

Health diplomacy as a soft power strategy or ethical duty?

Case Study: Brazil in the 21st century

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Introduction

Since the end of the 20th century, Brazil has emerged as a global power in the international community. It expanded its regional and global influence in its own way. Unlike other emerging countries in international affairs, Brazil does not exert influence by using (threats of) military power. It does so by bolstering bilateral and multilateral relations through a form of attraction. With Brazil's friendly and attractive character, it aims to achieve its foreign policy goals: receiving global recognition, obtaining a permanent seat at the United Nations Security Council and ascending in the international community. To achieve its foreign policy goals, Brazil employs a strategy which can be traced back to 1907 and which has been used increasingly in the 21st century: *health diplomacy*. On national, regional and international level, the Brazilian government has been increasingly active diplomatically in health related discussions.

This thesis analyses how health diplomacy is incorporated in foreign policies of the Brazilian government in the 21st century. Moreover, it analyses how the Brazilian government uses health diplomacy by embedding the concepts of *soft power* and *cosmopolitanism*. The analysis assesses South-South Cooperation and four health issues: controlling tobacco consumption, fighting HIV/AIDS, fighting tuberculosis and preventing dengue. These topics are selected for their substantial part in Brazilian foreign policy strategy. It is deemed pivotal to analyse multiple health issues since the Brazilian government might have different motivations for the implementation of diverse health policies.

The goal of this analysis is to demonstrate how the Brazilian government uses health diplomacy as a foreign policy instrument to achieve its main goal: to become and be recognized as a global player. This main goal had been introduced during the administration of President Luiz Inácio Lula da Silva (2003-2010) and continued during the administration of Dilma Rousseff (2011-present). Therefore, the focus of this analysis is placed on the 21st century.

It is scientifically relevant to research this particular subject due to the global character of health, the increasing amount of active actors in the field of health diplomacy and the small amount of existing English academic literature covering Brazilian foreign policy (Dauvergne & Farias, 2010, 904). With the use of policy documents of the Brazilian government written in Portuguese¹, interviews and literature, this thesis contributes to the existing literature.

¹ Portuguese quotes have been translated to English by bilingual Brazilian academics.

Moreover, by including four health issues, and in particular the less researched health issue of dengue, this thesis is innovative in regard to the contemporary literature.

The beginning of this thesis focuses on the division between Joseph Nye's soft power strategy and the cosmopolitanists' ethical strategy. These strategies provide possible motives behind the implementation of health diplomacy by the Brazilian government. Furthermore, a historical framework of Brazil's actions in the developing area of health diplomacy is demonstrated. Within this historical timeline of Brazil and health diplomacy, the focus is on the establishment of the World Health Organization and the new actors in the field of health diplomacy. By building on the provided theoretical framework, the final and analytical section analyses South-South Cooperation and Health Diplomacy, followed by four health issues which are a part of Brazil's policies: controlling the consumption of tobacco, fighting HIV/AIDS, fighting tuberculosis and preventing dengue. By analysing these aspects of health diplomacy, the following research question will be answered: *In what way is health diplomacy incorporated in Brazilian foreign policy in the 21st century and how does Brazil use health diplomacy as an instrument as global player?*

Chapter 1. Health diplomacy as a form of soft power or as an ethical duty?

One might ask, what is health diplomacy exactly and why might Brazil be interested in it? In this chapter, the concept will be defined, followed by its relevance to nation states, non-governmental organizations and pharmaceutical companies. Why health diplomacy might matter to actors within the field, will be explained by applying the soft power theory as well as a cosmopolitan perspective.

For conceptual clarity, the meaning of health diplomacy will be illustrated by means of the following three categories, each having its own focus. Firstly, Katz *et al.* (2011, 506) refer to ‘Core Health Diplomacy’ as “*Negotiations between and among nations to resolve disputes and enact formal agreements*”. Core diplomacy can include both bilateral as multilateral treaties and agreements, such as the bilateral cooperation between Brazil and Haiti or the multilateral negotiations Framework on Tobacco Control (FCTC) and the International Health Regulations (IHR) which are both enacted by the World Health Organization (WHO) (*Ibid.*, 507). Approximately fifty multilateral health agreements were counted in 2010 (Katez & Katz, 2010 in Katz *et al.*, 2011, 506). Secondly, ‘Multistakeholder Health Diplomacy’ is seen as the cooperation of state, non-state and multilateral actors on common issues (Katz *et al.*, 2011, 508). This cooperation includes agreements between government agencies or between government agencies and international organizations concerning global issues such as war or humanitarian topics (*Ibid.*, 509-510). In the third and final category, ‘Informal Health Diplomacy’ refers to agents in the field who work for a government or for non-governmental organizations (NGO’s) to improve health by fundraising, conducting research or assisting at humanitarian crises (*Ibid.*, 510-514).

However, before the concept of health diplomacy was formally defined as it is known today, countries were already carrying out health programs in the form of medical diplomacy, a precursor to the concept (*Ibid.*, 505). China for instance, conducted medical diplomacy since 1963 by sending medical assistance to African countries, such as health care facilities, doctors and the provision of medicine (Minghui & Guoping, 2014). Similar health programs have been conducted by Cuba since the 1960’s in an attempt to enhance their prestige and influence as a developing country (Feinsilver, 2008, 273).

Although health diplomacy and medical diplomacy can be traced back centuries, a lot has changed within the field. Predominantly due to globalization and the increasing interconnectedness of the world, new approaches and opportunities within politics and the academic field arose around health diplomacy (Kickbusch, Novotny, Drager, Silberschmidt & Alcázar, 2007, 971). Health diplomacy is discussed within the academic fields of International Relations, Medicine and Public Health and therefore the approaches to health diplomacy incorporate diverse perspectives. Despite these divergent approaches, the overall academic discourse in the respective fields is primarily dominated by Ilona Kickbusch. The existing literature is based on her input and focuses on the conceptualization of health diplomacy, which pertains to how health diplomacy is exerted and in particular, why it is exerted.

A variety of actors are embedded in the area of health diplomacy. Mainly due to globalization, the landscape of diplomacy and health has resulted in an increasing involvement of multistakeholders. Hence, several non-governmental organizations are involved in health diplomacy such as the World Health Organization, World Bank and the Joint United Nations Program on HIV/AIDS (UNAIDS) to provide health programs and create agreements between states. Scientific organizations and academia also play an important role in health diplomacy (Kickbusch, 2011, 2). Furthermore, multinational corporations (MNC's) are frequently involved within the area of health. Additionally, the ten largest pharmaceutical companies account for 33 percent of the entire pharmaceutical market (WHO, 2015a). For instance, Pfizer, Johnson & Johnson, Novartis, Eli Lilly & Co and Merck & Co are big pharmaceutical companies and their main goal is to maintain sales. This creates tension since their main focus is profit maximization, while the public and nation states are paying too much for healthcare (*Ibid.*, 2015). Combined, the pharmaceutical market encompasses 300 billion US\$ each year and this market is predicted to grow immensely in the near future (*Ibid.*, 2015). Thus, different actors, both state and non-state, have a large stake in health diplomacy because of the enormous amount of money in play. When combined with the global character of health, health diplomacy is of great importance to actors in the field.

Soft power

As mentioned before, the discussion concerning health diplomacy is about *how* health diplomacy is exerted and in particular *why* it is exerted. On one side of the debate spectrum, health diplomacy is exerted as a form of power by nation states and non-state actors. In the existing literature this is framed as 'high politics', a term to define political decisions focused

on the basis of national security and economic interests (Labonté & Gagnon, 2010, 1, Feldbaum *et al.*, 2010, 3). Additionally, pursuing national interests and power are necessary for states to survive, according to realists (Dunne & Schmidt, 2014, 101). The soft/hard power theory of Nye can be applied within a realist framework due to its focus on the concept of interests, defined in terms of power. The realist approach is dominant within the field of International Relations and it sees states as the predominant actors within politics. Within the state, the society is seen as progressive and dynamic, but outside the state the domain is seen as static (Dunne & Schmidt, 2014, 100-101). This results in realists viewing international politics as anarchic, in which every state has one prime goal; survival (*Ibid.*, 100-101). Joseph Nye incorporates power into his theory to explain a states' survival and by doing so he divides his theory into three categories: hard, soft and smart power.

When influence is exerted by military and economic means, Nye speaks of hard power. For instance, a country could use threats or promise payments in an attempt to exert influence (Nye, 2008, 95). Contrary to hard power, soft power is seen as much more successful (*Ibid.*, 95). Nye (1990, 167) defines soft power as: “*getting others to want what you want*”. Soft power refers to attraction of national interests rather than coercion, to obtain more legitimate power (*Ibid.*, 167). Examples of national interests are security, development, projecting power internationally, improvement of international image, global public goods and trade. Additionally, he stresses the importance of cultural attraction, ideology and international institutions as a subtle way to achieve that the interests of different states are aligned (*Ibid.*, 167). Eventually, other states will follow these interests and might even change their own interests (*Ibid.*, 167). Joseph Nye introduced soft power in the late 1980's to describe the changeable powers in world politics around the Cold War period. Although he invented the concept in the late 1980's, the soft power strategy was already exercised in the area of health in the 1960's by Cuba and in the 1970's by China (Feinsilver, 2008, 274-275, Chen *et al.*, 2009, 231)².

Nye introduced ‘smart power’ in a later stage of his scientific career, a term which combines hard and soft power resources (Nye, 2008, 94). As opposed to the soft power theory, smart power focuses on the attraction of the public, rather than merely governments. However, in this paper, the focus will be primarily on the soft power theory of Nye (1990), due to its

² Around the time Joseph Nye introduced soft power in the 1990's, the discipline of International Relations was predominantly voiced by a western narrative (Nayak & Selbin, 2010, 4-8). Hence, it should be taken into account that Joseph Nye, an American scholar, incorporates a Western point of view into his soft power theory instead of a view which is adopted on an international level. However, in contemporary international politics, soft power is still a significant part within international relations.

emphasis on power relationships between governments in global politics. Furthermore, Nye's soft power theory provides a solid foundation for health diplomacy, due to the incorporation of national interests in order to achieve even greater interests. This theory takes on a significant role in this paper since it is assumed that certain states use health as a tool to realize national and international interests.

Several scholars have already pointed out the link between health diplomacy and soft power (Watt *et al.*, 2013, 7-8, Lee *et al.*, 2010, 1-4, Kickbusch, 2011, 3, Feinsilver, 2008, 273). The analysis offered by Watt *et al.* (2013, 7-8) shows that within the group of 'BRICS' (Brazil, Russia, India, China and South Africa) different motivations exist for their involvement in global health issues, such as commitment to social justice, enhancing international reputation and economic drives. Still, the use of soft power by rising powers is especially present in the realm of global health issues. Illustratively, the analysis of Lee *et al.* (2010, 1) shows that health diplomacy is used as an opinion-shaping instrument. For example, Brazilian support for the FCTC was recognized as an act which has direct influence on the international negotiating process and Brazil's aspiration for leadership (Lee *et al.*, 2010, 3). Similar arguments are put forth by Kickbusch (2011, 3) regarding the link between health diplomacy and soft power. Kickbusch (2011, 3) argues that the term soft power is often used with the elaboration of health programs which serve as a tool to improve political reputation. Specifically, states use health programs to improve their international position as a manner of demonstrating their commitment to ethical issues. Her view is in accord with Watt *et al.* (2013), concerning the use of health by rising states and the way in which they challenge the existing approaches to development. No longer do states primarily impose their will but instead use a form of attraction to achieve national development. However, not only big emerging states such as the BRICS use health diplomacy as a form of soft power. Cuba, a small developing country, has been using health diplomacy since the 1960's as a means to enhance its international status and gain prestige within the international community (Feinsilver, 2008, 275).

The core of the soft power theory is illustrated by the following quote of Nye (1990, 166): "*one country gets other countries to want what it wants*". By attraction rather than coercion, states' ideas and interests are adjusted, resulting in a positive outcome for the country which incorporates the soft power strategy. Health diplomacy can be seen as a form of soft power due to its ability to enhance global health through collective action. In the process of doing so, the state enhances its own national development and its standing on the international stage.

Ethical duty

From the opposite end of the theoretical spectrum, a rebuttal is provided by several cosmopolitanists who emphasize the subjects of morality and ethics within global politics (Lencucha, 2013, 2, Nussbaum, 1994, 155, Pogge, 2001, 29-30, Linklater, 2002, 135). Lencucha (2013, 2) includes health diplomacy in his analysis and emphasizes: “*the promotion of health of the other, for the sake of the other*”. Health diplomacy is and should be incorporated into foreign policy because persons and states have a responsibility to a ‘*world citizenship*’ (*Ibid.*, 6). With this statement he draws heavily upon the cosmopolitan argument of Nussbaum that we are all part of this world rather than just national citizens (Nussbaum, 1994, 155). In her view, a global dialogue, global moral responsibility and international cooperation is needed for solving global problems. This results in the decline of the importance of the nation state for achieving international cooperation. Lencucha (2013, 6) and Nussbaum (1994, 157) prioritize the equal moral worth of every individual above the nation state and they acknowledge the importance of other individuals or states to protect and promote this moral worth. Thus, from a cosmopolitan perspective, health-based foreign policy should be focused on moral ideals and therefore national borders are morally irrelevant (Shapcott, 2014, 199). This elicits a discussion around the relevance of the nation state. It simultaneously contradicts the earlier mentioned realistic approach in its perception that morality does not stop at the local level and that states have a moral priority towards humanity over its national priority (*Ibid.*, 201).

Moral and ethical arguments for political processes are defined as traditional ‘low politics’ in the existing literature debate. This is contrary to the previously discussed ‘high politics’ wherein health in foreign policy is conducted primarily because of state interests, such as security or the improvement of an international standing. However, diplomacy and policy decision-making is probably more likely to occur when high politics framing is used instead of low politics framing (Fidler, 2005 in Labonté & Gagnon, 2010, 4). Hence, moral and ethical arguments, or ‘low politics’, are not predominantly present in the current debate around the conceptualization of health diplomacy (Labonté & Gagnon, 2010, 12-13). Still, when researching health diplomacy, moral and ethical arguments should be taken into account since cosmopolitan views became increasingly present after the Cold War (Kickbusch & Ivanova, 2013, 17-18).

Divergent opinions exist concerning health diplomacy: health diplomacy exerted as an instrument, or exerted for moral reasons. However, Kickbusch, Silberschmidt & Buss (2007, 230) stress that the simple classification of policy and politics - high and low politics, soft and

hard power - is no longer relevant because of the changed role of health in global politics which brought new public health experts and NGO's into the landscape of diplomacy. Building upon that argument, Kickbusch (2011) provides a continuum which shows the current possible relationships between health and foreign policy. The continuum exists in the following forms: foreign policy obstructs health when diplomacy is failing; health used as an instrument to serve other interests; health issues as an integral part of foreign policy; and eventually, foreign policies that can be used to advance health issues (*Ibid.*, 1). The dynamic and multi-faceted nature of health diplomacy as a foreign policy as stressed by Kickbusch, should be taken into account when building upon this theoretical framework.

Chapter 2. Brazil's actions over time within the developing area of health diplomacy

“[I]n 160 years health diplomacy has moved from a political to a technical discussion and is now back as a political negotiation” (Kickbusch & Ivanova, 2013, 24).

In this chapter, the development of health diplomacy and Brazil's actions concerning health diplomacy will be described. The emergence of health diplomacy and Brazil's first actions concerning health are portrayed followed by the two major changes that health diplomacy went through. Firstly, the establishment of the World Health Organization resulted in the change of a political discussion to a technical discussion. The related paragraphs discuss the regional multilateral agreements by Brazil and the growing idea of a universal health which both the World Health Organization as well as the Brazilian government incorporated in their policies. Secondly, the change of a technical discussion to a political negotiation. In the linked paragraphs the increasing amount of new non-state actors in the field of health diplomacy is described followed by the global and regional health policy agenda of Brazil.

The emergence of health diplomacy

Health diplomacy emerged in the beginning of the nineteenth century due to the widespread concerns about infectious diseases (Fidler, 2001, 842-843). Labonté & Gagnon (2010, 3) even argue that the security of health can be traced back to the fourteenth century when infectious diseases could destabilize sovereign powers. Despite the origin, the issue of health developed as one of the first challenges that transcended national boundaries, resulting in the first international convention concerning cholera in 1892 (Kickbusch & Ivanova, 2013, 13). Brazil was already involved in health issues since the rise of the first health conventions and meetings. Providing an early example, Brazil attended the first Permanent Committee meeting of the International Office of Public Hygiene (OIHP) in Paris in 1907, along with eleven other countries. In addition to its early role in health diplomacy, Brazil was also a member of the League of Nations³ since its establishment in 1919 in which health issues were incorporated as

³ Walters (1952, 3) defines the League of Nations as: *"the embodiment in constitutional form of mankind's aspirations towards peace and towards a rationally organized world"*.

policies (Kennedy, 1987, 923). Thus, multilateral treaties have been present since the nineteenth and twentieth century, eliciting a political discussion around health. Moreover, it resulted in the formation of international institutions around health, such as the World Health Organization.

The World Health Organization and health diplomacy

The World Health Organization is an example of an international institution which influenced discussions around health. The establishment of the WHO in 1948 transformed the earlier mentioned political discussion into a technical discussion because the WHO was established to serve as a technical organization within the United Nations (Kickbusch & Ivanova, 2013, 16). The World Health Organization needed to “*act as the directing and coordinating authority on international health work*” (*Ibid.*, 16). Hence, the founding of this international organization was a noteworthy change within health diplomacy and the WHO arose at the center of international health.

After the establishment of the World Health Organization, Brazil’s national government participated predominantly in health-focused multilateral agreements on a regional level. Firstly, Brazil agreed to the Hipolito Unanue from the Andean Health Organization (ORAS-CONHU)⁴ which was created in 1971 to address matters regarding improving public health in rural areas (Ventura, 2013, 100). Secondly, Brazil agreed to the Health Coordination Office of the Amazon Cooperation Treaty Organization (OTCA) which was created in 1978 to enhance cooperation on health issues in the Amazon (*Ibid.*, 100). Together, these two initiatives demonstrate that the Brazilian government was becoming increasingly interested in participating in regional health treaties in the second half of the 20th century.

During that period, the WHO introduced the strategy “Health For All” in 1977. Its primary objective being to achieve a social and economic productive life for everybody on this earth by 2000 (WHO, 1998). However, due to the prioritizing of national interests, the WHO was unable to achieve this goal (WHO, 2008, 20). Concerning the universal idea of health, Brazil acted in line with the World Health Organization. It did so by restructuring Brazil’s public health system in 1988. At that time the new constitution integrated the access to health care in Brazil. Furthermore, the new healthcare system (*Sistema Único de Saúde*) offered free health care to all Brazilians, resulting in Brazil setting an example to the international

⁴ The Andean Health Organization has six member states: Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela.

community (Galvão, 2005, 1112). Thus, both the World Health Organization and the Brazilian government introduced policies concerning universal health after 1977.

New actors in the field of health diplomacy

Besides Brazil's actions concerning health diplomacy and universal health, other low- and middle income countries became increasingly involved in health related discussions and declarations (Szlezák *et al.*, 2010, 1). This was due to the end of the Cold War which changed the world from a unipolar to a multipolar one, leaving institutions, actors and sectors more able to participate in health issues. This indicates the second major change that health diplomacy went through: the one from a technical discussion to a political negotiation. To provide an example, several private and financial NGO's emerged after the end of the Cold War which is described by Bull & McNeill (2007) as '*market multilateralism*' – the merging of multilateral norms with market actors' interests. Although more non-state actors ascended around this time, national governments still took the lead concerning health diplomacy and arguably used non-state actors to legitimize their actions. Building upon that argument, the relationship between actors changed, resulting in changing demands concerning international institutions and legal instruments (Kickbusch & Ivanova, 2013, 22, Katz *et al.*, 2011, 504).

Health diplomacy in global and regional policy agendas

As the political negotiation continued and more actors became involved in health diplomacy, health received an increasingly prominent role in *global* policy agendas (Labonté & Gagnon, 2010, 1). Similarly, the Brazilian government was also more active in incorporating health in its global policy agenda in the 21st century. The following four points will make this clear. First, Brazil played a large role at the World Trade Organization meeting in 2001 discussing health as a priority over international trade (Kickbusch, Silberschmidt & Buss, 2007, 231). Second, Brazil showed leadership in negotiations by prioritizing the protection of public health over economic concerns that led to the FCTC in 2003. Not only was a Brazilian doctor assigned to lead the Tobacco Free Initiative of the World Health Organization, Brazil became an example in the international community for being a country which produced a lot of tobacco and simultaneously attempted to control tobacco consumption (Alcázar, 2008, 14-15). Third, during the International AIDS conference on July 2004 in Thailand, the Brazilian government took up

the image of a role model when it called human rights pivotal within the fight against HIV/AIDS (Galvão, 2005, 1113). Additionally, Brazil took a leading position when it negotiated for easier access to licenses and simultaneously reduced prices for antiretrovirals (ARV's) for the treatment of HIV infections (Kickbusch, 2008, 330). And lastly, six years later and along with six other foreign ministers, the foreign minister of Brazil, Celso Amorim, agreed to an agenda called the Oslo Declaration in 2007 to broaden the scope of foreign policy, meaning that health as a foreign policy would occupy a more central role on the international agenda (*The Lancet*, 02-04-2007).

Besides Brazil's global policy agenda, the country was frequently active around regional policies and especially on enhancing regional integration in the end of the 20th century and beginning of the 21st century. Hence, the Brazilian government developed the Union of South American Nations (UNASUR) in May 2008 as a cooperation project. Additionally, the separate department of South American Health Council⁵ was an important part of this cooperative project in developing regional integration (Ventura, 2013, 100). Brazil also cooperated with other countries in the global south on health matters, which is a part of their South-South Cooperation. South-South Cooperation is the enhancement of cooperation between countries on the Southern hemisphere, with the aim to reduce the differences between the northern and the Southern hemisphere. Within this cooperation, Brazil emphasizes the Community of Portuguese-Speaking countries (*Comunidade dos Países de Língua Portuguesa* (CPLP)) and its health. In 2008, the Brazilian government was part of the first CPLP meeting of the ministers of Health (*Ibid.*, 99). Additionally, the leading role that Brazil had in the Peacekeeping Operation in Haiti and the associated reconstruction of Haiti's healthcare system was another project of this South-South Cooperation (*Ibid.*, 102).

To sum up, taking Brazil's regional and global actions into account, it can be argued that Brazil is an ideal example of an emerging country within the developing area of health diplomacy. This can be supported by the 38 health projects in Africa, 9 in the Middle East and Asia and 66 projects in Latin America and the Caribbean by the year of 2012 (BRASIL 2012a in Ventura, 2013, 97). According to this and the countries earlier engagement in various health issues, Brazil has always been involved in health diplomacy and increased its partaking significantly after the end of the Cold War when health diplomacy reached the form of a political negotiation.

⁵ The South American Health Council was established in December 2008 with its objective being to improve the health situation in South America (Ventura, 2013, 100).

Chapter 3. Why improve the health of others through health diplomacy?

This chapter will provide an analysis of how Brazil employs health diplomacy as a means to become a global player. Firstly, it will be demonstrated how the Brazilian government supported South-South initiatives based on health diplomacy in the 21st century. In addition, cooperative work with the CPLP and African countries are emphasized in this paragraph. Secondly, Brazilian policies in the 21st century concerning global health diplomacy will be analysed. It will be divided in four health subjects: (1) controlling tobacco consumption, (2) fighting HIV/AIDS, (3) fighting tuberculosis and (4) preventing dengue. Not only are these four health issues considered a threat to Brazil's national health and national development by the Brazilian government, they are also a part of a long-term foreign policy strategy of the Brazilian government. It is crucial to analyse several different policies based on health diplomacy since the Brazilian government might have had different motivations for the implementations of each of these four policies. Furthermore, the results of these policies can differ, resulting in different outcomes for Brazil. Therefore, these four health issues are used to demonstrate the use and value of Brazil's foreign policy strategy.

As the Brazilian Ministry of Health and the Brazilian Ministry of Foreign Affairs cooperate closely on global health issues, both Ministries will be analysed on speeches, published documents and implemented policies. In the analysis below, first Brazil's South-South Cooperation in health diplomacy will be demonstrated followed by the four health issues (controlling tobacco consumption, fighting HIV/AIDS, fighting tuberculosis and preventing dengue). Together, it will illustrate how the Brazilian national government has been able to use health diplomacy to increase its influence and power in the international community.

South-South Cooperation and health diplomacy

The Brazilian government focuses predominantly on other southern countries concerning cooperation on health matters. Especially President Luiz Inácio Lula da Silva (Lula), a member of the Labour Party, attached great importance on Brazil becoming a leader among southern developing countries and stressed the need to elevate Brazil's profile internationally. To increase Brazil's participation in international affairs, Lula took part in several initiatives to

enhance South-South Cooperation. The declaration of Estoril is an example of South-South Cooperation in which southern countries put in effort to improve the health of Portuguese speaking countries (Bliss, 2010, 11). After Lula stepped down, President Dilma Rousseff followed a similar path as her predecessor by focusing on South-South Cooperation within Brazilian foreign policy (Dauvergne & Farias, 2012, 909).

Brazil bolstered bilateral relations with the international community by incorporating horizontal South-South cooperation, meaning that the Brazilian government exchanged knowledge of its own experiences to other developing countries (Almeida *et al.*, 2010, 26). Health was an important part of this South-South Cooperation which Agenor Álvares, Lula's Minister of Health, makes clear in an interview in 2007 with *viaABC*, an Agency of Brazilian Cooperation: "*Today, despite the large focus on financial flows, it is clear that there is no development without a healthy population*" (ViaABC, March 2007)⁶. Thus, health assistance and technical cooperation is deemed necessary for development.

An example of Brazil strengthening South-South Cooperation by improving health is the relationship of Brazil with CPLP and other African countries. Brazil predominantly focuses on Portuguese speaking countries due to their historical ties. For instance, Brazil implemented a strategic plan in cooperation with the CPLP in May 2009 which had the following goals: restructuring public health, providing specialized medical training, strengthening scientific research in public health and carrying out projects concerning a healthy community (CPLP, 2009, 6). Likewise, in 2012 the Brazilian national government opened a factory in Mozambique for the production of ARV's against the global HIV/AIDS epidemic (Romero, 10-08-2012). Furthermore, on the 25th of February 2015, the Brazilian Minister of Foreign Affairs, Mauro Vieira, visited London to discuss a strategic plan concerning global health and in particular the case of Ebola in African countries (Itamaraty, 2015). This visit shows that during the administration of Rousseff, global health goals remain a priority in foreign affairs after President Lula stepped down on the 31st of December 2010.

Through the use of bilateral cooperation with CPLP and other African countries, Brazil can justify its actions on the global stage. Furthermore, it seems that Brazil succeeded in strengthening its relations with these countries. This can be underpinned by CPLP supporting Brazil in its ambition to obtain a permanent seat at the UN Security Council (Sánchez Nieto, 2012, 174 & Lisbon Declaration, 2008, 4).

⁶ Actual quote: "*Hoje, apesar do foco ainda ser em grande parte centrado nos fluxos financeiros, percebe-se que não há desenvolvimento sem que haja uma população saudável.*" Translated by Bernardo Siem and Celio Netto.

Health diplomacy as a means to develop leadership and global recognition

Since President Cardoso laid the foundations for health diplomacy in 1996 and President Lula and Rousseff continued along the same line, Brazil has become one of the most legitimate voices in the international community when it comes to improving health domestically, regionally and globally. Especially President Lula was keen on a humanistic approach, which resulted in health development at an expense of four billion US\$ in the year of 2010 (Dauvergne & Farias, 2012, 907).

By emphasizing the social side of development and drawing on its own experiences, Brazil expands its own role in world affairs. However, by improving not only their own country but also showing solidarity towards poorer nations, Brazil showed to be “*an emerging country among the emerging*” (Dauvergne & Farias, 2012, 908). Indeed, being friendly and showing solidarity towards poorer nations is a characteristic which Brazil wants to portray. This can be illustrated in the following quote of Celso Amorim, Lula’s Minister of Foreign Affairs: *That is Brazil's great skill - to be friends with everyone*” (Lustig, 23-03-2010). By being “friends” with other countries, Brazil aims to achieve more in comparison to coercive actions. This quote illustrates the moral and ethical character of the Brazilian government, which demonstrates its preference for low politics as a foreign policy. The cases below (tobacco, HIV/AIDS, tuberculosis and dengue) will demonstrate how Brazil uses health diplomacy to achieve its underlying goals: developing leadership, gaining global recognition and obtaining a permanent seat on the UN Security Council.

Controlling the consumption of tobacco

Developing leadership is one of the underlying goals that has been achieved through Brazil’s role in the control of the consumption of tobacco. Since 2003, the Brazilian national government developed leadership because of the fact that Brazil was and is an enormous tobacco producer and simultaneously controls the use of tobacco nationally. It will now be explained how controlling tobacco nationally should be seen as a foreign policy dictated by national interests. The Brazilian constitution of 1988 in article 196 states: “*health is the right of everyone, and*

the duty of the state”⁷ (*Constituição da República Federativa do Brasil*, 1988). Hence, when controlling tobacco consumption became a national programme, it became a policy of the government. Assuming that diplomatic relations are held because of national interests, the leading role of Brazil in the FCTC negotiations can be seen as a foreign policy since health was used as a state policy to advance national interests (Alcázar, 2008, 13-14). In this sense, the Brazilian government uses its national program of controlling tobacco consumption as a foreign policy opinion-shaping instrument in which the international community was attracted by Brazil’s interests.

Even after the FCTC negotiations, Brazil continued to show leadership internationally due to its efforts in controlling tobacco consumption, which can be illustrated by the Bloomberg Philanthropy prize which was awarded to the Brazilian Ministry of Health and the National Institute of Statistics (IBGE) in 2015 (Bloomberg Philanthropies, 2015). The winners were “*honoured for their work in monitoring tobacco use and implementation of prevention policies*” (*Ibid.*, 2015). Furthermore, the national program of controlling tobacco reduced the number of smokers in Brazil by 30,7 percent in nine years, which also resulted in international recognition (*Portal da Saúde*, 17-06-2015).

Fighting HIV/AIDS

In line with the monitoring of tobacco use, policies in the fight against HIV/AIDS have been implemented nationally and received international attention. The difference between the policies to fight tobacco use and HIV/AIDS is the era in which these policies were implemented. Controlling tobacco consumption became a priority only in the 21st century, in contrast to the fight against HIV/AIDS which has been going on for longer. Since 1996, President Fernando Henrique Cardoso, a member of the Social Democratic Party, began providing the Brazilian population with free access to ARV therapy in an attempt to reduce HIV/AIDS deaths. Moreover, this free access was enshrined in law.

Although Brazil benefited economically from free access to AIDS medication, such as a declining mortality rate and reduced costs concerning hospitals and treatment, the Brazilian government argues that its main objective remains the pursuit of equal human rights and

⁷ Actual quote: “*A saúde é direito de todos e dever do Estado, garantido mediante políticas sociais e econômicas que visem à redução do risco de doença e de outros agravos e ao acesso universal e igualitário às ações e serviços para sua promoção, proteção e recuperação*”. Translated by Bernardo Siem.

solidarity towards the Brazilian population (Galvão, 2005, 1113). However, the foreign policy agenda of the Brazilian government is more complex.

The following two points will illustrate that national interests, or high politics, are an underlying mechanism behind the policies of HIV/AIDS. Firstly, strengthening alliances is a positive result of such a negative occurrence as the HIV/AIDS epidemic (*Ibid.*, 1111). For instance, to lower the costs of producing ARV's in local laboratories, alliances with other countries which produced ARV's initially, needed to be strengthened. This resulted in an international dialogue concerning HIV/AIDS in which Brazil took the lead. Secondly, the other intention which dismisses Brazil's ethical objective, is Brazil's ambition to become a global player. To illustrate, Brazil achieved this ambition since it became a role model for global initiatives such as the 'Access for All' theme at the International AIDS Conference (*Ibid.*, 1113). Building upon that argument, Brazil successfully aligned the political agenda of the international community with its own: universal health resulting in national development and global recognition. This illustrates that the Brazilian government is in favour of high politics as an underlying mechanism but also demonstrates Brazil's commitment to universal health and therefore its belief in the existence of a global citizen.

Undertaking the role of a leader in terms of the HIV/AIDS epidemic was not the only impact of Brazil's national HIV/AIDS policy. The most prominent impact is the decline in the mortality rate of AIDS patients of 15.6 percent since 2003 (*Portal da Saúde*, 24-06-2015). In addition, from the year 2000 till the year 2005, the number of patients receiving treatment increased by 128 percent (See Table 1) and in the year 2013 the patients who had started a treatment of ARV's increased by 30 percent (*Ibid.*).

Year	Costs (US\$) in ARV'S	Patients on treatment x 1000
2000	303	79
2001	232	90
2002	179	105
2003	181	120
2004	203	155
2005	395	180

Table 1 Brazilian Investment in antiretroviral drugs and number of patients on treatment from 2000-2005 (Greco & Simão, 2007, 40).

To sum up, the fight against HIV/AIDS shows Brazil's complex agenda: the humanistic and ethical perspective which is combined with its foreign policy agenda in which it tries to enhance its standing in the international community. Whatever the underlying motives might be, Brazil succeeded in reducing the mortality rate of HIV/AIDS patients.

Fighting tuberculosis

Besides free ARV treatment for HIV/AIDS patients, *the Sistema Único de Saúde (SUS)* also offers free treatment for tuberculosis which resulted in a decrease of tuberculosis patients of 21,17 percent from the year 2003 till 2013 (*Portal da Saúde*, 15-12-2014). Similar to previously mentioned health issues, free ARV treatment is provided by the Brazilian government to fight tuberculosis because health is seen as a duty of the government. Furthermore, in line with controlling the consumption of tobacco and fighting HIV/AIDS, the Brazilian government was acknowledged by the United Nations for its efforts in reducing and controlling cases of tuberculosis in its own country (*Portal da Saúde*, 05-04-2012). It is not surprising that Brazil succeeded in reducing the number of tuberculosis cases, since 74 million US\$ was budgetted in 2011 to reduce deaths caused by tuberculosis (*Ibid.*). Another example of Brazil's devotion to reducing tuberculosis is provided by Arthur Chioro, the Brazilian Minister of Health during Dilma's presidency. He showed Brazil's friendly and committed character during the BRICS meeting of Health Ministers on the 5th of December 2014:

“The ability for us to ensure the free supply of first-line anti-tuberculosis drugs is a milestone and demonstrates our commitment, enhancing technological development, and supporting multilateral health initiatives”(Ibid.)⁸.

In this quote, health is used as an opinion-shaping instrument since the focus is on Brazil's commitment to universal health which he describes as a ‘*milestone*’. The choice for the word ‘*milestone*’ indicates that the Brazilian government is proud of its own successful national programme, something which the international community should acknowledge. However, although the Minister of Health portrays its involvement in free treatment for tuberculosis as an ethical issue, the document of the Health Ministers of the BRICS in Brasilia describes the meeting as pivotal in fortifying ties within the BRICS:

“The focus on social inclusion and sustainable development will contribute to the strengthening of intra-BRICS partnership, including the cooperation in health.” (Portal da Saúde, 05-12-2014).

⁸ Actual quote: “A possibilidade de garantirmos o fornecimento gratuito de medicamentos de primeira linha contra a tuberculose é um marco, e demonstra nosso compromisso, o fomento ao desenvolvimento tecnológico, e respaldo às iniciativas multilaterais de saúde”. Translated by Bernardo Siem.

This quote indicates that Brazil (and the other BRICS) have a preference for bolstering the partnership which is established through the cooperation in health. Thus, the policies of the Brazilian government concerning tuberculosis resulted in the strengthening of regional relationships.

Preventing dengue

Similar to previously mentioned health issues, dengue is seen as a threat to national and worldwide health conditions. According to the World Health Organization, 40 percent of the world's population is at risk of dengue and 1.3 million new cases of dengue are reported every year (WHO, 2015b). In Brazil, a National Dengue Control Programme was established in 2002 to prevent more dengue infections in the future. Moreover, during the Rousseff administration in January 2015, 46.5 million US\$ was allocated for the prevention of dengue (*Planalto*, 07-02-2015). Nevertheless, the historic problem of dengue outbreaks continues to be hard to fight.

The actions undertaken on national and regional level show that the prevention of dengue is pivotal to the Brazilian government. First, on a national level, the Brazilian government “*provides guidelines for vector control, allocates resources to the states and purchases insecticides and equipment*” and stimulates individual responsibility of the citizens (Maciel-de-Freitas & Valle, 2014, 685). Similar to previously discussed health issues, dengue prevention is a duty of the state which is enshrined in law, making the prevention of dengue an ethical issue since health is everyone's right. Thus, on a national level, the Brazilian government undertakes concrete action concerning dengue infections. Second, on a regional level, the Brazilian government is active in the Pan American Health Organization (PAHO), a separate department within the World Health Organization which developed a strategic plan to prevent dengue infections regionally. The organization deems the prevention of dengue pivotal, not only for the possible challenges that dengue presents, such as crises for the developing world and inequity, but also for the fact that dengue could challenge national security and the economy of nations (PAHO, 2013, 47). Indeed, dengue could have a negative impact on the people, government and economy of the region and Brazil.

In contrast to controlling the consumption of tobacco, fighting HIV/AIDS and tuberculosis, the number of dengue infections rises every year in Brazil and the country has yet to achieve international recognition for the prevention of dengue⁹. In fact, the opposite occurred,

⁹ No international recognition of Brazil preventing dengue has been found in this particular analysis.

the international community feared dengue in Brazil during the World Cup in 2014, since it could cause many infections among professional soccer players and fans (Briggs, 28-11-2013). It can be assumed that similar negative imaging of Brazil will occur during the Summer Olympics in 2016 because of the chance of dengue infections.

To recapitulate, the Brazilian government faces many challenges concerning present and future dengue outbreaks. This makes dengue infections a problem to the Brazilian national security and the economy of Brazil as the spread of dengue is yet to be stemmed. Therefore, Brazil has not been able to use dengue prevention as an opinion-shaping instrument but solely as an ethical duty to its citizens.

Conclusion

Brazil's influence in the international community is currently undeniable. Although it has not used any military power to exert influence, the Brazilian government is still increasingly prominent in international affairs. For decades, Brazil has used its soft power strategy by attracting allies and forming alliances with other countries to enhance its global position. Not only does the Brazilian government hope to get more things done through multilateral and bilateral cooperation, it is also a way of justifying its actions on the global stage. Health diplomacy is one of the ways in which Brazil tries to enhance its international position. Through emphasizing the social side of development, Brazil has been able to decrease poverty nationally and expand its role in world affairs. In this light, the involvement of the Brazilian government in health diplomacy should be seen as a national developmental policy and as a foreign policy strategy as a means to ascend in the international community.

This thesis has demonstrated that Brazil has a foreign policy in the dynamic and multi-faceted field of health diplomacy. By incorporating a historical framework of health diplomacy, analysing South-South Cooperation and four health issues (tobacco, HIV/AIDS, tuberculosis and dengue), Brazilian health diplomacy was set out. Concerning health diplomacy, the Brazilian government uses an ethical principle towards its own civilians and other countries. This ethical character can be demonstrated by its commitment to universal health and Brazil's law concerning health: *"health is the right of everyone, and the duty of the state"* (*Constituição da República Federativa do Brasil*, 1988). What is interesting is that all analysed policies indicate that the Brazilian government has a preference for low politics (ethical politics) instead of high politics (politics focused on national security and economic interests).

However, the other facets of Brazilian health diplomacy are revealed in this analysis, such as bolstering regional and global relationships, earning creditability as a leader in international affairs and the desire to obtain a permanent seat at the UN Security Council. In contrast to ethical principles, these facets show Brazil's participation in high politics.

As has been explained by Kickbusch, the relationship between health and foreign policy should be seen as a continuum. Interestingly, this particular analysis provides a substantiation for her argument, as the Brazilian government uses health as a foreign policy instrument to serve other interests such as economic interests and national security. Also, the Brazilian government uses health as an integral part of its foreign policy strategy. Moreover, taking into

account that the Brazilian government focuses on the social side of development, the ethical principle of health diplomacy is revealed. Thus, the analysis contributes to the existing literature by demonstrating that the engagement of the Brazilian government in health diplomacy is exerted as Nye's soft power strategy but also in the realm of the Cosmopolitan perspective of being a global citizen and an ethical actor. Further research should focus on the prevention of dengue as a foreign policy, since not a lot of research has been found on this particular subject. Furthermore, there is a need for more qualitative research on global health diplomacy in general.

It can be concluded that the Brazilian government employs the dynamic and multi-faceted nature of health diplomacy as an ethical principle and an instrument to bolster regional and global relationships, earn credibility as a leader in international affairs and obtain a permanent seat at the UN Security Council.

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