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RESEARCH ARTICLE

Regionalism on the Run: ASEAN, EU, AU and MERCOSUR responses mid the Covid-19 Crisis

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ABSTRACT: The transnational nature of COVID-19 created expectations of regionally-led initiatives to address this global challenge. The pandemic has transcended health issues accounting for several political and socioeconomic implications. This study seeks to investigate four regional organisations' responses during the 'first wave' to unravel regionalism's role in a time of crisis. To do so, the method of comparative analysis has been employed. ASEAN, EU, AU and MERCOSUR, four distinct organisations were selected to evaluate their responses in terms of crisis management efficacy, level of solidarity, promotion of multilateralism and international actorness. The findings highlight each organisation's successes and shortcomings while indicating the limits of regional cooperation in effectively responding to outbreaks of infectious diseases. This empirical analysis shows that regional responses were limited and mainly facilitated national policies. This further indicates regional organisations' inability to have a more proactive role in crisis management, boost their actorness and advance more inclusive and responsive global governance.

KEYWORDS:

regionalism, COVID-19, EU, MERCOSUR, ASEAN, AU

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1. Introduction

The COVID-19 crisis has had a significant impact on the global economy, public health and foreign policy issues. The transnational nature of the current crisis requires collective responses as decisive strategies to circumvent the negative effects. At times of crisis, international and regional mechanisms are expected to pave the way for cooperation and multilateralism. The COVID-19 pandemic, despite all its negative manifestations, also presents a unique opportunity to showcase the importance of regionalism in crisis management and multilateral initiatives.

Over the past few decades, regional organisations have exerted a significant influence on the scope of global governance. They have extended their presence beyond economic and trade arrangements, playing an important role in cooperative initiatives on climate change, disaster management and immigration. However, regional organisations have also been characterised as complex and of limited effectiveness. The decline of regionalism under a newly emerged competitive international environment is also proclaimed (Beeson and Murray 2020). The COVID-19 pandemic seems to pose challenges to the organisations' legitimacy too. This health crisis has proven that some regional institutions exhibited slow responses in cooperation, as well as lack of coordination and ill preparation with respect to health management and disease prevention.

This article seeks to analyse how regional institutions responded to the COVID-19 crisis and how they influence regionalism. We first evaluate each organisation's measures and the initiated policies and then compare their course of action. The comparative element "provides new ways of thinking about the case studies whilst at the same time allowing for the theories to be tested, adapted and advanced" (Breslin and Higgott 2000, 341). We make use of primary sources as published on the official web pages of the respective organisations during the so-called "first wave" that covers the outbreak from January to June 2020.

The findings indicate that the EU's response has challenged the dynamics of its "four freedoms" (free movement of people, goods, services, capital). Simultaneously, its normative nature was tainted by a lack of solidarity, fuelling questions on its leadership role and international actorness. In contrast, ASEAN, even though it was better prepared to respond to health crises, particularly after establishing the 'ASEAN post-2015 health development agenda', still displayed its strong dependence on other great powers in the region, revealing a growing pro-China line. Despite its limited resources, the African Union has managed to mobilise its existing regional mechanisms early and coordinate initiatives to prevent the virus's spread. In the case of MERCOSUR, the pandemic exacerbated internal disagreements undermining the effectiveness of cooperation in combating the disease. In conclusion, COVID-19 indicated the organisations' inability to manage crises on a regional level and their weaknesses in adopting a more proactive international role in health and crisis management.

This article is structured as follows: the first section refers to the COVID-19 outbreak and how previous infectious diseases have impacted regional organisations' involvement in health governance. The next section outlines the theoretical orientation of this article by focusing on the phenomenon of regionalism. In sequence, the methodological approach follows leading to the empirical analysis and concluding with general remarks and suggestions for future studies.

2. COVID-19: Infectious diseases and public health at regional level

Since the first manifestations in late December 2019, a new coronavirus causing an acute respiratory illness (COVID-19) has challenged various aspects of everyday life from the individual to the national, regional and global level. COVID-19 has led to a full-scale health crisis in different regions of the world, with a constant

increase in infections and fatalities. Its declaration of a pandemic by the World Health Organisation (WHO) on March 11, 2020, manifested into unprecedented health, economic, and social crises.

Altogether, infectious disease outbreaks, such as HIV-AIDS, Ebola, H1N1 influenza and SARS, tend to demonstrate disruptive effects on the economy, most notably in trade and tourism and in health care provision and even social cohesion. However, the magnitude of COVID-19 effects distinguishes it from previous outbreaks, characterised as the "most challenging public health crisis in a century" (Caballero-Anthony 2020, 222).

The transboundary nature of modern crises clearly calls into question the sufficiency of national, "unilateral" responses (Boin et al. 2013). Public health is a key area that has been attributed under the provision of states which exercise the regulatory power over public health decisions in their territories. The issues arising by infectious and (non) communicable diseases have nonetheless mobilised regional organisations to gain a more proactive role and "serve as a space for countries to position themselves in the multilateral arena through what can be termed "regional health diplomacy" (Amaya et al. 2015, 230).

At the political level, the announcement of joint statements, strategies and visions have further pointed towards that direction. Besides, in the founding treaties of regional organisations, health refers both indirectly concerning social and human development and explicitly outlines public health policies and socio-economic integration (Nikogosian 2020).

During past infectious disease outbreaks, regional organisations encouraged cooperation among member states on disease management (Agartan et al., 2020), prompting formal or informal mechanisms at the supranational level (Liverani et al. 2012). By establishing a series of regular meetings among health ministers and experts, agencies such as the Africa Centres for Disease Control and Prevention (Africa CDC), the European Centre for Disease Prevention and Control (ECDC), and the ASEAN Agreement on Disaster Management and Emergency Response (AADMER). Therefore, regional initiatives in infectious disease prevention and control have become an essential component of global public health (Liverani et al. 2012). These adopted actions have cultivated the notion that "regional organisations are particularly well-equipped to carry out today's threat management functions" (Suominen 2005, 7).

3. The phenomenon of regionalism

Regionalism, as a phenomenon, dates back to the 20th century and has been manifested over the years in a variety of historical contexts, yet with no widely accepted definition. As a term, it is mainly used to characterise an intentional or spontaneous political commitment among states or non-state actors in favour of a regional project (Hettne 2005). Preliminary indications of regionalism developed in the 1930s when protectionism and autarchies were the prevalent systemic forms, leading to an auto-centric and inward-oriented regionalism (Mittelman 1999).

Henceforth regionalism studies have been divided into waves. The first wave of "old regionalism" of the 1950s and 1970s developed in western Europe and was limited to trade agreements and security alliances. The debate on regional integration was fuelled by theories such as federalism, functionalism, neo-functionalism and intergovernmentalism. Many theorists refuted the state's role in achieving the European economic and peace objectives (Hettne 2005; Borzel 2016). Later, regionalism was employed to analyse regional initiative in the developing world, while still upholding a Eurocentric focus.

The "new regionalism" of the mid-1980s and 1990s presents a separate dynamic of interaction, criticizing Eurocentric theories and expanding its scope of analysis to other regions of the world. Features of globalisation, such as complex interdependence and multiple inter and intra-regional flows, have enabled an open

regionalism expressed by formal and informal relations. New regionalism also broadened the scope of issues beyond economic, trade and security and may involve cultural, social, environmental and public health issues. In addition, it promotes an organised and institutionalised political structure that implies a convergence of values, norms and behaviours, and a fixed arrangement of decision making. Thus, new regionalism adopts a pluralistic and global perspective (Söderbaum 2016).

Regionalism is seen as a process that can produce collective, cooperative and integration effects that address states' lack of capacity to deal with global challenges, most often appearing in the form of a crisis that creates new opportunities among the main actors of regional integration to boost cooperation, unity and other advanced forms of regionalism (Saurugger and Terpan 2016). Regional institutions contribute to more inclusive and responsive global governance. There is also a greater propensity to expand the competencies of the regional authority in order to achieve effective results when embracing common problems that could lead to deeper or new integration in an issue area (Fioramonti 2012, Maier-Knapp 2011). In contrast, realists do not see institutions as the main actors in the international system (Mearsheimer 1994; Waltz 2000), and they believe that national interests prevail when dealing with global challenges.

The rapid growth of regionalism and regional organisations commenced a new phase known as "comparative regionalism" (Söderbaum 2016). Several comparative regionalism studies still focus on the European integration theories' explanations of other regional projects across the world (Börzel and Risse 2016). Other studies focus on distinct parameters of comparison, such as membership rules, level of interference in domestic policies, institutional design, type of regional leadership, identity, decision-making procedures, mandates etc. (Acharya and Johnston 2007; Fioramonti and Mattheis 2016).

Solidarity among members, multilateralism promotion, crisis management and international actorness can all be considered comparative regionalism parameters when analysing regional organisations' performance in times of crisis. The regional arrangements serve as spaces for dialogue that facilitate the conduct of flows, creating a deeper interaction among the actors and bonds of trust that ensure multilateralism (Tussie 2003). Moreover, regional organisations encourage the adoption of policies and practices in line with multilateralism, urging states to cooperate more effectively and substantially.

Thus, "new regionalism may to an extent bolster rather than prevent (global and regional) multilateralism" (Hettne and Söderbaum 1998, 3). And as Tussie (2003, 112) states, "regionalism thrives in the policy spaces left by multilateralism"; however, multilateralism itself has become "increasingly uncertain, cost-inefficient and, judged by results, ineffective" (Mistry 1999, 126). The current crisis of multilateralism has been identified by a lack of commitment to international institutions, compliance and implementation of norms (Smith 2018). Although the two terms are not always compatible, in global health governance, regionalism favours multilateralism and a normative arrangement to support and facilitate the allocation of material resources and knowledge exchanged, with regional organisations playing "the role of deal-broker and mediator" (Riggirozzi 2014a).

This provision of multilateral space allows regional organisations to promote policies and collective incentives that strengthen their role in international politics and boost their actorness vis-à-vis the states (Hettne 2005). The cultivation of inter-regional relations also develops and institutionalises international actorness (Hulse 2014). Even though intra-regional agreement dynamics reinforce multilateral institutional structures by enabling harmonisation of policies and rules—which leads to greater integration—the responses to emerging situations are prerequisites for regional actorness (Doidge 2008). Ultimately, regional actorness in health governance depends upon converging on crucial points and enhancing countries' capacities for common health goals (Amaya et al. 2015). Regionalism, as a mechanism that strengthens cross-border ties, allows for more effective regional communication and cohesion within members of a regional organisation. In other words, it

cultivates a sense of community and loyalty that leads to an environment of greater solidarity among members (Verhaegen 2018; Risse 2014).

A series of crises have impacted regional organisations' capacity to deal with global challenges and maintain their commitment to the values and principles accredited in regional projects. As a distinctive principle of regional cooperation, solidarity encompasses the development of common identity and political affinity (Moreno-Lax 2017). Still, the term does not have a single meaning, but it can be perceived within a variety of contexts that, nevertheless, emphasise certain common elements, such as reciprocity and disposition of help and support. The importance of solidarity has also been acknowledged by its inclusion in many legal treaties of regional organisations that recognise it as a guiding principle. Thus, it acts as a means to enact a notion of shared goals, ideas and beliefs that facilitate regional integration.

Many regional organisations have been funded in response to certain threats. They have established effective structures over the years to deal with issues that go beyond national borders (Fioramonti 2012), attributing regionalism as a political mechanism capable of facilitating crisis management (Gertis and Casanova 2020). Crises can take many forms, and their origins are either exogenous or endogenous. Non-traditional transnational crises, such as pandemics, are characterised as stress factors of exogenous origins that have proven quite challenging for regional organisations, with the possibility of disintegration, continuity or strengthening of regionalism (Weiffen 2020).

The broad impact of a crisis on various sectors such as the economy, politics, the environment and public health give regional organisations the opportunity to push towards an expansion of their powers and resources or to cause deep cracks, make them vulnerable and lead to regional disintegration (Debuysere and Blockmans 2019). To this end, crisis management is attributed as a sensitive issue for state sovereignty and consequently leads states to turn inward and adopt unilateral measures that are detrimental to cooperation and solidarity at the regional level.

4. Methodological approach

This study investigates the responses of four regional organisations to a global crisis from a comparative perspective. We included the EU, ASEAN, MERCOSUR and AU due to their differing experiences in dealing with crises and their varying health mechanisms and strategies. The inclusion criteria are also based on each organisation’s economic and technological capacity, institutionalisation, and COVID-19 risk levels in their respective regions. By presenting a heterogeneous sample of cases, we aim to enable insights into the general phenomenon of regionalism and into the question of whether crises tend to weaken or strengthen regional structures.

We identify four important parameters in the study of regionalism under a period of crisis: solidarity among members, promotion of multilateralism, crisis management and international actorness. For the purposes of the analysis, we used primary sources such as policy documents, statements and communique taken from the organisations' official websites in the period from early January to June 2020. Several secondary sources also complement the findings.

In terms of conceptualisation, we define solidarity under the notion of commonality based on “a 'we-perspective' among the members of a community”, (Hartwig and Nicolaides 2003:21). This normative dimension of commonality entails expectations of support among members and of sharing one another's risks and burdens to ensure the group's cohesiveness as a whole. Thus, we perceive it as unanimous decisions in stressing issues, coordination, volunteering to help the weakest members or the ones in need, and in sharing

resources. Crisis management is defined as "the set of efforts aimed at minimising the impact of an urgent threat" (Boin et al. 2018: 29). These efforts are focused both on the strategic (policy-making) and operational level. Since crises are intended to be solved in a limited amount of time in order to minimise losses and avert damage, timely and robust crisis management is imperative in regional responses. As such, except for the availability of pre-crisis prevention and preparedness mechanisms, crisis management requires an immediate and flexible approach in mobilising and deploying resources, and in coordinating initiatives (Seung-Youn 2020).

With regard to promoting multilateralism, the theme is approached as a practice of voluntary international cooperation to solve shared problems. This practice adheres to internal coordination and is directed outwards in the form of inter-regional dialogue and initiatives centred around exchanges of information and cooperation in specific policy fields that arise in a time of crisis. Inter-regionalism, as such, is an important aspect in the evolution and promotion of multilateral cooperation (Telo 2019).

Lastly, for actorness, we rely on a definition that demonstrates the capacity to act internationally as a unitary actor with a certain degree of autonomy and external influence, based on the availability and projection of internal resources (Bretherton and Vogler 2006).

Our comparative perspective is approached chronologically, attempting to reveal each organisation's successes and shortcomings and to encourage an assessment of their proactiveness in communicating new regulations and practices when responding to a crisis. This also allows for a better understanding of their position in the international system.

5. Regional Organisations' responses to COVID-19

5.1. European Union

The multifaceted and complex system makes the EU the most advanced integration model standing out for its uniqueness as an international organisation. Its multilevel governance model divides decision-making at supranational and intergovernmental levels (Hix and Holland 1999). Political issues, such as security, defence, and public health, are still member states' responsibility.

According to Article 168 TFEU, the EU's role is not to define public health policies but to complement national policies. To this effect, the European Commission has a Directorate for Health and Food Safety (DG SANTE) responsible for coordinating the accessibility of health systems and good practices among members. The European Center for Disease Prevention and Control (ECDC) also monitors the responses, changes in risk, and incidences of infectious diseases. Regarding the contamination rates and the cross-border nature of diseases, the EU created the Rapid Alert and Response System (EWRS), which notifies health threats and shares information to obtain rapid detection and response outbreaks. The EU also funds projects, research and innovation in health, such as the Health Program 2014-2020 and Horizon 2020 that support cooperation and improve public health (European Commission 2020b).

According to Amaya et al. (2015), the EU "approaches health as a cross-cutting policy issue", affected by social, environmental and economic factors developing policies following the "Health in all policies" framework. Even so, Ståhl (2010) states that health does not seem to be an important "objective" for the EU.

The EU is perceived as a normative actor in international relations and strongly advocates multilateralism. In its Global Strategy for Foreign and Security Policy (2016), the EU is instructed to engage in global governance, promote multilateral and cooperative practices with its partners, and support the UN normative agenda (European External Action 2016).

The EU is also recognized for its remarkable economic and technological capacity. It is one of the world's largest economies (Eurostat 2020) and invests in technology and invention (European Commission 2020a).

The high degree of institutionalization offers greater structural opportunities for the EU to excel in crisis management. The EU has a Crisis Response and Operational Coordination Department and a Crisis Response System coordinated by the European External Action Service (EEAS), which support crisis prevention, management and recovery within and beyond its borders. For internal affairs, the EU activates the Internal Security Strategy in Action to analyze crises and encourage policy development (Gertis and Casanova 2020).

These institutional and operational crisis mechanisms respond to the solidarity clause of Article 222 of the Treaty of the Functioning of the EU, which obliges member states to assist each other in the event of attacks or natural disasters. However, events such as the 2008 financial crisis and the migratory repercussions in the Mediterranean Sea left the Union's position vulnerable and opened space for criticisms regarding its ability to provide adequate responses. The criticisms are based on the non-compliance with the solidarity clause and the lack of cohesion and internal cooperation in times of crisis (Gertis and Casanova 2020).

The outbreak of COVID-19 made Europe the epicentre of the disease in March 2020. The high number of cases in Italy, Spain, France, and the UK drew European institutions' attention, although EU responses were initially uncoordinated and slow. When the Italian situation worsened, causing destabilization in health systems, the government informed the Emergency Response Coordination Center (ERCC) of its need for medical supplies, a center that manages a reserve of pre-committed assistance from member states and other parties. At first, the European states concerned about the unpredictable consequences of COVID-19 adopted unilateral measures. Germany and France restricted exports of essential prevention products, undermining the principle of free movement of goods. Other countries such as Austria, Slovenia and Poland have decided to tightly control their borders without prior consultation, preventing the entry of non-citizens and violating the rules of free movement of people (Gostyńska-Jakubowska and Scazzieri 2020). These episodes mark the lack of internal solidarity and compliance with the EU's fundamental clauses and pillars.

The EU was slow to take consistent initiatives to combat the pandemic. In public health, the European Commission created an advisory panel on coronavirus that brought together epidemiologists and virologists to provide guidelines and exchange of expertise. In March 2020, the Commission proposed to finance and manage a common European reserve (RescEU) of medical and personal protective equipment and medicines distributed to the most affected countries while also encouraging an increase in the production capacity of supplies, but without compromising product quality (European Commission 2020b).

The EU additionally promoted some interregional dialogues, strengthening multilateral ties with partners. The Union organized virtual meetings, provided financial and material support and exchanged experiences with ASEAN, AU, Latin America and the Caribbean countries (European Commission 2020c).

Some existing EU mechanisms have been used to combat COVID-19. The Emergency Support Instrument (ESI), created in 2016, is based on the principle of solidarity and functions as a financial instrument for better coordination of outbreak control and recovery policies. Through the Civil Protection Mechanism and the Emergency Response Coordination Center (ERCC), operational since 2001, the EU coordinates and finances the distribution of medical equipment and strengthens cooperation between its members. These tools also helped in the consular repatriation of European citizens, contributing 75% of transport costs. From the Horizon 2020 program, the EU invested 458.9 million euros in research and innovation until September 2020 to develop infrastructure, digital technologies, diagnostics and vaccines (European Commission 2020d).

In April 2020, the Commission launched the EU Solidarity for Health Initiative, which aims to support the European health systems by medical supplies, financial support, cross-border medical assistance, and mobile field hospitals' construction. For this initiative, €6 billion was made available, one part of which came from the EU budget and the other part from members' contributions. To guarantee medical equipment provision

from third countries, the Commission also temporarily suspended customs duties and VAT on the imports (European Commission 2020b).

It has even repudiated the restriction of essential foods and medicines, encouraging free flow on "green ways".[2] In June 2020, the Commission proposed a strategy to boost the development, manufacturing and deployment of vaccines while in August, at the Commission's request, ESI funded the training of health professionals with a focus on intensive care (European Commission 2020b). That is to say; the EU has increased its involvement in the area of health, expanding its scope and policy instruments (Debre and Dijkstra 2020).

Regarding economic measures, the EU initially faced a lack of consensus and many internal disagreements. Finance ministers were unable to decide on the type of policies to mitigate the crisis or how to use the eurozone bailout fund. The proposal to issue a joint debt among member states, known as Coronabonds, was supported by France, Italy, Greece, Portugal and Spain, but disapproved by Germany, Austria, Finland and the Netherlands, who were afraid of political discomfort with their taxpayers (Borelli and Karnitschnig 2020).

Even so, European institutions have implemented some economic initiatives to counter the pandemic. The European Investment Bank has mobilized around € 40 billion to alleviate liquidity and working capital constraints for small and medium-sized companies. The European Central Bank has also made €750 billion available for a new Pandemic Emergency Purchase Program that serves for public and private sector bond purchases for a temporary period to control monetary and eurozone policy risks. The Commission has also developed the Coronavirus Response Investment Initiative (CRII), which contributes financially to health systems expenses, the labour market and companies. To guarantee jobs and protect workers, the European Council approved a loan of 87.9 billion euros, an initiative launched by the Commission and integrated on the Support for Mitigation of Risks of Emergency Unemployment (SURE) (European Commission 2020e).

Thinking of a recovery plan for post-pandemic Europe, in May 2020, the Commission proposed a temporary instrument, the EU Next Generation, offering a €1.8 trillion package to mitigate the socio-economic implications of COVID-19. Still, the EU's response was rather belated in demonstrating proactivity in public health and crisis management.

5.2. ASEAN

The Association of Southeast Asia Nations (ASEAN) was established with the Bangkok Declaration in 1967, initiating a process of cooperation and peace in the region seeking to "accelerate the economic growth, social progress and cultural development in the region through joint endeavours in the spirit of equality and partnership" (ASEAN 2016). ASEAN encompasses a plurality of political systems, different economic development levels, and varying religious and cultural traditions among its members.

ASEAN is perceived as an intergovernmental organisation formed on a distinct consensus-based approach, the so-called "ASEAN Way" that does not only refer to the diplomatic practice but has been incremental to the integration process (Rattanasevee 2014b). The organisation's "unique modus operandi" in the decision-making process and institutionalisation without formal structures and institutions have been described as one of the most successful formats of regional organisations (Pennisi di Floristela 2013; Caballero-Anthony 2005).

ASEAN ranks as the eighth biggest economy globally; however, actual regional economic integration is limited (Dosch 2017). Compared to the EU integration, the ASEAN process is characterised by low institutionalisation (Kliem 2018) and slow economic integration (Kim 2011), despite its agenda is focused

[2] Internal border-crossing points on the trans-European transport network

primarily on economic issues. In addition, the "leaderless" nature of ASEAN has put a strain on the progress of integration and development of the bloc (Rattanasevee 2014a) due to member-states' resistance to cede parts of their sovereignty to international institutions (Fidler 2007). Even so, the 2008 ASEAN Charter sets the basis for its progression into " a rules-based body with specified functional roles amongst its organs, and with duties, responsibilities, and consequences set out in a much clearer way" (Baviera 2017, 8).

The South-East Asia region is one of the most vulnerable to natural disasters and infectious diseases, which has prompted ASEAN to emerge as an important institutional actor on public health and regional health cooperation (Liverani et al. 2012). Under this context, the ASEAN Health Ministers' Meetings (AHMM) developed a series of declarations on health (Lamy and Phua 2012). One of its most targeted initiatives has been the "Healthy ASEAN 2020" vision proclaiming that "health shall be at the centre of development and ASEAN cooperation" (ASEAN 2000). Nevertheless, it was after the SARS outbreak that ASEAN adopted a broader framework on regional health cooperation. ASEAN health policies fall under the ASEAN Socio-Cultural Community (ASCC) pillar. The shared goals and strategies are outlined in the ASEAN Post-2015 Health Development Agenda issued in 2018. Among the agenda's priorities is the development of regional capacity and collaboration in fighting communicable and infectious diseases, promoting resilient health systems and ensuring effective health management (ASEAN 2018).

The COVID-19 pandemic reached South East Asia in mid-January, and despite the region's close proximity to China, it did not show a rapid increase in cases. The most affected countries have been Indonesia and the Philippines, while data from Cambodia, Laos, and Myanmar recorded the least cases, which are considered questionable (Zsombor 2020).

The organisation's first responses to handling the pandemic have been to mobilise existing health mechanisms such as the Emergency Operations Centre (EOC) and its Network for Public Health Emergencies (Caballero-Anthony 2020). Besides, the ASEAN BioDiaspora Virtual Centre, by using big data analytics, circulated risk assessments on the spread of COVID-19, while the ASEAN Risk Assessment and Risk Communication Centre and the ASEAN Centre for Humanitarian Assistance on disaster management (AHA Centre) completed the organisation task force to counter the pandemic.

Among ASEAN first initiatives has been the Chairman's Statement on ASEAN Collective Response to the Outbreak of Coronavirus Disease 2019, on 14 February 2020, seeking to uphold ASEAN member states' commitment and unity to control the spread of the disease. A number of meetings were initiated to address the multifaceted challenges posed by the spread of COVID-19 in various areas such as the economy, trade, health and tourism. Firstly, ASEAN's defence ministers meeting in Hanoi on 19 February 2020 focused on military medicine and information sharing. It was then followed by the ASEAN Economic Ministers Meeting, which was held on 10 March 2020, while ASEAN Health Ministers attended several video conferences in an attempt to coordinate national responses, exchange information and assist the poorest members of the organisation.

Nonetheless, the organisation's most important regional response has been the Special ASEAN Summit on Coronavirus Disease 2019 that took place on 14 April via video conference. The Declaration issued after the Summit announced the establishment of a COVID-19 ASEAN Response Fund for public health emergencies and collective action in responding to the economic challenges, ensuring the resilience of supply chains; reducing food insecurity and restoring ASEAN's connectivity, tourism, everyday business and social activities (ASEAN 2020a).

ASEAN has also widely promoted multilateral initiatives by organising videoconferences among various countries' diplomats and health officials on sharing information and exchanging best practices. The Special ASEAN Plus, Three Summit with China, Japan, and South Korea's leaders, shows close cooperation with other great powers in the region and a turn towards deeper integration in East Asia. The ASEAN-EU Ministerial Video Conference on COVID-19 on 30 March highlighted the importance of interregional cooperation in its

pure form; however, the emphasis was placed only on two fields: a clear standard on travel restrictions between the two regions and cooperation on trade and investment. Regarding economic assistance on 28 April, the EU announced a package of €350 million to assist ASEAN combating the COVID-19 pandemic while the USA has also provided US$18.3 million (US DOS 2020). The ASEAN plus three also utilised the APT Emergency Rice Reserve to provide emergency assistance and ensure food security (ASEAN 2020b).

ASEAN adopted a cooperative approach and supported the role of multilateral institutions such as WHO in a period of high politicisation that has seen the US turning away from multilateral cooperation (Caballero-Anthony 2020). It also got engaged in a wide array of interregional dialogue and has initiated a series of international consultatory online meetings with other partners, primarily the EU, the USA and the ASEAN + 3 and Australia (ASEAN 2020c).

However, its most prominent interregional dialogue has been with China. The ASEAN-China Foreign Ministers' Meeting on the coronavirus in Vientiane on 20 February 2020 proposed joint initiatives such as setting up China–ASEAN Reserve Centers for stockpiling provisions for epidemic control (ASEAN 2020d). Most importantly, ASEAN showcased its support towards China in a period that it was heavily criticised for its handling of the outbreak and amidst a "war of words" with the USA (Fook 2020).

As the COVID-19 crisis was unfolding, China offered various donations under its so-called “mask diplomacy” to the organisation as a whole bilaterally to each state (Verma 2020). These initiatives signalled a deepening relationship and were praised by the organisation: "With such aid, China and the Association of Southeast Asian Nations, demonstrate that we support one another even at the community and individual levels in ensuring that we stay safe and healthy" (ASEAN 2020d).

Despite the geopolitical tensions in the South East Asia Sea, the strengthening of ASEAN-China relations in a period when and the growing dependence on Chinese trade could potentially diminish ASEAN´s independent place in the international system and a leading role in the region's affairs, putting its longstanding principles of centrality, neutrality and consensus to the test (Tsjeng and Ho 2020).

5.3. AFRICAN UNION

The African Union was established in 2001 with the Sirte Declaration. This pan-African body is a successor to the Organisation of African Unity (OAU). It was modelled based on the European Union's design that accounts for political cooperation and economic integration (Magliveras and Naldi 2002). As outlined in its Constitutive Act, the organisation's main goal is to guarantee prosperity and peace to the African continent through integration (African Union 2000). The AU includes various other and often idiosyncratic regional groupings, thus posing challenges to the organisation's regional integration (Kuhnhardt 2008).

Nevertheless, the AU stands as "the premier regional integration arrangement for Africa and the African voice on matters that affect the continent" (Kasaija 2016, 143). Similarly to the EU, the AU is based on normative principles seeking to ensure good governance in Africa (Kuhnhardt 2008). However, the organisation's limited resources, low economic and technological capacity and lack of institutional framework prevent it from developing an effective self-reliant role in crisis management (Kasaija 2016).

The health system in most African countries lacks the technical and medical expertise to deal with a pandemic (Obaseki et al., 2015). In the last ten years, most African countries' health systems have been tested by epidemics such as Ebola in West Africa in 2014-16 and the Democratic Republic of Congo in 2018-2020 and Lassa fever in Nigeria in 2020 (Kapata et al. 2020). These experiences have led to substantial improvements in monitoring and preparedness planning. The AU has played an important role in establishing health institutions that offer health professionals training and public health preparedness (Wadoum and Clarke 2020). However, the lack of infrastructure capacity and medical supplies, in combination with equipment

shortages, poses challenges in diagnosing or treating serious diseases (Otu et al., 2020). Due to these shortcomings, African countries had low import barriers to medical supplies and medicines for COVID-19 (Stellinger et al. 2020).

The AU has led the continental response to the pandemic, particularly in securing donations and disseminating information to member states and their citizens. Since the first announcement of COVID-19 severity, the AU has coordinated efforts with the WHO to prepare the African governments for the virus's arrival (DeConing 2020). It has also been engaged in multilateral initiatives and health diplomacy.

COVID-19 infection rates in Africa are still trailing behind other regions, with South Africa being the most affected country in the continent. The main coordination and informational initiatives were undertaken by the Africa Centres for Disease Control (CDC), a response mechanism, which was launched in January 2017, to "detect, prevent, control and respond quickly and effectively to disease threats" (Africa CDC 2020a). One of the CDC initiatives has been the weekly publication of outbreak briefs, policy updates and facts sheets and brochures offering accessible guidelines and information for citizens and governments alike regarding various aspects of the pandemic (Africa CDC 2020c). Also, the CDC established the Partnership to Accelerate COVID-19 Testing (PACT) to help increase continental testing efforts and reduce COVID-19 transmission in Africa (Africa CDC 2020e). CDC's role in countering the pandemic has been recognised internationally, and it has attracted donations from various foreign private foundations to reinforce initiatives to counter the spread of COVID-19 and oversee the distribution of medical aid to African countries.

At the regional level, AU initiated a series of meetings among African Health Ministers and African Finance Ministers, developing a strong network to coordinate their response to the COVID-19 pandemic and its socioeconomic consequences to the region. On 5 March 2020, a Joint Continental Strategy for the COVID-19 outbreak was issued by the AU setting as its objectives to coordinate the efforts of member states and other agencies and also to "promote evidence-based public health practice surveillance, prevention, diagnosis, treatment, and control of COVID-19" (Africa CDC 2020b). Two bodies, the Africa Task Force for Coronavirus (AFTCOR) and Africa CDC's Incident Management System (IMS), were called in to coordinate preparedness and oversee the response towards the virus (Africa CDC 2020b).

The AU has advocated and succeeded to establish the COVID-19 Response Fund[3] on 26 March 2020 with voluntary contributions from member states to form a collective continental effort. Moreover, the organisation issued a communique, after the virtual conference Africa's leadership in COVID-19 vaccine development and access on 24 and 25 June 2020, announcing a vaccine strategy for coronavirus disease. The strategy affirms to secure sufficient vaccine supplies and remove barriers to vaccine roll-out for all of the union member states (Africa CDC 2020d).

AU showed a significant mobilisation to coordinate a unified response in the region, made use of the technical know-how developed in previous crises acting early to take measures to prevent and contain the spread of COVID-19. The organisation's initiatives and the CDC's efficacy also represent a "departure from previous fragmented approaches to tackling infectious diseases and demonstrates a viable pan-African approach" (Osuji 2020, 49). AU's leadership role was also prominent in securing foreign funds and debt relief. However, the AU remains an intergovernmental body that is "reliant on member state direction and engagement" (DeConing 2020, 2) and dependent on foreign assistance, thus, questioning its capacity and capability to address a wide-scale crisis.

[3] See more at https://au.int/en/introduction

5.4. MERCOSUR

MERCOSUR arose from trade and political initiatives and is recognized for its intergovernmental decision-making character (Kuhn and Damasceno 2018). Although it is one of the most comprehensive regional agreements in South America, the bloc has experienced a slowdown in its integration process, leading it to coexist under a low institutionalization (Patrício 2013). In a comparative degree with the EU, MERCOSUR lacks a shared identity and sense of community, which weighs in the development of coordinated and collective responses to crises and its regional actorness (Bretherton and Vogler, 2006; Hulse 2014).

As Riggirozzi (2014b, 434) states, "health has become a strategic policy driver redefining the terms of regionalism in South America". Since the 1990s, MERCOSUR has shown some interest in promoting regional social policies. Nevertheless, health, as part of its social agenda, did not gain a central role until the middle of 2000. MERCOSUR is seen as an important player in providing normative instruments and the definition of regional health diplomacy strategies (Riggirozzi 2020). In 1996, a Working Subgroup 11 (SGT11) was created to coordinate efforts in conjunction with the commissions (Health Products, Health Services, Health Surveillance) and the Meetings of Ministers of Health. Subsequently, the elaboration of the Charter of Buenos Aires on Social Commitment (2000) and the Strategic Social Action Plan (2010) established guarantees for accessibility to national health systems (Kuhn and Damasceno 2018). MERCOSUR's social turn after 2000 meant the need for regulation in the field and deeper integration. However, the health sector is still challenged by problems of policy harmonization (Bianculli 2018).

Amid the existence of diseases such as dengue, zika and chikungunya, MERCOSUR concentrates efforts at health surveillance in border areas, epidemiology and the development of communication and information resources. The Health Surveillance Commission (COVIGSAL), a body responsible for assessing risks, providing information and developing guidelines for ministers, played an essential role in controlling H1N1 influenza in 2009. The interaction between SGT11, the commissions and the Meeting of Ministers of Health is part of the "Health Mercosur", relevant instruments to promote joint responses and strategies in the face of crises (Kuhn and Damasceno 2018). Nevertheless, as Bianculli and Hoffman (2016) argue, MERCOSUR does not contribute effectively to health governance and does not have a concise project for a regional health policy. States still have different regulations and obligations regarding policies and access, reflecting a low level of coordination and impact on national health systems. The bloc faces difficulties in harmonizing health policies and removing obstacles to trade and the free movement of products and services in this area, reflecting the lack of strengthening of the regional integration project (Bianculli 2018).

Although the COVID-19 outbreak hit the bloc countries late, the infection rate in the region was high. Hence, there was an impetus for creating a multisectoral space for regional consultation to contain the spread of the disease and develop initiatives. The meeting convened by the Paraguayan president in February 2020 presented a preventive action plan to detect early and respond quickly while also establishing a "Declaration by the Ministers of Health of Mercosur regarding the epidemiological situation of Dengue, Measles and Coronavirus" (Mercosul 2020a). In March 2020, a virtual MERCOSUR meeting produced the "Declaration on Regional Coordination for Coronavirus Containment and Mitigation and its impact". The document denotes the commitment among members to assess the possibility of making joint public purchases of medicines and medical equipment to obtain better prices and reduce tariffs on essential products. The meeting also instructed members to streamline channels for transporting goods and services and facilitate repatriation. Also, there was a concern to discuss measures for a rapid economic recovery through loans and lines of action promoted by the Inter-American Development Bank (IDB), Development Bank of Latin America (CAF) and the Financial Fund for the Development of the Silver (FONPLATA) (Mercosul 2020b). However, the declaration did not have a significant impact on promoting coordinated regional action (Neves and Costa 2020).

On April 3, MERCOSUR released a note that it had approved a US$16 million guarantee fund, financed by the Mercosur Structural Convergence Fund (FOCEM), for the project "Research, Education and Biotechnologies applied to Health". The first batch of US$5.8 million was made available to strengthen the diagnostic capacity, purchase of equipment, protective materials and rapid detection. During a virtual meeting held on June 5, the member states highlighted the need for strengthening multilateralism among them (Mercosul 2020c); however, the bloc's lack of internal cohesion and a commitment did not lead to extended collective and solidary initiatives.

As such, Argentina initially announced its withdrawal[4] from trade negotiations with MERCOSUR in April 2020 to focus on internal economic policies (Estadão Conteùdo 2020) whilst Bolsonaro's administration did not prioritise regional cooperation in his foreign policy agenda. This trend is reflected in the country's low contribution to COVID-19 control measures, not participating in the bloc's meetings, and providing little funding to FOCEM (Mariano 2020). These unilateral approaches have led to almost no interregional dialogue with other organisations or countries from other regions but only on bilateral initiatives. The only exception a videoconference to address pandemic issues on July 23, 2020, among the Ministers of Foreign Affairs of China and the countries of Latin America and the Caribbean, such as Argentina and Uruguay (members of the bloc) and Chile, Colombia, Ecuador (associated countries) yet, MERCOSUR as an organisation was not represented (MFAPRC, 2020a).

6. A stress test for regionalism in a time of crisis

Starting with the EU, the COVID-19 crisis revealed a "schism" between north and south European member states (Dodds et al. 2020). A lack of solidarity was evident when member states initially faced the outbreak as an individual issue and not as a European crisis, following national decisions on border controls without prior internal consultation in the bloc. The ban on exports of medical supplies imposed by France and Germany when other countries were experiencing severe shortages (Costa-i-Font 2020) meant a lack of shared feeling of commonality in the face of a crisis. The perception of "we" was not fostered when Europe became the epicentre of the disease in early March. Italy's unfulfilled request for assistance is a clear example that there was no support or commitment to each other's burdens but rather a "sense of disunity and disaffection felt by the citizens of the states most affected by the pandemic" (Gomez-Martos 2020, 1). Likewise, the corona bond crisis further heightened the gap in the EU's enactment of solidarity, impacting negatively on Member states' public opinion, as shown in polls.[5] Although the EU created economic opportunities and facilitated the exchange of material resources, improving the status of solidarity as the pandemic was unfolding, still some members opposed certain communitarian measures. This can be attributed to the fact that crises tend to amplify the politicisation process. Decisions and policies promoted by regional organisations are increasingly debated and contested. For the EU it puts "additional stress on a consensus-based political system" (Hutter and Kriesi, 2019, 1014).

Unlike the EU, the principle of solidarity within ASEAN and the AU was more prominent in their early responses. ASEAN developed good communication channels, and during the ASEAN summit in April 2020, the bloc managed to achieve strong policy convergence and to secure unity among its members (Djalante et

[4] Argentina reversed its decision in June (Buenos Aires Times, 2020) https://www.batimes.com.ar/news/latin-america/mercosur-to-continue-trade-deals-with-argentina-on-board-paraguayan-official-confirms.phtml)

[5] *A majority of 6 out of 10 are not satisfied with the solidarity shown between EU Member States in fighting the COVID-19 crisis in* UNCERTAINTY/EU/HOPE PUBLIC OPINION IN TIMES OF COVID-19 Public opinion survey commissioned by the European Parliament https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis/report/en-covid19-survey-report.pdf

al., 2020), raising the sense of commonality under the organisation's auspices. The organisation's high level of solidarity was also shown in holding a common line during the frequent consultations between various ministers and other dialogue partners. Simultaneously, the AU managed to unite its members in contrast to previous crises. Solidarity in the AU was evident when the chairperson of the AU Commission and other heads of member states, in full agreement, rebuked the US President for his criticism of the WHO director-general regarding his leadership in the COVID-19 crisis (Patterson and Balogun, 2021). Moreover, the unanimous adoption of a continental strategy that focuses on preventive measures and timely information reveals a shared perception of a "we-perspective". MERCOSUR member states in contrast have shown little solidarity during the crisis, mainly due to the Brazilian president downgrading the risks of COVID-19, limiting financial contribution alongside Argentina's inwards policy orientation. This lack of solidarity revealed the fragmentation within the bloc (Dosch 2012) and the absence of a "we-feeling". In the case of the latter three organisations, their members' internal politicisation did not significantly affect perceptions of their responses.

When it comes to crisis management, the EU has received widespread criticism concerning its slow response and unpreparedness to contain the spread of COVID-19 (Papageorgiou and Melo 2020). The EU was expected to have a leadership role during the crisis due to its high level of institutionality, and despite its later initiatives and humanitarian aid, it did not rise to the occasion (Gauttam et al., 2020). The unilateral measures pursued by the member states and disagreements in adopting collective policies caused delays in mobilising existing mechanisms.

On the other hand, ASEAN and AU have experienced natural disasters and epidemics in the past and have been swifter in mobilising their existing mechanisms. Even though relatively slow, ASEAN enacted its existing mechanisms under the ASCC in the first months of the pandemic, managing to flatten the curve of infections (Caballero-Antony, 2020). However, its responses have also been criticised for being limited to communication exchanges and information-sharing, and for being somewhat superficial (Li-Lian 2020; Cameron 2020; Hwee-Yeo 2020). Meanwhile, the AU mobilised the CDC before even experiencing cases in the region. Moreover, it managed to promote initiatives that really made a difference in the region by developing a public campaign informing citizens on disease prevention before the pandemic spread widely in the continent. It also made good use of health diplomacy and managed the medical aid allocation in assistance with other agencies and institutions effectively. Although MERCOSUR provided its own resources, the initiatives were superficial and delayed; a fund created by FOCEM stood out as one of the few consistent measures. Even though MERCOSUR promoted spaces for discussion on preventive actions initially, no concrete practices have been adopted, while the lack of coordination was decisive for the bloc's ineffectiveness in managing the health crisis (Frenkel 2020).

Regarding the promotion of multilateralism, the EU played a more active role in engaging in inter-regional initiatives. As a strong supporter of multilateralism, the Union has been engaged in forums to discuss joint policies and to share both experiences and information. ASEAN also managed to promote a multilateral approach with various stakeholders both from the region and beyond, which was perceived as a credible effort to advance regionalism and multilateralism (Caballero-Anthony 2020). Despite some coordinating attempts, MERCOSUR retreated from any significant multilateral initiatives to counter the pandemic, and each state promoted bilateral relations with other organisations and countries. MERCOSUR showed no adherence to interregional dialogue to combat the outbreak. Even the consultations and meeting with China were mainly conducted on a bilateral level. In addition, even in the face of trade negotiations with the EU, there was no reference in a common response between the two blocs to contain COVID-19. Lastly, the AU inter-regional initiatives targeted the region's response to the pandemic and not the advancement of a multilateral framework.

Thereby, AU interregional initiatives with other countries, among them China, Canada, South Korea and even its later partnership with the EU to scale up preparedness for health emergencies[6] were limited to securing assistance with and responding to public health threats in Africa, thus showing that the organisation was more receptive to inter-regional gains than actively promoting ones (Melo and Papageorgiou 2021).

Amid the crisis, regional organisations have the opportunity to show their potential as influential actors in international relations. Although belatedly, the EU has managed to mobilize assistance and funds for other countries and organisations, underlining its presence, however, China's more prompt aid assistance to Italians "beat the Europeans" (Braw 2020), undermining the Union's credibility and visibility as an actor. Accordingly, among regional organisations, the EU emerges as the one that best delivers its actorness; nonetheless, considering the Member states' action, the EU has lost its influence due to its difficulty in utilising resources as a unitary and autonomous actor when necessary.

ASEAN's actorness amidst the pandemic failed to materialise, with the organisation holding more onto the role of a coordinator promoter (Holden 2020) rather than that of an influential actor. ASEAN capacity in distributing resources outside the group is limited, and the Association maintains a lower degree of autonomy, fuelling considerations that in "greater game of global geopolitics and security, ASEAN member states are not significant players, either individually or even collectively" (Wong 2018, 3). By the same token, both the AU and MERCOSUR were active in deliberating domestic assistance but did little to contribute internationally in terms of resources or leading initiatives to combat the COVID-19 outbreak. AU presence as an actor cannot be fulfilled without the availability and projection of internal resources since it was halted by the bloc's economic dependence on China and other donors. Likewise, MERCOSUR could not position itself as an international actor due to the little engagement in projecting its influence through the management and distribution of external resources.

The organisations analysed presented a complementary role to national policies and in health governance. Overall, they were not assertive in promoting coherent multilateral initiatives and coordinating prompt, concrete and effective responses. Even though some showed a proactiveness in public health issues and took on more responsibilities, their role was mainly to allocate material resources, assist in exchanging knowledge, assess the epidemiological situation, and communicate the national policies. In essence, the COVID-19 crisis managed to reinforce the role of the state "as protector of society from outside threats" (Heisbourg 2020, 9).

7. Conclusion

This article contributes to the studies of comparative regionalism by offering empirical insights on regionalism in health and global governance. Moving away from comparisons at the integration level, the article seeks to assess regional organisations' responses as depicted in crisis management and in promoting both multilateralism, solidarity among members and international actorness.

Our comparative assessment illustrated the variations in regional responses with solidarity being more prominently achieved by ASEAN and the AU while the EU experienced difficulties on many occasions to secure solidarity under its auspices in the first months. Crisis management has posed challenges to all organisations at the operational level, leading to slow and somewhat uncoordinated responses nonetheless, with the AU's response being better characterised as the swiftest amidst the pandemic. The EU and ASEAN

[6] It signed 7 December 2020 https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2320

better-facilitated multilateralism by arranging a number of inter-regional meetings, consulting and engaging with other actors. In reference to international actorness, it was expressed by the EU to a degree but was overshadowed by other great powers.

The COVID-19 outbreak showed that crisis management is still centred around states whose initial response is to look inwards, and that the role of regional organisations is somewhat limited to complementing national policies.

Although theoretical considerations attest regionalism to be more inclusive and responsive to global governance, the empirical analysis of this article shows that crisis management is still performed as a responsibility of the state, as proclaimed by realists, and that the regional process has not managed to produce collective, cooperative and integration effects. Regional entities seem to act less as leaders in crisis management and more as mediators and deal-brokers who facilitate the exchange of information, expertise and material supplies. Lastly, the results highlighted the fact that a higher institutionalisation level does not necessarily generate effective and coordinated responses.

Altogether, all four organisations demonstrated shortcomings in their responses, with MERCOSUR proving to be the weakest depiction of regional engagement during the COVID-19 pandemic. By reflecting on the COVID-19 crisis that is still ongoing, future studies can further discuss the overall assessment of various regional organisations' performance and what regionalism makes out of a crisis.

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