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Globalization has been imposing some new challenges to low and middle income countries. In an increasing manner, global economic policies that are sometimes excessively market-oriented and an unprecedented crisis of alternatives for sustainable development represent some of the enormous difficulties faced by the developing world. Frequently, some of the “economic growth” and “development” recipes that were not tested before are supported by international bilateral or multilateral organisms that sometimes impose their own agenda despite cultural, economic and political singularities in the developing countries. This wide range of overcoming challenges go far beyond economic and political issues and impact significantly on development issues, and therefore, on health.

The so-called “global health” agenda faces an enormous paradox represented by technological advances that coexist with infectious diseases that still affects the majority of the developing world population. Since the Second World War, international aid has been regarded as an essential mechanism to address the wide gap between the developed and developing world, especially in health issues. Different ways to promote international aid include multilateral and bilateral agencies and donors, support to specific projects and fund-oriented initiatives, amongst others. Most international aid initiatives are derived from humanitarian and relief issues, but their ultimate motives usually include dependency reduction and promoting sustainable ways of development.

In such a context, more comprehensive ways of providing development assistance to developing countries in order to strengthen national ownership has been proposed(1). Capacity improvement, and therefore, capacity build1(wme)eTpent. ..3(b).g c. 4 1gm imprb]17 TD0.0031 T
a critical role in the sustainability in a broad sense, but also because of its related potential in reducing reliance on external assistance(2

There is a quite variable definition of CB. According to LaFond and colleagues, capacity building is a

> "Process that improves the ability of a person, group, organization or system to meet its objectives or to perform better. Capacity building interventions therefore work to improve the inputs and processes within the health system as a whole (seeking to improve the way it functions); organizations within the health system (to improve the way they function); health personnel (to improve their ability to perform work functions); and clients of the system and their communities (to improve their ability to engage productively with the health system through accessing services and influencing resource management, and improving their own health)"(2).

Surprisingly, CB is still a poorly defined issue in the international aid initiatives. According to Maconick, CB has "no agreed definition among the entities of the United Nations system", and that concept evolved from a previous concept of "institution building". Further, a more "precise or rather more operational" CB definition is necessary(3). Frequently, CB and training are considered as synonyms(4), and thus oversimplifying the importance of the former, with conceptual and practical consequences(5). It is difficult to believe that without a clear definition of CB, the issue may be thoroughly addressed by international bilateral and multilateral agencies.

Commonly, lack of CB is identified as the most important obstacle for the implementation of healthcare reforms or bilateral or multilateral aid initiatives. According to Potter and colleagues,

> "so widely is the need for capacity building recognized that it has become a cliché, part of the jargon of health sector development to talk about a "lack of capacity" or the need to develop "more capacity" (…)"(5).

Lack of CB has been largely recognized as an important barrier for scaling up national responses to address the infectious diseases at the developing countries. More than 50% of the submitted projects to the Global Fund do Fight AIDS, Tuberculosis and Malaria (GFATM) have not been approved due to technical imperfections. At least part of the funds disbursement delays are attributed to the lack of absorptive capacity from the recipient countries(6). Indeed the proliferation of project-based aid may also undermine the institutional capacity of recipient countries, the ultimate goal of external aid. Different mechanisms to provide development assistance have been proposed by multilateral and bilateral agencies, yet some of them do not emphasize capacity building as an essential mechanism for desired outcomes achievement.

Sometimes, the urgency of the aid is alleged as justification for a more prescriptive and vertical technical assistance. For example, President Bush's Emergency Plan for AIDS relief (PEPFAR) was announced in 2003 to fifteen developing countries and included a $15 billion pledge for five years. Unquestionably, a considerable and important sum to face this crippling epidemic. Yet how this money is being channeled to the recipient countries is the vital point at issue. Some of PEPFAR recipient countries, like Mozambique and Zambia

were not even consulted before being designated as beneficiaries of the program(7). According to the Zambian Health Minister, Brian Chituwo, “all (PEPFAR) plans (for Zambia) come from Washington”(7). Some of the prescriptive characteristics and imposed

cases. Multilateral and bilateral donors and international NGOs frequently impose vertically-driven agendas to developing countries, disrespecting local values and demands, with sometimes serious consequences to their health systems(8). This situation not only determines the occurrence of conflicts at the CCMs, but also shapes the procedures of bilateral-donor representatives at a local level. As pointed out by Brugha and colleagues, governments and non-government organizations interviewed by the study were "most positive" in their expectations of the GFATM compared with those of bilateral-donors. According to the study, some of the donor and recipient countries' conflicts experienced at the CCMs resulted from a difference in the "supportive" approach between bilateral donors' headquarters and their local offices. Country representatives of bilateral donors were often "skeptical" of the success of the GFATM(9) while their headquarters were seen as more supportive of it.

Far from being the result of local policymaking implementations, the emerging conflicts at the CCMs frequently result from the geopolitics of international aid experienced from the local level perspective. CCMs are facing conflicts whose roots go beyond local level interests from international and national stakeholders, thus weakening its capacity to monitor the implementation process of channeled funds. Further, many developing countries face overlapping attributions from several different structures that are quite similar to CCMs, and that process overloads busy and understaffed local decision-making structures. The U.S. international AIDS plan was strongly criticized by NGO Activists attending the 15th International AIDS Conference last July in Bangkok, who demanded more attention to the GFATM instead of the pursuance of US's own agenda by "favoring bilateral deals on AIDS with other countries"(10). All those issues are not merely a matter of conflict of interests at local level, sometimes experienced at the CCMs. This situation is the objective result of the geopolitics of international aid that has been frequently emerging at the CCMs as a local level public sphere.

GFATM has been self-proclaimed as an exclusive financial mechanism to support worldwide initiatives to AIDS, TB and Malaria(11). Therefore, technical assistance for the recipient countries had not been included in the GFATM portfolio until very recently, when its board authorized the inclusion of technical assistance to support projects at a country level. That is an important initiative, but certainly not enough. Lack of capacity building has been largely recognized as an important barrier for scaling up AIDS national responses in developing countries. More than 50% of the submitted projects to the GFATM are not approved due to technical imperfections. At least part of the funds disbursement delays have been attributed to the lack of absorptive capacity from the recipient countries(6). That seems to be a contradiction: on the one hand, the GFATM remains as an unprecedented mechanism to support developing countries to enhance their national responses to the three diseases. On the other hand, the lack of capacity building still remains a significant bottleneck to channeled funds. These issues were even regarded as a justification for enhancing bilateral initiatives such as Bush's AIDS program, which provides technical help to countries in running their AIDS programs, an "advantage over the Global Fund, which simply makes grants"(12).

Donor initiatives represent important pressure for high level coordination of public health initiatives in the developing countries(13). Walt and coworkers extensively revised

different existing mechanisms of aid coordination on health policy agendas(14). According to the authors, coordination mechanisms have changed their focus towards a more supportive approach to "domestic" (national) processes. In such a context, Sector-wide Approaches for health development (SWAp) represent a "new type of partnership, led by government, and involving a number of donor agencies and other groups of civil society". The authors state that

> "the approach [provided by SWAp] has changed the tools used to promote sector reforms and manage development assistance". And that "central to the notion of a SWAp is the intention to reinforce national leadership, transparent decision-making and to build institutional capacity, thus shifting attention from mechanisms of coordination to a broader view of the policy environment (…)"(14).

The Swedish International Development Cooperation Agency recently sponsored a study that addressed the experiences of SWAp approaches in health adopted by Ghana, Tanzania, Mozambique, Senegal, Bangladesh, Zambia, Mali, Uganda, Burkina-Faso, Cambodia and Malawi(15). Five core elements of a SWAp-approach were analyzed, and three of them were considered not fully implemented: government leadership in a sustained partnership, shared processes and approaches for implementing and managing the sector strategy and work; and commitment to move to greater reliance on Government financial

autonomy. Thirdly, sometimes international aid follows a donor geopolitics-oriented policy instead of local assessment-approach needs, therefore enhancing the disparities and inequalities that include undermining local healthcare systems, promotes healthcare workers migration and weaknesses in the decision-making process at local level. All those consequences are not only determined by a prescriptive way of international aid. It also has to do with a concept of technical assistance and its related aspects. For example, some international development agencies orient their policies under a framework that supports a quite inflexible approach that relies on some concepts that usually cannot be applied in all developing countries-contexts. For instance, according to a USAID concept paper:

> "Civil society organizes political participation just as markets organize economic participation in the society (…) Sustainable development is likely to occur where both civil society and markets are free and open"(16).

That statement assumes that all developing countries have a civil society network that is able to actively participate in policy formulation and to monitor its achievements. It also assumes that most recipient countries have a sufficiently developed market that can contribute to regulate policies towards development. These two conditions are commonly not existent in most of the developing countries that currently receive international aid initiatives. On the contrary, many recipient countries usually have a weak civil society that is also subordinated to the State, and it is not possible to expect that the NGO sector can solely be sufficient to regulate the necessary initiatives. That situation resembles that aforementioned example of CCMs. Again, it is hard to believe that all those complex geopolitics of donors' interests can be effectively managed at local levels solely by the NGOs or by the CCMs. It seems to have less to do with a matter of donor-country conflicts and more with the geopolitics of international aid provided by bilateral and multilateral

recently published in *The Lancet*. None of them has devoted specific attention on a deeper extension to the issues related to CB.

Despite the multilateral efforts, there is a strong absence of multi-sectoral policy mandates on infectious diseases in donor organisms' mode of operation(20). Donors and international agencies' relationships with the recipient countries remain a politically, economically and socially driven issue(21) and these new initiatives like GFATM, "3-by-5", "3-ones" may be helping to revisit it in a quite distinguishing manner, but yet incomplete. In such scenario, it seems that international bilateral and multilateral agencies may have an important role in supporting sustainable developmental alternatives. These development issues are strongly linked to the CB of the developing countries in order to adopt sustainable ways to promote growth and to reduce the social inequities.

Currently, there still remain several crucial gaps in scientific literature regarding policymaking that challenges institutional efforts towards efficient national responses to infectious diseases and also non-communicable

and international aid agencies are vertical and prescriptive, and thus do not address CB in a comprehensive manner. The most affected countries receive humanitarian and relief actions where technical assistance is provided by expatriates and foreign NGOs and that situation may represent an enormous challenge in terms of sustainability. In other words, accordingly to most technical assistance services that are currently provided by donors and bilateral and multilateral agencies, the more CB countries need, the less they get. That situation represents a certain kind of an inverse capacity building law that helps to perpetuate external dependence and lack of autonomy.

As stated before, CB is a context-dependent issue that must be addressed in a horizontal, multilateral/bilateral process of mutual exchange. Also, CB has to do with sustainable development and should be viewed as a core element of a process of technology transference between developed and developing countries. In such a context, it is necessary to readdress North-to-South current practices of technical assistance and technology transference. Further, a more comprehensive framework to promote CB is necessary. Scientific progress does not guarantee economic growth or social wealth. Brazil provides a particular example in that subject. Brazil ranked the nineteenth place of the 31 countries that concentrate more than 98% of most cited scientific papers worldwide from 1993 to 2001, representing a 45% growth comparing to world performance(22). In the same period, Brazil faced a long period of economic stagnation that represented the persistence of huge social inequities. The scientific development experience in Brazil has not translated into patent registration, in which field the country only grew 1% in the same period(24).

The World Trade Organization's (WTO) trade-related aspects of the intellectual property rights agreement (TRIPS) reinforce international enforcement of property rights and will represent an important obstacle for developing countries to have access to new technologies(25). According to Donald, "WTO agreement enforcing trademarks and patents will increase the price poor countries pay to gain access to new, patented

and development with other multilateral organizations like UN Trade and Development Conference (UNCTAD), WHO and the UN Industrial Development Organization (UNIDO). The resolution approval was also influenced by “the Geneva Declaration on the Future of the World Intellectual Property Organization” signed by more than 500 prominent scientists worldwide. WIPO has a budget of 500 million dollars for the 2004-05 period, 85% devoted to cover revenues from patent registration and copyright systems.

CB resembles a form of technology transfer, and it must be a process of reciprocal exchange(18), otherwise it will fail. Once again, the multilateral aid agencies can play an essential role in helping to change the paradigm of technical assistance towards a new way of international cooperation. How? There is no blueprint to address CB on a scaled up approach. Maybe the first step should be to recognize its crucial importance. A learning-by-doing approach can be very helpful if it is ab

setting at a local level(29). There is a clear role for the academy in such process, not only because some international aid practices are poorly evidence-based, as stated before, but also because it can remain impartial to the geopolitics and commercial interests that so often come to the detriment of the patients themselves. Independent research evaluating

collaborative efforts and to change the geopolitics of international aid and donors' procedures. There is no doubt that the GF is performing an essential leadership in that, and also in the way we face those diseases. But, as stated by Mr. Kofi Anan, UN General Secretary, at the opening ceremony of the Bangkok AIDS Conference, leadership means showing the way by example. We hope that the multilateral initiatives like the GFATB may continue to behave as leaders in the long way we have ahead of us in assuring that the need of the people living in the developing countries are, in fact, being attended to.

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