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NEPAD AND SOUTH-SOUTH DEVELOPMENT COOPERATION BETWEEN CUBA AND SOUTH AFRICA.²

INTRODUCTION

This paper will address the relevance and potential of South-South development co-operation between African and non-African states within the broader principles of the New Partnership for Africa's Development (NEPAD). Through the consideration of one example of such co-operation between Cuba and South Africa, the benefits of such an approach to development will be shown not only to be coterminous with many of the ideals of the NEPAD, but that it supersedes this partnership by moving beyond the need to appeal to traditional donors for aid and provides a mutually beneficial aid approach.

The global aid environment remains under economic and political pressure, donor states' aid budgets generally remain below the UN's target of 0.7% GNP, and poverty, oppression and deprivation rife in many areas of the developing world. With Western donors reluctant to provide the resources required to tackle growing global inequalities³, countries in the South are increasingly looking to encourage increased traditional donor aid, and also to co-operate over solutions to their own problems. The New Partnership for Africa's Development (NEPAD) was launched in October 2001 at the 37th OAU Summit as a 'home grown' initiative by African states to face up to the challenges of development in the twenty-first century. Whilst developments across Africa since this launch, and questions over the true extent of African ownership of the formulating of this agreement, have cast doubts over the NEPAD, these concerns lie outwith the remit of this paper (see for example Hayman et al., 2003; Akosah-Sarpong, 2002).

Having been "anchored on the determination of Africans to extricate themselves and the continent from the malaise of underdevelopment and exclusion" (Hope, 2002: 389), the founding principles of the NEPAD concern the need for economic growth and development, under an African owned agenda. Integral to these goals is the need for inter-state cooperation across social, economic and political agendas. South-South development co-operation, between two or more countries in the developing world, offers this possibility within the rubric of retaining African ownership over the development process providing caution is exercised during the striking of these deals. By taking one of the priority areas of the NEPAD, health sector development (Melber, 2002: 8), and analysing co-operation between Cuba and South Africa (NEPAD, 2003a: 2), the impacts of this scheme will be used to inform the wider potential for such agreements within the remit of the NEPAD, and its potential to supersede it.

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² This paper is derived from fieldwork carried out in June/July 2004 leading to the publication of the MSc Thesis "From Havana with Love: A Critical Case Study of South-South Development Co-operation Operating Between Cuba and South Africa in the Health Care Sector". This can be found either through the Centre of African Studies' Occasional Paper Series, or on-line in the Edinburgh Research Archive (<http://www.era.lib.ed.ac.uk>).

³ Although the recent statement by Gordon Brown of the British Government's aim to increase their aid budget to 0.75% GNP aid budget by 2007 may signal the emergence of a new aid regimen.

South-South Development Co-operation and the NEPAD

South-South co-operation, whereby countries in the developing world share expertise and support in an effort to promote economic development and self-reliance (Ghimire, 2001: 100)⁴, has emerged as an alternative to inadequate traditional North-South relations. This process can be seen in the internationalist rhetoric and practice of Castro's government in Cuba, and more widely by the Group of 77⁵:

South-South cooperation is a crucially important tool for developing and strengthening the economic independence of developing countries and achieving development and as one of the means of ensuring the equitable and effective participation of developing countries in the emerging global economic order (Group of 77, 2000: IV.1)

Recognition of this need permeates many layers in African society; by both governments and communities. Possibly felt more keenly by those who have witnessed firsthand their impacts, the benefits of such co-operation are recognised to help a states' development;

rural hospitals in South Africa [would not survive] without Cuban doctors, they couldn't, they can't get other staff...if you were to take the Cubans away the hospital just wouldn't function (Megan Cox, Nongoma, South Africa, 07/07/03)

The NEPAD forms one potential means by which the ideas espoused by the Group of 77 can be implemented. Both discourses focus upon the need for new ownership and leadership of development by developing countries, anchored upon the utilisation of resources in the South, the building of productive partnerships and the forging of a new international order between states in the developed and developing world. However, the philosophy of South-South development goes beyond the explicit outline of the NEPAD, and despite implicit encouragement of co-operation with states outwith the African continent, offers greater opportunities to aid African development.

Cuba and South Africa have a long history of co-operations: the health care agreement signed in 1995 by then Minister for Health, Nkosazana Dlamini Zuma, continued longstanding relations between the ANC and Castro's government. The internationalism of Cuba leads Ambassador Pieter Swanepoel, of the South African Department of Foreign Affairs, to say:

we see Cuba really as playing a very, very important role in NEPAD, in the sense that here you have a developing country, but a country that is putting its means at the disposal, not just of South Africa, but of Africa (Amb. Pieter Swanepoel, Director: Central America, The Andes and Caribbean, South African Department of Foreign Affairs, Pretoria, 11/07/03)

⁴ For details on various forms of South-South cooperation see (Ghimire, 2001) on tourism, (Benachenhou, 1983) on the Lagos Plan of Action, (Hulugalle, 1990) on trade and (Padayachee and Valodia, 1999) on South-South foreign direct investment by Malaysia, (Prevost, 1990).

⁵ The Group of 77 is the parallel organisation of the G8, where the leaders of states in the developing world meet and agree upon practices and policies to promote their interests.

This is bound up in both the NEPAD and South-South co-operation; the offering of an alternative to the historical aspects of traditional donor-recipient relations which still frame aid modalities. Existing examples of South-South co-operation show that this remains an important element in global political relations, seen by the South African Department of Foreign Affairs as a modality:

opposed to what Southern Africa has been exposed to for many years, and that is colonialism. Colonialism basically took out of Africa what it could, and enriched a few countries. The Cubans are not in it for that very same reason, they're in it for exactly the opposite reason. They go out from a small country with limited means, they have certain skills and they share these skills with other countries...from a South African perspective, we consider [this] as quite a noble cause, or a noble goal that they have, because they're not trying to enrich themselves and see what maximum benefit Cuba can get from it. They go out and they have very qualified people and people are sharing those experiences with people in other countries (Amb. Pieter Swanepoel, Pretoria, 11/07/03).

The NEPAD's Health Strategy Vision is of "[a]n Africa rid of the heavy burden of avoidable ill-health, disability and premature death." (NEPAD, 2003a: 14). This can only be achieved through the development of human resource capacity in the African continent; stemming the brain drain from the continent; increasing the availability and affordability of expertise, equipment and pharmaceuticals; and by providing mutual support between states with specific development advantages. To achieve this, the NEPAD's founders recognise that:

Successful implementation of the NEPAD health strategy is contingent upon the achievement of innovative and effective partnerships between African governments and health development partners, based on the principle of African ownership, and underpinned by active collaboration and coordination at the global, regional and national levels. (NEPAD, 2003a: 26)

This statement recognises the need for development co-operation from outwith Africa in order to achieve this goal. Fulfilling both the aims of the NEPAD's Health Strategy Vision and South Africa's need for more qualified doctors, the co-operation between South Africa and Cuba illustrates how South-South co-operation can provide a viable development option.

The resources and skills to achieve this goal are central to the problems facing health care provision in South Africa. The public health care system suffers from a shortage of skilled personnel, exacerbated by the impacts of the emigration of doctors from the country, a shortage of drugs, and the infrastructure to deliver them, and the HIV/AIDS pandemic. The potential for such agreements to operate successfully are witnessed by the number of civilian Cuban volunteers (76,771) and African graduates from Cuban Universities (40,000) working in the African continent in 2000 (Gonzales, 2000: 322). Within the health sector, Cuba's development advantage has been drawn upon extensively to support African health care; with Cuban doctors sent to Mali, Niger, Chad, The Gambia and Burkina Faso in 1999 (Gonzales, 2000: 319), to Zambia in 2000 (15/01/2000), and Namibia in 2001 (Hamata, 2001).

Zuma's agreement with Cuba in 1995 was incorporated into the Declaration of Intent on Cooperation in Health in 1996 and expanded in 1997 (Harvey, 2001; Tshabalala-Msimang, 2002b; Foreign Affairs, 2002), enabling South Africa to draw upon the human-resource rich Cuban health care system, in return for economic payment. The financial aspect of this agreement provides for the 37% South African income tax payable on the doctors' salaries to be paid to the Cuban government. Drawing upon developing states' comparative advantages, these co-operation agreements can be productive for both parties involved, free from Northern constraints and ties. With the ownership of South-South projects remaining with developing countries, this mitigates one of the main causes of the failure of previous policies – the lack of ownership. With the belief that “no initiative for Africa's development...can and/or will be successful if it is not owned by Africans themselves” (Hope, 2002: 396), the NEPAD and South-South co-operations offer a viable alternative to traditional relations free from the constraints of traditional donor-recipient relations.

The mutually beneficial nature of these agreements can be seen in the economic and human resource benefits accrued by both state parties involved in this example. The constituent elements of the health agreement meet several of the NEPAD's objectives; the expansion and improvement of health care provision, the development of critical human resource capacity, the joint mobilisation of resources to mutual benefit, and the ethical recruitment of skilled personnel to mitigate the brain drain. However, the NEPAD's focus upon African partnerships, with implicit acceptance of the need for positive relations outside the continent, does suggest a blinkered approach to development partnerships. The correlation of ideas and potentiality between the NEPAD and South-South co-operation not only suggest that the NEPAD can advance through the use of such partnerships, but that these offer a more sustainable and viable development path, drawing upon a wider range of states and resources. It would seem that the NEPAD is drawing down ideas of the G77 and using these discourses to advance a containerised development plan, which seeks to increase the level of donor funding to the continent. This then poses a serious question over the validity of many of the principles of NEPAD's founders, as by drawing funding to the African continent this process may then reduce aid flows to Latin America and Asia. How sustainable then is the development resulting from this process, if it is achieved at the expense of the development of non-African states?

Expansion and Improvement of Health Care Provision

One of the main components of the agreement is the provision of skilled physicians by Cuba to work in South Africa for a three year period. Cuban doctors who volunteer to undertake the placement are assessed for their suitability⁶, and those who fulfil the criteria are offered a three-year secondment to South Africa to work in rural areas, teaching hospitals and under-staffed urban hospitals. This resulted in over 450 Cuban doctors working in South Africa in 2002 (Mamoepa, 2002), with many of these working in rural hospitals such as those in Ekombe and Nongoma, KwaZulu Natal.

The presence of skilled physicians in rural hospitals has expanded quality health care provision into rural South Africa, complementing the community service year for all newly qualified doctors in South Africa⁷. The presence of Cuban doctors in the rural Benedictine

⁶ The requirements for entry into the programme are set out by the South African Medical Association, and cover technical competency, clinical experience and skills, and language ability, with candidates assessed by a team of Cuban and South African physicians.

⁷ The community service year requires all newly qualified doctors and physiotherapists to undertake a one-year placement in a hospital or health care facility, allocated by the government, which suffers from a shortage of medical personnel.

Hospital, KwaZulu Natal, was seen by Dr Bhagat, and Dr Nadaraju, themselves South African community service doctors, as essential to the existence and functioning of the hospital. Without the presence of international doctors, the hospital would be unable to provide sufficient health care. The experienced physicians at this hospital also meant that operations which otherwise would have been transferred to a national hospital were being conducted in a small rural town,

Our orthopaedic surgeon, he is doing like, specialist stuff that doesn't get done in some regional hospitals, and he's doing it here (Dr Nadaraju, Benedictine Hospital, KwaZulu Natal, 08/7/03).

With the reluctance of South African doctors to work in rural areas, and many choosing to emigrate or to work in private practice, the only viable long-term solution will be to improve the conditions in the health service to make rural placement a safe and attractive option to qualified personnel. Until this can be achieved, the presence of foreign doctors provides a short- to medium-term solution to the problem of understaffing, a need which can be met through the collaboration of developing states with the requisite resources.

Development of human resource capacity

A second element of the agreement provides South African students from deprived provinces the opportunity to study medicine in Cuba. Upon completion of their medical training, students return to their sponsoring province and work in the state health care sector for the same number of years as they trained for. Two-hundred and fifty-four students went to Cuba in 1996 as the first cohort, which began returning to South Africa in 2002. This group will spend the next six years in the South African state sector, whilst further groups of students continue to travel to Cuba for medical training (Tshabalala-Msimang, 2002b; Tshabalala-Msimang, 2002a).

This training element helps advance South Africa's human resource development plans, without unsustainable immigration of doctors and medical staff from other countries. By utilising the potential for co-operation and collaboration between developing states, such agreements help reduce the likelihood of a state acting as a magnet for brain drain from other states, whilst also advancing developing states claims to equal participation in the global arena.

Experienced physicians working alongside newly qualified doctors in rural hospitals provide a secondary human resource development benefit, as they are able to provide practical support and conduct procedures through which graduate doctors continue their learning and skills development. This process also benefits the Cuban doctors as they face a new disease environment and are able to conduct a much greater number of operations than in Cuba, where the primary health care structure means even minor operations are rapidly referred by family physicians. This process allows states to develop and retain skilled personnel, whilst simultaneously helping the creation of the broader social conditions conducive to the retention of skilled people, as laid out in the NEPAD (NEPAD, 2001: 35).

This forms part of the governments plan to tackle problems with rural health care provision, as very few doctors are prepared to work in these institutions.

Brain Drain

The retention of skilled personnel relates to section 1.4 of the NEPAD Health Strategy Initial Programme of Action, concerning the need to deal with skilled migration (the brain drain), which is causing huge problems in the health sector in Africa. Health worker emigration from Africa as a whole totals an estimated 23,000 annually (NEPAD, 2003b: 6), with 26% of South African medical graduates between 1990 and 1997 emigrating (Bateman, 2001: 544) with many going to the five main recipients of Australia, New Zealand, Canada, the UK and the US (table 1). This emigration of skilled labour causes a multiplicity of problems for the original state, as they lose not only the skills, but the investment of time and resources in training, ultimately hindering socio-economic development as a healthy and productive workforce cannot be maintained.

	1989	1990	1991	1992	1993	1994	1995	1996	1997	Total
Australia	312	291	198	189	356	274	308	420	310	2658
New Zealand	25	24	12	49	93	349	209	297	286	1344
Canada	94	85	63	69	136	224	173	170	118	1132
USA	56	68	89	81	153	216	235	254	258	1410
UK	275	331	296	349	661	450	368	422	444	3596

Table 1: Professional Emigration From South Africa to Five Major Recipient Countries (Crush, 2001a: 5)

Within the NEPAD, the health sector plan

aims to engage countries, regional communities, international organisations and developed countries to commit themselves to contributing to the reversal of the high levels of brain drain...[and] explore and support putting in place mechanisms to address the adverse conditions of service for health personnel and to enhance other motivation and retention strategies. (NEPAD, 2003b: 6).

There is potential for carefully managed South-South co-operation agreements to put this aim into ethical practice. With serious financial support, and rigorous monitoring to richer developing countries enticing skilled personnel away from other developing countries, as is happening with the recruitment of skilled educators from across Central Africa to Rwanda at present (Rachel Hayman, personal communication, 28/07/04), co-operations providing for the training of personnel could fulfil this need. As present, the South African government is attempting not to recruit skilled personnel from other African states, instead focusing upon the development of human resources through the employment of Cuban doctors and training of South Africans. This said, until agreements can be reached with Northern governments to reduce the migration of skilled doctors to the developed world, efforts within the South will be unable to address this issue fully.

Mutual Benefit

To “[j]ointly mobilise resources for capacity-building in order to enable all African countries to improve their health infrastructures and management” (NEPAD, 2001: 36) is one of the key goals of the NEPAD. The mobilisation of South Africa’s financial resources

in conjunction with Cuban medical expertise and training can be seen to provide benefits to health care systems in both states as human resources develop.

The immediate benefits from the scheme are the increase in skilled personnel working in South African state health care, the increased salary received by the Cuban doctors compared to their salary in Cuba (in South Africa they receive a South African medical officer's salary), the development of Cuban doctors skills, and the foreign currency earned by the Cuban government from the 37% South African income tax paid on the Cuban doctors salaries to Cuba. In the longer term, such co-operation offer the possibility of an expansion of the generic pharmaceutical markets, further voluntary secondments, and continued sustainable improvements in health care provision. The possibilities to build upon existing generic drugs production and trade amongst developing countries are great. South Africa is already involved with production in Brazil and India in developing pharmaceuticals, and with Uganda, Algeria and Nigeria as part of the Millennium Africa Programme (Makwakwa, 2001), along with recent talk of developing new drugs factories in Southern Africa, and Cuba has also offered to become involved in the production of generic drugs, including anti-retrovirals for use in the African continent. These co-operations illustrate the existence, and potential for, South-South co-operation projects aimed at furthering development, which include and go beyond the primary aims of the NEPAD.

Here again the NEPAD embodies a section of South-South development co-operation discourse, by encouraging and facilitating greater co-operation between African states to address development issues. Whilst the South African Department of Foreign Affairs views co-operations such as that with Cuba as integral to the objectives of the NEPAD,

The important thing is people tend to think that NEPAD can only materialise through the support of the G8. That's not true. The point we keep making is that we can assist each other, whilst being developing countries as well. There is no better example than Cuba, if you look at the role Cuba has played right throughout Africa over the years (Amb. Pieter Swanepoel, Pretoria, 11/07/03),

such involvement lies entirely within South-South co-operation, providing a more comprehensive set of possibilities for furthering such work.

South African foreign policy is strongly informed by the NEPAD and its central goal of poverty alleviation. Within the Department of Foreign Affairs, officials recognise this fact,

it [South-South development cooperation] is a key part of our foreign policy...This [the agreement with Cuba] is a typical example of people coming in and providing a service, at a minimum cost (Louis Pienaar, Deputy Director: Cuba and the Andean Community, South African Department of Foreign Affairs, Pretoria, 11/07/03),

and see the utilisation and mobilisation of resources in conjunction with non-African states as integral to the success of their development. This development of links with non-traditional donors lies within the NEPAD as these will aid capacity building. As Chris Kolade, the Kenyan High Commissioner to the UK, observed, these non-traditional donors can take the form of other developing countries, such as Cuba and Singapore, who have achieved progress in specific areas and are now in a position to offer assistance to other states in these fields (11/02/04). But again, these co-operations fit better with the

discourse of South-South co-operation, superseding the NEPAD in terms of development discourse.

Co-operations between developing countries, sharing expertise and knowledge to enhance capacity building, have a number of advantages as this knowledge has been developed through similar experiences, producing more appropriate advice and assistance than that from countries at a very different development stage. The South African government appear to be taking a lead role in promoting this use of African/non-African development co-operation by,

extending also, assistance from one country to another, and this is probably why we are also turning to areas such as Latin America and the Caribbean where we would then also assist, because we have been assisted, we have been helped, that gives meaning to so-called South-South cooperation (Louis Pienaar, Pretoria, 11/07/03)

Recognising the place of the NEPAD within the broader approach of South-South development co-operation, this intimates that this offers a potential approach for future development programmes.

Some Problems

So far this paper has painted a very positive view of the impacts of South-South co-operation; however, one must not take an uncritical view of this process. The example under consideration is based upon a historically supportive relationship between the ANC and the Castro government in Cuba. The history of Cuban internationalism results from the revolution of 1959, embodying the spirit of international socialism espoused by Che Guevara and Fidel Castro. Not only is the strength of this sentiment unusual in the world arena, predisposing Cuba to a high level of involvement in South-South development co-operation, but the sustainability of this commitment must be considered. The Cuban government have managed to support a strong internationalist policy for almost 50 years and are now using this as a means to accrue hard currency to sustain the island's government. Castro will not live forever, and when he does hand over the reigns of power the survivability of the current structure and philosophy of the Cuban state, may come into question, with obvious implications for the sustainability of South-South agreements.

It is also imperative to ask why states would become involved in co-operative agreements. Undoubtedly there is an element of self-interest in terms of the development of their state, and the role of Cuba must be situated carefully. In addition to internationalism already mentioned, South-South co-operation is a means of accruing financial and moral support in the face of the US blockade of the island and their relative isolation on the world stage. The expansion in involvement of other countries in such co-operation agreements does suggest however that this phenomena is not isolated to one or two states. In all cases, however, the motivating factors must be assessed in order to understand the philosophical (and material) basis for their involvement, as these will ultimately influence the content and nature of the development agreement.

As mentioned briefly above, the motivations of both the Cuban state and Cuban doctors must be questioned. Despite the public presentation of Cuba's involvement as an extension of the revolutionary government's internationalism, it is evident that the precarious financial position of the island following the collapse of the Soviet Union has forced the

government to find new sources of foreign exchange. By utilising one of their main assets – a highly qualified medical workforce – they are able to export on a temporary basis skilled individuals in return for financial gain. For the doctors themselves, a number of inducements exist. Many of them state that they are involved for moral, internationalist reasons, but also recognise the financial benefits to both themselves and the island from their involvement.

For a sustainable future for such agreements, lessons can and must be learnt from the experience of the case study at hand. Whilst South-South co-operation can cover a range of issues, some agreements will involve the movement of skilled personnel between states for differing periods of time. In the case of Cuban doctors working in South Africa, the latent xenophobia of many in the state (Crush, 2001b) has pre-disposed the general public to a negative perception of incoming medical personnel, believing that they were taking jobs away from South Africans, fuelled by sensationalist reporting of events in the media.

For those projects involving the temporary migration of volunteer personnel, there are a number of concerns which need to be addressed. With the example under consideration, a number of Cuban doctors who are nearing the end of their three-year secondments, and the required return to Cuba, are attempting to stay in South Africa. This has led to a number of court cases and increasing antagonism between parties. With all such agreements, there will be groups of people who would like to remain and carry on working in-country for a number of reasons, and this will always be a problem if the involved countries wish to avoid a new form of brain drain.

Linked to this, has been the issue of allowing families to travel with the doctors to South Africa. Whilst this was the case with the initial group of doctors, later groups have had to travel on their own, causing problems for individuals and families. This practice is one that is of concern to some of the personnel involved in the scheme on the South African side, as for them there are similarities to their countries' history of migrant labour,

we've got a very bad history in this country with regards the migrant labour system. So that our people left their homes and came to the mines and the cultures fell apart and so on, giving problems of lawlessness and things like that. And the other aspect of our present contract is that these guys have to leave their families behind in Cuba. I objected to this part of the agreement when I was there, but it came from their side, but that worries me (Prof David Morrell, 01/07/03).

Whether or not this practice is found in different agreements will vary, but it does affect the ethics of such agreements and their potential sustainability.

CONCLUSIONS

It is clear that in this instance South-South development co-operation is proving to be a constructive and mutually beneficial relationship for both parties, and despite reservations about the origins and survivability of the NEPAD, such co-operations can offer a viable future for African development. For the Cuban and South African states and doctors, and the South African public, the mobilisation of the economic and human resources through this scheme have brought benefits, with some costs attached that need to be considered in other such partnerships.

It would naïve to ignore the costs of such schemes, and the situation of the states involved, as these will influence the outcome of the project. Whilst free from the ties that often come with North-South aid relations, other issues will complicate agreements and, as with all aid-relations, a certain element of self-interest will dictate what might apparently seem an altruistic act. Whether this is in the form of foreign exchange, or other economic, material, symbolic, technical and political benefits accrued, these will act as inducements to participate. This factor, the interests of the parties involved, will prove to be the crux to the establishment of a positive and beneficial modality of South-South co-operation.

The implications of this scheme for NEPAD more widely can be seen in the recent expansion of medical co-operations into tri-lateral partnerships involving South Africa, Cuba and Nigeria deploying resources in Mali, and South Africa's involvement with generic drug development. The decision in 2000 by the richer African states to provide the financial support for an additional 3,000 doctors to work on the continent (Gonzales, 2000: 22), illustrates how African solutions to African problems can be set in motion with co-operation between states. Possibilities for continued South-South co-operation exist in the production of pharmaceuticals, especially generic drugs and anti-retrovirals. The development of facilities for such production in India, Brazil and Cuba illustrate that the demand is present for these drugs, and that co-operation between developing countries can offer a wide range of services and products at affordable prices which will help attempts at poverty reduction.

In addition to this, progress towards the goals of developing the human capital potential of the continent, reducing the brain drain, improving the health care systems, and creating a more positive social and economic climate on this continent can be assisted through carefully constructed co-operation agreements between developing states. One of the principles of the NEPAD's health strategy states, "[e]ffective development partnerships are essential, as is co-ordination and collaboration between communities, governments and development partners" (2003a: 15). From the case under consideration it could appear that not only are they essential for meeting the development needs of states, but if carefully constructed they are above all effective.

Ultimately, it would appear that the NEPAD incorporates a distilled version of South-South development co-operation, but one which fails to engage fully with the implications of such strategies outside the African continent. By arguing that South-South development co-operation can inform the strategy for the implementation of the NEPAD in terms of encouraging African states to look beyond the shores of their continent to engage in productive partnerships, this leads back to the idea that South-South co-operation offers a more comprehensive structure through which African states can pursue development goals. The NEPAD provides an initial framework through which states can begin to engage in such dialogues from which African states can, and must, expand the founding philosophies of ownership and partnership into wider discourses and situations.

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