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Brazilian's Foreign Policy and Health (1995-2010): A policy analysis of the Brazilian Health Diplomacy – from Aids to 'Zero Hunger'

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Brazilian's Foreign Policy and Health (1995-2010): A policy analysis of the Brazilian Health Diplomacy – from Aids to 'Zero Hunger' (*)

Política Externa e Saúde no Brasil (1995-2010): Uma análise da Diplomacia de Saúde brasileira - da Aids ao 'Fome Zero'

Abstract

This article examines how health entered Brazilian foreign policy between 1995 and 2010 and the factors that allowed it to support the country's international presence. This issue is rarely examined in the literature on Brazilian health diplomacy. We analyze the specificities of this process within a policy analysis approach. By drawing on literature review, document analysis and key-actor interviews, we revise policies that were triggered by far-reaching and complex historical processes of change in Brazil. The article points to significant interrelationships between foreign policy and social policy, including health. Only during Lula governments (2003-2010) did health actually enter the foreign policy agenda, in significant support of Brazil's growing international presence. Brazil's internationalisation of its domestic policies connected with South-South cooperation exerted a central role. These developments were made possible by the activism and commitment of a variety of State and non-State actors who acted on at least two lines: national and transnational advocacy, and coordinated activities of Brazilian diplomats and government representatives, in collaboration with civil society activists. Institutional arrangements shifted in different conjunctures and were adjusted in a process permanently prone to conflicts and moves.

Keywords: Foreign policy and health. International relations and health. Health diplomacy. Brazil.

Resumo

Este artigo examina como a saúde entrou na política externa brasileira entre 1995 e 2010 e os fatores que possibilitaram apoiar a sustentação da presença internacional do país. Essa questão raramente é examinada na literatura brasileira sobre diplomacia da saúde. Analisamos as especificidades desse processo por meio de uma abordagem de análise de políticas. Utilizamos revisão de literatura, de documentos e entrevistas com atores-chave para rediscutir as políticas desencadeadas por complexos e amplos processos históricos de mudança no Brasil. O artigo aponta importantes inter-relações entre política externa e política social, incluindo saúde. Somente durante os governos Lula (2003-2010) a saúde entrou de fato na agenda da política externa, em apoio significativo à crescente presença internacional do Brasil. A internacionalização das políticas domésticas brasileiras vinculadas à cooperação Sul-Sul exerceu papel central. Esses desenvolvimentos foram possibilitados pelo ativismo e comprometimento de diversos atores estatais e não estatais que atuaram em pelo menos duas linhas: advocacia nacional e transnacional e atividades coordenadas entre diplomatas brasileiros e representantes do governo, em colaboração com atores da sociedade civil. Os arranjos institucionais mudaram em diferentes conjunturas e foram ajustados em um processo propenso permanentemente a conflitos e mudanças.

Palavras-chave: Política externa e saúde. Relações internacionais e saúde. Diplomacia da saúde. Brasil.

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Introduction

In the first decade of the 21st century, Brazil has earned a place as an emerging world power and one of the largest and most promising economies in the world. The country has also been very active in 'health diplomacy' and has played an increasingly leading role in international health arenas.

The extensive literature on Brazilian health diplomacy rarely offers analyses of the relationship between foreign policy and health or health and international relations. Although they relate dynamics at the national level to those at the international or global level, which undeniably helps to establish the topic and encourages more in-depth analysis, these literatures are usually concerned with decision-making in international arenas or with actions of social movements on specific issues (e.g., HIV/AIDS) and their relations with the state (especially the executive branch) and international organisations.

From a policy analysis perspective, the links between health and international relations in Brazil are relatively new[1,2]. It is important that such analysis takes into account the historical, contextual, and dynamic elements of the political system, as well as the different governmental conjunctures[2]. Similarly, national policies aimed at 'global health' are the result of negotiations involving a variety of actors from the health, social development, and foreign policy sectors[3,4].

Foreign policy is a public policy at the intersection of domestic and international policy[5, 6,7]. It is conditioned by the asymmetric order – the system of states and global capitalism – in which it is embedded[8,9]. It is produced within the state and its "*formulation and implementation fall within the dynamics of governmental decisions, which in turn result from negotiations within coalitions, bargaining, disputes, and agreements between representatives of different interests*"[10(278)]. Accordingly, like any public policy, it is not only a terrain for conflict, but can also change with each government.

Most authors (and actors) understand health diplomacy (or 'global health diplomacy') to mean advocacy for specific issues, policies, or actions related to various dimensions of health on the international stage, pursued by any actor, government or otherwise, without necessarily equating it with the foreign policy of nation-states or the diplomacy of a country as such. The conceptual vagueness of the term favours its use for different purposes, and the meaning of the term depends on the chosen perspective of analysis and the object of study. In this perspective, health diplomacy is a policy-shaping process in which governmental, nongovernmental, and other institutional actors negotiate responses to health challenges or use health concepts or

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mechanisms in policy-making and negotiation strategies to achieve other political, economic, or social goals[11,12,13,14,15,16].

This study examines how health issues entered Brazilian foreign policy and the factors that allowed these health issues to support the country's international presence, especially between 1995 and 2010. The objective is to capture the specificities of Brazilian health diplomacy and its role at home and abroad by analytically reviewing the data, events, and analyses of the policies that were triggered at different moments by processes of political change in Brazil. It does not ignore the differences between foreign policy and sectoral policies (in this case, social policy, including health policy). It does, however, point to significant interrelationships between them in order to understand what has been called ‘Brazil's health diplomacy’.

The research relied on a literature review of primary and secondary sources, including reports and websites from governmental and nongovernmental organisations, as well as a triangulation of perceptions obtained through interviews with key Brazilian policymakers, public health officials, and civil society regarding Brazilian health issues in foreign policy. Most interviews were conducted in 2017 and 2018, with a few more in subsequent years (2019 and 2020).

The study covers a rare period of stable democracy in Brazil, encompassing the centre-right (PSDB) governments of 1995-2002 under Fernando Henrique Cardoso (FHC) of the Social Democratic Party (Partido Social Democrata, PSDB) and the centre-left of 2003-2010 under Luiz Inácio Lula da Silva (Lula) of the Workers' Party (Partido dos Trabalhadores, PT). Both leaders, each in their own way, sought greater international influence and relied on different political coalitions. They initiated changes in Brazil's international relations by, on the one hand, reviewing certain historical parameters of Brazilian foreign policy, on the other, working to help the country achieve a prominent position and visibility in the international system.

The main argument of the article is that national and international policies are intertwined in this process, and that domestic dynamics and societal engagement are of great importance but not sufficient. Government decisions based on values and principles and supported by political coalitions that change at moments shape the perception of the country's ‘place’ in the global system dynamics and determine its activities in international arenas. Accordingly, the non-material (symbolic and interpretive) components of foreign policy and their inclusion in the decision-making process are important variables. These factors enable the construction of different international scenarios, depending on how decision-makers perceive

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them and how a particular national ‘heritage’ is emphasised in international negotiations according to national practises or ideological perspectives[i].

The first part of the paper provides a historical overview of Brazilian foreign policy (BFP) and international relations from the late 1980s to the FHC and Lula administrations. It then examines the linkages between social policies (including health policies) at home and the foreign policies of these governments. The concluding remarks provide a brief analytical summary of the findings and suggestions for future research.

Brazil's Foreign Policy and International Positioning under Presidents FHC and Lula

Brazilian foreign policy (BFP) has traditionally focused on international ‘prestige’ rather than ‘contestation’[8], enjoying the support-neither unconditional nor lasting-of the country’s elites[ii]. Under the authoritarian regime of military rule, which lasted from 1964 to 1985, Brazil's international posture tended to be defensive and discreet, particularly about human rights and other sensitive issues. Political change in the mid-1980s and global changes after the end of the Cold War gradually transformed the Brazilian model of economic development, the dynamics of society, and the formulation and implementation of national policy, including foreign policy, which had traditionally been ‘insulated’ within the diplomatic corps[17(315-316)].

Historically, the BFP was central to the models of economic development that governments have adopted at different points in time, notably in critical junctures as in the mid-1960s, the 1990s, and again since 2016. At these moments, “*prevailing patterns of national development and international presence are becoming exhausted, and a new sociopolitical coalition emerges*”[18(46)], transforming both domestic and foreign policy. However, the persistence of a single and consensual model of development does not mean that there is consensus on the political dimension of foreign policy, i.e., sometimes “*foreign policy can may be a target for far-reaching review without any change in political regime*”[9(424;426)].

The re-democratisation of Brazil in the 1980s required, among other things, that Brazilian diplomacy become more ‘active’ in developing and implementing an agenda that would provide domestic legitimacy to Brazil’s international positions and intentions, while also allowing it to build national coalitions that would favour a change in the *status quo*[19,18,17,8]. This dynamic meant that the former ‘decision-making autonomy’ of the Ministry of Foreign Affairs decreased, while ‘presidential diplomacy’ increased: Presidents actively participated in the decision-making processes of the BFP. At the same time, political coalitions became increasingly important in Brazil, forming a system known as ‘coalitional presidentialism’[20, 21].

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The partisan political system institutionalised in the 1988 Constitution, combined with presidentialism, gave the president power in setting the agenda and in negotiations, while imposing on him the enormous and difficult task of creating governability among legislature and ruling elites in order to implement his governmental program, within big political coalitions. Given the characteristics of the Brazilian political system – a multiplicity parties, low loyalty and high fragmentation, and rather unorthodox practises among deputies – the president's ability to coordinate relations between the executive and legislative branches became fundamental.

As a result of the increasing ‘politicisation’, BFP became an important issue, reflecting the increasingly strong interrelations between the national and the international spheres in the context of a globalised world[8]. This whole process also revealed different groups within the diplomatic corps (Itamaraty[iii]) itself, previously considered ‘monolithic’ and for several years ‘had a virtual monopoly’ on expertise in international affairs[17(316)], as well as in the executive branch and in the coalitions in the legislature that supported the heads of government.

Another salient feature of the BFP (throughout the twentieth century and in the first decades of the twenty-first) was the recognition of multilateral spaces (institutions and arenas) as the preferred venue for Brazil's diplomatic activities[iv], as well as its role as a mediator between North and South, always respecting the principle of non-interference, which implies certain concessions and the use of soft power[24,8]. This meant that BFP was able to increase its political power through policies of principles, values, culture, and achievements, as well as through collaboration with a wide range of actors.

The BFP has always sought the international recognition of Brazil, considering the country “naturally” qualified for a prominent place in the international system[18,25]. However, over the years, the strategies to achieve this goal varied with the changes of government. There were times when this ambition cooled or was even abandoned[18,8,25,26,27,28].

Some authors are critics to the claim that Brazil’s autonomy in the global arena has always been a feature of the BFP[29,8,25]. They argue that, though it has existed, it was of limited autonomy in “*exceptional moments and breaks in the dependent development of foreign policy*”; moments that “*could be interrupted by conservative forces*”[8(42-43)].

In the 1990s, ‘social issues’ were widely discussed on the international stage, especially at the UN conferences from 1990 to 1996, in order to ‘rethink development’, whether because of the alarming levels of poverty and inequality in the world that had resulted from the economic adjustments of the 1980s, or because of the need to seek alternatives to Welfare State policies that were not tailored to the new post-Cold War (neoliberal) economic realities. The UN

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conferences, the central locus for construction of its social agenda involving a wide range of state and non-state actors, brought out these concerns and reinforced the involvement of actors from civil society, local governments, and others outside traditional diplomatic circles in international debates. Brazil extensively participated in such conferences[30,31].

These international dynamics mirror and project domestic movements: the campaign for health sector reform in Brazil – driven by preventive medicine and public health professionals along with health professional unions and opposition political parties – dates back to the 1970s[32,33], while the movement to combat the HIV/AIDS epidemic, focused on human rights and solidarity and networked with other social movements (feminists, advocates of the 'sexual option') that espoused the same principles, had been ongoing since the 1980s[34,35,36,37,38,23].

Finally, governments' choices, social and political forces and systemic factors – geopolitical shifts (end of the bipolar era) and geoeconomic changes (hegemony of the United States in crisis and rise of China) – have given more space to countries on the periphery of the international arena, possibly by relieving them of 'structural conditioning factors'[8]. This allowed foreign policy to leverage the power of the state through the mobilisation of its institutional structure and managerial capabilities, thus leveraging domestic resources for international purposes[8,29].

In the same dynamic, the processes of internationalisation of economies (globalisation and economic liberalisation/opening) and democratisation of societies (intensification of debate among social actors on ideas and ways of institutionalising demands) – which also occurred in Brazil – were among the factors that contributed to the 'politicisation' of public policies, including foreign policy[9]. The increased complexity of policymaking that resulted from these arrangements also encouraged other government agencies and civil society institutions to become more involved in shaping and implementing domestic and foreign policy.

There is an intense debate in the Brazilian literature about whether foreign policies of FHC and Lula represent continuity or innovation. Within the debate, there is some consensus on continuities and changes.

Some authors generally see foreign policy processes as continuing unbroken between the two administrations, with only adjustments in goals and programmes[19,39], and this includes the priority given to health[40]. Others have noted that Lula extended the changes that had taken place in BFP during FHC governments and also benefited from a more favourable national and international economic situation[18,8,9]. The main argument in the literature is for continuity in the historical paradigms of BFP, although under different traditions in Brazilian diplomacy[41] [v] that shaped FHC and Lula's respective foreign policies accordingly. Meanwhile, both

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governments accommodated social currents, and both are often perceived as having sought greater autonomy for Brazil in its international activities[39]. However, some analysts believe that foreign policy only exhibited autonomist traits under Lula[8,25].

The critical global conjuncture of the 1990s, marked by the end of the Cold War and the spread of macroeconomic structural adjustment processes worldwide (and, in Brazil, by a new constitutional political order and a state in financial crisis), led the Brazilian economic elite to embrace at home the 'orthodox neoliberalism' adopted by the FHC government. Two agendas – currency stabilisation (Real Plan) and reform of the 1988 constitution – were particularly important in the first FHC government.

Thus, the FHC government's foreign policy goal was to restore Brazil's international credibility by abandoning the 'Third World thesis' and previous alliances[39,42,8] and, accordingly, "*giving less normative weight to motivations of solidarity and identification with countries of the South*"[8]. Alignment with prevailing international trends was an instrument of macroeconomic stabilisation policy. Domestically, policies of trade liberalisation and privatisation were sought. Externally, a rapprochement with Western powers, including the United States, and with international regimes (e.g., in the areas of human rights, security, and nuclear proliferation) was pursued. The formulation of this strategy dates from the 1990s, during Itamar Franco's government, when Cardoso was foreign minister (October 1992 to May 1993) and then finance minister (May 1993 to March 1994). Moving away from Mercosul regional interests, FHC's foreign policy advocated greater flexibility in the form of free trade agreements with countries outside the region (e.g., in the European Union).

The government considered that, given the "*international political and economic context*", it was "*unrealistic*" to address or raise discussions structural determinants of social inequalities; it would be more productive to mobilise developed countries to support the Brazilian agenda, i.e., to contribute (financially) to solving the country's problems, in return for Brazil's support of their policies[30]. From this perspective, Brazil should accept the rules of the game and strive to develop "*ways to legitimise its own positions*" on economic development within those rules and "*solve its internal problems*"[43(14-15)].

International cooperation was not a priority or was of little importance in BFP during FHC governments[30], except with respect to AIDS, which had special features discussed below. Another important feature of this period was the 'presidential diplomacy', or the increasing presence of the president in diplomatic activities.

President FHC enjoyed great support and prestige among the Brazilian elite[vi]. However, his economic and political strategies did not produce the desired results. The 'Real Plan'

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(introduced in 1994) had stabilised the currency, but by the early 2000s, the country's economic situation (fiscal adjustment without economic growth; growing unemployment, poverty and inequality; and exchange rate and currency crises in 2002), and political scenario (deterioration of living and working conditions) had worsened, led Brazil to fall into considerable disrepute internationally, and to the election of Lula, the candidate of PT, in 2002[39,8,25].

Lula expanded macroeconomic adjustment policies by introducing a new (third) stage of fiscal and monetary stabilisation based on the neoliberal paradigm[44]. However, he adopted a 'neo-developmentalist' approach[45,8], especially from 2006 onwards, by strengthening the internal market and seeking complementarity between economic and social policies towards an 'economy managed by social spending'[44,46]. This was expressed in the adoption of mechanisms that complemented the universal approach and introduced "*conditionalities in the design of specific policies*"[47].

Foreign policy under Lula was characterised by the pursuit of 'political autonomy', which required that

> […] *claim to international leadership, but with the intention of challenging existing global rules; an orientation of rule-making rather than rule-taking; a more long-term perspective on North-South geopolitical divides; and a posture of active solidarity with similar countries in the South and integration with neighbours in the region.*"[8(42)].

Its basic premises were to emphasize the inherent contradictions of globalisation and to exploit any room for manoeuvre left by the dispersion of international power as U.S. hegemony began to erode. That is, to open new opportunities for action abroad to advance Brazil's interests, whether through development or advancement within the world system. The prevailing diagnosis was that the world order was in transition and tending toward multipolarity[42,8], thus in need of a diversity of alliances both in the South American region and with other emerging or developing countries.

Emphasis was placed on 'strategic partnerships' or building coalitions with 'variable geometry'[42], i.e., closer relations with emerging countries to make Brazil more representative and strengthen the less powerful countries for which Brazil was to become a 'mouthpiece'[42(178)]. To this end, BFP promoted activities in narrower forums, proposing and supporting the creation of new institutions (IBAS in 2003, BRICS in 2006, and Unasul in 2008) and strengthening existing institutions (Mercosul). In the South American region, the BFP sought to link Brazil's prosperity with that of its neighbours in order to mitigate the structural asymmetry between them. In short, it advocated multidimensional diplomacy, involving simultaneous actions in different areas at the global, regional, and bilateral levels. At the same time, significant

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diplomatic efforts were made to establish a social agenda on the international stage, in which the issue of health played a prominent role.

The trade interests of large national corporations and conglomerates were projected outward[48,49]. These potentially contradictory goals were received critically and defensively – or at best suspiciously – in some countries in the region.

Presidential diplomacy intensified and closer ties were forged between the President and the Chancellor (Celso Amorim, a recognised and respected diplomat), with both playing leading roles in both Lula administrations. Together, they made numerous international visits and regional trips (e.g., to South America and Africa)[vii], new embassies were established (especially in countries and regions not previously favoured), and the president took a much more prominent role in a number of global forums. Similarly, the number of training positions for diplomats was significantly increased at the Rio Branco Institute[viii], where new specialties were introduced to address social issues in general and health care in particular (Itamaraty key player interview).

Brazil's participation in negotiations and decisions that were considered 'highly political1 (e.g., on international security issues, such as UN peacekeeping missions that led to MINUSTHA[ix]) drew much criticism, especially from those who favoured a more conservative foreign policy[x]. Brazil's bid for a permanent seat on the UN Security Council was also upheld.

The policy of international cooperation (South-South and triangular) expanded significantly and gained strategic importance, driven both by Brazil's improving economic conditions and by the internationalisation of national policies[50,49]. From then on, technical, political, and economic cooperation was pursued as a tool to strengthen alliances and coalitions between countries with perceived similar levels of development and aspirations. In the second Lula administration, the increase in the budget of the Brazilian Cooperation Agency (ABC) was an indicator of this dynamic. BFP refused to consider Brazil as a 'donor' country, according to OECD parameters, and understood South-South cooperation as solidarity and a commitment to mutual aid among countries of the Global South (particularly South America and the Caribbean, and Africa).

The foreign policy debate was significantly renewed in Brazil, and other actors in the federal structure and organised civil society gained prominence in national and international issues[51].

Brazil's international positioning changed significantly as it pursued considerable economic and political internationalisation, referred to as 'dual internationalisation'[8(48-49)]. In the economic sphere, industrial and technological development policies were implemented at

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home, while leading national companies were actively promoted abroad, driving the competitiveness of agricultural and mining products in the world market and confirmed the vocation of BFP as a promoter of development[8,25]. Policy changes also took place at these two levels: domestically, it was about broadening the social base by expanding political citizenship and including the most vulnerable groups through consumption. Internationally, it was about broadening participation in a variety of global forums and negotiating arenas in multiple areas to support proposals to review and reform multilateral institutions (e.g., the UN Security Council), but without radicalism.

The external projection of national social inclusion policies deserves attention here.

Social Concerns and Foreign Policy in the FHC and Lula Governments

There is relative agreement in the literature that the social policy innovations in the FHC governments have been maintained by Lula governments, albeit with different shades and emphases. It is also affirmed that none of the governments of this period changed the universal principles and institutional framework of the Brazilian social protection system.

Social policy in the FHC governments

Social policy guidelines of FHC combined the restructuring of universal social services and the alleviation of poverty and inequality with specific redistributive measures, especially targeted equalisation programmes[52,53]. This decision was inspired by the 'targeting within universalism' approach[54,52].

Social policies were only partially compensatory, being subordinated to the needs of budgetary adjustment. Some innovations fragmented poverty reduction efforts at federal and local levels leading to 'indirect privatisations'[55] that became a fixture in subsequent decades, including public-private partnerships for the delivery of health services (in the SUS [xi]. The new programmes, however, were unable to offset for the losses.

Relationships with social movements at national level – particularly those related to AIDS – became visible abroad and fostered transnational activism, bringing about major changes in global policy towards controlling the AIDS epidemic[34,35,37,23]. In multilateral forums (WHO, UNDP and Unaids), a great 'militancy' was observed by representatives of the federal bureaucracy together with other non-state actors, both aimed at supporting the demand for HAART (highly active triple antiretroviral therapy) at national and international levels.

Brazilian diplomacy had won important victories in this process[56]. Since 1986, it had played a leading role in the drafting and approval of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in 1994, advocating for developing countries, building

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supportive coalitions, and resisting unilateral U.S. ambitions. This agreement concluded the Uruguay Round of the General Agreement on Tariffs and Trade (GATT) and established the WTO that same year.[xii]

Meanwhile, in 1996, FHC enacted two conflicting laws: the Universal Access to HAART Act (SUS) and the new Patent Act[23]. The former law institutionalised early treatment for AIDS and HIV-positive individuals and prioritised the problem of effective nationwide coverage and associated financing, responding to the demands of community activists and the technocracy. The latter, in turn, favoured the countries and companies that held the relevant patents, thus hindering domestic production of generic drugs, although it provided for the possibility of compulsory licencing. This domestic duality and ambivalence were consistent with FHC government's international approach.

This interpretation is supported by the victories of Brazilian diplomacy over the United States in the WTO in the dispute over patents (2001) and over agricultural subsidies (2003). Cooperation between actors from the Itamaraty and other ministries was fundamental in both processes, as well as the support from national and transnational civil society[43,23]. However, there were doubts about the effectiveness of the TRIPS agreement. "*When the TRIPS was signed* [in 1994], *many of us thought it was a defeat, but* [at least] *we had managed to maintain certain ambiguities* [...] *Still, it is always a struggle, it is not easy*" (Itamaraty key actor interview).

Brazilian diplomats did not focus on the health sector when drafting and signing the TRIPS. Only later the importance of compulsory licensing for the production of generic drugs was recognized, when conditions changed, and mainly because of the issue of access to medicines against AIDS: "*health issues were a technical matter* [...] *They were considered when there was an interface with diplomacy, but only marginally, with no great diplomatic importance attached to them* [...] *They were not of central importance from the point of view of official foreign policy"* (Itamaraty key actor interview).

This view changed during discussions leading up to the Fourth Ministerial Conference (Qatar, 2001), which adopted the Doha Declaration allowing compulsory licencing of medicines in public health emergencies[xiii]. "*When the Doha Round was launched* [in 2001], *the world had changed, especially through AIDS* [...] *all this coincided with and inspired the tactics of the Doha Round* [...] *the ambiguities became flexibilities and were embodied in the Declaration*." (Itamaraty key actor interview).

Various international initiatives in different forums and organisations supported the proposal for early treatment of AIDS[37,23]. International organisations and developing countries

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increasingly adhered to the policy of universal treatment while transnational advocacy efforts increased. Even ARV major pharmaceutical manufacturers appear to have bowed to demands and pressures for lower prices and voluntary licencing of certain products in certain countries[23], especially under the "*threat of compulsory licencing and production of generics skilfully used by Brazilian diplomacy in negotiations at the WTO*" (Itamaraty key actor interview).

José Serra's tenure in the Ministry of Health (MoH) (1998-2002) had positive aspects in addition to the institutional stability[xiv]. He did not take over the MoH at his own request but accepted the post to further his electoral ambitions[xv]. His performance as minister was characterised by the fact that he used the technical possibilities in this area to make his political mark. This occurred, for example, during questions on the 2000 annual report of WHO, which ranked member states' health systems based on a composite performance index in which Brazil (and other countries) performed quite poorly and whose methodology was strongly questioned[57,58] [xvi], and also during discussions on the dispute over patents and access to AIDS medicines[59,60].

Interviews with key stakeholders confirmed that the minister was fighting 'personal battles' to gain visibility and support for his election campaign. Nevertheless, he is credited for his important participation in international forums, where he even advocated positions that differed from those of the government, allied himself with other efforts of Brazilian diplomacy, and helped to strengthen Brazil's presence and prestige in the international arena, especially through events related to AIDS.

> [...] *Serra is an economist, and he was the minister of health...The issue of generics was his field* [...] *There was an important coincidence: Serra at the MoH and Celso Amorim in Geneva* [...] *Amorim had previous experience, he had worked in the Ministry of Science and Technology* [1977-1989*], he had witnessed the discussion on patents, had been involved in the resistance to the patent law when the Americans had forced us to make changes, since the time of the Sarney government* [mid-1980s], *pressure that intensified during the Collor government* [1990s] [....], *and came back to these issues in 1999-2000, when he returned to Geneva and the issue was 'revived'."* (Itamaraty key actor interview)
>
> […] *I do not mean to say that Itamaraty was against or did not support local production of medicines, but at the time it was not determined enough to push this forward* (MoH key actor interview).

International technical cooperation on HIV/AIDS played an important role in Brazilian health diplomacy. It was one of the objectives of the Brazilian National Programme and was institutionalised as part of the strategy to give international visibility to the Brazilian experience. This visibility was made possible by the World Bank loans AIDS I (1994-1998) and AIDS II (1999-2003), and promoted by the creation of the United Nations Joint Programme on

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HIV/AIDS (Unaids), established in 1994[61]. This allowed not only the institutionalisation of the national programme, but also the implementation of triangular agreements for collaboration, that is, cooperation between Brazil and developing countries supported by aid donors, a traditional model for international cooperation in Brazil[62,50,61].

Cooperation on AIDS was first formalised with the creation of the Horizontal Technical Cooperation Group on HIV/AIDS (HTCG) in 1996.The Group brought together several AIDS national coordinators, mainly from South American countries, under the leadership of the Brazilian National Programme. It also collaborated with Unaids[61]. The HTCG established direct links with national programme directors without going through official Ministry of Health channels, such as the Advisory Service on International Health Issues (Assessoria de Assuntos International de Saúde, AISA), formally established in 1998 under the Minister of Health Office. Contacts with the Itamaraty's Cooperation Agency (*Agência Brasileira de Cooperação*, ABC) were purely administrative. Meanwhile, discussions began under these arrangements on the 'horizontal' (South-South) principles and values that would later define Brazilian cooperation.

Brazil's experience was showcased at the 13th International Conference AIDS in Durban (July 9-14, 2000), where positions of international agencies were challenged and a new global consensus was proposed. It was then argued that it was possible to increase production of antiretroviral drugs stimulating competition and drug price reductions[63,64,65], attracting the attention of the Minister of Health (José Serra). At the same event, Brazilian professionals offered to the world the technical cooperation of Brazil on AIDS as an alternative to traditional technical cooperation of international organisations and agencies[61].

The Brazilian report to the Conference was well received both in Brazil and internationally, contributing to strengthen the collaboration between the MoH and Itamaraty for the elaboration of the Brazilian position at the 2001 Special Session of the UN General Assembly in New York (UNGASS-AIDS), with the participation of other Brazilian agencies. This evidence was used to coordinate positions and interventions of the countries of the South at UNGASS, which eventually endorsed universal access to antiretroviral drugs. As a result, Brazilian professionals joined UNAIDS teams, and the first global civil society organisations were created – the Global Network of People Living with HIV (GNP+) and the International Council of AIDS Service Organisations (ICASO)[61].

In 2002, the MoH and Itamaraty launched the International Cooperation Programme for HIV Control and Prevention Activities in Developing Countries (Programa de Cooperação Internacional para Ações de Controle e Prevenção do HIV para Países em Desenvolvimento,

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PCI), which, in conjunction with the national programme, consolidated the Brazilian technical cooperation on HIV/AIDS.

Social policies in the Lula governments

During Lula governments, previous policies were continued, but with fundamental changes. Social policies promoted the improvement of living conditions for the poorest populations and regions, gaining political and electoral support of a different population group other than the social movements and unions that normally formed the party's base[66,67]. However, this did not change the structural conditioning factors and determinants of poverty and inequality[68,53,66].

In short, social policies of PT governments were based on conditional cash transfers through the Family Allowance Programme (*Bolsa Família*, BF). Starting in 2003, the Programme combined all existing programmes with the aim to overcoming absolute and relative poverty of millions of Brazilians while linking this to health and education.

The BF was connected to the National Social Assistance Policy to combat poverty and the increase in extreme poverty, which has been formulated since the 1990s through intense discussions and civil society mobilisation processes[xvii]. According to Eclac[69]programmes such as the BF are part of a 'second generation' of social policies in Latin America, due to limited progress in poverty reduction since the 1990s.

The BF added value to the existent cash transfer programme. It served around 28% of the population (in 2016) and was closely targeted, ensuring the reduction of poverty and extreme poverty[70]. However, BF did not come to constitute a right and could easily be discontinued or interrupted[53,66]. A second successful strategy was to raise the minimum wage, and consequently the value of social security benefits[xviii], making them a powerful redistributive instrument[53]. In short, Lula's income policies, associated with monetary stability and the resumption of economic growth (in the second government), fostered an increase in formal employment opportunities[71,68,66].

In health care, implementation of the SUS continued with rhetorical political support from the President, while underfunding worsened with the suspension of the CPMF in 2007. Nevertheless, Brazil's international reputation was promoted and strengthened by the principles of a universal public health system and the compulsory licence granted in 2008 for the production of the antiretroviral drug Efavirenz.

Although Lula's government did not change the concept and strategy of international cooperation at AIDS, its implementation was expanded and diversified with the significant

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participation of the Itamaraty and its agency, as international South-South cooperation was henceforth given great importance in BFP.

The implementation of the third World Bank loan (AIDS III, 2004-2007)[xix] made it possible to expand the directorate of the national programme to include "consultative functions" and to expand triangular collaboration with international agencies and new donors[61]. A memorandum of understanding between the two ministries – MoH and Itamaraty – in 2005 formalised more effective Itamaraty operations[61].

> *The joint efforts of the Ministry of Health and the Ministry of Foreign Affairs to support technical cooperation on HIV/AIDS* [especially in 2005-2006], *which were very well coordinated and organised, included dialogue with other government sectors and a number of other countries to disseminate this policy worldwide*. (MoH key actor interview).

The National AIDS Programme successfully applied to be the Unaids Technical Support Facility, enabling the establishment of the International Centre for Technical Cooperation on HIV/AIDS (ICTC) in 2005. The ICTC brought together different Brazilian and international institutions and organisations, operating as a 'collaborative network with shared governance'[61]. Implementation of cooperation by the national programme with such a broader partnership and funding required a high coordination effort.

> [...] *The issue was the production and distribution of medicines and a worldwide discussion on patents. This was the time when coordination was at its best, because when the national agenda arrived at the international level, it was well structured and in line with what the two sectors* [health and diplomacy] *had decided togethe*r. (MoH key actor interview).

> *From 2007 to 2010, there were regular working meetings with the Minister of Foreign Affairs on health issues. This was an important qualitative change. I would also like to highlight the joint government activities (agencies, Ministries of Commerce, Science and Technology, and Health, the Diplomatic Service, the Attorney General's Office, the Federal Court of Audit...) in developing coherent strategies towards sound policy decisions that could not be challenged in court* [for example, the compulsory licensing of Efavirenz]. (MoH key actor interview).

The external funding enabled ICTC to pay better external professionals as consultants to meet different countries' cooperation needs, which led to institutional friction within the MoH. On the other hand, international partners' agendas interfered in the Brazilian cooperation decision making process.

In 2009 the MoH was restructured internally: the National Department of Sexual Transmissible Diseases (STDs/AIDS) and Viral Hepatitis was set up together under the National Health Surveillance Secretariat and changes were made to the World Bank-funded activities (AIDS-SUS); these changes were directed to planning horizontality and promote

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integration among levels of government, gradually altering how AIDS control was conducted institutionally. It was within that department that conflicts began to arise in the ministry's techno-bureaucracy (MoH key-actor interview). The change did not affect how the programme was conducted at that moment and the department continued to work together with the social movements. "*The National AIDS programme funded events directed to reducing stigma and discrimination (e.g., gay parades) through the Programme of Actions and Goals, whose funds were transferred to states and municipalities*." (MoH key-actor interview).

Efforts to align cooperation on AIDS with ABC/Itamaraty practises, using the national programme's experience and capacity for dialogue mediation and leadership at home and abroad, were not well received by international actors, which hampered the country's autonomous decision-making in this area. Thus, in 2010, when the second Memorandum of Understanding with Unaids expired, the Brazilian government decided to break with the model. From then on, the ICTC was to be managed by ABC/Itamaraty, while the MoH came to be the main funding source for cooperation. Soon after, ICTC was closed.

South-South cooperation in health was gradually gaining a prominent place in official MoH documents (such as the "2004-2007 National Health Plan: a pact for health in Brazil" and the "More Health: Everyone's Right 2008-2011" and their successive versions until 2015), in connection with the "internationalisation of the MoH", the SUS good experiences (HIV/AIDS, cancer, control of smoking etc.), always explicitly interlinked with foreign policy[xx].

Beyond the issue of AIDS, Lula's strategy of linking "poverty (as a cause of hunger) with development" also had its origins in the demands of civil society. After decades of political and economic discussions Lula's government adopted the 'Zero Hunger' ('Fome Zero') programme as its guiding proposal[xxi]. 'Poverty reduction' had also been the World Bank 'mission' since McNamara (1968-1981), with the objective to make the Bank a 'development agency'[72,73]. In the 1990s, the World Bank became increasingly involved in health issues, exerting more and more influence in this area[22,74]. The issues of poverty and global health were already in the Bank's agenda.

The issue was revisited at the Meeting of Heads of State on "Combating Hunger and Poverty", held at the United Nations Headquarters in New York (UN) at the initiative of the Presidents of Brazil, France, Chile and Spain, in parallel with the UN General Assembly (September 20, 2004)[xxii]. The proposal was to "*unite efforts around a common goal*" and seek solutions to achieve it.

> *A policy to combat hunger* [...] *presupposes the restoration of sustainable economic growth with rising employment and incomes* [...and] *also the*

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> *reduction of the extreme asymmetries of the world economy in order to balance trade relations between nations and alleviate financial pressures on developing countries* [....it is not enough] *to make demands on the rich nations,* [we must] *also involve the poor countries* [...] *the developing countries must not stand aside, they must do their part* (President Lula's opening speech at the meeting, 2004, n/p).

Prepared by the four countries, a technical report discussed innovative financing mechanisms "*to launch a new stage in the fight against hunger and poverty, requiring multilateral negotiations and others that may be adopted voluntarily*" (President Lula's speech at the meeting, 2004). The same rhetoric has been used at other world conferences and summits on development (e.g., the 2005 New York Declaration on Innovative Sources of Financing for Development).

Nevertheless, Brazil was unable to establish Zero Hunger as an international policy:

> *It proved very difficult to fulfil the president's wishes in terms of combating hunger* [...], *which led to efforts shifting to the issue of access to medicines*. [...] *It was a very concrete health opportunity that would involve some countries and would also have an impact on the fight against hunger and poverty*. [...] *Efforts were then directed towards access to medicines and indirectly towards the fight against hunger and poverty* [...] *which even led to the creation of UNITAID*. "[…] *I think that from then on* [2004] *we have become more aware that health is of great importance. There were initiatives before, but they were rather sparse*. (Itamaraty key actor interview).

The creation of UNITAID in 2006 is an evolution of this process, as Jorge Bermudez, a Brazilian and former director of UNITAID[xxiii], explains:

> *UNITAID is an innovative financial organisation that uses mechanisms based on market dynamics to expand access to treatment and diagnosis for HIV/AIDS, tuberculosis, and malaria, where we seek to balance lowering drug prices while ensuring quality, faster availability, and scale of access*[75(n/p)].

In summary, the BF, the principles of SUS, control, the relationships between hunger, poverty, and structural considerations produced values and principles that were strongly coordinated and widely disseminated and internationalised in speeches by President Lula and the diplomatic corps, and in South-South health cooperation projects.

Final remarks

'Brazilian health diplomacy' can be better understood by considering Brazilian foreign policy as a public policy and by examining the role of social policy (including health policy) in the formation and implementation of foreign policy in a given period, as well as the role of politics in this discussion[76]. Crucial to this was the priority given to 'social' concerns on Brazil's international agenda, a process that stemmed from the demands of civil society movements.

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The changes that took place in Brazil with the end of the military dictatorship and the restoration of democracy were reflected in all public policies, including foreign policy. The government began to work with a variety of traditional and nongovernmental actors and agendas in a number of different areas. Changes at the international level and globalisation, interacting with domestic affairs, led to discussions on a wide range of issues and to a diversification of Brazil's international activities that provided space for broad political mobilisation and advocacy, despite structural inequalities and differences among countries in the world system.

The health sector also had its antecedents. Since the 1960s, Brazil had been a leader in initiatives that were later taken up at the global level. These experiences were brought by Brazilian personnel to PAHO and later to WHO, and a number of primary health care ideas were considered in Brazil 12 years before Alma-Ata. The same is true for human resources, social determinants of health, and others. It can be said that 'Collective Health' (a concept coined in Brazil in the 1970s)[77] have been born internationalised[78]. All the major health movements in Brazil and in the Latin American region (or at least the most important ones: social medicine, strategic planning of the health sector, and health care reform) had links with international institutions, actors, and ideas, and shared their efforts with them, especially since the 1950s.

In Brazil, the need to establish SUS as a universal public system and to strengthen health services and activities as a public good and health as a fundamental component of development has been a common concern for decades among a large part of those working in the health sector, as well as the leading institutions in the field (Fiocruz, National Cancer Institute, Butantan Institute and others). Strengthening the health system was a central theme for Brazilian representatives at WHO.

Brazilian actors were increasingly present in these discussions, which had developed slowly since the beginning of the political transition period (1985-1990) and intensified in the 1990s. This was an important development in the process of restoring democracy in Brazilian society: social movements had grown – from sectoral (e.g., health care reform) and thematic (e.g., combating the HIV/AIDS epidemic) motivations – and demanded rights (social, human, voice and vote) and universal public policies in solidarity, adding quality to the struggle against dictatorship and political transition. This practice was reinforced by the entry of activist professionals into the state apparatus. In other words, one could say that Brazil was already practicing a kind of 'health diplomacy' before the term even existed.

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However, it was not until the two Lula administrations that the issue of health really entered the foreign policy agenda and became an important factor in Brazil's growing international presence and prestige. Brazilian health diplomacy, strengthened and stimulated during this period, gained a certain 'autonomy' as a field of activity of the health sector, made possible by the activism and commitment of a variety of state and non-state actors linked to social movements and the state apparatus. In the same period, the 'internationalisation of Brazilian domestic politics' drew on these domestic developments and was linked to the country's upward strategies in the international system, also establishing a link with South-South cooperation, which put into a new context the historical discussions that influenced the Brazilian government's activities after the transition to democracy.

South-South cooperation in health, an important foreign policy strategy, especially in the period from 2003 to 2010[79,80,49,24], leveraged and sustained Brazilian health diplomacy, which operated on a demand-driven approach (mainly form Africa and Latin America). In that period, Brazilian foreign policy adopted "*a declared ethic of solidarity among developing countries*", with an explicit political dimension, "*which provides a platform for co-operation among countries that want to strengthen their bilateral and multilateral coalitions in order to obtain bargaining power on the global agenda*"[49(7)].

Brazilian diplomatic activism in the health field – understood both as the actions of specific health policy circles in national and global sociopolitical environment[81] and as the activity of diplomats in specific periods and on specific issues – operated on at least two lines: one focused on national and transnational advocacy, the other on the coordinated activities of Brazilian diplomats and representatives of other agencies in international arenas, in collaboration with civil society and state apparatus activists. The intersection of internal and external variables in the formulation and implementation of these policies is crucial to this dynamic. A similar internal-external interrelation can be seen at other times, as in the leading role Brazil had played since the 1980s in preparation of the Framework Convention on Tobacco Control[14, 82,83], combining the expertise of Brazil's tobacco use control policy (an initiative of the National Institute of Cancer) with the competent actions of Brazilian diplomacy in international arenas.

Despite the importance of these developments, they do not mean that the various actors have the same weight domestically and internationally, nor do they mean that social activism is directly reflected in the foreign policy of a particular country, although it may have contributed to the formulation and implementation of a successful, temporary domestic policy and carried its own struggles to the international level. Nor does the internationalisation of

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values and principles express itself *a priori* as an imitation of the politics of others or as a reproduction of processes triggered by a specific national context.

Although social advocacy is extremely important, its effectiveness depends on the reciprocation of other, equally important actors and on institutionalised, national and international public policies. The latter, in turn, can be de-structured or even destroyed depending on the political coalitions that sustain them, because 'institutions tend to be process-oriented', that is, as analysed by Jönsson & Hall (2005), cited by Almeida[81], they depend on formal and informal rules that prescribe behaviour, constraints, and activities and shape expectations; consequently, they change with different contexts and conjunctures. For a fact, institutional arrangements changed and adapted to the relationships between actors through different contexts and conjunctions, in a process that was constantly prone to conflicts, twists and turns.

From this point of view, even constant advocacy is not enough to bring about change in national and international politics. However, it is essential in keeping alive the struggle for human rights and solidarity among peoples. Therefore, the importance of more systematic and rigorous studies on the possibilities and limits of the links between health and international relations is emphasised.

AUTHORS CONTRIBUTION

Celia Almeida [http://orcid.org/0000-0002-1758-1142] performed the research and conceived and wrote the paper;

Thaisa Santos Lima [http://orcid.org/0000-0001-8276-4124] supported the data collection, drafting and final review; and

Rodrigo Pires de Campos [http://orcid.org/0000-0001-7480-4050] took part in discussing, drafting and final review of the paper.

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NOTES

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[i] In the case of Brazil, for example, the establishment of the Unified National Health System (*Sistema Único de Saúde*, SUS) and the country's role in intellectual property rights and access to medicines against HIV/AIDS.

[ii] According to Lima[8(41)], '*the goals of prestige diplomacy include demonstrating or claiming power and performance* [...] *in order to impress other nations* [...] *seeking a strong multilateral presence as an instrument of soft power instead of hard power, which they do not exercise*."

[iii] 'Itamaraty' refers to The Ministry of Foreign Affairs. Historically it functioned as a highly specialised professional organisation – the diplomatic corps.

[iv] Brazil has been involved in international disputes and discussions since the first decades of the 20th century, participating in the major conferences after 1945, as well as in the creation of the United Nations Organisation (UN) (as a founding member), and other organisations and agreements regulating international trade - the General Agreement on Tariffs and Trade (GATT) and the World Trade Organisation (WTO). The World Health Organisation (WHO), established in 1945 as an international agency for health (within UN), was proposed by a public health Brazilian specialist, Dr. Geraldo de Paula Souza (1889-1951), and a Chinese delegate and diplomat Szeming Sze (1908-1998)[22,23].

[v] Distinct perceptions on the role of BFP in Brazil's development emerged more clearly among Brazilian diplomats from the mid-1990s onwards. Two groups are identified: one, the 'institutionalists', favoured

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a process of conditional economic liberalisation, supporting the international regimes and dominant positions in the international arena, and the other, the 'autonomists', advocated 'neo-development", integration and the political and strategic nature of the North-South debate, prioritising coalitions with countries of the 'geopolitical South[41].

[vi] FHC, a sociologist, belonged to the academic and intellectual elite of São Paulo and enjoyed no little national and international prestige. It was no coincidence that his government was composed of a large number of technical and political collaborators of similar background.

[vii] Ministers and the President took experts from other branches of government and representatives of the business community with them on these trips.

[viii] The *Instituto Rio Branco* is an institution of the Itamaraty responsible for the training of diplomats in Brazil at postgraduate level and for their career planning.

[ix] MINUSTHA (United Nations Stabilisation Mission in Haiti) was led by Brazil following the UN Security Council's decision in 2004.

[x] This critique claimed that Brazil lacked the necessary hard (military) power instruments to ensure its dominance in regional security.

[xi] An example was the passage of laws creating 'Civil Society Organisations' in 1998 and 'Civil Society Organisations of Public Interest' in 1999. These spread nationwide to provide health and other public interest services at different levels, but with highly problematic results[55].

[xii] Celso Amorim's mastery of these negotiations in international bodies was fundamental. He held prominent positions in international forums, groups, and commissions, including the GATT negotiating rounds (chief negotiator from 1991 to 1993) and then the WTO (Doha Round negotiations and others)[56].

[xiii] The flexibilities of TRIPS (exemption from parallel imports and protection from compulsory licencing) were discussed at this conference and included, among others, in the Doha Declaration, which was eventually adopted.

[xiv] From the 1980s to 1998, there was considerable turnover in the Ministry of Health: in the second half of the 1980s, Brazil had four ministers of health. The instability of the department continued in the following period: there were four ministers from 1990 to 1994 and three from 1995 to 1998.

[xv] José Serra, the first economist to become Minister of Health in Brazil, is a member of the PSDB and has held several positions in both the executive and legislative branches. In the first FHC government, he was Minister of Planning. He was originally slated for the Ministry of Finance (now the Ministry of Economy) but was not chosen. because he disagreed with some of the government's economic policies. He then took over the Ministry of Planning, where his positions were also controversial. Finally, under certain conditions, he moved to the MoH, where he remained throughout the second FHC government. In 2002, he left the ministry to run for President of the Republic. He was not elected and lost to Lula.

[xvi] This report was drafted by the WHO, during the Brundtland administration, under Julio Frenk's coordination. Brazil's National School of Public Health, from the Oswaldo Cruz Foundation (*Fudação Oswaldo Cruz*, Fiocruz), prepared a methodological critique of the report and called an international meeting of experts from the North and South, which resulted in the publication of critical articles[57,58]. That report was forwarded to the minister of health, José Serra, who led the argument against WHO 2000 at the 2001 World Health Assembly. The manner in which the assessment was conducted, the problematical methodology and the ideological bias in the findings were inadmissible. Various countries criticised the ranking of health systems included in the report, complaining that they had not even been consulted about the findings. A special commission proposed by the WHA reassessed the publication and reaffirmed the criticisms of the ranking and its methodology.

[xvii] One good example is the 'Citizens Action against Hunger Extreme Poverty and for Life' (Ação da Cidadania contra a Fome, a Miséria e pela Vida), a programme of the NGO Ação da Cidadania, set up by Herbert Daniel de Souza, o Betinho, which had enormous effects across Brazil.

[xviii] The minimum wage was increased by 54% in real terms between December 2002 and December 2010[53].

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[xix] These new loans came from the United Kingdom (DFID), Germany (GTZ) and the United States (CDC and Usaid), which began to triangulate cooperation with the PCI.

[xx] The Thematic Group for International Cooperation in Health was established in 2010 at the Ministry of Health. In its meetings, different stakeholders shared their experiences to serve as a basis for the development of guidelines. This group met regularly for some time.

[xxi] Since the 1950s, the fight against poverty in the world has been one of the dimensions of the development debate. A number of different economic models and models of international development cooperation have been formulated and implemented on the assumption that it could be overcome.

[xxii] The presidents who convened the meeting were: Lula (Brazil), Jacques Chirac (France), Ricardo Lagos (Chile) and José Luis Rodríguez Zapatero (Spain). It was also supported by UN Secretary General Kofi Annan.

[xxiii] UNITAID was launched in September 2006 during the United Nations General Assembly in New York and is supported by Chile, France, Brazil, Norway and the United Kingdom. It works in partnership with various actors - governments, public-private partnerships, and multilateral, nongovernmental, and civil society organisations (including private foundations such as the Bill and Melinda Gates Foundation (BMGF)). It is funded from innovative sources, such as surcharges on airline tickets, which are decided jointly with the agency responsible for health care in each country (Interview with Jorge Bermudez[75]). Jorge Bermudez is a Brazilian Fiocruz employee, was director of the National School of Public Health (Ensp/Fiocruz), and worked in the pharmaceutical department of PAHO-WHO in Washington and in WHO in Geneva. From 2007 to 2011, he directed Unitaid.

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