

COVID-19 and opportunities for international cooperation in health

La COVID-19 y las oportunidades de cooperación internacional en salud

COVID-19 e as oportunidades de cooperação internacional em saúde

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On March 11th, 2020, the World Health Organization (WHO) declared COVID-19 (the disease caused by the novel coronavirus SARS-CoV-2) a pandemic. As of this article's writing, more than 1.3 million people have been infected, with more than 80,000 deaths worldwide (case-fatality: 5.9%). There have been some 400,000 cases and 12,000 deaths in the Americas as a whole, with the United States accounting for 85% of both cases and deaths. In Brazil, the country most affected in South America, there have been 14,000 cases and more than 700 deaths (case-fatality: 5%).

The pandemic is proving to have profound impacts on the global economy: trillions of dollars evaporated from the world's stock exchanges before they closed their doors to avoid absolute collapse, either because the brokers had fallen ill or the financial assets had plummeted; millions of people have lost their jobs, at least temporarily, and millions more of informal workers, excluded from social protection systems by negligent governments, have been left with a tragic choice, either to leave home to earn their daily bread and expose themselves to the virus or remain in social isolation and die of hunger.

Governments have either had to open their coffers to spend on health services and economic assistance for companies and workers (in that order) or stand by and watch the social and health situation deteriorate even further. The G20 countries promised to inject USD 4.8 trillion into the global economy; the United States has earmarked USD 2.3 trillion in stimulus packages for its domestic economy, but has invested nothing in international aid for global health, an area where that country had been one of the champions in the past; in Brazil, the statistics announced by the Federal Government are imprecise, but the scrapped Brazilian Unified National Health System (SUS) has been struggling for years to deal with a complex set of health problems, largely determined by the country's immense socioeconomic inequality.

In a scenario of increased vulnerability in which diseases cross national borders and health risks are globalized, the sub-regional level, associated with initiatives for integration, offers key opportunities for cooperation in health.

From 2008 to 2019, South America was an example of cooperation in health during the existence of the Union of South American Nations (UNASUR). As part of the highest governance structure in this initiative for regional integration, UNASUR featured the South American Health Council, with 12 Ministers of Health from countries of the region. During that period, the countries' collective

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fight against the H1N1 influenza pandemic and dengue epidemics and the organization of common measures against other emerging and reemerging diseases, including collective preparations for the potential introduction of the Ebola virus, were conducted by the Council, supported by the heads of State and implemented by hundreds of expert staff from the States members' Ministries of Health and health systems.

UNASUR's implosion, or the rejection of regional multilateralism, liquidated this stable mechanism which had functioned effectively for some ten years in South America.

It is essential to restore these political and technical mechanisms in order to deal with the new coronavirus epidemic, as well as with potential new health challenges of international concern, since simply closing borders is not the solution. South America has 48 borders with a total of 17,000 kilometers. The population's daily life in border areas has always taken place with mutual benefits and intense cooperation to jointly deal with common problems.

The Ministries of Health of South America have been consulting each other, but it would be advantageous to conduct such relations institutionally at the highest level and to intensify consultations and mutual assistance in order to implement rational technical measures in border health surveillance, which depend on the 12 countries that have such borders. This kind of cooperation is beneficial for all countries concerned.

*"Time is of the essence – Countries of the Americas must act now to slow the spread of COVID-19. But only if we act now (...). This virus has not and will not be stopped by borders drawn on maps"*¹. Thus stated Pan American Health Organization (PAHO) Director Carissa Etienne, who called on the countries of the Americas to take urgent measures to guarantee hospital space, beds, health personnel, and medical equipment to deal with the growing influx of persons with COVID-19.

It is possible to identify some lines of work that will definitely contribute to countries' decisions related to the COVID-19 pandemic and other diseases, including epidemic viruses threatening the world and the region:

- (a) Data exchanges and follow-up of the epidemic, developing comparative curves in COVID-19 trends in the countries and drawing on measures and solutions adopted in various dimensions (social, public health, and clinical) for dealing with the epidemic. Exchange of experiences and lessons learned.
- (b) Information searches on the diagnosis, surveillance, control, and prevention of COVID-19, identifying which information is based on scientific evidence in order to support and feed policymaking and decision-making, while eliminating fake news.
- (c) Creation of a regional network of laboratories for the diagnosis of COVID-19 and other viruses, with a quality assurance program for laboratory diagnosis, applicable to all laboratories in the region.
- (d) Adoption of incentives for research, technological innovation, and production of appropriate health technologies for COVID-19 (medical equipments, respirators, reagents, personal protective equipment, etc.), joining efforts and promoting scale economies and country capacities, fostering cooperation.
- (e) Adoption of mechanisms for joint negotiation and purchase of strategic inputs for dealing with the pandemic.
- (f) Building regional funds for emergency financial support to deal with the pandemic and other public health contingencies.
- (g) Mobilizing structural networks of existing South American institutions (national institutes of public health, schools of public health, and polytechnic health schools) for the organization of timely research, human resources training, and technical assistance and cooperation.

Dr. Etienne¹ also declared, *"It will not be easy, and we know we will be asking people to adapt to an extraordinary situation that is impacting everything in their lives. But let me emphasize: this pandemic is serious, and we need to do everything in our power to mitigate the impact of COVID-19 on our people"*.

Sub-regional integration should stimulate to build health intelligence for surveillance and to define measures for suppression and mitigation, which can strengthen the response both to COVID-19 and to the emergence of new viruses with pandemic potential. Meanwhile, it makes no sense to exclude any territory on grounds of ideology, as Venezuela for example, or any other country. The pandemic affects all of us, without distinction; either we are all in this together, or we will not be at all.

The formal and institutional structuring of these intergovernmental relations at the highest level will open the way and encourage vital cooperation between universities, research institutes, schools

of public health, and undergraduate schools in the health fields, fostering the establishment of human resources training and research projects and technological development that respond to the common needs of countries in our region in coping with the epidemic.

This cooperation in the subregion would reinforce the continental action by the PAHO, which convenes all the countries of the Americas, in this important initiative in the field of regional health diplomacy.

A key question remains, namely whether the Forum for the Progress and Development of South America (PROSUR), spearheaded by neo-conservative governments to replace UNASUR, will put health above all economic interests, recreating the opportunities for South-South health cooperation offered by the sub-regional level to cope with the COVID-19 challenge. If this epidemiological intelligence is not established at the sub-regional level through cooperation in health, we will remain vulnerable to the new coronavirus and to other diseases with pandemic potential.

In this sense, the Caribbean has taken an important step with the creation of the Caribbean Public Health Agency (CARPHA) ², while Africa has created the Africa Centres for Disease Control and Prevention (CDC/AFRO) ³, both of which are important organizational and regional health intelligence arrangements for dealing with the pandemic. What should South America learn from the international lessons and take perhaps a similar path?

Finally, if recent communications from the International Monetary Fund (IMF) and World Bank are sincere and if they materialize, announcing USD 1 trillion and USD 14 billion, respectively, for soft loans to the most vulnerable and poorest countries, the South American countries should jointly seek critical economic resources at zero cost from these institutions to deal with the pandemic. This could be the opportunity to make this proposal and these mechanisms of integration in health a true “regional public good”.

Contributors

The authors contributed equally to the article's preparation.

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