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Special issue: Beyond COVID-19: Global Health in the spotlight

From emergency to structure: ways to fight Covid-19 via international cooperation in health from Brazil

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Abstract

This article argues the need for complementarity between emergency and structuring international cooperation in scenarios of health crises in developing countries. Through a review of contemporary literature and document analysis, it analyzes some aspects of the performance of global and Latin American institutions in the Covid-19 pandemic in light of this argument. It also makes a brief survey of forms of international cooperation that emerge from Brazil, with BRICS and Latin American partners, to fight the pandemic, which have a local and sectoral character: paradiplomacy, structuring networks and the role of local agents and health experts.

Keywords: Covid-19; emergency cooperation; humanitarian cooperation; structuring cooperation in health.

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"Os ventos do norte não movem moinhos"
Sangue Latino[1]

Introduction

In March 2021, Brazil experiences "the worst scenario since the beginning of the pandemic" (Fiocruz 2021a, 1): "a set of indicators, including moving averages of cases and deaths and occupancy rates of ICU Covid-19 beds for adults, points to an extremely critical situation or even collapse, across the country" (Fiocruz 2021b, 1). In this scenario, if there are traces of the past that still matter for resolution alternatives, amongst them are certainly proposals developed in Latin America in the last

[1] Music performed by the Brazilian group Secos & Molhados on their homonymous 1973's album. Composed by João Ricardo and Paulinho Mendonça.

century: critical epidemiology (Rosenberg 2015) and collective health (Fonseca and Buss 2017). After all, they inspired the construction of the Unified Health System (SUS, in Portuguese) in Brazil, which, despite all the aggressions it suffered, survived and garnished the country until then. Critical epidemiology and public health differ from the way health was predominantly understood before the 1970s, mainly because they are attentive to the social determinants of health (Rosenberg 2015; Fonseca and Buss 2017), and, for this reason, they also inspired a new form of international cooperation in health: the structuring one.

This article argues that in the Covid-19 pandemic scenario, characterized by specialized literature as a "health and humanitarian crisis" (Lima et al. 2020, 36), it is necessary to understand and implement structuring cooperation in health (SCH) as *necessarily complementary* to emergency/humanitarian cooperation, an argument previously developed by Pozzatti and Farias (2020) to analyze the response of the Laços Sul-Sul Network to fight the HIV epidemic. This argument is developed in the first section of this article and is used to analyze some aspects of the response of global institutions to the Covid-19 pandemic, inscribed in the literature and in some official documents, where the lack of coalition amongst Global South countries and of incentives for structuring cooperation stands out.

Also through literature review and document analysis, the second section deals with the pandemic scenario in Latin America and some international cooperation initiatives with the potential to produce complementarity between emergency and structuring which emerge in this scenario, made by Brazilian actors with BRICS and Latin American partners: paradiplomacy, structuring networks and the role of local agents (from the federated states, consulates and municipalities) and health experts. This section also seeks to highlight the challenges of the field of International Relations (IR) in the study of these emerging forms of cooperation that stand out for being local and sectoral, and therefore presenting a double challenge to the field. Considered as a whole, the study seeks to build a panorama that reflects, from Brazil, on the future of the international cooperation research agenda, especially in health.

Responses of global institutions to the pandemic: absence of the Latin American structuring legacy

There are at least two ways of understanding and implementing international cooperation in health. The first, developed since the 19th century, is focused on the containment of specific diseases (Almeida et al. 2010; Ferreira and Fonseca 2017). The second is focused on solving structural conditions that generate health problems and came about at the beginning of the 21st century (Almeida et al. 2010), inspired by public health researchers' criticisms about the ineffectiveness of the individualized and curative medical approach to solve the main health problem in developing countries (Fonseca and Buss 2017). The latter, which emerges from the Global South and of which Brazil is a renowned exponent, is the construction and strengthening of universal, free

and equitable health systems that can really promote health and well-being (Almeida et al. 2010; Ferreira and Fonseca 2017; Fonseca and Buss 2017).

Within the scope of Brazilian practice since the early 2000s, this second form of cooperation has been called structuring cooperation in health (SCH) and was theorized by researchers from the Oswaldo Cruz Foundation (Fiocruz) (Almeida et al. 2010). SCH is a form of cooperation based on three fundamental pillars: social determination of health, international cooperation in a collaborative aspect and strategic planning in health (Fonseca and Buss 2017). It is

> centred on strengthening recipient country health systems institutionally, combining concrete interventions with local capacity building and knowledge generation, and promoting dialogue among actors, so that they can take the lead in health sector processes and promote formulation of a future health development agenda of their own (Almeida et al. 2010, 26).

Compared to other capacity building strategies, SCH is innovative in at least two ways:

> a) it integrates strengthening human resources with organizational and institutional development; b) it builds on endogenous resources and capacities to enable local actors to take the leading role in the formulation and sustainable implementation of county health agendas (Ferreira and Fonseca 2017, 2130-2131).

In turn, humanitarian or emergency cooperation, often marked by the donation of various supplies, such as essential drugs, equipment and food, exists to respond to emergency scenarios where these supplies are essential for human survival (Machado and Alcântara 2018; Pozzatti and Farias 2020). Brazil understands that humanitarian actions serve to

> protect, prevent, reduce or assist other countries or regions that are, momentarily or not, in a state of public calamity or emergency situations, of imminent risk or serious threat to life, health, protection of the human or humanitarian rights of their population (Brasil 2006).

For this reason, it cannot be replaced by SCH, but instead, they must be complementary (Machado and Alcântara 2018; Pozzatti and Farias 2020), since SCH creates and develops the conditions for humanitarian cooperation to occur. A previous study on the international cooperation in health promoted by Brazil within the scope of the Laços Sul-Sul Network demonstrated that in several scenarios the emergency and structuring cooperation must be *simultaneous* and *complementary* (Pozzatti and Farias 2020), or else they are in danger of not fulfilling their specific purposes.

The Laços Sul-Sul Network was created in 2005 to expand the cooperation on HIV and AIDS promoted by Brazil, at the time mostly humanitarian/emergency. In addition to Brazil, the Network includes Bolivia, Cape Verde, Guinea-Bissau, Nicaragua, Paraguay, Sao Tomé and Principe

and East Timor, and since the beginning has the United Nations Children's Fund (UNICEF), Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the International Center of Technical Cooperation in HIV/AIDS (United Nations International Children's Emergency Fund 2016) as partners. Based on the Unicef (2016) report on the Network, Pozzatti and Farias (2020) concluded that the path between donation and receipt of supplies was longer and more turbulent than it may seem. As the authors noted,

> In the aesthetics of underdevelopment, there is no transportation for the medicine to reach the recipient countries, or within them, which makes it impossible for international donation to reach the individuals who need them. In addition, malnutrition decreases the drug's ability to inactivate the virus. There is no adequate structure that enables safe breastfeeding for babies that were able to be protected from the virus while being gestated, thanks to effective policies, so that if such policies are not combined with others, they lose their meaning (Pozzatti and Farias 2020, 10).

Due to these reasons, the authors conducted a survey and analysis of the bilateral SCH agreements produced by Brazil with other members of the Network, seeking to verify the spillover of the humanitarian donation agenda – mainly of antiretroviral drugs – to a structuring agenda, capable of addressing the causes that block the success of donations. The structuring agenda included issues such as the construction of Human Milk Banks, food security policies, structuring policies on HIV and AIDS, among others. The authors concluded that the two forms of cooperation evolved and decayed simultaneously, but were concentrated in the priority regions of Brazilian foreign policy in health, South America and Lusophone Africa, and the Network was unable to catalyze the structuring agenda in Asia or Central America (Pozzatti and Farias 2020). Inspired by this case, the following subsection will address the main approaches to fight Covid-19 pandemic within the scope of global institutions, seeking to verify whether these approaches involve or try to catalyze SCH.

Global institutions and emergency approaches

In the current pandemic scenario, it is possible to perceive how structural conditions led to the spread of Covid-19 on a global level:

> The integration of economies across the planet has allowed for a great increase in the circulation of people and goods; promoted the intensive and unsustainable use of natural resources; and accentuated social changes favorable to the contagion of infectious diseases, i.e., urban population density, massive mobility of populations in these spaces, aggregation of large contingents of poor people, who in turn ended up occupying precarious housing with limited access to basic sanitation (Lima et al. 2020, 36).

However, when looking at how the current pandemic is treated by global institutions, it appears that, despite the many demands for international cooperation, these institutions do not express the intention to catalyze structuring cooperation processes in their member states. They seem to address the issue in an exclusively emergency way, or asynchronously, where the structuring issues, a hallmark of Latin American thought on public health, are placed after emergency issues.

Within the United Nations (UN) and its specialized agencies, the response to the pandemic has three interrelated dimensions: health, emergency and recovery. The health response is primarily concerned with the development and distribution of health supplies. The emergency humanitarian response deals with the functioning of public institutions that provide immediate humanitarian assistance in the emergency setting. The recovery process is interested in improving the response to contemporary global problems, such as epidemics or climate change, and works with the idea of "[building] back better" (United Nations 2020b, 2), more associated to what should be done post-emergence than simultaneously (United Nations 2020b; Alcázar 2020). In addition, the proposals of this third dimension seek to economically support services and initiatives that already exist or are created in member states, and not to create or strengthen them technically.

Also at the UN, the general focus seems to be the Sustainable Development Goals (SDGs) (Alcázar 2020), whose goal 3 refers to health and well-being (United Nations 2015). This globally-accepted agenda seems to be fundamental and rightly invoked, as it recognizes that economic development is not positive when it occurs through the precariousness of other sectors or vulnerable groups. This raises the question of, for example, the Security Council's willingness to recognize the danger of the pandemic on peace agreements and to disregard that the pandemic's effect on the SDG indicators is as dangerous to life as armed conflicts (Alcázar 2020). Even so, when analyzing this agenda from a Latin American point of view, it seems insufficient.

This insufficiency occurs because, despite the Health in All Policies proposal that has been growing on this agenda (Ferreira and Fonseca 2017), the SDG 3 of "[ensuring] healthy lives and promote well-being for all at all ages" (United Nations 2015, 14) still has targets that "narrow the broad initial statement, as they are reduced to elements of individual and curative medical care" (Kickbusch and Buss 2014, 1). In these targets,

> epidemiological, health and environmental surveillance are omitted; health promotion and addressing the social determinants of health are not even mentioned; and the implementation goals fail to be fragmented and disjointed from the other SDGs - the opposite of intersectoral governance [which marks Latin American and Brazilian public health proposals] (Kickbusch and Buss 2014, 1).

In general, specialized agencies, such as the World Health Organization (WHO), have produced information and recommendations in a large scale, and seem to converge on the need

for international cooperation. Still, some resolutions of the General Assembly stand out, notably the A/RES/74/274, "International cooperation to ensure global access to medicines, vaccines and medical equipment to face Covid-19", of 2020, which deals with access to health supplies by "all those in need" (United Nations, 2020a). Despite being born out of a claim by a country in the Global South, Mexico, by not mentioning universal access or the flexibilization of intellectual property rights, this resolution seems to claim far less than what was claimed by Global South countries previously (Alcázar 2020).

When comparing the resolution A/RES/74/274 with the A/RES/65/95, "Global health and foreign policy", of 2010, which takes up the agreements made in the 2007 Oslo Declaration – notably the recognition that "in the event of health emergencies, member states were entitled to make full use of the provisions contained in the Trips (Trade-Related Aspects of International Property Rights), as well as those contained in the Doha Declaration on Trips and Public Health" (Alcázar 2020, 107) – Alcázar (2020) states that

> it looks like a proposal for short pants in relation to the text that resulted from the powerful combination of global health and foreign policy; even more when one realizes that it was elaborated in a dramatic moment of the pandemic, whereas the latter was done in times of placidity (Alcázar 2020, 107-108).

The A/HRC/44/L.23/Rev.1 of the Human Rights Council mentioned the issue of universal access to health supplies (United Nations 2020c) in July 2020, and it seems to try to be translated into several WHO initiatives. The Covid-19 Technology Access Pool (C-TAP) is an example of these initiatives, a Costa Rican initiative operated by WHO, which aims to "enable data and intellectual property to be shared equitably by the global community, accelerating the discovery of vaccines, medicines and other technologies through open science research" (Galvão 2020, 124). This initiative, as well as others developed mainly online by the WHO, is voluntary and was mostly adhered to by developing countries. At the World Trade Organization (WTO), India and South Africa have argued for the suspension of intellectual property rights for Covid-19 immunizers since the second half of 2020, without much progress and without the support of Brazil ("África do Sul aumenta pressão em defesa da quebra de patentes de vacinas contra Covid." 2021).

This article does not intend to carry out a comprehensive review of the performance of UN institutions during the Covid-19 pandemic, but only to highlight some characteristics of this performance. Two of them are relevant to reflect on the importance of international cooperation, emergency and structuring, in order to fight the pandemic from the Global South – what we recognize to be a complex and fragmented geography (Eyben and Savage 2013) –, and especially from Brazil. First, the lack of a coalition between southern countries has meant that the few initiatives, from Mexico, Costa Rica, India and South Africa, are very timid or have not yet been successful. Second, despite the fact that global institutions converge on the need for international

cooperation, promotion of cooperation is very timid in regard to the forms of cooperation developed in the scope of South America before the pandemic scenario.

Regarding the first characteristic, it is necessary to note Brazil's role before and during the pandemic scenario:

> The shift now promoted by the rise of the extreme right to the Federal Government implies the emptying of Brazil's historic role in matters of the greatest importance (HIV/AIDS, intellectual property, access to essential medicines, South-South cooperation, regional integration, etc.) and the displacement of Brazilian action in favor of the agenda of the most conservative sector of the North American Republican Party (Ventura et al. 2020, 3).

In this pandemic scenario, it seems urgent to look for ways in which international cooperation in health is being promoted, in the country and from it, in an emergency and structuring way. It also seems urgent to maintain the research agenda on international cooperation due to demands reflected in the recommendations of global institutions.

Disarticulated Latin America: emerging forms of international cooperation from Brazil and the double challenge to the field of IR

The Covid-19 pandemic raised the global health debate, previously marginalized, to a level of high politics in international relations, generating a *boom* in research interests and scientific publications. In this scenario, it seems worth noting that in the IR field, "naturally, if our purpose is to understand the world, current change will drive changes in theory building, but often the swings in academic fashion are excessive and lack balance" (Nye 2008, 597). In addition, "the history of health crises teaches that this priority will disappear when the emergency of Covid-19 ends, constituting a global strategy for cyclothymic investment, an unpredictable object depending on the emergency in question" (Ventura et al. 2020, 1).

The knowledge accumulated by the marginalized global health agenda seems to have never been adequately overflowed to the IR field. In Latin America, for example, at least until 2014, health was one of the last research interests (Villa et al. 2017), so that negligence is the first challenge in the field. The second is that Brazilian studies of international cooperation have increasingly recognized the centrality of the technicians (sectoral) and bureaucrats participation at the lower levels of public administration (Milani and Lopes 2014; Schleicher and Platiau 2017). This presents a double challenge to a field focused on high levels of analysis, great debates and possibilities for generalization (Lake 2013): capturing sectoral knowledge, from a marginalized sector, and lowering the level of analysis, considering the influence of local and sectoral actors on international relations. The forms of international cooperation to fight Covid-19 that emerge from Brazil highlight this double challenge: they are small, local and/or sectoral.

In addition, in Latin America there are large structural challenges:

> The region, being the most unequal in the world, is especially vulnerable to Covid-19, due to its high levels of informal work and the fragility and underfunding of urbanization and health and social protection systems. Added to these elements is the coexistence of Covid-19 with other epidemics, such as measles and dengue, which have a high impact on morbimortality (Tobar and Linger 2020, 201).

In this scenario, the Andean Community of Nations has promoted the exchange of information and lessons learned, and the Caribbean Public Health Agency has sought to strengthen laboratory diagnostics and develop response patterns in member states, for example (Tobar and Linger 2020). In turn, Mercosur has been slowly investing in the research project "Research, Education and Biotechnologies Applied to Health" prior to the pandemic, which now "aims to boost the coordination of the national authorities of the four States parties (Argentina, Brazil, Paraguay and Uruguay), in particular to improve national capacities to carry out virus detection tests" (Tobar and Linger 2020, 208). However, in general, the region currently has timid and disjointed efforts (Herrero and Nascimento 2020), making it difficult for regional or sub-regional cooperation to emerge, notably in South America.

The regional scenario, made up of other examples of initiatives not mentioned here, could no longer count on the Union of South American Nations (UNASUR)'s expertise, inert since it was abandoned by nine of its twelve member states (Herrero and Nascimento 2020).

> As part of the highest governance structure in this initiative for regional integration, UNASUR featured the South American Health Council, with 12 Ministers of Health from countries of the region. During that period [2008 to 2019], the countries' collective fight against the H1N1 influenza pandemic and dengue epidemics and the organization of common measures against other emerging and reemerging diseases, including collective preparations for the potential introduction of the Ebola virus, were conducted by the Council, supported by the heads of State and implemented by hundreds of expert staff from the States members' Ministries of Health and health systems (Buss and Tobar 2020, 1-2).

In addition to the expertise in health emergency responses, UNASUR had structural innovations that compose the second emerging form of international cooperation to fight Covid-19 listed here, discussed in the section "*Networks of structuring institutions in health and sectoral actors*".

To replace UNASUR, the neoconservative governments of the region founded the Forum for the Progress and Development of South America (PROSUR) (Buss and Tobar 2020). PROSUR, despite having performed

> virtual meetings in which the idea of joint purchase of drugs or harmonization of border regulations was discussed, has not yet proved to be an effective mechanism

> for collective action and regional cooperation due to the lack of joint experience in the area of health (Tobar and Linger 2020, 207).

This lack of expertise has been reinforced by the central role of chancelleries and the absence of health ministers and experts in PROSUR (Tobar and Linger 2020), a *modus operandi* completely opposite to that of UNASUR.

Public health systems in Brazil and Cuba are exceptions in the region, in terms of coverage and expertise (Tobar and Linger 2020). However, Ventura and Martins (2020, 72) argue that "structural comparative advantages may be largely outweighed by an inadequate governance during the crisis, even more so when coupled with populist denialism", which explains the collapse in Brazil (Fiocruz 2021b). Thus, there is an emptying of the multilateral proposals for international cooperation in South America, and the Federal Government's action in Brazil is being undermined, which has led to the advance of some forms of international cooperation trying to resist this scenario from below, which will be discussed in the following sections.

Paradiplomacy

Despite the robust health system, the previous leading role in different multilateral forums for the health interests of the Global South (Ventura et al. 2020), and the promotion of innovative forms of health cooperation (Almeida et al. 2010), currently

> Brazil stands out from almost all other countries for the lack of legislation seeking to regulate and give an effective response to Covid-19 on the federal level. In fact, there has been a systematic obstruction from the Executive branch of government to contain the pandemic, coming from other actors, such as the National Congress and local governments (Ventura and Martins 2020, 68).

Thus, out of extreme necessity, creative alternatives of paradiplomacy were mobilized by different local governments. Some, even, were born when the Brazilian neoconservative government was in the beginning.

The Interstate Consortium for Sustainable Development of the Northeast (Northeast Consortium) was officially constituted in 2019 by a Protocol of Intentions, and is formed by the States of Bahia, Maranhão, Pernambuco, Ceará, Paraíba, Piauí, Rio Grande do Norte, Alagoas and Sergipe (Governo do Estado da Bahia 2019). The Northeast Consortium, as reported on its official website,

> is an initiative that aims to attract investments and leverage projects in an integrated manner, constituting, at the same time, as a management tool created and available to its consortium members, and as an articulator of governance pacts (Leite 2020).

In the health sector, the Protocol creating the Consortium informs the purposes of

> centralized and/or shared purchase of medicines, health equipment and materials, health service management, in particular hospitals and regional laboratories, development and implementation of digital technologies and innovation in health, electronic medical records and sharing of structures, data and systems; shared and associated management of health transport, integration of health surveillance systems, job qualification and professional training in health (Governo do Estado da Bahia 2019, 8).

One of the first initiatives announced by the Consortium governors, in June 2019, was "the resumption of a partnership with the Pan American Health Organization (PAHO) to enable hiring of foreign doctors, mostly Cubans, to work in the region" (Sobreira 2019). The partnership initiated by the Federal Government of Dilma Rousseff in 2013 "came to an end in December 2018, when the Cuban government summoned its citizens back, as it judged that they were not safe in Brazil" (Sobreira 2019) due to pronouncements of president-elect Jair Bolsonaro. This initiative lasted a short time and was replaced by the support of the Consortium governors to the Federal Government's proposal to create a domestic program of doctors for Brazil, in July 2019 (Costa et al. 2019). Although brief, that initiative emerged on the horizon as a mark of the type of action that would be needed in the future.

Since 2020, due to the Federal Government's denialism, the Northeast Consortium states, which already tried international cooperation initiatives in different areas, decided to act. First, the State of Maranhão, in April 2020: "bought on the international market more than one hundred respirators in spite of the Federal Government, at a time of fierce international competition for medical materials and equipment" (Alvarenga et al. 2020, 1). This initiative was criticized by the Federal Government, which understood that Maranhão had exceeded its competences, and the conflict was resolved by the Federal Supreme Court, which decided on the legitimacy of the initiative. It is important to note that these respirators came from China, and that the initiative came about in a context where there were strong "frictions" in the Brazil-China relationship due to statements by representatives of the current Brazilian government blaming China for the pandemic (Hoirisch 2020).

The "frictions" in the relationship between Brazil and China, which "is the largest producer of masks and health equipment" (Hoirisch 2020, 224), and also Brazil's largest trading partner, are at least a "not so pragmatic" choice (Alvarenga et al. 2020, 6), especially in times of pandemic. In spite of this, other paradiplomacy initiatives are also seen between Brazilian subnational entities – especially in the Northeaster – and Chinese, such as the donation of health supplies from Sichuan to Pernambuco ("Pernambuco recebe doação de EPIs da Província de Sichuan, na China". 2020). Furthermore,

> in Maranhão, at the beginning of his term, Governor Flávio Dino initiated rapprochements with Chinese political representatives and businessmen in favor of investments in the energy, steel and technology sectors, which represented

> strengthening of International Relations with the Chinese market, in addition to prospecting investments with the BRICS countries (Brazil, Russia, India, China and South Africa) (Alvarenga et al. 2020, 4).

In March 2021, the Northeast Consortium conducted negotiations and signed a purchase contract for 37 million doses of the Sputnik V vaccine from the Russian Sovereign Fund, and planned that those doses would be made available to the National Immunization Plan (Medeiros 2021). Although it does not carry out an exhaustive survey of the subnational cooperation initiatives developed by the Northeast Consortium and its participating states, which might even be a suggestion for future research, the aforementioned initiatives illustrate a context where they seem to make strategic use of the relationships that were previously built within the scope of BRICS by the Brazilian state, especially with China and Russia.

The international cooperation research agenda still needs to capture these emerging forms of cooperation, as well as their impacts on national and multilateral institutions and blocs. This is especially relevant since Fiocruz received, in March 2021, from the National Health Surveillance Agency (Anvisa), the definitive registration of the Covid-19 Fiocruz vaccine, produced with Chinese Active Pharmaceutical Ingredient (API) (Valverde 2021), and whose mass production may be able to change the course of the pandemic in Brazil and Latin America – if Brazilian performance in the region is improved and Fiocruz's tradition of international cooperation is maintained.

Still at the subnational level, Brazilian cross-border relations also deserve a new focus. As soon as the pandemic hit the region, Brazil was quick to close borders, and "the border interdiction was addressed without safeguarding essential care with the land border, especially with twin cities, except on the border between Brazil and Uruguay" (Nogueira and Cunha 2020, 19). In this sense, despite the recommendation of the Working Subgroup 11 - Mercosur Health/Health Surveillance that actions at borders and especially in twin cities should be cooperatively articulated, local agents, both health, as municipal and consular, had to build new forms of local articulation, even informal ones, to resist the Federal Government's obstruction (Nogueira and Cunha, 2020).

Examples of these initiatives are the transit of Argentine patients under continuous treatment in Foz do Iguaçu, Brazil, articulated by consulates of both countries; the Triage Centers built in Foz do Iguaçu, by the Municipal Secretariat of Social Assistance, and in Ciudad del Este in Paraguay, by the local authorities, to carry out the progressive entry of Paraguayan workers from São Paulo and prevented from entering their country due to interdiction of the Friendship Bridge; and the reactivation of cooperation that already exists on the Brazil-Uruguay border, in Rivera and Santana do Livramento, with the exchange of supplies and cooperation for epidemiological control, including the installation of a Single Epidemiological Unit (Nogueira and Cunha 2020).

Initiatives such as the Northeast Consortium show the need to understand the role of subnational entities in fighting the Federal Government's denialist populism, as well as in the maintenance of multilateral blocs and institutions. Initiatives like those developed in border regions, where the role of local agents is a hallmark (Nogueira and Cunha 2020), also highlight the need to access new levels of analysis and discover how the international influence of actors at increasingly lower levels of governance occurs. The latter also demonstrate the need to reflect on which cooperation arrangements should be duplicated based on the cited lessons. The Complementary Adjustment between the Government of Brazil and the Government of Uruguay for Health at the Border, for example, considering the role of the State Health Secretariat and Municipal Secretariats in the border region of Rio Grande do Sul as institutions that execute health cooperation in cross-border areas (Ministério das Relações Exterior do Brasil 2003), opened a window of opportunity that was very well used.

Still, Nogueira and Cunha (2020) bet on the tradition of pre-existing cooperation as a catalyst for the success undertaken on the Brazil-Uruguay border. In this sense, it should be noted that, in addition to Uruguay being Brazil's main partner in SCH (Pozzatti and Farias 2019a), between 2017 and 2018 the Sergio Arouca National School of Public Health (ENSP/Fiocruz) promoted the Public Health Training Program for Health Workers on the Brazil-Uruguay Border, one of the few cooperation schemes whose qualitative evaluation is public, precisely because it was published in the form of a scientific article. Among the results of this structuring initiative is the organization of a permanent dialogic space, the strengthening of local capacities, the identification of new prospects for action by local agents, the appropriation of new tools for public health, and the construction of permanent capacity for the training of new skills, the latter due to a strategy of "training of trainers", part of the strategy of permanent education in health conducted by Fiocruz (Peres et al. 2020).

On the border between Rivera and Santana do Livramento, the Training Program also made possible to build a joint work agenda,

> creating synergies and convergences between the different programs offered on both sides of the border, optimizing resources and establishing complements for health care and promotion. Among the joint actions, the local immunization program (with adjusted schedules on both sides of the border) and the joint analyzes of the surveillance of arboviruses (dengue, Zika and Chikungunya) stands out (Peres et al. 2020, 5).

These frontier initiatives, previous and contemporary to the Covid-19 crisis, and of an emergency and structuring nature, demonstrate SCH's and its specific work methodologies' capacity to creating sustainability for the training undertaken and in the empowerment of local agents.

Networks of structuring institutions in health and sectoral actors

For Riggirozzi and Tussie (2012, 9), within the scope of post-hegemonic regionalism in Latin America, whose main example is UNASUR, "new regional practices, projects, institutions and

networks are departing from the usual approach to regional integration to focus on the creation of new spaces for (regional) consensus building, resource sharing, autonomous development and power decentralization". In the health sector, this set of innovations can be understood from two central characteristics: the SCH that inspired the creation of networks of structuring institutions (hereinafter networks) by UNASUR in 2009 (Ferreira and Fonseca 2017), and the centrality of health experts (Riggirozzi 2014; Pozzatti and Farias 2019b; Agostinis 2019).

The networks were created to enhance SCH (Ferreira and Fonseca 2017), "in view of its concomitant application in situations where projects or actions of the same kind take place in different countries" (Fonseca and Buss 2017, 241). In addition to emphasizing the empowerment of SCH, the studies conducted to analyze the networks have so far emphasized its potential to promote collaborative models of development (Bueno et al. 2013), its strategic role in generating evidence to serve as support for national public policies (Rosenberg et al. 2015), and in the creation and strengthening of structuring institutions within the member states of both UNASUR and the Community of Portuguese Speaking Countries (CPLP, in Portuguese), where they also exist (Rosenberg et al 2015; Tobar et al. 2020). They also emphasize the networks' role in the diffusion of public policies in South America, through the approximation of functional needs and asymmetric capacities of member states, in a sectoral environment isolated from the politics of the highest levels of the national's governments (Agostinis 2019).

For Pozzatti and Farias (2019b), the presence of health experts who occupy less transitory positions in the state structure than those elected and who are part of a government is the differential that generates the sustainability of the ideas promoted by UNASUR. For Riggirozzi (2014), the differential of the South American Institute of Government in Health was also this, and offered

> a new structure for broader political influence as regional epistemic communities and professional associations are engaged in knowledge creation and diffusion, policy formulation, training and capacity-building in support of the professionalization of policy-makers and practitioners and the implementation of policies through working groups. [...] [And this] can downplay the excessive inter-governmentalism that underpins current regional developments and traditional forms of hyper-presidentialism (Riggirozzi 2014, 450).

This differential also seems to be at the heart of the networks' potential to generate structural advances in times of populist denialism. An evidence that reinforces the argument of Pozzatti and Farias (2019b) is that Fiocruz health experts maintained and expanded the networks after the undermining of UNASUR, as in the case of the UNASUR Public Health Schools Network (RESP-UNASUR), which is now the Network of Schools and Training Centers for Public Health of Latin America (RESP-AL) (Tobar et al. 2020). Created in 2019, RESP-AL, composed by Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Ecuador, Mexico, Paraguay, Peru and Uruguay, has already issued a Joint Declaration on best practices in the context of the Covid-19 pandemic

(Rede de Escolas e Centros Formadores em Saúde Pública da América Latina 2020), and has held virtual meetings where "fluidity in dialogue and constant interactions have been fundamental, with real-time exchanges of political, social, epidemiological information from each country represented on the network, in addition to debates and reflections around the situation, challenges and lessons learned" (Tobar et al 2020, 350).

RESP-AL is especially important because in Brazil, as in other Latin American countries, ways of responding to the pandemic, such as the expansion of intensive care units for example, are limited not only by the ability to build them, but also to maintain them, due to scarcity not only of supplies, but also of human resources trained to act in this complex scenario (Fiocruz 2021a). In addition to RESP-AL, there are other active networks, even led by Fiocruz, such as the CPLP Network of Schools of Public Health, the CPLP Network of National Institutes of Public Health and the Network of National Institutes of Public Health in Latin America and the Caribbean (formerly RINS-UNASUR), which are regional networks within the International Association of National Institutes of Public Health, a global network. The International Network of Education of Health Technicians and the Global Network of Human Milk Banks, both global (Tobar et al. 2020), are also active.

Previously, Agostinis (2019) demonstrated four cases in which UNASUR networks produced policy diffusion in two ways: in two cases through the learning of national experts who worked within the networks, and in two other cases through bilateral training schemes initiated in the networks. In the first two cases, the policies were diffused to Uruguay: the reform of the national policy for uterine cancer mobilized by the learning at the Network of National Cancer Institutions (RINC-UNASUR), and the launch of a public health schools program, catalyzed by the learning at RESP-UNASUR. The two training cases were carried out by Brazil: the creation of the National Bank of Tumors Terry Fox, in Colombia, born under the scope of RINC-UNASUR, and the organization of a master's program in public health in Peru, born at RINS-UNASUR (Agostinis 2019).

Thus, it can be concluded that the networks can generate not only the exchange of good practices, but also the mobilization of procedural innovations and public policies aimed at structuring issues in the health systems in the states from which the experts come. However, little is known about the bet that network experts can be part of national and international epistemic communities and what influence this would have on their local, national, regional and global performance. Also, little is known about the paths taken by the public policies within states, or how host actors receive these innovations, considering that the diverse traditions of reception of international cooperation in the Global South are directly influencing the results of the South-South exchanges (Moreira 2020). Furthermore, the focus of IR field researchers on the local and sectoral actors described here could lead to the discovery of new forms of resistance to political-health crises through international cooperation and other innovations in the field, which escape from the hands of internationalists who previously judged them overly sectoral.

Conclusions

This study argued on the necessary complementarity between emergency and structuring cooperation, because in the aesthetics of underdevelopment, structural conditions sometimes undermine the success of emergency alternative, which is why global emergency initiatives alone do not *move windmills* around here, to use Sangue Latino's metaphor. Although structural difficulties raise mortality rates around the globe, the initiatives carried out by global institutions seem timid when compared to the structuring cooperation approaches created in Latin America some time ago, which are attentive to social determinants and interested in building and strengthening public, universal and equitable health systems.

A brief review showed that some emergency and structuring alternatives emerge from Brazil, and that they are local and sectoral. The Northeast Consortium has maintained Brazilian relations with the BRICS and the access to health supplies through paradiplomacy. At the borders of Brazil, local agents with previous SCH backgrounds, as in the case of the border between Rivera and Santana do Livramento, achieved great success in emergency and structuring cooperation initiatives, which says a lot about how international cooperation agreements should be like from now on. Other border agents are also seeking emergency responses through informal agreements. Within the scope of networks of structuring institutions, health experts – and perhaps epistemic communities – maintain the procedural exchange and have possibilities for diffusion of public policies.

These initiatives point to the future of the international cooperation research agenda, especially in health. And they represent a double challenge in the field of IR, especially in Brazil: accessing increasingly lower levels of analysis and recognizing innovations in a highly marginalized sector that took on the dimension of high politics very quickly, thus demanding the equally quick apprehension of a vast marginalized knowledge. In this tragic scenario, it is necessary to recognize that even the smallest form of resistance is a reason to move forward.

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