CARICOM: A REGIONALIZED RESPONSE TO THE COVID-19 PANDEMIC

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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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REFERENCES

ALTMAN, Steven A. O impacto da Covid-19 na globalização perdurará? Harvard Business Review Brasil. Watertown, 13 out. 2020. Available at: https://hbrbr.com.br/o-impacto-da-covid-19-na-globalizacao-perdurara/. Accessed: 27 out. 2020.

BUSS, P; TOBAR, S. La COVID-19 y las oportunidades de cooperación internacional en salud. Cadernos de Saúde Pública, São Paulo, v. 36, 2020. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2020000400503. Accessed: 03 oct. 2020.

CARICOM. Our community: who we are. Georgetown, 2020a. Available at: https://caricom.org/our-community/who-we-are/#. Accessed: 27 out. 2020.

CARICOM. Tracking COVID-19 pandemic in CARICOM. Georgetown, 6 may. 2020b. Available at: https://caricom.org/tracking-covid-19-pandemic-in-caricom/. Accessed: 02 oct. 2020.

CARICOM. Press release re: Ninth Special Emergency Meeting of the Conference of Heads of Government of the Caribbean Community, via conference, 15 april 2020. Georgetown, 16 abr. 2020c. Available at: https://caricom.org/press-release-re-ninth-special-emergency-meeting-of-the-conference-of-heads-of-government-of-the-caribbean-community-via-videoconference-15-april-2020/. Accessed: 02 oct. 2020.

CARPHA. CARPHA: COVID-19 Situation Report No. 96. Port of Spain, 28 sep. 2020a. Available at: https://www.carpha.org/Portals/0/Documents/COVID%20Situation%20Reports/Situation%20Report%2096%20-%20September%2028,%202020.pdf. Accessed: 03 oct. 2020.

CARPHA. Regional COVID-19 public health considerations for reopening of borders and resuming travel in the CARICOM region. CARPHA Technical Guidance: COVID-19 Series No. 40. Port of Spain, 28 Jul. 2020b. Available at: https://www.carpha.org/Portals/0/Documents/Technical%20Guidance/Regional%20Health%20Considerations%20for%20Reopening%20and%20Resuming%20Travelling%20in%20the%20Caribbean.pdf. Accessed: 02. oct. 2020.

CARPHA et al. Reopening of caribbean turism & travel: safely resuming business operations and restoring caribbean tourism in 2020 and beyond. Guidelines and Checklists. Port of Spain, 22 Jun. 2020c. Available at: https://carpha.org/Portals/0/Documents/Technical%20Guidance/Guidelines%20and

%20Checklists%20for%20Reopening%20of%20Caribbean%20Tourism%20and%20Travel.pdf. Accessed: 02 oct. 2020.

CARICOM. COVID-19 Dashboard. Georgetown, 2020d. Available at: https://infogram.com/1p3mqdeyw3kzpjb0gv052y96d3sdm9p9zyd. Accessed: 02 out., 2020.

CARPHA. Who we are. [2020e]. Available at: https://carpha.org/Who-We-Are/About . Accessed: 29 out. 2020.

CEPAL. Medidas de recuperación del sector turístico en América Latina y el Caribe: una oportunidad para promover la sostenibilidad y la resiliencia. Informes COVID-19. Santiago do Chile, julio de 2020. Available at: https://repositorio.cepal.org/bitstream/handle/11362/45770/1/S2000441_es.pdf. Accessed: 02 oct. 2020.

CRUICKSHANK-TAYLOR, V. Caribbean countries benefit from European Union funding to fight against COVID-19. Port of Spain, 28 abr. 2020a. Available at: https://carpha.org/More/Media/Articles/ArticleID/321/Caribbean-Countries-Benefit-from-European-Union-Funding-to-Fight-against-COVID-19.Accesed: 01 oct. 2020a.

CRUICKSHANK-TAYLOR, V. CARPHA collaborates with the University of Trinidad and Tobago to strengthen health education and research in the caribbean. Port of Spain, 29 apr. 2020b. Available at: https://carpha.org/More/Media/Articles/ArticleID/322/CARPHA-Collaborates-with-The-University-of-Trinidad-and-Tobago-to-Strengthen-Health-Education-and-Research-in-the-Caribbean. Accessed: 01 oct. 2020b.

CRUICKSHANK-TAYLOR, V. IDB contributes US$ 750K to support CARPHA's coordinated COVID-19 response in the Caribbean. Port of Spain, 22 jun. 2020c. Available at: https://carpha.org/More/Media/Articles/ArticleID/336/IDB-Contributes-US-750K-to-Support-CARPHA%E2%80%99s-Coordinated-COVID-19-Response-in-the-Caribbean. Accessed: 03 oct. 2020.

CRUICKSHANK-TAYLOR, V. CARPHA receives medical supplies from the People's Republic of China. Port of Spain, 21 jul. 2020d. Available at: https://caribbeannewsservice.com/carpha-receives-medical-supplies-from-the-peoples-republic-of-china/. Accessed: 03 oct. 2020.

JESSOP, D. The immorality denying anyone medical support. The Caribbean Council. London, 5 jul. 2020. Available: https://www.caribbean-council.org/the-immorality-of-denying-anyone-medical-support/. Accessed: 02 oct. 2020.

MURPHY, M. M. et al. COVID-19 containment in the Caribbean: the experience of

small islands developing states. Research in Globalization, Amsterdam, v. 2, dec. 2020, 100019. Available at: https://www.sciencedirect.com/science/article/pii/S2590051X20300083. Accessed: 02 oct. 2020.

NIKOGOSIAN, Haik. Regional Integration, Health Policy and Global Health. Global Policy, Durhan, v. 11, n. 4, sep. 2020. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/1758-5899.12835. Accessed: 03 oct. 2020.

NURSE, Michelle. Caribbean unveils initiatives to support reopening tourism. CARICOM Today. Georgetown, 14 jul. 2020. Available at: https://today.caricom.org/2020/07/10/caribbean-unveils-initiatives-to-support-reopening-tourism/. Accessed: 27 out. 2020.

PAHO/WHO - PAN AMERICAN HEALTH ORGANIZATION / WORLD HEALTH ORGANIZATION. COVID-19 Situation Report, n. 7, 11 mai. 2020. Washington, 2020. Available at: https://iris.paho.org/handle/10665.2/52424. Accessed: 02 oct. 2020.

POWERS, R D. Public Health and Health Policy in the Caribbean. Journal of Race & Policy, v. 7, n. 1, 2011. Available at: https://search.proquest.com/openview/846d53eda1abdb47acd269fd5e470a7e/1.pdf?pq-origsite=gscholar&cbl=39036 Accessed: 29 out. 2020.