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Strengthening Rights and Equity through Health Diplomacy: The role of UNASUR

For many years regional organizations were regarded as entities that dwelt mainly on trade liberalization and in certain instances, on security as well. After the 1990s many regional organizations widened their mandates to also incorporate elements of social policies including health. This is particularly significant as coordinated approaches are often needed within a given geographic space to address health challenges. The current health challenges related to the Ebola Virus Disease in West Africa could have been different had there been robust and more efficient collaborative tools such as effective early warning systems shared between the member states of the region. So this policy brief comes at an opportune moment. This brief closely looks at the role that regional entities (with emphasis on the Union of South American Nations (UNASUR)) can play in advancing health equity for citizens living in member states. It looks at how UNASUR has been active in fostering health equity through health diplomacy not only within South America but also within international bodies. The experiences of UNASUR have been informed by a sharp sense of engagement of national stakeholders including activists and policy makers involved in working groups that operate across state lines. While it is true that specificities matter, there are definitely best practices that can be shared between regional entities and other actors in advancing health equity.

REGIONAL DIPLOMACY IN A CHANGING SCENARIO

Back in 2005, during the Fourth Summit of the Americas in Mar del Plata, Buenos Aires, left-leaning Heads of State and anti-globalisation movements expressed their rejection to the US-led Free Trade Agreement of the Americas and brought to a close its negotiations. At the same time, South American leaders sealed a new deal towards alternatives modalities of regional governance.

The birth of the Union of South American Nations (UNASUR) should be seen in this light. UNASUR crystalized as an ambitious integration project with renewed commitments on democratic principles, inclusion and human rights. Health in this context became a 'locus for integration' and a new framework to advance the right to health and legal paradigms linking citizenship and health.[i]

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To varying extents, UNASUR institutionalised regional theme-specific networks and country-based working groups to implement health projects, enabled spaces for knowledge exchange and regional strategies for medicine production and commercialisation, and helped coordinating common positions acting as a global player in the advocacy of health equity.

Nearly a decade after that meeting in Mar del Plata, has UNASUR diplomacy enhanced the right to health? Last June, at a speech for the 35th biannual conference for the Economic Commission for Latin America and the Caribbean (ECLAC), General Secretary, Alicia Bárcena stated, "cooperation in Latin America and the Caribbean is at a turning point, as the region still needs aid, but is also able to provide aid."[ii] Indeed, better-resourced and more confident Latin American governments are not only recipients and providers of aid but also carving out new spaces in global health diplomacy.

Regional health diplomacy: UNASUR as norm-entrepreneur?

Tackling germs, negotiating norms, and securing access to medicines are persistent challenges that disproportionally affect developing countries' participation in global health governance. Furthermore, over the last two decades, the excessive focus on global pandemics and security in global health diplomacy rendered peripheral diseases that usually strike the poor and vulnerable, creating situations of marginalisation and inequality across societies.

In other words, what is 'visible' and 'urgent' – what defines risks and 'high politics' in health to use the language of International Relations – leads over what is 'marginal'. Furthermore, who frames what and why depends on how actors, including government officials, non-governmental organisations (e.g. Medicins Sans Frontieres, Oxfam, the Gates Foundations), institutions (e.g. World Health Organisation, World Bank, UNICEF, UNAIDS), and public-private partnerships (e.g. GAVI), position and negotiate interests in global health governance.

Since 2010, UNASUR took up this glove acting as a corrective to the side-lining of rights on account of risk/security concerns in international health politics.[iii] One of the first positions taken by UNASUR at the WHO was concerning the impact of intellectual property rights on access to medicines and the monopolist position of pharmaceutical companies on price setting and generics.

Led by Ecuador and Argentina, UNASUR successfully advanced discussions on the role of the WHO in combating counterfeit medical products in partnership with the International Medical Products Anti-Counterfeiting Taskforce (IMPACT), an agency led by Big Pharma and the International Criminal Police Organisation (Interpol) and funded by developed countries engaged in intellectual property rights enforcement.

Controversies focused on the legitimacy of IMPACT and its actions seen as led by technical rather than sanitary interests, unfairly restricting the marketing of generic products in the developing world. At the 63rd World Health Assembly in 2010, UNASUR successfully proposed that an intergovernmental group replaced IMPACT to act on, and prevent, counterfeiting of medical products. This resolution was approved at the 65th World Health Assembly in May 2012. In the course of this meeting, UNASUR also lobbied for opening negotiations for a binding agreement on financial support and research enhancing to meet the needs of developing countries.

More recently, led by the Ecuadorian delegation, UNASUR presented an action plan for discussion at the WHO which aims to improve the health and wellbeing of people with disabilities.[iv] This action plan was successfully taken up at the 67th session of the World Health Assembly in Geneva, in May 2014, when the WHO's 2014-2021 Disability Action Plan was approved.

This plan focuses on assisting regional WHO member countries with less-advanced disability and rehabilitation programs and will be carried out by the WHO in conjunction with regional organisations such as: Caribbean Community (CARICOM), Central American Integration System (SICA), Southern Common Market (MERCOSUR) and UNASUR.

This is not a minor issue in countries that bear a 'double burden' of epidemic communicable diseases and chronic non-transmissible diseases. These developments, and the creation in 2008 of the first regional health think tank, the South American Institute of Health Governance, provides evidence that UNASUR can become pivotal actor in the promotion of health and the right to health in light of the post-2015 Development Agenda. UNASUR can become a site for collective action and a pivotal actor in the advocacy of rights (to health) enabling diplomatic and strategic options to member state and non-state actors. At the same time, it is evidence of a Southern regional organization engaging in new forms of regional (health) diplomacy. This is also critical given that international frameworks pushing for universal human rights in relation to social and economic development have significantly filtered the normative discourse of the UN System, yet international agencies have been quite conservative in turning the rhetoric into practice, acknowledging and affecting bearers of rights in different ways. In the case of UNASUR diplomacy, advancing goals of social justice entails acting as a corrective to the side-lining of rights on account of security concerns in international health politics.[v]

Fundamental purposes of regional health diplomacy

Objective	Mechanisms	Impact of UNASUR
Production of public goods	"**knowledge bank**" (resarch and development, benchmarking and protocols, database, best practices and Research for action and harmonisation of data for public health decision-making across the region)	'Bank of Medicine Prices', a computerised data set revealing prices paid by UNASUR countries for drug purchases, and thus providing policy-makers and health authorities a common background and information to strengthen the position of member states in purchases of medicines vis-à-vis pharmaceuticals
	"**productive coordinator**" (identifying existing industrial capacities)	'Map of Regional Capacities in Medicine Production' approved by the Health Council in 2012, where ISAGS, is identifying existing industrial capacities in the region to coordinate common policies for production of medicines
	"**training hub**" (strengthening human resources and institutional capacities for policy makers, policy negotiators and professionals)	ISAGS engages policy makers that fill in ministerial positions, negotiators that sit in the international fora, and practitioners that liaise with the general public, providing technical assistance and capacity building, strengthening skills and institutional capacity through a range of activities in support of professionalisation and leadership. ISAGS supported Ministry of Health officials in Paraguay and Guyana for the implementation of national policies regarding primary attention and preparation of clinical protocols in these poor countries, and more recently echoing the challenges of creating universal health systems, ISAGS supported reforms towards the universalisation of the health sector in Colombia, Peru and Bolivia
Management of externalities and risks in trans-border areas	"**surveillance mechanism**" (data gathering, assessment, reference frameworks and standards for trans-border risk mitigation, surveillance coordination, capacity building)	theme-specific networks of country-based institutions to implement projects on non-communicable diseases, such as cancer and obesity; to combat the propagation of HIV/AIDS, and to undertake extensive vaccination programs against H1N1 influenza and Dengue Fever across the region, and addressing counter-cholera efforts in Haiti after the earthquake in 2010. UNASUR also leads theme-specific networks of country-based institutions to implement projects on non-communicable diseases, such as cancer and obesity, and to combat the propagation of HIV/AIDS, malaria, dengue, tuberculosis, chagas and other serious communicable diseases through health surveillance, access to vaccinations and medicines[vi]
Mobilising actors at global level	**Diplomacy outside the region *(international actor)*** Contesting and reworking global health norms and creating opportunities for enhancing voice and representation of developing countries, particularly in issues of representation, social determinants of health and neglected diseases and populations at global level of governance Financing and technical cooperation	coordinated efforts to redefine rules of participation and representation in the governing of global and regional health, and production and access to medicine vis-à-vis international negotiations coordinated positions presented in WHA debates and at WHO meetings for: enhanced representation; transparency, and equity in R&D and access to medicines Fostered norms on disability linked to rights and social determinants of health Advocacy for a broader approach and action on social determinants of health and universalisation of health systems UNASUR entered into capacity building partnerships with other regional organisations, such as the Pan-American Health Organisation
Policy formation	**Forum** for consensus building, agenda setting and evaluation of policies	Expanding policy horizons,policy capacities and reform of norms and regimes

The limits of a broker

The presence of UNASUR in this type of health diplomacy, and its coordinated efforts to redefine rules of participation and representation in the governing of global health, are indicative of a new rationale in regional integration and regional policy-making in Latin America. These actions create new spaces for policy coordination and collective action where regional institutions become an opportunity for practitioners, academics and policy makers to collaborate and network in support of better access to healthcare, services and policy-making.

For negotiators, UNASUR structures practices to enhance leverage in international negotiations for better access to medicines and research and development funding, as well as better representation of developing countries in international health governance. For advocacy actors, UNASUR represents a new normative platform for claiming and advancing the right to health within the region while at the same time attempting to establish itself as a broker between national needs and global norms, a political pathway that differs from the position held by Latin America in the past.

The experience of UNASUR opens an unprecedented opportunity to evaluate the ways regional organisations address rights-based concerns affecting ordinary people. It also teaches some important lessons while highlighting a troubling paradox.

First, a region should be seen not just as a space where politics and policy happen, but as much as trans-border actor with a unique capacity to rework and contest norms. Second, scholars interested in agenda setting in global politics, who often place attention to the dominance of powerful Northern-based actors, should address new corridors of diffusion and the agency of Southern regional arrangements as norm entrepreneurs advancing (human) rights.

Researchers and practitioners interested in rights-based governance and development can't afford to ignore Southern regional formation ambitions and their attempts to rework global norms. Finally, while innovative diplomatic intervention and South-South cooperation must not be romanticised, it must also not be trivialised.

However, there is a paradox at the heart of regional defense of equity. Normative claims about the morality of rights as an overarching approach to governance must not down-play politics. While UNASUR advocates health rights globally, regional frameworks pushing for reforms towards universal health systems are significantly filtered by quite conservative practices at the national level of politics.

Translating normative principles into state action in support of better access to health care and medicines across Latin America remains uneven, affecting the bearers of (human) rights in different ways. This is reinforced by the absence of binding institutional mechanisms supporting fluent corridors of regional-national policy making.

Just as in Mar del Plata, when the people (pueblos) buried the US-led FTAA ambitions, it is time to rethink not only whether a regional organisation such as UNASUR can itself become an entrepreneur advancing rights to health globally, but also how it can broker the right to, and universalisation of, health addressing the needs of economically and socially vulnerable populations through state action and reforms within the boundaries of member states.

Enhancing the commitment to health in national settings: Recommendations for action

The argument for exercising the right to health has often been located in the field of ethics and moral discussion about solidarity. If we are to discuss it as a political asset, however, the discussion must move to the terrain of public policy, where the rights to health is more than recommendations and expressions of solidarity but a yardstick to formulate policies, organise systems and services, and develop actions that enhance health of citizens. The realisation of major principles and dimensions of citizenship, especially with regard to people's rights, entitlements, and obligations, is largely determined by the nature of the state; which in turn is affected and in cases transformed in response to internal public demands, vested (class) interests, and pressures of a globalised world. In light of this, claim making and repertoires of rights are often explained by the opportunities opened by the institutional and political environment in which social actors exercise their rights to claim. Institutional settings and regime features have significant impact on the rhythms and episodes of contentious actions, as well as on state capacity to respond.

UNASUR is pivotal in terms of advancing the right to health in domestic policy spaces of member states. One approach has been the creation of ISAGS, in 2008. ISAGS is an innovative institution, based in Rio de Janeiro, which acts as a think-tank creating and coordinating policy-oriented research in the field through dissemination of knowledge and capacity building. Ideologically, the creation of ISAGS echoes the historical repertoire of the *movimiento sanitarista* and the principles of health as rights advocated by social medicine. Politically, it capitalises on the international role of Brazil, which in the case of global health, has taken an increasingly protagonist position over the past decade. In practice ISAGS, acts as a hub for policy-makers, experts and practitioners from member countries to share knowledge and best practices, and redistribute resources in the form of human capacity for better governing of health as a regional goal as well as professionally for enhancing research and development.

To further embed the right to health as a policy tool in national policy frameworks, and to deliver the right to health in concrete policy, what more should UNASUR/ISAGS be doing?

1. Work as a ***'knowledge broker'*** gathering, assessing and disseminating data on health policies of countries; benchmarking health policy and targets; and establishing effective mechanisms of diffusion through seminars, workshops and special meetings in support of policy reform by demand of member states. In practice, these activities, in collaboration with the UNASUR's Technical Group on Human Resources Development and Management, have been significant for the creation of new institutions such as Public Health Schools in Peru, Uruguay, Bolivia and Guyana.
2. Act as a ***'training hub'*** engaging with policy makers that fill in ministerial positions, negotiators that sit in the international fora, and practitioners that liaise with the general public, providing technical assistance and capacity building, strengthening skills and institutional capacity through a range of activities in support of professionalisation and leadership. For instance, UNASUR's Technical Group on Human Resources Development and Management, in collaboration with ISAGS, have offered technical support and capacity building activities for the creation of new institutions such as Public Health Schools in Peru, Uruguay, Bolivia and Guyana.[vii]
3. Become an ***'industrial coordinator'***, identifying existing industrial capacities in the region to coordinate common policies for production of medicines;
4. Provide regional and global ***leadership*** in translating global goals into regional context specific priorities.
5. Support ***pro-poor cross border partnership*** facilitating cross-border cooperation and regional thematic networks
6. Support ***pro-rights partnerships internationally*** around rights to health and inclusion goals, becoming a significant focus of the work of the UN system and building alliances with other Regional associations such as the African Union, BRICS, CARICOM, COMISCA, CPLP, SADC
7. Build up ties with social movements and academia for ***monitoring and evaluation*** of policies. The absence of evaluations of policy impact of regionally-led social policies on the ground significantly limits policy makers' approaches to, and opportunities for, policy innovation, tackling structural inequalities and poverty reduction.

[i] Herrero, B. (2015) 'Diplomacia regional en el contexto postneoliberal: El caso de UNASUR Salud', *Revista Comentario Internacional, forthcoming*

[ii] ECLAC (2014) Alicia Bárcena: "Cooperation in the Region Is at a Turning Point", Press Centre. Available at http://www.cepal.org/cgi-bin/getprod.asp?xml=/prensa/noticias/noticias/9/52779/P52779.xml&base=/prensa/tpl-i/top-bottom.xsl

[iii] Riggirozzi, Pía (2014) 'Regionalism, activism, and rights: New opportunities for health diplomacy in South America', *Review of International Studies*. Available on http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9366319&fileId=S026021051400028X

[iv] See for instance, UpsideDown News at http://upsidedownworld.org/main/ecuador-archives-49/4875-ecuador-pushes-for-greater-south-south-cooperation-and-stronger-public-disability-assistance-policies

[v] Buss, P. and M. do Carmo Leal '(2009) Global Health and Health Diplomacy', Cadernos da Saúde Pública, 25(12), 2541-41. Also Riggirozzi, Pía (2014) 'Regionalism, activism, and rights: New opportunities for health diplomacy in South America', *Review of International Studies*. Available on http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9366319&fileId=S026021051400028X

[vi] ISAGS Report (January 2013) {http://issuu.com/isagsunasur/docs/informe_ing} accessed 13 March 2013. Also, PAHO, 'UNASUR's Role in the Vaccination Against Pandemic Influenza', *Pan- American Health Organisation Immunisation Newsletter*, 32:4 (2010); UNASUR, 'Bulletin: Ecuador and Dominican Republic agree to cooperate in the reconstruction of Haiti', 4 November (2010), {http://www.pptunasur.com/contenidos.php?id=1100&tipo=27&idiom=1website} accessed 28 March 2014, and *UNASUR, Salud, Report of the Pro Tempore Secretariat* (2011) {http://isags-unasul.org/site/wp-content/uploads/2011/12/Informe-2011.pdf} accessed 28 March 2012

[vii] Agencia Fiocruz de Noticias, 'UNASUR Promotes Health Systems in South American Nations'. {http://isags-unasul.org/noticias_interna.asp?lang=2&idArea=2&idPai=4387} accessed 27 April 2013.