Shared Challenges, Shared Responsibilities: Lessons Learnt for EU-LAC Cooperation in Global Health

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Key take aways[1]

The unequal death toll and vaccine availability in the COVID-19 pandemic have led to a loss of trust both within countries and between Europe and Latin America and the Caribbean. As the pandemic has subsided, we have seen a decline in attention to

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health issues. The opposite is needed. The urgent tasks of pandemic preparedness - up to the Pandemic Accord under discussion at the WHO - are windows of opportunity for transnational and regional cooperation to rebuild trust in governments and among communities, and to "build back better".

• The COVID-19 crisis exposed critical weaknesses in the health sectors of both regions. It showed that it was not only how states reacted to the pandemic that mattered, but also what they had done (or not done) before. Strong health systems, and especially primary health care and public health services, not only benefit people's well-being in "normal" times but are also key to tackling epidemic diseases in moments of emergency, ensuring universal coverage, as well as health security and equity, trough better access to effective medical and non-medical countermeasures.

• With climate change, diseases such as dengue, Zika and Oropouche fever are spreading to new geographical areas. Diseases once considered as "tropical" are becoming global health challenges. The EU has much to learn from Latin America's and the Caribbean's experience and expertise. Knowledge and technology transfer should be a two-way street.

• To build resilience, European, Latin American and Caribbean countries need to step up regional production and development capacities of drugs, vaccines, and diagnostics.

• Production should be accompanied by knowledge-sharing mechanisms and a balanced discussion on intellectual property and economic returns. Accelerated approval of products developed in the regions, based on transparent criteria, could make foreign investment in the sector more attractive.

• The COVID-19 crisis highlighted the importance of training and financial resources for the health workforce, including researchers and health personnel at large. International cooperation can also play a key role in improving skills and know-how, as well as in supporting the capacity of countries to retain talent.

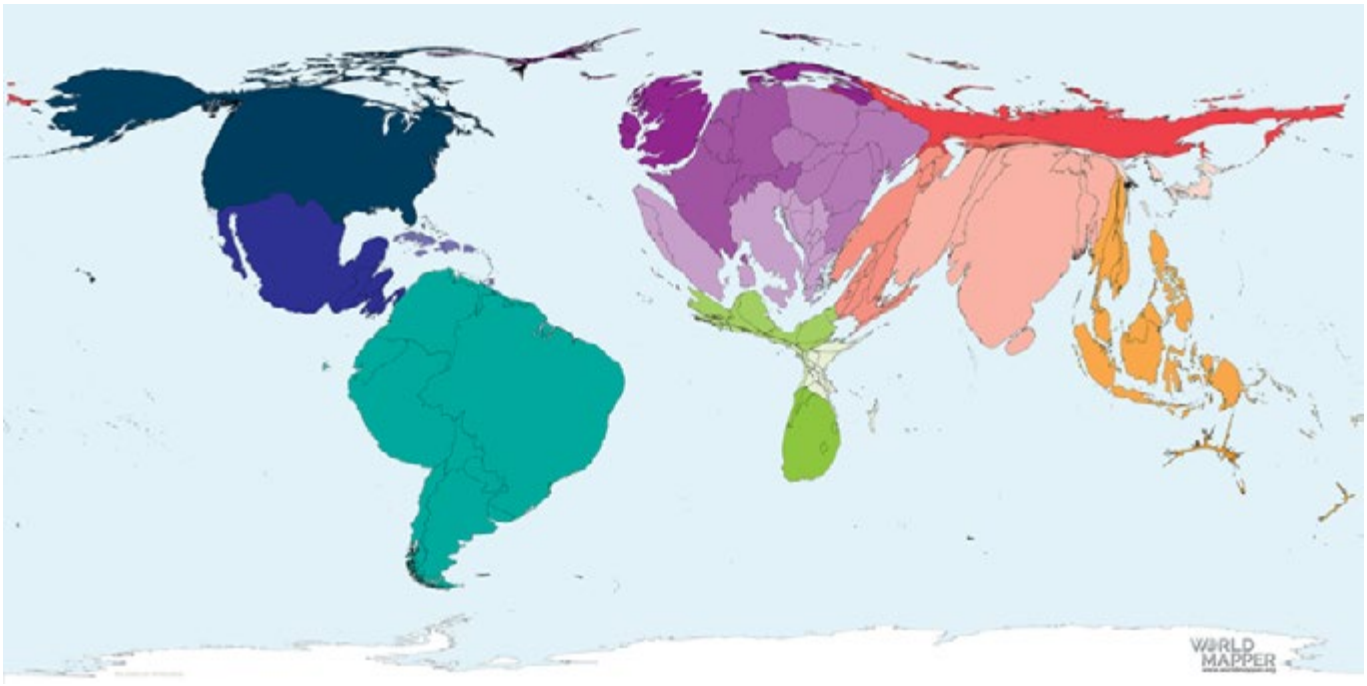
• Cooperation is fundamental. Diseases do not respect borders, and their control depends on international cooperation rather than isolated national efforts. Conceiving health as a global public good includes promoting more equitable access to key health resources such as vaccines and treatments. Strengthening existing networks and supranational agencies, endowed with sustainable funding and clear mandates, should be and remain a key dimension of the EU-LAC agenda.

Investing in global health is not just a social welfare issue; it has long-term social and economic effects. We cannot afford another pandemic finding us as ill-prepared as we were for COVID-19.

1. Lessons from the Pandemic

During the COVID-19 pandemic, Latin America and the Caribbean (LAC) had the highest number of deaths of any region of the world. Figure 1 translates the COVID-19 mortality into geographic form, showing the LAC region dramatically ballooning out of proportion to its population size, even if accounting for the fact that the surprising slimness of some world regions or countries may be due to underreporting.

Figure 1: Reported Covid-19 deaths (Jan 2020 – Nov 2021)

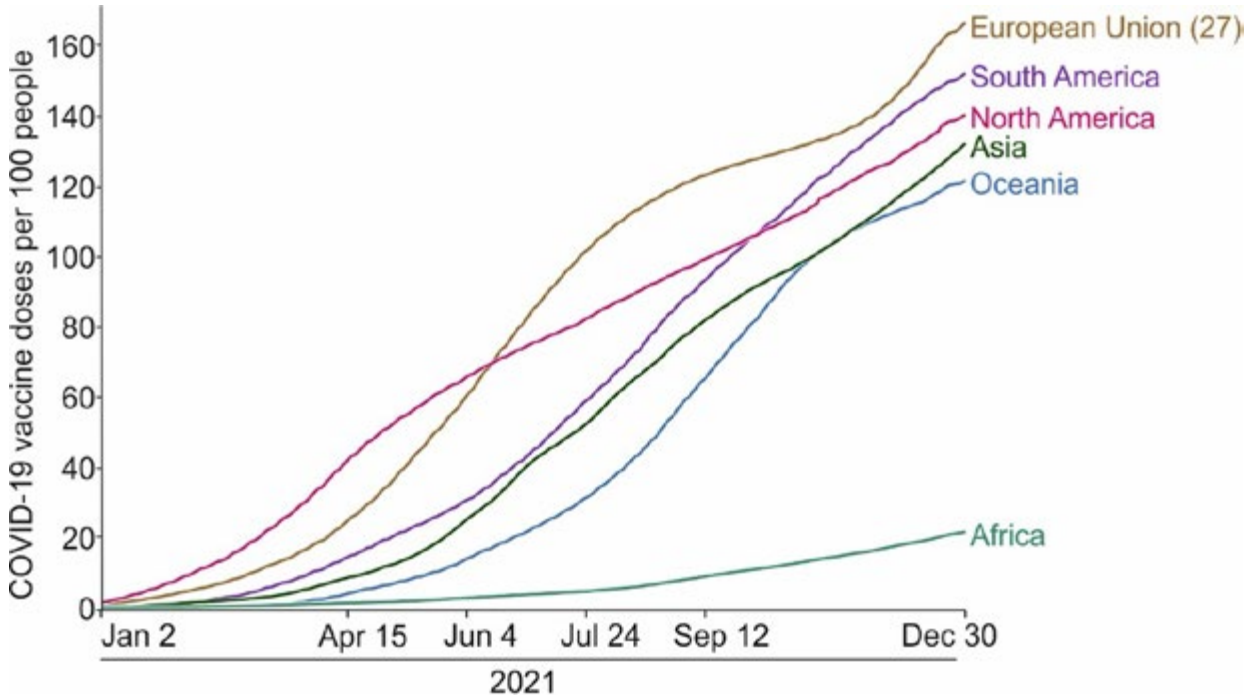


Source:
https://worldmapper.org/maps/covid-19-coronavirus-deaths-january-2020-november-2021/

There is something that both regions, the European Union (EU) and Latin America and the Caribbean, had in common: They were both ill-prepared for COVID-19. To be sure, all countries were taken by surprise by the speed, scale and force with which COVID-19 became a global pandemic. But both, the EU and LAC had to realise how vulnerable they had become by their over-reliance on globally sourced production, all the way from simple face masks to vaccine development (Drexler and Hoffmann 2021).

Figure 1 shows that Europe also suffered a COVID-19 mortality rate far in excess of its share of the world's population. However, the conditions to fight the pandemic were very different: by and large, the EU countries could build on better-funded health systems; diagnostic capacities were higher; and when vaccines became available, countries in Europe and North America secured a large share of them for their own population. While this was understandable in the sense that democratically elected governments have to be sensitive to domestic demands, it delayed equitable sharing with resource-limited settings in the Global South and in Latin America and the Caribbean it was widely seen as the European Union failing to live up to its rhetoric of a bi-regional partnership. Figure 2 shows how in the early phases of the pandemic South America lagged behind the EU in vaccinating its people and only caught up over time. Global distribution through the COVAX mechanism was "too late and too little".

Figure 2: **COVID-19 Doses per 100 people by region (Jan-Dec 2021)**



Source: Our World in Data (16.09.2024), with authors' graphic editing

2. The "Preparedness Paradox"

In Europe, too, the pandemic exposed the weaknesses of national health systems that can provide the most sophisticated techniques and treatments but are often not up to the task when it comes to primary health care and prevention.

A key lesson of the pandemic is that one thing is how you react when the emergency hits, and another is what you have done before to prepare for the emergency. Incentives for long-term planning can be low because they run up against the so-called "preparedness paradox": if good preparedness effectively mitigates a potential disaster (such as a pandemic), the averted danger is perceived as less serious. This misperception not only diminishes gratitude for preparedness, but also reduces the willingness to spend money on it in the future - even if the mitigation was in fact due to preparedness.

As the shock of the pandemic wears off, policymakers on both sides of the Atlantic should recall the pledges and promises they made during the emergency - from better pay and recognition for health workers to the commitment to a global Pandemic prevention, preparedness and response accord.

3. A Latin American CDC?

Cooperation is key to pandemic preparedness - within countries, within regions, and between the EU and Latin America and the Caribbean. A group of Latin American public health experts and former health ministers recently called for a "Latin American CDC" - a supranational centre for disease control and prevention for the region (García et al. 2024). Their diagnosis is sober: "There was scarce collaboration between Latin American countries during the COVID-19 pandemic, hindering the effective use of regional resources, including missed opportunities for coordinated negotiation and procurement of diagnostic tests, medications, ventilators, vaccines, and other medical supplies" (ibid: p. 2763). The authors emphasise that COVID-19 was not the first, nor will it be the last infectious disease, but rather that epidemics have become an ongoing challenge in the region. The proposal for a LATAM CDC explicitly refers to the Caribbean Public Health

Agency (CARPHA), the African CDC, and the European CDC, "assimilating their triumphs and understanding their shortcomings" (ibid: p. 2764); rather than replacing the Pan-American Health Organization, a LATAM CDC would be complementing it.

While the authors' case for a cohesive Latin American body to address the challenges of pandemic prevention, preparedness, and response (PPPR) seems strong, their initiative has not taken hold as of the moment. Even so, the need for an instrument that improves regional coordination and risk communication among the countries has been a request by public health professionals in recent years (ISGlobal 2023; SEGIB 2023). Existing Latin American integration schemes have been adversely affected by the profound ideological divisions that mark the region's political landscape. The disintegration of UNASUR in 2022 (Mijares and Nolte 2022) was the most recent evidence in this sense, but by no means the only one. Indeed, any attempt to create a new organism in the midst of these strained relations risks producing more political infighting rather than a well-functioning, non-ideological health organisation.

But even if such a first-best option seems out of reach at present, supranational cooperation and coordination must be stepped up if the region is to be better prepared for any future public health emergency. The same is true for the EU. For while the EU managed a collective acquisition of vaccines and a negotiated, relatively fair distribution of access to them among its member states, avoiding nationalistic egotism and competition between them, much improvision was required in terms of diagnostic equipment and cross-border assistance, and standards and policy responses varied widely. As in many other regions, preparedness metrics did not correlate with the incidence of COVID-19 infections, mortality or case-fatality.

The European CDC, which was established in 2004, has done a decent job in surveillance activities, risk management and knowledge management to support EU countries in the emergency. However, as it has lacked a more executive role, as it has been underfunded and not properly staffed, it could not play a more prominent role during the COVID-19 pandemic. In response to the pandemic, the EU also created the Health Emergency and Response Authority (HERA). It remains to be seen to what extent this institution can contribute to the region's preparedness and response to upcoming cross-border health threats, especially in the areas of innovation and production of medical countermeasures.

The Caribbean Public Health Agency's (CARPHA) core funding, in turn, is derived from country quota contributions from Caribbean Community Member States, but additional funds need to be raised from international partners. The African CDC is even more dependent on external donors which make up its primary funding sources, with the uncertainties this implies (The Lancet 2023). Hence, it is clear that a LATAM CDC, like any other, would require a stable funding mode and mandate to allow sustainable action.

4. The surge in infectious diseases: Climate change and shared concerns

As the COVID-19 pandemic wanes, attention is turning to other diseases transmitted by mosquitoes and other vectors. Latin America and the Caribbean have seen a surge in dengue, with more than 11 million reported cases doubling the numbers of 2023 (PAHO 2024a). This explosion is largely due to the proliferation of the Aedes mosquitoes, the main dengue vectors, as a result not only of a lack of vector control during the COVID-19 pandemic (Chen et al. 2022) but also of climate change and, in the current year, the climatic phenomenon known as El Niño.

The massive resurgence of dengue is particularly painful because by the late 1960s the region had come close to its eradication. However, lack of sustained efforts (and the declining use of DDT and similarly toxic substances) resulted in an increase in the mosquito population and the reintroduction of the disease. At the same time, dengue shows how effective prevention can be. Despite the record number of cases in 2024, fatality rates remained low, highlighting the importance of cross-country cooperation, surveillance, diagnostics, and timely medical care (PAHO 2024b).

Starting from 2015, the Zika virus, also transmitted by Aedes aegypti and previously confined to Africa and Asia, entered Brazil and is now endemic in the Americas, causing a dramatic outbreak of neonatal microcephaly and other consequences of congenital infections. While many in Europe only became aware of mpox after the recent outbreak in Africa in August 2024, already two years before, in 2022, a multi-country outbreak of mpox had spread globally, including to Latin American countries, where the virus had not been diagnosed before. Eventually, the region accounted for more than half of the 54,709 confirmed cases worldwide (PAHO 2022).

For more than a decade, another mosquito-borne disease, chikungunya, has been spreading and becoming endemic in

the Americas, also with increasing numbers in recent years. Moreover, in 2024, Latin America and the Caribbean saw an outbreak of Oropouche fever in areas where transmission had not previously been reported. The virus is primarily transmitted by the bite of infected midges, another insect that inhabits humid areas and forested areas.

The increase of these diseases coincides with changes in climatic conditions, which have likely expanded the areas in which their vectors thrive. This also affects Europe. Since 2010, various events of dengue virus transmission in Europe have been reported. In 2024, autochthonous cases were reported from France, Italy, and Spain (ECDC 2024a, ECDC 2024b). With climate change, the mosquitoes that serve as vectors for the dengue virus and other pathogens are likely to find more viable habitats in parts of Europe, making an increase in local transmission a foreseeable challenge.

In the past, in Europe the so-called "tropical diseases" were limited to imported cases and received marginal attention from public authorities and medical institutions. As a result, the continent is ill-prepared for the possibility of these becoming endemic. In this regard, the European Union would have much to learn from Latin America and the Caribbean, and policymakers would be well advised to develop programmes to help organise this learning process, while at the same time providing practical support to the LAC countries in their fight against these diseases.

5. Decision-making in a context of uncertainty

When the pandemic hit, almost all countries resorted to the same non-pharmaceutical interventions that had been at the heart of epidemic control for centuries: Restrictions on mobility to slow the spread of the virus, quarantines and lockdowns, despite their high social, economic and political costs. Their scope, priorities, and enforcement have all been the subject of controversial debate. Discussing these issues with the benefit of hindsight runs the risk of ignoring the immense uncertainty under which all actors had to make decisions, given that knowledge about the virus, the disease and possible treatments was barely emerging. The mere reminder of how little was known about how the virus will mutate, which variants would become dominant, and what the health consequences would be, should caution against all too easy judgements.

Of course, we can draw lessons for the next pandemic from what has worked well and what has not. But one key lesson precedes all these considerations: as new pathogens and diseases emerge, each new pandemic will not be exactly like the last. Again, all actors will have to make decisions under great uncertainty and changing public pressures; again, the health impact and mortality rates will be unknown; it will not be clear what treatment will be available and when; vaccine development will take time, and in some cases, we may never have an effective vaccine to fight a pandemic. Beyond all medical, virological or epidemiological issues a central question we need to understand better relates to decision-making processes under uncertainty and under the economic, social and psychological pressures that inevitably come along with such emergencies.

6. Vulnerablity of global markets

Beyond lockdowns, a central concern in the first phase of COVID-19 was protective equipment and diagnostics. Both the EU and LAC regions quickly realised their vulnerability to imports from Asia, as cross-border transport and trade collapsed. A scramble for scarce products ensued, with egoisms of all sort flourishing – individually within the societies, but also internationally between states. Under domestic pressure from their societies, wealthier countries were willing to pay exorbitant prices for simple face masks that had become a scarce resource. Even in wealthy European countries hospitals struggled to provide the most basic protective gear to their health workers. For poorer countries, the situation became desperate.

A fundamental lesson of the COVID-19 pandemic is that exclusively market-based solutions carry high risks of vulnerability. Just-in-time ordering may be efficient to reduce storage costs; but in emergencies, when global supply chains are disrupted, having readily available and sufficient stocks of essential products is not just a cost, but – similar to disposing of well-equipped fire-fighters – an investment that is key to the ability to respond adequately. As emergencies and disruptions of supply routes persist over time, the focus shifts from stockpiles to production capacities that can be activated or built up.

7. The need for regional vaccine production capacity

As COVID-19 vaccines were developed, their scarcity became a key public health problem and the pivotal point of international contention. In this regard, Latin America and the Caribbean found itself in an extremely vulnerable position. With the notable exception of Cuba, no LAC country was able to develop and produce COVID-19 vaccines, leaving the region at the mercy of global supply – a painful experience in an emergency situation in which the whole world hustled for this scarce resource, implying that vaccines became part of global geopolitical conflicts. Being better prepared for future pandemics also means looking back at how this extreme vaccine dependency came about.

Historically, a number of Latin American countries had significant capacity for vaccine development and production. But in the 1980s, global production patterns changed as India emerged as a gigantic producer of vaccines. Global prices fell and many companies in Latin America closed down as production was no longer considered profitable. Countries such as Colombia and Uruguay, which had considerable capacity not only for processing and packaging, but also for vaccine development and production, were left without any of this technology. Argentina and Mexico retained at least some processing and packaging capacity, but Brazil and Cuba were the only two countries to maintain full-fledged biotech sectors able to develop and produce vaccines. All the other states came to rely on global markets.

The situation in Europe and the US was actually not so different. The massive trend to outsource vaccine production to Asia explains why most of the major Western pharma companies were unable to respond to the COVID-19 crisis by developing vaccines. Johnson & Johnson and AstraZeneca were the exceptions, not the rule. And while the "Pfizer vaccine" was widely used globally, including in the LAC region, it seems worthwhile recalling that the US pharma giant did not develop it, but simply bought the vaccine developed by Biontech to market it under its own name. Both pioneers of the new mRNA-based vaccines that made their spectacular debut in the COVID-19 pandemic – Germany's Biontech and Moderna in the US – were small start-ups, not established pharmaceutical companies. Without these "black swans", relying only on the traditional big pharma companies, the battle against COVID-19 would have been marked by much more dramatic vaccine shortages for the US and the EU as well.

To return to Latin America, Brazil maintained its vaccine production facilities because of its large domestic market. However, its model was largely based on licensed production of vaccines developed abroad, rather than the arduous and time-consuming process of developing, testing and certifying home-grown products. As a result, during the COVID-19 pandemic, Brazil, like all countries in the region, initially had to rely on the global supply of vaccines, but over time made arrangements to process and produce some of these vaccines domestically.

The exceptional role of Cuba deserves particular attention. Building on the successful vaccination campaigns following the triumph of the 1959 Revolution and the country's achievements in education and health, Cuba also became a major producer of vaccines, not only for domestic consumption but also for export. In the 1980s, the meningitis vaccine developed in Cuba became such a commercial success that the country continued to invest in its bio-tech sector even during the years of deep economic crisis in the early 1990s.

During the pandemic, Cuba was able to build on its infrastructure and the world-class scientists in this specialised sector. The result was the successful development of Cuba's own COVID-19 vaccines – despite the country's limited economic resources and a US embargo that severely restricted the possibilities to import the necessary equipment and inputs. While Cuba has immunised its population almost entirely with its vaccines, export success has been limited – initially due to the lack of international certification, and later on because of the global decline in demand and oversupply of vaccines as the pandemic receded.

Today, Cuba is in the process of developing new vaccines, such as a multivalent vaccine against meningococcal disease, supported by a French loan. However, despite being a priority in national development plans, the biotech sector is heavily affected by Cuba's economic crisis and high levels of emigration of qualified personnel. In the long term, export opportunities will be crucial to maintaining the capacities of this sector at their current level. An important ingredient of the way forward may be international cooperation, as exemplified by the planned COVID-19 vaccine production in Turin, Italy, during the pandemic (IFV 2021).

While at the height of the globalisation euphoria, concepts such as technological autonomy were dismissed as unprofitable and old-fashioned, the COVID-19 emergency dramatically highlighted the consequences of over-reliance on global markets, which do not necessarily guarantee the availability of required goods. In addition, the pandemic demonstrated the limits of compensation mechanisms. The COVAX initiative turned out to be "too little, too late", because democratic governments faced enormous domestic pressures to provide

vaccines as quickly as possible to as many people as possible in their own societies. Meanwhile, the governments of China and Russia, where the channels for domestic pressure are more limited, had a freer hand to use the vaccines produced in their countries for international "vaccine diplomacy".

In the wake of the pandemic, LAC countries are seeking to strengthen their own capacities, whether in terms of building their own expertise and development, or in production arrangements with global companies. As not all countries will be able to develop the infrastructure or attract the investment needed for this high-tech sector, regional cooperation will be crucial.

In this context, bi-regional cooperation between the EU and LAC regions has an important role to play. The pandemic has shown that it is in Europe's best interest to support the build-up of capacity in Latin America and the Caribbean. In this vein, in 2022 the EU initiated a health partnership with Latin America which pledges to boost production of vaccines and drugs in Latin America by investing more in the region and by sharing technologies and regulatory practices (Reuters 2022). Certification procedures should be speedy and free of political or ideological overtones. Accelerated approval of products developed in the region, based on transparent criteria, could make foreign investment in the sector more attractive. As the new mRNA technology may be essential for the future of vaccinations beyond the case of COVID-19, there is a strong need to find modalities for knowledge transfer in this sector, too. This requires a balanced discussion about intellectual property and incentives for economically viable ways of bringing this immense scientific advance to the best use for global human progress.

To make its commitments articulated in the context of the EU-CELAC Summit 2023 more specific, the EU has designed a Global Gateway Investment Agenda for Latin America and the Caribbean (GGIA) which seeks to enhance cooperation and high-level exchanges. This includes dialogue among EU and LAC biopharmaceutical sectors (Global Gateway 2024) as well as a EU-LAC Health Team Europe Initiative to improve technical cooperation. To achieve social cohesion, the initiative focuses on those sectors of society that are most vulnerable to diseases and seeks to promote equitable access to medicines, health products and vaccines. It also aims at promoting a common approval system for medicines, vaccines and health products for LAC and the creation of an investment ecosystem for sustainable local and regional production (DG INTPA 2024; Fundación CSAI 2024).

8. Beyond EU and LAC: the Global Pandemic Accord

In light of the impact of the COVID-19 pandemic, in December 2021, the World Health Assembly agreed to establish a process and negotiate a new instrument to ensure preparedness and response to new pandemics. It aims to create a framework that involves a broad range of social actors in all countries to cooperate on pandemic prevention (One Health approach) and public health surveillance; health system resilience including workforce capacity; research and development, including global transfer of technologies and know-how and diversified production; supply chain and logistics; access and benefit sharing through the WHO Pathogen Access and Benefit-Sharing System (PABS System); communication and public awareness; and aspects for the governance, monitoring and accountability.
Unfortunately, the deadline for signing the accord had to be extended for one year as countries did not reach an agreement before the World Health Assembly meeting in May 2024. Negotiations have continued and several meetings are planned for the months ahead. The areas that are still under consideration are the PABS system, the model of governance and the question of how the accord could interact with other instruments such as the amended WHO's International Health Regulations and the financing mechanisms. The achievement of an agreement would be of considerable importance, implying a first, and hopefully binding, instrument ensuring all countries would count with a plan for a coordinated response to pandemics as well as access to the resources needed.

Concluding Remarks

As the COVID-19 pandemic recedes, it is essential to keep global health high on the political agenda. The experience of the pandemic shows that failure to invest in prevention and preparedness exposes countries and their societies to severe social and economic consequences. It is therefore crucial to build resilient health systems and foster international cooperation mechanisms that enable a rapid and effective response to future threats, ensuring that lessons learnt do not fade over time. Complementarily, multilateral and regional organisations, firmly grounded in scientific and technical criteria, need to be strengthened in support of evidence-based policies and interventions, in close collaboration with health systems, academia, communities, civil society organisations, and the private sector.

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