INTRODUCTION

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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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