

COVID-19 pandemic and the regional health agenda in Latin America: chronicle of a missed opportunity

Pandemia de COVID-19 y la agenda regional de salud en América Latina: crónica de una oportunidad perdida

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Abstract

This article analyses policy regional responses to COVID-19 pandemic in Latin America and identifies the current limitations to cooperation efforts within regional integration mechanisms in the health sector, especially considering the access to vaccines and health technologies. A qualitative methodology was followed based on secondary data and document analysis. As a result, we found that the policy responses to COVID-19 have lacked a regional approach in Latin America. The worldwide crisis of multilateralism, the political distancing between countries and their resulting unilateral response were associated with a lack of coordinated actions and the undermining of a concerted strategy. Despite the different regional mechanisms and initiatives to deal with the pandemic, the results – being fragmented – have not been enough to elaborate effective responses to COVID-19. The COVID-19 pandemic has been a missed opportunity for global health to articulate agendas and for Latin America to rebuild its fragmented and weak regional cooperation.

Key words:

COVID19; GLOBAL HEALTH; HEALTH POLICIES; INTERNATIONAL COOPERATION; REGIONALISM

Resumen

Este artículo analiza las respuestas regionales a la pandemia de COVID-19 en América Latina e identifica las limitaciones en los esfuerzos de cooperación dentro de los mecanismos de integración regional en el sector de la salud,

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especialmente en lo que respecta al acceso a vacunas y tecnologías de salud. Se siguió una metodología cualitativa basada en datos secundarios y análisis de documentos. Como resultado, encontramos que las respuestas a la COVID-19 han carecido de un enfoque regional en América Latina. La crisis mundial del multilateralismo, el distanciamiento político entre los países y su subsiguiente respuesta unilateral se asociaron con la falta de acciones coordinadas y el debilitamiento de una estrategia concertada. A pesar de los diferentes mecanismos regional e iniciativas desarrolladas para enfrentar la pandemia, los resultados, no han sido suficientes para elaborar respuestas efectivas a la COVID-19. La pandemia de COVID-19 ha representado una oportunidad perdida para la salud global en la articulación de agendas y para que América Latina reconstruya su fragmentada y débil cooperación regional.

Palabras clave:

COVID-19; SALUD GLOBAL; POLÍTICAS DE SALUD; COOPERACIÓN INTERNACIONAL; REGIONALISMO

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1. Introduction

Almost three years after COVID-19 was declared a global pandemic, the future still remains uncertain. In Latin America and the Caribbean (LAC), many countries are still struggling to vaccinate their populations and to guarantee a minimum of 70% coverage according to the recommendations of the World Health Organization (WHO).

Latin America represents 8% of the world population, concentrates one in five of the infected persons and around a third of those who have died from COVID-19 worldwide. More than 1,7 million Latin Americans and Caribbeans have already lost their lives due to the coronavirus (WHO, 2023). Despite this, there are still 10 countries who have not achieved a 40% threshold of vaccination coverage, and another 24 who have not yet reached the 70% vaccination coverage recommended (WHO, 2023).

The progress on vaccination has been slow, especially due to sourcing difficulties faced by the region (Herrero & Riggirozzi, 2021). One of the main obstacles to accessing more vaccines in Latin America is the lack of existing reserves and its dependence on imports from other countries. Only 4% of the medical supplies used in Latin America to contain COVID-19 are produced in the region (PAHO, 2021a).

Moreover, it must be underlined the pre-existing complex scenario in the region, marked by the double burden of infectious and chronic-degenerative diseases, high rates of poverty, informal work and fragmented health systems, among other key factors, which therefore have aggravated and enhanced the impact of the pandemic, making it difficult to control (García *et al.*, 2020). In the context of the global crisis of multilateralism that hindered the pandemic control, likewise within the Latin American region, the global COVID-19 response strategies have shown the common element of being unilateral and isolated. Almost three years after the start of the pandemic, the tendency to adopt unilateral actions seems to prevail, as reflected in the purchase and distribution of vaccines, undermining the possibility of a broader concerted response.

Nowadays, Latin American countries are quite far from a coordinated strategy to face the pandemic impact, despite the fact that over the past decades, South-South Cooperation (SSC) has been an instrument adopted by LAC countries for public health issues. This fact shows indeed that the health field has have a long history of integration

and cooperation in our region, especially in the framework of the Union of South American States (UNASUR), highlighting that the health field can be a good channel for regional consensus. What is more, health has been not only the engine of regional integration, but also one of the most active areas of SSC (SEGIB, 2017).

Undoubtedly, and especially since the pandemic started, health issues currently have a prominent place in the international and regional decision-making agendas. Nevertheless, the individual strategies of the Latin American nations and the missed opportunity for a regional approach to face the pandemic, leads us to analyse - in the background of the agenda-setting process - how a health issue moves up the government agenda. Hence, the question here is why the health crisis didn't open a policy window, arising as a driving force for cohesion and a coordinated policy strategy, and thus guaranteeing more equitable access to vaccines.

The hypothesis of this article considers that, on the one hand, this is due to a global crisis of multilateralism and, on the other, due to the fragility and limitations of the regional integration mechanisms within the Latin American region.

The analysis is carried out by applying Kingdon's Multiple Streams Framework (2003), according to which, the decision-making process in public policies shapes a government's decision-making agenda at the national level. The decision-making agenda is formed when a window of opportunity appears, opened by the confluence of three identified flows: the problem stream, the policy stream (or a solution stream) and the political stream. The convergence of these three flows and, then, the positioning of a certain topic on the decision makers' agenda allows the actors involved to present the most viable alternative for that scenario (Oliveira, 2019). Although Kingdon does not write from the field of health or health policies, his contribution provides relevant tools to understand how and why health issues enter (or not) on decision agendas, in the case of our study, from a regional / international level of analysis.

Additionally, the contributions of regionalism in health help to realize how regional integration mechanisms can develop cooperative actions in health. Many authors have already mentioned the importance of regional integration mechanisms, especially in the context of the pandemic (Amaya & De Lombaerde, 2021; Buss & Tobar, 2020; Davies & Wenham, 2020; Rodrigues & Kleiman, 2020). Several studies have pointed out the relevance of regional organizations as central actors, not just in foreign policy, but also in the international health agenda (Herrero & Tussie, 2015). From the role and effect of pressure they exert at different levels of intervention, they can promote the

emergence and consolidation of initiatives contributing to health care as a right and sanitary sovereignty, through new mechanisms of diplomacy (Riggirozzi 2014; Herrero & Tussie, 2015).

These theoretical approaches can shed light on the analysis of the pandemic public strategies in Latin America, as well as contribute to identifying current limitations of regional integration mechanisms to address regional and international health crises.

The aim of this study is twofold. On one hand, it analyses the approach to the pandemic at the regional level in two stages: prior to the arrival of vaccines, at the beginning of the pandemic and then, since their arrival. On the other hand, it proposes to identify current limitations of regional integration mechanisms to address regional and international health crises, also considering health as a tool to strengthen regional integration.

The article is structured in three sections. After this introduction, the first section presents the analysis of the regional response to COVID-19 at the two stages mentioned above, also taking into account the historic development of regionalism in health in Latin America. The next section comprises the discussion, to analyze whether the windows of opportunity were opened at the regional level to address the pandemic, but also to recognize that regionalism has not been at the center of the responses for these countries, in the context of a progressive weakening of the multilateralism in the region. Finally, as a conclusion, this article led to consider the relevance of a kind of regional cooperation based on principles of solidarity and mutual benefit, especially in the contexts of health crises. It also highlights ways to overcome the crisis and strengthen regional integration and cooperation in this part of the globe.

1.1 Methodology

To achieve its objectives, this article develops a qualitative analysis of secondary data, based on an assessment of official documents published by regional integration organizations on their respective websites.

The search includes high-level political declarations, regional plans, strategic guidelines on COVID-19 and also news related to the COVID-19 pandemic published on the same official channels. Every document or article published on the mentioned pages that was related to the topic was selected and analysed. The study encompasses documents and articles issued between January 2020 and July 2022.

As selection criteria, the study considered the regional organizations exclusively composed of Latin American countries, and that have some kind of coordination mechanisms in the health area. The following organizations were considered: Community of Latin American and Caribbean States (CELAC), Forum for the Progress of South America (Prosur), the Southern Common Market (MERCOSUR), Andean Health Organization-Hipólito Unanue Agreement (ORAS-CONHU), Amazon Cooperation Treaty Organization (ACTO), and the Central American Integration System (SICA).

The analysis was conducted on the basis of the following categories: epidemiological surveillance; production, purchase, distribution of medicines and supplies vaccines; periodic regional reports; regional actions plans; high-level political statements; virtual events on topic related to the pandemic; articulation with other regional integration mechanism within LAC; and articulation with other international organizations

2. Results

2.1 Regional response to COVID-19 in Latin America

2.1.1 First Stage: The Emergence of the Pandemic in a Fragmented Latin America and the Governments' Reaction

Since the WHO declared the international public health emergency, there have been different reactions from the governments worldwide, from those who tried to deny the disease and practically did not apply measures, to those who implemented more drastic measures, including prolonged social isolation. Other countries progressively applied the measures depending on the impact of the pandemic in their territories, until many of them had to decree more drastic measures. This indicates that health systems responsiveness is a fundamental and necessary aspect, and social distancing measures enacted at the right time play a central role; however, none of those strategies have been enough to face this pandemic.

The alert for the global spread of COVID-19 broke surprisingly into the region at a time of high fragmentation and, above all, of reduction of its programmatic agenda. Although the different regional mechanisms quickly started to promote initiatives to address the pandemic, no more effective responses to COVID-19 have been achieved through regional cooperation. This scenario, also favored by the political distancing between countries and the lack of leadership,

limited the possibility of reaching concerted policies in terms of regional health governance (Riggirozzi, 2020). The national response has prevailed over the regional response, and both the absence of regional coordination and the weak role of multilateral action to face the pandemic have been clear.

In Latin America, this was more evident, as countries have to deal with fragmented and weakened health systems, social inequality and economic issues. Latin America continues to be the most unequal region in the world; this is not a minor aspect when it comes to coping with the pandemic and its impacts.

The analysis of the strategies initially adopted by the main regional integration mechanisms in Latin America (CELAC, MERCOSUR, ORAS-CONHU, ACTO, and SICA) allowed us to identify different types of pandemic responses within the scenario of health cooperation.

This analysis has shown that, in almost all the blocs of Latin America, the main strategies were related to high-level political statements, publication of reports with epidemiological data and holding virtual events on pandemic issues (Herrero and Oliveira, 2022). However, partially coordinated responses between different regional organizations have been observed: for instance, SICA, ACTO and ORAS-CONHU exchanged data and searched for evidence-based information (SICA, 2020; ACTO, 2020a, 2020b; ORAS-CONHU, 2020). SICA considered the adoption of mechanisms for agreed actions among its member countries to mitigate the effects of the pandemic, such as joint negotiation of medicines (which already existed before the pandemic). In addition to having signed technical cooperation agreements with developed countries, SICA also carried out cooperation actions with other Latin American countries. MERCOSUR, for its part, mobilized regional funds for emergency financial support (MERCOSUR, 2020a, 2020b, 2020c), as well as SICA (BCIE, 2020a, 2020b). In the cases of MERCOSUR and ORAS-CONHU, besides the political declarations, the main actions have been aimed at structuring operational surveillance and response structures. CELAC tried to strengthen cooperation with other international organizations and sought to resume the path of regional integration that would allow it to face local and global health challenges; it also had an important role in defending universal access to treatments and vaccines for COVID-19. Despite these attempts at regional coordination of health initiatives, none of these organizations has been able to assume regional leadership, even though its important role in defending universal access to treatments and vaccines for COVID-19.

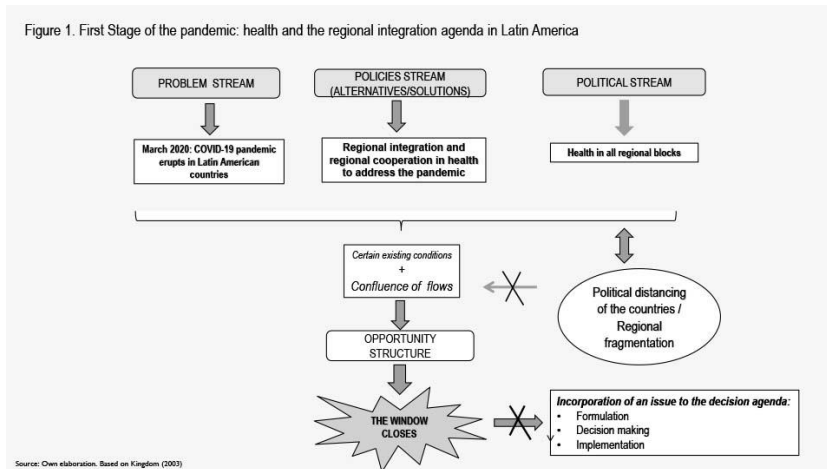
Therefore, even when the region has been active in the context of the pandemic, the initiatives across different regional blocs have been detached from each other, which has hindered the possibility of effectively building a joint response to the problem.

According to Kingdon (2003), the governmental agenda follows an unintentional process characterized by: 1) the emergence or recognition of a problem by society in general; 2) the existence of ideas and alternatives to conceptualize it, originating from specialists, researchers, politicians and social actors, among others; 3) the political, administrative and legislative context favorable to the development of the action (Gottems *et al*, 2013, p. 513). Kingdon (2003) also highlights that the process of changing the agenda is modified as political scenarios change, which is a relevant factor in this case.

Following the Kingdon's Multiple Streams Framework (2003), we could say that, during this first moment, the three streams were present: the problem stream was the outbreak of the pandemic in Latin America, perceived as a public problem and, therefore, government actions are needed to resolve it; secondly, in response to this health problem, certain solutions flow was being provided - as described above - by the main integration organizations, which is the policy stream (entailing, thus, the problem examination, the solution proposals and the policy options that researchers, stakeholders and executive bodies suggest to solve it). Finally, it is possible to observe the political stream, which involves the policymaker's initiative to turn the proposed solutions into policy, by actually noting the existence of the health issue on the political agenda of the Latin American States.

In Kingdon's conceptual framework, in such a critical context triggered by the pandemic, the convergence of these three flows would introduce the possibility of opening a political window of opportunity; this would enable the Latin American countries to use regional integration mechanisms and health cooperation to build the necessary responses, in such a pressing context marked by deep inequalities, with fragmented and underfinanced health systems. However, the window was not properly used, which resulted in the non-adoption of joint and collective strategies to cope with the pandemic, as the politics stream was not strong enough to guarantee that regional mechanisms could be considered as a privileged space to build coordinated answers for the pandemic (Figure 1).

Figure 1: First Stage of the pandemic: health and the regional integration agenda in Latin America



Source: own elaboration based o Kingdon (2003).

As illustrated in Figure 1, it should be noted the Latin American pre-existing context in both the international health cooperation field and the government’s internal and foreign policy process in the last decade, that could deeply conspire against the use of that policy window. At this point, we have to highlight the deep political change in the region over the last two decades, with the rise of the conservative administrations. In fact, before this political shift, Latin America had been a pioneer in cooperation in the field of health, with a wealth of experience and achievements in public policies as well as a history of mutual collaboration (SEGIB, 2017). Therefore, each of the regional processes, at different stages, had defined health as a strategic area for cooperation among member countries, by approving strategic agendas with common health objectives, or by the creation of working groups and ministerial councils dedicated to health (Teixeira, 2017).

Hence in the early 2000s, with the emergence of new regional policy articulations that reinvented principles of regional solidarity and collectivism, this process helped countries to propose, from the health field, international cooperation initiatives for innovative actions that could not succeed if conducted individually (Riggirozzi 2014; Herrero & Tussie, 2015).

Nevertheless, after the Union of South American Nations (UNASUR) dissolution two decades ago and the decline of progressive governments, the pandemic has broken out in a context of

disarticulation of regional integration mechanisms, exposing pending debts and challenges. Therefore, the elements previously considered crucial for the strategic constitution of regional integration mechanisms to face public health issues have lost their relevant space. which, in a global scenario of weakening multilateralism, had further weakened regional mechanisms in search of articulated solutions in the health field. In fact, when examining the initiatives as a whole, from a regional cooperation perspective, it is evident that each of the analyzed organizations have developed substantive strategies to face the pandemic but, as mentioned above, they were mainly declarative and by establishing partial alliances. Consequently, they have put in place mechanisms that, in a context of fragmentation or individual responses to the outbreak of the pandemic, limit rather than reinforce the possibility to build a health agenda at the regional level, with a view to coping with eventual health crises in the future.

Hence in this scenario, without UNASUR as a channel for regional consensus and with no other organizations able to take the regional leadership, there isn't a political context favorable to the development of coordinated actions at the regional level, especially furthermore considering the current political distance between regional state governments.

2.1.2 Second Stage: An Individual Race for Vaccines in Latin America

The largest vaccination campaign in the world took place at the beginning of December 2020. Before the arrival of the first vaccines, rich nations, accounting for only 14% of the world's population, had already pre-acquired more than half of the world's first potential vaccine supply (WHO, 2021). Of the 700 million doses administered worldwide in the first 6 months, more than 87% have gone to high- or upper-middle-income countries and only 0.2% to low-income countries. This means that in high-income countries one in four people has received a vaccine, while in low-income countries only one person in 500 has been vaccinated (El País, 2021). Six months after the vaccination campaign began in the world, more than 130 countries had not received a single dose. Regarding the access to vaccine supplies, Latin America had by contract only 11% and Africa 4%. These figures contrasted with those of developed regions such as the United States and the European Union, whose contracts with vaccine producers covered 199% of their population, or Canada, 532% (Malamud & Nuñez, 2021).

This unequal distribution of vaccines at the global level was due to the fact that only a select group of countries have been able to acquire and/or produce the first available doses and, secondly, not all countries

with the capacity to manufacture vaccines are doing so. This scarcity and unequal access to vaccines have put the peripheral countries in *vaccine apartheid*.

Faced with this scenario, some global initiatives have been launched in the quest to expand access to vaccines for low and middle-income countries. One of them has been the COVAX Mechanism, within the collaborative framework called Accelerator of Access to Tools against COVID-19 (ACT Accelerator). COVAX is co-led by the Gavi Alliance for Vaccines, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, with more than 180 participating countries. This mechanism proposes to be a global collaboration for equitable access to COVID-19 vaccines. For this, an agreement for the purchase and distribution of vaccines destined for developing countries has been announced. Although it aims to become a global mechanism, limitations have been pointed out from various sectors to guarantee equity of access (El País, 2021).

However, within Latin America, great inequities are still observed. Regarding the rate of vaccination, while in Chile, Argentina and Uruguay more than 80% of the population has already received the complete scheme (2 doses at least), countries like Dominican Republic, Honduras and Bolivia struggle with around 50% of vaccination coverage. Jamaica has 25% of its population with the complete scheme, while Haiti faces the worst scenario of the region, with only 2% of vaccination coverage (WHO, 2023).

Unlike what was seen in the first stage of the pandemic - during which the regional blocs drafted responses, although they have been rhetorical statements rather than concrete actions- in the second stage the joint regional action for improving access to vaccines was practically non-existent, as well as the adoption of a coordinated position against the ruthless advance of the pharmaceutical market. As an example, it should be mentioned the position of Latin American countries in the face of the request that has been made for the suspension of intellectual property rights related to COVID-19 health products during the pandemic, and of voluntary license agreements between vaccine manufacturers and production companies. While nearly a hundred member countries of the World Trade Organization (WTO) have adhered, in Latin America, Argentina, Venezuela and Nicaragua expressed their full support and accompanied the initiative, but Chile, Colombia, Costa Rica, Ecuador and El Salvador proposed to discuss it (Herrero & Lombardi, 2021).

In June 2022, WTO issued a ministerial decision on the TRIPS agreement (WT/MIN(22)/30 WT/L/1141) which authorizes developing

countries to "limit the rights provided for under Article 28.1 of the TRIPS Agreement (...) by authorizing the use of the subject matter of a patent required for the production and supply of COVID-19 vaccines without the consent of the right holder to the extent necessary to address the COVID-19 pandemic, in accordance with the provisions of Article 31 of the Agreement" (WTO, 2022, p.1).

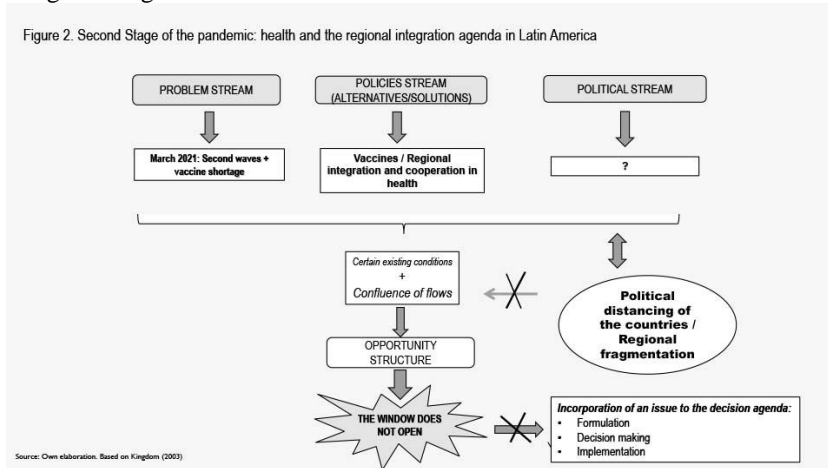
The original proposal on the suspension of intellectual property rights, dated October 2020, provided for coverage for vaccines, treatments and diagnostics within the scope of the COVID-19 pandemic, and without geographic limitation. After a year and a half of negotiations and debates, the ministers approved a ministerial decision with a much more limited scope and diluted commitment (Chamas, 2022). The approved document only encompasses the patent for vaccines against COVID-19, excluding other aspects of intellectual property. The possibility to extend this permission to cover the production and supply of medicines, diagnostics and other therapeutics related to the COVID-19 pandemic is still pending.

In terms of more concrete results, initiatives by ORAS-CONHU, SICA and CELAC are worth mentioning. At ORAS-CONHU, Peru and Bolivia initiated in May 2021 a binational strategy for joint vaccination in border regions (ORAS-CONHU, 2021). CELAC carried out the joint initiative between Argentina and Mexico for the joint production of the Oxford/AstraZeneca vaccine, which will be distributed to countries in the region. SICA, in turn, through the Central American Bank for Economic Integration, approved a USD 400 billion credit facility so countries can purchase and support immunization against COVID-19 (BCIE, 2020b).

From Kingdon's model perspective, in this second stage of the pandemic, the emergence of vaccines may seem the problem solution. However, the problem stream actually seems to be getting worse in the region, because of the second wave of COVID-19 infection, the ups and downs of the global shortage of vaccines and the difficulties of access especially faced by developing countries. Regarding the policy stream, despite the initiatives and the Health Ministers Declarations, the joint regional action for improving access to vaccines was very low and - in the end - only rhetoric, without effective impact in the decision-making field.

Concerning the political stream, it is remarkable to point out its unavailability in the context of the ongoing weakness of multilateralism and the regional fragmentation. But even more than this, we must highlight the very deep political distance between nations in the region, because of the shifts in the Latin American political landscape in the last decade (Figure 2).

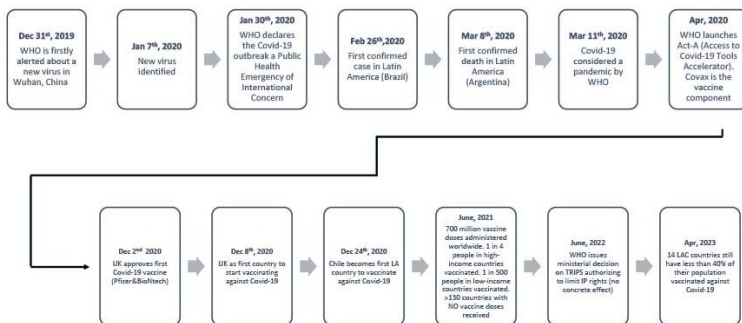
Figure 2: Second Stage of the pandemic: health and the regional integration agenda in Latin America



Source: Own elaboration. Based on Kingdon (2003)

In such a critical and disaggregated regional landscape, seriously undermined and weakened by political controversies, while the problem stream is becoming higher, the proposals for regional coordinated actions decreased, thus reducing the policy stream and, moreover, the political stream. In other words, the great inequity of access to the vaccines wasn't enough to align the problem, the policy and the political stream: therefore, the window of opportunity didn't open. Instead of returning to the path and the lessons learned by UNASUR experience, the opportunity to achieve regional consensus and, then, to build a regional health agenda and to implement coordinated actions, is missed.

Figure 3: Timeline with significant events related to the Covid-19 pandemic from its initial alert in December 2019 to April 2023



Source: Own elaboration.

The timeline outlines significant events related to the COVID-19 pandemic from its initial alert in December 2019 to April 2023. It highlights key milestones such as the virus's identification, WHO declaring it pandemic, the development and distribution of vaccines, and disparities in vaccination rates across different countries. Despite the time that has passed since the declaration of the emergency, and since the first vaccine was applied in the world, the disparities in vaccine access persist, especially in middle-low-income countries.

3. Discussion

More than three years after the start of the pandemic, it has become clear that health is indisputably an international issue and that multiple conditions influence the health status of populations, affecting different countries unequally and in varied ways.

In an increasingly interconnected and globalized world - and especially in the face of global health problems such as COVID-19 - current responses cannot be only individual but must be built collectively. In turn, until now the tendency has been to adopt individual actions by the majority of the world's governments, leaving adrift and neglecting the poorest countries, depriving them of equal access to vaccines.

In our analysis, we consider that the implementation and visibility of health in the agendas is determined by multiple forces that indicate that it is a multidimensional and complex issue. It is a situation in which different actors and interests intervene, forming part of a

history of successes and failures. Regarding the agenda building process, Kingdon (2003) distinguishes between the governmental or formal agenda, i.e. the list of issues governments pay attention to, and the decision agenda, i.e. the list of issues within government agendas prepared to be addressed through an active decision. Even though the pandemic has put public health at the center of national, regional and global debates, taking priority in political agendas, at the regional level it hasn't been enough to ascend to a decision agenda: therefore, it failed to move from the formal agenda to the decision agenda and finally to regionally agreed containment and control policies, despite the long history that Latin America has had in terms of regional healthcare integration and cooperation.

Teixeira (2017), Mainza (2017), Ackrill *et al.* (2013, apud Mainza, 2017) and Meyerhöfer (2009, apud Mainza, 2017) have successfully applied Kingdon's Multiple Streams Framework (MSF) to provide insights on how some topics get to the policy agenda of regional integration mechanisms, such as UNASUR, the European Union, MERCOSUR and the Southern African Development Community. Some authors also analyze how groups gain access to the policy agenda, who set the policy agenda, and the coupling process of problems, solutions and politics (Mainza, 2017).

Particularly Teixeira (2017) highlight how the Kingdon's multiple streams converged to open a window of opportunity and, then, the entry of priority issues (such as epidemiological surveillance and medicines) in the political agenda in the UNASUR Health Council: epidemics and medicines shortage - being urgent events- pushed technics groups to the solution stream; finally the political stream, triggered by high political actors, allowed the entry of those issues in the decision making agenda of UNASUR. In the same direction, in a review of scientific production on health policy analysis from the Kingdon's model perspective, Gottens *et al* (2013) point out that this theoretical framework proved to be applicable for such analysis in different national and international political systems, in long periods of time.

According to Kingdon (2003), an urgent situation such as the pandemic is the force opening the window of opportunity. However, despite the intensity and magnitude of the crisis, consensus-building efforts have not been at the same level in the region, especially in the second stage, as the vaccine inequity intensified.

In the first stage of the pandemic in Latin America, the window was closed because the countries failed to use regional integration as a response strategy to the pandemic. In the second, it is understood that

the window was not even opened, as the absence of a political flow prevented to consider regional integration as a relevant and crucial strategy for the acquisition of vaccines and other supplies.

Closing a window of opportunity can occur in some cases such as (1) when a decision is made to go in one direction or another, (2) when the search for a solution fails, (3) when the issue loses visibility in the political scenario, (4) when substantial changes occur in the teams involved and (5) when there is no alternative action available (Kingdon, 2003).

According to this paper, besides taking into account the ambiguities involved in each decision, the various interpretations of the health problems by policy-makers and a careful study of the role playing by different actors in the local and national decision-making processes, it is equally important to analyse the impact of macro-politics issues and the inter-governmental relations in the agenda building process.

From a macro-political perspective, besides the aforementioned weaknesses of the COVAX mechanism, the facts have shown the disincentive to cooperation that globally prevailed since the pandemic began, especially due to negotiations and bilateral agreements from rich countries with manufacturers, adversely affecting our region.

In fact, from the 1,358 billion doses administered in LAC, only 161 million doses were purchased through COVAX, which represents almost 12% of the total (PAHO, 2023a; PAHO 2023b). The majority of the doses were bought by the countries directly from the pharmaceutical industry. The doses purchased or donated through COVAX were 151 million, which is much lower than the total administered. This implies that the doses purchased by COVAX, a global mechanism to guarantee equitable access to vaccines, correspond to only 11.4% of the total administered in the region.

This shows us that the vast majority of the vaccines purchased by the countries were acquired bilaterally, that is, through negotiations between the purchasing country and the industry that sells the vaccine.

In the meantime, at the G7 Summit, rich countries proposed donating doses to poorer countries. Donations could be made through the COVAX global mechanism or, directly to countries in bilateral agreements (especially to countries in Africa). This policy is similar to that of great philanthropists like the American magnate Bill Gates, who considers that overcoming the coronavirus pandemic at a global level depends on the richest countries sharing the surplus of their vaccines with the nations that have fewer economic resources to acquire them (Herrero & Riggirozzi, 2021).

In a context of vaccine scarcity and the emergence of new variants arousing concern, it also highlights that most countries at a global level, including countries in the Latin American region, are at the mercy of donations, credits and external financing.

Regional integration mechanisms could have contributed to guarantee more equitable access to vaccines, especially for Latin America. Since we affirm that pharmaceutical production must be closely linked to health sovereignty, and to the effective realization of the right to health, it is urgent to articulate a regional space to prepare a complete registry of existing productive capacities for vaccines and medicines, in such a way as to be able to have a planned production and distribution policy for equitable vaccines in the Latin American region. Some countries have productive capacities such as Mexico, partially Argentina and Brazil, which is already producing vaccines against COVID-19 from technology transfers (Belardo & Herrero, 2021). We have the regional antecedent, hand-in-hand with UNASUR, which had begun mapping productive capacities in South America. The Technical Group for Universal Access to Medicines (GAUMU-UNASUR) was created with the objective of coordinating the productive capacities of the countries in pursuit of a South American policy of universal access to medicines. Although the current regional political situation is not the same as a decade ago, this antecedent should serve as the basis for resuming a regional productive mapping through universities, research institutes and different networks linked to the subject to consider a regional pharmaceutical policy, which today more than ever acquires a strategic character (Belardo & Herrero, 2021).

More recently, some initiatives in the multilateral field have been presented, although delayed considering the elapsed time of the pandemic. In August 2021, PAHO launched the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas, a collaborative platform that brings together public and private actors working to facilitate the expansion of research, development and manufacturing vaccines and other health technologies. The initiative intends to expand production capacities in the region and expand equitable access, from a regional perspective (PAHO, 2021b). In September of the same year, CELAC approved, at its summit of Heads of State, the Health Self-Sufficient Plan, developed by ECLAC at the request of CELAC. Among its objectives is the mapping of regional productive capacities and guaranteeing equal access to vaccines against COVID-19, one of the greatest current challenges in Latin America and the Caribbean (CEPAL, 2021).

The pandemic has shown that the articulation and coordination of actions across the three levels - national, regional and global - is essential. At the national level with a view to underpinning local capacities and especially strengthening health systems to meet the demand and cover the need for supplies and medical equipment - something that has been lacking in many countries - (García *et al.*, 2020). At the regional level, aimed at articulating and strengthening cross-border cooperation, exchanging data and promoting joint mechanisms for the acquisition of medicines and, even more, of future vaccines (Riggiozzi, 2020). In other words, hoping to reduce regional asymmetries, which have undoubtedly been evident in this crisis. Finally, at the global level, by joining forces to act together and negotiate as a bloc, understanding and defending health as a right.

This double exercise of internal and external health sovereignty establishes a resistance mechanism from the region as it reinforces the independence and autonomy of each State to define its own policies, with less external influence (Teixeira, 2017). In the context of a pandemic, this is key in order to ensure the supply of medicines and vaccines at reasonable and affordable prices for all the countries in the region.

Regional integration and international cooperation become therefore an essential epidemiological tool in times of crises and emergencies, leading us to reflect on ways to strengthen integration mechanisms and the type of cooperation most effective and efficient to deal with health issues that affect our people.

At this point, it has proved to be useful the construction of articulated Latin American and Caribbean regionalism, where cooperation and integration result in a plus that strengthens the region and has a favorable impact within each Latin American nation, while solidifying its respective socio-sanitary policies.

This simplified map highlights the key elements and relationships discussed, following the Kingdon's Multiple Streams Framework and the challenges faced in using regional mechanisms to address the pandemic in Latin America.

4. Conclusion

The increasingly globalized and interconnected world shows that urgent health issues must be addressed together. This also implies activating urgent actions for the most vulnerable populations. Although diseases know no borders, once crossed, they find specific ways to spread and circulate, marked by strong inequalities. In Latin America, considered one of the world's most unequal regions, the response to

COVID-19 has lacked a regional approach. The worldwide crisis of multilateralism as well as the fragility and limitations of the regional integration mechanisms within the Latin American region, have jeopardized it from assuming an active role against the pandemic. Political distancing between administrations and unilateral responses by countries, associated with a lack of coordinated actions, have increasingly undermined the possibility of a concerted response, despite the different regional mechanisms and initiatives to deal with the pandemic. Consequently, the essential conditions for the creation of opportunity structures for regional concerted and coordinated strategies to face the pandemic were not developed.

In the region, continuous unilateral action has prevailed and the main strategies were related to high-level political statements, publication of reports with epidemiological data, and holding virtual events on the pandemic. Added to this is the fact that UNASUR, one of the instances that has played a leading role in health, was dissolved, and CELAC, which has tried to assume leadership with the pro tempore presidency in Mexico, faced a very difficult path going forward.

The COVID-19 pandemic has been, therefore, a missed opportunity for health to articulate agendas and for Latin America to rebuild its fragmented and weak regional cooperation.

In the current context of political realignments, the possibility of recovering integration spaces that have been very valuable for the region is beginning to gain strength. The triumph of the Workers' Party in Brazil, with the Frente de Todos in Argentina, the Movimiento al Socialismo (MAS) in Bolivia, and the government of Lopez Obrador in Mexico, along with the triumph of Gustavo Petro in Colombia and Gabriel Boric in Chile, open up possibilities for new winds of regional agreement in Latin America, and an opportunity to strengthen (and rebuild) sovereign spaces in terms of integration in LAC.

Further analysis will be needed on whether these political changes would be sufficient to generate the necessary political stream that opens a window of opportunity to allow the use of regional integration as a response strategy.

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6. References

- ACTO (2020a, June 28). Análisis del impacto del covid-19 en la Región Amazónica. *ACTO*. <http://otca.org/analisis-del-impacto-del-covid-19-en-la-region-amazonica-28-de-junio/>
- ACTO (2020b, September). Es realizado el webinar sobre salud para pueblos indígenas en la triple frontera de Perú, Brasil y Bolivia para frente a la emergencia del Covid-19. *ACTO*. <http://otca.org/es-realizado-el-webinar-sobre-salud-para-pueblos-indigenas-en-la-triple-frontera-de-peru-brasil-y-bolivia-para-frente-a-la-emergencia-del-covid-19/>
- Amaya, A.B., De Lombaerde, P. (2021). Regional cooperation is essential to combatting health emergencies in the Global South. *Global Health* 17, 9. <https://doi.org/10.1186/s12992-021-00659-7>.
- BCIE (2020a, April). Impacto Económico del Covid-19. *BCIE*. https://www.sica.int/documentos/bcie-informe-impacto-economico-del-covid-19-un-analisis-para-centroamerica-argentina-colombia-y-mexico_1_121869.html
- BCIE (2020b, August). BCIE aprueba US\$400.0 millones para adquisición de vacuna contra la COVID-19 a ocho países del SICA. *BCIE*. <https://www.bcie.org/novedades/noticias/articulo/bcie-aprueba-us4000-millones-para-adquisicion-de-vacuna-contra-la-covid-19-a-ocho-paises-del-sica>.
- Belardo, M & Herrero, M.B. (2021). Diplomacia sanitaria y geopolítica: la guerra mundial por las vacunas. *Revista Debate Público. Reflexión de Trabajo Social*, 11(21), 51-63.
- Buss, P.M. & Tobar, S. (2020, April). COVID-19 and opportunities for international cooperation in health. *Cadernos de Saúde Pública* 36, DOI: 10.1590/0102-311X00066920.
- CEPAL. (2021, September). Países de la CELAC aprueban por unanimidad lineamientos y propuestas del plan de autosuficiencia sanitaria para América Latina y el Caribe y mandatan a la CEPAL para avanzar en su implementación. *CEPAL*. <https://www.cepal.org/es/comunicados/paises-la-celac-aprueban-unanimidad-lineamientos-propuestas-plan-autosuficiencia>
- Chamas, C (2022). 12ª Conferência Ministerial da Organização Mundial de Comércio: Decisão sobre Patentes e Covid-19. In: *Cadernos CRIS/Fiocruz - Informe sobre Saúde Global e Diplomacia da Saúde*, N° 11/2022. <https://portal.fiocruz.br/documento/cadernos-cris-fiocruz-informe-11-2022>
- Davies, S.E. & Wenham, C. (2020). Why the COVID-19 response needs international relations. *International Affairs* 96, 1227–51.
- El País (2021, April). El “escandaloso desequilibrio” en la distribución de vacunas contra la covid-19 para ricos y pobres. *El País*. <https://elpais.com/planeta-futuro/2021-04-10/el-escandaloso-desequilibrio-en-la-distribucion-de-vacunas-contra-la-covid-19-para-ricos-y-pobres.html>

- Garcia, P.J. *et al.* (2020). COVID-19 Response in Latin America. *American Journal of Tropical Medicine and Hygiene*, 103(5), 1765-1772.
<https://doi.org/10.4269/ajtmh.20-0765>
- Gottems, L.B.D., Pires, M.R.G.M., Calmon, P.C.D.P. & Alves, E.D. (2013). O modelo dos múltiplos fluxos de Kingdon na análise de políticas de saúde: aplicabilidades, contribuições e limites. *Saúde e Sociedade*. São Paulo 22(2), 511-520. <https://doi.org/10.1590/S0104-12902013000200020>
- Herrero, M.B. & Riggiozzi, R. (2021, August). Los desequilibrios de poder en la salud global. *Latinoamérica 21*. <https://latinoamerica21.com/es/los-desequilibrios-de-poder-en-la-salud-global/>
- Herrero, M.B. & Tussie, D. (2015). UNASUR Health: A quiet revolution in health diplomacy in South America. *Global Social Policy* 15(3), 261–277. DOI: 10.1177/1468018115599818.
- Herrero, M.B. & Lombardi, S. (2021). Pandemia, debate en la OMC y la imperiosa necesidad de liberar las patentes. *Blog Área de Relaciones Internacionales, FLACSO Argentina*. <http://rrii.flacso.org.ar/liberar-patentes-que-implica-donde-estamos-y-hacia-donde-podemos-ir/>
- Herrero, M.B., & Oliveira, B.N.L. de (2022). COVID-19 in Latin America and the Caribbean: the visible face of a regional health cooperation in crisis. *Rev. bras. polít. int.*, 2022 65(1), e003.
<https://doi.org/10.1590/0034-7329202200103>
- Kingdon, J.W. (2003). *Agendas, alternatives and public policies* (2nd. ed.) Ann Arbor, University of Michigan.
- Mainza, M. (2017). Challenges of achieving deeper integration in Southern African Development Community (SADC): agenda setting and decision making. *International Journal of Social Science and Economic Research*, 2(10), 4796-4818. <https://doi.org/10.46609/ijsser>
- Malamud, C. & Nuñez, R. (2021). Vacunas sin integración y geopolítica en América Latina. *Real Instituto Elcano*.
http://www.realinstitutoelcano.org/wps/portal/rielcano_es/contenido?WC_M_GLOBAL_CONTEXT=/elcano/elcano_es/zonas_es/ari21-2021-malamud-nunez-vacunas-sin-integracion-y-geopolitica-en-america-latina
- MERCOSUR (2020a). Declaración de los Presidentes del MERCOSUR sobre coordinación regional para la contención y mitigación del Coronavirus y su impacto. *MERCOSUR*.
<https://documentos.mercosur.int/public/reuniones/>
- MERCOSUR (2020b). Comunicado conjunto de presidentes de los Estados Partes del MERCOSUR y Estados Asociados. *MERCOSUR*.
<https://documentos.mercosur.int/public/reuniones/>
- MERCOSUR (2020c). Declaración Ministros Salud MERCOSUR COVID 19. *MERCOSUR*. <https://documentos.mercosur.int/public/reuniones/>
- Oliveira, B.N.L. (2019). *Acesso a medicamentos e Cooperação Sul-Sul: um estudo de caso das negociações conjuntas de preços de medicamentos de alto custo na América do Sul*. [masters dissertation]. Escola Nacional de Saúde Pública Sergio Arouca - Fundação Oswaldo Cruz, Rio de Janeiro, Brazil.

- ORAS-CONHU (2020, March). El ORAS-CONHU ante las emergencias sanitarias. *ORAS-CONHU*. <http://orasconhu.org/portal/blog/595>
- ORAS-CONHU (2021, May). Perú y Bolivia mañana realizarán lanzamiento binacional de vacunación contra la Covid-19 en Desaguadero. *ORAS-CONHU*. <http://orasconhu.org/portal/blog/735>.
- PAHO (2021a, June). Controlar la COVID-19 en las Américas podría llevar años si continúa el ritmo lento de vacunación actual, advierte la directora de la OPS. *PAHO*. <https://www.paho.org/es/noticias/9-6-2021-controlar-covid-19-americas-podria-llevar-anos-si-continua-ritmo-lento-vacunacion>
- PAHO (2021b, August). Plataforma Regional para el Avance en la Producción de Vacunas y otras Tecnologías Sanitarias para la COVID-19 en las Américas. *PAHO*. <https://www.paho.org/es/eventos/plataforma-regional-para-avance-produccion-vacunas-otras-tecnologias-sanitarias-para-covid>
- PAHO (2023a). Vacunación contra la Covid-19 en la región de las Américas. Dashboard. *PAHO*. https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion-es.asp
- PAHO (2023b). Tracker COVAX Initiative - Covid-19 deliveries in the Americas. *PAHO*. <https://app.powerbi.com/view?r=eyJrIjoiMjA5ZDAxMmEtYTIjNC00M2I0LWE5MjUtYWQxZGQxNDc4OThhliwidCI6ImU2MTBINzljLTJiYzAtNGUwZi04YTE0LTFINGIxMDE1MTlmNyIsImMiOiR9>
- Riggiozzi, P. (2014). Regionalism through social policy: Collective action and health diplomacy in South America. *Economy and Society* 43(3), 432–454. <https://doi.org/10.1080/03085147.2014.881598>
- Riggiozzi P. (2020). *Coronavirus y el desafío para la gobernanza regional en América Latina*. Fundación Carolina. <https://www.fundacioncarolina.es/wp-content/uploads/2020/03/AC-12.2020.pdf>
- Rodrigues, G. M. A., Kleiman, A. (2020). Covid-19: ¿una nueva oportunidad para el multilateralismo? *Foreign Affairs Latin America* 20, 36–43.
- SEGB. (2017). *La Cooperación Sur-Sur y Triangular en el Sector de la Salud en Iberoamérica*. Washington, DC. <https://iris.paho.org/handle/10665.2/50514>
- SICA. (2020). Regional Contingency Plan. *SICA*. <https://www.sica.int/coronavirus/plan>
- Teixeira M.F. (2017). *O Conselho de Saúde da Unasul e os desafios para a construção de soberania sanitária*. [Doctoral thesis Escola Nacional de Saúde Pública Sergio Arouca - Fundação Oswaldo Cruz, Rio de Janeiro, Brazil - ID: tes-7095]
- WHO (2021, May). *COVAX Joint Statement: Call to action to equip COVAX to deliver 2 billion doses in 2021*. <https://www.who.int/news/item/27-05-2021-covax-joint-statement-call-to-action-to-equip-covax-to-deliver-2-billion-doses-in-2021>
- WHO (2023, September). WHO Coronavirus Disease (COVID-19) Dashboard. Database Covid 19 2021. *WHO*. <https://covid19.who.int>
- WTO (2022) *Ministerial decision on the TRIPS Agreement (WT/MIN (22)/30/ WT/L/1141)*. Adopted on 17 June 2022.