ABSTRAKSI

Studi ini menelaah peran strategis Farmanguinhos dalam membangun otonomi kesehatan Brasil di tengah himpitan rezim Trade-Related Aspects of Intellectual Property Rights (TRIPS). Dominasi rezim paten Utara menciptakan asimetri penguasaan kapasitas yang membatasi akses negara Selatan terhadap obat esensial. Keterbatasan akses kesehatan berkeadilan secara struktural diproduksi melalui pertentangan antara hak kekayaan intelektual dan hak asasi manusia. Penelitian terdahulu cenderung memandang negara Selatan sebagai objek pasif yang terjebak dalam logika neoliberal atau ketergantungan struktural. Penelitan ini memperluas cara pandang tersebut dengan menyoroti agensi Selatan yang melakukan transformasi dari dalam sistem. Penelitian ini kemudian menggunakan kasus Brasil yang mampu mentransformasi tekanan normatif domestik menjadi kapasitas industri farmasi publik dalam rezim TRIPS.

Melalui pendekatan kualitatif berbasis studi kasus, studi ini menalar kasus Brasil dengan perspektif neostrukturalisme. Temuan pemeriksaan kasus menunjukkan bahwa Brasil melakukan intervensi negara melalui dua mekanisme. Pertama, negara membangun konsensus sosial yang menempatkan kesehatan sebagai hak publik sehingga memberikan legitimasi politik bagi penggunaan lisensi wajib. Kedua, negara merekonfigurasi otoritasnya dengan memobilisasi Farmanguinhos sebagai instrumen produksi material. Kedua mekanisme ini diperjelas lagi oleh penguatan Farmanguinhos yang sanggup melakukan rekayasa balik untuk memecahkan monopoli teknologi dan memperluas rantai nilai melalui kerja sama Selatan-Selatan dengan India dan Mozambik. Dengan demikian, penelitian ini membuktikan bahwa otonomi kesehatan Selatan dapat dicapai dari dalam sistem internasional melalui integrasi kapasitas industri domestik dan upaya aktif negara sebagai aktor sentral yang bernegosiasi di tengah struktur asimetris.

Kata Kunci: Farmanguinhos, neostrukturalisme, otonomi kesehatan, TRIPS, konsensus sosial

ABSTRACT

This study focuses on the role of Farmanguinhos in developing Brazil's health autonomy within the constraints of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) regime. The dominance of the global patent regime has created an asymmetry in technological knowledge, restricting developing nations' access to essential medicines. Therefore, the critical discussion of the tension between intellectual property rights and human rights within the international political economy is of paramount importance. The Global South has been viewed as passive objects. They have been entrapped within neoliberal logic or structural dependency in previous research. This has neglected the state's potential agency to enact transformation from within the system. This research aims to explain how Brazil converted domestic normative pressures into public pharmaceutical industrial capacity.

The approach taken in this study is a qualitative single-case study situated within a neostructuralist framework and the health equity concept. The study concludes that Brazil adopted state intervention through two mechanisms. These mechanisms were adopted simultaneously. First, the state fostered a social consensus. This consensus framed health as a public right. This provided political legitimacy for the use of compulsory licensing. Secondly, the state redefined its authority by using Farmanguinhos as a strategic instrument to produce and negotiate within an asymmetrical international regime. The findings highlight the inadequacy of legal flexibility alone. Farmanguinhos was tasked with conducting reverse engineering to break technological monopolies and extend value chains through South–South cooperation with India and Mozambique, thereby reducing dependency. This research makes a valuable contribution to the existing literature by demonstrating that countries in the Global South can achieve health autonomy through the integration of domestic industrial capacity and state intervention. Global South is thus positioned as actors capable of negotiating within asymmetric structures, rather than as structurally constrained entities.

Keywords: Farmanguinhos, neostructuralism, health autonomy, TRIPS, social consensus