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Southern regionalisms, Global agendas: Innovating inclusive access to health, medicines and social protection in a context of social inequity

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This Policy Brief highlights key findings from an ESRC (Economic and Social Research Council) Department for International Development-funded international social policy research project examining the scope for enhancing the contributions of Southern multilateral regional organisations to inclusive social development in low-income contexts. Questions guiding the project were:

- 1 Are social policies and programmes of action on a regional scale by Southern regional groupings of countries instituting approaches for accessing health and medicines that meet the needs of all?
- 2 What scope is there for strengthening regional health and social policy in the interests of poverty reduction, social equity and inclusive development?
- 3 What needs to be done to strengthen regional approaches and policies in support of equitable access to health, medicines and social protection?

The principal focus of research was the regional health policies of the Southern African Development Community (SADC) and the Union of South American Nations (UNASUR). This is because SADC and UNASUR have clear mandates in relation to health (and other social policies), and include many of the world's most impoverished populations, for whom unfavourable access to basic health care and medicines is both a persistent obstacle and a key social determinant of morbidity and mortality.

The rise of regional social policy

The global system that has emerged in the early 21st century has generated vigorous debates among scholars, policy makers and activists worldwide about how to enhance social standards, extend the coverage of social provision, strengthen health systems, and improve population health, well-being and security. These debates, long present in national spheres of governance, are also now being taken to regional forums where state and non-state actors are mobilising around a set of policy agendas that ask how regional integration can be harnessed to support social equity in development, including through health improvements. Regional perspectives and regional-level actions are emerging in response to questions such as:

- What kinds of social innovations are needed to support the means of social participation and inclusive social development?
- How can a socially responsible and sustainable relationship between economic and social standards be forged and sustained?
- How can national and international social solidarity, standards and rights be maintained in the face of international competition?

Regional organisations are serving as forums for exchanging information, discussing ideas, pooling resources and developing collective responses on a wide range of fronts. The take-up of social policy issues in regional spheres of governance, long studied in relation to the Northern regionalisms such as the European Union, is also occurring in the Global South where regional organisations across Africa, South America and Asia are mandated to address issues of poverty, health and social development.

Poverty reduction is a stated goal of regional integration frameworks in these and other contexts. Yet too little is known about how these agendas are taken up in region-building projects in practice, and how the commitments by regional associations of governments as regards poverty reduction and social equity are being pursued in practice.

This matters because without such information existing good practice cannot be identified and shared. Improved knowledge of whether and how regional integration projects are capable of translating their mandates into concrete action will help all stakeholders (locally, nationally and internationally) to know how to support policies and programmes of concerted social action effectively, to eliminate poverty, reduce social inequality and improve health, educational attainment, housing, working conditions, food and water security.

This is especially relevant in the light of Sustainable Development Goal (SDG) 17 which identifies regional interconnectivity and integration frameworks as key to the implementation of the SDGs. It states that:

“Regional and sub-regional frameworks can facilitate the effective translation of sustainable development policies into concrete action at the national level.”

The remainder of this Policy Brief considers what insights from the PRARI research project can be brought to bear on the question of how regional integration frameworks and initiatives can be supported to realise regional social priorities and the SDGs.

Regional initiatives on access to health and social protection

Multilateral regional associations of nations are of substantial and growing significance for international integration, development cooperation and social policy. To varying degrees, they act as knowledge brokers, training hubs, industrial coordinators and global players. Reaching beyond the traditional concerns of trade, finance, investment and security, regional organisations have been active in identifying a range of social policy issues of common concern to their member states, and have developed mandates, plans of action and initiatives to realise regional health, social protection and education goals (Box 1 and Table 1).

Box 1 Examples of regional initiatives on access to health and medicines

ASEAN: improving capability to control communicable diseases; promoting regional trade in healthcare goods and services through harmonised standards, registration, cross border provision of healthcare services, mutual recognition agreements.

CARICOM: institutional and human resource capacity-building to address communicable diseases; development of a regional approach to the management of human resources for health including cross-border migration of health workers.

MERCOSUR: regional harmonisation of pharmaceutical legislation and regulations in order to facilitate economies of scale in the production of generic drugs.

SADC: cooperation on communicable diseases (HIV, AIDS, Malaria, TB), regulation of pharmaceutical production and distribution, and the referral of patients between member states.

UNASUR: regional medicines bank; sponsors regional public health networks; coordinates networks of national institutions on communicable and non-communicable diseases; provides technical assistance to member states (including by supporting national health universalisation reforms); global health advocacy; (limited) extra-regional health aid.

Sources: author's own, drawing on Amaya et al. (2015); Deacon et al. (2010); Penfold (2015); Yeates (2014a); Yeates and Riggiozzi (2017).

Key to acronyms in Table 1:

ASEAN - Association of South-East Asian Nations
 ALBA - Bolivarian Alternative for the Americas
 CAN - Andean Community
 CARICOM - Caribbean Community
 ECOWAS - Economic Community of West African States
 EU - European Union

GCC - Gulf Cooperation Council
 MERCOSUR - Southern Cone Common Market
 PIF - Pacific Islands Forum
 SAARC - South Asian Association for Regional Cooperation
 SADC - Southern African Development Community
 UNASUR - Union of South American Nations

Table 1 Regional social policy instruments and examples from five continents

1. Instrument	2. Functions to...	3. Instances
Regional forum	Share information for mutual education, analysis and debate; promote shared analyses and create epistemic communities and networks that can inform policy debate and provide a platform for collaboration.	Capacity building and communicable diseases: CARICOM Regional Compact (e.g. peer review mechanisms for country development plans): PIF Cross-border information exchange: SAARC Regional health think tank: UNASUR
Social standard-setting	Define international social standards and common frameworks for social policy (e.g. human rights charters, labour, social protection and health conventions).	Social Charter: SAARC Constitutional Treaty enshrining common normative framework: UNASUR Development Goals regional roadmap: ASEAN Regional framework on people trafficking: ASEAN
Resource mobilisation and allocation	Provide resources supporting policy development and provision (e.g. stimulus finance, technical assistance, policy advice and expertise).	Regional Social Humanitarian Fund: CAN Anti-poverty projects, trading schemes: ALBA Food security schemes: ASEAN, SAARC Regionally funded health think tank delivering institutional reform, professionalisation and capacity-building programmes: UNASUR
Regulation	Regulate in the interests of health and social protection. Regulatory instruments and reform affect entitlements and access to social provision.	Regional court of justice adjudicating on labour rights: ECOWAS, EU Social Charter: EU, SAARC Removal of work visa requirements for migrant workers from other member states: CARICOM, ECOWAS, EU, SAARC, SADC Mutual recognition agreements in education: ASEAN, CAN, EU, MERCOSUR Social security portability: CARICOM, EU, GCC, MERCOSUR, SADC

Source: author's own, and drawing on Deacon et al. (2010) passim, and Yeates (2014a, 2014b).

Strengthening regional health and social policy in support of poverty reduction, social equity and inclusive development

Regional associations of nations, such as the SADC and UNASUR, have a key role to play in promoting pro-poor health strategies in low-income contexts. They have established track records in engaging with health-related development agendas to strengthen

social investment in global poverty reduction and promote equitable, inclusive social development. The ways in which they pursue these agendas are varied and context specific (Box 1 and Table 2). These variations reflect their different institutional origins; policy-making processes; population health profiles; social policy arrangements, and development legacies (Riggirozzi, 2015; Deacon et al., 2010).

Table 2 UNASUR and SADC regional health policy – summary comparison

	SADC	UNASUR
Mandate	To foster closer political, economic and security cooperation among its member states.	To foster political cooperation and union among its member states.
Policy frameworks and protocols	<p>Poverty reduction, sustainable development and regional integration are written into SADC mandate, vision, mission and goals. Article 5 of the SADC Treaty (1992) states as a priority to ‘Achieve development and economic growth, alleviate poverty, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through Regional Integration.’</p> <p>Protocol on Health (1999) focuses on health, pharmaceuticals, HIV and AIDS.</p> <p>Regional Indicative Strategic Development Plan (2001–2015) prioritises poverty reduction in relation to health.</p> <p>SADC–International Cooperating Partners (ICP) Thematic Group (TG) on health focuses on HIV and AIDS. This TG is co-chaired by SADC Social Development director and SIDA (Swedish aid and development agency).</p>	<p>UNASUR Constitutive Treaty (2009) Article 3.1 sets out a distinct mission to address social development and deepen democracy, and to harness regional economic cooperation in support of poverty reduction. It declares a human right to health (the ‘right to health [is] the energetic force of the people in the process for South American integration’). A rights-based approach to health is considered to be an essential element of social transformation, and a means for inclusion and citizenship.</p> <p>UNASUR Health Council approved a Five Year Plan (Plan Quinquenal) outlining actions across five areas:</p> <ol style="list-style-type: none"> 1. surveillance, prevention and control of diseases 2. development of universal health systems for South American countries 3. information for implementing and monitoring health policies 4. strategies to increase access to medicines and foster production and commercialisation of generic drugs 5. capacity building directed at health practitioners and policy makers for the formulation, management and negotiation of health policies at domestic and international levels. <p>Thematic networks of country-based institutions implement projects on communicable and non-communicable diseases through health surveillance, access to vaccinations and medicines, and vaccination programmes.</p> <p>UNASUR’s commitments manifest in an agenda largely oriented to institutional governance, embedded policy reform and the quality of policy making and management, especially in the area of primary care, Public Health Schools professionalisation, and policies on medicines.</p>

	SADC	UNASUR
Institutional policy-making process (agenda setting, development and implementation)	<p>SADC is an intergovernmental organisation. Secretariat responds to demands and instructions by member states, which may be in tandem with or suggested by international donors or multilateral organisations.</p> <p>Member states implement regionally endorsed policy initiatives, sometimes supported by technical assistance from the Secretariat. Member states outsource implementation of the initiative to national NGOs if lacking the capacity to do so themselves. Civil society and NGOs are not incorporated into earlier stages of the regional policy-making process.</p> <p>Member states are responsible for domesticating SADC policies at a national level. SADC Treaty provisions for sanctions against states have never been used to enforce compliance on health matters.</p>	<p>UNASUR is an intergovernmental organisation with no discernible supranational elements or binding regulatory powers.</p> <p>All member states need to agree common priorities and initiatives through the multi-annual plan.</p> <p>Intermediary instances (e.g. thematic networks, working groups) create channels of contact and communication between national policy makers, practitioners and epistemic communities in the creation, dissemination and uptake of cross-border information sharing and learning. Civil Society Organisations are not formally integrated into stages of the policy-making process.</p>

Sources: derived by author from Riggiozzi (2015), Penfold (2017), Herrero and Loza (2015) and Yeates and Riggiozzi (2017).

Institutional design and capacity is a decisive factor defining the scope, scale and nature of regional organisations' responses to addressing the poverty–health nexus and fully realising their mandates. All too often, institutional conditions limit the scope of what can be achieved. National states lie at the heart of regional health and wider social policy making, and they have been reluctant to pool sovereignty as far as social and health policy is concerned. Intra-regional cooperation takes place around a relatively narrow range of issues. This can miss, or divert attention from, the underlying causes of poverty and lack of access to health and medicines.

From the research undertaken, the following issues emerge in relation to regional health and social policy initiatives.

1 The need for a participatory regional policy process at all stages of policy making. Regional organisations and regional policy makers essentially remain the creatures of member governments. All development partners working in the region need to work to democratic, socially and politically inclusive policy principles, from agenda setting to implementation.

- 2** The lack of binding regulatory mechanisms and active enforcement and compliance powers. The extent to which regionally agreed norms and policies are translated into domestic legislation, policy and practice depends on institutional design and the degree of integration of regional and national spheres of governance.
- 3** The lack of integration across different policy domains determining access to health and medicines. This impedes the effectiveness of regional actions, as do uncoordinated initiatives by different development partners operating in the region.
- 4** Efforts to track regional policy success and change are significantly hampered by the absence of region-wide data. Clear regional monitoring and evaluation frameworks, region-wide statistical data sources, and transparent resourcing capable of demonstrating 'added value' resulting from regional cooperation in poverty-reducing social and health policy are all needed.

What is to be done?

Regional intergovernmentalism, and the enduring power of national sovereignty in international social policy making, assures nation states primary responsibility for implementing the SDGs in access to health and social protection. Consequentially, domestic (national) regimes of social regulation, social rights and social redistribution, realised through comprehensive social provision that supports full social participation and the flourishing of human well-being and capabilities, remain of primary importance. Yet nation states' responsibilities in this regard are also accompanied by obligations upon them to cooperate and coordinate clearly defined, inclusive development strategies within regional frameworks (SDG 17), as well as through other multilateral frameworks. National, local and international development partners have a critical role to play in enabling improved and more effective regional governance in support of socially equitable social and public policies. They can support regional organisations to:

- provide stronger regional leadership in translating global goals into regional context-specific priorities aligned with global objectives
- better coordinate all development partners operating in the region around clearly defined regional and sub-regional priorities and goals
- effectively support intra-regional partnership work through (for example) capacity building, and facilitating cross-border cooperation and policy learning around poverty reduction and socially inclusive development, including by identifying promising initiatives that can be scaled up regionally
- undertake regular regional monitoring and reporting on regional progress achieved in relation to identified goals and targets.

Many regional organisations are already providing such leadership, coordinating, monitoring and partnership work, but there is scope to go further. The question is whether their member governments are willing to pool any degree of sovereignty. They and international development partners need to work effectively to mobilise and channel resources (financial, knowledge, technical, political) to strengthen regional-level action for socially equitable policies across multiple social and health sectors.

How that is done in practice will be necessarily context sensitive and context specific. It will necessitate a far more concerted and sustained emphasis on democratic forms of participatory policy making, involving all development partners (local, national, regional and international) working in any given region. It will demand a stronger emphasis on multisectoral approaches and integrated policy responses, cognisant of the deep interconnectedness of social

and economic issues within and between member states. Regional integration frameworks and entities that ignore or only pay lip-service to many of the most pressing social and public policy issues, while forging ahead with deeper international economic integration, will not prove capable of responding effectively to the severe global challenges and goals agreed by all international development partners.

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