

## **Can the Health Diplomacy and Regional Integration contribute for the control of tuberculosis in South America? By *María Belén Herrero*\***

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Tuberculosis is a public health problem worldwide and in most of South American countries. Many control strategies have proven ineffective in poor populations with a high level of transmission, probably due to the low adoption of specific measures to face the problem. In this scenario, the low uptake of patients and the underreporting of new cases often prevent recognition of high-incidence areas. The control of this endemic disease in the border regions is particularly difficult because not only depends on a country, but of all those who have common border. For example, as Braga, Herrero and Martinez de Cuellar showed in their study "Tuberculosis transmission in the triple border region: Brazil, Paraguay, and Argentina" (Braga et al, 2011) the constant population movements from Brazil to Paraguay and Argentina and vice versa makes this a particularly vulnerable region. In this study, authors identified a spatial cluster of municipalities with high tuberculosis risk in the triple border region. The tuberculosis in the tri-border area shows increasing or stable incidence rates and municipalities with incidence rates above the State average. The area has high tuberculosis incidence and therefore a heavy transmission of the disease. In fact there is a large flow of people in these municipalities and the rapid passage from one city to another favors the spread of the disease in the area.

What is more, in South America, social exclusion and inequity remain leading obstacles to inclusive human development. They pose barriers to poverty reduction strategies, and hinder social unity and improved health conditions of populations. Social exclusion and inequity are further compounded by racial and gender discrimination. Consequently, the poorest of the poor are often affected by worst health indicators (PAHO, 2012). Poor living conditions in these countries, as well as quality and access problems for health services, are causes of high levels of child mortality, maternal mortality and increased non-communicable diseases (NCDs) as ischemic heart disease and diabetes and the persistence and (re) emergence of infectious and parasitic diseases. An example is tuberculosis, affecting poor populations (Braga et al., 2011), or Chagas threatening the lives of more than one million people in Bolivia (10% of the population) primarily in rural areas (Hage et al, 2013). In addition to the high burden arising from infectious diseases, these populations are heavily charged by NCDs as well. Even when age adjusted, mortality rates by NCDs are higher in less economically developed countries, such as Bolivia (710.8/100000 inhabitants) and are deepening the poverty-health burden. This increases the need to advance issues relate to risk factors and the establishment of common indicators (PAHO, 2012; Hage et al, 2013).

In a region marked by poverty and social inequalities these remain major causes of health problems or the prime cause of causes. However, while poverty reduction is at

the forefront of development in South America and much has been achieved over the last decade with conditional cash transfers and active social policies, countries still face a double burden of disease. This scenario shows on the one hand the relevance of the epidemiological shield for the early detection and response to outbreaks and elimination of communicable diseases such as malaria, dengue fever and tuberculosis. And on the other hand, that the notion of health as a regional public good in turn reveals the importance of the promotion of universal and equitable health systems in the countries of South America that ensures access to health care for the entire population in response to the universal right to health. The regional value added involves the development of transborder health and access to the national services in each of the member countries for all inhabitants. This is of no small importance in a region with intense migration flows and where migrants often remain employed informally in host countries (Braga et al, 2011).

In a context where neoliberal policies had led to increased social inequalities and inequities in health in the region, along with the expansion of excluded sectors of the population, social policy and health became a central concern of the countries of the region and regional cooperation in one of the main tools to address them. In South America, The Union of South American Nations (UNASUR) became a game changer in regional diplomacy beyond the traditional goals of expanding trade and financial markets (Riggirozzi, 2014).

The great intergubentamental agreement called UNASUR Health, is an example of the way towards a new health diplomacy that countries of South America have begun to move. The *unasurization* of health policies, understood as the process of building a new health diplomacy based on social policies into regionalized health that is not a linear process (Herrero, 2015). The process of building regional chains develops new public policies and new forms of coordination across and between different policy areas. The analysis of UNASUR Health, retrieves the discussion on regional public policies with renewed impetus and political-economic context marked by the search for models of inclusive development, offering new elements of analysis in an area that not only motorized beyond the regional construction the economic and trade, but also seeks to develop new practices in regional diplomacy, through social policies and approach to health.

Research on the link between regional integration and poverty so far has focused almost exclusively on the liberalization of foreign trade, foreign direct investment and labor migration. While poverty reduction is a declared objective for the regional integration in South America, little is known about how (and whether) the programs and objectives for poverty reduction are implemented in a framework of regional cooperation in health. Thus, the study of regional cooperation in health can account for new areas of action introducing social policy, citizenship and health rights as a driver of a transformation process. This is essential for the control of infectious diseases, as tuberculosis, that requires the coordination of all the countries members of a region. Nowadays infectious diseases, as tuberculosis, are not only a problem of each country. In fact, the idea that

events in one part of the world have health effects on people from other countries and have consequences on populations far away is not new.

Actually, some new global worries as global climate change, the crisis to achieve the Millennium Development Goals (MDG), the failure to prevent HIV/AIDS, the emergence of antimicrobial resistance, the increase of noncommunicable diseases, the migration of health workers from developing to developed countries, and the deterioration in the social determinants of health increased the importance of health for policy areas and generated multiples advances in international cooperation on health.

In consequence, Regional Health Diplomacy is a field in the decision making process which by tackling the social determinants of health aims to turn health from a humanitarian concern to a human right. The current transboundary health challenges are evident and UNASUR's agenda is ambitious. The first steps underline the need to build capacity for global health diplomacy by training public health professionals to face the challenges ahead and diplomats to understand the value of the joint creation of health frameworks which take time and seldom reach the headlines. UNASUR offers an opportunity structure to see health as a key issue of foreign policy to be pursued through multilateral and national fora and make progress towards a shared framework through networking, experience and capacity sharing and capacity building.

The PRARI / RePIR project: "Poverty reduction and regional integration: a comparative analysis of health policies of SADC and UNASUR", is coordinated by the UK Open University (OU). The component in charge of the Department of International Relations at FLACSO Argentina seeks to examine health governance in South America through the study of the Union of South American Nations (UNASUR) and its contribution to the reduction of social inequalities in the region. From PRARI/RePIR we want to examine the regional integration-poverty nexus through the lens of health, and specifically in relation to access to health care and medicines. Our goal is to contribute with our research to improve health conditions. We invite to see our website and our last publication about "Strengthening Rights and Equity through Health Diplomacy: The role of UNASUR" <http://www.open.ac.uk/socialsciences/prari/>

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