique, 2018.

[32] Interview, Mozambique, 2018.

[33] Interview 34, Fiocruz, Brazil, 2017.

[34] Idem, ibid.

[35] Interview 45, Fiocruz, Brazil, 2017.

[36] https://www.bbc.co.uk/news/world-africa-36158118 [accessed 5 June 2019].