UNITED NATIONS UNIVERSITY
UNU-CRIS
Institute on Comparative Regional Integration Studies

POLICY BRIEF
#05 2020

Covid-19: Latin America Needs to Rebuild Regional Integration in Health

Executive Summary

The Coronavirus pandemic (Covid-19) affects the region at a time of high fragmentation and, above all, of complete narrowing of its programmatic agenda. The almost exclusive dedication to trade liberalization issues and the "Venezuela question" left a string of displaced mechanisms and coordination spaces, among them, the South American Health Council of UNASUR. The ad hoc instances of Mercosur, meanwhile, do not seem to be sufficient to put in place an operational network of surveillance and response. Will CELAC be able to resume a path of regional cooperation able to address local and global health challenges? Will it be long before the damage caused by the withdrawing from the UNASUR health agenda is finally noticed and repaired? Regional integration in health can be a powerful epidemiological tool and act as an epidemiological shield to prevent the advance of diseases and contribute to their control. The region, with its long history of integration in health, is waiting for governments to rebuild spaces for discussion and institutional mechanisms for action.

Written by **MARÍA BELÉN HERRERO** and **SANTIAGO LOMBARDI BOUZA**

Covid-19, Dengue and Other International Health Issues in the Region

Latin America is going through a stage of epidemiological alert and health emergency due to the Covid-19 outbreak, which started in the city of Wuhan, China, last December 2019. The region has already exceeded 8,000,000 reported cases and 220,000 deaths, with a curve on the rise. Brazil is the most affected country, followed by Argentina, Colombia, Mexico, Peru, Chile, Mexico and Ecuador (JHU 2020).

The measures adopted by the countries of the region have been very disparate and have generally responded to two opposing positions: one has focused both on the reduction of morbidity and mortality caused by Covid-19 and the sustainability of the health response through early and strict quarantines, and the one that, under the premise of "not paralyzing the economy", has tended to delay and even antagonize social isolation as a measure of containment. In this tense and turbulent scenario, three types of governmental approaches stand out (Belardo and Herrero 2020). The denialist, linked to the administrations of Donald Trump (USA) and Jair Bolsonaro (Brazil), driven solely by a concern about the economic impasse and its consequences; that of those who implemented drastic and rapid measures such as China, South Korea, Argentina and El Salvador, and that of those countries that gradually, and in some cases belatedly, applied isolation measures only after the exponential progression of the disease had become evident, in this case, Italy and Spain.

The differential impact of each strategy is notorious. While China appears to have managed to contain the disease, in the US the virus is out of control. The nation ruled by Donald Trump is nowadays the new epicentre of the pandemic, with the highest number of accumulated cases, which today climbs to almost nine million and roughly 228 thousand deaths (compared to 84 thousand cases and 4200 deaths in China, the country where the pandemic originated). The same is true in Brazil. The South American giant is going through a severe situation when it comes to the COVID-19 pandemic, having registered an exponential increase in cases and deaths.

Although Latin American countries had the "advantage" of running ahead of Asia and Europe, this not necessarily triggered any sort of coordination mechanisms in the region. Likewise, it was also not possible to replicate many of the measures adopted for example, in Germany or South Korea, due to the different epidemiological, social, political and economic backgrounds

Moreover, COVID-19 is one among many emerging health problems in the region. According to a recent report by the Pan American Health Organization (PAHO), in 2019 no less than 3,139,335 cases of dengue were reported in the Americas and a balance of 1,538 deaths associated with the disease. That means that the number of people affected during the past year was almost six times the 2018 records (561,393). So far, in 2020, more than 125,000 people have fallen ill with dengue and at least 27 have died throughout the region. Brazil itself registers more than 3 million cases, compared to 265,934 cases in 2018. Argentina, for its part, currently reports viral circulation in 13 jurisdictions of the country with a total of 680 confirmed cases without a travel history and three deaths. It is the largest dengue epidemic in the history of Latin America.

No fewer worries about measles, a highly contagious viral disease that raises global alarm as a result of the increasing number in cases in countries were the virus had been

eradicated. In 2018 there was an increase of 300% of cases in the world. The largest outbreak in 20 years is recorded in Argentina, with 156 confirmed cases (the last endemic case had been in 2000) and one death (the last one was in 1998). In Brazil, there was an outbreak of 15 thousand cases and 18 deaths due to the virus.

In this scenario of several open fronts, and regardless of the measures that each government may be carrying out to face these problems, it is essential to mobilize regional coordination mechanisms that allow for the exchange of information and good practices, the implementation of preventive actions and containment programs, and, above all, the development of a tailor-made epidemiological strategy, in accordance with the realities and priorities of the health systems of Latin America and the Caribbean. Systems that reproduce, in many cases, the structural inequalities that exist between and within Latin American countries. Not to say that, as a result of this cataclysmic event, the region is going through the worst economic crisis of a lifetime. A historical fall of 9.1% in is estimated in 2020. According to the Economic Commission for Latin America and the Caribbean (ECLAC), the COVID-19 shock will generate millions of new poor and unemployed, harming South America more than any other region, due to its high dependence on primary exports to China (ECLAC 2020).

Progress and Setbacks of the Regional Health Agenda

Health institutionalization has a long history at the regional level. From the birth of the Pan American Health Organization in 1902, to organizations such as the Andean Health Community, created in 1971 and the Mercosur Sub-Working Group No. 11 Health, established in 1996.

However, it was the Union of South American Nations (UNASUR) that first took a fundamental step in conceiving health as a human right and universal access and social determinants as key issues. Added to this was the commitment to develop true regional health diplomacy with a focus on South-South Cooperation and the advocacy of regional interests in multilateral fora.

The response to the avian flu pandemic in November 2009 sets a good example. At that time, ministers from the 12 countries of the bloc gathered at the South American Health Council agreed on common immunization strategies against H1N1 influenza, ratified the decision to acquire the vaccine through the PAHO / WHO Revolving Fund to obtain a better price and agreed to advance in regional communication plans with a view to ensuring that population received adequate information about the virus. The meeting also sealed a commitment around the development of a joint strategy to combat dengue, which included the creation of a South American Network for Prevention and Control, the use of a single epidemiological information computing platform (VIGISAS), the implementation of a training workshop for specialists in the clinical management of the dengue patient and the pooling of technical risk communication teams.

Unfortunately, this degree of regional institutionalization geared towards health action came to an end with the start of the conservative political cycle in South America back in 2015. The dissolution of UNASUR left an institutional void that has not been filled to date, giving rise to a series of unilateral responses with differing outcomes. It can be said that there has been a major setback in the regional health agenda and the former joint strategies in the field of diplomacy and sanitary sovereignty.

Where to Go? Regional Integration as an Epidemiological Shield

Fortunately, everything is not lost. The brand-new Pro Tempore Presidency of the Community of Latin American and Caribbean States (CELAC), led by Mexico, has established a Regional Network of Virologists and specialists in communicable diseases to share practices for the prevention and detection of COVID-19 and further contribute to develop a common front in viral outbreaks. Likewise, CELAC has been a catalyst for different initiatives among its members and has requested reports and statistics from PAHO / WHO, as well as impact assessments of the pandemic on economies and food security in the region to FAO. CELAC is also moving forward with the idea of a collective purchase of supplies and medicines in order to find better market prices. This is crucial in contexts of crisis and emergencies, in order to guarantee access, reduce asymmetries, and generate more effective purchasing mechanisms (Foreign Affairs, 2020). Finally, Argentina, together with Mexico, announced on the August 17th CELAC summit a shared project to produce for Latin America the vaccine against the new coronavirus developed by the AstraZeneca laboratory in collaboration with the British University of Oxford.

MERCOSUR countries, for their part, approved an Emergency Fund of US $ 16 million that will be used for the coordinated fight against COVID-19. These non-reimbursable resources are destined to the multinational project "Research, Education and Biotechnologies applied to Health" and are financed through the MERCOSUR Structural Convergence Fund (FOCEM). Mercosur had addressed the current epidemiological situation in terms of dengue, measles and COVID-19 during the last Meeting of Health Ministers (FOCEM 2020). The highest authorities of the Caribbean Community (CARICOM) did the same, and, among other things, agreed on a comprehensive communication strategy to fight disinformation about the coronavirus and assist citizens with correct data on how to prevent infection (Nodal 2020).

These advances will undoubtedly serve as a guide for the adoption of public policies. Their place on the current political agenda should be a trigger to discuss the regional tools we have today to deal with these new diseases, as well as others that not only reappear or persist, but have increased in recent years, such as dengue, measles, congenital syphilis and tuberculosis, among others.

Nowadays -especially in the face of global health problems such as COVID-19- solutions must be given at all levels (local, regional, international) and cannot be delivered individually, at least not only, but in collective, urgent and coordinated manner. COVID-19 puts health on both the domestic and the international agenda once again. On the one hand, it makes visible the enormous shortcomings that our health systems still go through, weakened by neoliberal policies and highly fragmented. On the other hand, it reveals the absence of regional coordination mechanisms for crises and emergencies and its negative effects at times when it becomes imperative to move forward quickly and in a coordinated fashion.

Regional integration in health can be a powerful epidemiological tool and, in case of global emergencies, act as an epidemiological shield to prevent the advance of these diseases and contribute to their control. Latin America, with its long history of integration in health, is waiting for the countries to rebuild favourable spaces for discussion and institutional mechanisms for action.

Conclusions and Recommendations

The global crisis generated by the Covid-19 pandemic is multidimensional in nature and has an unprecedented impact on our societies and economies, affecting the entire population, particularly those in situations of greatest vulnerability. One immediate conclusion to be drawn is that Universal Health Access is nothing less than a fundamental human right that cannot be governed by the logic of market and profit. Health must be a global public good guaranteed at all levels, and universal health systems are the cornerstone. With that in mind, some of the following proposals could be considered:

- At the national level: Ministries of Health and Ministries of Foreign Affairs could strengthen their departments of International Health, by fostering greater inter-agency coordination and the professionalization of human resources in the area.
- At the regional level (Latin America): A Health Council could be established within the framework of CELAC ("CELAC-SALUD"). With a voluntary membership in principle, the Council would progressively hold periodic meetings of technicians and political authorities, to harmonize and join cooperative efforts, supported by the different health spaces in force in the region (ORAS CONHU, COMISCA, Mercosur, etc.) and strengthening the south-south principles.
- At the inter-regional level: Bi-regional blocs such as CELAC-China, CELAC-UE, FOCALAE and BRICS should develop interactive platforms for the exchange of information and technical training of health workers and other professionals dedicated to the socio-sanitary management of pandemics.
- At the multilateral level: The debate on World Health Assembly reform is not a new debate, but it is becoming increasingly necessary. The countries that were part of UNASUR-Health positioned themselves strongly in the WHO Assembly regarding the determining influence of voluntary contributions, whether private or public, in the shaping of the global agenda of health. Latin America must resume this debate.

References

FOCEM. 2020. *Esfuerzo regional contra la pandemia: el MERCOSUR aprobó un fondo de emergencia de US$16 millones que serán destinados en su totalidad al combate coordinado contra el COVID-19*. Available at <https://www.mercosur.int/esfuerzo-regional-contra-la-pandemia-el-mercosur-aprobo-un-fondo-de-emergencia-de-us16-millones-que-seran-destinados-en-su-totalidad-al-combate-coordinado-contra-el-covid-19/>

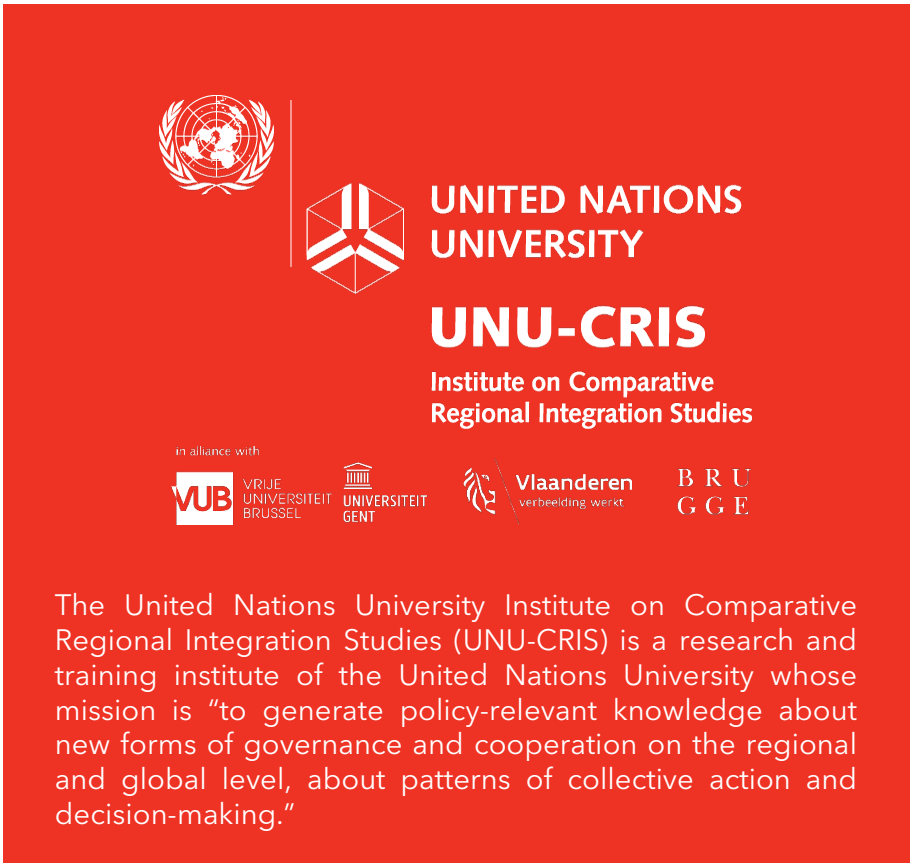
Foreign Affairs. 2020. *CELAC: la unidad regional ante la crisis del COVID-19*. Available at <http://revistafal.com/celac-la-unidad-regional-ante-la-crisis-del-covid-19/>

Herrero, María Belén, and Marcela Belardo. 2020. *Covid-19 y la necesidad de rediscutir nuestros sistemas de salud*. Available at <https://www.elpaisdigital.com.ar/contenido/covid-19-y-la-necesidad-de-rediscutir-los-sistemas-de-salud/26294?fbclid=IwAR2slGS1CceznLd8zyIqAy32PB_DHBa1Ul69gEgP65yhH6F5si16ridgpSg>

John Hopkins University. 2020. COVID-19 Dashboard by the Center for CSSE at John Hopkins University. Available at <https://coronavirus.jhu.edu/map.html>

Nodal. 2020. Caricom acuerda estrategia para combatir desinformación sobre el coronavirus. Available at <https://www.nodal.am/2020/02/caricom-acuerda-estrategia-para-combatir-desinformacion-sobre-el-coronavirus/>

Página 12. 2020. *América Latina registrará la peor crisis económica de su historia*. Available at <https://www.pagina12.com.ar/261239-america-latina-registrara-la-peor-crisis-economica-de-su-his>



The United Nations University Institute on Comparative Regional Integration Studies (UNU-CRIS) is a research and training institute of the United Nations University whose mission is "to generate policy-relevant knowledge about new forms of governance and cooperation on the regional and global level, about patterns of collective action and decision-making."

About the Authors

María Belén Herrero is a Researcher at the Department of International Relations at Facultad Latinoamericana de Ciencias Sociales (FLACSO); Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET).

Santiago Lombardi Bouza is a Diplomat and Medical Doctor.

A first version of this article was published in Spanish in "Pagina 12". Available at: https://www.pagina12.com.ar/252103-enfermedades-emergentes-y-no-tan-emergentes-la-obligacion-de