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Regionalism and the Pandemic

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INTRODUCTION

Karina Lilia Pasquariello Mariano
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2020 is being considered a unique year in the history of contemporary international relations, as it has been the stage for one of the most singular events of the present century. The pandemic caused by the novel coronavirus (SARS-CoV-2), also known as COVID-19, affected different spheres of society, severely impacting relations between countries. On January 30, the World Health Organization (WHO) declared a world emergency, calling for the efforts and attention of governments, states, world leaders, international institutions, and civil society organizations, for the global health agenda.

No single country would be prepared to face the COVID-19 pandemic and its developments in the economic, social, and political spheres. The new context imposes challenges and demands quick responses even to another situation of conformed interdependence. The pandemic involved the use of multiple joint efforts by states, governments, and institutions to tackle the negative effects of COVID-19, which vigorously spread throughout the world. In different measures, regional institutions have also been forced to act on the behalf of the societies of their Member States.

The Dossier of the Observatório de Regionalismo (ODR) dedicated its studies in this edition, to identify and analyze how regional organizations worked in different ways to face the adverse effects of COVID-19. Researchers and graduate students dedicated themselves to mapping and understanding the policies adopted by different regional institutions, revealing how integration processes can lead to effective actions in the face of common problems between states.

In the American continent, made up of different organizations that complement and overlap, regional institutions have revealed different levels of commitment to counter the problems caused by the outbreak. At best, we found situations in which the previous existence of cooperation structures in the health area facilitated the dialogues. Otherwise and at worst, we noted situations of total mismatch.

To tackle the pandemic, the Caribbean Community (CARICOM) works through the Caribbean Public Health Agency (CARPHA), which has been responsible for conducting the regional response to the crisis. Among the measures employed is the implementation of actions to contain COVID-19 and the creation of a Common Public Health Policy, which advocates the guarantee of supply of inputs, provision of technical knowledge, information management, and training of human resources related to health. Furthermore, CARICOM has acted on the agenda of food security, interregional transportation of people and goods by air and sea, in addition to the construction of a new robust digital architecture aimed at facilitating regional trade.

In the Andean Community (CAN), new strategies were applied, such as the coordination of Health and Safety Management Systems aimed at preventing the spread of COVID-19. Focusing on the economic recovery of its members, CAN is committed to reactivating and diversifying e-commerce export markets and virtual business rounds; building regional value chains; promoting research and technological development; digitizing and automating the production processes; activating cross-border transport and regulating telework. In the health sphere, CAN member countries are part of the Andean Health Organization - Convenio Hipólito Unanue (ORAS - CONHU), which is committed to strengthening health systems, share health technologies and practices, as well as improve, prevent and promote responsible individual detachment and compliance with international protocols. Among the actions of ORAS-CONHU, we highlight the reactivation of the Andean Epidemiological Surveillance Network, cooperation in border health surveillance between Andean countries, and coordination between the Andean National Institutes of Health. The organization also seeks mechanisms for the acquisition of vaccines in regional partnerships, compilation, organization, and presentation of data related to patients, deaths, and patients cured by COVID-19. Finally, documents on mental health support and advertising materials were prepared for prevention, care, and psychological support by ORAS - CONHU.

The countries of the Pacific Alliance (PA) experienced, along with the health crisis, political and social tensions, as in Peru and Chile. The PA countries focused on adopting practices to overcome the economic crisis among their members. The first measure consisted of stimulating the recovery of economic activity and exchanging information and practices to face the health crisis. Both intra-block electronic commerce and commerce per se between small and medium-sized companies were encouraged through the protection of payment chains, stimulation of virtual businesses, and reconstruction of corporate networks. The bloc also endeavored to promote the reactivation of tourism, the digital training of tourism workers and teachers, as well as the implementation of a Social Observatory to manage and publish information from the social sector to tackle the pandemic.

On the other hand, the political disarticulation between the Southern Common Market (Mercosur) countries reveals the contrasts between their policies to face the pandemic, containing both the best examples (cases from Paraguay and Uruguay) and the worst (undoubtedly, Brazil) in Latin America. Right from the start, the Pro-Tempore Presidency of Paraguay sought to articulate a joint action when COVID-19 had just arrived in the region, calling a meeting of Ministers of Health of the member countries that pledged to notify their peers in cases of changes in the Epidemiological situation and to ensure agile responses. However, the intentions did not become common actions.

The United States-Mexico-Canada Agreement (USMCA), formerly North America Free Trade Area (NAFTA), does not have an institutionalized mechanism to coordinate joint actions in emergencies. In response to the pandemic crisis, relations between the countries of the bloc have narrowed to limit the movement of common land borders and to ensure only the transit of essential goods and services, the continuity of supply chains, and the movement of emergency workers and workers involved in basic activities. USMCA countries have identified areas of joint coordination to respond to economic, health, and safety challenges, focusing on common practical challenges. The crisis brought about the necessity to rethink global supply chains, reflecting improvements in the resilience of global operations - simplifying and shortening supply chains. Finally, the bloc had been working on repatriating its nationals from different parts of the world, monitoring channels for the supply of essential medical supplies, controlling borders, and identifying opportunities for multilateral collaboration and coordination mechanisms such as the G20.

Crossing the Atlantic, we can find in European and African cases peculiar situations. The first, despite being the most developed (or successful for many authors) integration experience, showed a certain slowness in facing the pandemic, while the African continent surprised positively for having managed to contain the pandemic, despite the structural problems of that region. The explanation for this contradiction is found in the analyzes developed in this dossier.

In the case of the European Union (EU), the initial disarticulation can be explained due to the fact that the responsibility for health services is the responsibility of national governments. Therefore, the bloc can only be responsible for monitoring and following the evolution of the pandemic on the continent. It quickly became apparent that the lack of greater articulation not only intensified tensions between countries but also generated significant imbalances because of the resulting political and economic impacts. Based on this scenario, there was a review of approach and the mobilization of resources not only to handle the pandemic but to help European economies to overcome the economic crisis resulting from the long quarantines and closures caused by the need for social isolation.

Regarding the African continent, the Dossier mapped the actions of the African Union (AU) to manage the pandemic. The AU action agenda has gained prominence among the regional organizations analyzed in this Dossier. In general, the institution organized regionalized approaches with five groups of countries. Although the continent faces a shortage of health infrastructure, preventive action with AU coordination has favored epidemic containment. In the beginning, border control measures were implemented and awareness campaigns were carried out with WHO material and specific material made for local needs. Reinforcing the AU's successful performance, the Joint Continental Strategy for Africa's COVID-19 outbreak was launched. The document stipulated measures at national, sub-national, and regional levels, in addition to indications for donors, private entities, and other international and sub-regional organizations to work together, confirming the understanding of the cross-border dimension of the problem. Reinforcing the AU's successful performance, the Joint Continental Strategy for the COVID-19 outbreak in Africa was launched. In addition, extensive measures have been implemented in training frontline health professionals, monitoring contagions, distributing medical supplies, resources, and sending first-aid workers, as well as international cooperation with donors such as the European Union

(EU), among other countries.

Similar behavior is found in the Eurasian Economic Union (UEE) formed by the Russian Federation, Armenia, Belarus, Kazakhstan, and Kyrgyzstan. Although it initially suffered from the denialism about the pandemic on the part of the Russian and Belarusian governments, and the rapid expansion of the disease in Armenia, the confrontation of COVID-19 stimulated greater cooperation in member countries. As indicated in the chapter, there was a deepening of political and economic integration, including measures aimed at providing support to migrant workers and companies in the region, not to mention cooperation in the area of health and technology.

The analyses of this Dossier show that it was not only COVID-19 that spread worldwide, but also the need for cooperation to deal with the pandemic. In the case of the Middle East, we have seen its effects on the Cooperation Council of the Arab Gulf States - or Gulf Cooperation Council (GCC) -, in which Saudi Arabia, Kuwait, Oman, Bahrain, United Arab Emirates, and Qatar participate. Despite the tensions and insecurity problems present in the region, the General Secretariat of the GCC promoted a series of meetings to plan and adopt measures to fight the disease and to deal with the post-pandemic scenario. The analysis showed that COVID-19 brought revitalization to the CCG that had been paralyzed since 2017. It remains to be seen whether this cooperative impulse will be able to continue when the scenario ends.

Finally, reaching the Asian continent, the last case analyzed in this Dossier is the Association of Southeast Asian Nations (ASEAN) - constituted by Thailand, Philippines, Malaysia, Singapore, Indonesia, Brunei, Vietnam, Myanmar, Cambodia, and Laos. In this region, combating the COVID-19 pandemic has reconciled both multilateral measures and extra-regional cooperation. However, as in other cases, it was found that greater cooperation to tackle the pandemic coexisted with increased political tensions, many of them intensified by the securitization of health, and abuse of power by some governments that took advantage of the context to venerate anti-democratic measures.

In this way, the Dossier, in addition to mapping how some regionalism processes around the world faced the pandemic, systematized information on the different measures adopted, which can serve as inspiration for other locations, and reflections on the consequences of these policies for the regions and national political systems themselves.

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CARICOM: A REGIONALIZED RESPONSE TO THE COVID-19 PANDEMIC

Guilherme Augusto Guimarães Ferreira
Marta Cerqueira Melo

The COVID-19 pandemic announced by the World Health Organization (WHO) in March 2020 marks the beginning of an atypical period in international politics: distinctly from the trend established since the end of the Cold War, the world has experienced the implementation of measures that resulted in a drastic reduction of international flows, forecasts indicate a 13% to 32% reduction in goods trade, 30% to 40% decline in foreign direct investment and 44% to 80% downgrade in the number of air passengers in 2020 (ALTMAN, 2020).

At the same time, public and private health systems have been tested. The capacities of governments to formulate, coordinate, and manage responses to major events – such as the outbreak in recent months – were particularly challenged. The Caribbean has not been immune to it, specifically the twenty States and Territories that take part in the Caribbean Community (CARICOM).

CARICOM was established on July 4, 1973, through the Chaguaramas Treaty, signed by the prime ministers of Barbados, Guyana, Jamaica, and Trinidad and Tobago, assuming economic integration, foreign policy coordination, social and human development, and security as its pillars. It is currently composed of Sovereign States and territories that, although subordinate to extra-regional governments have levels of autonomy that allow its participation as associate members. Its Member States are Antigua and Barbuda; Bahamas; Barbados; Belize; Dominica; Grenade; Guyana; Haiti; Jamaica; Montserrat; Saint Lucia; Saint Kitts and Nevis; Saint Vincent and the Grenadines; Suriname; and Trinidad and Tobago. States or associated territories are: Anguilla; Bermuda; British Virgin Islands; Turks and Caicos Islands; Cayman Islands

(CARICOM, 2020a).

The first case of COVID-19 in the bloc was registered in Jamaica, on March 10, 2020, followed by Guyana a day later (CARICOM, 2020a). As the cases started to increase, it was held on April 14 the 9th Special Emergency Meeting of the Conference of Heads of Government of the CARICOM in which a common strategy was outlined to face the pandemic and minimize its effects. Other participants attended the meeting in addition to State and associate members, such as the Caribbean Public Health Agency (CARPHA), researchers from the University of the West Indies (UWI), the Caribbean Development Bank (CBD), and the Archbishop of Port of Spain, capital of Trinidad and Tobago and CARPHA head office, attended the meeting (CARICOM, 2020c)

Among the measures adopted by CARICOM's members and associates, it is important to note the role of the previous actions implemented to contain the virus and its contribution to an effective regional response against the pandemic. A consensus was reached on the need for additional technical work around issues such as the creation of a common public health policy, food security, interregional transportation by air and by sea, and the development of a new digital architecture to improve regional health governance and to facilitate regional trade. In addition, the governments have endorsed the request to suspend sanctions against Cuba and Venezuela claiming humanitarian reasons (CARICOM, 2020c).

On October 1st, according to official data, CARICOM has reached 35,362 confirmed cases of COVID-19, being 782 deaths, 22,736 recoveries, and 11,755 active people in a population of approximately 19 million (CARICOM, 2020d). Among its states and associated members, Haiti had the largest number of confirmed cases (8,766), of which 6,829 have been recovered and 229 have resulted in death.

Six other members exceeded the thousand confirmed cases, notably Jamaica (6,555), Suriname (4,877), Trinidad and Tobago (4,531), Bahamas (4,123), Guyana (2,894), and Belize (1,992). According to the information published by CARPHA (2020a) in a report on September 28, Haiti is the member of CARICOM with the highest incidence rate of confirmed cases of COVID-19 per 100,000 inhabitants.

In this scenario, based on the international nature of the pandemic and the regionalized nature of the Caribbean tourism economic activities that reinforce the demand for a multilateral and multidimensional approach, we consider that the analysis

of how CARICOM is facing the crisis is particularly interesting because, on the one hand, it allows us to understand the situation of health cooperation in the process of regional integration in the Caribbean and, on the other, it offers elements to assess the effectiveness and discuss the potential of regional mechanisms in the promotion of regional health policies.

Although health issues are secondary in political initiatives and in the academic literature on regionalism and regional integration, Nikogosian (2002) highlights its importance due to its linkage with economic activities. In this sense, and especially in the Caribbean, it is impossible to disconnect the control of the pandemic from the recovery of tourism activities.

The author states that the topic has been addressed by regional integration in different dimensions: i) direct or indirect inclusion in the objectives of the Treaties, whether with regard to health as a right (guarantee of human rights, for example), or linked to sectoral policies (food security, free circulation of pharmaceutical products, and others); ii) establishment of coordination and cooperation mechanisms between governments (Ministers Conferences, for example); and iii) construction of regional technical agencies. Nikogosian (2002) also considers that these dimensions usually operate jointly, given the need for a technical and political effort to implement common health standards or protocols.

CARICOM addresses health issues in all the dimensions above. The Chaguaramas Treaty established the creation of the community in 1973 and determined that health promotion is one of its goals, including the development of accessible and efficient health services. In this sense, it is different from previous initiatives whose focus was strictly commercial, such as the Caribbean Free Trade Association (CARIFTA). Currently, the topic is in the responsibility of CARPHA, an agency created in 2011 that concentrates the activities of the Caribbean Institute of Environmental Health (CEHI), Caribbean Center for Epidemiology (CAREC), Caribbean Institute of Food and Nutrition (CFNI), Caribbean Health Research Council (CHRC) and Caribbean Regional Drug Testing Laboratory (CRDTL) (CARPHA, [2020e]).

Since the first cases of COVID-19 were detected in the world – even before the WHO formal announcement of the pandemic – CARPHA has been responsible for leading the regional response to the crisis. On January 21 the Regional Incident

Management Team was activated and since them, CARPHA has conducted numerous meetings with CARICOM Ministers of Health in order to coordinate national actions, develop documents and technical protocols to be implemented regionally (protocols for tourists and ports, an algorithm for contact tracing of diagnosed people, standardization of tests, and others) provide technical assistance to representatives of Member and Associated Members at WHO meetings monitor, synthesize and circulate reports and documents produced by the WHO, coordinate actions with other institutions, notably the Caribbean Emergency and Disaster Management Agency (CDEMA) and regional tourism associations, realize the joint purchase of medical supplies, train and manage human resources, and contribute to transparency in crisis management in the Caribbean by providing an online website where all data is available.

Also among CARPHA's actions, it was negotiated an 8 million euros fund with the European Union (EU) to finance measures to combat the pandemic and to invest in health research at the University of Trinidad and Tobago (CRUICKSHANK-TAYLOR, 2020a; 2020b). The Agency has several supports in its work, such as technical cooperation with the Pan American Health Organization (PAHO) and WHO and a specific fund created by the Inter-American Development Bank (IADB) to finance the coordination of regional crisis responses – and particularly to the COVID-19 pandemic (CRUICKSHANK-TAYLOR, 2020c). In addition, it stands out for the support of Cuba through medical assistance (JESSOP, 2020) and the donation of medical supplies by the People's Republic of China (CRUICKSHANK-TAYLOR, 2020d).

The Caribbean economies were particularly affected. The activities around tourism were strongly impacted by the adoption of measures to restrict the circulation of people by the Caribbean countries and in the rest of the world as closing borders, banning the flow of flights and cruise ships, implementing lockdowns, and had a decisively negative effect on the economic situation in the region. According to data from the Economic Commission for Latin America and the Caribbean (ECLAC, 2020), the sector represents 26% of the Caribbean's Gross Domestic Product (GDP) and absorbs 35% of the labor force.

In some CARICOM countries, such as Antigua and Barbuda, these figures grow to 42% of GDP and 90% of the labor market. Also according to ECLAC (2020), in the most optimistic scenario, the forecast is for a 52% drop in tourism in 2020. In the most

pessimistic, the drop is in the order of 72%. Although these data do not exhaust the aspects of the pandemic, they make it possible to dimension its impacts.

As a result, measures implemented by CARICOM members to prevent the coronavirus dispersion and import, such as border closings, schools, and business, even before the beginning of the pandemic and that contributed to flattening the epidemic curve in the region started to be relaxed while reopening plans are being implemented. This process started in the region in June, implying the reopening of borders and economic activities.

In the same month, a document was launched establishing key principles and criteria for the reopening of the activities of all tourism sub-sectors, a joint partnership between CARPHA with the Organization of Eastern Caribbean States (OECS), and organizations in the tourism sector (CARPHA et al., 2020). In July, the Agency published a statement that presents the elements of a common protocol to be adopted in the region in terms of reopening borders and resuming international travel (CARPHA, 2020b).

The reopening of borders and resumption of activities in the tourism sector marks a new phase of the COVID-19 pandemic in the bloc. On the one hand, it was decided to adopt the international travel and flow system based on criteria and protocols that ensure safe environments among low-risk countries[1]. The system has been called "travel bubble" and in the case of CARICOM, the members who meet the requirements to participate are Antigua and Barbuda, Barbados, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines (CARPHA, 2020b). An intensive training initiative was launched in July to reach all people directly or indirectly involved in the tourism industry to protect travelers and workers, based on guidelines established by the health authorities linked to the bloc.

The guidelines include checklists and general health safety protocols. The companies that participate in the training will obtain recognition and the accommodation providers that also integrate the Tourist Health Information System (THiS) will be able to receive the "health guarantee for Caribbean travelers for healthier and more insurance" seal or simply Healthier Safer Tourism (HTS), thus seeking to offer greater guarantees to those who travel to the countries in the bloc of their commitment to health security. The initiatives are part of a CARPHA Tourism and Health Program (NURSE, 2020).

On the other hand, with the reopening of borders, there is an increase in the number of confirmed cases of COVID-19 in the bloc. This is generating a progressive spread in the virus curve and causing some members to resume border closure measures or maintain restrictions on the traffic of people. Although we are still in the middle of the pandemic, the actions of CARICOM and CARPHA allow us to reflect on regional integration in the Caribbean and on the potential of regional mechanisms to promote health policies. It is important to note that the existence of an institution specialized in that topic and the experience in regional coordination responses to health emergencies and natural disasters enabled rapid coordination and regional cooperation.

In this sense, as Powers (2020) points out, the experience with the earthquake in Haiti that helped to create CARPHA also enabled CARICOM member states to respond efficiently and quickly to the pandemic even with its limitations, especially in the budget. Furthermore, it enabled coordination and cooperation focused on the sanitary and health consequences of the pandemic such as the guarantee of supply of inputs, provision of technical knowledge, information management, training of human resources, and others, unlike the exclusively economic-commercial emphasis expected from regional integration processes.

In these terms, CARICOM currently presents itself as the predominant Caribbean structure of regional cooperation in matters of economy, politics, health, and disasters, within which regional responses to the COVID-19 pandemic have been developed. In a coordinated and agile manner, these responses have combined local expertise and international evidence in implementing measures that are called Non-Pharmaceutical Interventions (NPI) in the field of Public Health. They are essential to contain the spread of the virus and to reduce the transmission of the disease, as well as to keep the demand for health services below the capacity of the health systems (MURPHY et al., 2020).

In a general perspective, the CARICOM case shows how regional coordination is potentially positive in response to health crises, such as the pandemic of COVID-19. After all, as highlighted by Buss and Tobar (2020), the treatment of the health issue in regional integration mechanisms enables the production of shared knowledge and technology, better training of human resources, and the definition of regional measures to mitigate potentially pandemic viruses that are more efficient than simply "closing

borders".

Likewise, there is an increasing interconnection between health, economics, and development. As it is evident in the case of CARICOM, only an efficient and regionalized management of the pandemic will be able to promote the recovery of economic activities, especially those related to tourism. Therefore, it is necessary to throw away the false dilemma between "taking care of health" and "taking care of economics". It is urgent to build a multidimensional and multilateral approach to respond to health crises.

Notes

1 That is, countries that have not demonstrated new cases or less than 20 cases per 100,000 population in the last 14 days.

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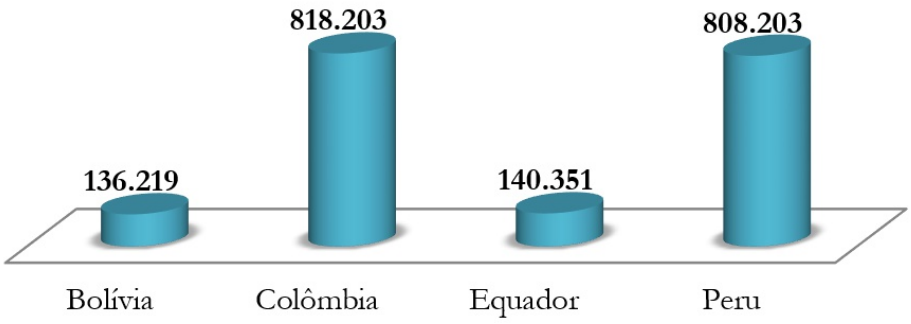
THE ANDEAN COMMUNITY AND THE COVID-19 PANDEMIC

Regiane Nitsch Bressan

In Latin America, the confirmed cases of contamination by COVID-19 until October 2020 has exceeded 10 million. However, due to unreported cases and differences in the form of death records in each country, the actual number is likely to be higher. In the countries of the Andean Community (CAN) - Bolivia, Colombia, Ecuador, and Peru - the pandemic has proliferated exponentially. Not everyone was able to remain isolated, as over 50% of workers in the Andean countries work in the informal sector, thus being prevented from staying at home in the face of economic difficulties. Therefore, isolation policies did not contain the spread of the disease.

Regarding the number of infected, Colombia and Peru present similar and significant numbers of confirmed cases, more than 800.000 in both countries (Graph 01).

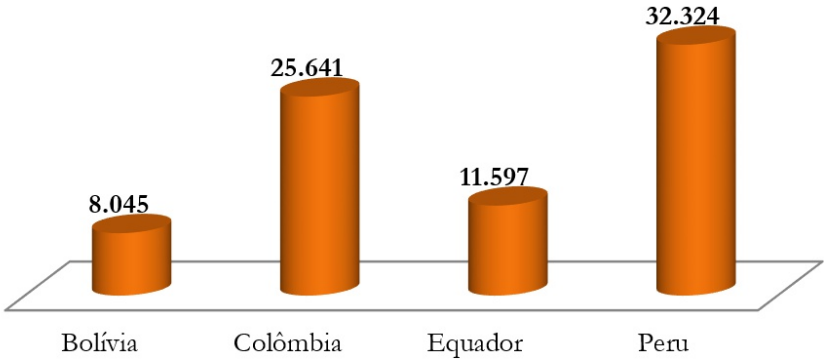
Graph 1. Infected by Covid-19



Source: ORAS-CONHU, 2020.

In turn, Bolivia and Ecuador lead the number of deaths in proportion to those infected among the countries analyzed (Graph 02). In relation to their respective populations, these are relevant numbers. In the world list of the 10 countries with the most deaths per capita by COVID-19, three members of the Andean Community present: Peru, Bolivia, and Ecuador. The limited amount of tests applied in the Andean countries inhibits knowledge, the interpretation of numbers, and the application of isolation measures for confirmed cases.

Graph 2. Deaths by Covid-19



Source: ORAS-CONHU, 2020.

The countries under analysis showed greater difficulty in caring for severe cases of COVID-19, due to their weak health systems to meet the demand of the most difficult period of the pandemic. Barriers to the purchase of supplies, medicines, and oxygen balloons have been major obstacles to the treatment of more complex infected people. The Peruvian population, for example, when facing the collapse of the health system, faced queues and turmoil to obtain oxygen balloons for the most serious cases of the disease. Peruvian patients with less chance of survival did not have access to all medication in the public health system.

The economic and social difficulties triggered by the restriction policies have given rise to an even more serious scenario in the region. The countries of the Andean Community have become the scene of new political instabilities, such as the revolts against the police that have emerged in Colombia and the electoral instability that has been intensified in Bolivia. Peru and Ecuador experienced crises in the health system, suffering accusations of corruption, through the use of health resources by local authorities in overpriced purchasing schemes related to the acquisition of devices,

medications, and contracts, further aggravating the pandemic crisis.

Among the major challenges in the economies of CAN countries, is the economic reopening without a significant drop in new daily cases. Isolation policies in the region have proven that quarantines are difficult to maintain, due to high informality, inequality, and poverty. According to a report by ECLAC, OECD, CAF, and the European Commission on the economic prospects for Latin America 2020, "the socioeconomic consequences of the pandemic are unprecedented in the region" (BBC, 2020a).

Thus, the countries of the Andean integration, seeking to circumvent the economic losses arising from the pandemic, sought to reactivate their economies and achieve greater unity during this world emergency. Within the Andean Community, new economic measures and more contemporary regulations were established to facilitate and encourage intra-Community trade. In addition, the bureaucracies of member countries have also endeavored to digitize procedures, reducing costs, and operational times in the export process with the adoption of Decision 856 (CAN, 2020a).

Regarding health prevention measures, CAN members have stipulated new procedures, facilitating control in customs transit operations, which avoid physical contact, handling of documents, and the spread of the new coronavirus in border crossings. In addition, new protocols have been established to avoid the risk of contagion in rural and indigenous areas.

In the April 2020 declaration, the Ministers of Foreign Affairs and Foreign Trade of the CAN countries announced a series of measures to be adopted by the countries of the bloc. The first measure refers to the strengthening of regional health promotion mechanisms. The second criterion consists of the exchange of epidemiological information and diagnoses of the evolution of the disease in real-time, for timely decision making, as well as the exchange of successful experiences in mitigating the spread of the virus. The third step is for the authorities to assess the possibility of jointly purchasing medical supplies, taking into account the needs of each country. A fourth measure consists of the acquisition of funds from the Development Bank of Latin America (CAF) for non-refundable technical cooperation. Virtual meetings and meetings coordinated by the Ministries of Foreign Affairs were also established, defining actions in areas of regional interest in the face of the pandemic (CAN, 2020a).

Subsequently, new strategies of the Andean Community were presented by the CAN

Secretary-General to combat the problems caused by the pandemic, such as the coordination of Health and Safety Management Systems aimed at preventing the spread of COVID-19. Actions to be carried out after the pandemic were also exposed, aiming at the economic recovery of the members: reactivation and diversification of export markets through e-commerce and virtual business rounds; building regional value chains; promotion of research and technological development; digitization and automation of production processes; activation of cross-border transport and regulation of telework to protect workers, avoiding abuse by employers (CAN, 2020b).

The institutional structure of the Andean Community was accompanied by the expansion of the bloc's thematic agenda, including the health area. Derived from the Hipólito Unanue Agreement, the Andean Health Organization (ORAS - CONHU) was created out of the need for cooperation in the health area, adding to the efforts of Andean integration, in the economic, social, and political areas. In the face of the COVID-19 pandemic, member countries are committed to strengthening health systems, sharing health technologies and practices, as well as improving, preventing, and promoting responsible individual detachment and compliance with international protocols (ORAS - CONHU, 2020).

The pandemic is reaching the most remote regions where the rural and indigenous Andean populations are found. The numbers of those infected in these areas may go unnoticed statistically, but they have serious cultural consequences. The work of ORAS - CONHU must be a priority, strengthening work with vulnerable populations, especially with indigenous populations (NOTISALUD ANDINAS, 2020).

In order to cooperate in the fight against COVID-19, through the exchange of relevant and current information, there was an increase in ORAS-CONHU resources for monitoring cases linked to the pandemic. Within the scope of the regional organization, the Andean countries held eight technical meetings in the first five months of the pandemic, bringing together experts, technical staff, and members of the Andean Committees.

Among the fronts, ORAS-CONHU is working on are the reactivation of the Andean Epidemiological Surveillance Network, cooperation on border health surveillance between Andean countries, and coordination between the Andean National Institutes of Health. meets twice a week to analyze the situation of the pandemic globally and in the

Andean countries (NOTISALUD ANDINAS, 2020).

Regarding the development of the vaccine against COVID-19, the countries of the Andean region showed interest in cooperation in this matter, aiming to obtain access together, overcoming the challenges in its acquisition and in the equitable distribution among the regions. The organization also seeks mechanisms for the acquisition of vaccines in a regional partnership, aiming at safety, fair price, and quality, taking medication to more remote places in the Andean countries. In addition, a commission was determined to study the promotion of technological capacity in order to promote vaccines in one of the Andean countries, in search of protection for the population, especially those most vulnerable, in particular, Andean and Amazonian indigenous peoples (ORAS - CONHU, 2020).

Between April and September 2020, 33 reports were produced on COVID-19 sick, death, and cured data, between Andean countries, third countries, and regions of the world. In addition, documents on mental health support were produced. Advertising materials for prevention, care, and psychological support due to the pandemic by ORAS - CONHU were also developed and widely disseminated. In view of all the efforts and measures adopted by CAN and ORAS-CONHU, CAN Secretary-General Jorge H. Pedraza defends CAN as a symbol of the most active bloc in the Latin American region to combat the pandemic (PEDRAZA, 2020).

However, despite all the efforts of the Andean Community, the pandemic has spread dramatically among the countries of the bloc. In this context, efforts to combat the pandemic and the economic crisis must be multiple and comprehensive, reinforcing the importance of CAN in adopting broad and coordinated regional policies. In the context of integration, the pandemic requires new ways of dealing with a common enemy, COVID-19, promoting common regional policies that serve the interests of Andean societies. Nevertheless, the economic crisis caused by the pandemic can generate conservatism and retraction in trade liberalization and intra-bloc trade. The scenario requires regional cooperation and creative responses to deal with old and unprecedented challenges that reinforce the region's interdependence.

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THE PACIFIC ALLIANCE FACING THE COVID-19 OUTBREAK

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The Pacific Alliance, composed of Chile, Colombia, México, and Peru, celebrated its 9th anniversary amid the pandemic of the COVID-19. Created on 28th April 2011, the Pacific Alliance emerged in the regional context, according to its first presidential declaration, with the aim of developing a profound integration area among its members and of achieving a greater political and economic rapprochement with the Asia-Pacific region.

Since its emergence in the regional scenario up until recently, the Pacific Alliance has approved its Framework Agreement (2012) and the Additional Protocol to the Framework Agreement (2013), which established the legal bases to its integration project; promoted the dialogue with the Southern Common Market (Mercosur) aiming at the convergence between the two blocs (2014-2018); sought to foster the relationship with Asia-Pacific countries throughout the creation of the category of Associated States[1] of the Pacific Alliance (2017), and the agreed and renewed a Work Plan with the Association of Southeast Asian Nations (ASEAN) (2018-2019).

The Pacific Alliance seeks to potentialize the political and economic ties of its members with extra-regional partners, without questioning the dominant structure of trade, economy, and politics (OYARZÚN, 2017). They foster, as Nolte (2016) argues, a nation-branding regionalism, in which these countries, already known for their economic openness, potentialize their strategies of trade and investments with third parties. Regarding the development of the Pacific Alliance, some analyses point out that this bloc does not aim to advance into further stages of integration[2], neither to promote the economic interdependence among its Member States, as demonstrated in a report

authored by Cepal (2018). It is thus considered as a form of intergovernmental cooperation in a minimalist feature (OYARZÚN, ROJAS, 2013; CORREDOR, VELEZ, 2016; PASTRANA, 2016).

Consequently, its institutional design was built up to promote an economic agenda. It does not have a General Secretary nor headquarters, and their activities are conducted by a Pro Tempore Presidency, which rotates annually. According to Bressan and Luciano (2018), the Pacific Alliance has a low-level of institutionalization if compared with the Andean Community, the Mercosur, and the Union of South American Nations (Unasur); meanwhile, Legler, Garelli-Ríos, and González (2018) argue that, despite having a low degree of institutionalization that has been efficient to promote its goals, this loose feature can undermine the bloc's decision-making process in face of external constraints.

Its institutional chart is organized as follows: Presidential Summits, Pro Tempore Presidency, Council of Ministers, the High-Level Group (also known as GAN on its Spanish acronym)[3], and Technical Groups. Regarding the sectoral groups, the Pacific Alliance does not have a group specialized in Health and this reflects on how the bloc has been responding to the COVID-19 crisis. It is worth mentioning that the capability of the Pacific Alliance to respond to the pandemic has to be analyzed in the context of its stagnation due to the political crisis in Chile, Colombia, and Peru at the end of 2019, the Mexican government's lack of interest in this project, and the creation of the Forum for the Progress and Development of South America (Prosur) (PASTRANA; CASTRO, 2020).

The bloc's first response to the coronavirus pandemic occurred on March 13th, when the GAN declared that member states would encourage the exchange of practices and information to face the health crisis, and that, when they overcome this emergency scenario, the bloc would work to support the recovery of economic activity (PACIFIC ALLIANCE, 2020a). Therefore, on April 1st, the National Coordinators[4] virtually met to analyze actions to mitigate the impacts of COVID-19 that could be carried out by technical groups (PACIFIC ALLIANCE, 2020b). In mid-April, GAN declared the possibility of using resources from the Alliance's Cooperation Fund[5] to finance measures to mitigate the coronavirus impact. In addition, they highlighted the importance of fostering e-commerce within the bloc and supporting small and medium-sized enterprises (PACIFIC ALLIANCE, 2020c).

The first results of these meetings began to take effect in May. On the 12th day of this month, a virtual meeting was held between the National Coordinators and the Development Bank of Latin America (CAF) in order to foster mechanisms for working together on behalf of small and medium-sized enterprises, such as protecting payment chains, stimulating virtual businesses and rebuilding business networks, in addition to conducting a study on the elements necessary for the reactivation of these companies (PACIFIC ALLIANCE, 2020d). Almost two months later, on July 9th, four projects submitted by the technical groups were approved by the GAN to promote the reactivation of tourism[6], the digital training of workers in the tourism sector and teachers, and the implementation of a Social Observatory to manage and publish information of the social sector to fight the pandemic (PACIFIC ALLIANCE, 2020e).

Finally, the Technology Transfer Workshop Network (TransferAP) promoted a contest of technological initiatives developed in member states which could contribute to mitigating the damage caused by the health crisis of COVID-19 (PACIFIC ALLIANCE, 2020g). With prizes ranging between 5 and 10 thousand US dollars, besides the provision of diverse support and mentoring, 396 proposals[7] were received, resulting in eight winners, with projects such as a remote access platform to physical laboratories, a pulmonary re-expansion technique, a monitoring system for the detection of coronavirus, reusable masks design, a virtual clinic, and a platform for creating virtual businesses.

As previously argued, the Pacific Alliance adopted measures that seek to minimize the economic impacts on various sectors. What we observe is that coordinated measures regarding health are being discussed in other fora, such as PROSUR and the Andean Health Agency – Hipólito Unanue Convention (ORAS-CONHU) of the Andean Community (CAN). This is both a result of the absence of an institutional design to respond to the health crisis and the simultaneous participation of its members in other regional organizations: Chile, Colombia, and Peru are members of PROSUR; Mexico is a member of the United States-Mexico-Canada Agreement (USMCA), and Colombia and Peru are members of the Andean Community. Despite Chile having withdrawn from the CAN in 1974, it is still a member of the ORAS-CONHU.

This is more evident in PROSUR, mainly because all of its meetings were impulsed by Chile in its Pro Tempore Presidency during the first semester of 2020 while it was

also Chile ahead of the Pacific Alliance's Pro Tempore Presidency in the first semester, which was later extended until the end of the year (DIARIO FINANCIERO, 2020). Until recently, four presidential meetings and three health ministers' meetings took place. PROSUR's action regarding the measures to confront COVID-19 is problematic because even though it was created with a rhetoric to substitute UNASUR's role in the region and it includes the sectoral theme of health in its priority agenda, PROSUR was not efficient in promoting consensus and joint actions in the region. One of the possible explanations for its failure would be that the bloc has a loose institutional design[8] (Prosur is not a regional bloc per se) and it does not encompass all the countries of South America[9] likewise UNASUR. Since the COVID-19 crisis has taken global proportions it would require comprehensive regional coordination (BARROS, GONÇALVES, SAMURIO, 2020).

The CAN has promoted discussions on economic measures to facilitate intra-Community trade and health measures to prevent and mitigate the disease. There was an increase in resources allocated to ORAS-CONHU to promote cooperation to confront COVID-19. Among the adopted measures, it can be listed: the reactivation of the Andean Epidemiological Surveillance Network; the articulation between Andean National Institutes; the cooperation for health surveillance at countries' borders; the discussions on the access to COVID-19 vaccine; the production of reports and documents of supporting guidelines; and the implementation of 2 weekly meetings with the ORAS-CONHU's technical team (BRESSAN, 2020, in this volume).

It could be questioned if the USMCA is being used as an instance of regional cooperation by Mexico in the face of the coronavirus pandemic, but this does not appear to be the case. As analyzed more deeply by Suárez Romero and Toledo (2020) in this Dossier, the USMCA does not have an institutionalized mechanism to coordinate joint actions in the face of the COVID-19 health crisis. Keeping the characteristics of the former NAFTA, the USMCA is a strictly commercial agreement, which does not cover integration on political or social cooperation schemes. Therefore, it closely resembles the limitations seen in the Pacific Alliance. The lack of convergence among its members is also evident in the greater adoption of restrictive measures by Canada compared to the United States and Mexico. An example of this was the absence of Canadian Prime Minister Justin Trudeau at the meeting on July 8th of this year between Andrés López Obrador and Donald Trump in celebration of the entry into force of the USMCA a

week earlier.

Alongside these timid regional efforts, the Pacific Alliance's member states - following a global trend - have been opting for individualized actions. For example, even though Mexico was the first country in the bloc to confirm cases of coronavirus in its territory, on February 28[10], its government was the one that later took measures to contain it. An example was the holding of a major music festival on March 14 and 15, and the initial disregard for social isolation by its president (EFE, 2020). On the other hand, Chile, Colombia, and Peru, although without any intended coordination, between March 15 and 18, have suspended non-essential trade and services, decreed a lockdown in some cities and regions, limited the internal traffic of people, and even closed their borders. For comparison purposes, only on March 26, non-essential activities were suspended in Mexico (PACIFIC ALLIANCE, 2020h).

A point of convergence between all four countries was the promotion of measures to contain the economic impacts of the pandemic. In this sense, government support measures stand out through the expansion or creation of social programs, such as economic subsidies to families in social vulnerability, financial and psychological support to the elderly, and people with comorbidities, among others. Employment protection measures were also adopted, such as reduced working hours, suspension of contracts, and protection of wages through subsidies. In addition, emergency plans were formulated for companies, especially small and medium-sized ones. (PACIFIC ALLIANCE, 2020h)

Even so, the Pacific Alliance countries are among the 10 countries with the most cases of COVID-19 in the world, which explains some challenges not dealt with within the bloc. One of its main problems is the unpreparedness of the public health system, which in addition to impacting mortality rates also results in numerous cases of underreporting. Peru, for example, has the highest mortality rate in the world (September 2020). Chile, on the other hand, although at first was considered an example in the control of the pandemic, starting in May, saw the numbers of the cases increase dramatically, due to the underreporting of the cases[11] (CARMO, 2020). In addition, characteristics inherent to the underdevelopment of these countries make it even more difficult to control the pandemic, such as a large number of informal workers, the lack of infrastructure in homes (refrigerators, for example, to assist in stocking food, limiting

the need to go to the market) and difficulty using digital payments (whether due to lack of internet access, equipment or bank account) (PIGHI, HORTON, 2020).

In the face of this adverse health crisis scenario, it is important to highlight some political and social tensions faced by these countries. The first is the exacerbation of political instability in some of these countries, especially in Peru and Chile (AFP, 2020). The most dramatic example is the Chilean case since the coronavirus outbreak encountered the country in intense social upheaval since October 2019[12]. In fact, the referendum for the new Constitution scheduled for April was voted on October 25, 2020 (G1, 2020). Other controversies were also generated in the face of the attempt by the Peruvian federal government and Colombian cities, such as Bogotá and Cartagena, to establish circulation restrictions that included a rotation of days when men and women would be authorized to go to the market, pharmacy, or bank. This measure was widely criticized by the LGBT community for not considering transsexual and non-binary people (RAMOS, 2020). In addition, Colombian President Iván Duque was the target of criticism for the abusive use of the media and self-promotion by creating a daily television program in which he reported on the country's situation vis-à-vis the COVID-19 and the measures taken by the government.

Certainly, COVID-19 is a challenge never seen before. Its impact is being felt across the globe, with no regional bloc or country safe from its adversities. However, this health crisis has highlighted something that has already shown its signs in previous crises: the fragility of regional integration projects. The Pacific Alliance is no different. The lack of a broader integration project, which would include political and social dimensions, has denoted the Pacific Alliance's scope limitation in the face of health crises such as the COVID-19 pandemic. The consequence was the occurrence of debates with an essentially commercial-economic focus and individualized actions by its members.

Notes

[1] Candidates for Associate States are Australia, Canada, New Zealand and Singapore.

[2] The Pacific Alliance can be considered part of the first stage of regional economic integration, i.e. a free trade area. The subsequent stages according to Balassa (1961) are the customs union, the common market, the economic union and full economic integration.

[3] The High-Level Group of the Pacific Alliance is composed of the Vice Ministers of Foreign Trade and Foreign Affairs of the member states.

[4] The National Coordinators are the executive body responsible for coordinating the different actions to implement the bloc's integration process, in addition to following up on the commitments agreed by the GAN, Council of Ministers and Heads of States. In the pandemic scenario, it was defined as the body responsible for exchanging information and addressing any difficulties in commercial operations caused by the coronavirus.

[5] The Pacific Alliance Cooperation Fund was created in May 2019 with the aim of developing and financing joint projects to generate more opportunities for citizens and strengthen the capacities of small and medium-sized enterprises. Its initial contribution was US $ 1 million (PACIFIC ALLIANCE, 2019b).

[6] With support from the Pacific Alliance Cooperation Fund, the Inter-American Development Bank (IDB) and the European Union (PACIFIC ALLIANCE, 2020f).

[7] 49% related to health, 34% to comunity e 17% to education.

[8] Unlike other integration initiatives and regional blocs in South America, PROSUR was created in 2019 and does not have a Constitutive Treaty, General Secretariat, headquarters or budget - this is explained by the presidents' aims of proposing a "flexible" and "inexpensive" integration for its members. For more information, see Barros, Gonçalves and Samurio (2020).

[9] Argentina, Brasil, Chile, Colômbia, Equador, Guiana, Paraguay, and Peru are members of Prosur.

[10] Four days later, it was Chile's turn; while Colombia and Peru had their first cases confirmed on March 6.

[11] On May 7, for example, 663 unreported cases were announced.

[12] Initiated by the increase in the passage of the subway in the capital Santiago, the protests in Chile started to have as their main agenda the criticism of the neoliberal economic system present in the country for decades, especially the almost complete private access to health and education, the high inequality, the low value of pensions, and the high price of basic services.

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WHAT ABOUT MERCOSUR? THE REGIONAL DEADLOCKS FACING THE COVID-19 PANDEMIC

Bárbara Carvalho Neves
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Considering that "the pandemic caused by COVID-19 does not respect borders, requiring efficient and permanent regional coordination, supported by good practices based on scientific evidence, guidelines and alignments by the competent organizations" (MERCOSUR, 2020, translated), this article seeks to understand how Mercosur responded to the COVID-19 pandemic until the end of September 2020.

Created in 1991, the Southern Common Market (MERCOSUR) dates back to the important relationship between Buenos Aires and Brasília (SANAHUJA, 2009). Despite having its development milestone in the 1990s, the backdrop for the creation of Mercosur preludes some decades, since 1979 with the ratification of the Tripartite Corpus Itaipu Agreement between Argentina, Brazil, and Paraguay. With the redemocratization of the Latin American countries in the 1980s, the rapprochement between the Brazilian government of José Sarney (1985-1989) and the Argentine government of Raúl Alfonsín (1983-1989) had been seen as a central axis of the bilateral relations in the sub-continent (HIRST, 1998), in which the expectations of both countries led to the Declaration of Iguaçu in 1985.

The political decision of both governments to coordinate actions[1] based on common agenda such as trade, energy, transport, telecommunications, science, and technology, as well as to inaugurate a bilateral cooperation project to deal with regional and international issues, boosted regional processes in South America (CAICHIOLO, 2017). As discussed by the vast literature on the study of Mercosur, it is noteworthy that the process of creating the bloc was driven by a centralism and political personalism, which, from an institutional perspective, results in mechanisms without autonomy, and

vulnerable to the instabilities and changes in the Executive Branch of the Member States (CAICHIOLO, 2017).

Over its almost 30 years of existence, Mercosur, initially founded by Argentina, Brazil, Paraguay, and Uruguay, has had several advances and periods of stagnation. Even so, Mercosur seems to face its worst tension since the worsening of the Brazilian political crisis and its consequent lack of participation in the bloc, mainly because of the declarations and threats of exiting the agreement by its current president, Jair Bolsonaro, and its Foreign Affairs Minister, Ernesto Araújo.

The unprecedented break of peaceful relations and political convergence between Brazil and Argentina, since the election of Alberto Fernandez in 2019, and the growing discussions about the need of softening the agreement reflects a new critical phase of Mercosur (ALBERTONI, 2020). In turn, jointly with this institutional tension, there is the advent of the COVID-19 pandemic, which has demanded a collective response, as recognized by Mercosur itself in the "Declaration of Mercosur Presidents on Regional Coordination for the Containment and Mitigation of Coronavirus and its Impact" (MERCOSUR, 2020).

The history of sanitary and health issues in the bloc dates back to the early 2000s when Mercosur coordinated these issues through the Buenos Aires Charter of Social Commitment, which established obligations to achieve full access to health services in the national territories. In addition, as an evolution of the social character of the regional organization, the Strategic Social Action Plan (PEAS) was established in 2012 Among its actions, the third Axis - on the Universalization of Public Health - guided by central guidelines, among them: "Ensuring access to integrated public health services, with quality and humanized, as a basic right" and "To expand national and regional capacity in the field of research and development in health issues." (MERCOSUR, 2012, p. 50-51, translated).

Apart from the Mercosur institutional character, one may also observe the creation of the South American Institute of Health Governance (ISAGS) within the Union of South American Nations (UNASUR) in 2009. These regional forums were configured as arenas for regional construction of a health diplomacy, which, however, has been completely deconstructed in recent years. According to Riggirozzi (2020, p. 6, translated), "[...] currently, a total lack of coordination prevails, which - given the impact of the

coronavirus - affects the public health system and the economy".

The pandemic has been configured as a threat to regional governance and the ineffectiveness of regional institutions such as Mercosur is reflected by the inability to respond to the economic consequences - which already faces a productive retraction - and the pre-existing health problems. Those who closely observe regional actions in 2020 point out that there are contrasting actions taken by Latin American governments, reflecting an impossibility of coordination through these regional institutions. As Riggirozzi (2020, p. 6) highlights, there is an axis of action that nationally manages the health crisis, considering it as a problem that threatens national security, and conversely, there are reactions that demonstrate the perception of health issues as a "political nuisance".

In face of the spread of COVID-19 around the world, Paraguay, during its pro tempore presidency of Mercosur, has convened an extraordinary meeting of Mercosur's Health Ministers to be held on February 19th at Asunción, the capital of the country. The main goal of the meeting was to discuss the global epidemiological situation and especially Mercosur's member-states situation concerning the virus, already envisioning possible arrangements and joint strategies to contain the arrival and the advance of COVID-19 in the Southern Cone.

This meeting, a preventive action against the COVID-19, led to the "Mercosur Health Ministers Declarations regarding the epidemiological situation of dengue, measles, and coronavirus (COVID-19) at the Mercosur". In this declaration, ministers reaffirmed their commitment to mandatory notification in cases of changes in the countries' epidemiological situations. They also committed themselves to the celerity of these communications to ensure agile responses to epidemiological outbreaks in the region. However, despite the occurrence of this preventive meeting, no common measures or practices were adopted to prevent or deal with the outbreak of COVID-19 in the Mercosur countries (MERCOSUR, 2020a).

The first official COVID-19 case in Latin America was also the first case among Mercosur member countries, confirmed on February 26th, 2020 in Brazil. Then, Argentina had its first case confirmed on March 03rd, Paraguay on March 07th, and, at last, Uruguay on March 13th. During the first two weeks of March, the countries monitored and paid attention to the arrival of this new respiratory disease. With its

spread in the Southern Cone, Paraguay convened a virtual meeting between the presidents and ministers of the member states for March 18th. First, the meeting aimed to notify presidents about the situation in other countries. Second, there was the goal of establishing a minimum regional coordination to deal with the pandemic. The meeting resulted in the "Mercosur's Presidents Declaration on regional coordination for the containment and mitigation of the coronavirus and its impact". With that, the presidents of Argentina, Uruguay, and Paraguay[2] agreed on aspects such as facilitating the "return of citizens and residents to their places of origin or residence"; issues on borders, twin cities and measures of circulation restriction in these cases; and the signalization of the need for credit lines in multilateral organizations such as the Inter-American Development Bank (IDB), the Development Bank of Latin America (CAF) and the FONPLATA Development Bank to face the coronavirus crisis and its consequences (MERCOSUR, 2020b, translated). Nevertheless, they did not advance on the second objective of the meeting: to establish coordinated regional action.

On April 2nd, Mercosur decided over the allocation of US$ 16 million fully to combat COVID-19 in the Member States, resources that are being financed through the Mercosur Structural Convergence Fund (FOCEM). This amount is, more precisely, a contribution designated to the project "Research, Education and Biotechnologies Applied to Health"[3], created in 2011, and which should be used entirely for research and development concerning the COVID-19 (FOCEM, 2020).

Between May and June, several meetings in the Mercosur's health area took place. On May 19, it was held the ordinary meeting of the Health Surveillance Commission (COVIGSAL) together with the Subcommittee on Sanitary Control of Ports, Airports, Terminals Land Border Points (SCOCONTS) and also took place the meeting of the Commission for Health Care Services (COSERATS), the three commissions subordinated to the Subgroup of Work 11 "Health" (SGT 11), which, in turn, is directly linked to the Common Market Group (GMC). And on June 9th and 10th, SGT 11 held its own ordinary meeting. These meetings focused on the progress of initiatives already underway or already planned regarding public health in general, without paying special attention to the pandemic. The epidemiological situation of the Member States was occasionally addressed, but no concrete regional action proposal to tackle COVID-19 was discussed (MERCOSUR, 2020c; 2020d; 2020e).

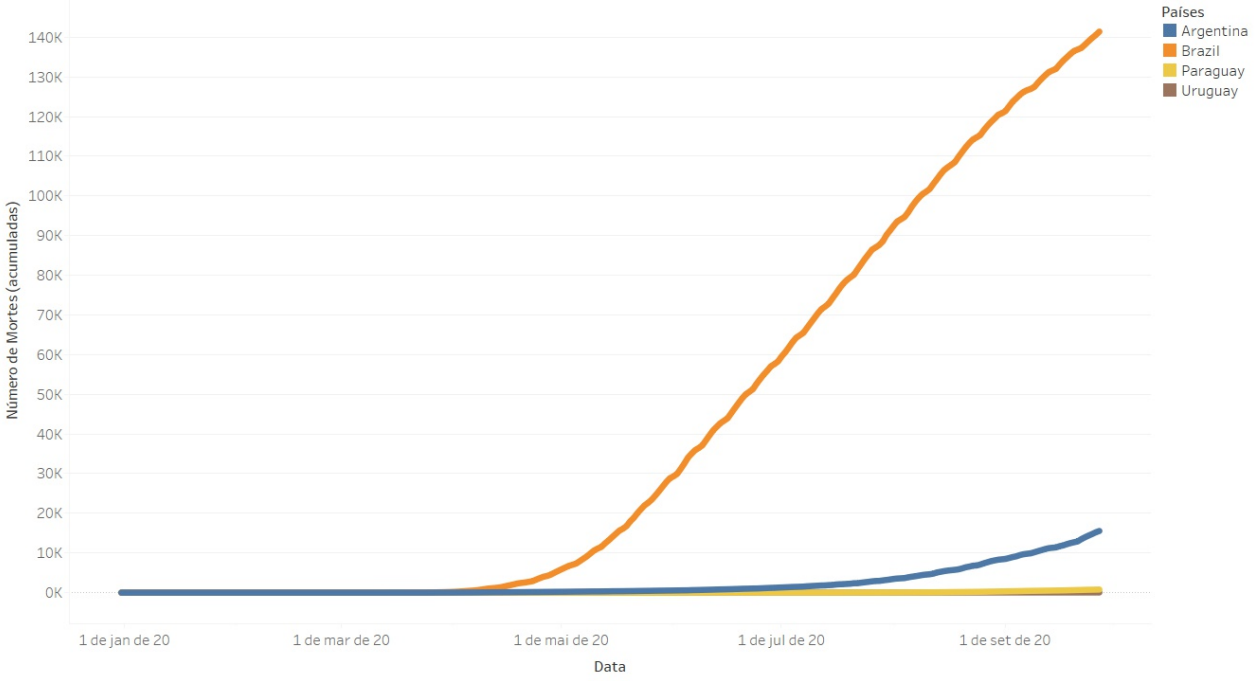
After the extraordinary meeting of Health Ministers in February, there was an ordinary ministerial meeting on June 18th. This ordinary meeting led to the "Declaration of Ministers of Health of Mercosur on COVID-19" which, however, is quite vague, functioning more like a declaration of good intentions and commitment to good practices than advancing towards effective regional collaboration. On July 2nd, the 56th Mercosur Presidential Summit was held remotely. The "Joint Statement of Presidents of the Member and the Associated States of Mercosur", an outcome of the 56th Summit, is the most complete document on COVID-19 within the scope of Mercosur, as the document covers different aspects of the pandemic crisis such as human rights, employment, and income, social vulnerability, among others (MERCOSUR, 2020g).

However, again, there was no progress towards the creation of multilateral actions within the Mercosur to confront COVID-19 and its consequences. In brief, Mercosur's only concrete action to deal with the pandemic crisis was the US$ 16 million fund created through FOCEM. Thus, it is evident that national borders have not been transcended in favor of coordinated regional action for this health crisis, which, notably, does not respect borders. Mercosur was just a space for dialogue so that member countries could be aware of each other's epidemiological situation. In terms of health policies, government actions were quite different, highlighting the unilateral character of decision and action of the member-countries, and obtaining different results in fighting the pandemic as can be seen in the comparative graph below (Graph 1).

Mercosur comprises two realities in the pandemic: one that is of the most affected country by COVID-19, Brazil, and another that comes from the most successful countries in containing the virus in the Americas, Uruguay, and Paraguay. Since the coronavirus ceased to be a Chinese problem and became a global reality, the Brazilian government has been minimizing its severity. Studies show a possible correlation between President Bolsonaro's denialist speech and the fall in social isolation rates in Brazil (CERIONI, 2020; SCHELP, 2020). Given this posture of the Brazilian government, the policies to contain the spread of the virus were left to the Brazilian federated states and municipal governments (POMPEU; CARNEIRO, 2020).

On the other hand, Uruguay and Paraguay adopted articulated and agile national strategies. Part of Paraguay's success is due to the precociousness of the measures adopted since there was the notion that the State's financial capacities were limited to

Graph 1 - The evolution of the number of deaths by Covid-19 in the Mercosur countries



Source: own elaboration based on Data.World data.

manage the outbreak of a national health crisis (LEÃO; LODOÑO NIÑO, 2020). Uruguay, in its turn, did not even enact mandatory isolation at the national level, working on strategies as testing, the use of masks, and rules of controlled social distance (CHARLEAUX, 2020). Last but not least, Argentina is known for having "the longest quarantine in the world", since the government has been extending the period of mandatory isolation since March 20th, generating popular dissatisfaction with the economic losses. Until September, the country was not among the worst nor among the best Latin American countries list in fighting COVID-19 (SMINK, 2020). Minding these different approaches to the pandemic and in the context of the crisis in relations between Brazil and Argentina governments, it is understandable Mercosur's difficulty in taking multilateral concrete actions against COVID-19.

In general, it is possible to highlight the lack of concrete collaborative actions to contain the increasing numbers of contagion and deaths due to the virus throughout the year. As discussed at the beginning, the central axis of South American integration, Buenos Aires-Brasília, has been strained in the face of political differences between its

representatives, characterizing part of the bloc's ineffectiveness in facing the demand for joint actions and decisions. Several factors corroborate the "lack of coordination in the face of the health crisis unleashed by COVID-19" (FRENKEL, 2020, p. 1, translated). The Brazilian national crisis as a crucial aspect in the failure to contain the pandemic in the Southern Cone, has in its instability a factor of disruption of the existing regional processes, hindering an effective common action since it goes in the opposite direction of its neighbors.

Finally, we endorse here the importance of understanding the relevance and the role of regional spaces to address and solve problems that go beyond national borders, which are increasingly interconnected and interdependent. After all, is it possible to fight the pandemic in South America in an isolated manner?

Notes

[1] During this period, several initiatives were stimulated, such as the Joint Declaration on Nuclear Policy (1985), the Minutes for Brazil-Argentina Integration (1986), the Integration, Cooperation and Development Treaty (1988), the Buenos Aires Minutes (1990) and, finally, the Treaty of Asunción (1991).

[2] Brazil's President, Jair Bolsonaro, did not participate in this meeting, being represented by his Minister of Foreign Affairs, Ernesto Araújo.

[3] The project already have a network of institutes and research centers that will be fundamental in actions related to COVID-19, namely: the Institute of Biomedicine of Buenos Aires (IBIOBA-CONICET) in Argentina, the Osvaldo Cruz Foundation (FIOCRUZ) from Brazil, the Central Laboratory of Public Health (LCPS) and the Center for Development of Scientific Research (CEDIC) in Paraguay and the Pasteur Institute of Montevideo, Uruguay (FOCEM, 2020; MERCOSUR, 2020f).

[4] The Data.World provides complete and daily updated COVID-19 information databases.

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FROM NAFTA TO USMCA: NEGOTIATION, SIGNATURE OF THE AGREEMENT AND COVID-19 PANDEMIC

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Since the Chinese government notified, on December 31, 2019, the World Health Organization (WHO) about a new pneumatological outbreak, originating in Wuhan city, Hubei province, the news about the disease has spread, mainly from the beginning of 2020. The presence of a new variety of Coronavirus was quickly detected and, in a short time, similar cases also appeared in other cities and regions of the country and abroad. Due to an analysis of the high levels of propagation and the severity of the disease until March, the WHO declared the COVID-19 (Sars-Cov-2) outbreak as a pandemic (WORLD HEALTH ORGANIZATION, 2020a). This declaration generated that all the countries around the world took action to control the pandemic propagation. For that reason, this article presents some discussions about measures taken by Canada, Mexico, and the United States (USA) internally and how they acted multilaterally to face the COVID-19 pandemic, considering that they are neighbors and commercial allies.

Signed in 1994, the North American Free Trade Agreement (NAFTA) formalized a free trade zone between the USA, Mexico, and Canada. Donald Trump's controversial speech in the 2016 US elections spurred the proposal to renegotiate NAFTA. Trump exploited the claims and requests of the American middle class to design his campaign platform (MAGNOTTA; LEITE, 2017) and threatened to withdraw from the deal if it was not renegotiated. However, leaving the agreement would not be so simple because the USA Congress itself opposed withdrawing the country from NAFTA. The proposal to renegotiate the agreement had the support of businessmen, political actors, and environmentalists.

The NAFTA review began in August 2017 with the first round of negotiations in

Washington and became the negotiation of a new agreement called the United States, Mexico, and Canada Agreement (USMCA)[1]. The new agreement was signed by Presidents Donald Trump, Enrique Peña Nieto, and Prime Minister Justin Trudeau on November 30, 2018, within the framework of the G-20 summit in Buenos Aires, allowing Trump to deliver on his campaign promise, as well as accepting claims from domestic groups (MATTOS, 2019).

Even though the USMCA had implemented new laws that protect intellectual property, the internet, investments, state-owned companies, and members' currency, it cannot be ignored that while the new agreement offers American dairy producers greater access to the Canadian market it also increases the press on Mexico, dealing with crucial issues such as labor laws, migration, and borders. Therefore, it is possible to observe the asymmetries between the members.

To implement the USMCA, each country applied its legislative procedures and the agreement had to be ratified by their respective national Congresses. In addition, each government had to notify its trading partners that their country was ready for the implementation of the agreement. The first to fulfill its commitment was Canada on April 02, followed by Mexico on April 03, and finally the USA on April 24. The final USMCA agreement came into effect on July 1st, in the middle of the COVID-19 pandemic.

The first confirmed case COVID-19 of contagion in the USA was announced on January 21, becoming the first case in the American continent. The rapid advance in the number of infected and accumulated deaths across the USA's 50 states led Trump to declare a national emergency on March 23, releasing up to 50 billion dollars in federal funds to fight the disease in states and locations in the USA (EL UNIVERSAL, 2020).

On January 27, the first case of COVID-19 was confirmed in Canada, and until March all the COVID-19 cases were related to persons who traveled to a country with a big number of cases. Among the economic measures taken by the Canadian government, the Protecting Health and Safety program was highlighted, it is a project to combat COVID-19 with implementation costs exceeding 25 million Canadian dollars. Within this project, there is Canada's Covid-19 Economic Response Plan, which was announced by Prime Minister Trudeau in March 2020 as an economic program. It

offered interest-free loans of up to 40 thousand Canadian dollars to individuals and Canadian companies (CANADA, 2020).

The COVID-19 cases in Mexico were reported from January 27 (BBC,2020) and the first death was reported on March 18. The Mexican government declared the health emergency on March 30 through the General Health Council (MEXICO, 2020a). Evidencing the asymmetries of the three countries, the economic measures taken by Andrés Manuel López Obrador have been aimed at avoiding the increase in public debt for stimulus packages to the Mexican country's business sector and in promoting measures to aid the poorest. Most of the budget to face the crisis is emergency funds and $ 6.6 billion from the Income Stabilization Fund budget (AHMED, 2020). Table 1 shows the data about the confirmed cases and accumulated deaths in each country until September 25.

Trump's management has come under strong criticism regarding his stance on the pandemic. The USA, which reported its first COVID-19 death in February, led the world

Table 1. Total confirmed cases and deaths accumulated by Covid-19 in Canada, the United States, and Mexico September 25, 2020

Country	Confirmed Cases	Accumulated Deaths	Total Population	Rate of Patients Confirmed with Covid-19 (1)
Canada	147,753	9,243	37,603,000	3,929 per million population
United States	6,868,828	200,725	331,432,000	20,724 per million population
Mexico	710,049	74,949	133,870,000	5,304 per million population
World	32,029,704	979,212	7,795,482,000	4,108 per million population

Source: Own elaboration based on information from the World Health Organization (WHO) and United Nations, Department of Economic and Social Affairs, Population Division (2018).

ranking of Covid-19's confirmed cases since March 26 and reported 6,868,828 confirmed cases until September 25 (Table 1). Since the beginning of the pandemic, Trump has been minimizing the effects of the new coronavirus and ignoring the number of confirmed cases and deaths. During the first months of the COVID-19 outbreak, he rejected all concerns about the COVID-19 impact. Once the disease was declared a global pandemic, Trump promoted drugs, such as hydroxychloroquine,

generating several controversies regarding the effectiveness of the drug for the treatment of the new coronavirus.

Trump and his wife tested positive for COVID-19 in early October (MORALES; WALLER; FAZIO, 2020), and as a preventive measure, the president had to be hospitalized for three days to receive specialized treatment. His quick return to the White House and his election campaign activities increased the critics of the USA president for putting his health at risk, becoming a contagion source due to his scant promotion of preventive measures, such as not wearing a mask in public, and the political impacts in his last month of the campaign to continue in the Oval Office.

The Mexican president, President López Obrador, has also been criticized for his position towards the pandemic. In May 2020, seven governors decided to adopt their strategies to overcome the health crisis arguing that the Ministry of Health's provisions for the resumption of activities in the country were inconsistent with the reality of the states (NÁJAR, 2020). Due to the fact that López Obrador is linked to a left-wing party, a strong imposition was expected against Trump, who has anti-migration and very xenophobic speeches towards his Mexican neighbor (NÁJAR, 2020). However, López Obrador has been showing conciliation and that has generated criticisms. The relationship between both presidents was also criticized when it generated a face-to-face meeting[2] in the White House to commemorate the entry into force of the USMCA (FOLHA, 2020). This celebration was not attended by Prime Minister Justin Trudeau, because of some scheduled meetings with his Cabinet and Parliament in Ottawa, even after López Obrador reiterated the invitation.

While the USA took a denialist stance on the COVID-19 risk, Canada stood out by establishing a lockdown system where foreigners, other than Americans, were not admitted to its territory. In addition, other measures were taken to prevent the spread of COVID-19, such as the implementation of a tracking application that allows knowing if a person has been in contact with another infected person. The high level of reliability that the government and public health officials, as well as broad access to health, has made Canada far better than its neighbors. Even so, the beginning of September marked a further increase in cases in Canada (AGENCE FRANCE-PRESSE, 2020).

The USMCA does not have an institutionalized mechanism to coordinate joint

actions in emergencies such as the current pandemic, therefore, in the words of Martha Bárcena Coqui, Ambassador of Mexico to the USA "fuimos improvisando sobre la marcha" (UNITED STATES, 2020a). According to the Secretariat of Foreign Affairs of Mexico, in the context of the response to the pandemic, the relationship between the three countries was strengthened keeping the continuous communication between the chancelleries (MEXICO, 2020b). Since March 21, the USMCA has established agreements to limit the movement of common land borders to essential travel (UNITED STATES, 2020b). Those actions were extended until November 21, in response to the periodic reassessment of the pandemic advance. Besides restricting the COVID-19 dissemination, their objective is to guarantee the transit of essential goods and services, the continuity of supply chains, and the movement of emergency workers and workers involved in basic activities.

The COVID-19 crisis brought the need to rethink global supply chains, reflecting improvements in the resilience of global operations - simplifying and shortening supply chains (WEMER, 2020). In this context, the three countries identified areas of joint coordination to respond to economic, health, and security challenges, focusing on common practical challenges for consular and diplomatic work in the context of the pandemic, through political dialogue. Other examples of joint actions were the repatriation of their nationals from different parts of the world, the monitoring of channels for the supply of essential medical supplies, the control of borders, the identification of opportunities for multilateral collaboration and coordination mechanisms - as in the G20, in which the three are members (MÉXICO, 2020b).

The constant increase in the number of infected people with COVID-19 due to the staggered opening of economies and the uncertainty of when a vaccine will be available globally. Consequently, difficulties arise in visualizing future perspectives. As a result, the implementation of the USMCA was made more flexible, so that those involved could adapt to the new requirements of trade processes, in a pandemic scenario. A period of six months has been established, as from the entry into force of the agreement, to allow the postponement or loosening of certain rules established by the agreement, seeking to facilitate its adherence, making this transition not further prejudice those who are implementing it.

The implementation of the new agreement in a post-pandemic scenario can promote the strengthening of the regionalization of value chains in different areas, especially in health, such as the production of medical equipment. In addition, Joe Biden was elected the 46th president of the USA[3], opening up possibilities for a change in the American stance in several aspects, including negationism concerning the disease, which can benefit the trade bloc, deepening themes that before they were not viable to the USA.

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Notes

[1] The new agreement is called "United States, Mexico and Canada Agreement" (USMCA) in the United States, in Canada it is the "Canada – United States – Mexico Agreement" (CUSMA), and in Mexico it is known as "Tratado entre México, Estado Unidos y Canadá" (T-MEC).

[2] The trip of López Obrador on July 8 and 9 to the US was criticized, as in the pandemic scenario, most meetings between leaders of nations were taking place online and by video conference.

[3] This text was edited after the submission date to indicate the winner of the United States Presidential Elections on November 7, 2020.

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THE EUROPEAN UNION IN THE FACE OF THE COVID-19 PANDEMIC

Flavia Loss de Araujo
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The health emergency caused by the worldwide spread of the coronavirus strain known as SARS-CoV-2 has caused numerous challenges for states and regional integration processes. The accelerated rhythm of contagion brought by the stage of globalization we live in has allowed the coronavirus to reach all regions of the globe in months, finding health systems unprepared in the face of the novelty and severity of the disease (COVID-19). Until February 2020, it was believed that developed countries would have no difficulty in dealing with the disease and that Europe, in particular, would be sufficiently ready for the challenge. Overconfidence and reluctance to follow the examples of fighting the disease in China and South Korea have proved disastrous (KIRKPATRICK; APUZZO; GEBREKIDAN, 2020). Supply chains were insufficient in the face of a shortage of protective equipment for health professionals, medicines, and tests to detect the disease. In March, the World Health Organization (WHO) declared that Europe had now become the epicenter of the pandemic (WHO, 2020).

Clumsy and individual measures were adopted by European states, further accentuating the divisions existing in the bloc and putting in check, once again, the European Union (EU) ability to face crises and promote solidarity among its members. This article will briefly describe these three items and how, despite the fragility of the initial responses, the EU has outlined a robust strategy for the post-pandemic scenario, centered on economic, political, health, and environmental cooperation.

It should be noted that the primary responsibility for health services lies with the EU Member-States, which in turn complement national policies to improve and modernize

them. Regarding the pandemic, the European Center for Disease Prevention and Control (ECDC) and the European Office of the World Health Organization began monitoring cases of COVID-19, noting the presence of the virus and the rapid increase in the number of contagions on the continent. The European Council issued the first guidelines for the prevention and sharing of information in March, the month in which the Integrated Policy Response Mechanism to Crisis Situations (IPCR), which makes proposals for the Council, was also fully activated.

Regarding long-term projects, mention should be made of the EU for Health program (EU4Health), which foresees an investment of 9.4 billion euros in the period between 2021 and 2027 to reinforce the bloc's preparedness in the event of new health threats. The program also provides funds for the creation of reserves of hospital supplies and registration of professionals for emergencies, in addition to ensuring access to health for the most vulnerable groups.

The sanitary crisis led to the activation of economic aid mechanisms that already existed in the EU, while the creation of new funds was discussed and awaited approval. The European Union Solidarity Fund (EUSF), created in 2002 and which has been used in more than 80 disasters in 24 countries, has been mobilized to support the most affected countries by financing public health expenses. Another important mechanism activated was the European Globalization Adjustment Fund (EGF), which supports workers who have lost their jobs due to the effects of globalization or crisis resulting from it. In the case of the pandemic crisis, around 179 million euros were made available in 2020 for dismissed and self-employed workers.

Regarding the 2020 budget, the European Council approved two important readjustments: immediately, an additional 3.1 billion euros were released for specific measures such as the production of tests, the construction of field hospitals, the transfer of patients between Member-States, and the repatriation of European citizens. On September 11th, another 6.2 billion euros were made available to reserve doses of the future vaccine and for the Corona Response Investment Initiatives programs (CRII and CRII+), which consist of packages of measures that allow the reuse of other funds for combating the pandemic and the easing bureaucratic procedures. CRII+ also receives extra resources from the Fund for European Aid to the Most Deprived (FEAD), which allows the immediate provision of aid for the purchase of food and protective materials.

On the future of the EU, the European Commission has created a recovery plan named Next Generation EU, which will inject an additional 750 billion euros into the budget from 2021 through 2027. It is important to indicate that this amount ought to be used for the recovery of the European economy and especially to strengthen the transition to an ecological and digital development model. This commitment is unprecedented not only for the values but for the absence of conditionalities in terms of economic or fiscal reforms for the beneficiary countries. However, as explained by Pisani-Ferri (2020), countries must submit projects that will be evaluated according to targets established by the EU (such as job creation potential, for example). If a country has its plan rejected, it must resubmit the project, but the deadlines for this have not yet been defined. And it remains to be seen what will occur when the objectives are not met. According to Pisani-Ferri (2020), the risk that bureaucracy will prevent the progress of projects is high and will be a new challenge for the EU.

In addition to the immediate economic aid initiatives to European states and citizens, and long-term economic recovery projects, the adoption of restrictions on the movement of people and goods is among the most politicized measures on the combat of the COVID-19 pandemic in the EU, both within the Member-States and the European institutions. In effect, these measures directly affect the fundamental freedoms that underpin the single market, the area of freedom, security and justice (AFSJ), and the Schengen area, which are based on the free movement of people, goods, services, and capital, and on the abolition of controls at internal borders. Therefore, questions are raised on which consequences of the pandemic crisis will be merely conjunctural, and which reveal structural fractures of the European integration project.

Shortly after Europe became the epicenter of the pandemic, EU Member-States, and Schengen countries adopted several measures to restrict intra-EU and intra-Schengen free movement. Among these measures, the following stand out: (i) the temporary reintroduction of control at internal borders; (ii) the adoption of restrictions or prohibitions on international passenger transportation; and (iii) intra-EU and intra-Schengen entry and exit bans (CARRERA; LUK, 2020). By the end of April, seventeen countries[1] in the EU+ space[2] had reintroduced temporary control at internal borders over people, under the justification of a threat to public order and/or to the internal security of the national territory, in accordance with chapter 2 of the Schengen Borders Code (SABBATI; DUMBRAVA, 2020).

The European Commission promptly issued a communication setting out "guidelines for border management measures", the aim of which is to promote an integrated approach to border management in the context of the pandemic crisis to guarantee, first and foremost, the integrity of the single market (COMISSÃO EUROPEIA, 2020a). The document emphasizes that the temporary reintroduction of border control must be properly communicated to the Member-States and the European Commission and that any restrictions on free movement must be transparent, duly justified, proportionate and non-discriminatory. However, the guidelines contained in the communication are too broad and do not provide a practical plan on how to manage cross-border mobility restrictions in a coordinated manner within the Union.

Only in September, the Commission adopted a proposal for a Council recommendation that finally establishes common criteria for the use of any restrictive measures on free movement in the context of the pandemic, namely: (i) total number of new cases of COVID-19 notified per 100,000 people over a 14-day period; (ii) the percentage of positive tests in relation to all tests performed during a period of seven days; and (iii) the number of tests performed for every 100,000 people over a period of seven days (COMISSÃO EUROPEIA, 2020b). The proposal foresees that Member-States report these data weekly to the European Center for Disease Prevention and Control, in order to coordinate restrictions and monitor the situation of cross-border mobility at the regional level, and that all information be made available on the interactive map COVID-19 Situation Dashboard, by the ECDC, and on the Re-open EU platform.

At the beginning of October, four countries (Finland, Hungary, Denmark, and Norway) still maintained internal border controls in the context of the COVID-19 pandemic, and another four (Austria, France, Germany, and Sweden) had reintroduced controls for reasons other than the pandemic, namely terrorist threats and threats related to organized crime (EUROPEAN COMMISSION, [2020]).

In addition to internal controls, European countries have also established several restrictions and/or prohibitions on the entry of third-country nationals on international travel. By the end of March, twenty-four countries[3] had instituted conditions for crossing external borders (CARRERA; LUK, 2020). At the same time, the European Council adopted, in agreement with the European Commission, a program of temporary

restrictions on non-essential travel from third countries to the EU+ area for a period of 30 days, which ended up extending until 30 June (COMISSÃO EUROPEIA, 2020c). In mid-June, the European Commission launched the Re-open EU platform, which seeks to centralize essential information that allows people to resume travel and tourism, such as the situation at the borders, the means of transport available, travel restrictions, among others (EUROPEAN COMMISSION, 2020). Thus, the tourism sector is among the most vulnerable and has suffered a major economic impact from the pandemic crisis and the restrictions imposed to contain the spread of the virus.

What we can note, therefore, is that in the context of a crisis, in which a threat is mobilized by national public discourse, internal borders become "protection walls" and the mechanism for restoring internal border control is activated. The result of this is a mosaic of restrictions, prohibitions and control measures from several states in the EU+ area, without an effective coordination policy, which ended up harming the traffic of people and the supply of the production chains in the single market.

Nowadays, the pandemic crisis of COVID-19 alarms once again the European institutions by provoking unilateral and uncoordinated reactions from the Member States. Although the European Union has adopted a series of long-term measures and projects in order to mitigate the consequences of the crisis, it is too early to say whether these will be sufficient to neutralize the negative impacts of the unilateral measures adopted by the Member States. Indeed, the high level of institutionalization has enabled the EU to withstand the shocks of recent crises, but not without highlighting the fractures that exist between Member-States on issues sensitive to the European regional integration project, which must be addressed for the EU's longevity and, especially, in order to face the constant challenges of the 21st century.

Notes

[1] Germany, Austria, Belgium, Denmark, Spain, Estonia, France, Finland, Hungary, Iceland, Italy, Lithuania, Norway, Poland, Portugal, Czech Republic and Switzerland.

[2] The "EU+ space" refers to all Member-States of the European Union, including those outside the Schengen area (Bulgaria, Croatia, Cyprus and Romania), as well as the four non-EU Schengen members (Iceland, Norway, Switzerland and Liechtenstein).

[3] All the countries of the EU+ space, with the exception of Belgium, France, Ireland, Malta, the Netherlands and Portugal.

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THE INSTITUTIONALITY TACKLING THE PANDEMIC: THE ROLE OF THE AFRICAN UNION

André Leite Araujo
Clarissa Correa Neto Ribeiro

As of September 30, 2020, the world registered approximately 1 million deaths caused by the new Coronavirus and more than 33.6 million infected (DONG; DU; GARDNER, 2020). On the African continent, there were 35,954 lives lost and 1,472,433 confirmed cases (AFRICA CDC, 2020a). Although it accounts for about 15% of the world population, Africa had just over 3.56% of total deaths and 4.37% of cases. In comparison, India - a country with a population similar to that of all African states combined - accounted for 9.6% of global losses and 18.4% of contagions.

That being said, this article aims to understand the COVID-19 pandemic in Africa, focusing on the African Union (AU) and its ability to coordinate national states in the face of health emergencies. We drive into the ground that the AU has been an aggregator since the beginning of the crisis - the first case was registered in Egypt on February 14. Within its institutional capacities, the regional bloc channeled and offered information, financing, and planning policies to members of the organization. In this sense, more specifically, it seeks to analyze how the action of regional integration - added to other factors - attenuated the impact of the disease.

The AU was created as the Organization of African Unity on May 25, 1963, and relaunched as Union in 2002, intending to bring together the 55 countries of the African continent and promote multisectoral integration. A differential factor in its performance in tackling the pandemic is that being a comprehensive regional mechanism, it has at its service a technical institution specialized in health cooperation, the Centers for Disease Control and Prevention - Africa CDC. The mechanism was created in 2016 and launched

in 2017, following the outbreak of Ebola faced by the continent, and it was "established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats." (AFRICA CDC, 2020b).

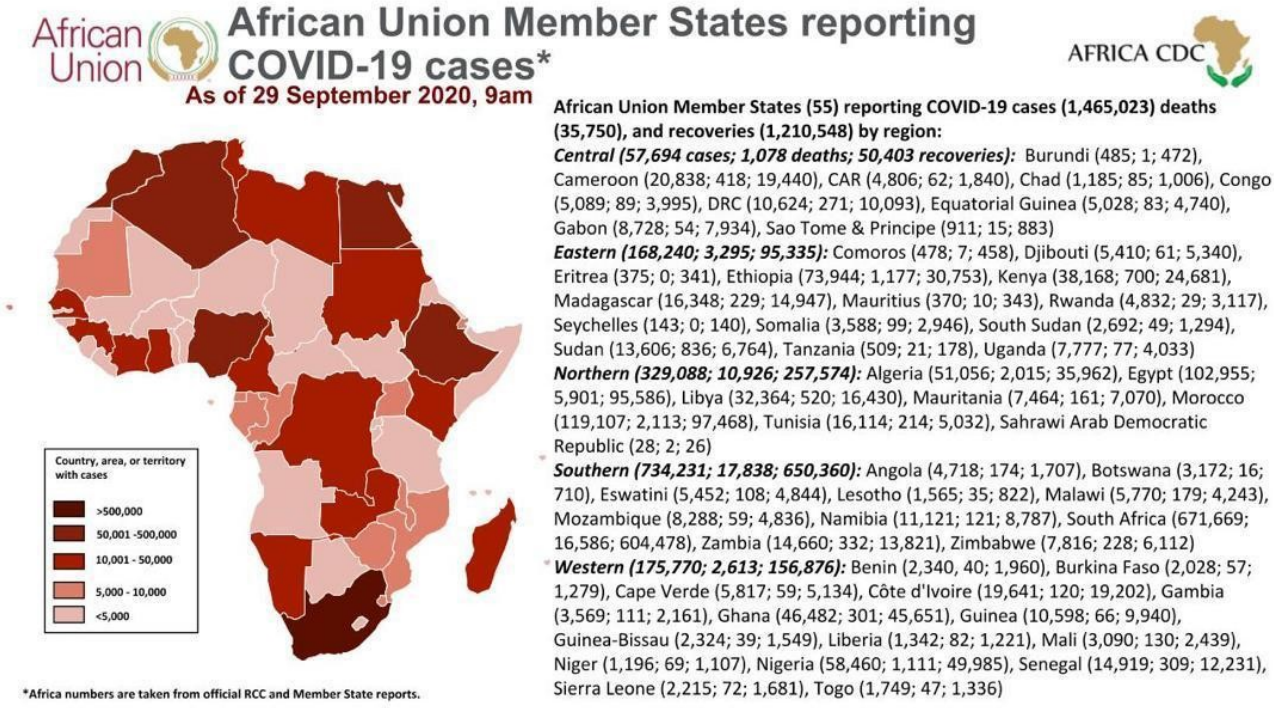
Thus, institutionality proved to be a decisive factor for the prevention and control of impact. While the African continent was able to count on a later arrival of the new Coronavirus in its territory, preparation in advance, in combination with previous experience coping with diseases, was used in favor of the bloc. In early February, for example, while concern about COVID-19 was increasing in other regions of the world, and yet there were still no cases reported in Africa, the CDC created the "Africa Task Force for Novel Coronavirus (AFCOR)", with the objective of "sharing information and best practices, building technical capacity, making high-quality policy decisions, and coordinating detection and control at borders." (AFRICA CDC, 2020c).

From that first moment, control measures were implemented at airports in the region, and evaluations of the health mechanisms of the Member States began in order to outline strategies. In this regard, an important role played by the CDCs was the constant provision of information, aimed at African citizens, private entities, and the Member States. Not only data on the pandemic were published daily, including more comprehensive information than those of the WHO itself, but also prevention guides have been circulated, as well as, for example, recently indications of procedures for loosening the quarantine or the gradual reopening of shops and schools (AFRICA CDC, 2020d). In addition, the CDCs have the advantage of being institutionally and geographically present in sub-headquarters in the five sub-regions of the continent, to provide closer monitoring to the Member States and to be technically advised by the Ministries of Health, working directly with the WHO and the AU (ORDU, 2020).

Also noteworthy in the initial African activity was the launch of the Africa Joint Continental Strategy for the COVID-19 Outbreak, in March. The document established measures to be adopted not only at the national, sub-national, and regional levels in order to limit transmission and minimize impacts, but also recommendations for donors, private entities, and other international and sub-regional organizations to work together (AU, 2020a), which demonstrates an understanding of the problem's cross-border dimension.

Also, the centralization of efforts by the AU enhances the effects for the greater fundraising of international donors in comparison with Member States-specific initiatives and gives credibility due to its institutional character (RIBEIRO, 2020). In this sense, another important initiative was the launch of a joint regional fund in March, called AU COVID-19 Response Fund, with the objective of raising US$ 647 million (AU, 2020b), calculated as necessary resources for the implementation of strategies to combat the

Figure 1- Reported cases of Coronavirus in African Union countries



Source: Africa CDC, 2020a

pandemic on the continent. The fund is open to donations from any person or entity and a creative way of raising funds was the holding of the Stronger Together musical concert, broadcasted virtually, with several African artists participating in the Africa Day, May 25, with the goal of raising US$ 1 million (AU, 2020c).

Among other actions taken by the AU and its CDCs during the pandemic, we highlight the training of frontline health professionals, the monitoring of infections, the distribution of medical supplies, the resources and the deployment of first-aid workers, and the international cooperation with donors such as the European Union and other countries and private entities (AFRICA CDC, 2020e).

In addition to institutional responses, the structural conditions that permeate African

reality must also be considered. It is common to discuss whether the low number of cases reported in African countries is due to underreporting and the reach of the health system across society. In this regard, it should be remembered that there is a worldwide dispute for tests, as well as for masks and artificial respirators, among other instruments necessary to combat the pandemic. In this scenario, most African countries are not in an advantageous position to compete with advanced capitalist countries and, therefore, the importance of regional measures is reinforced, such as the implementation of the project "Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test & Track (CDC-T3)", adopted by the AU in April, which reaffirms the need for testing in the pandemic and aims to distribute one million tests among African countries this semester (AFRICA CDC, 2020f).

In fact, when looking at relative indicators such as the number of hospital beds and the number of doctors, and the population with access to hand washing, it is noted that the worst positions are occupied by African countries (WORLD BANK, 2020). It is worth emphasizing that, in addition to COVID-19, there are other epidemics and health problems in circulation, putting pressure on health facilities[1]. Therefore, the questioning emerges if what happens in more isolated areas is not represented in official statistics. In this context, there are difficulties found in specific states, such as Tanzania, whose leader officially stopped reporting cases of the disease since May 2020, and stated that the country is free of the disease (CORONAVIRUS…, 2020a). As of April, of the 55 AU states, nine had not taken any action against COVID or did not provide information about it (WITT, 2020).

However, even so, when thinking globally, countries with less relative development - in Latin America and Asia - did not have such low rates. Therefore, it is important to note other possible explanations that contextualize the actions taken by the AU.

First, the average age of the population might be an advantage. Considering that COVID-19 affects the elderly population more severely, younger societies could suffer less from the impacts of the pandemic - even with asymptomatic cases. More than half of the population in the AU is under 20 years old, on a continent with low life expectancy and situations of social vulnerability (AU, 2020a). Moreover, geographic dispersion may have contributed to preventing the spread of the virus (BARNARD, 2020). These conditions are also reflected in the high number of people recovered from

the disease: of the 1,472,433 contamination records on September 30, 2020, 1,217,457 were already recovered.

Furthermore, the expansion of the pandemic must be placed in the context of globalization in force in the 21st century. In view of the concentration of flows of people and goods in the global North, the African continent is relatively loosely connected, with only 40% of the population living in urban areas. This is one of the reasons that may have mitigated the arrival of the virus in Africa, as it moved in the center-periphery logic (MONIÉ, 2020). For this reason, the most serious impact of the pandemic may come to Africa in the future. However, this time issue can be beneficial, as there is a greater chance of having the vaccine completed before a peak of the disease.

There are still impacts that could be perceived in addition to health issues, such as the economic field. For the year 2020, it was planned the implementation of the African Continental Free Trade Area (AfCFTA), which will have a fundamental role in the integration and development of the continent's economies, but it had to be postponed due to the pandemic and the closing of borders and the impossibility of circulation of certain goods and services (CORONAVIRUS…, 2020b). While delays impose limiting consequences, the realization of the AfCFTA in the next year may prove to be of vital importance for the recovery of post-COVID-19 economies.

The Joint Continental Strategy (AU, 2020a) also warned of possible social impacts and political instabilities in the face of the scarcity of supplies and economic recession caused by the pandemic. Therefore, the implementation of the necessary restrictions to combat the pandemic need to be combined, at national and regional levels, with programs to mitigate disparities, as has been done by the African Union and the CDCs.

To sum up, there was a continental strategy for tackling the pandemic, unlike Europe and America. At the same time, the AU organized regionalized approaches, with five groups of countries. With less investment in social welfare, the African landscape in general faces shortages in its health infrastructure. Therefore, the rapid responses of preventive action, added to AU coordination, have moved in the direction of preventing the collapse of the health systems. The conjunction of States with the regional organization demonstrates the benefits of regional integration, as opposed to the exacerbation of nationalisms seen in other regions of the international system.

In addition to the economic impacts, which would deserve another dedicated article,

the available data point to less catastrophic consequences in terms of the number of contagions and deaths. Financial efforts to mitigate impacts, previous experience in combating pandemics, and coordinated actions to identify and monitor cases are factors that contributed, therefore, to a regionalized African response, with the AU acting in an active and preventive manner to provide technical support and information to its 55 member countries.

Notes

[1] By way of illustration, in June 2020, in the midst of the new coronavirus pandemic, WHO confirmed a currently controlled epidemic outbreak of Ebola in the Democratic Republic of Congo (WHO, 2020).

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THE EURASIAN ECONOMIC UNION AND COVID-19: EFFECTS OF THE PANDEMIC AND GLOBAL ECONOMIC CRISES ON EURASIA

Letícia Figueiredo Ferreira

Constituted by the Russian Federation and the Republics of Armenia, Belarus, Kazakhstan, and Kyrgyzstan, the Eurasian Economic Union (EAEU) is a regional organization that pursues economic integration. The bloc's main goal is to strengthen economic cooperation between member states, aiming at modernizing their national economies, increasing their global competitiveness, and promoting the well-being of the region's population. The creation of the EAEU was a significant step in the development of regionalism in the post-Soviet space, as the Union was the result of successive attempts of integration between the countries of Eastern Europe and Central Asia throughout the 1990s and the 2000s. Its origin dates back to the treaty for the creation of a Customs Union signed by Russia, Belarus, and Kazakhstan – the core of Eurasian integration –, in 1995. However, the three only succeeded in that joint initiative in 2010, within the scope of another regional bloc, the Eurasian Economic Community[1] (EurAsEC) (MOSTAFA; MAHMOOD, 2018; VINOKUROV, 2017).

In the context of the international economic crisis, Moscow, Minsk, and Nursultan[2] were pressured to accelerate their integration efforts. In 2011, the Customs Union was already in full operation: it had created a Common External Tariff (CET) and removed customs barriers between its members to provide the free movement of goods, services, capital, and labor. In 2012, new agreements ensured the regulatory basis for coordinating macroeconomic policies and establishing a Single Economic Space. Finally, in 2014, the Eurasian Economic Union Treaty was signed and in early 2015 it entered into force, with Armenia and Kyrgyzstan joining the EAEU in the same year (EAUE, 2020). Regarding

its administrative structure, the bloc is formed by the Supreme Eurasian Economic Council, which comprises the heads of member states; the Eurasian Intergovernmental Council, composed of the heads of governments of the members; and by the Eurasian Economic Commission (EEC), EAEU's only supranational organ, divided into several departments and led by an executive Board. The Union has also a specialized judicial body, the Court of the EAEU, and regional financial institutions, such as the Eurasian Development Bank (EDB) and the Eurasian Fund for Stabilization and Development (EFSD) (VINOKUROV, 2017).

In early 2020, five years after its establishment, the EAEU continued working to remove remaining trade barriers – especially Non-tariff Barriers (NTBs) – and to deepen integration in strategic markets, debating the creation of a common energy market, a coordinated transportation policy, and a common financial regulatory authority by 2025 (LIBMAN, 2020). Conversely, since 2014 the bloc was facing collateral damages caused by the European Union's (EU) and United States' sanctions against Russia, Russia's embargo on European agricultural products, and the sharp fall of oil prices in international markets. Since Russia is the bloc's largest economy, EAEU was directly affected by its economic deterioration and by the ruble's devaluation. Indeed, there was a drop in trade and Foreign Direct Investment in the Union's members[3], a greater volatility in exchange rates, and a decline in labor migration from the poorest countries in the region to Russia[4], followed by a reduction of remittances (SHAGINA, 2020).

Therefore, when the EAEU was hit by the COVID-19 pandemic last March, economic conditions were not the most favorable. Central Asian countries were the most affected by the disease: Armenia faced an early rise in community transmission and a health system unprepared to deal with the growing number of cases, while Kyrgyzstan suffered from underreporting and external dependence on essential medical supplies and protective equipment. Among EAEU members, both have the highest mortality rates of the virus. Kazakhstan, despite being the richest country in Central Asia, also recorded a high number of cases, with disproportionately high infection rates among health professionals due to the poor preparedness of medical teams and shortage of Individual Protective Equipment (IPE) (STRONSKI, 2020; WHO, 2020).

In Russia and Belarus, the situation was not very different: Russia, the most populous member of the EAEU, has the highest number of cases in absolute terms, while Belarus

has the highest number of cases per million inhabitants (WHO, 2020). This is explained by the way in which both responded to the spread of COVID-19. The Belarusian government denied the pandemic until early May, only changing its stance when President Aleksandr Lukashenko himself and his family contracted the disease. In light of that, Minsk, which carried out very few tests and never banned public gatherings or implemented mandatory social isolation measures (the so-called lockdown), still faces underreporting of the number of cases. Even though Russia recognized the pandemic from the beginning, the Kremlin first presented it as a problem for other countries[5] and minimized the Coronavirus' possible impact on its territory. The Russian borders were closed to foreigners but, with the beginning of community transmission in the country, the government tried to censor information about the cases, attributing other causes to the growing number of deaths, especially among the elderly. When anti-epidemic measures finally began to be adopted in late March, President Vladimir Putin, in an atypical move, refrained from adopting a nationwide policy and delegated the responsibility of facing the pandemic crisis to the local authorities[6] (ÅSLUND, 2020; HEERDT; KOSTELANCIK, 2020).

When it comes to cooperating via EAEU, since February 2020, the health and epidemiological authorities of the member states had agreed to exchange information and hold periodic consultations on the proliferation of Coronavirus in Eurasia (EEC, 2020a). Faced with the increase in the region's number of cases, in March the EEC Board, together with representatives from Uzbekistan and Tajikistan, established a series of anti-epidemic measures, such as strengthening sanitary and quarantine controls, restricting the movement of persons across borders, restricting air traffic, and monitoring people that arrived from countries in severe epidemic situations. In addition, Russia began to provide laboratory diagnostic tools to its bloc's partners (ECC, 2020c). On March 16, the EEC Board adopted Decision No. 21, whereby import tariffs on IPE, disinfectants, diagnostic reagents, and other medical materials to the EAEU territory were zeroed until September 30 (EEC, 2020g). Then, on March 25, Decision No. 41 was implemented, banning, also until the end of September, the export of a wide range of protective equipment to third countries, in order to preserve the stocks of the member states (EEC, 2020d).

In order to meet the rising demand for essential goods, such as food, hygiene products, medicines, and components for their production, the EAEU launched a second package of measures to respond to the COVID-19 outbreak. On March 31, the EEC Board, through Decision No. 43, prepared a list of food products prohibited from being exported between April 12 and June 30, to guarantee the internal supply and food security of the population (EEC, 2020f). Towards maintaining mutual trade and the circulation of intra-bloc goods without worsening the spread of Coronavirus, the Eurasian Intergovernmental Council decided, on April 10, to simplify customs procedures and create "green corridors" in the territory of the Union, so as to guarantee continuous and uninterrupted public and cargo transportation. Systemic measures of economic recovery were also implemented, such as developing the digitalization of trade, stabilizing financial markets and payment systems, providing assistance to companies – especially small and medium-sized ones – in the sectors most affected by the global recession caused by the pandemic, and fomenting a more active participation of regional financial institutions in supporting the EAEU economies (EEC, 2020h).

Reflecting the bloc's concern about the economic downturn in China and the EU, its two largest trading partners, and the fall in commodity prices, particularly the collapse in oil prices, on April 14, the Supreme Eurasian Economic Council issued a joint declaration. In it, presidents of EAEU countries urged the entire international community to maintain cooperation during the pandemic, to strictly comply with international law, and to put an end to armed conflicts, trade wars, and unilateral financial and economic sanctions. The reference to the dispute between China and the United States, to Western sanctions against Russia that affect the entire Union, and to the conflicts in Syria and Libya, in which Moscow actively participates, was clearly evident (EEC, 2020i). Besides coordinating their financial and monetary stabilization policies, in order to neutralize currency devaluations and speculative attacks during the pandemic and economic crises, member states began to consider greater economic cooperation with the countries of the Shanghai Cooperation Organization (SCO)[7] and intensifying the coupling of the EAEU and the Belt and Road Initiative (BRI) (EEC, 2020b).

The main advances promoted by the Eurasian organization were, above all, in cooperating in public health. In April, the EAEU had already started to work on

common projects in the realm of medical technologies and bioengineering, and to discuss the elaboration of a biological security concept under the Strategic Directions for Developing the Eurasian Economic Integration until 2025[8] (EEC, 2020h). On July 17, at the first face-to-face meeting since the beginning of the pandemic and the adoption of restrictive emergency measures, the Intergovernmental Eurasian Council approved a Comprehensive Plan of measures in the field of health and sanitary and epidemiological welfare to prevent spreading COVID-19 and other infectious diseases in EAEU countries. The plan provides for the exchange of information, the implementation of a coordinated algorithm for responding to infectious disease outbreaks, and joint development of laboratory research to ensure access to vaccines, effective diagnostic tools, and medical devices for epidemiological control (EEC, 2020j). More recently, on August 12, the EEC Board approved the EAEU Pharmacopoeia[9] – the second regional pharmacopeia in the world, after the European Pharmacopoeia –, which had been in development since 2017. The document, which will come into force in March 2021, lays the foundations for a unified approach in the evaluation of medicines quality in the Union's member states (EEC, 2020e).

The COVID-19 pandemic, by exacerbating the principles of solidarity within the EAEU, as well as in other regional blocs, led to breakthroughs in Eurasian integration. On the one hand, there was a deepening of the political-economic integration process, with temporary exemptions from customs tariffs, relief in border controls and goods transit certificates – previously intensified by Western sanctions and Russian counter-sanctions –, and support initiatives for migrant workers and businesses in the region. Progress was also made in the cooperation in health, medical practices, science, and technology, with emphasis on the role played by Russia in the provision of rapid tests for the EAEU, as well as Tajikistan and Uzbekistan. The supply of the Russian vaccine to regional partners is also under negotiation[10]. In this sense, Moscow strengthened its regional leadership during the pandemic and, although the EAEU is still a long way from the political union, with a common currency and a single language, dreamed by Putin, the fight against the Coronavirus contributed to the development of the bloc.

On the other hand, the economic crisis resulting from the outbreak may aggravate pre-existing conditions in the EAEU's members, such as corruption, the population's

distrust in highly centralized regimes, and social inequality, especially in the poorest countries of Central Asia. Even for the more developed ones, that is, Russia and Kazakhstan, the crisis in the energy market has once again highlighted the limitations of an economic model based on commodities exports, low degree of industrialization, and low diversification of activities. Although it is also recovering from the economic turmoil, China, which had already been increasing its projection in the region since the launch of the BRI in 2013, tends to strengthen its position in relation to the EAEU; both due to the rise in trade and investments linked to the major Chinese infrastructure projects, and the growing number of local transactions made in renminbi. Although the Kremlin considers its growing economic dependence on Beijing to be less of a risk to Russian national security than its run-out relationship with the West, without a comprehensive reform of its economic system, Russia may be left behind within its own traditional space of influence.

Notes

[1] Created in 2000 by Russia, Belarus, Kazakhstan, Kyrgyzstan and Tajikistan, it also sought to promote trade and economic cooperation in the region. With the establishment of EAEU, the Eurasian Economic Community (EurAsEC) was officially dissolved in 2015 (VINOKUROV, 2017).

2 Formerly called Astana, the capital of Kazakhstan adopted its new name in 2019, in honor of former President Nursultan Narzabayev, who ruled the country for 19 years and was one of the "architects" of Eurasian integration.

3 Due to the reduction of investments by Russian companies, the largest capital exporters of the EAEU, in the region, especially in Kazakhstan, Belarus and Kyrgyzstan (VINOKUROV, 2017; SHAGINA, 2020).

4 Armenia and Kyrgyzstan, agricultural, underdeveloped and politically unstable countries, are, together with Tajikistan and Uzbekistan, the main places of origin for migrant workers living in Russia (KHITAKHUNOV; MUKHAMEDIYEV, 2016).

5 Moscow even sent medical assistance to Italy, Serbia and the United States in March, an action that was later criticized by medical teams in the country. The criticism was raised because, despite having exported IPE to other countries, Russia itself ended up suffering from the lack of protective equipment and, soon, several hospitals became hot spots of COVID-19 (ÅSLUND, 2020).

6 Very similar to what happened in Brazil and the United States, the fight against the spread of Coronavirus in Russia was led by governors and municipal authorities. The mayor of the capital Moscow, Sergey Sobyanin, the center of the epidemic in the country, was one of the leaders that stood out the most during the pandemic. Putin, who has historically concentrated powers and governed with an iron fist, has decided not to lead the crisis management in order not to be the face of measures that displeased the economic elites who support his government. Thus, he limited himself to criticizing and threatening governors who "overstepped" by closing borders, who acted too late or who lifted restrictions too soon (ÅSLUND, 2020; REYNOLDS, 2020).

7 Founded in 2001, in Shanghai, by China, Russia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, it is an Eurasian organization centered on political, economic and security cooperation. These countries, except for Uzbekistan, had been members of the "Shanghai Five" group, created in 1996 to promote the resolution of disputes, demilitarize borders and build mutual trust between the parties. In 2017, Pakistan and India, once observers, became state members of SCO. In addition, Belarus takes part as an observer and Armenia as a dialogue partner.

8 The Strategic Directions, made up of general provisions and 330 measures and mechanisms grouped in 11 sections, aim to deepen the integration process in the EAEU.

9 Pharmaceutical code which aims to establish the minimum quality requirements for medicines and other drugs used in the health field, published by a medical or pharmaceutical authority. In Brazil, the National Health Surveillance Agency (ANVISA) is responsible for the Brazilian Pharmacopoeia.

10 Belarus is participating in the final testing phase and will be one of the first countries to receive the vaccine that is being developed by the Gamaleya Research Institute, part of the Russian Ministry of Health, and named by Putin as Sputnik V (TASS, 2020). Kazakhstan, furthermore, has already signed an agreement with Russia to receive 2 million doses of the vaccine as soon as the tests are completed (PUTZ, 2020).

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THE GULF COOPERATION COUNCIL IN THE FACE OF THE COVID-19 PANDEMIC

Lucas Eduardo Silveira de Souza

On March 11 the World Health Organization (WHO) recognized that the proliferation of COVID-19 had reached the scale of a pandemic. From its beginning in the Chinese city of Wuhan, the epicenter of the pandemic migrated to Europe, then to the United States, finally reaching Latin America. Due to the social and economic impact caused by the COVID-19 outbreak, a range of political reactions was demanded globally in several spheres - local, national, regional, and international. The regional dimension is particularly interesting in the sense of unveiling how States act against a threat that is essentially transnational, whose responses, in thesis, would require from these actors some degree of joint coordination and cooperative dialogue.

Thus, our objective here is to analyze how the Cooperation Council of the Arab States of Gulf – or just the Gulf Cooperation Council (GCC) – initially reacted to the pandemic of COVID-19. A first point to highlight is that, unlike what occurs in other regional organizations, such as the European Union and Mercosur, for example, there is still little attention to the Middle East from specialists in the field of regionalism. In current studies on regionalism and the pandemic, the apparent gap in relation to the Persian Gulf should not suggest the lack of challenges and political responses in this unique regional system.

First of all, we introduce some aspects of the GCC in order to highlight its values, goals and strategic perspective. The GCC is an economic bloc, inserted in a perspective of political-strategic union and defensive alliance (CARVALHO PINTO, 2012), which was established in 1981 by the six signatory states of the Middle East, namely Saudi Arabia, Kuwait, Oman, Bahrain, United Arab Emirates, and Qatar. The GCC aims to

foster Arab unity through a process of coordination, integration, and interconnection between its member states in areas such as economy and finance, trade, education and culture, health, tourism, and legislation (GULF COOPERATION COUNCIL, 2020a). Grounded on a strong military bias, the GCC was driven by the need to provide greater cohesion and cooperation between these countries in order to preserve their status quo regarding the historical distrust generated by the Iranian hegemonic aspirations found since before the Islamic revolution of 1979 (CARVALHO PINTO, 2012; BROCKER, 2016).

These countries have gone through political and economic processes intertwined by a common identity, which is linked both to the fact that they are constituted of monarchical regimes and to the enormous potential of the oil sector. Despite the synergies in the economic-commercial agenda, the cooperation of States was based on the individual's potentialities related to such actors (COSTA, 2014), driven by the typical period of reorganization of the international order in the post-Cold War, in which the strategies of international insertion and integration were at the top of the global agenda.

In September 2020, at the time this work is being written, almost seven months since the pandemic started officially, the health crisis reaches significant marks: 33,881,272 cases and 1,012,980 deaths around the world, while in the six countries of the GCC there is a total of 829,186 cases and 7,197 lives taken by COVID-19. This is a number of deaths significantly lower than South Africa, for example, that presents 676,084 cases and 16,866 deaths from COVID-19 with a population (58,775,022 inhabitants) which is similar to the set of countries in the GCC (58,660,220 inhabitants) (JOHN HOPKINS UNIVERSITY, 2020). It's important to mention that the testing capacity and the veracity of official statistics can be widely questioned in both cases. The relatively low proportion of GCC fatal and infected cases in the global panorama has been related to the effectiveness of the fast government responses and the structural superiority of the health system in these countries (MARTÍNEZ, 2020).

The arrival of the pandemic in the region occurred in a scenario that had been marked by instabilities resulting from a combination of factors, such as the regional embargo against Qatar in 2017, that opened an unprecedented fracture in the bloc; the escalation of tensions in the Middle East, catalyzed by the conflict between the United States and Iran in 2019, and the trade war between the major oil producers Russia and

Saudi Arabia which is associated with the decline of oil demand and the fall of the barrels prices in the global market. Despite these fragilities, the pandemic has offered an opportunity to revitalize the GCC as a regional instance capable of offering institutional responses and generating opportunities for diplomatic rapprochement with Syria and Iran, one of the Arab countries most impacted by the health crisis (FAKHRO, 2020).

The first case of Coronavirus contagion officially registered in GCC member countries occurred in the United Arab Emirates on January 29. The data in Table 1 below, on the first records of cases and deaths from Coronavirus in the Gulf countries, suggest a more or less cohesive profile among the Gulf countries regarding the initial moments of viral proliferation. An important aspect from the beginning of the pandemic is that the governments of the six countries recognized the seriousness of the viral proliferation and aimed to adopt all measures in line with international health regulations, specifically the WHO International Health Regulation (2005) and the CCG Unified Health Procedures Manual (2018) (GCC..., 2020a).

Since then, the governments have adopted a set of measures to contain the virus, such as restrictions on mobility, circulation, and international commercial flights, the suspension of classes and prayers in mosques, the closure of public spaces, non-essential businesses and borders, and lockdown practices (MARTÍNEZ, 2020).

In the face of the new common threat represented by the pandemic, one can identify initiatives that revitalized the intergovernmental points of contact in the GCC. In the period of analysis (March-September 2020), there was a series of technical meetings, workshops, and seminars organized by the GCC General Secretariat involving the COVID-19 agenda specifically as well as the planning of measures for the current and post-pandemic panorama (Table 2). At first, in March, the main joint efforts for coordination were centered on the Health Ministers of those countries. The practical result was the creation of a 'joint operations room' that aims to bring these authorities together in weekly meetings to update and share information and experiences, as well as discussions on the coordination of the next steps (GCC..., 2020b).

Since June we can verify more notably a process of variation in how the theme is treated in the GCC discussions, which is marked by a strongly multisectoral perspective that included sectors like tourism, education, water and energy, food, telecommunications, road transport, civil aviation, ports and maritime transport, sports,

Table 1 - Impact of the pandemic by countries of the Gulf Cooperation Council (2020)

	Saudi Arabia	Bahrain	United Arab Emirates	Kuwait	Oman	Qatar
Population	34,709,954	1,870,601	9,870,325	4,257,439	5,081,300	2,870,601
N. of cases*	334,605	70,864	94,190	105,182	98,585	125,760
N. of deaths*	4,768	251	419	610	935	214
1º case	March 2	February 24	January 29	February 24	February 24	February 29
1º death	March 24	March 16	March 21	April 4	April 1	March 30

Fonte: the author, based on John Hopkins University (2020) and Martínez (2020).

public administration at the municipal level, micro and small companies (GULF COOPERATION COUNCIL, 2020b).

In the same month, the Secretary-General of the GCC, Nayef Al Hajraf, convened a virtual meeting between the finance ministers of the six members to coordinate common measures against the effects of the crisis (SALAMANCA, 2020). The ministers also reaffirmed the importance of a coordinated and joint strategy in all sectors in order to support the economic recovery and agreed on the necessity to facilitate the circulation of goods, especially foods and basic necessities, between countries from the GCC (QATAR, 2020a).

In April, trade representatives from the six member countries accepted the Kuwaiti proposal to create a common food supply network (MARTÍNEZ, 2020). In this respect, it is worth considering that mechanisms aimed to guarantee internal stability become an even more important asset for the monarchic regimes in the Middle East, which are often confronted by the fear of a wave of protests and revolutionary demonstrations for the expansion of civil and political rights and better conditions of work (CARVALHO PINTO, 2012).

Consequently, the resilience of the health system in these countries has been identified as one of the main factors of success in facing the pandemic. According to Martínez (2020), there are some factors that help to understand this picture. Firstly, the superiority of the CCG's infrastructure and health services compared to other countries

in the Middle East, something that is internationally recognized by the WHO. Second, the precedent epidemic in the region in 2012, named Middle East Respiratory Syndrome

Table 2 - GCC institutional responses for managing the COVID-19 crisis by thematic areas (until September 2020)

Thematic Area	Actions
Health	- GCC Meeting on Communicable Diseases Committee for Coordination and Cooperation (January, 29) - Three Extraordinary Meetings of the GCC Committee of Ministers of Health on the COVID-19 (February 19; March 21; June 17); - The GCC Health Cities Committee Meeting on COVID-19 (April 9); - The 3rd Joint Meeting of the Working Group to follow up the Work Plan of the GCC Ministerial Committee for Health (July 15).
Transit and transportation (road, air, sea)	- The GCC Technical Committee for Transportation and Road Engineering Meeting (May 7); - Discussing the Effects of the COVID-19 Pandemic's on the GCC Ports and Maritime Transportation Sector (May 12); - Discussing the Implications of the COVID-19 Pandemic's on the GCC Ports and Maritime Transport Sector (June 15); - The GCC 1st Meeting to follow up on the progression of the Coronavirus Dissemination and its Impact on the GCC Civil Aviation Sector (June 18); - The GCC and ERA Panel Discussion on "the Impact of the Corona Pandemic on the GCC Railway and Metro Sector and Similar International Experiences" (July 9).
Economics, Business and Investments	- Session to discuss the Situation of the GCC Small and Medium Enterprises Post-COVID-19 (May 18); - The GCC Panel Discussion on the "Priorities of Government Spending to address the Impacts of the Corona Pandemic" (July 13); - The GCC Workshop "Entrepreneurship and Investment in Digital Solutions in Light of keeping Pace with the Corona Pandemic" (July 19); - The GCC Seminar "Small and Medium Enterprises Post Covid-19" (July 22).
Education	- Participation in the "Quality of Higher Education under COVID 19" Forum (June 18); - The GCC Workshop on "Education during the Corona pandemic" (August 12).
Communication	- The GCC Workshop "the Role of the GCC Telecommunication Technologies Sector in Facing and Recovering from the Corona Pandemic (COVID-19) and the Business Continuity Plans" (July 1).
Food, Water and Energy	- The GCC Workshop on "the Future of the GCC Renewable and New Energy and the Impact of the Corona Pandemic" (July 5); - The GCC Seminar on "the GCC Interconnection of Food, Water and Energy from an Economic Perspective in Light of the Corona Pandemic" (July 8); - The GCC 2nd Workshop on "the Impact of the Corona Pandemic on the Electricity and Water Sectors" (July 12).
Public Administration	- The GCC Workshop on "the Effects of the Corona Pandemic on the Municipal Work" (July 6).
Sport	- The GCC Workshop on "the Effects of the Corona Pandemic on the GCC Sports Sector" (July 7).
Tourism and Environment	- The GCC Seminar on "the Repercussions of the Corona Pandemic on Tourism" (July 13); - The GCC Workshop on "the Impacts of the Corona Pandemic on the GCC Environment" (July 14).

Source: author's elaboration based on the Gulf Cooperation Council data (2020b)

Coronavirus (Mers-CoV), that affected mainly Saudi Arabia, allowed these countries to use their previous epidemiological experience to combat the current crisis. The last aspect pointed out by the author is related to the high financial capacity of the so-called 'petromonarchies' for confronting the current economic adversities - although the high dependence of the region on oil makes them more vulnerable to commodity fluctuations on the global market. Nevertheless, even though official figures indicate that the scale of the sanitary crisis is relatively softer in the Gulf, the economic impacts of the pandemic turned more acute the crisis perception.

In the economic dimension, the policy of closing non-essential businesses was generally adopted. However, there are cases of sectors that remained in operation such as construction, oil, and gas, which are also big employers of a large mass of workers. In this sense, the pandemic highlighted the social disparities that have been affecting many immigrant workers in the Gulf, a region that is traditionally known for attracting massive foreign flows from Africa and Asia to occupy underqualified posts in precarious conditions and not covered by the public health system (SALAMANCA, 2020). In Qatar, a country that has invested heavily in infrastructure to host the 2022 World Cup, there are reports that thousands of workers were locked up in a working-class neighborhood to prevent viral spread (MEDO..., 2020).

In the geopolitical dimension, a point that stands out is the potential for cooperation that the crisis of the novel Coronavirus has generated. The alarming economic and health situation in Iran, one of the countries most affected by the pandemic in the Middle East, motivated the GCC humanitarian aid: the Qatar government, an ally of the Islamic regime, announced the sending of medical teams and equipment; the government of the United Arab Emirates allocated two planes with medical and sanitary equipment; Kuwait, for its part, registered the sending of 10 million dollars. The exception is Saudi Arabia, a well-known opponent of the Iranian government and considered Washington's most important partner in the Gulf (ARANHA, 2020). On the other hand, the United Arab Emirates used the crisis context to advance its foreign policy interests on Syria by offering help to the government of Bashar Al-Assad, a gesture that has been considered as the first public contact by an Arab leadership since the beginning of the Syrian civil war (FAKHRO, 2020).

This rapprochement occurs just after the escalation of conflicts between Washington

and Tehran in 2019 and the recent conciliation between the United Arab Emirates and Israel, a fact that put the Iranian government in an even more delicate situation vis-à-vis the GCC countries. There is also another important piece on the political pandemic board. An opportunity for closer ties in the Gulf has been opened up by China, that offered support to Saudi Arabia, the United Arab Emirates and also to Iran in fighting the pandemic. Thus, there are those who claim that this is the beginning of a 'geopolitical transformation' in the Gulf (KHAN, 2020).

On the other hand, political divergence occurred before the pandemic crisis demonstrates the limits of regional cooperation. At the start of the pandemic, the government of Qatar – which has broken diplomatic relations with Saudi Arabia, the United Arab Emirates, and Bahrain since 2017 – accused the Saudi government of politicizing the pandemic and hampering access to the Qatari Health minister at a meeting about technical measures to contain the virus that took place in Riyadh (QATAR, 2020b). Despite this, it is worth noting that the pandemic represented the return of Doha to the GCC discussions, which may result in a gradual resumption of diplomatic relations.

For all of the above, we can finally draw some conclusions regarding the effects of the pandemic on the GCC's regionalism:

• Considering the differences in capacity (population, economic, territorial) of these countries, we verified that the national governments responded somehow to the demands for stopping the spread of the Coronavirus and demonstrated the desire to do so in a multisectoral agenda through institutional forums and ministerial conversations. It is essential, therefore, a later and more detailed analysis of this process in order to evaluate the practical consequences of those measures;

• The pandemic served as a ground to oxygenate the GCC, which has been paralyzed since 2017, and to advance cooperation within and outside the bloc (with Iran and China and, in the case of the United Arab Emirates, Syria). However, the approximations took place under a strong and exceptional humanitarian argument. Thus, we believe that there is a low probability that this process will lead to other areas considered more strategic and that it would end up reaching into the imbricated geopolitics of the Middle East;

• One last and relevant aspect is that, just as elsewhere in the world, the exceptionality of political action caused by the pandemic has opened up space for

advancing authoritarian practices against political dissidents and human rights violations against the poorest like the immigrants within the Gulf countries.

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ASEAN AND THE PANDEMICS: SOUTHEAST ASIA COPING AGAINST COVID-19

Maurício Luiz Borges Ramos Dias
Raí Luís Honorato

In a crisis scenario caused by the Coronavirus disease 2019 (COVID-19) pandemics, a number of social, political, and economic vulnerabilities, which were coming up in the past few years, are aggravated. This set of vulnerabilities do not limit itself to a local reality, since it exposes some deficiencies at the national and international levels. Regional mechanisms for integration and multilateralism, promoted by international organizations, have been an option used as countries are facing the virus. The exchange of information and data about infected people worldwide, the development of a cure, or even a vaccine have been at the top of international institutions' discussion agenda, and the Southeast Asian countries apparently do the same.

The Bangkok Declaration, elaborated in a regional conference between Indonesia, the Philippines, Singapore, Thailand, and Malaysia, had made official in 1967 the creation of the Association of Southeast Asian Nations (ASEAN). Many factors led these countries to agree to come up as one and create their own regional organization. One of these can be described as the common desire to avoid that the region, inserted in the Cold War tensions, was used as a stage for great powers to protect its interests (BROINOWSKI, 1990, pp. 5-7).

Furthermore, the southeast Asian countries were willing to face problems related to economic growth, political and institutional stability together. In exchange, there needed to be a collective compromise to not harm each other's sovereignty along the way. Beeson (2008, pp. 20) believed that their newly independent existence made them

demand this compromise as a safeguard, inasmuch as defining self-determination as the ultimate limit to regional integration.

Moving further, the Association began to acquire more institutional robustness from 1976 and this process kept going until the end of the 1990s. At that first moment, the ASEAN Secretariat was established, which was and is until these days responsible for creating consensus about regional agendas and its resolutions. Moreover, it was also the beginning of an enlargement of member states participating in the initiative, as it included countries such as Brunei, Vietnam, Laos, Cambodia, and Myanmar, respectively (SEVERINO, 2008, pp. 4-5).

Being part of a regional organization, ASEAN members have already joined each other to face complex challenges. For instance, there was a regional economic crisis which fell upon the southeast Asian countries in 1997. According to Jones (2012, pp. 107-109), this crisis was about the financial sectors suffering from the banks falling out and from the big inflow of speculative capital coming into the national economies all over the region.

However, regionally dealing with a sanitary crisis seemed to be a novelty to the southeast Asian integration framework. The COVID-19 outbreak imposed challenges to ASEAN members, whereas it affected fundamental agendas to regional cooperation, as economy and finance, as well as impacting more sensitive agendas, like human rights, supply chain connectivity, and food security.

An article published by the Center for Strategic and International Studies (2020) argues that Indonesia, the Philippines, and Singapore registered 299.000, 267.000, and 58.000 infection cases until September 27th, 2020, respectively. It was also expected, according to this article, due to the fact that the regional economy would be directly affected by the new pandemic.

In one of its reports taking into account the financial situation of the southeast Asian countries during the pandemic, the International Monetary Fund (IMF) said it was expected that regional growth would be around -0,6%, not so great of a result as the preview expectations circled a regional growth of 4,8% to 2020. A little more pessimistic, the World Bank (WB) projected growth that could range from -1.5% to -5%, with the exception of the Vietnamese economy which would spike a positive rate of 1.5% (SEARIGHT, 2020).

Based on these economic projections and also on the disease development framework around the world, there was an institutional movement pushing ASEAN members to create a collective response to face the pandemics. This could be justified based on data published by the Organization for Economic Cooperation and Development (OECD, 2020) asserting that the health care systems of countries like Laos, Myanmar, and Cambodia were very vulnerable to high demands of services, electing the regional initiative as the best opportunity for mitigating the crisis effects without great costs.

Therefore, it was assured that creating and enhancing regional mechanisms related to public health was fundamental, through optimizing the coordination between members and with extra-regional countries, mainly because it would be possible then to safeguard regional health security. Thereafter, it was declared during the 36th ASEAN Summit the establishment of the Regional Reserve of Medical Supplies (RRMS) and the COVID-19 ASEAN Response Fund (ASEAN, 2020, pp. 3-6).

Taking into account the predictions about the economic retraction, a sector of great importance for ASEAN and which has become a source of concern is agriculture, due to its responsibility for 72% of jobs in Laos and about 33% of the Thai economy in 2018. Thus, the maintenance of food security in the region was considered another concern, as preventive measures characterized by the low mobility of the population due to the pandemics contributed to: 1) the lower availability of labor, goods, and purchasing power; 2) the discontinuity in food distribution; and 3) the uncertainty of maintaining food prices (FAO, 2020a, 2020b).

In this sense, in June 2020, through greater economic cooperation and supply chain connectivity between ASEAN members, the Hanoi Action Plan was concluded. This joint plan aimed to facilitate the distribution of essential goods such as food and medicine by land, sea, and air, to the point of ensuring the minimum availability of these products to the greatest number of people possible, maintaining the prerogative of stability of food security in the region (ASEAN, 2020c, pp. 2-4).

Amidst the pandemics, political tensions influenced by the securitization of health and ongoing domestic adversities were also noted. In the Cambodian case, the political authorities, even in the face of a few national cases of COVID-19 infected people, passed the Emergency Law in April 2020, giving Prime Minister Hun Sen indefinitely

unlimited political powers, surveillance of the media, and restriction of media information (DEFALCO, 2020).

A similar situation occurred with Philippine President Rodrigo Duterte, who authorized the security services to shoot people who did not comply with the isolation rules (BILLING, 2020). In addition, episodes of ethnic intolerance took place in Myanmar, through the application of discriminatory policies created by State Counsellor Aung San Suu Kyi. Nachensom (2020) demonstrated that the police had the premise of arresting people who entered the country illegally, in addition to exposing the names and addresses of newly repatriated people in state newspapers. This would mainly affect the Muslim minority Rohingya and discourage the search for health facilities by vulnerable social groups.

However, as highlighted by Heng (2020), although ASEAN aims to promote regional stability, the organization has not built a structural framework effective enough to combat the increase of authoritarianism, as well as guarantee respect for the lives of nationals, migrants, and refugees. This may stem from the prerogative from which the regional organization was created, known as the "ASEAN way", which safeguards the norm of non-intervention and respect for the sovereignty and self-determination of nations participating in the integration process.

Considering how the effects of COVID-19 could influence the well-being, freedom, and political expression of society, in May 2020 the ASEAN Intergovernmental Commission on Human Rights highlighted the paramount importance of the member countries and sectoral bodies of the organization in creating responses to the pandemic that included human rights as an essential aspect. To this end, it was recommended to safeguard the right to health access inherent to all people, regardless of gender, nationality, and social situation, and that free access to information needed to be promoted, to preserve civil rights and freedom of expression (ASEAN SECRETARIAT NEWS, 2020).

Regarding international cooperation to tackle the pandemic, it's possible to mention the ASEAN Summit Special Declaration on COVID-19. An example of a partnership established on this declaration, based on the principle of collective combat of the virus through cooperation, was the so-called "Mask Diplomacy". In this project, the Chinese government donated 75,000 surgical masks for distribution and use among the countries

belonging to the Association, in addition to health equipment delivered individually to the Southeast Asian countries (ASEAN, 2020b, pp.1-2; CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES, 2020).

Concurrently, there was also the ASEAN+3 meeting, composed of ASEAN member countries in dialogue with other three Asia countries: China, South Korea, and Japan. At this meeting, the present countries agreed to promote the circulation of essential goods such as commodities, food, and medicines extra-regionally, as well as efforts to strengthen the resilience of supply chain connections between these governments (ASEAN, 2020d, pp. 1).

In terms of foreign direct investment, the United States allocated approximately US$ 77 million to strengthen the public health system of ASEAN member countries (TAMARA, 2020). At the same time, the European Union has allocated around € 800 million for regional cooperation plans between both organizations and activities of the World Health Organization (WHO) in the region. Individually with each member, there was a commitment to developing programs related to economic recovery budgets, policies to protect vulnerable communities, and humanitarian assistance (EUROPEAN COMMISSION, 2020).

Hence, it was noted that ASEAN's fight against the effects of COVID-19 was based both on multilateral measures adopted between its member countries and on extra-regional cooperation with different states and other international organizations. Nevertheless, on issues such as the violation of human rights during the pandemics, institutional aspects as for instance respect for sovereignty and non-intervention prevented the Association from adopting more incisive measures. Thus, while cooperation policies in the fields of health and the economy had greater institutional support to be carried out, the inability to contain attacks on vulnerable social groups and cases of state authoritarianism may become issues for future debates regarding the regionalism promoted in Southeast Asia.

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