Research jointly supported by the ESRC and DFID

Global social regionalism: the case of the Union of South American Nations' health policy

Nicola Yeates and Pía Riggirozzi[1]

PRARI Working Paper 15-10[2]

[1] Nicola Yeates is Professor of Social Policy at The Open University; Pia Riggirozzi is Associate professor at Southampton University. Corresponding author: n.yeates@open.ac.uk. This paper is work in progress. It was presented at the annual conferences of the UK Social Policy Association (University of Ulster) and the International Sociological Association (RC19) (University of Bath) in 2015. The paper was written with support from the Economic and Social Research Council (ESRC), Grant Ref. ES/L005336/1, and does not necessarily reflect the opinions of the ESRC.

[2] The citation for this paper is Nicola Yeates and Pia Riggirozzi (2017) *Global social regionalism: the case of the Union of South American Nations' health policy*. PRARI Working Paper 15-10, August 2017. Milton Keynes: The Open University. The paper is freely available at http://www.open.ac.uk/socialsciences/prari/

Abstract

While much has been written about national social policy (and welfare regimes) worldwide, and regionalist economic and security processes, the significance of regional integration as a site and driver of social politics and policy has been rather more neglected within sociological and political science literatures on welfare. This paper is concerned with social policy in processes of region-building, empirically and theoretically. Empirically, it is concerned with two inter-related issues: the linkages between regional integration and social policy in practice; and the ability of regional institutions to mobilise collective action in defence of social rights. It is also concerned with the bases and tenets of a revitalised theoretical understanding of the relationship between regionalisation processes and social policy. These arguments are developed through a focus on the example of the Union of South American Nations (UNASUR) and its involvement in the sphere of health. Its institutional development and policy practices are set in wider international context.

Keywords: social regionalism; health; international integration; social development; Union of South American Nations

1. Introduction

The forms, dynamics and significance of transnational actors, institutions and ideas constitute a substantive and expanding field of research on the globalised restructuring of health and welfare. Multilateral governmental organizations (WB, IMF, UN etc) have the lion's share of the research focus but attention is now extending to understanding better spheres of cross-border governance and policy at sub-global level, more specifically at the level of *regions*, and how/where they are situated in the global politics of social policy, welfare and development. Cross-border regionalisation processes and regionalist projects are substantial and significant phenomena in the context and dynamics of economic and political globalisation; and cross-border regional associations of states are increasingly recognised as significant sites of the contested *social* politics of the governance of globalisation and international integration. No longer confined to the construction of regional economic and security spheres, regional integration projects are embracing a wider range of social and public policy domains and, as a result, are becoming recognised as significant institutions and actors in the global social politics of international integration, governance and welfare restructuring (e.g. Yeates, 2007a, 2007b, 2014a, 2014b, 2014d, 2017; Deacon and Yeates, 2006, 2014a, 2014b; Deacon, et al 2010; Riggirozzi 2012, 2014; see also de Lombaerde, Baert and Felício, 2012; Söderbaum and Van Langenhove, 2005; Van Langenhove, 2012).

This is an incipient research agenda. Normative arguments for a stronger social policy project embedded in regional integration processes in the Global North and South alike are established (Yeates and Deacon 2006, 2010; Yeates 2014b, 2014c), and substantial contributions understandings of the manifestations and forms of regional social policy *within and beyond the EU* have already been made (e.g. Deacon et al 2010; Cavaleri 2014; Hoffman and Bianculli 2016). However, not enough is yet known about how the growing formal engagement with social welfare by regional formations around the world is manifesting in practice. More needs to be scrutinised about the significance of regional organisations' ambitions and initiatives for welfare states/systems, citizenship rights and global governance. We don't yet know enough about how these regional groupings are operating as global actors within (and beyond) their territories and fora. Key questions arising here include: are regionalist

politics and policy capable of defining new modalities and courses of action on regional integration, social policy and its governance? If they are, what are the conditions enabling and shaping this? What are institutional complexions and contexts of those emergent social regionalisms? How are they connecting with – and influencing - domestic and global regimes of governance and policy?

Such lines of enquiry open up analytical (conceptual, theoretical) understandings of the globalisation-welfare restructuring nexus. There is a substantial literature on the symbolic and instrumental dimensions and consequences of global governance and transnational activism for policy formation and access to health and welfare. A specific focus on regional multilateral institutions as sites of policy making and as political actors, and on the social (health/poverty) agendas pursued through and by them, can help shed light on how the social relations of welfare and the governance of territories and populations are being remade over larger integrative scales and with what effects; and how to incorporate the 'thickening' of regional organisations into literatures on welfare change and restructuring, and comparative regionalism.

This paper takes up the specific concern of how we can conceive of regional organisations as institutional actors in, and sites of, social policy formation. From a broad backdrop of locating the 'place' of social policy within regional integration and governance processes, we identify varieties of regional social policy 'spaces' and platforms internationally, discuss the significance of the historical-development contexts within which they emerge and develop, and draw out the analytical implications for literatures on the global restructuring of health and welfare.

We argue that regional integration processes are capable of forging 'new' regional platforms for collective action on social policy and that Southern regional organisations can play a significant role in the delivery of better health policy and more broadly the right to health. However, the extent to which this is evident in practice, the forms it takes and the contexts of/conditions under which this occurs varies. While some regional organisations seem to be forging new parameters for social policy and spaces of political cooperation, others have struggled to establish themselves as significant political actors despite having an established

mandate in social policy more broadly. We also suggest that one way of assessing the significance of regional organisations and their synergies with social welfare relates to the capacity of regional organisations not only to facilitate coordination between diverse actors but also to act as a 'bloc actor' - brokering deals and negotiating structures and relations of global governance through new modalities of 'regional diplomacy' (Riggirozzi 2015a).

Our focus on a South American regional association (the Union of South American Nations – UNASUR) in the context of a broad review of social regionalism internationally functions at a number of levels. It illustrates the principle of context-specificity and –contingency in the extant manifestations and practices of social regionalisms. It permits an in-depth examination of the scope, features and dynamics of this particular regional organisation as it operates in relation to health. And it pathways our engagement with theoretical concerns in relation to global welfare restructuring. The case of UNASUR helps us to better understand different ways of 'delivering' in practice regional social policy and their potential in terms of (i) redistribution (facilitating the re-allocation of material and knowledge resources in support of public policy and policy implementation), (ii) rights (enhancing rights and visibility of rights bearers) and (iii) representation (in policy processes, regional, national and global).

2. On regionalism and social policy: a (very) brief overview

Regional integration as an ambition and as a political practice dates back to the 19th century in the 'Far East', and to independence movements in South America and Africa (Riesco 2010; Yeates 2001, 2005). However, the last three decades have witnessed the resurgence of interest in regionalist modes of international integration. State strategies to 'lock in' internationalizing flows of trade and investment on a regional basis among groups of 'most favoured' nations were a (if not the) defining mode of regionalism, certainly in the 1980s. This reflected the diffusion of neo-liberal idea(l)s of 'free trade' generally and of 'open regionalism' in particular, itself an approach to trade-based integration involving the removal of barriers to, and the encouragement of, regional cooperation without discrimination against outsiders. Beginning in the Asia-Pacific region in the 1980s (Garnaut, 2004) open regionalism shaped new regional

trade agreements (free trade areas and customs unions) that proved increasingly significant within the global economy (over half of all international trade is conducted inside them) (Yeates 2014b).

In the mid-late 1990s institutional remits and capacities emerged around regional policy agendas and programmes of social action as questions about the relationship between trade, labour and social standards, and how to maintain fiscal capacity and social solidarity in the face of international competition emerged onto policy agendas (Yeates and Deacon 2006, 2010). Concurrently, political agendas started to reframe the purposes of regional integration, what kinds of social policies over what 'integrative scales' should be developed, and what the respective roles of regional and national institutions should be in helping to realise development objectives (Riggirozzi, 2014; Yeates 2014b). Regional organisations began to develop social policy mandates, goals, strategies and programmes around issues of health, welfare, education, and wider social development.

Table 1 below draws from the first major comparative study of regional social policy discourses and practices of some 20 regional associations spanning four continents (Deacon, Macovei, van Langenhove and Yeates, 2010). It presents a high-level overview of the track record for each of the regional formations examined as regards regional social policy. Regional social policy was conceptualised in that context as regional-level institutionalised instances of collective action supportive of the right to the means of social participation, as operationalised through identified instances of regionally coordinated programmes of resource redistribution, social regulation, regional provision of welfare goods and services, social rights (including regional mechanisms that give populations the means of claiming and challenging governments), and cross-border intergovernmental forms of cooperation (information exchange, mutual learning) in the social welfare sector (see Yeates and Deacon 2010, p. 35).

Table 1 Regional social policies in practice in four continents

Regional association	*Re-distribution*	*Social regulation*	*Social rights*	*Cooperation in social sectors*	*Cross-border policy learning*
EUROPE					
EU	Yes	Yes	Yes	Yes	Yes
Council of Europe	No	No	Yes but not force of law	No	Yes
LATIN AMERICA					
MERCOSUR	Yes	Soft law	Yes but not force of law	Yes	Yes
Andean Community	Yes	Soft law	Yes but not force of law	Yes	Yes
CARICOM	No	Soft law	Yes but not force of law	Yes	Yes
ALBA	Yes	No	No	Yes	Yes
UNASUR	Yes	Normative framework in Constitutional Treaty	Yes, but not force of law	Yes	Yes
ASIA					
ASEAN	Yes	Soft law	Yes but not force of law	Yes	Yes
SAARC	Yes	No except trafficking of women and children	Yes but not force of law	Yes	Yes
AFRICA					
AU	No	Soft law	Yes but not force of law	Yes via sub-regions	Yes
ECOWAS	No	Soft law	Yes	Yes	Yes
SADC	No	Soft law	Yes but not force of law	Yes	Yes

Source: Deacon, Macovei, van Langenhove and Yeates, 2010, Figure 10.1. *Note*: * Soft law means that regional declarations and agreements on standards and so on are left to countries to implement with exhortation from the region.

For present purposes the following observations are most pertinent. The EU may have the most developed form of regional social policy by this definition, but cooperation in the social sector including cross-border information exchange and learning is widespread and many have regional social funds of some kind. Far fewer have forms of social regulation and social rights (ECOWAS has a regional court of justice adjudicating on national labour rights, with a track record of cases being successfully taken by citizens against ECOWAS member states) and while these tend to gravitate towards measure to promote intra-regional labour mobility their scope goes beyond creating regional labour markets to also encompass social (child labour) standards, human rights, health (communicable diseases, patient mobility, health workforce planning, pharmaceutical regulation), education and food security (see Yeates 2014b for a fuller discussion). Regional social policies tend to have progressed faster as exhortative declarations of aims and principles rather than as binding regulatory or redistributive mechanisms, but exhortative policy (such as Social Charters and other declarations of intent) supplemented by cooperation in the social sector, can generate awareness of a range of common issues and normative frameworks that shape policy discourses, forge regional platforms for collective action, and structure the formation of transnational governmental, professional and advocacy networks on a regional scale. 'Soft' forms of regional social policy are commonly deployed as part of gradualist projects of building a distinctive regional identity and community, from which, potentially, regional social policies backed by more substantial financial, legal and political resources may emerge (Yeates 2014b).

Cavaleri (2014) similarly draws attention to the involvement of regional organisations as distinctive institutional actors and platforms in the social policy/development nexus. For each of the 5 organisations within the scope of her study, she found evidence of a basic level of regional commitment to the achievement of the MDGs, accompanying actions to pursue those commitments in practice, and reporting on regional progress towards the MDG goals.[3]

[3] ASEAN's 2012 roadmap identified concrete actions on regional public goods and support for policy adoption at the national level, which were entrusted to specific ASEAN bodies. The PIF 2009 Cairns Compact on Strengthening Development Coordination comes closest to a regional MDG strategy in that the achievement of MDGs is identified as being closely aligned to the region's development objectives. PIF Compact actions include peer review

The exception is Mercosur which, apart from issuing a communique on the MDGs, neither developed a regional strategy nor had a reporting role (Table 2).

Table 2 Regional associations and the MDGs: from discourse to practice

	Discourse	Regional strategy	Provision of regional goods	Support to national level	Reporting role
ASEAN	Yes	Yes	Yes	Yes	Yes
PIF	Yes	Yes	No	Yes	Yes
Mercosur	Yes	No	No	No	No
AU	Yes	Yes (?*)	Yes (?*)	Yes (?*)	Yes
EU *sui generis*	Yes	Yes	Yes	Yes	Yes

Source: Cavaleri (2014). Note:* not on MDGs comprehensively but in MDG-related policy areas. ASEAN Association of South East Asian Nations; PIF Pacific Islands Forum; Mercosur Southern Cone Common Market; AU African Union; EU European Union;

A further conceptual device for mapping and tracking regional social policy is to consider specific policy instruments and the extent to which regional entities use them to pursue objectives. Table 3 identifies four main types of instrument: forums, standard-setting activities, resources, and regulation, and selected instances of their existence in practice. Tentatively, we surmise these relating to redistribution, regulation, rights, cooperation, and across the interfaces of different levels of governance in different ways. Broadly 3 and 4 are redistributive, while 1 and 2 map more onto norm framing. Regional organisations whose powers are weak(er) on redistributive policy axes would be more reliant on their capacity for ideational and institutional innovation if they are to effect change. The significance of this starts to become apparent later in the paper (section 3).

mechanisms for country development plans, guidance on public expenditure, and data production and availability. The AU's development plan comprises a range of 'issue-specific' strategies (around AIDS, TB, malaria), goals and results to be attained, giving the AU a coordinating role for effective delivery. The EU has actively adopted the MDG framework by incorporating the framework into its ('external') development cooperation policy, while reiterating an economic growth-based approach 'domestically' (pursued through Europe 2020 growth strategy).

Table 3 Regional policy instruments and examples

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	CARICOM – capacity building and communicable diseases PIF: regional Compact (e.g. peer review mechanisms for country development plans) SAARC: cross-border information exchange UNASUR: ISAGS regional think tank
Social standard-setting	Define international social standards and common frameworks for social policy (e.g. human rights charters, labour, social protection and health conventions)	SAARC Social Charter UNASUR: Constitutional Treaty enshrines common normative framework ASEAN 2012 MDG Roadmap; regional framework on people trafficking
Resource mobilisation and allocation	Provide resources supporting policy development and provision (e.g. stimulus finance, technical assistance, policy advice and expertise	Andean Community (CAN): Social Humanitarian Fund ALBA: anti-poverty projects, trading schemes; SAARC, ASEAN: food security schemes UNASUR: regionally-funded think tank ISAGS delivers programmes of institutional reform, professionalization and capacity building
Regulation	Regulatory instruments and reform affects entitlements and access to social provision	Regional court of justice adjudicating on labour rights: ECOWAS, EU Social Charter: SAARC, EU Removal of work visa requirements for migrant workers from MS: SADC, CARICOM, ECOWAS, SAARC, EU; Mutual recognition agreements in education: MERCOSUR, CAN, ASEAN, ANZCERTA, EU; Social security portability: MERCOSUR, CARICOM, ANZCERTA, SADC, EU

Sources: columns 1 and 2 Yeates (2010); column 3: Deacon et al, passim, Yeates 2014b

Overall, then, we see a substantial regional social policy internationally that goes beyond the hub of economic/security regionalism and which finds its expression in a range of positive measures in the form of regulation, finance and provision of different kinds that, together, establish 'regional regimes' of regional social (re)distribution, regulation and rights. As would be expected, there are significant variations in the *extent* to which regional associations have instituted a regional social policy agenda, the specific *forms* that takes, the kinds of *policy instruments* used, and the *impacts* on social provision and the social relations of welfare.

As noted earlier, this is a research agenda (and empirical evidence) in the making. 'Reading' regional social policy through the formal institutional mandates, discourses and initiatives only partially reveals the characteristics of regional social policy as a 'living' (dynamic, context-specific..) field of institutional and political practice. We do not yet have the comprehensive empirical data needed to fully grasp the scope and significance of social regionalism and its impacts. We need more and better data on whether regional organisations are successful in setting new ideational parameters, creating spaces of cooperation for the design and implementation of policies, and mobilising and allocating resources (within and/or beyond the regional sphere) – and if so, what are the features of institutional design of those organisations, and what the conditions, contexts and circumstances giving rise to those features and enabling them as agents of social transformation.

The next part of the paper focuses in detail on one regional organisation: the Union of South American Nations (UNASUR). Briefly, UNASUR, formed in 2008, is shaped in a context of renewed governance by the so-called New Left, but which also aimed at develop niche areas of social policy by establishing clear mandates and institutionalising thematic Councils in different areas of public and social policy (Riggirozzi 2012; 2014). Besides labour mobility, health is a foremost regional social policy field and UNASUR is no exception. Our focus on UNASUR health enables insights into an area of extensive cross-border (regional) policy activism, in particular the nature of that activism, the institutional 'architecture' that structures and organises it, the policy approaches and methodologies it uses to promote change, the

institutional resources it allocates for that, and the wider contexts in which it is situated. The discussion highlights the extent to which the context, institutional architecture and initiatives of UNASUR health have helped a more expansive (post-neoliberal) social policy agenda gain traction in regional integration projects, and how regional platforms can also become global ones through 'bloc activism' in spheres of global policy making.

3. Regional platforms for social policy: the case of UNASUR

3.1 South American regionalism, UNASUR and health

In Latin America the unfolding of regionalism has been something of a paradox; although the appeal to social and human development has been integral to the regional 'imaginary' (as manifested in policy documents and declarations of regional agreements) since the 1960s, in practice there has been very little dialogue between trade policies, issues of poverty and inclusion, and collective action in relation to social policy goals. In fact, delivering social protection and human development in South America was firmly assigned to the sphere of (seriously constrained) domestic spending choices, where it was designed to mitigate the effects of market reforms or to secure political and electoral support (Lewis and Lloyd Sherlock, 2009: 113). At the same time, the political economy of regionalism and development was dominated by the debt crisis, austerity, and fundamentally by the influence of the United States (US) over regional politics across Latin America (Gamble and Payne 1996: 251–252; Phillips 2003: 329). This was the case of the Southern Common Market (MERCOSUR) in 1991, grouping Brazil, Argentina, Uruguay and Paraguay; the North American Free Trade Agreement (NAFTA) signed by the United States, Canada and Mexico in 1994; and the renewed impetus from resilient projects, like the Community of Andean Nations created in 1969.

Notwithstanding the emphasis on market-led regionalism, some 'social clauses' were introduced in both the Andean Community and MERCOSUR in the 1990s, where the legacy of developmental welfare states steering development projects since the 1940s has been significant (Riesco 2010). However, efforts to develop a robust social dimension in regional agreements were often sterilized by structural adjustment programmes, neo-liberal reforms,

and elite politics (Draibe 2007: 182). As the decade ended however, with nearly half of the total population living in poverty (ECLAC, 2011: 11), widespread episodes of resistance to neo-liberalism erupted in the region. This context paved the way for the renewal of politics and policies at both national and regional levels. The rise of New Leftist governments across the region – in Venezuela (1998), Brazil (2002), Argentina (2003), Uruguay (2004), Bolivia (2005), Ecuador (2006), Paraguay (2008) and Peru (2011) – was not simply an expression of partisan and symbolic politics, but a more profound acknowledgement that economic governance could not be delinked from the responsibilities of the state to deliver inclusive democracy and socially responsive political economies (Grugel and Riggirozzi 2012).

The Leftist governments developed a new approach to state building and inclusion, nationally and also in relation to region-building itself. This became evident in the aftermath of the Fourth Summit of the Americas, which took place in Buenos Aires in November 2005. The Summit declaration grounded the new governments' opposition to the United States-led hemispheric regionalist project, the Free Trade Agreement of the Americas (FTAA). Declaring themselves against a hemispheric trade agreement, they refused to commit to future FTAA talks (Saguier 2007). The defeat of the FTAA was an indication that the previously unquestioned association between regionalism and the trade/investment agendas was now open for review. In this context, South America became a ready platform for the re-ignition of a 'new' regionalism that incorporated the normative dimensions of a new era, at odds with both the neo-liberal core and defiant of US tutelage, and taking up the agenda of how regional integration projects should respond to the legacies of poverty and Latin American's social debt.

The UNASUR Constitutive Treaty, signed in Brasilia in May 2008, identified a distinct mission to address social development and deepen democracy, as well as establishing economic complementarities in support of poverty reduction (UNASUR 2009a: article 3.1). It explicitly declares human rights as a core value of integration, and the 'right to health as the energetic force of the people in the process for South American integration' (UNASUR 2009a: 14). UNASUR's official documents have from the outset, then, placed a strong rhetorical emphasis on the right to health within a human rights framework more generally. UNASUR speaks of a new morality of integration linked to a rights-based approach to health that is

considered as a transformative element for societies, and a vehicle for inclusion and citizenship (UNASUR 2011).

That health became emblematic of the new political turn in regional integration agenda and a locus for an alternative modality of regional integration is not surprising. Health justice lies at the heart of the long struggle for social equity, inclusion and democracy in Latin America (Birn and Nervi 2014). The story of Latin American health justice movements is in fact a long story of the struggle for enhancing social entitlement and citizenship rights. Throughout the mid-20th century, as Latin America became heavily unionised and labour pressed for a range of social security benefits, health became a bastion of welfare state provisions for better living conditions and inclusive political systems. In Chile, intense working class and socialist claims for social justice were played out as part of the social medicine movement, led by medical activist Salvador Allende since the 1940s. In Brazil demands for social medicine and the right to health was embraced by the *movimiento sanitarista* (health movement), an activist movement that played a key role in the process of redemocratisation in Brazil and its Constitutional reform in 1988, leading to the adoption of the universal public health system (Shankland and Cornwall 2007). In this case, the realisation of universal and equitable access to quality health care must be understood not as a function of pragmatic policy making, but as the result of a political campaign waged by social movements demanding decent living, working, and social conditions under the slogan 'Salud es Democracia' (health is democracy) (Melo, in Shankland and Cornwall 2007). Likewise, across the region, ideas and practices around social medicine, collective health, and citizen inclusion, were resilient in the face of repression, dictatorship, and neoliberal policies that saw declining public health expenditure and privatisation of health insurance directly reduce access to healthcare (Birdsall and Londoño 1998). Not surprisingly, successive governments' failure to deliver decent health care figured as part of the anti-neoliberal protest across the region throughout the 1990s and early years of the new millennium.

But health is also a policy area where expert knowledge is valued and where UNASUR can build on an existing legacy of regional cooperation while also appealing to democratic demands of Leftist movements. Significant here is the track record of successful cooperation

through the Pan-American Health Organisation in the region, together with cooperation between MERCOSUR and the Andean Community in putting in place cross-border epidemiological control and surveillance in response to, and support of, increasing traffic of trade and people. The significance of health in the contemporary political histories of the region and in the New Leftist governments also means that there is potentially a clear 'deliverable' that can be attached to region-building: better health outcomes. The shift to the Left at the level of member states has opened up an opportunity to promote rights based ideas about health and as part of the concept of '*buen vivir*' (wellbeing) which has found a place in new constitutions of Bolivia and Ecuador, amid discussions about what 'universal' health care might look like in South America. In short, for UNASUR, health is about addressing a longstanding social debt as much as enhancing rights and inclusion through (post-hegemonic) regionalism. This is an issue-area where UNASUR has a clear potential to make difference. It has been careful to link the focus on health to the idea of democratically responsive regionalism. This has been important given UNASUR embraced social policies in a different political and economic context from that of the extant regional formations (Mercosur and the Andean Community) (Buss 2011; Riggirozzi 2015a; Bianculli and Hoffman 2015).

3.2 UNASUR regional health governance and policy

As an inter-governmental body, UNASUR is made up of the Ministers of Health of the twelve member states that form the UNASUR Health Council. The role of the Council is to set policy priorities, working in conjunction with Technical Groups set up around some health themes and networks to help policy delivery. UNASUR headquarters and the General Secretary are located in Quito, Ecuador. The President Pro Tempore (PPP) alternates between member states on a yearly basis.

In 2009 UNASUR Health Council approved a Five Year Plan (*Plan Quinquenal*), which outlines actions on five areas: (1) surveillance, prevention and control of diseases; (2) development of Universal Health Systems for South American countries; (3) information for implementation and monitoring health policies; (4) strategies to increase access to medicines and foster production and commercialisation of generic drugs; and (5) capacity building

directed at health practitioners and policy makers for the formulation, management and negotiation of health policies at domestic and international levels (UNASUR 2009b). The themes chosen make sense in terms of the epidemiological profile of member states, and politically in that they correspond closely to the political demands of post-neoliberal governments and their grassroots supporters in relation to universal health systems.

UNASUR Health Council is supported by a regional health think tank, the South American Institute of Health Governance (Instituto Sudamericano de Gobierno en Salud, (ISAGS) (established 2008) which provides policy-oriented research, training and capacity building for member states.[4] ISAGS has fast become a principal locus of policy development. Located in Rio, it is able to capitalise on the leadership of Brazilian diplomats and health experts in international negotiations on the provision of medicines and the right to health (Buss and Do Carmo Leal 2011; Nunn 2009). It is also closely linked to the *movimiento sanitarista*, and the Brazilian health research institution, the Oswaldo Cruz Foundation, which was instrumental in setting up ISAGS itself (Riggirozzi 2015b). ISAGS is more radical than the UNASUR Health Council itself. Its core philosophy is that health cannot be left to the market or commodified, and is the source of much of the rhetoric about rights that shape UNASUR's health policies. It gives UNASUR an aura of technical know-how in relation to health while providing UNASUR Health Council with access to genuine expertise.

UNASUR is an inter-governmental regional association, yet the existence of key 'intermediary instances' in its institutional architecture are conducive to a productive policy nexus between the region and the national policy arenas as well as stakeholder engagement. ISAGS' thematic networks and working groups are critical here. The thematic networks implement various projects combating HIV/AIDS; establishing a Network of Public Health

[4] UNASUR Health Council agreed ISAGS to: (1) identify needs, develop programmes and capacity building for human resources and leadership in health; (2) organise existing knowledge and carry out new research on health policies and health governance as per request of the South American Health Council or member states; (3) systematise, organise and disseminate technical-scientific information on regional and global health, with the intention of supporting the decision-making process of the conduction centres, of strengthening society processes and of giving information about the processes of government and governance in health; (4) support the formulation of UNASUR's common external policies to back up negotiations in global and regional international agendas; and (5) provide technical support to national health institutions. For detailed information about UNASUR Thematic Groups, networks and ISAGS, see {http://isags-un asul.org/site/sobre/?lang=es} Resolución CSS 05/2009 Sede y creación ISAGS abril 2009

Schools of UNASUR (RESP-UNASUR) comprised of institutions dedicated to human resources of health training, national health policies, and production of new technologies across the region; and the Network of National Institutions of Cancer (RINC), which coordinates cooperation amongst national public institutions across UNASUR member countries to develop and/or implement cancer control policies and programs and research in South America. ISAGS also acts as a think tank and hub for five thematic working groups, each of which is led by two member states. These ISAGS intermediary instances 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.

ISAGS role is not confined to coordination: it plays a key role as 'knowledge broker'. It gathers, assesses and disseminates data on member state health policies; benchmarks health policy and targets; and establishes effective mechanisms of diffusion through seminars, workshops, capacity building and special meetings in support of policy reform in response to member state requests (UNASUR 2010). Its provision of technical assistance and its capacity building activities in support of professionalisation, capacity building and leadership place it in a powerful position in relation to policy development, for these are undertaken with policy makers that fill ministerial positions and negotiators that sit in international fora, and with health practitioners (Riggirozzi 2014; 2015b).

In collaboration with UNASUR's Technical Group on Human Resources Development and Management, for instance, ISAGS' activities have been significant in creating new institutions such as Public Health Schools in UNASUR countries of Peru, Uruguay, Bolivia and Guyana (Agencia Fiocruz de Noticias 2012). Similarly, 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 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 (ISAGS 2013).

The politico-institutional framework fostered by UNASUR is also manifested in its support of theme-specific networks of country-based institutions to implement projects on non-communicable diseases, such as cancer and obesity; to combat HIV/AIDS, malaria, dengue,

tuberculosis, chagas and other serious communicable diseases through health surveillance, access to vaccinations and medicines; and to undertake extensive vaccination programmes against H1N1 influenza and Dengue Fever across the region.

UNASUR has been instrumental, as '*industrial broker*, in the establishment of two projects to promote harmonisation of data for public health decision-making across the region: a '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; and a '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 (Riggirozzi 2015a). Based on this, joint negotiation strategies, as a purchase cartel, are also in place to enhance the leverage vis-à-vis pharmaceutical companies. UNASUR Health Council is also seeking new ways of coordinating industrial capacity for the production of generic medicines, potentially in coordination with the Defence Council, proposing the creation of a South American Program of Medicine Production in the field of Defence (UNASUR CEED 2013).

3.3 Extra-regional health activism and diplomacy

These practices are not only oriented to generating conditions for better access to health and efficient use of public resources *within* the regional space but are also reaching outside the region through South-South cooperation and UNASUR leadership in health diplomacy.

UNASUR took a lead role for the region in counter-cholera efforts in Haiti after the earthquake in 2010 (PAHO 2010)[5] This oversees aid action taken by a regional organisation was unprecedented in Latin America, a region which was often dependent on US-led bilateral or multilateral aid. In this case, UNASUR shipped to Haiti medicines, drinking water and provided financial aid to help combat the outbreak of cholera in the Caribbean island. More recently, UNASUR supported financially and technically a US$ 8 million food and agricultural programme

[5] *Report of the Pro Tempore Secretariat* (2011) at {http://isags-unasul.org/site/wp-content/uploads/2011/12/Informe-2011.pdf} accessed 28 March 201

to assist vulnerable families in the country, and established a permanent mission in support of governance and institutional strengthening (Patrinos 2014: 51).

UNASUR is also establishing itself as a legitimate, pro-active actor in advancing a new regional activism for global policy reform (Riggirozzi 2015a). Several initiatives stand out in this regard. First, it is seeking to change policies regarding the representation of developing countries on the executive boards of the WHO and its regional branch - the Pan-American Health Organisation.[6] Second, it has led successful 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.[7] At the 63rd World Health Assembly in 2010, UNASUR 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. The first meeting of the intergovernmental group was held in Buenos Aires, Argentina, in November 2012. In the course of this meeting, UNASUR also lobbied for opening negotiations for a binding agreement on financial support and research enhancing opportunities in innovation and access to medicines to meet the needs of developing countries (see Riggirozzi 2015a).

Third, the bloc has presented an action plan for discussion at the WHO, seeking greater recognition of the rights of disabled people.[8] 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 programmes and will be carried out

[6] UNASUR is de facto seeking to act as a unified regional bloc rather than as national entities in its representation at the World Health Assembly, just as the EU negotiates as a bloc on behalf of its MS.

[7] Author's interview with Fausto Lopez, Senior Official at UNASUR Health Council, 30 July 2012; and with Senior Official at the Ministry of Health in Ecuador, 30 July 2012

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

by the WHO in conjunction with other American regional organisations (Caribbean Community (CARICOM), Central American Integration System (SICA), MERCOSUR and UNASUR). Fourth, at the 68th World health Assembly UNASUR presented concerted motions on neglected diseases, and the need to work globally more actively in reduction of poverty and food programmes within the framework of social determinants of health (ISAGS 2015).

More recently, a key policy has been agreed in support of the establishment of a fund to negotiate centralized purchases of the Hepatitis C virus treatments. This proposal, agreed by UNASUR Health Council in July 2015, will represent a milestone in the region in savings through price negotiation on an innovative and expensive medicine. It could also create incentives for the industry as centralized purchases could be a more conciliatory route towards medicine price reduction rather than the practice of compulsory licenses and direct government price cuts in the region.

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 regional and global health, demonstrate that there is a new logic and momentum in Southern regional integration and regional policy-making, creating new spaces for policy coordination and collective action in support of better access to healthcare, medicines and policy-making. Naturally, the leadership of Brazil has been instrumental in promoting an international presence of UNASUR. Yet policy positions in international discussions concerning intellectual property rights and access to medicines and the monopolist position of pharmaceutical companies on price setting and generic medicines have been particularly driven by Ecuador and Argentina, echoing new regional motivations for a strengthened regional social policy of redistribution and social rights (Riggirozzi 2015a).

3.4 Innovation in regional social governance and policy

Our reading of UNASUR suggests a significant 'new' turn in regional social policy as a lived political practice. Less than a decade old, UNASUR is a political organisation borne from the rise of the so-called New Left in South America, which sought from the outset to develop a more coherent social policy by establishing clear mandates, thematic Councils in different areas of

policy and thematic working groups (Riggirozzi 2012; 2014). The South American Health Council was among the first such Councils to be created as UNASUR was established. In this case, it was also the only one, together with the Defence Council, to be supported by a regional think tank. ISAGS was created to support health universalization reforms and best practices within the region and beyond. Table 4 (p.22) summarises the policy instruments it uses to achieve these goals and tentatively identifies some possible impacts.

UNASUR, we suggest, is distinctive among regional associations in three ways. First is the content of its health policy agenda, in promoting access to universal health care and rights to health and embracing a social determinants of health agenda. Second is its institutional architecture and method, in its focus on national health governance reform, active involvement in institutional and professional capacity building, and consensus-building in policy processes related to the delivery of health (see also Table 4). UNASUR is an inter-governmentalist regional organisation with no discernible supra-national elements or binding regulatory powers, though its institutional complexion enables it to effect and embed policy change on the 'ground'. Its commitments manifest in an agenda largely oriented to institutional governance, embedded policy reform and the quality of policy making and management, especially in the areas of primary care, Public Health Schools professionalization, and policies on medicines.

Third, UNASUR has established a presence as a new actor in global health policy making. For negotiators, UNASUR is structuring practices to enhance leverage in international negotiations for better access to medicines and to R&D funding, as well as better representation of developing countries in international health governance. Its coordinated efforts to redefine rules of participation and representation in global and regional health governance, and its activism in relation to the production of and access to medicines vis-à-vis international negotiations at the WHO, are indicative of a new rationale in regional integration in Latin America. This rationale is based on international leadership, activism and a rights-based approach to health. It has created a new space for regional *social* policy development. Its activism in health justice is, in turn, forging new spaces for policy coordination and collective action, as UNASUR institutions generate opportunities for practitioners, academic and policy makers to network in support of better access to healthcare, services and policy-making.

Table 4: UNASUR Health policy instruments – and influences

Instrument	Evidence/instances
Mechanisms for information exchange, mutual education and analysis	Mapping of medicines (production, pricing); Network of Public Health Schools; Network of National Institutions of Cancer Technical Group on Human Resources Development and Management Coordinates thematic networks of national institutions on communicable and non-communicable diseases
Social standard-setting establishing a common framework and standards for health policy	UNASUR advocacy for global Disability Action Plan (adopted by WHO) – in implementation in Americas UNASUR advocacy to establish SDH approach to tackling neglected diseases, poverty reduction, food programmes
Provision of resources	Regional donor: humanitarian and development aid (to Haiti); Technical assistance to national health institutions; Technical assistance on universalisation of healthcare in Colombia, Peru and Bolivia Technical assistance for Paraguayan and Guyana Ministry of Health officials on the implementation of national policies and clinical protocols
Regulations affecting health	(in progress) seeking a binding agreement on innovation in medicine research and production, and access to medicines

Common normative social policy framework structuring inter-governmental and expert networks models of regional governance Mobilisation of material and knowledge resources in support of regional policy goals, policy implementation and change Bloc activism in cross-border spheres of governance and policy-making in support of regional social policy approach and priorities

Source: the authors.

Of particular interest here is that UNASUR indicates how regional social policy platforms can also be considered global – hence the title of this paper 'global social regionalism'. This term conveys the rise of regional integration projects as a key feature of contemporary globalisation processes and how they are 'made' in the context of and as a feature of international integration including taking up the social agendas accompanying the construction of transnational political responses and institutions (Yeates 2014b, 2014c). Regions are also 'global' in the sense that they act on spheres of cross-border governance beyond their own geo-political territories (ibid). In UNASUR's case, it seems to be generative of new spaces and corridors of norm formation in support of alternative modalities of global governance.

Indeed, UNASUR exhibits the signs of an incipient global 'actorness' and 'extrovertedness' usually only associated with the EU and '3G regionalism' (Van Langenhove and Macovei 2010).[9] Definitional features of 3G regionalism are: a consolidated institutional environment for dealing with 'out of area' consequences for regional policies (through, for example, organising a regional diplomatic force); proactive engagement with inter-regional arrangements and agreements, going beyond trade issues and having the potential to affect a range of relations at the global level; and active engagement as a single entity at the UN and in other world bodies (p. 17). UNASUR health exhibits ambitions and extant tendencies towards this.

Finally, the ability of regional actors to translate knowledge and material resources into policy reform and ultimately wider changes to welfare systems depends on the policy instruments they have available, their capacity to act as a regional power broker and engage

[9] Langenhove and Macovei (p. 15) identify three kinds of regionalism: regional integration by removing economic obstacles; regional integration by building institutions and regulations; and regional integration by building a geopolitical identity and actorness. More than varieties, they suggest that these are 'generational', reflecting different stages of 'maturity'. Thus they argue that: 'while the first generation of regional integration was of an 'introverted' and protectionist nature, the second generation brought in a more extroverted form of regionalism, extending integration to new domains although still mainly focus in on the consolidation of internal political integration. Finally, the third generation would introduce an extroverted level of regionalism with a clear focus on the external project of the region and inter-regionalism…[through] the promotion of the region's identity in global governance and in countries and geographical regions outside its own continent' (pp 17-18). They identify the EU as the only regional organisation approaching '3G' status though they argue that it has not yet fully attained that because of the ambiguities over its foreign (security) policy and its reluctance to be identified as a 'Chapter VIII agency'.

with national and local actors, and establish common grounds for the implementation of policies. UNASUR seems to be carving itself a niche role as a regional 'broker' through active interventions in policymaking processes at different levels of authority. And it seeks to 'craft consensus', engaging with diverse experts aiming to generate consensus around policy reform ideas and positions, with the aim of ensuring that the norms and institutional practices it supports (as the broker organisation) are taken up by governments and implemented at the level of national institutions and professions. It supports actors in carrying through politically sensitive projects on the ground, and represents collective regional interests in global spheres of governance outside the region. The significance of all this becomes especially apparent when we consider the *content* of its policy agenda framed in terms of the social determinants of health agenda, social equity, human rights and universal access to health. In this, the mission and successes of UNASUR regional social policy in the area of health need to be seen as much in terms of how it (re)frames the political parameters of policy as much as in terms of its influence on the design and implementation of policies.

It remains to be seen how far UNASUR is comprehensively effective as a regional platform, whether it is successfully realising its mandate and achieving its policy goals and – crucially - policy change over the longer term. But the experiences of UNASUR practices to date suggest that in middle-income countries not dependent on donor funding and where there is a vibrant and politically influential local/regional network of experts informing policy-making, regional organisations (even those that do not command significant financial resources or legal-regulatory powers) can become power brokers by establishing and sustaining contact with pro-reform networks of multi-national actors in promoting (health reform) projects regionally and in institutions of global governance and policy making.

4. Conclusions

Regional formations may not have the same status as states or (certain) non-state actors in domestic or cross-border spheres of policy formation, but they have a discernible and growing presence in social policy landscapes. Regional social policy has risen in prominence in global

policy debates, in a context of stalled multilateral trade liberalization initiatives, limited possibilities for rapid progress in multilateral social policy, and increased traction of social reform movements and campaigns seeking greater democratic control over global institutions. A preoccupation with the most advanced institutionalised form of regional social policy (EU) should not eclipse the ways in which social policy agendas are being pursued by and through Southern regionalisms. There is evidence to suggest that regional associations are becoming more significant as platforms on which the international politics of social policy is played out (Yeates 2014b, c), and that regional associations are becoming (and have the capability of becoming) political actors influencing the content and directions of social policy.

Experience to date suggests, however, that the conditions under which this occurs and the forms and orientations this take vary considerably and that they are likely to continue to do so. Most regional associations' efforts in this suggest a strong leaning towards social liberalism, with few commanding the institutional, legal and financial resources or capacities necessary for more comprehensive actions to achieve their discursive ambitions. Our analysis of UNASUR does not yet present the conclusive evidence to suggest that it has broken away from the social liberal model, but there are signs that it is taking an interesting turn in relation to health in its advocacy position around social determinants of health, universal health and a rights-based approach to health which it pursues through its workings with member states and at the WHO. In this context, we recognised the value of regional formations as spheres of cross-border social governance, co-operation and policy-making, facilitating the (re)allocation of material and knowledge resources, and creating new and reforming existing national institutions in support of rights-based development and health equity. How far it is able to make and sustain headway and influence remains to be seen, but it is certainly unusual in international terms for a regional-statist entity to engage so prominently from this ideational base. Regional organisations can be key engines in the development and advocacy of progressive rights-based social policies.

Conceptually, we suggest that the conceptual language of 'brokerage' may be helpful in identifying different modes of regional policy formation – from shaping policy agendas, to policy decisions, through to implementation, and the extent to which policies are not just

implemented but become embedded. This is because it captures modes of 'doing policy' that an emphasis on policy instruments or outcomes don't, in particular the ways in which regional organisations engage with, or create new policy (reform) networks, bringing actors from diverse backgrounds together, including those with conflicting views and/or opposing interests. From this perspective, the opportunities for broker regional organisations to effectively use the policy instruments available to them to effect change (policy thinking, policy capacities and policy regimes at national and global levels) become significantly apparent.

In conclusion, the evidence and analysis provided in this paper support two principal arguments: first, regional organisations especially those in the Global South are 'thickening' as they offer broader policy reform menus than those limited to trade, finance and security; second, this 'thickening' has the potential/capability for effecting progressive social reform. Regionalism and regional organisations must therefore be considered important keywords in advocacy politics and policy making practices, nationally, regionally and globally, while regionalist social policy and organisations supportive and enacting of that needs a far greater share of academic attention within research programmes on the (re)making of the social relations of health and welfare. Incorporating social regionalisms into literatures on health and welfare restructuring and change and into those on global politics, social policy and governance should not be limited to 'add organisation and stir' but needs to rethink the 'trinary' divisions and conceptual separations between what is 'national', what is 'regional' and what is 'global'.

References

Bianculli, A.C. and Hoffman, A.R. (2015) *Health and Regional Integration: health governance challenges in MERCOSUR*, PRARI Working Paper 15-7, The Open University, Milton Keynes. Available at: http://www.open.ac.uk/socialsciences/prari/files/working_paper_7_en.pdf.

Birdsall, N. and Londoño, J.L. (1998) 'No Tradeoff: Efficient Growth via More Equal Human Capital in Latin America', in N. Birdsall, C. Graham and R. Sabot (eds) *Beyond Tradeoffs: Market Reforms and Equitable Growth in Latin America*, pp. 111–45. (Washington, DC: Brookings Institution Press and Inter-American Development Bank).

Birn, A. and L. Nervi (2014) 'Political roots of the struggle for health justice in Latin America', *The Lancet*. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61844-4/fulltext, accessed 17/02/2015.

Brennan, B. and Olivet, C. (2010) 'Regional Social Policy from Below: Reclaiming Regional Integration: Social Movements and Civil Society Organisations as Key Protagonists' in Deacon, B., Macovei, M., van Langenhove, L. and Yeates, N. (eds) *World-regional Social Policy and Global Governance: New Research and Policy Agendas in Africa, Asia, Europe and Latin America* (London: Routledge).

Buss, P. and M. do Carmo Leal (2009) 'Global Health and Health Diplomacy', *Cadernos da Saúde Pública*, 25:12, pp. 2541-41.

Cavaleri, E. (2014) *The Post-2015 UN Development Framework: perspectives for regional involvement*. UNUCRIS Working Paper W-2014-12

De Lombaerde, P., Baert, F. and Felício, T. (eds) (2012) *The United Nations and the Regions*. United Nations University Series on Regionalism no. 3. (Dordrecht: Springer).

Deacon, B., Macovei, M., van Langenhove, L. and Yeates, N. (eds.) (2010) *World-regional Social Policy and Global Governance: New Research and Policy Agendas in Africa, Asia, Europe and Latin America* (London: Routledge).

Deacon, B., Ortiz, I. and Zelenev, Z. (2007) *Regional Social Policy* DESA Working Paper No. 37, ST/ESA/2007/DWP/37 (New York: UNDESA).

Deacon, B., Yeates, N. and Van Langenhove, L. (2006) *Social Dimensions of Regional Integration – A High Level Symposium: Conclusions* UNU-CRIS Occasional Paper, O-2006/13.

Deacon, B. and Yeates, N. (2006) *Globalism, regionalism and social policy: framing the debate*, United Nations University Centre for Comparative Regional Integration Studies (UNU-CRIS) Working Paper 0-2006/6, Bruges, Belgium.

Draibe S. (2007) 'Social cohesion and regional integration: the MERCOSUR social agenda', *Cuaderno de Saúde Pública*, 23 (2): 174-183.

ECLAC (2011) *Social panorama of Latin America.* (Santiago: CEPAL).

Gamble A. and A. Payne (eds.) (1996) *Regionalism and world order.* (London: Palgrave/Macmillan).

Garnaut, R. (2004) *A New Open Regionalism in the Asia Pacific* Paper to the International Conference on World Economy, Colima/Mexico, 25 November 2004.

Grugel, J., and P. Riggirozzi (2012) 'Post-neoliberalism in Latin America: Rebuilding and reclaiming the state after crisis', *Development and Change*, 43 (1), 1-21.

Hoffman, A.R. and Bianculli, A.C. (eds.) (2016) *Regional organisations and social policy in Europe and Latin America: a space for social citizenship?*, Palgrave: Basingstoke.

ISAGS (2013) {http://issuu.com/isagsunasur/docs/informe_ing} accessed 13 March 2013.

ISAGS (2015) *Report* available at http://isags-unasul.org/it_informe.php?lg=3&ev=3037. Accessed 22 June 2015

Lewis, C. and Lloyd-Sherlock, P. (2009) Social policy and economic development in South America: an historical approach to social insurance. *Economy and Society,* 38 (1), 109-131.

Nunn, A. (2009) *The Politics and History of AIDS Treatment in Brazil*. (Netherlands: Springer).

PAHO (2010) 'UNASUR's Role in the Vaccination Against Pandemic Influenza', *Pan- American Health Organisation Immunisation Newsletter*, 32:4.

Patrinos, P (2014) 'Mercosur, UNASUR, Haiti: Cooperacion Regional en Derechos Humanos',

Documento de Trabajo 3, Instituto de Políticas Públicas en Derechos Humanos del MERCOSUR. http://www.ippdh.mercosur.int/wp-content/uploads/2014/12/Mercosur_Unasur_Hait%C3%AD_CooperacionDDHH2.pdf, accessed 20/2/2015.

Phillips, N. (2003) Hemispheric integration and subregionalism in the Americas. *International Affairs*, 79 (2), 327-49.

Riesco, M. (2010) 'Regional Social Policies in Latin America. Binding Material for a Young Giant?' in Deacon, B., Macovei, M., Van Langenhove, L. and Yeates, N. (eds) *World-regional Social Policy and Global Governance: New Research and Policy Agendas in Africa, Asia, Europe and Latin America* (London: Routledge).

Riggirozzi, P. (2012) 'Region, Regionness and Regionalism in Latin America: Towards a New Synthesis', *New Political Economy*, 17(4): 421-443.

Riggirozzi, P. (2015a) 'Regionalism, activism, and rights: new opportunities for health diplomacy in South America', *Review of International Studies*, 41, (2): 407-428.

Riggirozzi, P. (2015b) *Comparing SADC and UNASUR regional health governance and policy*, PRARI Working Paper 15-2, The Open University, Milton Keynes.

Saguier, M (2007). The hemispheric social alliance and the free trade area of the Americas process: the challenges and opportunities of transnational coalitions against Neoliberalism. *Globalizations,* 4 (2), 251-265.

Shankland, A. and Cornwall, A.(2007) 'Realising Health Rights in Brazil: The Micropolitics of Sustaining Health System Reform', in A. Bebbington and W.McCourt (eds.) *Development Success: statecraft in the South*. (London: Palgrave)

Söderbaum, F. and Van Langenhove, L. (2005) 'The EU as a Global Actor and the Role of Interregionalism', *Journal of European Integration*, 27, 249–262.

UNASUR (2009a) *Constitutional treaty*. Retrieved from http://www.comunidadandina.org/unasur/tratado_constitutivo.htm, accessed 20/02/2015.

UNASUR. (2009b) *Plan quinquenal, 2010-2015.* Retrieved from http://www.ins.gob.pe/repositorioaps/0/0/jer/rins_documentosunasur/PQ%20UNASUR%20Salud.pdf, accessed 20/02/2015.

UNASUR (2010) 'Bulletin: Ecuador and Dominican Republic agree to cooperate in the reconstruction of Haiti', 4 November.

UNASUR. (2011) *Salud: Report of the Pro Tempore Secretariat.* Retrieved from http://isags-unasul.org/site/wp-content/uploads/2011/12/Informe-2011.pdf. 20/04/2015.

UNASUR / CEED (Centro de Estudios Estratégicos de Defensa) (2013) Action Plan 2013, Centre for Strategic Studies: UNASUR Defense Council. Retrieved from http://www.ceedcds.org.ar/English/09-Downloads/Eng-PA/ENG-Plan-de-Accion-2013.pdf, 19/05/2015

Van Langenhove, L. and Macovei, M. (2010) 'Regional formations and global governance' in Deacon, B., Macovei, M., van Langenhove, L. and Yeates, N. (eds) *World-regional Social Policy and Global Governance: New Research and Policy Agendas in Africa, Asia, Europe and Latin America* (London: Routledge).

Van Langenhove, L. (2012) *Building Regions* (Dordrecht: Springer).

Vaz, A.C. (2001) 'Forging a social agenda within Regionalism: the Cases of Mercosur and the FTAA in a Comparative Approach' (Centre for Mercosur Studies, University of Brasilia) www.yorku.ca/robarts/archives/institute/2001/pdf/ vaz.pdf, accessed 14 May 2007.

Yeates, N. (1999) 'Social Politics and Policy in an Era of Globalisation', *Social Policy and Administration*, 33, 372–393.

Yeates, N. (2001) *Globalisation and Social Policy* (London: Sage).

Yeates, N. (2005) *Globalisation and Social Policy in a Development Context: Regional Responses* Social Policy and Development Programme Paper No. 18 (Geneva: UNRISD).

Yeates, N. (ed.) (2007a) 'The Social Policy Dimensions of World-regionalism', *Global Social Policy*, Volume 7, Special Issue.

Yeates, N. (2007b) 'World-regionalism and Social Policy: The Asia-Europe Meeting (ASEM) Process', *Cosmopolis*: *A Review of Cosmopolitics* 2007/1 Espace encyclopédique Wallonie-Bruxelles,, http://agora.qc.ca/cosmopolis.nsf/Articles/no2007_1_World-regionalism_and_social_policy_the_Asia-Europe_Meeting_(ASEM)_process, date accessed 5 January 2006).

Yeates, N., Macovei, M. and van Langenhove, L. (2010) 'The Evolving Context of World-regional Social Policy' in Deacon, B., Macovei, M., van Langenhove, L. and Yeates, N. (eds) *World-regional Social Policy and Global Governance: New Research and Policy Agendas in Africa, Asia, Europe and Latin America* (London: Routledge).

Yeates, N. (ed) (2014a) *Understanding Global Social Policy*. 2nd edition. (Bristol: The Policy Press).

Yeates, N. (2014b) The regionalisation of social policy and the socialisation of regionalism', in A. Kaasch and P. Stubbs (eds) *Global and Regional Social Policies.* (Basingstoke: Palgrave)

Yeates, N. (2014c) *Global Poverty Reduction: What can regional organisations do?*, PRARI Policy Brief No 3, The Open University, Milton Keynes. Available at http://www.open.ac.uk/socialsciences/prari/.

Yeates, N. (2014d) 'Regionalising social policy, socialising regionalism: contexts, drivers, and policy issues', in E. Vivares (ed.) *Exploring the New South American Regionalism.* (Ashgate).

Yeates, N. (2017) *Southern regionalisms, Global agendas: Innovating inclusive access to health, medicines and social protection in a context of social inequity*, PRARI Policy Brief No. 8, The Open University, Milton Keynes. Available at http://www.open.ac.uk/socialsciences/prari/.

Yeates, N. and Deacon, B. (2010) 'Globalisation, regionalism and social policy', in B. Deacon, L. van Langenhove, M. Macovei and N. Yeates (eds.) *World-regional social policy and global governance: new research and policy agendas in Africa, Asia, Europe and Latin America* London: Routledge. Pp.27-39.