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Brazil's ascendance: The soft power role of global health diplomacy

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Kelley Lee
Professor of Global Health Policy
London School of Hygiene & Tropical Medicine

Eduardo J. Gómez
Assistant Professor
Rutgers University

Introduction

Brazil's steady ascendance on the world stage over the past decade has been led, in large part, by the country's growing economic might. A much lauded BRIC (Brazil, Russia, India and China) country blessed by vast resources, Brazil is predicted to emerge this century as a regional and global economic powerhouse. However, the country's rising influence must also be understood as the product of an effective foreign policy and, in particular, the assumption of high-profile diplomatic roles in negotiating to address key global issues such as climate change, nuclear non-proliferation and trade liberalisation. Among emerging economies, Brazil has been particularly adept at leveraging what is described as "soft power", defined as the capacity to persuade or attract others to do what one wants through the force of ideas, knowledge and values. Coined by Joseph Nye, the concept of soft power contrasts with "hard power" whereby coercion (underpinned by military and economic might) is used to influence others to act in ways in which they would not otherwise do. He argues that, in a

more interconnected world of accelerating globalisation and resultant collective action problems, the currency of global leadership favours soft over hard power. In recent years, world leaders have begun to talk about “smart power” whereby soft and hard power is combined in ways that are mutually reinforcing.¹ Brazil’s prominence in global health diplomacy can be understood in this context. Its effective combination of economic might and diplomatic acumen in addressing global health issues offers lessons for other countries seeking to play a more prominent leadership role in the emerging world order.

Global health diplomacy as a two way street

Global health diplomacy is part of the “new diplomacy” agenda by which foreign policy, since the end of the Cold War, has expanded to embrace new issues, new actors and new processes. While the meaning of the term can be somewhat nebulous, two main perspectives can be observed. The first, more specifically described as “medical diplomacy”, advocates the use of health care as an instrument for furthering foreign policy goals. As then US Secretary of State for Health Tommy Thompson stated in 2004, as part of the Bush Administration’s efforts to rebuild its global standing, “medical diplomacy...[is] a way to further America’s causes around the world. Instead of worrying about any types of wars, if we could somehow substitute the integration of health policy with our state policy, I think we could accomplish a lot more.”² The US\$63 billion, 6-year Global Health Initiative under the Obama Administration fits within this approach, serving as a core part of what US Secretary of State Hilary Clinton calls the “three Ds of smart power” – defence, diplomacy and development.³

The export and training of doctors by Cuba, and NATO's Medical Stability Operations in Afghanistan and Iraq, also frame global health diplomacy in this way.

Conversely, global health diplomacy has been supported as a way of harnessing foreign policy actors and processes for the benefit of global health goals. Negotiation of the Paris Declaration on Aid Effectiveness (2005), revised International Health Regulations (2005), and ongoing efforts to resolve the sharing of influenza virus samples are examples of how diplomatic channels have been called upon to facilitate collective action to protect and promote population health worldwide. Global health diplomacy, in this sense, reflects recognition within the public health community of the broad determinants of health and the need to engage with policy arenas beyond the health sector.

While there are tensions between these two perspectives, given different starting and end points, and potentially competing interests, both cast global health diplomacy as an important source of soft power. Indeed, the importance given to global health diplomacy appears to be rising, most notably among emerging economies. The deployment of hospital ships by China, to supplement a longstanding practice of sending medical teams to Africa and Asia, South Korea's commitment to double its aid to Africa by 2012, and India's strengthening engagement with global health initiatives, are recent examples. An understanding of how emerging economies are engaging in global health diplomacy tells us much about the changing nature of global leadership.

Brazil's struggle between authoritarianism and democracy

Brazil's rising status among emerging economies can be understood within the context of its historical struggle between democratization and authoritarianism. After gaining independence from Portugal in 1823, the Republic adopted a presidential system underpinned by narrow political participation. As a federation of wealthy landed agricultural elites, the government steadily became centralized and eventually dictatorial. Between the two World Wars, a rapidly industrialising Brazil was touted as "the sleeping giant of the Americas" and a potential world power. However, the landed interests of the oligarchic Old Republic did little to promote industrialisation, urbanisation and the broad interests of the new middle class. Under Gútelio Vargas (who served as President from 1930-45 and 1951-1954), the economic and political influence of Brazil's states remained subdued. Instead, the country remained largely authoritarian over the next four decades - no national elections, the growth of a massive federal bureaucracy, limited social welfare (especially healthcare) assistance, and state-sponsored human rights violations.

Amid stagnating economic performance, and rising domestic and international protests, the military dictatorship agreed to transition back to democracy in 1985. A new Constitution was adopted which, to address acute political and social inequalities, guaranteed national and local elections, and human rights as a key tenant shaping social welfare legislation. The *sanitarista* movement, comprised of medical doctors, health professionals, scholars and activists, played a critical role in this transition period, with many members going on to serve in the new government. As well as embedding democracy into policy

making processes, universal access to healthcare as a human right was written into the Constitution through the creation of the *Sistema Único de Saúde* (SUS) healthcare system. It is this political history, and resultant legal commitment by the national government to provide universal prevention and treatment services, that has defined Brazil's engagement in global health diplomacy.

Brazil's engagement with the HIV/AIDS and access to medicines debate

When HIV/AIDS first appeared in Brazil in 1982, the government's lackluster response was not unlike other countries at that time. The commencement of World Bank lending to tackle the disease in 1992, and increasingly vocal NGO advocacy both domestically and internationally, prompted a reorganization of the National AIDS Control Programme. In 1996 President Fernando Cardoso signed a groundbreaking decree to provide universal and free access to antiretroviral drugs (ARVs) through the National Health System. The following year, production of off-patent ARVs commenced by a network of domestic pharmaceutical manufacturers linked to the Oswaldo Cruz Foundation (Fiocruz), a state-run body under the Ministry of Health. By 2003, 125, 000 Brazilians were receiving free ARV treatment, much helped by the use of domestically produced drugs that were 82% cheaper than imports.

Brazil's prominent international stance on access to medicines has been defined by this domestic experience. In 1998, the Brazilian Minister of Health proposed that universal access be recognized as a human right at the World AIDS Conference. Despite pressure from "Big Pharma" and the US Trade Representative, the government continued to expand domestic production and

explore the issuing of compulsory licenses to produce patent protected drugs. Brazil then assumed a lead role in negotiating two agreements clarifying the right of World Trade Organisation (WTO) member states to apply flexibilities available under the General Agreement on Tariffs and Trade (GATT), notwithstanding the Agreement on Trade Related Intellectual Property Rights (TRIPS), to protect public health. Known as the Doha Declaration on the TRIPS Agreement and Public Health, and Paragraph 6 Decision, the two agreements affirmed, in principle, the right of countries to follow Brazil's lead in issuing compulsory licenses to improve access to ARVs.

The practical implementation of the two agreements since 2005 has required Brazil to draw on both hard and soft power. Faced with the threat of countries manufacturing generic versions of patented drugs, pharmaceutical companies such as Merck, Abbott and Roche negotiated agreements to supply Brazil patent-protected drugs at much reduced prices. In 2005 a landmark agreement was reached between 11 Latin American countries and 26 drug companies to lower the cost of ARVs in the region. Similar deals were agreed in other regions including Africa. Undoubtedly, Brazil's rapidly growing economic clout helped leverage such deals. The ongoing threat of compulsory licensing, and collaborative links between Brazil and countries such as Argentina, China, Cuba, Nigeria, Russia, Ukraine, and Thailand to improve the capacity to manufacture medicines, condoms and laboratory reagents needed to fight HIV/AIDS and other diseases, also helped counter the traditionally powerful pharmaceutical industry and the countries supporting it. The capacity to exert

leverage over pharmaceutical companies, and stare down US trade pressures, could not have been possible without the flexing of the country's growing and considerable economic muscle.

Soft power has also played an important part in enabling Brazil to implement its universal access policy. The Brazilian National AIDS Programme won UNESCO's Human Rights and Culture of Peace Award in 2001, and the Gates Award in 2003. The country's stance, in defiance of US trade policy, was also vocally championed by prominent civil society organizations led by *Medicins sans Frontiers*. State and non-state actors in countries, notably India, Thailand and South Africa, struggling to meet the cost of ARVs and other treatments, also aligned themselves with Brazil's position. Its principled stance undoubtedly earned Brazil much respect and recognition as a rising global leader.

Leading the negotiation of a Framework Convention on Tobacco Control

Brazilian leadership was critical to the successful conclusion of the Framework Convention on Tobacco Control (FCTC). Signed in May 2003, the agreement was the product of five years of public health campaigning, detailed drafting and revision, and above all, delicate international negotiations. Led by the Tobacco Free Initiative (TFI) of the World Health Organisation (WHO), the FCTC is heralded as a core instrument of global health governance in its aim "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke".⁴ The treaty sets out wide-ranging measures on

what member states must do at a minimum to prevent and reduce over five million deaths annually from tobacco use.

Brazil's important role in the FCTC process was most evident in the appointment of prominent nationals to play leadership roles in the negotiations. Brazilian medical doctor and former coordinator of the National Tobacco Control Programme, Vera Luiza da Costa e Silva, was recruited to lead WHO's Tobacco Free Initiative (TFI). Another important decision by the WHO TFI was the appointment of Celso Nunes Amorim, then Brazil's Permanent Representative to the United Nations and other International Organizations, as Chair of the Intergovernmental Negotiating Body (INB). Amorim was recognised as a skilled and experienced diplomat, particularly during his tenure as negotiator in UN talks on disarmament, trade and security. When Amorim became Ambassador to the United Kingdom in 2002, he was succeeded as INB Chair by another experienced Brazilian diplomat, Luiz Felipe de Seixas Correa. Together, they are credited with navigating the negotiations through often choppy waters.

As well as bringing diplomatic skills to the table, Brazil's own experiences of developing an effective National Tobacco Control Programme lent weight to the country's contribution to the negotiations. Brazil's status as one of the biggest producers and exporters of tobacco, while at the same time achieving high visibility in tobacco control, added legitimacy to its leadership role. Of particular importance was a proven ability to grapple with diversity interests, including a powerful tobacco industry, and the close involvement of the Ministry

of Foreign Affairs and other high levels of government. Brazil was the second country (after Canada) to adopt graphic warnings on cigarette packages, the first to create a body to regulate tobacco contents and emissions, and the first to ban the use of “light” and “mild” terms in describing tobacco products.

This achievement of a clear and unified endorsement of health goals, at the domestic level, was then extended to the regional and global levels where diplomats helped build broad-based coalitions. Civil society organizations, organised through the Framework Convention Alliance (FCA), a worldwide coalition of nongovernmental organizations and interested parties, played a particularly important role in this process, advocating throughout the FCTC negotiations, ratification and implementation.

Brazil's emerging role as a donor of health development assistance

The country's reputation in championing global health was an important part of the Lula Administration's efforts to advance Brazil's global status as a whole. This was further achieved by transforming Brazil into one of the world's largest aid donor, reaching a reported US\$4 billion annually in 2010.⁵ As well as competing with China and India for soft power influence in the developing world, the country's aspirations for a permanent seat on the UN Security Council has been an important part of this strategy.

Importantly, Brazil's emerging donor status has been closely aligned with its engagement in global health diplomacy. Bilateral aid has been less focused on financial assistance, and more on the transfer of ideas, technical and scientific knowledge. For example, the National AIDS program, specifically the Center for

Technical Cooperation on HIV/AIDS (CICT), has sent teams of doctors and pharmaceutical laboratory experts to train officials in Mozambique, Nigeria, and Angola. The CICT has also invited African health officials to Brasilia to receive technical knowledge and training on building and sustaining domestic production capacity. Equally important has been support for building political will and institutions to support policies, such as universal access to ARVs and strong tobacco control, based on Brazil's experiences. The idea that African leaders, for example, should begin with an unwavering commitment to a policy of universal and free access to ARVs has taken centre stage in Brazilian aid policy. And unlike China, Brazil has engaged more readily with multilateral institutions including the Global Fund to Fight AIDS, Tuberculosis and Malaria, UN Development Programme and World Food Programme. Overall, this export of public health policies, technical expertise and capacity building experiences has further increased the country's ability to leverage soft power influence.

Conclusion

Already the world's tenth largest economy, and eighth highest ranking military power, Brazil looks set to assume its long expected role as a regional and global leader. Hard power, however, provides only a partial explanation of the country's meteoric rise over the past two decades. Recognising the complementarity of both hard and soft power in a globalizing world, the Lula Administration has actively enhanced the country's leadership status through values, ideas and knowledge based on domestic experience and global

aspiration. The realm of global health diplomacy has been a key component of this strategy. Through its principled stance on ARVs, commitment to strong and effective tobacco control, and the provision of bilateral and multilateral aid, Brazil has earned widespread credibility among other emerging economies, as well as a broad spectrum of non-state actors. Even critics now recognise the country's importance at the top tables of decision making in international relations for achieving collective action on shared challenges. As the world's political and economic centre of gravity continues to shift, Brazil's future ability to walk softly and carry a big stick should continue to pay dividends.

About the authors

Kelley Lee is Professor of Global Health Policy at the London School of Hygiene and Tropical Medicine. She has worked closely with WHO, governments, charitable foundations and nongovernmental organizations on understanding the links between global health and foreign policy. She has authored more than 60 articles and 7 books focusing on the global dimensions of communicable and non-communicable diseases. Her most recent book is *The World Health Organization* (2008).

Eduardo J. Gómez is Assistant Professor in the Department of Public Policy & Administration at Rutgers University. He has published extensively on Brazil's response to HIV/AIDS and other diseases, as well as issues of global health governance and comparative health institutions. He is currently finishing a book comparing Brazil to the United States, India, China, and Russia on institutional and policy responses to AIDS, tuberculosis and obesity.

¹ Wilson EJ. Hard Power, Soft Power, Smart Power. *Annals of the American Academy of Political and Social Science*. 2008; 616: 110-24.

² Inglehart JK. Advocating for Medical Diplomacy: A Conversation with Tommy G. Thompson. *Health Affairs* 2004; 4 May.

³ Clinton H. The Global Health Initiative: The Next Phase of American Leadership in Health Around The World. Statement by Secretary Clinton, Johns Hopkins University, 16 August 2010.

<http://www.state.gov/secretary/rm/2010/08/146002.htm>

⁴ WHO. *Framework Convention on Tobacco Control*, May 2003, Preamble.

⁵ Brazil's foreign-aid programme, Speak softly and carry a blank cheque. *The Economist*. 15 July 2010. <http://www.economist.com/node/16592455>