

## Regional Cooperation in the Fight against COVID -19

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### Abstract

Since Covid-19 or Corona Virus was first discovered, it exploded into a Pandemic -resulting in devastating effects on human lives and livelihood worldwide. The high costs of non-cooperation in responding to the virus and ultimately significant loss of lives have been seen. In spite of favourable demographic structures, climatic conditions and young populations, South Asian countries like India are badly affected in both epidemiological and economic terms. South Asian Countries are trying their best to address the health concerns. Regional self- governments are also trying to manage the crisis by implementing day- to-day containment measures and ensuring health care and social services. In this situation, many Non-Governmental Initiatives and multilevel co-ordination mechanisms in regional levels have been developed to combat the Pandemic. From detecting the disease, contact tracing, measurement of oxygen level, Doctors' advice, Medicine supply, oxygen cylinder supply, food supply, and even cremate the dead bodies of Covid patients, local cooperation is doing a commendable job. I want to focus in my paper on how regional collaborations take an important role to address COVID-19 Pandemic.

**Key words:** Global south, Regional responses, COVID-19.

### Introduction:

Although conversations have taken place that will result in a more inward-looking COVID-19 country, will work less with and become more nationalist with global institutions, this is not feasible for many low and middle-income nations. For many small and medium-sized countries, it is also not a choice. Sadly, with the reemergence of —vaccine nationalism, we have seen indications of a similar mindset. This is an emerging tendency during the H<sub>1</sub>N<sub>1</sub> epidemic. We recently observed this when high-income nations negotiated with large drug companies to pre-order their COVID 19 vaccines still in development [1]. Through these activities, countries emphasise the self-interest of

their inhabitants rather than cooperate with other states to find answers. In the case of the USA, this has also led in the country's rejection as part of COVAX, which seeks to make vaccinations more equal, irrespective of their ability to pay, among the countries. Evidence suggests that the USA, United Kingdom and the EU (EU) and Japan have claimed more than 80 percent of the provision of one of the most promising vaccines with an efficacy rate of over 90 percent created by Pfizer. Even if the vaccine were to be made available at a workable rate to some low and middle-income countries, the expense of keeping, storing and transporting and deploying it to their citizens would also have to be considerable.

In the midst of high numbers of epidemiologically and economically serious impacts in the Global South by the COVID-19 countries and in case there is a resurgence of waves of the disease, the countries must find innovative ways of addressing their national health issues and regional cooperation is one of mine [2].

Regional cooperation between the neighbouring countries includes a broad range of forms of cooperation from informal cooperation, establishing common projects, coordinating policies and regulatory frameworks, and shaping joint policies and institutions. regional cooperation between the countries of a neighbourhood is a matter of concern. If the latter is the case, then we refer to regional bodies. Regional organisations can be supranational or intergovernmental organisations, for example, in the case of the EU (the Southeast Asian Nations Association -ASEAN - the Southern Common Market (Mercosur), or the Southern African Development Association (SADC-), if countries do not surrender their power to the broader organisation which is a common form of cooperation. These organisations came to recognise that adjacent countries share common traits, often with similar backgrounds and cultures, geographical traits and, in particular, challenges. These common difficulties can include challenges of governance and/or geopolitical and commercial interests [3]. As we will see later, however, the functions of an organisation cannot be defined fully through the particular regional institutional form or channel for interaction.

Whilst regional organisations in the Global South have been more involved in social concerns during recent decades, they have not only been restricted by existing power-and-influence inequality, but also worldwide inequalities. This has led to more effective techniques for other high-income nations or blocs (e.g. the EU). In addition, regional organisations, as often referred to as different groupings or blocs, do not exist in a void and must comply with their commitments to other alliance groups; prevailing tensions between the protection of national interests versus building shared social goals such as health; and local politics among its members. Indeed, its nation backing collapsed as soon as political changes in the area took place in the case of the now-deadly dead Union of South American Nations (UNASUR). It was paradoxically known for its rather effective regional health policy cooperation before UNASUR experienced its decay. Moreover, compared to other international institutions, regional intergovernmental organisations serve the Member State, and not vice versa, meaning that the institutions have little or no capacity to hold Member States responsible for their obligations.

Importantly, it would be simplified to say that we could discover unambiguous linkages between a regional organisation's institutionalisation level and the importance or efficacy of regional health programmes. The main duties for health policies, for example, are still the Member States for the EU, which is a heavily institutionalised regional organisation. Partly because a single EU reaction to the COVID-19 situation is not apparent. This can be explained. Moreover, the integration into the context of internal market regulation of European complementary health policies was only progressively implemented. In UNASUR, the relative success of their health participation is argued not so much by the setting-up of heavy institutions or by producing regional health rules but rather by the creation of light sector-specific mechanisms to reduce transaction costs, promote the sharing of information and act as a catalyst for the dissemination of best practises and good practises. Finally, the issue is whether regional or regional institutions can effectively address cross-border policy difficulties, such as COVID-19.

**In health emergencies, regional organisations support their Member States.:**

We know that in health emergencies, regional collaboration works. Another unique virus outbreaks in 2002, Severe Acute Respiratory Syndrome (SARS), not only led to a revamped International Health Regulations (IHR), but illustrated how regional health cooperation might operate today to meet emergencies. After realising that countries could not monitor SARS, ASEAN called a meeting to develop practical guidance to support country reactions and tough steps to prevent spread across the continent. An example of efficient international collaboration against a common adversary has been the response of ASEAN by the World Health Organization (WHO), leading to the minimum spread of illness worldwide [4].

Notwithstanding the paucity of study, the current situation with COVID-19 shows, in practice, the costs of non-cooperation. We noted disorganised quarantine measures, lock-out measures and border restrictions, unorganised repatriation of foreign nationals from a number of countries, uncoordinated control and facilitating medical supply trade, etc. In all of these cases the lack of co-ordination resulted either in the virus spreading unnecessary to adjacent countries and/or the inefficient utilisation of medical supplies and infrastructure.

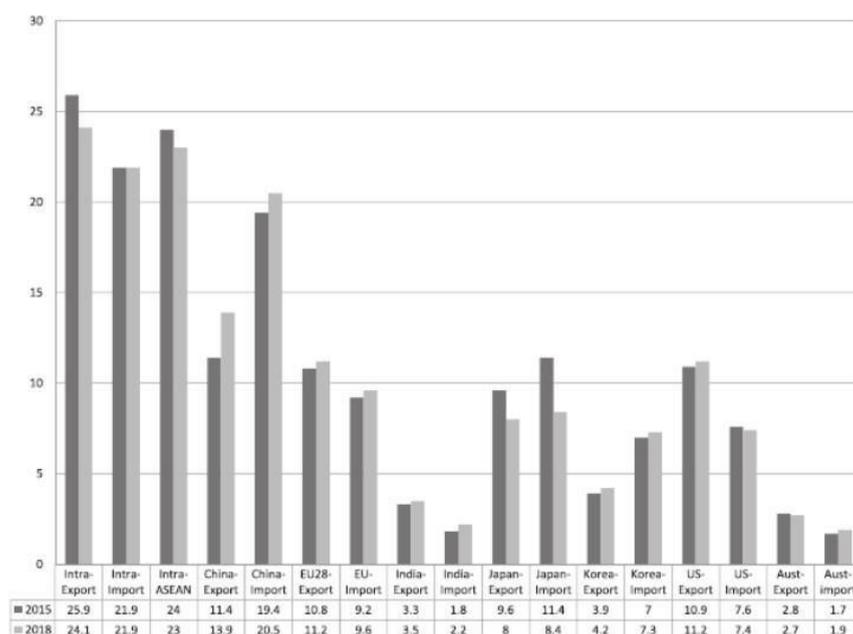
We propose that, in general and in particular in regional organisations, regional collaboration can assist countries in the current crisis and reduce risks associated with subsequent COVID-19 waves [5]. This is much more crucial in the case of nations in the Global South that lack the same resources, not just as regards hospital capacity, the supply of tests, and the amount and distribution of healthcare staff.

**Areas for regional cooperation to respond to the COVID-19 crisis:**

As has already been mentioned, all local organisations cannot be placed in one box; we are aware that they vary in composition, institutionalisation and health approach. However, there are potential for collaboration as either institutionalised or ad-hoc institutions to deal with the epidemic. Below are some examples of areas in which regional organisations may operate in order to address COVID- 19 or other health situations [6]. Table 1 shows the relief and stimulus packages provided by the respective developed countries to mitigate the negative impact on the economy, businesses and workers (in the right-hand column). Figure 1 shown the Share of intra-ASEAN and extra-ASEAN trade (%), 2015–2018. Note: Aust, Australia.

<i>Countries</i>	<i>GDP (%)</i>	<i>Relief and stimulus packages<sup>a</sup></i>
Italy	-7.00	\$28.30 billion (10 March 2020)
Australia		A\$213.60 billion (\$132 billion) (31 March 2020)
Japan	-1.50	¥108 trillion (\$1 trillion) (total second package) (7 April 2020)
Korea	-1.80	\$13.70 billion (4 March 2020)
France	-5.00	€45 billion (\$48.90 billion) (17 March 2020)
United States	-2.80	\$2.20 trillion (26 March 2020)
Germany	-6.80	\$814 billion (26 March 2020)

**Table 1: Forecast of global pandemic (COVID-19) impact on developed countries' GDP in 2020 and relief packages (Sources: EIU, 31 March 2020 and the relief packages as reported on the government websites.)**



**Figure 1 Share of intra-ASEAN and extra-ASEAN trade (%), 2015–2018. Note: Aust,Australia. Source: ASEAN Secretariat. (<https://www.aseanstats.org>)**

### **A bridge between the world and the nation:**

In our research, we have established how regional organisations, acting as mediators between the global and national levels, can play dual roles. For instance, by translating agreements and guidelines from the global level (e.g. the Sustainable Development Objectives), such bodies may assist the Member State by providing data and assistance on the cross-border poles and mobilising resources to meet them vertically. At the same time, regional organisations, as part of the technical guidance, can coordinate their responses, as well as support epidemiological surveillance and case-control, with the regional offices of the WHO (such como The Panamerican Health Organization(PAHO), the South-East Asia Regional Office [SEARO], and the Regional Office for Africa [AFRO]). For example,

PAHO and its Member States cooperated on sharing knowledge, know-how, and access to COVID-19 treatments and vaccines via the COVID-19 TechnologyAccess Pool (C-TAP) programme following a Costa Rica request [7]. Regional agencies have interacted historically with WHO regional offices in accordance with their technical requirements. However, there are clear contrasts between the two sorts of institutions. Whereas WHO regional bureaux are usually continental-based bodies (at least for PAHOs and AFROs), health-related regional organisations are driven by the distinct requirements and regulators of their Member States concerned about their health [8]. Due to their composition and mandate, regional WHO offices are unable to do so. For example, in international conferences and forums, UNASUR promoted the notion of health as a human right that PAHO could not accomplish so aggressively. This means that regional organisations, as apolitical technical authorities, are not restricted by a mandate as they are. As we know, as long as we strive to prevent this, health policy and decision-making are fundamentally political. As a result, for example, groups of countries led by regional organisations might adopt stronger positions, provided they have the powers for to lead the activity of WHO regional offices, thus scaling down the scale inside an international organisation. In the WHO, traditionally restricted by budget support from high-income

countries, we have seen increasing symptoms of this. Some African countries have just called for a redistribution between the WHO headquarters office and the regional agencies to allocate the WHO budget.

By forming common stances on international forums, like the World Health Assembly, regional organisations can also advocate for their Member States to seek support and negotiate with other countries or blocs on crucial issues affecting low- and middle-income countries. Given the necessity of a COVID-19 vaccine, it has been a welcome partnership among multiple countries for the COVAX facility, a method for pooling procurement and the distribution of vaccines. However, factors such as lack of openness in the Vaccine Strategy, pricing and potential dangers were questioned for this project. In addition, doubts exist as to whether pharmaceutical corporations are accountable for possible deaths or negative effects under this agreement. In the end, measures such as these should prevent past mistakes in inequitable decision-making which have persisted over time in global policy, from being replicated by giving a voice to low and medium-sized countries involved in the programme. Regional organisations can raise these issues and bargain with large pharmaceutical companies on the basis of strength.

### **Enhance cross-border goods mobilisation:**

The COVID-19-Pandemic highlighted the paucity of clinical supplies, in terms of ventilators and swabs and test kit, amongst other supplies, at several levels of poorly equipped countries but probably the most evident. In many cases, this was worsened by the closing of borders between countries, which in the adjacent countries left many residents stranded and hampered trade across regions. Regional organisations can also play an important role in promoting mobilising supply chains and facilitating transportation of critical medical supplies by implementing inter-state agreements, apart from the constitutionalisation of the free-regional through free-trade zones, customs unions or common markets. For example, early in the pandemic, the SADC developed rules to facilitate transboundary flow of critical products and reduce disease spread. Similar actions for future health emergencies and co-ordination of border closure and quarantine measures if needed should be considered by regional groups.

Although the centralisation of or the pooling of strategic medical supplies in an area may not be possible or even desirable, regional management systems may be very useful to match temporary overcapacity in one Member State with less capacity in another. Similarly, even in lock-out conditions, cross-border mutual and regulated access to the hospital capacity could save lives in neighbouring border towns. This was illustrated in the first wave of COVID-19, which Germany, Austria and Luxembourg accepted from Italy, France and the Netherlands.

### **Resource pooling for medicines and supply manufacturing and acquisition:**

Nations such as India and Brazil have shown a capacity to develop COVID-19 treatments and/or vaccines, however a huge majority of countries in the Global South have no technology, patents or installations for the production of medicines and supplies such as masks. The Trade-Related Aspects of Intellectual Property Rights (TRIPS) Council recommended that the World Trade Organisation grant waiver of some of the TRIPS Agreement's obligations to avoid barriers to the scaling of medical technologies to respond to the COVID-19 pandemic and underlined the need for rapid access to affordable pharmaceutical products by individuals India and South Africa India submitted a joint

proposal to Given its importance, numerous other WTO members from the Global South backed these measures, while other high-income countries operated them. While several intergovernmental and Non-governmental organisations, including the African Union, have supported that proposal, global south regional organisations have not yet fully exploited their convening power at the forums and have not the same experience and ability as the EU and other high-income countries to negotiate such agreements. Investment and attention in these continuing processes are needed while entities such as UNASUR and SADC have made substantial attempts to enhance the training of their ambassadors in the field of health.

At the same time, the cooperative procurement of medicines, pharmaceuticals and other equipment may be facilitated by regional organisations. This assures that bulk purchases bring down prices and equalise the negotiating capacity of countries, particularly countries with less income, which would not otherwise be competitive. In 2015, in cooperation with the PAHO Strategic Fund, Mercosur launched experiments with this aim to collectively obtain high-priced medicinal products initiated for hepatitis C and HIV/AIDS, which saved over USD20 million for cost reductions.

Various regional efforts to respond to COVID-19 have already developed. PAHO has suggested a technology platform (C-TAP) to allow equitable sharing of knowledge, information, and intellectual property with COVID-19 and access to efficient vaccinations, pharmaceuticals, and other health products, as the result of a Costa Rican initiative. Several regional groups, such as Mercosur and the South Asian Association of Regional Cooperation (SAARC), have also approved emergency financing to support their member nations in the context of the COVID 19 issue.

#### **Action to coordinate with donors and external partners:**

Netherlands and medium-sized countries are already faced with limitations to their own domestic problems. While it is welcomed by external funding, it often has unintended implications and expenses associated with the communication and reporting of multiple donors with varying needs (usually transaction fees), leading to adverse reactions to the already restricted capacity of the country. Regional organisations to support countries, may coordinate the activity of donors and partners. The (AU, for instance), organised gifts to its member nations of surgical supplies, fan systems, protective apparel etc., from the Jack Ma Foundation. Countries can also begin to establish a foundation for recovery by developing economic and social effects reduction measures such as cooperative negotiation of multi-lateral bank forgiveness for debt and cooperating with donors for regional growth [9]. It may also help governments to mobilise resources in other ongoing health efforts or concurrent health situations, such as maternal and child health programmes or disease outbreaks like Ebola or Dengue Favor, which could otherwise be underfunded due to the COVID-19 focus.

#### **Covid-19 recovery through regional cooperation of south Asian countries:**

Due to an increase in Covid19 transmission in South Asia, it is vital to put the country's inhabitants on surveillance and tracing. Many interesting observations were made in this regard. As a result, the majority of SAARC's leaders have adopted a rigorous surveillance policy on the activities of citizens.

Due to the international spread of Covid19, several nations created mandatory screening points at sea and airports in the first few months in order to track down any affected individuals. Their different nations were provided for in this way by the SAARC leaders.

To prevent the spread of the disease, infected people must be isolated for a few hours or weeks as directed by the doctors. To segregate or quarantine their citizens, all of the SAARC leaders have taken the required steps to ensure their residents' safety. Due to the high population density in these countries, it is difficult to deliver such services to the people in these countries.

Since Covid19 broke out so suddenly, there is a lack of expertise and resources, but nations have managed to come up with solutions for diagnosis and therapies in a very short amount of time. Policymakers in South Asia have been working closely together to develop a collective response to the crisis.

The need of simultaneous awareness activities for the entire nation should not be overlooked while tracing, testing, and treating the affected patients. This has resulted in the government alerting the public to symptoms, precautions, self-quarantine and other information via social media, podcasts and celebrity endorsement

Workers, shoppers, entrepreneurs, tourists, and citizens all live in Asia and the Pacific. The region is on track to constitute half of the world's gross domestic product by 2050. To recover from the pandemic and define a path to future development, the area will be a global leader.

Growing and reducing poverty for decades is largely attributable to the international flow of trade, capital, people and resources — not only within the region but also globally. Through this regional collaboration, nations have been able to work together on common development goals and concerns.

While the spread of COVID-19 has caused economic and social devastation across Asia and the Pacific, it was possible that a significantly greater degree of damage could have been avoided via quick and persistent collaboration. The regional and global value chains and supply lines continue to function and perform efficiently due to the transshipment of cargo. Those results promise well for solving the particular logistical issues associated with the storage of vaccinations, their delivery, and distribution across the region. And through trade finance initiatives, difficulties with credit availability and liquidity were quickly addressed.

Examples of collaboration throughout Asia and the Pacific have helped the region progress. In this context, digital technologies were used during the epidemic. A more productive and secure e-government service has been built with the help of governments in the region. New regional firms have sprung up to promote digital trade and technology in health and education, the environment, banking and finance and more.

### **Conclusion:**

Regional organisations range with comparatively heavy supranational institutions from relatively weak intergovernmental coordinating structures. Regardless of their specific institutional characteristics, they have the potential to take part in health emergencies, especially in terms of coordinating mobility actions for citizens, safeguarding transboundary medical and food supply flows, joint medical procurement, and strategic resource management, among others.

It's apparent that governments in each region must meet their unique complexity and have varied requirements, resources, and levels of vulnerability to diseases. While regional cooperation may not represent the silver bullet to tackle the COVID-19 concerns, it may be part of the solution in the

global south in particular. In order to do so, cooperative mechanisms must be reinforced. Sometimes, the short-term self-interest of countries must be managed and binding resolutions encouraged in order to avoid inaction. Political pragmatism and solutions customised to individual regional situations will also be necessary. The Conference on Veterans Affairs has shown us the cost of non-cooperation. Now it is time to use existing structures to contain the present epidemic and, more significantly, to better prepare for the future pandemic.

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