

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

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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 Iguazu in 1985.

The political decision of both governments to coordinate actions<sup>1</sup> 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 (CAICHILOLO, 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 (CAICHILOLO, 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 Riggiozzi (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<sup>2</sup> 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”<sup>3</sup>, 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).

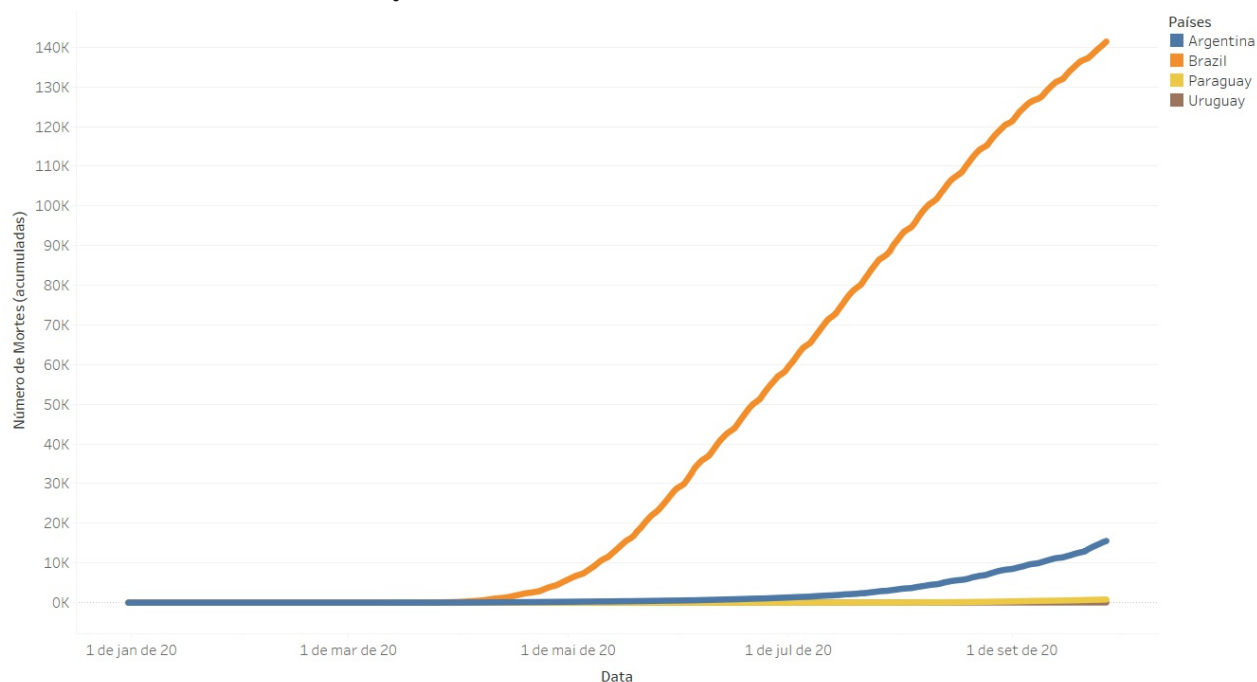
After the extraordinary meeting of Health Ministers in February, there was an ordinary ministerial meeting on June 18th. This ordinary meeting led to the “Declaration of Ministers of Health of Mercosur on COVID-19” which, however, is quite vague, functioning more like a declaration of good intentions 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?

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## Notes

- <sup>1</sup> 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).
- <sup>2</sup> Brazil's President, Jair Bolsonaro, did not participate in this meeting, being represented by his Minister of Foreign Affairs, Ernesto Araújo.
- <sup>3</sup> 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).
- <sup>4</sup> The Data.World provides complete and daily updated COVID-19 information databases.

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