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Antonio Neres Norberg
Ph. D. in Parasitology, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Geovana Santana da Silva
Ph. D. in Social Policies, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Ademir Hilário de Souza
Ph. D. in Cognition and Language, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Fernanda Santos Curcio
Ph. D. in Social Memory, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Lívia Mattos Martins, Thaís Rigueti Brasil Borges
Ph. D. in Biosciences and Biotechnology, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Claudia Caixeta Franco Andrade Colete
Ph. D. in Genetics, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Carolina Crespo Istoe
Ph. D. in Applied Sciences to Health Products, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Paulo Roberto Blanco Moreira Norberg
Ph. D. in International Law, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Fernanda Castro Manhães
Postdoctoral Fellowship in Cognition and Language, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Correspondence:
Antonio Neres Norberg
Ph. D. in Parasitology, UniFAMESC University Center, Bom Jesus do Itabapoana, Brazil.

Between Promised Cooperation and Practiced Unilateralism: The Paradox of Health Policies in Mercosur Countries During the COVID-19 Pandemic

Antonio Neres Norberg, Paulo Roberto Blanco Moreira Norberg, Fernanda Castro Manhães, Geovana Santana da Silva, Lívia Mattos Martins, Ademir Hilário de Souza, Fernanda Santos Curcio, Thaís Rigueti Brasil Borges, Claudia Caixeta Franco Andrade Colete, Carolina Crespo Istoe

Abstract
The aim of this research is the evaluation of the effectiveness of international border closures as a public health measure during the COVID-19 pandemic in Mercosur countries, through an interdisciplinary lens that integrates health policy, sanitary law, and international relations. Based on a narrative review of scientific literature published between 2020 and 2025, the study analyzes epidemiological, socio-economic, legal, and governance dimensions of unilateral border restrictions. Findings indicate that such measures failed to contain viral transmission across highly integrated border regions, while generating severe humanitarian, economic, and health access crises, particularly for vulnerable and cross-border populations. The analysis further reveals an evident contradiction between regional legal commitments to cooperation and the fragmented, securitized responses adopted by member states, exposing deep institutional weaknesses within Mercosur. The article concludes that effective pandemic preparedness in the Mercosur requires robust supranational coordination mechanisms, respect for human rights, and strengthened subnational governance. Without renewed political commitment to regional integration, future health emergencies risk repeating the same patterns of inefficacy and inequity witnessed during the COVID-19 crisis.

Keywords: Mercosur, Cross-border closure, Public Health Policies, COVID-19, International Relations.

1. Introduction

The COVID-19 pandemic represented one of the most significant contemporary challenges to health systems, global governance, and regional cooperation. In response to the rapid spread of SARS-CoV-2, numerous countries implemented exceptional measures restricting internal mobility and international travel, with border closures emerging as among the most visible and contentious policy responses (Simões, 2021). Although justified on public health grounds, these measures have been widely questioned regarding their actual effectiveness, their alignment with regional and international legal frameworks, and their socio-economic and humanitarian impacts (Shiraef et al., 2022; Grépin et al., 2023; Herbig et al., 2025). Globally, populations in border cities, documented migrants, individuals in irregular migration situations, and other vulnerable groups were disproportionately affected, particularly due to policy asymmetries and the lack of coordination among countries that previously maintained regimes of free movement (Herbig et al., 2025; Norberg et al., 2021; Norberg et al., 2022).

The Mercosur countries' responses to COVID-19 unfolded against a backdrop of pre-existing institutional challenges. The dismantling of the Union of South American Nations (UNASUR) between 2008 and 2019 eliminated a mechanism previously regarded as effective for regional health cooperation, which had successfully coordinated responses to

the H1N1 influenza and dengue epidemics (Bravin et al., 2020). By March 2020, when the SARS-CoV-2 pandemic reached South America, Mercosur, already lacking robust, routine technical mechanisms for addressing major regional public health challenges, failed to deliver an effective and unified response capable of mitigating the crisis among its member states (Nikogosian, 2020). As a South American regional integration bloc historically committed to the free movement of persons and health cooperation (Vieira and Batista, 2024; Guardatti, 2025), Mercosur's pandemic response revealed profound asymmetries among its member states. The absence of effective public health coordination, coupled with the unilateral adoption of restrictive measures, undermined not only the bloc's institutional cohesion but also its compliance with international human rights treaty obligations (Sekalala et al., 2020; Simões, 2021; Saliba and Vale, 2025). Against this backdrop, this study aims to assess, through a narrative review of recent scientific literature, the effectiveness of border closures as a public health policy during the COVID-19 pandemic in Mercosur countries, employing an interdisciplinary approach that integrates perspectives from health policy, sanitary law, and international relations.

2. Methods

The current research design has a qualitative approach based on a narrative review of recent scientific literature, aiming to analyze the effectiveness of international border closures as a public health policy during the COVID-19 pandemic in Mercosur countries, integrating perspectives from health policy, sanitary law, and international relations. The choice of a narrative review is justified by the interdisciplinary nature of the inquiry, which seeks to understand not only epidemiological data but also the legal, political, and social dimensions of state responses to the health crisis.

Source collection was conducted between October 2025 and January 2026 through systematic searches in indexed academic databases SciELO, Scopus, Web of Science, PubMed, Redalyc, and Google Scholar, using the following descriptors in Portuguese, Spanish, and English, in various combinations: "border closure," "Mercosur," "public policies," "SARS-CoV-2," and "COVID-19." Priority was given to peer-reviewed articles published between 2020 and 2026, as well as book chapters offering empirical or theoretical analyses of mobility policies, cross-border health dynamics, and regional cooperation in the context of the pandemic. Inclusion criteria encompassed: a geographical focus on full Mercosur member states (Argentina, Brazil, Paraguay, and Uruguay); analysis of international mobility restrictions; discussion of the health, socio-economic, or legal impacts of such measures; and engagement with regional normative frameworks, including agreements on interconnected border localities and international human rights treaties.

3. Results and Discussion

The management of borders during the COVID-19 pandemic exposed significant contradictions between existing legal frameworks in Mercosur, regional declarations of cooperation, and the actual implementation of public health policies. Border closures, adopted with the stated aim of curbing SARS-CoV-2 transmission, were enacted without adequate safeguards for deeply integrated border communities, thereby violating regional agreements and triggering severe socio-economic and public health consequences, all while failing to effectively halt viral circulation. Emblematic cases include the closure of the International Friendship Bridge linking Foz do Iguaçu (Brazil) and Ciudad del Este (Paraguay) for nearly seven months in 2020, and the shutdown of the International Fraternity Bridge connecting Foz do Iguaçu to Puerto Iguazú (Argentina) as early as March 2020 (Bravin et al., 2020). These measures directly contravened Article VII of the Mercosur Agreement on Interconnected Border Localities, which mandates intergovernmental collaboration in public health, epidemiological surveillance, and contingency planning (Bravin et al., 2020).

Border closures were implemented uniformly across the Mercosur countries, severely restricting mobility and disproportionately affecting vulnerable populations and cross-border communities (Bravin et al., 2020). This approach intensified the securitization of borders, which came to be perceived as security perimeters and risk zones rather than spaces of socio-cultural integration (Lemões et al., 2021; Bravin et al., 2020). This paradigm shift led to the recentralization of decision-making processes, undermining decades of subnational integration efforts (Lemões et al., 2021).

The economic fallout following cross-border closures was immediate and severe. Foz do Iguaçu recorded a net loss of 5,691 jobs between January and June 2020, while Ciudad del Este saw 4,491 layoffs from March to July of the same year (Nogueira and Cunha, 2020). The collapse of formal economic activity fueled informal trade and riverine smuggling, exacerbating social tensions and insecurity in border areas (Nogueira and Cunha, 2020). Moreover, the crisis laid bare the structural fragility of these territories, characterized by geographic isolation, resource scarcity, and insufficient health infrastructure and personnel (Lemões et al., 2021; Berzi et al., 2021). Pre-existing vulnerabilities, such as deficits in basic sanitation, access to potable water, and urban inequality (Hernández and Macedo, 2022), were further aggravated by mobility restrictions that disproportionately impacted informal cross-border workers (Santos et al., 2020).

Concurrently, transborder access to healthcare was severely disrupted. Oncology patients from Encarnación (Paraguay), for instance, could not continue treatment in Posadas (Argentina), while critical COVID-19 cases faced logistical and bureaucratic barriers to intercountry transfers (Lemões et al., 2021; Berzi et al., 2021). Populations dependent on specialized care were exposed to heightened risks due to the impossibility of crossing legally closed borders (Berzi et al., 2021; Bellido et al., 2025). Although the 2019 Agreement on Linked Border Localities had established differentiated treatment for border residents, including guaranteed access to healthcare, its effectiveness was nullified by emergency pandemic measures (Lemões et al., 2021). Persistent legal, administrative, technological, and infrastructural obstacles hindered equitable healthcare access, with urgent medical transfers between Carmelo Peralta (Paraguay) and Porto Murtinho (Brazil) often relying on personal connections rather than formal protocols (Berzi et al., 2021).

Genomic and epidemiological evidence further demonstrates that formal border closures failed to prevent

transboundary viral transmission. A phylogeographic study revealed recurrent SARS-CoV-2 spread along the Brazil–Uruguay border, despite Uruguay's near-total closure to non-nationals. Intense human mobility across approximately 1,100 km of shared land border enabled continuous viral entry, triggering local outbreaks affecting roughly 170,000 people in economically interdependent twin cities (Mir et al., 2021). Brazilian lineages B.1.1.28 and B.1.1.33 predominated in Uruguayan border infections, indicating sustained viral flow. These findings underscore that, in highly integrated socio-economic regions, administrative border closures are insufficient without coordinated binational systems of epidemiological and genomic surveillance (Mir et al., 2021).

Notably, the Brazil–Uruguay border emerged as a positive exception. A bilateral Memorandum of Understanding led to the creation of a Binational Emergency Operations Center between Barra do Quaraí–Bella Unión and Quaraí–Artigas, establishing a unified epidemiological unit and shared PCR testing capacity (Nogueira and Cunha, 2020; Lemões et al., 2021; Berzi et al., 2021). This success stemmed from prior local health cooperation and a focus on the specific needs of the transborder region (Nogueira and Cunha, 2020). As Fernandes and Godim (2024) emphasize, the Brazil–Uruguay Health Agreement exemplifies functional transborder health governance, enabled by national political will and empowered local authorities capable of designing pragmatic, context-sensitive solutions, even amid gaps in national policy (Fernandes and Godim, 2024).

In an evident contrast, the Triple Frontier of Iguaçu, encompassing Argentina, Paraguay, and Brazil, exemplified a critical failure in health policy coordination. This area represents one of the most dynamic border regions in South America in terms of population mobility, cross-border trade, and freight transportation hub. There was no cooperation in the allocation of ICU beds, medicines, or patient transfers, placing lives at risk, including those of non-COVID patients (Lemões et al., 2021). Vaccine access disparities were also evident: Puerto Iguazú received Sputnik V doses well before Foz do Iguaçu and Ciudad del Este, highlighting fragmented national health policies and intensifying local demands for equitable immunization (Bravin et al., 2020).

The pandemic highlighted the crucial role of local actors and the effectiveness of informal pacts in crisis mitigation (Nogueira and Cunha, 2020; Lemões et al., 2021; Berzi et al., 2021). Subnational authorities developed innovative cooperative initiatives, such as joint sanitary security measures among Brazil, Paraguay, and Argentina, despite the disarray of Brazil's federal pandemic response (Silva and Dorfman, 2021). Nevertheless, these localized efforts, while valuable, could not substitute for evidence-based, regionally aligned national policies (Knaul et al., 2022).

Mercosur's pandemic experience revealed deep tensions in transborder health governance. The absence of coordinated action, whether in developing common protocols or harmonizing border management policies, led to institutional fragmentation and political frustration within the bloc (Zelicovich, 2021; Caetano, 2022). The contradiction between binding legal commitments to cooperation (as predicted in the Agreements on Linked and Connected Border Localities) and the reality of unilateral closures exposes the institutional fragility of Mercosur (Delgado and Kölling, 2022). In the absence of supranational mechanisms endowed with real authority for coordination, monitoring, and enforcement. and without genuine political commitment to integration. existing normative frameworks proved inadequate to ensure agile, collective, and equitable responses to transnational health emergencies.

4. Conclusions

The analysis of Mercosur countries' responses to the COVID-19 pandemic reveals that border closures, adopted as a central public health containment measure, were profoundly ineffective from an epidemiological standpoint and highly detrimental in socio-economic, humanitarian, and legal terms. Far from halting the transboundary spread of SARS-CoV-2, as demonstrated by genomic and epidemiological evidence, these measures exacerbated pre-existing structural vulnerabilities in regions already characterized by deep inequalities, infrastructural precarity, and high levels of socio-economic interdependence. Moreover, the unilateral implementation of such policies violated regional commitments enshrined in Mercosur agreements, particularly those concerning health cooperation and the protection of border populations, exposing a critical disconnect between normative frameworks and actual state practices.

This failure stems not merely from the inadequacy of border closures as a public health tool, but primarily from the institutional fragility of the regional bloc itself. The absence of operational supranational mechanisms, the recentralization of decision-making at the national level, and the dismantling of prior coordination structures—such as those under the Union of South American Nations (UNASUR), left Mercosur ill-equipped to mount a collective, coherent response. The result was a fragmented governance landscape, marked by asymmetries among member states, excessive securitization of borders, and legally questionable restrictions that amounted to abusive limitations on human rights. This dynamic eroded the foundational principles of solidarity and integration that have historically underpinned the Mercosur regional project.

In light of the possibility of future public health emergencies, and grounded in the lessons of the COVID-19 crisis, it is imperative to rethink the architecture of regional health governance in Mercosur. Strengthening permanent technical coordination mechanisms, establishing common protocols for managing cross-border health emergencies, and investing in the capacity of subnational actors are essential steps forward. Local and regional authorities, whose complementary public policies proved crucial during the pandemic, must be formally integrated into regional health security frameworks. Only through renewed institutional commitment, operational coordination, and respect for both scientific evidence and human rights can Mercosur build a more resilient, equitable, and effective system for responding to future possible pandemic events.

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