

Brazil's Fight Against COVID-19

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COVID-19 cases and deaths are clearly on the rise again in Brazil. It is thus important to look back in time and examine the achievements and challenges of the country's Unified Health System.

The pandemic struck Brazil just as the current government was introducing a reform agenda that can be described as a mixture of economic liberalism and conservatism. The ineffective and delayed response to COVID-19 was surprising given Brazil's history of responding capably and promptly with successful policies and services as well as its efficacy in controlling health risks and diseases such as smoking, HIV/AIDS, and, more recently, the Zika virus.¹ This commendable track record illustrates the positive health effects for affected populations when scientists from various relevant fields, communities, and families engage in concerted solutions to problems through the political determination of the federal, state, and local governments.

Unfortunately, the denialist stance by Brazil's federal government and pro-government protestors has generated a polarized political conflict with most state and local governments, as well as with the scientific and academic community.²

At the beginning of the pandemic, the Ministry of Health provided regular and consistent information and communication to the population and the press as a key strategy. A national center for public health emergency operations was established. The first and greatest challenge was to link and interact with various stakeholders in the system and in both the public and private sectors to structure the health care response by the Unified Health System. Daily briefings provided updated numbers of confirmed cases and deaths, and epidemiological bulletins were published that contained guidelines for surveillance activities in states and municipalities and reinforced the importance of measures to prevent coronavirus transmission.

However, as a result of the characteristics of the health care labor market and the shortage of personal protective equipment in Brazil, COVID-19 infection and mortality rates among health care workers have been higher than in other countries. The numbers of workers with two or more jobs, part-time and outsourced employment, and shifts of 12 to 24 hours have all significantly affected health care service efficiency.³ Nurse technicians, physicians, and nurses, in

that order, have been the health care workers most frequently identified among patients hospitalized with COVID-19.

Substantial underreporting has been observed, associated with such factors as variable laboratory capacity, unavailability of tests, and logistic challenges, resulting in delays in confirming cases and deaths and further exacerbating unreliable or even erroneous public policies to fight the pandemic. The Ministry of Health also began attempting to "disguise" or distort the data, and a "COVID-19 media consortium" was thus assembled to compile and publish the regular data generated by the state-level health services, replacing the discredited data reported by the Ministry of Health.

The scientific community expressed its concern when deaths reached extremely high levels (more than a thousand a day) and is continuing to do so now in light of the resumption of the spread of the virus, but sadly this has not been followed by appropriate interventions or acts by federal health authorities. The most widely accepted theory is that the current increase in the number of cases and deaths is attributable to the rapid and poorly controlled reopening of economic activities, lack of clear guidance from health authorities, and the population's reluctance to adhere to safety rules such as social distancing, mask wearing, and regular hand hygiene.

The federal government continues to play a limited role in organizing the public health response, criticizing non-pharmaceutical preventive measures and even recommending the use of scientifically disproven drugs.^{4,5}

Decentralization of the Unified Health System, an ongoing process over the past 30 years, has left municipalities (local governments) in charge of

executing most health activities and services. This is obviously challenging most of Brazil's nearly 6000 municipalities. Within this framework, the Ministry of Health and state health departments should still be playing central coordinating and funding roles. During the pandemic, lack of leadership and coordination at all levels has contributed to the dissemination of inconsistent health recommendations to the population.

Despite the weak stance of federal authorities, several Brazilian states such as Bahia and São Paulo and cities such as Belo Horizonte and Niteroi have spearheaded a range of non-pharmacological measures to manage epidemics, including complete or partial lockdowns, social isolation, dissemination of consistent information, and control of safe distancing in public places, including a ban on gatherings and access to parks, pools, and beaches; closing of schools and universities; restrictions on services and businesses; reductions in public transportation; and adjustments to civil service office hours. These interventions have potentially saved thousands of lives from COVID-19.

Although many Brazilian states and municipalities have continued to take initiatives to increase the efficacy of public health measures and enhance the coordination of hospital services (including the private sector), there have been few reports of successes. At best, some measures may have avoided significant collapses in health services.

COVID-19 has highlighted the vulnerabilities of the Unified Health System, especially the uneven geographical distribution of both health care workers and the population's access to medium- and high-complexity health services. Surprisingly, however, the pandemic has triggered or exposed deficiencies in areas that had been perceived

historically as the foundations of the Unified Health System and public health, such as epidemiological surveillance and the network of family health units and community health workers.

This situation does not appear likely to improve in the short term given that the lack of federal leadership and coordination and the disconnected response to the pandemic are related to the financial crisis exacerbated by the pandemic, posing significant challenges for the future of the Unified Health System. There are already signs of a worsening health care crisis, including aggravation of non-communicable diseases and other health problems in the population and substantial reductions in vaccine coverage and other basic health care provisions.

Although Brazil's political and institutional environment is daunting, we can hope that with the results of the recent municipal elections, more municipalities will be able to support public health, develop evidence-based local health policies, improve primary health care, and restore a culture of understanding and dialogue with health professionals and social movements to protect the population's health.⁶ **AJPH**

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CONTRIBUTORS

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CONFLICTS OF INTEREST

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