# The Challenges of South-South Cooperation and Triangular Cooperation for the United Nations: Towards True Solidarity and a Human Rights Based Democratization of Global Health?

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In light of recent efforts by the UN to more firmly embed SSC and TrC in all its institutions, this paper examines the challenges that lie ahead by first tracing the emergence of the terms SSC and TrC on a discursive level in the UN system. Second, it reflects theoretically on the concepts of *solidarity* and *development* to show that voices from the Global South are suggesting alternative understandings that may do more justice to the poor and disadvantaged. Third, it explores what can be learned from various interlinked health crises and the recent COVID-19 pandemic regarding the flaws of SSC and TrC. Fourth, it sketches a way forward by looking at ways in which a more human rights based democratization of global health can be achieved.

**Keywords**   United Nations, South-South Cooperation and Triangular Cooperation, sustainable development, solidarity, human rights, global health

## Introduction

As the world seeks to address the devastating social, economic and human impacts of the COVID-19 crisis, tackle the parallel existential threat of climate change and recover better…. South-South and triangular cooperation is the need of the hour. António Guterres (UNOSSC 2021, 5).

…drain from the Global South remains a significant feature…in the post-colonial era. 'Advanced economies' rely on unequal exchange to facilitate their economic growth and to sustain high levels of income and material consumption. In recent years, the drain has amounted to around $2.2 trillion per year… (Hickel, Sullivan, and Zoomkawala 2021, 13).

In 2021, the United Nations Office for South-South Cooperation (UNOSSC 2021) published the long-awaited *United Nations System-Wide Strategy on South-South and Triangular Cooperation for Sustainable Development*. This crucial new step in strengthening South-South Cooperation (SSC) was preceded by many historical moments where developing countries have grouped together, like the Bandung Conference in 1955 and the subsequent establishment of the G77 in 1962 (G77 2021), to countervail Western power. In these initiatives, the concept of *solidarity* has frequently featured prominently. Developing countries support each other and together stand up to more powerful nations. In this paper, I examine the challenges of South-South Cooperation and Triangular Cooperation for the United Nations, whereby, through the lens of interlinking global health crises, I question how true solidarity can be achieved that is linked to a more human rights based democratization of global health.

An important early precursor of SSC was the launch of Technical Cooperation among Developing Countries (TCDC) in the 1978 Buenos Aires Plan of Action (BAPA), when a large group of non-Western states gathered in Argentina. Historically, the frame has been that countries in the Global South have a natural inclination for solidarity (Mawdsley 2019, 266) in a hostile global environment. Still nowadays, for example in the 2019 BAPA+40 document, one can recognize a similar discourse: "…we reaffirm our view of South-South cooperation as a manifestation of solidarity among peoples and countries of the South" (UNOSSC 2019a, Par. 8).

Over the decades many of these initiatives, policies and concrete actions have been initiated or facilitated by United Nations institutions and bodies like the UNOSSC. But besides SSC, forms of Triangular Cooperation (TrC) have gained prominence, in which SSC is supported by a "traditional" donor (Haug 2021). In addition, discursive shifts have taken place in the UN regarding SSC, while new terms like South-South and Triangular Cooperation (SSTC) have gained traction, as will be discussed in this paper. Since the world is changing, the UN is operating in an increasingly complex global field in which major social, political, environmental and economic problems and upheavals influence development discourses and what the UN can or cannot do. Successive global financial crises, the rise of emerging powers like China and rise of nationalist, protectionist and populist politics in various countries have a huge impact. Most recently the UN is confronted by the challenges of the COVID-19 pandemic while continuing its fight against HIV/AIDS. Such crises, combined with, for example, the climate crisis in turn, strongly shape—and are shaped by—persistent and deepening inequalities and poverties. Who gets sick? Who gets access to life-saving medication and vaccines? Who designs the health policies?

To begin finding answers, the article examines the emergence of SSC and TrC on a discursive level in the UN system. Second, it reflects theoretically on the concepts of solidarity and development in order to show that voices from

the Global South are suggesting alternative understandings that may do more justice to the poor and disadvantaged. Third, it explores the flaws of SSC and TrC and what can be learned from various interlinked health crises and the recent COVID-19 pandemic. Fourth, it sketches a way forward by looking at ways in which global health should be decolonized. The article ends with a conclusion.

## South-South Cooperation and the UN: An Evolving Discourse

Although North-South Cooperation (NSC) and the OECD-led ODA development infrastructure is still highly relevant, SSC and TrC have become much more prominent in the 21st Century and therefore deserve meticulous contemplation. In our book *Researching South-South Development Cooperation: the politics of knowledge production* (Mawdsley, Fourie, and Nauta 2019) the contributors show that it is crucial to investigate and explore these partnerships critically while at the same time remaining constantly aware of the inequalities in global knowledge production. In order to do so here, let us highlight the evolving discourse on SSC and TrC in the UN which has shaped the way in which the UN nowadays presents SSC and TrC as a system-wide strategy for sustainable development (UNOSSC 2021).

In various key publications Mawdsley (2012, 2019) has shown that the role of "non-Western" development partners has been much more varied than is normally assumed in "the West." Besides China, Japan, Korea, India, Brazil also lesser known development partners like the former socialist countries and the Gulf States have contributed to Southern partnerships. While keeping this in mind, for this paper it is useful to become acquainted with a few institutional highlights and the accompanying discourse on solidarity.

A key actor within the UN is the United Nations Office for South-South Cooperation (UNOSSC) which was established in 1974, hosted by the UNDP. In 1978 it organized the United Nations Conference on TCDC in Buenos Aires, where 138 states gathered and which marked a more formalized start of SSC under the flag of the UN. This culminated in the Buenos Aires Plan of Action (BAPA), endorsed by the UN General Assembly, the first comprehensive policy framework for TCDC:

> …the historic process of decolonization now makes it possible for a large number of States, representing an overwhelming proportion of the world's population, to participate in international affairs (UNDP 1978, Par. 2).

To symbolize this step the BAPA Conference adopted an emblem, representing a bridge connecting the countries of the South (see figure 1).

The main tool of cooperation and progress among developing countries

Figure 1. BAPA Conference Emblem



Source: UNDP 1978

was thought to be TCDC in order to "create, acquire, adapt, transfer and pool knowledge and experience for their mutual benefit and for achieving national and collective self- reliance, which are essential for their social and economic development" (ibid., Par. 5). Thus, "…enhancing the process of harmonization of their interests so as to take fully into account, within the context of the fundamental concept of solidarity, their specific sub-regional, regional and interregional characteristics" (ibid., Par. 16).

In an excellent extensive research Project, Haug (2021) has explored the way in which SSTC was mainstreamed in UN bodies. Haug shows how, particularly after 2000, a discourse on the rise of the South became increasingly dominant, due to the strengthened geo-political position of several Emerging Powers (EPs) (ibid., 23). This is also shown in a recent UNCTAD report, which highlights that "China, Hong Kong (China), Singapore, Brazil, Republic of Korea, Taiwan Province of China, South Africa, Mexico, India, Malaysia, United Arab Emirates and Chile" all have become recognized as "outward investing developing economies" (UNCTAD 2018). Moreover, as Bracho (2021) discusses, the influence of this rise of EPs on the development cooperation landscape has been monumental. Although the 2011 High-Level Meeting in Busan seemed successful in formulating common ground between *traditional* DAC donors and EPs providing SSC, by establishing the Global Partnership for Effective Development Co-operation (GPEDC), it went into decline rapidly. As such, this hopeful initiative eventually failed to share the burden and adopt a common vision on "standards, norms, and commitments in order to improve their development cooperation and align it with the interests of recipient countries (RCs) and the *common good*" (ibid., 367-368, 384).

As both Bracho (2021) and Haug (2021) show in their studies, the various economic and geo-political agendas and interests of the traditional donors (OECD-DAC) and EPs like China, India and Brazil have effectively made it practically impossible to agree on what constitutes appropriate modalities of development cooperation. A major factor here is, of course, the rise of China and its accelerated role in the world under President Xi Jinping. Besides the Belt

and Road Initiative, Bracho (2021, 382) argues that "by launching a cooperation agency and spearheading the creation of new multilateral development banks, China has also engaged in institution-building…creating the scaffolding for an alternative aid regime in competition with the West" aiming to for the allegiance of recipient countries.

Within the UN system China, India and Brazil were able, however, to strengthen the UNOSSC (ibid., 28), which also, in close cooperation with Secretary General Gutteres spearheaded the organization of the BAPA+40 conference,[1] which was instrumental in preparing a UN System-Wide Strategy on SSC and TrC for Sustainable Development.

It is clear that the positive tone of the speech at BAPA+40 by António Guterres (UNOSSC 2019b) navigates some of the contentious issues and strained relationships sketched above, while sketching the enormity of the global challenges but also potential for positive change:

> you can count on my personal commitment to make sure the ongoing reforms of the United Nations reinvigorate our support for South-South cooperation…. We also need to realign financing for sustainable development and unlock the trillions that will deliver the 2030 Agenda. South-South cooperation can never be a substitute for official development assistance or replace the responsibilities of the Global North…. South-South Cooperation must involve young people, civil society, the private sector, academia and others, building innovative partnerships and extending the reach of initiatives. It must harness the potential of new technologies and digitalization that create opportunities and promote inclusivity; South-South cooperation is a global exercise of all countries of the South to benefit everyone, including the Least Developed Countries. Every country, every partner has something to share or teach, whatever their circumstances.

Eventually BAPA+40 culminated in the 47-page guiding document *United Nations System-Wide Strategy on South-South and Triangular Cooperation for Sustainable Development* (UNOSSC 2021). As this document will guide the future of SSC and TrC, it is important to examine how the UN proceeds to define SSC and TrC.

## UN Definitions of SSC and TrC: Towards SSTC

In this section, I trace the definitional and discursive shifts that have taken place over the last decades regarding SSC and TrC. In the UN system, wide strategy document SSC is defined in line with the BAPA+40 outcome document[2] (UNOSSC 2019a), the *Framework of Operational Guidelines on United Nations Support to South-South and Triangular Cooperation* (UN 2016), which itself is based on the Nairobi outcome document of the High-level United Nations

Conference on South-South Cooperation (UN 2010). SSC is "a manifestation of solidarity among peoples and countries of the South that contributes to their national well-being, their national and collective self-reliance and the attainment of internationally agreed development goals, including the Sustainable Development Goals, according to national priorities and plans" (UNOSSC 2019a, Par. 8). It "should not be seen as official development assistance" (UN 2016, Par. 9), but "is a form of partnership whereby two or more developing countries pursue, through concerted efforts, their individual and/or shared national development priorities through exchanges of knowledge, skills, resources and technical know-how and through regional and interregional collective actions, including partnerships involving governments, regional organizations, civil society, academia, the private sector and other relevant actors, for their individual and/or mutual benefit within and across regions and taking into account the principles of South-South cooperation. South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation." (UNOSSC 2021, Par. 15)

In addition TrC is defined as involving "…Southern-driven partnerships between two or more developing countries supported by a developed country(ies)/ or multilateral organization(s)." (ibid., Par. 15) It "…is a modality that builds partnerships and trust, between all partners, and that combines diverse resources and capacities, under the ownership of the requesting developing country, to achieve the Sustainable Development Goals; and that it provides added value by leveraging and mobilizing additional technical and financial resources, sharing a wider range of experiences, promoting new areas of cooperation, and combining affordable and context-based development solutions under flexible arrangements and agreed shared modalities." (UNOSSC 2019a, Par. 28)

In my view, several things are noteworthy on a discursive level. First, it is clear that a discourse is emerging in which terms like *solidarity*, *partnership*, and *shared priorities* still seem to play a significant role. Second, a clear distancing is taking place in terms of what it is not. It is not Official Development Assistance (ODA). Third, although SSC is gaining prominence, the traditional OECD donors still seem to be quite prominently present in the evolving development architecture, both in terms of SSC being seen as a complement to NSC and through TrC. Last, it is obvious that although the UN, by presenting its *System-Wide Strategy on South-South and Triangular Cooperation for Sustainable Development* (UNOSSC 2021), is making an effort to clarify concepts, definitions and terminologies, one can still notice that much is not clearly defined or even based on contrasting and overlapping interpretations. Quite frequently, development actors and even scholars seem lost in a Babylonian confusion of tongues. Yet, it also seems plausible that the recent attractiveness of certain terms, like SSTC, is politically appealing.

In my view, it is remarkable that UNOSSC, the main body to promote SSC, nowadays most frequently uses the term SSTC on its website and its publications.

By doing so, it should be argued that it is possible for the organization to cater to diverse audiences in the Global South as well as the Global North. Thus, it can overcome some of the tensions regarding the various economic and geopolitical agendas and interests of traditional and non-traditional providers of aid as revealed by Bracho (2021) and Haug (2021). On the one hand, the term SSTC guarantees continuity with the more solidarity friendly discourses in early BAPA documents, as it still suggests a firm commitment to the potential of South-South. On the other hand the term SSTC also appeases sentiments in the Global North, where donors seem fearful of losing influence.

In this regard, it is significant that originally, in the 35-page original 1978 BAPA declaration (UNDP 1978) the term *triangular* does not even feature at all. In 2010 in the 7-page Nairobi outcome document (UN 2010) the term features fourteen times, while in 2019, in the 11-page BAPA+40 resolution (UNOSSC 2019a) it features seventy-three times. In the latter, in fact, SSTC seems to have completely crowded out SSC. Subsequently, it is noteworthy that this diluted form of SSC, where the West has more firmly (re-)established its influence, still leads Haug to conclude that in terms of SSTC mainstreaming efforts, UN agencies are still largely *waverers* and *stragglers*, with only a few *champions*. In the context of this research it must, for example, be noted that the WHO falls in the stragglers category (Haug 2021, 20), suggesting that its institutional and policy environment is still largely Global North dominated.

Concluding, I would argue that for scientific research purposes it is extremely useful to interrogate scholarly publications and policy documents in terms of their SSC, TrC or SSTC definitions, as it tells us where development actors position themselves. However, it is also worth remembering that, for the actors involved, "maintaining a degree of ambiguity and room for maneuvering" may be essential for such partnerships to work and goals to be achieved (Lewis and Mosse 2006, 17).

Let us now turn to the concept of solidarity in the context of sustainable development and examine how various interpretations may help us to pay better attention to the position of the poor and vulnerable.

## Reflections on Solidarity and Development

As was discussed above, development actors in the South, the North and within the UN quite commonly refer to the concept of solidarity. But, as with most development concepts, it is frequently unclear how these actors define solidarity. Going back to the classic work by Emile Durkheim[3] (1984, 219), the founding father of sociology, may be a good point of departure to begin thinking of suitable interpretation. According to Durkheim, it is useful to think about societies, as they evolve from more small-scale homogeneous primitive forms, where people

basically know each other, to more complex industrial societies — which he terms *higher societies*. In the first we can distinguish, according to him, *mechanical solidarity* and in the latter what he calls *organic solidarity*, tied to forms of *collective consciousness* (ibid., 105). These forms of organic solidarity are found in societies where a division of labor has taken place. But, according to Durkheim (ibid., 312), forms of organic solidarity can only emerge where specialization occurs in a spontaneous manner, where no coercion has taken place and where members of society can rely on contracts and, thus, a legal system in which those contracts are embedded.

One of the obstacles to spontaneous specialization in our highly complex societies today, as argued by Herzog (2017), is high inequality, or in fact inequalities, like income, wealth, gender, ethnicity and religion. This "…distorts not only the access of individuals to positions in which they can develop their talents, but also the prices for which goods and services are exchanged" (ibid., 113). Such inequalities undermine the collective sense of solidarity as the members of society feel that the system is unjust. In this context it is therefore crucial to examine the role of the state, more precisely the democratic state, as Durkheim also argued (Cladis 2005, 400). In a well-functioning democracy the government is obviously of the people and for the people. Durkheim saw a role for the "democratic political community" engaging in "free and boundless critical debate and inquiry" that could lead to "radical social change" (ibid., 400). Without these fundamental elements of democracy true solidarity may be compromised.

Evidently, modern societies, whether South Africa, the United States or the Netherlands are facing huge challenges regarding their state of democracy as well as challenges around enduring poverties and inequalities. In the Netherlands, for example, life expectancy for people living in disadvantaged neighborhoods is roughly nine years lower compared to people in more affluent areas (CBS 2020).[4] It is these types of structural violence (Farmer 2005, 230) we need to keep in the back of our minds when we discuss the concept of solidarity. As Farmer (ibid., 230) contends, for example, "the distribution of AIDS is strikingly *localized* and *non-random*." It is the affluent who cope relatively well due to their access to health insurance, clinics and medication, while the poor are sick, suffering and dying.

From a theoretical point of view the 21st Century world of hyper globaliza-tion poses another challenge compared to Durkheim's world in the late nineteenth and early twentieth century. Although, as Cladis (2005, 401) shows, Durkheim acknowledged the role of the international dimension and wrote that "…as we go forward in history, these international groupings take on greater importance and scope" in terms of influencing the domestic political communities, the outlook at the time was not as *global* when compared it to our contemporary world.[5] Not only can we identify highly complex domestic divisions of labor compromising our sense of solidarity, we must also take into account the forms of the global

division of labor and how this influences our understanding and use of the concept of solidarity. As Mittelman (1995, 292) already suggested in the mid-nineties, reflecting on the fact that processes of globalization are highly uneven, Durkheim might have termed this *supra-organic solidarity* in a world where the affluent countries "are riding the waves of globalization" and poor countries "are driven by its currents and have lost control." Certainly compared to the late 20th Century processes of globalization seem to have become even more complex with the rise of China, for instance the Belt and Road Initiative (BRI), various new global governance structures, like the Asian Infrastructure Investment Bank (AIIB), the ever more dominant position of Transnational Corporations (TNCs) and the immense impact of financialization and digitalization. What would Durkheim think of millions of zero-contract flex-workers governed by AI? But besides going back to some of the classic scholars it is also crucial to listen much more carefully to what our colleagues in the global South have to say.

## De-Centering the "White Gaze"

When we indeed recognize the need to reflect differently on our conceptualization of solidarity in this rapidly changing world, we may first want to take into account what Robtel Pailey (2019, 740) has put so vociferously and eloquently on the agenda: the need to decenter "the 'white gaze' of development." One way of accomplishing this is to take the Global South seriously and acknowledge that important social, economic, societal, academic and environmental lessons emerge there. As Comaroff and Comaroff (2012, 12) have argued:

> Contrary to the received Euro-modernist narrative…which has the global south… always playing catch-up—there is good reason to think the opposite: that, given the unpredictable, …it is the south that often is the first to feel the effects of world-historical forces, the south in which radically new assemblages of capital and labor are taking shape, thus to prefigure the future of the global north.

Despite the relevance of these knowledges and experiences, academics from the global South,  such as Pailey (2019, 732) and Duarte (2019, 53)—and their significant theoretical work—document and reveal that quite frequently their work is not taken seriously by academia in the global North.

In order, therefore, to avoid the white gaze it is useful to turn to the work by Tosam et al. (2017), who in their article, *Global Health Inequalities and the Need for Solidarity: A View from the Global South*, are suggesting a valuable way to (re-)conceptualize solidarity. Instead of understanding solidarity in terms of "responsibility, charity, dignity, altruism, reciprocity, and trust" (ibid., 4) the authors suggest to take inspiration from Sub-Saharan African Ubuntu

philosophy. Indeed, having conducted fieldwork in South Africa by the author, the amaXhosa people in the Eastern Cape of South Africa would often refer to the saying: *Umntu Ngumtu Ngabanye Abantu*, "a person is a person through other people." This deeply engrained cultural and societal value can be used to inspire the world and put forward another, more rich, understanding of solidarity. As Tosam et al. (ibid., 2) state: "I am because we are…if we are to survive in such an interconnected and interdependent world, where we face common challenges, we must begin to perceive the world as a global community with a shared destiny." In fact, "the humanity of a person is not determined by his/her being human or by his/her rational capacity, but by his/her capacity to identify and share with other members of the community in times of joy and sorrow." Your pain and suffering is my pain and suffering. Global solidarity based on such an interpretation would mean that approaches to global health are expanded and we "…begin to perceive others not as strangers or competitors, but as partners and as persons whose lives are in diverse ways connected to ours. Global solidarity cannot be possible if some countries (affluent countries) regard others countries (poor countries) as a burden" (ibid., 9). Yet at the same time, we need to question whether relying on this type of conceptualization of solidarity only is enough. Below, we explore what else may be needed.

## Development and Human Rights: Institutional Arrangements

In addition to taking inspiration from a Southern conceptualization of solidarity, in my view we also need to make sure that we define *development* in a way that leaves no room for misinterpretation, while also combining it with a human rights based approach. In fact, the UN (2015, 5) itself, presenting the basic principles of sustainable development in Agenda 2030, made clear that the SDGs "…seek to realize the human rights of all…. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental." Nevertheless, progressive scholars regularly point to the fact that the economic dimension in the sustainable development agenda often takes precedent when poverties are tackled. Particularly the SDG architecture needs critical scrutiny as it is so embedded in the capitalist agenda. One solution may be to turn to the idea of *inclusive development*. Gupta et al. (2021, 2) for example suggest that an inclusive development (ID) lens is useful "…because it defines three interlinked dimensions—social inclusiveness, ecological inclusiveness, and relational inclusiveness, which are then used to assess (economic) challenges." Arts (2017, 58), however, argues that "inclusive development follows UNDP's human development approach and integrates the standards and principles of human rights: participation, non-discrimination and accountability. In this sense, inclusive development already has been a long-standing feature of HRBAs

to development." I would agree here with Arts, as she points out the historical connection with broader definitions of human development, as put forward by scholars like Sen (1999). Poverty, the absence of human development, or "capability deprivation" (ibid., 87) should, therefore, also be seen as a harm to a person's human rights. All things considered I would argue that the sustainable development definition by the UN (2015), as presented above, should in itself be adequate to deal with the interlinking crises the world is facing. When indeed the social, economic and environmental dimension are properly addressed, while earnestly striving to realize the human rights of all and making sure that "no one will be left behind" can these crises be overcome.

One of the problems, however, is that the concrete follow-up, in terms of the necessary institutional arrangements is still severely flawed, which was already flagged by Spangenberg in 2007, even before the SDGs came into being. In debates on sustainable development he suggested the importance of a fourth dimension and argued that "…it seems important to more clearly define institutional sustainability on the macro level" (Spangenberg 2007, 114). In a different frame Pogge (2005, 5), in his seminal piece *World Poverty and Human Rights*, while identifying the harm involved for the global poor, also calls for urgent reform of global institutional arrangements since the "governments of our affluent countries bear primary responsibility for these." In a similar vein Sen, (2002, 5), at the dawn of the 21st Century was already crystal clear on what needed to be done:

> The central issue of contention is not globalization itself, nor is it the use of the market as an institution, but the inequity in the overall balance of institutional arrangements —which produces very unequal sharing of the benefits of globalization. The question is not just whether the poor, too, gain something from globalization, but whether they get a fair share and a fair opportunity. There is an urgent need for reforming institutional arrangements.

In conclusion to this section I would argue that a conceptualization of solidarity, rooted in the Global South and inspired by *Ubuntu*, meaning shared humanity in *isiXhosa* (the Xhosa language, one of the several official languages spoken and written in South Africa), is indeed useful to awaken the more affluent bubbles on the planet that their own humanity is at stake when they allow the pain, disease and suffering of their fellow human beings to continue. However, we must also realize that there are wealthier classes in the Global South itself which need to be addressed in terms of their responsibilities, together with wealthier classes in the global North. But more importantly this sense of solidarity needs to be backed up with definitions of sustainable development firmly rooted in the global human rights agenda and backed up with the necessary institutional arrangements.

In the following section, I will examine whether new South-South partner-

ships and institutional arrangements may indeed be the answer when considering poverties and inequalities affecting the poor wherever they live.

## Interlinking Global Crises and Capitalism: Lessons from Two Pandemics

Before turning our focus on the current COVID-19 pandemic, it may be wise to reflect on lessons that can be drawn from the HIV/AIDS pandemic. Not only is the world still facing huge challenges regarding HIV/AIDS, it also helps us to identify several dimensions and themes as we are considering the opportunities and challenges for global solidarity in South-South and triangular cooperation and the role of the UN.

### The Fight Against HIV/AIDS
In our research on poverty and the HIV/AIDS pandemic (Nauta 2010; Nauta and Stavinoha 2012) it became clear that it is the poor and vulnerable who are infected, sick, suffering and dying while the relatively affluent, wherever they live, are able to live, more or less, normal and full lives. Co-morbidities related to tuberculosis, sexually transmitted diseases, worm infections, malnutrition and even malaria, combined with limited access to medication, clinics, clean water, sanitation, let alone health insurance, have caused HIV/AIDS to become rampant through heterosexual transmission in Sub-Saharan Africa (Stillwaggon 2006). While the West and its mainstream development approaches to HIV/AIDS were promoting behavioral change in Africa through the ABC[6] approach—in many instances condoms were not even made available for moral or religious reasons by faith-based development actors—the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement structurally hampered the availability and distribution of life-saving medication. As a consequence and in combination with poor leadership on the African continent (e.g. Mbeki in South Africa) tens of millions of people were infected and died on the continent. Even though the establishment of the Global Fund in 2002—an important innovative global institutional arrangement—has made a huge difference to many poor people in the world, as they gained access to affordable medication and "HIV infections have been reduced by 23% since 2010, thanks in large part to a substantial decrease of 38% in eastern and southern Africa," millions still lack access (UNAIDS 2020, 6). According to UNAIDS (ibid., 8) "of the 38 million people living with HIV, 25.4 million people are now on treatment. That means 12.6 million people are still waiting."

### South-South Success
In the early days of the fight for widespread access to HIV/AIDS medication—

ARVs[7]—there are lessons to be learned in terms of the opportunities, these were challenges and actors involved. During the first Thabo Mbeki cabinet in South Africa, from 1999 to 2004, the country became increasingly polarized on HIV/ AIDS as the President and his health minister became largely delusional in what became known as *AIDS denialism*, denying that the HIV virus played a major role in the spread of the disease, a distrust in pharmaceutical companies and prescribing beetroot, lemon, garlic and olive oil as a viable alternative to ARV medication (Kapp 2006).

Initially South African civil society organizations—the Treatment Action Campaign (TAC) and the South African chapter of *Médecins Sans Frontières* (MSF: Doctors Without Borders)—and the government cooperated successfully in a campaign against BigPharma, a consortium of the pharmaceutical industry, that initiated a legal challenge against the South African government over its Medicines Act, aimed to block parallel import which could reduce cost of patented drugs. As a consequence of this highly acclaimed civil society-government campaign, in 2001 the consortium withdrew its legal case against South Africa. But despite this positive achievement, the relationship deteriorated quickly as the Mbeki government did not proceed in making available Nevirapine, an ARV to prevent mother-to-child-transmission (MTCT) to pregnant mothers based on a cocktail of arguments rooted in denialism and budget restraints. Now taking to court the government, the TAC could celebrate a major victory in December 2001, when the court declared the people to have a constitutional right to life and ordered the state to provide Nevirapine and establish a MTCT-prevention program in government clinics (Nauta 2011, 148-149).

Regardless of this legal victory, the TAC and MSF remained critical as the Mbeki government displayed severe foot-dragging in terms of its MTCT-prevention efforts, as well as serious reluctance in making widely available ARVs to the millions of HIV-positive patients in the country. This called for a creative and innovative, largely South-South, transnational activist campaign, whereby South African activists became inspired by and enlisted the support of Brazilian activists and even (semi-)government staff.

In January 2002, three TAC members and representative from the Congress of South African Trade Unions (COSATU)[8] went to Brazil to visit Farmanguinhos, the Brazilian state manufacturer of generic HIV/AIDS medication, as Brazil was already for many years providing life-saving drugs to AIDS patients, due to its constitutional duty. The South African activists were given a batch of ARVs through an elaborate scheme. Farmanguinhos had sold the medicines to MSF Brazil at cost price in order to ensure the lowest price possible. Subsequently, MSF Brazil donated these drugs to the MSF South Africa for its antiretroviral pilot program in Khayelitsha a slum near Cape Town. As the Brazilian state manufacturer Farmanguinhos sold the generic drugs nationally to MSF Brazil, the producer avoided being accused of illegally exporting the drugs. As a

result, patent-holders in the United States had no case against Farmanguinhos. Furthermore, since the MSF and TAC doctors and activists in Khayelitsha had already started a number of patients on the Brazilian generic drugs before this PR stunt—the highly visible trip to Brazil that was broadcast in the media and publicly announced—it became virtually impossible for the South African government to stop this initiative and prohibit the patients who had already started the treatment or prevent others to go on treatment (ibid., 150-52).

In the global fight for expanding access of the poor and vulnerable to affordable HIV/AIDS medication and in the national campaign to convince the South African government to become more active in the purchase and/or production of generic medication for people in resource-poor settings, this South Africa-Brazil initiative became a widely publicized achievement in a much longer and to some extent still ongoing struggle for treatment access. Without going into all the details of the campaign, there are several noteworthy lessons to be learned for the purpose of this paper.

The first question to consider is why the TAC became a valuable ally for Brazil. At the time the TAC was one of the most high profile civil society organizations in the Global South as it had been the driving force behind the global March for Treatment ahead of the 2000 International AIDS conference in Durban (Heywood 2009, 32) which was crucial in creating global awareness of the right of treatment for the poor. Moreover, the TAC had successfully taken BigPharma to court. For Brazil this transnational activist network for global HIV/AIDS treatment access could help the country to positively influence the Doha Declaration regarding TRIPS, aiming to open up the possibility to distribute generic medication in cases of public health emergencies. Moreover, Brazil as emerging power and upcoming generic medication producer, it was thought that this network could help in its own struggle with powerful actors in the North, such as the US and the EU. Not only could this ultimately be beneficial for the expansion of the global market for generics, it could also lead to a stronger position of its own generic medicine industry, while also increase its political clout in the world by strengthening its South-South alliances in, for example, Africa.

Making use of opportunities to meet each other at International AIDS conferences, growing personal friendships and the expanding possibilities to communicate electronically—the late 90s and early 2000s saw the emergence of email as new communication tool—coupled with easier and cheaper international travel, this transnational activist network became quite effective. Brazil together with global NGOs like Médecins Sans Frontières (MSF), the global gay movement with activists in Brazil, South Africa, the US, Europe and Asia, progressive government officials in various countries and the US government attempted the amendment of the Doha Declaration to give WTO members the right to circumvent patent rights in order to protect public health. At the time, even the US was on board as it was grappling with the fear of powder bombs in the post-

9/11 era and trying to put pressure on Bayer to lower its anthrax drugs' prices (Nauta 2011; Nunn 2010).

Yet, much of what the US government and the pharmaceutical industry gave away in the headlines covering the Doha Declaration they managed to quietly recoup in bilateral trade agreements with a whole raft of countries and regions in the following two years, according Smith and Siplon (2006, 124), including limitations to compulsory licensing, extending the terms of patents beyond what the WTO required and eliminating the right to parallel imports. This confirmed the thesis by Chandhoke (2002, 52) who has argued that global civil society, in which actors from the Global North generally remain generally quite dominant, may not be able to "…institutionalize normative structures that run counter to the principles of powerful states or equally powerful corporations." It operates in a "state-centric system of international relations that is dominated by a narrow section of humanity and within the structures of international capital that may permit dissent" but does not allow for a more structural transformation.

What this example has shown is that fighting a pandemic takes place in a global institutional environment where much can be achieved, if all actors—states, civil society actors, private actors, multi-lateral organizations (e.g. the UN)—join forces. Second, in terms of the potential of SSC, we should not only focus on the way in which countries in the Global South may collaborate. As importantly, and in some instances more importantly when structural inequalities need to be put on the global agenda, transnational activist networks, largely driven by South-South civil society cooperation (SSCSC) are absolutely crucial. Third, we should be aware that all actors operate in a world economy that is still largely shaped by processes of globalization determined by hyper-capitalism. In this world corporations, certainly in the health sector, may have become the most powerful force. Fourth, although the UN—UNAIDS, the WHO—has played a major role in the advances shaping the fight against HIV/AIDS, powerful (Western) state and corporate interests—also embedded in the UN structure, like the WTO—have been a tremendous force to battle. Fifth, when it comes to the voices of the poor and vulnerable we must contend with major democratic and human rights deficits and the fact that their power to influence global institutional arrangements is severely hampered or in many instances non-existent.

Having considered this global pandemic, that is still going on, it is now fruitful to focus on the current challenges the world is facing regarding the devastating impact of COVID-19.

*Fighting COVID-19 and Access to Affordable Treatment*
Almost two years into the pandemic, the WTO published a press statement on November 18, 2021 regarding the common COVID-19 intellectual property response of the members. According to the WTO (2021), the organization

has been debating the issue since October 2020 when India and South Africa urgently called for "a waiver from certain provisions of the TRIPS Agreement for the prevention, containment and treatment of COVID-19" to be able to better deal with "the shortage and inequitable distribution of, and access to, vaccines and other COVID-19-related products." Although in May 2021 the United States announced that it would support a temporary waiver of IP protections for COVID-19 vaccines, the revised proposal by India and South Africa actually requested a broader coverage, namely "…health products and technologies including diagnostics, therapeutics, vaccines, medical devices, personal protective equipment, their materials or components, and their methods and means of manufacture for the prevention, treatment or containment of COVID-19" (Australian Parliament 2021). By that time the proposal was already backed by 63 countries, several UN organizations—UNAIDS, UNCTAD, WHO—and a whole string of "more than 400 civil society organizations" (MSF Access 2021). In June 2021, this was followed by an alternative EU proposal, which, although it aims to expand access to COVID-19 vaccines for developing countries, it "does not allow for manufacturers in other countries to breach IP rights in order to domestically produce vaccines" (Australian Parliament 2021).

This WTO deadlock was supposed to be discussed and solved at the WTO Ministerial Conference from November 30 to December 3, 2021 in Geneva, Switzerland. However, in a dark twist of fate—some would call it Karma—the virus itself, having mutated in South Africa into what is now called the Omicron variant, has resulted in the cancelling and indefinite postponement of this crucial meeting, due to global travel restrictions. This obviously leaves developing countries in dire circumstances having to face to continued and deepening social, health, economic and humanitarian crises related to the COVID-19 pandemic, coupled with this highly disturbing failure of global institutional arrangements.

## COVAX

As pharmaceutical companies conducted their vaccine trials in the Global South (Mahase 2020) and rich countries hoarded the vaccines—but also essential equipment like oxygen tanks and breathing aids—for their own citizens, they are not delivering on their promises to supply COVID-19 Vaccines Global Access (COVAX) with enough vaccines to cover the poor in developing countries. As a result, a country like South Africa has only 26 percent of the population fully vaccinated, while neighboring Mozambique only 14 percent (Holder 2021). Viewing the situation from Europe, the local MSF chapter in the Netherlands has asked parliament to question the health minister regarding his failed promise to deliver 27 million vaccine doses to COVAX by the end of 2021 (MSF 2021). This leads me to question whether COVAX should indeed be regarded as an example

of a novel global institutional arrangement that is delivering a fair share to the poor and is firmly rooted in a human rights agenda.

When examining the COVAX initiative, it is led by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and the Global Vaccine Alliance (GAVI). In the latter the "…WHO, UNICEF, the World Bank and the Bill & Melinda Gates Foundation" are the core partners, aiming to play "a critical role in strengthening primary health care (PHC), bringing us closer to the Sustainable Development Goal (SDG) of Universal Health Coverage (UHC), ensuring that no one is left behind" (GAVI 2021). CEPI is a Norwegian Association "founded in Davos by the governments of Norway and India, the Bill & Melinda Gates Foundation, Wellcome, and the World Economic Forum" and financially supported by several countries, foundations and private sector parties[9] (CEPI 2021).

COVAX aims to provide "doses for at least 20 percent of countries' populations" while keeping a "diverse and actively managed portfolio of vaccines" and deliver these "as soon as they are available," aiming to "end the acute phase of the pandemic" and "rebuild economies" (WHO 2021a). Although, in my view, only aiming to supply 20 percent of the population in countries does not seem to indicate a human rights based approach, according to the WHO (2021b) an important principle of COVAX is *vaccine equity*. However, when analyzing the instruments and actors needed to accomplish this vaccine inequity, it is quite appalling that charities, good will and high hopes seem to be largely relied on. To begin with the WHO-driven COVID-19 fundraising campaign Go Give One, for example, fits snuggly in what we have termed a philanthrocapitalist frame (Nauta and Stavinoha 2012, 704). Moreover, according to WHO (2021b) civil society is enlisted to "rally governments to exercise their power for change." The private sector is mentioned as it "can donate both doses and dollars" while it is also stated that "manufacturers can share intellectual property so that vaccine production can speed up and scale up." Lastly, the WHO (2021b) COVAX initiative mentions that in order to achieve vaccine equity "governments can share vaccine doses, help secure funds and remove any barriers to equitable distribution." The sad thing in this type of discourse seems to be embedded in the word "can" because obviously a choice is implicated resulting in the private sector actors and governments to opt for "cannot." The way in which India and South Africa's request for a TRIPS waiver has been handled so far seems to confirm more of a cannot attitude among powerful private sector and Global North governments than a can attitude.

## SSC to Fight COVID-19

In terms of the current SSC efforts and potential in the fight against COVID-19 and the evident struggles that countries like South Africa and India are facing, we did witness, for example, Chinese Sinopharm vaccines being made available

in, for example, Brazil and Indonesia as well as the Russian Sputnik vaccine in Argentina, while the Indian Covaxin vaccine has been shipped to, for example, Bangladesh. Western commentators have frequently stressed the soft power involved under the heading *Vaccine Diplomacy* (Baraniuk 2021a, 2021b). Yet, when millions of people around the world and especially in developing countries do get access to life-saving vaccines due to these emerging power interventions, we should be careful to avoid derogatory pronouncements. In fact, by adding Chinese vaccines to the Emergency Use List, the WHO has made it clear that these vaccines are reliable and may also be distributed through COVAX (WHO 2021d). In fact, as they are fundamentally different from the mRNA vaccines, being based on inactivated virus, they do not need sophisticated cold storage facilities, which makes them much easier to handle and use in resource-poor settings (Mallapaty 2021).

Nevertheless, it is also clear that both Southern and Northern vaccines are rarely distributed for free. Although it is in many instances not clear what the exact price of vaccines is, it begins to emerge that huge profits are generated even when the prices are lowered for the least developed countries. Oxfam, part of the *People's Vaccine Alliance*, recently published several examples that are highly illustrative. According to the report "…Moderna has charged countries between 4 and 13 times the potential cost price of the vaccine and reportedly offered South Africa a price between $30-42 a dose—nearly 15 times higher than the potential production cost….Senegal, a lower-income nation, said it paid around $4 million for 200,000 doses for Sinopharm vaccines, which equates to around $20 a dose," while Pfizer/ BioNTech were said to have charged "their lowest reported price of $6.75 to the African Union," which is still "6 times more than the estimated potential production cost" (Oxfam 2021a). These examples show that both Northern and Southern actors seem in competition with each other to secure a foothold in developing countries while being primarily driven by a profit-motive rather than a human rights agenda.

In this light, one interesting recent development pertaining to potential SSC is the WHO initiative to hire a South African start-up *Afrigen Biologics and Vaccines* to reverse engineer the Moderna mRNA vaccine after Moderna declined to share its vaccine recipe (WHO 2021c; NPR 2021). A WHO spokesperson explained that the Moderna vaccine was chosen to be copied since the pharmaceutical company has declared that it will not enforce its intellectual property for the duration of the COVID-19 pandemic. Whether this WHO initiative will bear fruit, in face of plans by leading vaccine manufacturers, including Moderna, to rapidly build vaccine production facilities in developing countries and seriously ramp up production, will have to be seen. However, according to the WHO, in order to be better prepared in the future it "will still be enormously valuable to have cracked the code of mRNA production on behalf of low and middle income producers" (NPR 2021). Even if this initiative is ultimately successful in one way or another, it

is important that future prices and profits are carefully monitored and principles of true vaccine equity are kept in mind.

In conclusion to this section on the global health crises I would argue that we need to discuss and reflect on the more fundamental and structural dimensions of global capitalism and the future of global health.


## A Way Forward: Decolonizing Global Health

In their attempt to decolonize the history of global health, Huisman and Tomes (2021, 211) are highly critical of the way in which *the global* is normally "… presented as a neutral, post-national framework with a free flow of capital, while Western biomedicine is presented as a universal body of knowledge in need of global implementation." This perspective needs to be challenged by showing how ideas and practices from colonial times are perpetuated and how particularly the idea that "equity and health [are] just around the corner" must be critically interrogated in our hyper-capitalist world. Both the ways in which HIV/AIDS and COVID-19 have been tackled, as shown above, confirm the need of more structural approaches that take into account present and persistent inequalities, solidified in global institutional arrangements.

Besides the issues highlighted in this article regarding the COVID-19 crisis, with a focus on lack of access to treatment, it is also important to point out that the pandemic exposed other structural problems in global health. In a convincing but scathing attack on the inequalities and inequities embedded in the system Büyüm et al. (2020, 1) show that the "…current global health ecosystem is ill equipped to address structural violence as a determinant of health, and the system itself upholds the supremacy of the white savior." In an excellent Oxfam (2021b) briefing paper titled *The Inequality Virus* systematically discusses the devastating impact of the pandemic on the poor and vulnerable and has exposed, fed off and increased existing inequalities of wealth, gender and race. Women and people of color have been hardest hit and "hundreds of millions of people are being forced into poverty while many of the richest—individuals and corporations—are thriving" while "the world's 10 richest billionaires have collectively seen their wealth increase by $540bn" in the last nine months of 2020 (ibid., 2, 12). Lockdown measures, designed in the wealthier societies, saw millions of poor people lose their jobs. Loss of income caused huge problems for the poor and vulnerable in terms of access to food. Migrant workers and others, working in sectors where the exposure to the virus was unavoidable, faced tremendous danger, suffering and death. Poor children, without digital access to school, were bluntly cut off from education. Prevention efforts like social distancing and hand-washing, again designed in wealthier bubbles, were hard to achieve in slums where people were living in close quarters without access to clean water and

sanitation (ibid.).

The above leads Büyüm et al. (2020, 1) to assert that "COVID-19 disproportionately affects the world's marginalized, from Black, Indigenous and People of Color (BIPOC) communities in North America to migrant workers in Singapore." Moreover, they contend that the dominance of Western knowledge systems often ignores innovative solutions being piloted in the Global South. Combining this with the examples I have discussed above in terms of the fight against HIV/AIDS and COVID-19, I strongly agree with them when they call for "an agenda of re-politicizing and re-historicizing health through a paradigm shift, a leadership shift and a knowledge shift" (ibid., 1). We need a paradigm shift that enables us to decenter our white gaze and approach health crises from a human rights perspective. We need a knowledge shift to make more people aware of the way in which some knowledge is valued over other forms of knowledge and how in many instances the more structural issues are depoliticized. We need a leadership shift, in my view also a democratic shift, in which the poor and vulnerable and under-represented genders are represented in the institutions that matter.

## Conclusion

In light of the efforts by the UN to more firmly embed SSC and TrC in all its institutions, this paper first examined discursive shifts within the UN on South-South cooperation and shows how it has evolved from TCDC to SSC, TrC and nowadays predominantly SSTC. In my view it points to the fact that the Global North, initially excluded in an emancipatory move (e.g. G77, BAPA), has made a come-back in the 21st Century. Even so, as Haug (2021) has convincingly shown the UN has not yet mainstreamed SSTC and, in fact, the WHO as the most prominent actor in global health, finds itself in the category of *Stragglers*. Second, as the idea of solidarity features so prominently in SSC and TrC, I have aimed to show how the concept of organic solidarity by Durkheim (1984) is still useful, but may need to be replaced by what Mittelman (1995) has termed supra-organic solidarity to account for a hyper-globalized world marked by a highly unequal global division of labor. Furthermore, promoting an understanding of solidarity linked to Sub-Saharan African Ubuntu philosophy—I am because we are; your pain is my pain—in the Global North and the UN, as proposed by Tosam et al. (2017), could potentially mean that half-baked, mismatched and unfair solutions for the global poor and vulnerable are no longer considered appropriate, let alone implemented. Therefore, we need to conceptualize *sustainable development* in all its dimensions: the social, environmental, economic and institutional. Without altering non-democratic processes and unfair institutional arrangements in the global architecture in which UN institutions play a major role, lasting sustainable development solutions in which the poor get their fair share, grounded in a

human rights based approach, are still out of reach. That means we should also revisit the SDGs and interrogate their link with global capitalism. Third, by exploring how the world has responded to the ongoing HIV/AIDS health crisis and the COVID-19 pandemic, I would argue that SSC has potential when forms of transnational civil society political activism—fundamentally different from simply involving professional affluent middle-class dominated international NGOs in development initiatives—are given room to structurally (re-)shape lasting outcomes. But even then, as was shown in the example of fighting for access to life-saving HIV/AIDS medication, the powers-that-be are frequently able to recoup their dominant position and the logic of hyper-capitalism ordinarily prevails. That is why, fourthly, while recognizing that world's marginalized are mainly bearing the brunt of interlinking global crises, we need to rehistoricize, repoliticize and decolonize global health, while rejecting charity-based solutions. Only with a paradigm shift, a knowledge shift and a leadership shift (Büyüm et al. 2020) can we work towards a human rights based democratization of global health in which the poor, marginalized and vulnerable are gaining meaningful seats at the table. That is how we as human beings can ensure that our humanity is not compromised.

## Notes

1. Forty years after BAPA 1978.
2. Also known as *The Buenos Aires Outcome Document of the Second High-level United Nations Conference on South-South Cooperation* (UNOSSC 2019a).
3. France, 1858-1917.
4. In 2015 the life expectancy gap between low and high income was 8.6 years for men and 9.4 for women, up from 6.8 years (men) and 7.4 years (women) in 2005.
5. Yet, we must acknowledge that through colonialism, for example, exploitative relations had already become globalized in Durkheim's time.
6. Abstain, Be faithful and Condomize.
7. Anti-retroviral medication.
8. The labour union was very critical of the Mbeki government and called for a roll-out of ARVs.
9. Australia, Austria, Belgium, the Bill & Melinda Gates Foundation, Canada, Denmark, the European Commission, Ethiopia, Finland, Germany, Hungary, Iceland, Indonesia, Italy, Japan, Kuwait, Lithuania, Luxembourg, Malaysia, Mexico, Netherlands, New Zealand, Norway, Panama, Romania, Saudi Arabia, Serbia, Singapore, Switzerland, The Republic of Korea, United Kingdom, USAID, Wellcome and private sector entities as well as public contributions through the UN Foundation COVID-19 Solidarity Response Fund (CEPI 2021).

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