Mobilising Brazil as Significant Other in the Fight for HIV/AIDS Treatment in South Africa: the Treatment Action Campaign (TAC) and its global allies

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> The globalization of politics is not a one-way street. If relations of rule and systems of exploitation have become transnational, so have forms of resistance . . . . (Ferguson 2006: 109)

Abstract

This chapter examines how a local South African HIV/AIDS NGO negotiated an emerging multipolar world and turned for inspiration and support to Brazil, a 'significant other' in the global fight against HIV/AIDS due to its early model for universal access to AIDS medication funded by the state. The Treatment Action Campaign (TAC) mobilised the Brazilian government, NGOs like Médecins sans Frontières (MSF), and a host of activist organisations to ensure that ordinary South Africans could access life-saving medication. At the same time it meant to demonstrate to the South African government that a universal AIDS medication programme was a viable solution in South Africa also, even in resource-poor settings. In the process, the TAC became a valuable partner for Brazil and other global allies because it inspired the global campaign for treatment access and demonstrated how being locally rooted could be married with global action. Eventually Brazil, TAC, and others in the transnational activist HIV/AIDS network even managed to positively influence the Doha Declaration in terms of trade-related aspects of intellectual property rights (TRIPS), which made it possible to distribute generic medication for public health emergencies.

Keywords

Transnational activist networks; global civil society; HIV/AIDS; universal AIDS treatment; TRIPS

Introduction

In the second decade of the 21st century, the prominent role of China in Africa is hotly debated. Without denying the importance of this development, this chapter aims to shift focus to another emergent actor in Africa: Brazil. By focusing on the first decade of the 21st century and the fight against HIV/AIDS in South Africa, the role of Brazil is examined. This is done through the lens of the Treatment Action Campaign (TAC)—the most prominent HIV/AIDS organisation in South Africa and also a global actor—which vigorously battled the South African government that refused to establish a universal HIV/AIDS treatment programme. The TAC negotiated an emerging multipolar world and turned for inspiration and support to Brazil, a global model for universal access to publicly financed antiretroviral therapy (ART)[1] and at the same time a dominant actor in striving to strengthen the position of the Global South through improved South-South links and coalitions.

In the last two decades, Brazil seems to have shed its veil of modesty and transformed from a relatively humble actor to a much more dominant player on the global level. Although nearly everyone is aware of the BRIC (Brazil, Russia, India, China) initiative, countervailing the power of the Global North, the recent IBSA initiative, also known as the G3, is less well known. According to Arkhangelskaya, India, Brazil and South Africa formed the India, Brazil and South Africa Dialogue Forum in 2003, with the aim to promote South-South cooperation "in the spirit of the 1955 Bandung Conference of the Non-Aligned Movement" (2010: 1). Its establishment is described by Celso Amorim (2010: 231), Minister of Foreign Affairs at the time under popular President Lula da Silva:

> On President Lula's second day in office, I hosted Minister Nkosazana Zuma of South Africa and she raised the need for new mechanisms of coordination among some major countries of the South. Having gone through . . . so many failed attempts of establishing such groups, . . . I suggested we should try something relatively simple: a small group—only three countries—one in each continent of the South, all of them vibrant multiethnic, multicultural democracies, with an ever-increasing role in the world: India, South Africa and Brazil.

As Arkhangelskaya (2010) describes, the forum became active in various fields—international relations, trade and investment, exchange of technology, but also health care and, for example, tourism—and on various levels—government, civil society, business, media, and academia. In the light of this chapter, it is relevant that IBSA became a leading actor in recent WTO negotiations:

[1] The drugs that suppress the HI virus in a HIV-positive patient and prevent the patient becoming ill with full-blown AIDS.

> Leading the G21 coalition of developing countries in the Doha Round, India, Brazil and South Africa demanded the establishment of global market conditions that would allow the developing countries to benefit from their comparative advantages in agriculture, industry and services. Thus, the troika has cooperated with a view to eliminating the high non-tariff barriers to trade imposed by the developed countries. Other demands aim to reform the Bretton Woods institutions . . . . (Flemes 2009: 6).

Although the BRIC initiative seems to be more influential in today's world, Arkhangelskaya (2010) argues that IBSA is crucial for the position of Africa in the world. Moreover, quite recently BRIC and IBSA have begun to cooperate, as is illustrated by the establishment of a joint BRIC/IBSA business forum in April 2010.

In my view, the role of Brazil in the IBSA and BRIC initiatives illustrates the country's ambition to become a global actor. Its recent leaders such as Cardoso and Lula were ambitious, as is illustrated by a quote from President Lula:

> This is a country that has suffered from low self-esteem . . . . Brazil needs to recover its pride. And I think things are happening. I hope those who come after me can work to transform Brazil into a great economy (*Newsweek* 2009).

Interestingly, this ambition often comes with a human face, both nationally and internationally, as is illustrated by another recent initiative in the field of global health: UNITAID. This international drug purchase facility was established in 2006 by Brazil, Chile, France, Norway, and the United Kingdom and was funded by levies on airline tickets. It aims to contribute to the development of HIV/AIDS medication for children, expand access for the poor to newer generation HIV/AIDS drugs, and scale up prevention of mother-to-child transmission (PMTCT) programmes in developing countries (UNITAID 2011).

These examples leave no doubt that Brazil and its new allies refuse to be ignored on the world stage. In this chapter, however, I go back in time and focus on an earlier phase of Brazil's involvement in the emerging global HIV/AIDS movement, with the aim to reveal why this South American giant became such a valuable ally to a South African NGO and why the South African NGO and its global civil society partners became important assets for Brazil's global agenda. The TAC mobilised the Brazilian government and a host of activist organisations and NGOs like Médecins sans Frontières (MSF) through a transnational activist network, aiming to make ARTs available in Khayelitsha—one of the largest townships in South Africa—so that ordinary people could access life-saving medication, while at the same time demonstrating that a universal ART programme was a viable solution in South Africa, even in resource-poor settings. Ultimately, this global activist network for treatment access became a crucial tool in turning public opinion, globally and nationally, against the South African government for failing its poorer citizens, and against 'big pharma' and Western

interests for valuing profits over lives. For Brazil it offered an opportunity to pursue its social, economic and political goals and extend its global influence.

After a brief account of HIV/AIDS in South Africa and the emergence of the TAC, the chapter explores why Brazil became relevant as a 'Significant Other'. Subsequently, the chapter examines theoretically whether the concepts of 'global civil society' and 'transnational activist network' help us understand what we witness in the case of the global HIV/AIDS movement, or whether different interpretations of these concepts may in fact cloud our understanding of such phenomena and the powers at play. Lastly, as some scholars believe that we are entering an age of unprecedented South-South cooperation, this case is thought to contribute to our understanding of such arrangements and their future potential.

HIV/AIDS in South Africa and the Treatment Action Campaign

After the destructive influence of Thabo Mbeki[2] on the development of the HIV/AIDS epidemic as Deputy President under Mandela and in two terms as President,[3] we seem to be witnessing a reversal of HIV/AIDS politics in South Africa. Under his successor, Jacob Zuma,[4] the fight against HIV/AIDS is a real break with the past, particularly with the implementation of widespread distribution of antiretrovirals (ARVs) in public facilities. According to Chigwedere et al. (2008: 410) "more than 330,000 lives . . . were lost because a feasible and timely ARV treatment programme was not implemented in South Africa". As a result, South Africa's epidemic is "the largest in the world", according to UNAIDS, with an estimated 5.6 million South Africans living with HIV in 2009 (2010: 28),[5] although "the annual HIV incidence among 18-year olds declined sharply from 1.8% in 2005 to 0.8% in 2008, and among women 15–24 years old it dropped from 5.5% in 2003–2005 to 2.2% in 2005–2008" (ibid.). In other words, after decades of negligence, the South African government is now facing a mammoth task to reverse the massive suffering and dying of its population.

The civil society organisation that became one of Mbeki's main adversaries as it fought for universal treatment of the afflicted is the TAC, established on 10 December 1998 in Cape Town (Geffen 2010) as a campaign within the National Association of People with

[2] Mbeki denied the dominant role played by the HI virus and regularly caused controversy: "Personally, I don't know anybody who has died of AIDS" (*Washington Post* 2003).
[3] He did not complete his second term.
[4] Zuma himself has also been a controversial figure in the past, in terms of HIV/AIDS—for example, during his alleged rape trial when he suggested that a shower had a positive effect in preventing HIV infection.
[5] At the launch of an ambitious HIV testing campaign, Health Minister Motsoaledi mentioned that there are approximately 5.7 million South Africans living with the virus (M&G 2011).

AIDS (NAPWA). Inspired by South Africa's new constitution, TAC demanded "that the South African government introduce a national programme to prevent mother-to-child . . . transmission (PMTCT)" of HIV (Heywood 2009: 20). Since the main argument of the government for not implementing PMTCT was based on the price of the drugs, such as AZT,[6] TAC used the South African constitution to argue that the right to health of South Africans should prevail over the profits of international pharmaceutical companies. Since these companies, members of the Pharmaceutical Manufacturers Association (PMA), had already legally challenged South Africa's Medicines Act, which opened up avenues for parallel importation to reduce the cost of patented drugs, it was clear who the enemy was (Heywood 2009; Grebe 2008). Initially, as Heywood (ibid.) and Geffen (2010) noted, TAC did not envisage that in the years to come the South African government would become one of its main opponents, as it was not yet apparent that leading figures had come under the influence of AIDS denialism. Thus, the first meetings between the TAC leadership and the government seemed fruitful, ending with joint calls for reduced prices of ARVs.

However, in 1999, especially after Mbeki became President in June, the relationship between TAC and the government soured badly, as the cabinet, including the new Health Minister Tshabalala-Msimang, began to question the connection between an HI virus and AIDS while also stressing the toxicity of ARVs. Although this chapter can easily be filled with many examples of the delusions of Mbeki and leading ANC politicians,[7] one of the most obvious examples of Mbeki's association with denialists became the inclusion in the Presidential AIDS Advisory Panel, established in 2000 (Vliet 2004), of someone like American scientist Peter Duesberg, who claims that "AIDS is caused by non-contagious risk factors and . . . HIV is a harmless passenger virus" (2000).

Yet, although the TAC became one of Mbeki's fiercest critics, it must be emphasised that the TAC throughout its history had always attempted to maintain some kind of constructive relationship with the South African government and government bodies at the provincial and local levels. In this regard, the TAC always combined idealism and activism with pragmatism, to ensure that as many lives as possible were saved. In 2001, for example, TAC registered as 'friend of the court', alongside the South African government in its legal battle against the Pharmaceutical Manufacturers Association (Nattrass 2004; Vliet 2004). A particularly significant development was the cooperative relationship that was established

[6] "AZT: Zidovudine (formerly called azidothymidine [abbreviated AZT]), a drug used against human immunodeficiency virus (HIV), the virus that causes AIDS" (www.Medicinenet.com 2011).
[7] For a detailed account, see Geffen (2010), *Debunking Delusions*.

with the Provincial Government of the Western Cape, the only province not ruled by a majority of the ANC, as it disagreed that ARVs were toxic and acted in opposition to the national cabinet. The fact that the province began supplying AZT and formula milk to pregnant women in two township clinics as early as 1999 can be regarded, according to van Vliet (2004: 57), as one of the "first signs of political rebellion against national policy".

As this section is meant to introduce the polarised political atmosphere around HIV/AIDS in South Africa and the important role the TAC played in rallying support for the universal treatment of the disease, in defiance of the national government of South Africa, I end the section by highlighting two very influential events in which the organisation was actively involved in 2000. In my view, these reveal its essence as a determined and creative civil society organisation, combining a relative embeddedness in 'ordinary' local South African society with a well-established global connectedness. These are, first: the Christoph Moraka Defiance Campaign; and second: the Global March for Treatment ahead of the Durban International AIDS Conference.

It is sometimes forgotten that people who are infected with the HI virus need treatment on two fronts. The first concerns the opportunistic infections patients battle with and the second is the HI virus itself. With regard to the former, one of the great frustrations of the late 1990s was that essential medications to fight opportunistic infections were very expensive and unavailable to the masses. A common enemy of many AIDS sufferers, thrush,[8] for example, could be very effectively cured with Fluconazole, an anti-fungal drug of the Pfizer Company. As the drug was too expensive for the poor, Christopher Moraka, a TAC volunteer, had died. In his memory, the organisation decided to send its leader, Zackie Achmat, and a colleague to Thailand in October 2000, where they purchased Biozole, a generic version of the drug, for a fraction of the cost.[9] Although initially the TAC activists were under threat of prosecution, public opinion helped convince the Medicines Control Council (MCC) of South Africa to use its legal discretion to grant permission for the continued importation of the drug. Eventually, TAC would name this campaign the Christopher Moraka Defiance Campaign, in honour of its deceased volunteer (Geffen 2010; Grebe 2008; Heywood 2009).

As the 13th International AIDS Conference was the first to be hosted on the African continent, the eyes of the world came to be focused on the African epidemics and particularly the controversial role played by the Mbeki Administration. It turned out to become an historic conference, and the Global March for HIV/AIDS Treatment, according to Heywood (2009:

[8] A fungal disease, mostly of skin-like tissues.
[9] For the price of 60 Pfizer capsules, 1000 Biozole capsules could be purchased (Geffen 2010: 50).

32) has come to be understood as "a turning point in acceptance of the right of access to treatment for people in Africa and other developing countries". The conference itself became famous for the failure of Mbeki to leave his denialist position and reach out to the world.[10] Furthermore, it led to the so-called *Durban Declaration*, signed by 5,000 prominent scientists (*Nature* 2000), which presents the scientific evidence to prove that "HIV causes AIDS" and states strongly that "to tackle the disease, everyone must first understand that HIV is the enemy. Research, not myths, will lead to the development of more effective and cheaper treatments, and, it is hoped, a vaccine" (Ibid: 15-16). In terms of a call for universal treatment of AIDS patients, whatever their background and wherever they live, the speech by High Court Judge Edwin Cameron was highly significant:

> My presence here embodies the injustices of AIDS in Africa because, on a continent in which 290 million Africans survive on less than one US dollar a day, I can afford monthly medication costs of approximately US$400 per month. Amidst the poverty of Africa, I stand before you because I am able to purchase health and vigour. I am here because I can pay for life itself. To me this seems an iniquity of very considerable proportions . . . . (Cameron 2005: 110)

In the march ahead of the conference, organised by TAC and its local and international allies, approximately 5,000 local and international activists participated. According to Grebe (2008: 26):

> The TAC drew heavily on its civil society networks, particularly its extensive links within South African trade unions, NGOs and CSOs to mobilise support for the march and its demands . . . . While the principal focus of mobilisation was local . . . , [i]t was endorsed by at least 258 organisations from across the world, activist organisations, NGOs, academic groupings and trade unions . . . .

This march came to symbolise the strength of TAC as an activist organisation by illustrating its global connectedness, while simultaneously illustrating its roots in local communities. This combination of local and global connections would become a valuable resource in the decade to come.

Brazil as Significant Other

In behavioural sciences and sociology, the term 'significant other', coined by early 20th century sociologist G. H. Mead, refers to a key person in our social group whose behaviour we copy, particularly as children (Mead 1934, cited in Rotarua et al. 2010: 331-2). In my view, this term is useful when one discusses the role of Brazil with respect to the fight against HIV/AIDS in South Africa. On the one hand, Brazil, with its successful universal ART programme, is frequently referred to when describing South Africa's failures; on the other

[10] "[W]e could not blame everything on a single virus" (Mbeki 2000).

hand, Brazil became actively involved in the solutions meant to break South Africa's deadlock, as this chapter explores. Brazil became the significant other that acted admirably and responsibly and eventually helped to bring about change in South Africa.

Many scholars who have written about the controversial and failed HIV/AIDS policies in South Africa have referred to its successful, 'significant other', Brazil (Farmer et al. 2001; Nattrass 2004; Gauri & Lieberman 2006), since Brazil is famous for its universal distribution of ARTs since 1996. Moreover, Brazil and South Africa are often compared because they share similar characteristics, as small parts of their societies are very wealthy and highly developed while large parts of their societies are still poor. Seekings writes, for example: "it was hardly surprising that South Africa competed with Brazil and a handful of other countries for the indignity of having the most unequal distribution of income" (2007: 2)—and indeed, as Gauri and Lieberman (2006) argue, both are middle-income countries that are among the most unequal societies in the world, with a Gini index of 57.8 for South Africa and 55.0 for Brazil (UNDP 2009).[11]

According to Bastos (1999), the epidemic in Brazil initially had all the characteristics of HIV/AIDS in 'the West', affecting mainly the well-known risk groups: homosexual men and injecting drug users. For a while even, the disease was framed in the media as a 'disease of the rich'. However, when women started to appear more prominently in the statistics in the early 1990s—in 1983, forty men for every woman; in 1996, three men for every woman (Biehl 2004)—speculation of an 'Africanisation' of HIV/AIDS—meaning a heterosexual spread into the general population through malnourishment, poverty and promiscuity[12]—is said to have contributed to the realisation that the epidemic in Brazil needed to be tackled more forcefully. In South Africa, although also associated with gay men—Zackie Achmat of the TAC and High Court Judge Edwin Cameron—HIV/AIDS was particularly recognised as an heterosexual 'African' problem, as a statement by Conservative Party member Clive Derby-Lewis illustrates: "If AIDS stops black population growth, it would be like Father Christmas" (Debates of Parliament 18 May 1990, col. 9797; cited in Vliet 2004: 51).

When comparing the HIV/AIDS response of Brazil with that of South Africa, one date in particular is revealing and significant: 1996. This was the year that Brazil's President Cardoso signed legislation making ARTs universally available to all registered HIV/AIDS

[11] Interestingly, the World Bank in its country briefs claims that the Gini coefficient for South Africa has deteriorated from 0.64 in 1995 to 0.67 in 2008, while the Gini coefficient for Brazil has improved from 0.596 in 2004 to 0.54 in 2009, owing to, amongst other factors, social programmes.

[12] Promiscuity, in particular, is one of the potent myths that is frequently mentioned when it comes to explaining HIV/AIDS in Sub-Saharan Africa (Nauta 2010).

patients. Within a year, Brazil provided ARTs to 175,000 patients, mainly funded by the government (Bass et al. 2009; Gauri & Lieberman 2006). This should be contrasted with the establishment of a universal rollout programme in South Africa as late as 2004, with only 1,500 patients on drugs funded by the government and 21,000 funded through other means (Heywood 2009; Nattrass 2004; Gauri & Lieberman 2006). It exposes how fundamentally different the approaches were, particularly if one takes into account the number of HIV-positive people in each country: 610,000 in Brazil and 5,000,000 in South Africa in 2002.[13]

Some scholars, such as Bass et al., explain the dedicated and progressive response in Brazil, mainly by a prominent role of civil society organisations:

> Brazil was a notable country in which activist groups in civil society pressured the government to take activist stances itself, ultimately forming a coalition of non-governmental organizations (NGOs), policy makers, scientists and pharmaceutical manufacturers which would prove to the world that it was possible for a less-developed nation to effectively address its AIDS crisis (2009: 155).

Others, such as Biehl (2004), also stress other important factors, such as economic factors and the role of the World Bank, to explain the Brazilian response. Below, this question is examined in more detail. However, I first explore how the global AIDS movement should be understood in theoretical terms. Is it an example of an emerging global civil society? Or should one conceive of it in terms of a transnational activist network?

The global AIDS movement as transnational activist network?

In his book about Africa in the neoliberal world order, James Ferguson (2006) asks pertinent questions about the usefulness of concepts like 'local' and 'civil' when scholars examine the role of international NGOs like Oxfam and MSF in African contexts where they have taken over state-like functions. In addition, he questions the implications of a globalisation of politics and argues: "The globalization of politics is not a one-way street. If relations of rule and systems of exploitation have become transnational, so have forms of resistance . . ." (2006: 109). This is indeed what this chapter seems to confirm when describing and analysing the role of the TAC vis-à-vis the South African government. It becomes clear that the organisation is firmly embedded in a global network of activists, activist organisations, and NGOs in the field of HIV/AIDS. In this way, TAC inspires and is inspired by this multitude of HIV/AIDS actors which it, directly or indirectly, interacts with. In fact this system, this network or collection of networks, has become very vibrant, complex and influential in the global fight against HIV/AIDS and includes a very diverse array of people, organisations and

[13] UNAIDS 2002, cited in Nattrass (2004: p. 20).

institutions. In order to make sense of this 'constellation', I aim to use three articles: *Transnational Advocacy Networks in International and Regional Politics*, by Margaret Keck and Kathryn Sikkink (1999), *The Idea of Global Civil Society*, by Mary Kaldor (2003), and *The Limits of Global Civil Society*, by Neera Chandhoke (2006). These may be of help in understanding the constitution and workings of such networks and their weaknesses and strengths.

The literature, grappling with the phenomenon of the global fight against HIV/AIDS, frequently refers to the work of Keck and Sikkink (1999), who quite clearly and systematically analyse the type and functioning of the networks consisting of diverse actors. In their view, the term 'transnational advocacy networks' best describes what they wish to understand. In their words, "a transnational advocacy network includes those actors working internationally on an issue, who are bound together by shared values, a common discourse, and dense exchanges of information and services" (1999: 89). In fact, they "refer to transnational networks (rather than coalitions, movements, or civil society) to evoke the structured and structuring dimension in the actions of these complex agents" (ibid: 90). Moreover, the authors explain that these transnational networks participate at the same time "in domestic and international politics . . . to affect a world of states and international organizations constructed by states" (ibid: 90). In their view, these transnational advocacy networks are distinct from what others have called 'global civil society'. However, when Kaldor describes the development of global civil society in the late twentieth century, she states:

> During the 1990s, a new phenomenon of great importance was the emergence of transnational networks of activists who came together on particular issues—landmines, human rights, climate change, dams, AIDS/HIV, corporate responsibility. I believe they had a significant impact on strengthening processes of global governance, especially in the humanitarian field (2003: 588).

In other words, she conceives of these networks as part of global civil society in the 1990s, which is something I return to below.

Although I am also critical, as will be discussed below, the Keck and Sikkink article is very useful, as it does away with our usual understanding of advocacy and activists, in which we mainly envisage the Seattle anti-WTO protesters or NGO activists. In their view, we should conceptualise these actors as being much more diverse, including international and domestic NGOs, research and advocacy organisations; local social movements; foundations; the media; churches, trade unions, consumer organisations, intellectuals; parts of regional and international intergovernmental organisations; parts of the executive and/or parliamentary

branches of governments (1999: 92). In my view, particularly this last category is rarely envisaged when we describe activism with a global reach. In this regard, the review article by Orenstein and Schmitz about 'new transnationalism'—which "studies the regular interactions between state and non-state actors across national boundaries aimed at shaping political and social outcomes at home, abroad, and in an emerging global sphere of governance" (2006: 482)—is also useful. Interestingly, they also caution us in our understanding of governments, which are normally defined as more or less encapsulated entities which negotiate or interact with each other on a global level. They refer to the work of Slaughter (2004), who contends that:

> . . . state entities such as the judiciary, the legislature, and governmental bureaucracies react to globalization by developing horizontal transgovernmental networks to their equivalent units in other nations . . . [These] transnational governmental networks regulate and coordinate state behaviour with counterparts in other states and other transnational and international actors. Viewing states as fundamentally interconnected in complex webs of interdependence presents a radical critique of the traditional comparative politics paradigm but also offers new opportunities for an expanded reach of a new kind of comparative research (Slaughter 2004, cited in Orenstein & Schmitz 2006: 491).

In this regard, it is useful to discuss the *boomerang pattern*, a frequently cited heuristic tool by Keck and Sikkink::

> Where governments are unresponsive to groups whose claims may nonetheless resonate elsewhere, international contacts can 'amplify' the demands of domestic groups, pry open space for new issues, and then echo these demands back into the domestic arena (1999: 93).

It is useful as it illustrates the value of global ties for the domestic struggles of local groups with their government. However, it may also hide aspects of the ways governments operate in the globalised era. One such aspect was also highlighted by Keck and Sikkink when they described how governmental actors on various levels in diverse fields are themselves part of transgovernmental networks. The boomerang pattern, therefore, as it stresses the unresponsiveness of the government may reinforce stereotypes of 'explanatory nationalism' (Pogge 2008: 18), whereby the grave problems in developing countries are usually explained in terms of local problems—authoritarian regimes and corruption. Such analyses are flawed because they fail to recognise the role of Western governments and Western transnational corporations and how these operate to guarantee a steady flow of cheap raw materials and resources from the South.

Before continuing to critically appraise Keck and Sikkink's contribution, it is useful to first consider the writing of Chandhoke (2006) and Kaldor (2003) about *global civil society* in

order to aid us in determining other critical issues in understanding the global dimensions of activism. Let us begin with Kaldor's definition:

> Global civil society is a platform inhabited by activists . . . , NGOs and neoliberals, as well as national and religious groups, where they argue about, campaign for (or against), negotiate about, or lobby for the arrangements that shape global developments. There is not one global civil society but many, affecting a range of issues . . . (2003: 590-1).

This definition is crucial, as it problematises the various meanings of the term 'global civil society'. In this way, Kaldor warns us against an understanding of civil society, particularly promoted by the international financial institutions (IFIs), which dominates the thinking about development and North-South relationships, and which she refers to as "the neoliberal version" (2003: 588-9). It mainly includes NGOs as "tamed social movements", which Edwards (2009) has described as the neo-Tocquevillian version of civil society. In addition, Kaldor describes two other understandings of civil society—namely, the transnational networks of activists, or what she calls the "the activist version", and the new religious and ethnic movements, which she calls "the postmodern version" (ibid.).

It is particularly this 'neoliberal' understanding of global civil society and its dominance in development policy circles and theoretical debates that we need to be aware of. In this connection, it is useful to turn to Chandhoke (2006), who formulated several critical issues in her debate with scholars who may be too positive about the role and potential of global civil society to fundamentally alter the global economic, social and political order:

> . . . the notion that global civil society can institutionalise normative structures that run counter to the principles of powerful states or equally powerful corporations, which govern international transactions, should be treated with a fair amount of caution. Of course, actors in global civil society have made a difference . . . . But they function . . . within the realm of the possible, not within the realm of the impossible . . . , within inherited structures of power that they may modify or alter but seldom transform . . . : 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 do not permit any transformation of their own agendas (2006: 52).

Chandhoke argues that such agendas are often dominated by Northern-based professional international NGOs—or, in Kaldor's terms, the neoliberal version of activism:

> Global civil society organizations have emerged as a powerful and influential force on the world stage, affecting as they do both domestic and international policies, deciding as they do the fate of some authoritarian governments at least, and laying down agendas as they do (Chandhoke 2006: 40).

According to Chandhoke, particularly the concept of *good* governance, promoted in the 1990s by the IFIs and effected through international NGOs, came to signify a type of governance that was stripped of politics. In her view, such "associational activity at the global level tends

to acquire a life of its own" (2006: 46), whereby "the post-Washington consensus . . . views protest and struggle, which happen to be an integral part of civil society, as problems that have to be resolved through managerial techniques" (2006: 45). In fact, it is precisely this more political Habermasian interpretation of civil society—civil society as public sphere[14]—that is usually ignored by mainstream development actors. Accordingly, Chandhoke agrees with Kaldor, who quotes Mahmoud Mamdani: "NGOs are killing civil society" (2003: 589). Hence, Chandhoke struggles with the question whether global or international NGOs actually help ordinary people in the South to be empowered or disempowered, to be politicised or be depoliticised:

> . . . . it is possible that participants in demonstrations are handed a political platform and an agenda that has been finalized elsewhere. This is hardly either democratic or even political, it may even reek of bureaucratic management of participatory events. (2006: 48)

Thus, Chandhoke warns that activists in the Global North, or the affluent bubbles of the Global South, may be too dominant in setting the activist agenda, particularly as they may have much better access to modern communication technology and resources to travel to international conferences. Thus, she seems to disagree with Keck and Sikkink, who optimistically argue that such global activist networks "are not conveyor belts of liberal ideals, but vehicles for communicative and political exchange, with the potential for mutual transformation of participants" (1999: 100). According to Chandhoke, such mutual transformation may be limited or even impossible, as our world is dominated by powerful states, corporations and modern capitalism. This is especially true in the realm of 'development', where an understanding of civil society as a public sphere is frequently ignored.

It is therefore worthwhile to examine the global activist network in the field of HIV/AIDS, and in particular the network that developed between Brazil, the TAC, and the coalition of international activist groups and international NGOs. According to Follér (2010):

> The Brazilian state has different roles to play, one of which is the foreign policy goal of expanding the Brazilian pharmaceutical industry into the global market. The other is in the realm of domestic policy, namely that when it comes to AIDS governance Brazil has taken on the role of an 'activist state'. Thanks to these efforts, and those of the Brazilian social movements, a solidarity-based globalization is taking place that benefits people living with HIV/AIDS in Brazil and also in other countries (p. 216).

In my opinion, although Follér does indeed refer to the possible economic motives of Brazil, her conclusion that we are witnessing a solidarity-based globalisation may be a bridge too far, as Chandhoke has shown above. Furthermore, it is necessary to critically examine the role of

[14] For a useful discussion, see Edwards, Chapter 4 'Civil Society as Public Sphere' (2009: 63-81).

state actors in these global activist networks. The fact that Brazil is now frequently described as an 'activist state' could, in reality, cloud our understanding of what is really going on. Lastly, it is indeed important to critically examine the role of influential global NGOs. Let us keep these questions in mind in the next section.

The Global Treatment Access Network at Work

In order to understand the emergence of the global treatment access network, I will begin to sketch how the TAC rallied the help of its Brazilian and international allies to prove the feasibility of universal ART treatment.

Generic Drugs in Khayelitsha

We pick up the story of the TAC and its global allies after the 13th International AIDS Conference in Durban in 2000. Although the relationship with the government had become rather strained after the conference, a huge victory could be celebrated in early 2001 as the Pharmaceutical Manufacturers Association (PMA) withdrew its lawsuit against the South Africa government and its Medicines Act, thereby opening up avenues for parallel importation. Yet, while the pharmaceutical industry finally withdrew its case, particularly because the TAC successfully rallied international attention for the case, Nattrass shows that the South African government in an out-of-court settlement ultimately "agreed to rephrase the Act to make clear that compulsory licensing was *not* being provided for" (2004: 53). At the time, however, the TAC believed that the withdrawal signified the beginning of universal treatment of the poor: patient rights over patent rights.

This could not be further from the truth. First of all, the government persisted in foot-dragging in implementing a national programme to prevent mother-to-child transmission of HIV. Although PMTCT was scientifically proven to markedly reduce HIV infection of newborns of HIV-positive mothers; and although South Africa had the means to implement such a programme, the cabinet actively obstructed the free distribution of Nevirapine to pregnant mothers owing to its denialist stance. This injustice led to a moral outcry and prompted the TAC to initiate legal proceedings against its own national government (Heywood 2009: 32) and the provincial governments in South Africa (except for the Western Cape, which cooperated closely with the TAC). In a landmark ruling on 14 December 2001, the judge ordered the state "to provide Nevirapine to prevent MTCT in all public health facilities" (Vliet 2004: 70). This signified another major victory on the slow road to realise a universal ART programme in South Africa. However, although the government did indeed

begin to roll out PMTCT, it took years before a countrywide MTCT programme was effectively in place, with poor facilities and staffing frequently given as the excuse. When it was finally in place, it saved the government "the costs of medical care for tens of thousands of infants who would otherwise have been infected with HIV" (Heywood 2009: 25).

After this victory, the TAC had to battle new arguments invented by the government to prevent it from rolling out a universal ART programme: 1. unaffordability and cost-effectiveness; and 2. the benefit of good nutrition (as opposed to the toxicity of ARTs[15]). For the sake of brevity, I focus mainly on the first argument.[16] According to Nattrass:

> The discourse of 'unaffordability' is protected from public scrutiny by what amounts to a technocratic argument on the part of the state that only the government is in a position to evaluate and rank the full spectrum of social objectives/needs/priorities; and that having reviewed all competing claims, has determined that full-scale roll-out of anti-retroviral treatment for all is 'unaffordable' . . . (2004: 59).

In other words, the government limited the official debate in South Africa to the narrow boundaries of permissible fiscal expenditure on health care. Moreover, it has been repeatedly suggested that members of the cabinet did not want to spend huge amounts of funds saving the unproductive poor.[17]

In order to effectively surmount these obstacles, the TAC built on its success in the Fluconazole campaign and mobilised local South Africans on the ground and all its global contacts, particularly its close ally MSF, to prove to the South African government that treating HIV/AIDS with cheap generic drugs was cost-effective and could even be achieved in areas with limited health facilities in resource-poor settings. The pilot project that was deemed most suitable was situated in the township of Khayelitsha, not far from Cape Town:

> In April 2000, in collaboration with the Provincial Administration of the Western Cape, MSF set up three HIV/AIDS dedicated clinics within Khayelitsha's primary health care centers. In May 2001, the HIV/AIDS clinics began to offer ARV treatment to people in an advanced stage of HIV infection. [It] was initiated to demonstrate that treating HIV/AIDS with antiretroviral (ARV) drugs in a primary health care setting and in a resource-limited environment is feasible and replicable. In addition, it aimed to prove that developing countries can provide affordable HIV/AIDS care with low-cost ARV drugs (WHO 2003: 2).

[15] Mbeki on the risks of ARVs: 'it would be a criminal dereliction of duty if our government did not say, how do we cope with the toxicity of these drugs . . .' (Mbeki 2001).

[16] For those interested in how the government abused the necessity of good nutrition as an excuse to promote a recipe of garlic, lemon, beetroot and olive oil[16] and get into bed with quacks like Matthias Rath, the excellent study of Geffen (2010), *Debunking Delusions*, provides good reading.

[17] At a cabinet meeting, Trevor Manuel is alleged to have stated: "It does not make financial sense to spend money on people dying anyway, who are not even productive in the first place" (cited in Gumede 2005: 163).

In order to gain access to cheap drugs, the TAC and MSF South Africa contacted MSF Brazil and its local partners, particularly Dr. Eloan Dos Santos, head of Brazilian state pharmaceutical company Farmanguinhos.

In January 2002, three TAC members—Zackie Achmat, Matthew Damane and Nomandla Yako—accompanied by someone from labour union COSATU went to Brazil to visit Farmanguinhos. The goal was to learn more about the production of generic AIDS drugs, bring back generic medication for the antiretroviral pilot programme in Khayelitsha, and, thus, encourage the South African government to issue compulsory licences on essential medication. As was explained by Achmat on his return at a press conference attended by TAC, MSF, Oxfam and COSATU:

> We want the government to demonstrate the political will to bring the Medicines Act into operation, to ensure that there are compulsory licences so that we can have local production of generic medicines, to ensure that the price comes down and that we can treat people (Beat It! 2002).

According to a TAC document, "Farmanguinhos . . . manufactured and sold these medicines to MSF Brazil. MSF Brazil has donated these drugs to the MSF antiretroviral pilot programme in Khayelitsha" (TAC Unknown: § 10). Indeed, as Dr. Eric Goemaere of MSF South Africa explained in an interview,[18] a clever scheme was devised to ensure success, based on the lessons learned when TAC illegally imported a generic version of Pfizer's Fluconazole from Thailand (as was described above).

First of all, Farmanguinhos sold the drugs to MSF Brazil at cost price in order to ensure the lowest price possible. Dr. Eloan Dos Santos[19] was an important ally, countering criticism by Western pharmaceutical companies that accused Farmanguinhos of being able to produce cheap generics because of unfair subsidies and employing slave labour:

> The workers of Farmanguinhos are paid by the production of Farmanguinhos. That is the first point: there is no subsidy. Second, slave labour is what *they* do [with] the Third World. They indebt the Third World so that the G7 countries get richer: that is slave labour! When we work . . . [the] fruit of our labour enriches the G7, and that is exactly the aim of the IMF, to make us dependent, always subordinate. In that way *we* are slaves. The law of slavery has been replaced by another logic: IMF globalization!

Second, by selling the generics to MSF Brazil, Farmanguinhos avoided being accused of exporting the drugs illegally and Brazil having to face the wrath of the United States.[20] In other words, MSF Brazil became responsible for the 'export', by donating the drugs to MSF

[18] Telephone interview, 10 March 2011.
[19] Dr. Eloan Dos Santos in the documentary, Beat It! (2002). Quote based on subtitles, original in Portuguese; my emphasis.
[20] As Goemaere explained, some figures in Brazil's central government were somewhat embarrassed at first when TAC and MSF announced the shipment of the drugs at a South African press conference.

South Africa. Thirdly, the doctors in Khayelitsha had already started a number of patients on the Brazilian generic drugs before this highly visible PR stunt was broadcast and publicly announced. This was strategically important because "this was very provocative and the whole idea was that it was much more difficult to stop patients who have started treatment than to prevent some people to go on treatment . . . ".[21]

Although ultimately the South African government would not issue compulsory licenses, the pilot programme in Khayelitsha proved a great success. According to the WHO:

> MSF obtained permission from the South African Medicines Control Council under the Medicines Act . . . for the use of unregistered generic ARV drugs. Authorization required sufficient evidence about drug quality . . . . The price of the first-line regimen . . . was half the cost of the lowest possible price offered by the proprietary companies to governments (US$ 3.00 per person per day) and nearly a quarter of the price in the private sector . . . . Later in 2002, the price of this Brazilian combination dropped further to US$ 1.08 per person per day (2003: 9).

It would prove to the South African government that a universal ART programme was feasible, even in poverty-stricken areas. Although Brazil subsequently offered to assist South Africa through technology transfer[22] to establish a South African state pharmaceutical plant, the government of South Africa would eventually decide to produce generics through the private sector (Aspen Pharmacare).

In conclusion, it is important to understand how these local struggles of the TAC in South Africa, supported by its global allies, were related to the critical negotiations at the Doha Development Round. In the next section, I explore how both the TAC and Brazil functioned as part of this global activist network.

Brazil and the Global Activist Network

As the TAC battled the Pharmaceutical Manufacturers Association (PMA) and the South African government, and—in the process—managed to successfully mobilise quite a following, the global struggles for affordable treatment were also at their height. Eventually these struggles would cross-fertilise each other, and TAC would prove to be a valuable member in this global network of activists. While, according to Grebe (2008), the government of Brazil took a lead role in getting the Doha Declaration adopted and MSF did crucial work to ensure that developed countries would not oppose it, Achmat contends that "the Doha Declaration could not have occurred without the PMA case and the attention it focused on the

[21] Telephone interview with Dr. Eric Goemaere (former Head of MSF South Africa; now Medical Coordinator at MSF), 10 March 2011.
[22] According to Goemaere (2011), Dr. Eloan Dos Santos came to South Africa to offer the government the assistance of Farmanguinhos in terms of technology transfer.

relationship between intellectual property rights and access to AIDS treatment thanks to the TAC and its allies" (cited in Grebe 2008: 28-9). This is confirmed by Nunn (2009), whose book, *The Politics and History of AIDS Treatment in Brazil*, describes the significance of the PMA case for the global campaign for access to generic medication.

Furthermore, local American activists played a major role in putting pressure on the US government, as did Brazil, arguing that even the US had recently pressured Bayer to lower anthrax drugs' prices when the country was gripped by the fear of powder bombs in the post-9/11 era. As is argued by Smith and Siplon, "the Doha Round would go down as a victory, though not a complete one, in the activist/developing country column" (2006: 123). The authors refer to Paragraph 4 of the Doha Declaration, which states that "the TRIPS agreement does not and should not prevent members from taking measures to protect public health" and that "the Agreement can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health, and in particular, to support access to medicines for all" (2006: 123; WTO 2001). If one wants to understand the role of Brazil, it is useful to turn to Biehl (2004), who has written extensively on the role of the Brazilian government in the fight against HIV/AIDS, domestically as well as globally. Why was Brazil so proactive, and what motivated the government and non-government sectors to become such influential actors in support of local and global treatment access?

Initially, when HIV/AIDS surfaced in Brazil, which was still under a military dictatorship, local gay activists compelled local health services in Brazil to institute HIV/AIDS programmes. As a result, "in São Paulo, for example, such a mobilization led to the creation in 1983 of a state-wide public health AIDS program, the first of its kind in Latin America" (Biehl 2004: 107). At the same time, grassroots organisations and NGOs were established because the state public health sector was "underfunded and understaffed" (ibid: 108). Moreover, as Petchesky has shown, "the onset of the epidemic in the early 1980s in Brazil coincided, in a critical historical conjuncture, with the end of dictatorship and the flurry of civil society and democratisation movements . . .", such as the gay movement (2003: 98).

In the 1990s, the World Bank provided loans to Brazil and pushed for a programme to fight HIV/AIDS, which broadly fitted a neoliberal agenda. The programme stressed prevention and was rolled out through the active non-governmental sector (Biehl 2004; Flynn 2008), with only a limited role for the government and its crumbling state pharmaceutical sector and public health facilities. It was in a period when Latin America faced structural adjustment programmes that were highly criticised "as catalysts for dismantling public social welfare programs, undermining national markets and facilitating the Euro-American takeover

of strategic sectors of the economy" (Petras & Veltmeyer 2002: 292). However, when it became clear that HIV patients in the US and Europe were successfully treated with ARV drugs,[23] Brazilian activists used the Brazilian constitution of 1988, which "made health everyone's right and the state's duty" (Biehl 2004: 108), to pressure the Cardoso government (1995-2002).

Ultimately, as described above, this resulted in the signing, by President Cardoso, of a law to make AIDS medication universally available. However, what makes the scholarly contributions by Biehl (2004) and, for example, Nunn (2009) valuable is that—while recognising the significance of the activist community—they also probe beyond it in order to expose other agendas of the Brazilian state. According to Biehl, one should first take into account the importance of the fact that, months before, Brazil had signed the treaty on Trade-Related Aspects of Intellectual Property Rights known as TRIPS—yielding to pressure by the global pharmaceutical lobby—because Brazil was keen to attract foreign investments. Thus, the "antiretroviral law [fit] into President Cardoso's plan to internationalise Brazil's market" and to increase competition on the domestic market in order to drive the prices down (2004: 112). By 2004, Brazil had become the eighth largest pharmaceutical market in the world (ibid.).

However, the government did not accept the high prices of these foreign drugs and devised strategies to reduce the cost of essential medicines. On the one hand, Health Minister Serra repeatedly threatened to issue compulsory licenses in order to force the drug companies to lower their prices (Flynn 2008; Nunn 2009); and, on the other hand, the government took action to reduce prices even further by allowing "the entrance of generics in the Brazilian market and [giving] incentives to their local production" (Biehl 2004: 116). Lastly, as described above, Brazil became instrumental in the Doha Declaration victory. According to Biehl (2004) and Nunn (2009), Health Minister José Serra became a powerful figure:

> Seizing a window of political opportunity, Serra was able to harness the energy and technical abilities of Brazil's public drug facilities, the domestic AIDS and [activist] movements, the Brazilian AIDS program's high-profile public image . . . , and an international movement for AIDS treatment to his advantage. Through concerted efforts to change global essential medicines institutions, Serra . . . lowered Health Ministry HAART[24] costs, enhanced his own political profile, and contributed to important changes in global essential medicines institutions (2009: 140).

[23] As Garrett (2007: 2) argues: 'practically overnight, tens of thousands of infected men and women in wealthy countries started new treatments, and by mid-1997, the visible horrors of AIDS had almost disappeared from the United States and Europe'.
[24] HAART: Highly Active Anti-Retroviral Therapy.

A last issue that informed the Brazilian strategy to provide AIDS medication to all in need, or "biotechnology for the people" (Biehl 2004: 105), was an economic evaluation of the costs and benefits of such a programme. Universal treatment would be cheaper because it saved costs. Not only did the programme within a few years lead to a decline in AIDS deaths, it also led to a decrease in the number of hospitalisations due to TB and pneumonia (Biehl 2004). According to Achmat[25] and Simcock (2007): "Historical evaluations suggest that [Brazil's] ART policy led to a 40–70% decrease in mortality, a 60–80% decrease in morbidity, and an 85% decrease in hospitalisations" (Greco 2006: cited in Achmat & Simcock: 14). However, before celebrating Brazil's achievements, Biehl also warns us that the Brazilian AIDS programme may fail to reach the poor and marginalised who do not use public health facilities and who do not seek "assistance, medical or pharmaceutical" (2004: 120).

According to former President Cardoso, one can only understand the role of Brazil if one recognises that we are witnessing "a new phase in capitalism [which] does not necessarily limit states; it also opens up new perspectives". This "new concept of a state" is a type of state that is able to act effectively against monopolies and play a significant role in regulation, while at the same time it is "a porous state so that society can act in it" (Cardoso 2003: cited in Biehl 2004: 114). Although one could disagree with the label 'activist state', conceived by Biehl (2004: 114), it is clear that the non-governmental sector was strong, due to earlier neoliberal interventions by the IFIs and the fact that, in the HIV/AIDS field, many of the old activists had successively migrated to the government. According to Petchesky:

> What also makes the Brazilian context unique, however, is the responsiveness of government officials, particularly in the national, state and municipal health departments, to popular and NGO demands. This is not an accident, since many of these officials, especially at middle bureaucratic and municipal levels, have come out of the gay, lesbian and feminist movements (2003: 99).

This last issue leads us to consider how the global network of activists came about. Who was involved? How did these activists meet? How were common agendas forged?

First of all, it is important to consider the role of international AIDS conferences. According to Nunn:

> After the Vancouver AIDS conference, in the late 1990s, a variety of international advocacy organizations in several different countries became increasingly vocal about the global need to address global HIV/AIDS treatment challenges. . . . . Médecins Sans Frontières . . . that had historically focused on providing direct medical services . . . in developing countries, began its Campaign for Access to Essential Medicines . . . after learning that many of its field offices could not provide adequate medical

[25] Of the TAC.

> services to underserved populations because of prohibitive costs of many medicines, particularly ARVs (2009: 120)

In addition to MSF, American organisations like ACT UP began to focus on global treatment, after HIV/AIDS in the US and Europe had become more or less a manageable disease. Its members became very active in Health Global Access Project Coalition (Health GAP) (Smith & Siplon 2006). It became a crucial node in the global activist network and an important actor in so-called listservs, internet communication channels used to share information about the pandemic and local and global activist strategies and challenges. Furthermore, according to Nunn (2009), Health GAP "prompted and provided momentum for a series of important policy changes during the Clinton Administration that paved the way for a series of global institutional changes", such as the Doha Declaration (as was described above). Eventually, "as public policy issues grew increasingly interdisciplinary and complex, a coalition of NGOs such as MSF, CPTech, Oxfam International, Health GAP, TAC, and others were no longer engaging solely in campaigns, political action, and international advocacy" (2009: 121). Grebe describes how the TAC became part of this network:

> Achmat attended an MSF conference on access to medicines in Amsterdam in late 1999 at which he met activists already active on intellectual property rights issues, notably . . . from Consumer Project on Technology (CPT, now Knowledge Ecology International) as well as American AIDS activists . . . from ACT UP Philadelphia. After the conference, [he] maintained contact . . . principally by email, including through the IP-Health mailing list . . . . (2008: 28).

Or, as Heywood (2009: 17) shows, "links were made with groups such as the Gay Men's Health Crisis (GMHC) and ACT-UP, who in 1999 came to South Africa to provide training to the first cadre of TAC treatment literacy activists", who in turn would be educating the general public about HIV/AIDS science. Even today, this network is still strong, as is described by Follér:

> A recently started South-South project between AIDS NGOs . . . was a satellite-conference on "Access to AIDS Treatment and Intellectual Property" that took place at the XVII International AIDS Conference in Mexico City in August 2008. The Brazilian partners were The Working Group of Intellectual Property (GTPI) and the Brazilian Interdisciplinary AIDS Association (ABIA). [They] initiated and designed the project together with NGOs from Colombia, India, China, South Africa, and Thailand (2010: 211-2).

Another example is the establishment of the Pan-African Treatment Access Movement in Cape Town in 2002, in which the Brazilian HIV/AIDS NGO Grupo Pela Vidda also

participated.[26] It is indeed these types of South-South coalitions that are increasingly important.

In conclusion one can say that Brazil, over the last two decades, has become a prominent actor in the strengthening of the Global South. Brazil and its new allies can no longer be ignored on the world stage. At the same time, one must not be naïve and must remain aware that the West will not concede power without a fight:

> . . . much of what the U.S. 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 . . . . Among the conditions . . . are limitations to compulsory licensing, increasing what is considered to 'patentable', extending the terms of patents beyond what the WTO requires, and eliminating the right to parallel imports . . . . (Smith & Siplon 2006: 124)

According to the authors, it exemplifies the challenges of transnational advocacy networks when it comes to 'real power'.

Discussion and conclusion

This chapter has illustrated how the Treatment Action Campaign—a local South African NGO—negotiated an emerging multipolar world and turned for inspiration and support to Brazil, a 'significant other' in the global fight against HIV/AIDS due to its early model for universal access to ARTs, access funded by the state. The TAC mobilised Brazilian government actors, NGOs like Médecins sans Frontières, and a host of activist organisations through an emerging transnational activist network to ensure that ordinary South Africans could access life-saving medication. At the same time, it demonstrated to the South African government that a universal ART programme was a viable solution also in South Africa, even in resource-poor settings. From the point of view of Brazil and other allies in the transnational activist network for global treatment access, the TAC became an example and a valuable partner, as it had organised the Global March for Treatment ahead of the 2000 International AIDS conference in Durban. This inspired the global campaign for treatment access, in which Brazil played a pivotal role and demonstrated how being locally rooted could be married with global action. In addition, the TAC had successfully defeated a consortium of international pharmaceutical companies, companies which had mounted a legal challenge against the South African government over its Medicines Act, aimed to block avenues for parallel importation to reduce the cost of patented drugs. Eventually, this victory would inspire and contribute to

[26] Interview with Dr. Eric Goemaere, 2011.

the success of Brazil and the transnational activist network for global HIV/AIDS treatment access to positively influence the Doha Declaration in terms of TRIPS, thereby opening up the possibility to distribute generic medication in cases of public health emergencies.

When examining the role of new global actors like China, this case has shown that Brazil is also aspiring to increase its political, economic and social influence in Africa. It actively pursues a South-South agenda—for example, the BRIC initiative and the IBSA forum—and aims to challenge the dominant position of the global North in multilateral fora. Nevertheless, one also needs to be cautious when celebrating the victories of Brazil and the global activist network(s) in which government officials were also active. In this regard, it is useful to heed Chandhoke's warnings and her contention that activists in global civil society may achieve some progressive change, but will not fundamentally alter our modern capitalist world dominated by powerful states—as exemplified by the way the US undid much of its defeat in the Doha Declaration on TRIPS in subsequent bilateral trade agreements—and powerful transnational corporations. I disagree, therefore, with Biehl (2004), who has described the role of Brazil as an 'activist state'. More research is needed, for example, to determine the impact of governmental actors on transnational activist networks. Although it is indeed clear that former NGO activists—for example, from the gay movement—have become influential government actors in Brazil, it has also been shown that Brazil had clear economic motives—in its struggle with powerful actors in the North, such as the US and the EU—to become involved in the fight for global treatment access.

Another crucial issue raised by Kaldor (2003) and Chandhoke (2006) is the dominance of certain international NGOs in global civil society, particularly in the field of development. This not only demonstrates the problematic aspects of concepts that we use to understand and interpret the modern world, such as 'local' versus 'national' or 'global', as Ferguson (2006) has argued, but also reveals that more locally rooted community activists are in danger of becoming disempowered. In my view, we should indeed become much more aware of the dominance of the more depoliticised interpretations of global civil society and civil society in general, which snugly fit neoliberal agendas, while Habermasian interpretations of civil society as public sphere tend to be ignored. Thus, I would agree with Chandhoke (2006) that the concept of 'global civil society', as it is usually hailed in terms of its transformative potential, may cloud our understanding of global activism by veiling the continued dominance of the Global North, 21st century capitalism, and sanitised forms of politics and democracy. Nevertheless, an international NGO like MSF seems to be the exception to the rule. It became a driving force in a transnational activist network for global HIV/AIDS treatment access and

has proven that it is possible to combine an empowering role, by consciously choosing to involve local organisations and local people, with programmes that ensure real material benefits for the poor. The TAC, in turn, managed to negotiate an emerging multipolar world and effectively marry its local struggles and global concerns.

What we do have to realise, however, is that it is frequently the more educated local activists, with access to modern communication like internet, mobile phones and resources to travel, that tend to play a dominant role in these networks. Although the TAC has always striven and managed to recruit and include community activists in its global endeavours—such as the trip to Farmanguinhos in Brazil—the transnational activist network seems to be dominated by the more educated in the Global North and South. On the other hand, the 2011 revolution in North Africa and the Middle East may in fact illustrate the next phase in modern communication, where mobile phones have become so affordable, widespread and advanced—cameras, internet applications, email, Twitter—that these means of communication are now accessible for the masses. Are we actually witnessing transnational activism 2.0?

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