

BRAZIL'S COVID-19 RESPONSE



*An Account of
Coordination Failure,
Data Suppression, and
Corporate Philanthropy*

November 2020



ABOUT ITPC

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. Formed in 2003, ITPC actively advocates for treatment access across the globe through the focus of three strategic pillars:

- ☀️ Treatment education and demand creation (#TreatPeopleRight)
- ☀️ Intellectual property and access to medicines (#MakeMedicinesAffordable)
- ☀️ Community monitoring and accountability (#WatchWhatMatters)

To learn more about ITPC and our work, visit itpcglobal.org.

ABOUT WATCH WHAT MATTERS

This publication is part of Watch What Matters, a community-led monitoring and research initiative to gather data on access to and quality of HIV treatment globally. To learn more, visit our website, and use hashtag #WatchWhatMatters to join the global conversation.

ABOUT THIS REPORT

ITPC's 2020 *Brazil's COVID-19 Response: An Account of Coordination Failure, Data Suppression, and Corporate Philanthropy*, available here. This brief summarizes findings of an in-depth examination of key features of the Brazilian response from January to August 2020, drawing upon the testimony of clinicians, public health specialists, civil society, indigenous rights groups, data from government portals, mass media, academic literature, as well as insights into strategies by Ministries of Health, governors, and mayors of selected cities and states.

ACKNOWLEDGEMENTS

ITPC recognizes the tireless efforts of all involved in the COVID response in Brazil. We express our particular thanks to people who have survived COVID, Brazilian colleagues, health and humanitarian workers, and government officials who were involved in data collection. ITPC also appreciates support from the Robert Carr Fund, the Open Society Foundations and the Bridging the Gaps Programme.

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LIST OF ABBREVIATIONS AND ACRONYMS

AHF	AIDS Healthcare Foundation
APIB	Articulação dos Povos Indígenas do Brasil (<i>Brazil's Indigenous People Articulation</i>)
COE-nCoV	.....	Centre for Emergency Operations on COVID
CONASS	.....	Conselho Nacional de Secretários de Saúde (<i>National Council of State Health Secretaries</i>)
COVID-19	.....	Coronavirus disease 2019
ESPIN	.....	Emergências em Saúde Pública de Importância Nacional (<i>public health emergency of national importance</i>)
FIND	.....	Foundation for Innovative New Diagnostics
GDP	.....	Gross domestic product
GNI	.....	Gross national index
IBOPE	.....	Instituto Brasileiro de Opinião Pública e Estatística (<i>Brazilian Institute of Public Opinion and Statistics</i>)
IFF	.....	Instituto Fernandes Figueira
INESC	.....	Instituto de Estudos Socio-Economicos
ICU	.....	Intensive care unit
ITPC	.....	International Treatment Preparedness Coalition
LGBT	.....	Lesbian gay bisexual and transgender
MOH	.....	Ministry of Health
MSF	.....	Médecins Sans Frontières
NGO	.....	Non-governmental organization
PAHO	.....	Pan-American Health Organization
PCR	.....	Polymerase chain reaction
PDT	.....	Partido Democrático Trabalhista (<i>Democratic Labour Party</i>)
PPE	.....	Personal protective equipment
RDT	.....	Rapid diagnostic test
SESAI	.....	Secretaria Especial de Saúde Indígena (<i>Special Indigenous Health Department</i>)
STF	.....	Supremo Tribunal Federa (<i>Brazilian Supreme Federal Court</i>)
SUS	.....	Sistema Único de Saúde (<i>Brazil's publicly funded health care system</i>)
TCU	.....	Tribunal de Contas da União (<i>Brazil's Federal Court of Accounts</i>)
WHO	.....	World Health Organization



EXECUTIVE SUMMARY

The Brazilian COVID-19 response has been marked by high death numbers, misinformation coming from the highest levels of government, disparities in access to health services for indigenous populations,¹ and shortages of essential health technologies. At time of publication of this report, Brazil has recorded more than 6.1 million COVID-19 cases with nearly 170,000 official registered deaths, making it the second country in the world in terms of both the most COVID-19 cases and deaths.

In August 2020, with many countries registering much lower death rates than earlier in the year, Brazil registered 34,013 COVID-19 deaths.² From mid-May until until late August—fourteen consecutive weeks—Brazil registered an average of one thousand deaths a day. In September, however, there was a 23% reduction in the number of deaths,³ suggesting a slowing of the epidemic. At the time of writing, pursuant to a reduction of deaths to an average of less than 450 deaths per week,⁴ many states in Brazil are in various phases of reopening businesses.⁵ This is despite news of ‘second waves’ occurring in European countries raising important questions about reopening early.⁶

For a country with a celebrated—albeit underfunded⁷—public healthcare system, the *Sistema Único de Saúde* (SUS), which has brought quality healthcare to millions of poor inhabitants and contributed substantially to better health outcomes and improved health equity,⁸ this came as a shock to some, while a number of global health experts⁹ have alluded to authoritarian governments and political context as key factors as to why some countries such as Brazil, the United States, and Russia have had higher death rates. In fact, the Johns Hopkins Global Health Security Index, which erroneously

categorised the United States and the United Kingdom as ranked first and second in pandemic preparedness, also ranked Brazil as first in pandemic preparedness in Latin America and the Caribbean.¹⁰ This raises important questions about what factors truly influence pandemic preparedness and response.

The vastness of Brazil’s territory, occupying almost half of South America, and large population (212 million people) lends its own complications to the response. There is also high income inequality.¹¹ This inequality inevitably affects how the rich and poor receive COVID-19 services, but also has racial justice implications. As of October 2020, incidence and mortality rates of black populations were higher than those of the white Brazilian population, with a disproportionate effect on Brazilian indigenous populations.¹² After the abolition of programs such as “Mais Médicos”,¹³ an initiative to bring doctors into poor communities, and with an increase in irregular logging activities during the pandemic due to poor surveillance measures, even uncontacted communities in Brazil have registered deaths related to coronavirus.

All this exists in an environment of economic and political instability. In 2015, Brazil



registered a GDP contraction of 4.3%, and in the following year the GDP fell again by more than 4%.¹⁴ In October 2018, Jair Messias Bolsonaro, who presented himself as a candidate who was anti-LGBT, anti-establishment, pro-family, and anti-indigenous rights, inherited a country that had implemented neoliberal policies for some time to try and recover GDP rates.¹⁵ The result of this, other than a minor GDP improvement of 1.23%,¹⁶ was that by the end of 2019, Brazil had an 11% unemployment rate, with almost five million people having given up on the job market, and around 41% of the working population participating in informal jobs or working in the gig economy.¹⁷ Bolsonaro has continued with neoliberal policies by appointing Paulo Guedes, who studied neoliberal economics at the University of Chicago, as his Minister of Economy, and overall appealing to evangelicals, the military, and those involved in the financial sector. Despite shambolic handling of the COVID-19 response, Bolsonaro continues to enjoy comfortable approval ratings.¹⁸

In other words, in tandem with the COVID-19 crisis are grave co-occurring political, institutional and economic crises, adding layers of complexity to the country's COVID response and pandemic preparedness. A lack of federal leadership also saw asymmetries in how different cities and states responded to the outbreak, and while it is impossible to detail all the aspects and details of the Brazilian response, we seek to provide an illustration of Brazil's decentralised response and the impact of ideological disagreements at governmental levels.

Hence the objective of this report was to conduct an in-depth examination of key features of the Brazilian response from January 2020 through to August 2020, drawing upon the testimony of clinicians, public health specialists, civil society,

indigenous rights groups, data from government portals, mass media, academic literature, as well as insights into strategies by Ministries of Health, governors, and mayors of selected cities and states. The report also looked into relevant actions by country leaders and initiatives by the judiciary, notably the Brazilian Supreme Court (STF per its Portuguese acronym) in the COVID-19 response.

While there were issues with fidelity of some data such as those on budgets for COVID, testing data, number of hospital beds, crucial insights were obtained on the response from key stakeholders, including Dr Julio Croda (Infectious Diseases Specialist, Fiocruz, and Professor, University Mato do Sul), Dr Adele Benzaken (Senior Medical Director, Global Programs, AHF), Dr. Debora Fontenelle (general practitioner at Pedro Ernesto University Hospital, a public hospital in Rio de Janeiro), Leila Saraiva (anthropologist and Special Advisor for Indigenous Matters, Instituto de Estudos Socio-Economicos (INESC), Dr Rafael Saad (Strategy Manager, Hospital Sírio Libanês), two humanitarian aid workers who requested anonymity, as well as a 68-year old (white) male patient.

In summary, this situational analysis finds:

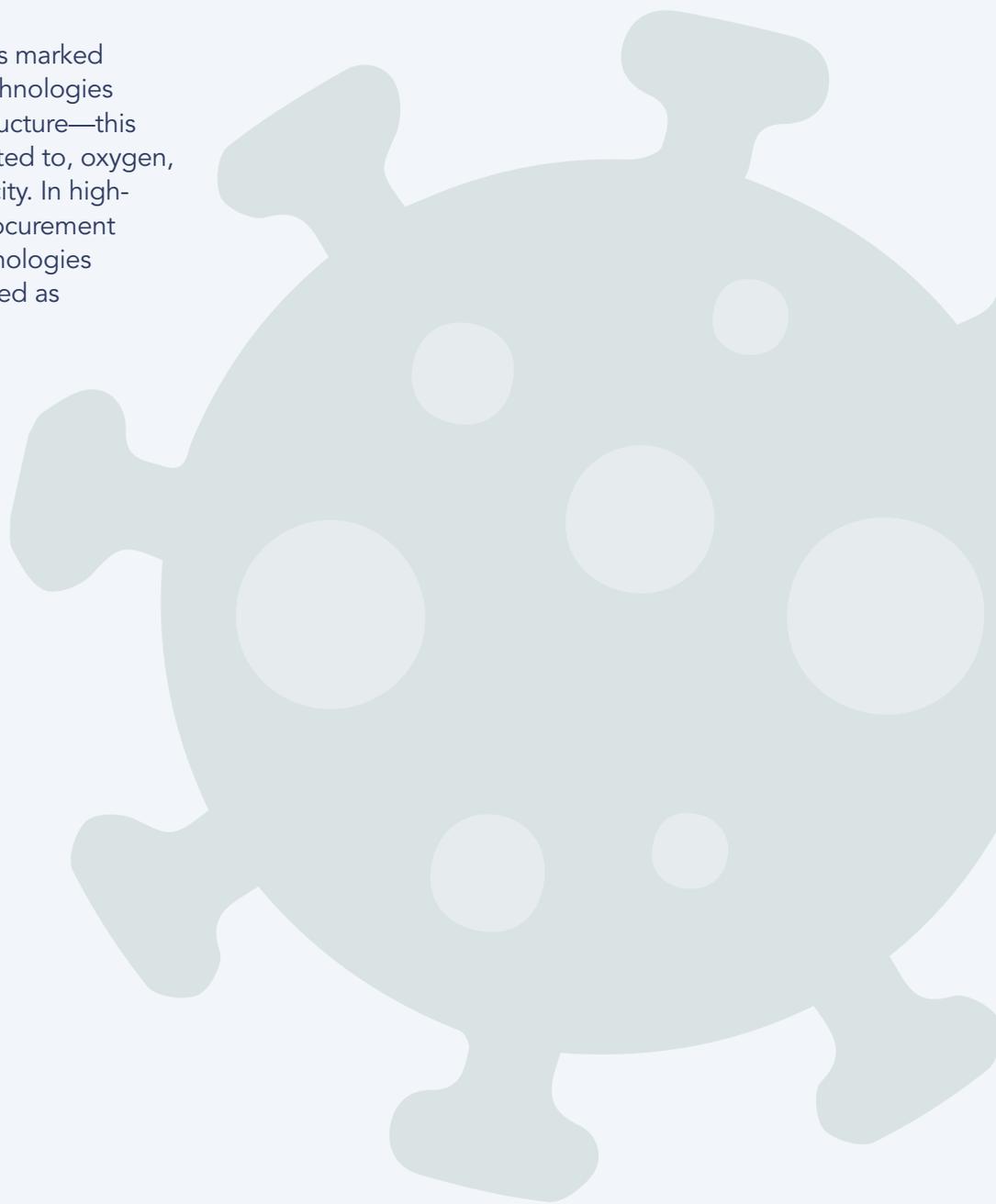
- 🌀 Fundamental disagreements between the President and Ministry of Health officials on social distancing and lockdown policies, as well as philosophies on hydroxychloroquine, led to the firing of several health ministers and an overall lack of leadership and coordination in the response;
- 🌀 A lack of coordination led a multinational bank, Itaú Unibanco, to supplement the response by funding the *Todos Pela Saúde* initiative. Led by Hospital Sirio Libanês, this initiative sent medical experts out into the country to provide

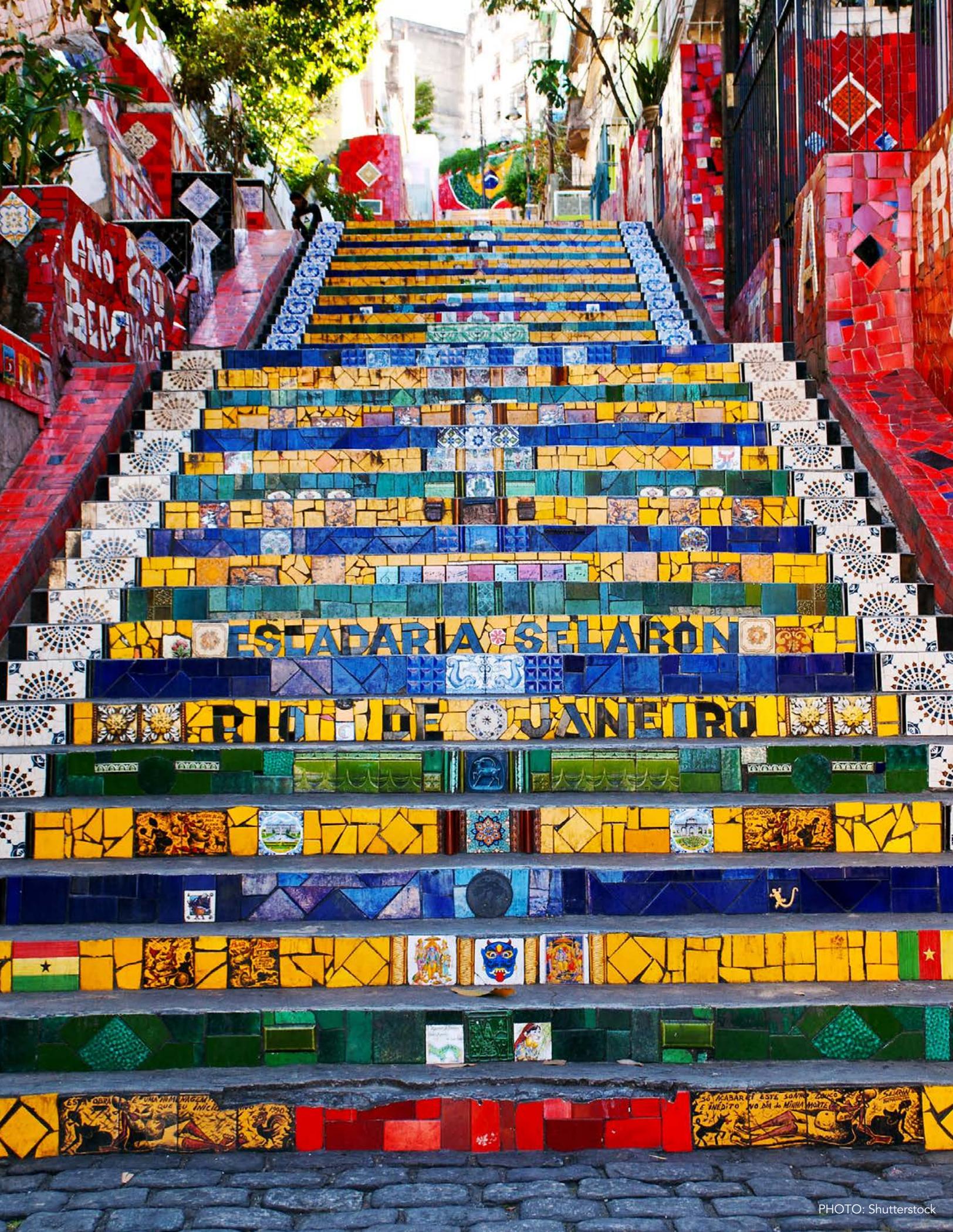


technical support to State Health Secretariats and municipal health authorities, as well as procuring and donating sanitising gel, PPE, diagnostic kits, medications, ventilators, and other ICU equipment to public hospitals and private-owned hospitals;

- ❁ The non-implementation of a coherent testing policy led to difficulties in decision-making processes in regard to outbreak containment, particularly the inability to perform comprehensive contact tracing;
- ❁ The Brazilian response was marked by shortages of health technologies and in some cases infrastructure—this included, but was not limited to, oxygen, ventilators, and ICU capacity. In high-risk areas, planning for procurement and supply of health technologies in particular had been noted as inadequate;

- ❁ Non-white populations in Brazil are disproportionately affected by COVID—owing to ingrained racism and the policies of the state such as availability of ICU beds in high-risk areas. Indigenous populations in particular are at high risk due to difficulties in accessing healthcare and due to illegal intrusions into reserve land by individuals and groups who present infection risks.





ESCADARIA SELARON

RIO DE JANEIRO

UMA OBRA DE UMA MULHER MIGRANTE QUE SE INICIA EM 1980

SE ACABAREM ESTE SOANO ZANCO E INEDITO NO DIA DA MINHA MORTE



THE SOCIO-ECONOMIC CONTEXT IN BRAZIL

Brazil, a nation of over 212 million people, has in recent years faced growing inequality. This is owing to, perhaps, a grave economic crisis resulting from a shift in economic and social policy beginning in 2016, with the implementation of an aggressive neoliberal agenda.

A key measure implemented towards this aim was the approval of the EC 95/2016 constitutional amendment that limited public spending in health, education and social security policies for a period of the next 20 years, specifying that budget ceilings for those areas could only be adjusted in relation to the inflation rate, rather than based on actual need. In other words, the EC 95/2016 froze additional investments in social policy for two decades.¹⁹ Estimates by the National Health Council (*Conselho Nacional de Saúde* in Portuguese) indicate that due to the EC95/2016, that SUS could suffer a disinvestment of almost US\$ 6 billion in 2021.²⁰

In 2015, Brazil registered a GDP contraction of 4.3%, and in the following year the GDP fell again by more than 4%,²¹ catalysing the implementation of neoliberal policies designed to recover these GDP rates. In October 2018, Jair Messias Bolsonaro won the presidential elections and inherited a country with these neoliberal policies in place, and continued them by appointing Paulo Guedes, who studied neoliberal economics at the University of Chicago, as his Minister of Economy.²² By the end of 2019, there had been a minor GDP improvement of 1.23%,²³ but on the other hand, Brazil registered an unemployment rate of 11%, with almost five million people having given up on the job market, and around 41% of the working population participating in informal jobs or working in the gig economy.²⁴ Black

women are disproportionately affected, with 47.8% of black women having informal jobs.²⁵ By the end of 2019, almost 14 million people in Brazil were living in extreme poverty.²⁶

The COVID-19 pandemic has heavily affected populations living in *favelas* (low-income or slum neighbourhoods, generally in urban contexts). A September 2020 study carried out by FGV in Rio de Janeiro found that 9% of the people in favelas had to obtain water from sources outside of their houses and 11.5% of the houses had neither toilets nor showers.²⁷ In terms of economic impact, the same study showed that out of the economically active population, 45% of people living in favelas were either already unemployed at the start of the pandemic or lost employment during the pandemic,²⁸ a figure significantly higher than the national unemployment average of 11%.

The SUS is characterised by a number of key inequalities. For example, the SUS is not evenly distributed throughout Brazil, resulting in a sizeable proportion of the population (40 million Brazilians) accessing healthcare via private health services,²⁹ and with the private sector representing 57.6% of the total health expenditure.³⁰ Hence, approximately 170 million people (around 75% of the population) rely solely on SUS for healthcare, but that more than half of national expenditure on health are invested in solely 25% of the population. There are also significant regional differences, with

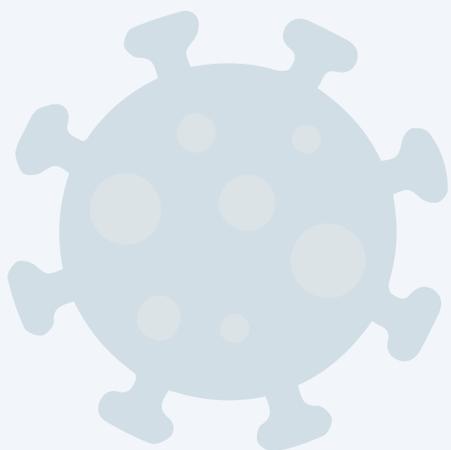


more than 30% of populations in States such as Rio de Janeiro and São Paulo accessing private healthcare, and lower private healthcare coverage in the Northern region (approximately 10-20%),³¹ emphasising the importance of a well-functioning public health system.

In March 2020, the Getúlio Vargas Foundation (FGV, as per acronym in Portuguese), a think tank and higher education institution focused on economic development, highlighted further disparity in a report surveying coverage of mechanical ventilators and ICU beds.³² The report described an adequate number of hospital beds available per 100,000 residents in Rio de Janeiro, São Paulo and some states in the South of Brazil, but with no available hospital beds in areas of the Northern region.³³ These inequalities are also observed within particular states, with a February 2020 study showing that in Brazil's largest city, São Paulo, three richest neighbourhoods,

populated by 9.3% of São Paulo's population, had 60% of SUS ICU beds allocated for the entire city.³⁴ Whereas in seven of the poorest neighbourhoods of São Paulo, where 20% of the population live, there were no available ICU beds.³⁵

Since 2009, even with GDP growth, Brazil has seen a reduction in public hospital beds, with a report by the Institute of Communications and Scientific Information and Health Technologies showing that from 2009 to 2017, there has been an 8% decrease in the number of hospital beds per 1,000 inhabitants.³⁶ A March 2020 report mapping mechanical ventilators and ICU beds nationwide in particular found that in 70% of the country, ICU beds were below required recommended levels.³⁷ The report found that out of 15.6 beds available per 100,000 inhabitants, only 7.1 beds belonged to the SUS.³⁸ These realities underline the following findings on the COVID-19 response in Brazil.







THE BEGINNING OF THE COVID-19 OUTBREAK IN BRAZIL

At the end of December 2019, Chinese public health authorities reported several cases of acute respiratory syndrome in Wuhan, China. It would be a couple of months before the first case was reported in Brazil—a 61-year old man who had returned from Lombardy, Italy, had tested positive for COVID on 25th February 2020, according to the Health Department of São Paulo.³⁹

In the meantime, the Brazilian authorities had taken a number of actions to prepare for the pandemic and keep citizens informed. Beginning the 23rd of January 2020, the then-Minister of Health, Luiz Henrique Mandetta and his technical staff held daily press conferences to provide the public updates on the pandemic in Brazil, to describe major scientific findings, and actions the Ministry was taking to contain the pandemic.

The first press conference, helmed by Mandetta and Dr Julio Croda, then-Director of the Infectious Diseases Department of the MOH, announced plans to create the Centre for Emergency Operations on COVID (COE-nCoV), which would be coordinating the national response on COVID and that it would be headed by Croda.

On 28th January 2020, the COE-nCoV was set up and the first Epidemiological Bulletin was released.⁴⁰ On 2nd February, Ordinance # 188⁴¹ declared a Public Health Emergency of National Importance (ESPIN). This Ordinance was also the legal instrument employed to set up the Centre for Emergency Operations on COVID (COE-nCoV), and listed its key objectives as (to):

- ☀ plan, organize, coordinate and control the measures to be employed during ESPIN, in accordance with the guidelines set by the Minister of State for Health;
- ☀ articulate with state, district and municipal SUS managers;
- ☀ forward to the Minister of State for Health technical reports on ESPIN and ongoing administrative actions;
- ☀ disseminate information on ESPIN to the public; and
- ☀ propose, in a justified manner, to the Minister of State for Health.⁴² The Ordinance also established a list of actions needed, including temporary hiring policies for health professionals and the acquisition of goods and services needed in the ESPIN.

Interviewed for this report, Dr Croda stated that between January and March 2020, the focus of the COE-nCoV was to offer training sessions to health professionals and laboratory personnel and systematising available information such as case prognosis and behaviour of virus, epidemiological data from countries on the pandemic. The COE-nCoV established three levels



of operations, level 1 (alert—when there were no cases yet in the country), level 2 (imminent danger—when there are suspected or confirmed cases), and level 3 (when there is local transmission), and each level would determine a corresponding course of action.

At the time the Centre started to operate, based on MOH surveillance of individuals returning from abroad, the country was already in level 2. While no cases had been confirmed at this stage, it was suspected that the virus was already circulating. According to Dr Croda, in the early days of the pandemic (January to March 2020), the priority for the COE-nCOV was to monitor and identify cases, while other organs of the MoH started to plan to buy personal protective equipment (PPE) and diagnostic supplies. At this time, there were growing concerns from civil society actors on a number of matters, including the lack of emergency regulations.⁴³

In March 2020, legislation was enacted to enable emergency public procurement of COVID technologies, but this left gaps in other aspects of the COVID response, for example registration procedures for health professionals and authorization to set-up pharmacies—that some feel could've significantly affected the timeliness of Brazil's response. On this, a senior humanitarian aid professional from MSF based in Rio de Janeiro commented:

This may not seem so important, but when you're going to organize an emergency response, where you have to get to locations quickly and make things happen, the Brazilian bureaucracy was incredibly bad. And I am not talking only about the bureaucracy of State entities—I am talking about councils (professional regulatory bodies) for physicians, nurses, pharmacists (and other health professionals)... there was no fast

track for anything in the middle of a brutal pandemic like that. So you arrive in a State where you need to open a pharmacy, somehow make the logistics arrive very quickly, hire professionals—and some places have a chronic deficiency of health professionals so you need to bring professionals from other states - you need to validate the professional records of these people in state councils to ensure that they aren't illegally registered. Nothing was facilitated (by the government, State administrations, and professional regulatory bodies). Absolutely nothing... We [MSF] had to postpone entering an ICU with 90% mortality by a week or a week and a half, due to delays in professional registration procedures.

Other experts interviewed for this report echoed similar sentiments as regards preparedness work. According to Dr Adele Benzaken, Medical Director, Global Programs for AIDS Healthcare Foundation (AHF), an international NGO, formerly the Director of Infectious Diseases for the Ministry of Health:

Brazil only started preparations when the ICUs started to fill up. There was no preparation of adequate hospital beds, no (allocation) of health professionals, nor enough medication for sedation and intubation.

A senior humanitarian aid professional expressed concern regarding delays in responsiveness of the Brazilian government, especially given that in previous emergency circumstances, MSF is usually one of the first organisations alerted and engaged by the Brazilian government:



Honestly we only started to be aware that Brazil started to move in relation to COVID in March.

On February 20th, nearly one month before the official declaration⁴⁴ by the MoH of community transmission of COVID-19 and six days before the first confirmed case in Brazil,⁴⁵ the ministers of health of Mercosur gathered in Asunción, Paraguay to coordinate efforts in facing the imminent pandemic. A Brazilian MoH press release while recognizing the danger of COVID-19 and highlighting Brazilian expertise in dealing with infectious disease as key to controlling the pandemic, focused more on the threat of dengue fever and measles:

Even though the eyes of the world are on China, due to the outbreak of infections caused by the new coronavirus, Brazil has even more important epidemiological challenges, such as measles and dengue. There is still no circulation of the new coronavirus in the country or in South America. However, in 2020, Brazil already has 338 confirmed cases of measles and 1 death from the disease. In relation to dengue, until February 1st, 94,100 dengue cases were registered in the country, with 14 deaths.”⁴⁶

Dr. Debora Fontenelle, general practice physician from Pedro Ernesto Hospital, a public hospital in Rio de Janeiro, confirmed in interview that dengue and measles, rather than COVID, were the main concerns in the beginning of the year:

Every summer we always expect (and prepare) for a wave of some infectious disease, some virus... We were very concerned about dengue and measles in the start of the year and we were

campaigning for measles vaccination. The training (related to COVID) only started in the last week of January.

There is no documented evidence on priorities, actions, and preparedness work taken by the MOH before the first cases were confirmed in Brazil. An article written in May 2020 by Valente describes formal freedom of information requests to six government Ministries for established contingency and emergency plans for this respiratory virus, all of which confirmed that at no time was any document or strategic plan established to respond to the pandemic.⁴⁷ While arguably a written strategic plan could have been foregone in place of speedy action, Brazilian specialists noted that while a written strategy would not have been able to predict the speed of contagion, it could have, at the very least, established different levels of decision-making and implementers for coping with the outbreak.⁴⁸ Despite the lack of a strategic plan, after confirmation of the first case of COVID-19 in Brazil (the aforementioned individual returning from Italy), the MOH issued a note, stating “Brazil is ready—there is no reason for panic.”⁴⁹

On 12th March 2020, the WHO announced that the COVID-19 outbreak was a global pandemic.⁵⁰ On March 14th, the Brazilian MOH issued Epidemiological Bulletin #5, which described a number of new measures for citizens, including self-quarantine for travellers coming from abroad, the cancellation of cruise travel, advice to authorities to cancel work travel, event attendance and gatherings, and recommendations to cancel of all events in closed spaces.⁵¹ However, the contents of this document would not last. Less than 24 hours after the publication of this document, the MoH issued a new publication removing several of the recommendations, such as events cancellations, and mobility restriction



recommendations. Dr Croda said in an interview to Reuters that these changes resulted from pressure by the Office of the President's Chief of Staff, headed by General Braga Neto.⁵²

It was around this time that internal tensions began to arise about the importance of social isolation for pandemic control, and that these tensions arose predominantly between the COE-nCOV and Crisis Committee for Supervision and Monitoring of COVID-19 Impacts (created by Bolsonaro on March 17th) and headed by the Office of the President's Chief of Staff. Dr Croda, interviewed for this report, elaborated on these tensions:

He [Minister Mandetta] defended social distancing from the beginning because at that time he did not have the number of necessary tests nor PPE which we needed to make available. So the only measure that could be taken to mitigate the number of reported cases and deaths would be social isolation, as all other countries did at first, and this was always his position until the end. We published bulletin #5. That was the first document to provide guidance regarding social distance. After this bulletin, many states and municipalities started to adopt these measures, and some important political noise began, because there was no support from the Presidency and the Office of the Chief of Staff regarding these distance measures. It was at this moment that the Crisis Committee was created and somehow the crisis management moved from the MoH to the Chief of Staff office. Other ministries began to be involved in meetings at the Crisis Committee. From that moment on, the voices of the MOH technical staff became more fragile and decisions became more political.

On 20 March 2020, the Ministry of Health issued an official declaration that community transmission had begun.⁵³ At that time, Brazil had 904 confirmed cases and 11 deaths, in only two states (São Paulo and Rio de Janeiro). Also on the 20th of March 2020, the President issued a Provisional Measure (MP 926/2020) to make public procurement of COVID-related technologies more flexible, but also to redefine the responsibilities and cooperation dynamics between the federal bodies and agencies, granting himself and his office the power to define, inter alia, quarantine, social isolation, and public transportation restrictions. This Provisional Measure was challenged in the Brazilian Supreme Court (STF) by a political party (PDT)⁵⁴ who argued that such powers are already defined in the Constitution, in SUS' Organic Law (Law #8.080/90) and, therefore, the autonomy of states and municipalities on the decisions related to the pandemic should be preserved.

In mid-April 2020, the STF accepted the argument and suppressed the articles of the Provisional Measure that intended to centralize the power of COVID response in the Brazilian President. On the decision, however, the STF stated that the MoH continued to have responsibility in terms of supporting states and municipalities technically and financially.⁵⁵ While this continued to be the case in February and early March 2020, the creation of the Crisis Committee meant that collaborative initiatives between the Federal and Local health agencies were threatened.⁵⁶

While this politicking was ongoing, coordination of supply of essential COVID technologies and services were being jeopardised. As a senior humanitarian aid professional from MSF elaborated:



Knowing that there were monopolies of medicines (by other countries), we knew there would be shortages of medicines for ICU in Brazil. In a pandemic such as this one, this was extremely serious. People were dying in pain. There was no dignity at the end of life.



Dr Adele Benzaken, former head of HIV and infectious diseases department of the Ministry of Health, who had been appointed to be part of a technical committee on COVID-19 in the State of Amazonas, in Northern Brazil (the largest Brazilian state, bordering Colombia, Peru and Venezuela, predominantly composed of tropical jungle, and often requiring logistics via boat) elaborated further on shortages:

There was no oxygen. There was a particular day when we went to put pressure on the State of Amazonas Health Secretariat because there was no oxygen in São Gabriel da Cachoeira. I am not talking even about ICU beds. I am talking about oxygen.

The lack of technical support towards local health authorities resulted in private corporations investing in the national COVID response. In April 2020, Itaú Unibanco Bank, the second largest bank in Latin America by asset holdings, created a private initiative called *Todos pela Saúde* (All for Health)

intentioned to provide this technical support, and donated R\$1 billion (USD\$200 million) towards this initiative. *Todos pela Saúde* assembled the glitterati of Brazilian public health, including specialists from Fiocruz (Brazil's foremost public biochemical research institution, [created in 1900](#)), a former president of Anvisa (the [Brazilian Health Surveillance Agency](#), created in 1999), and a number of noted public health experts, such as Gonzalo Vecina Neto (former Secretary of Health of São Paulo) and Drauzio Varella (infectious diseases specialist and best-selling author and commentator on health, prison conditions, and social welfare). Overall coordination of *Todos pela Saúde* was placed by Sírio Libanês Hospital, generally taken to be one of the best rated hospitals in the country and often attended by Brazilian elites.

Dr. Rafael Saad, strategy manager of Hospital Sírio Libanês describes their involvement in the response:

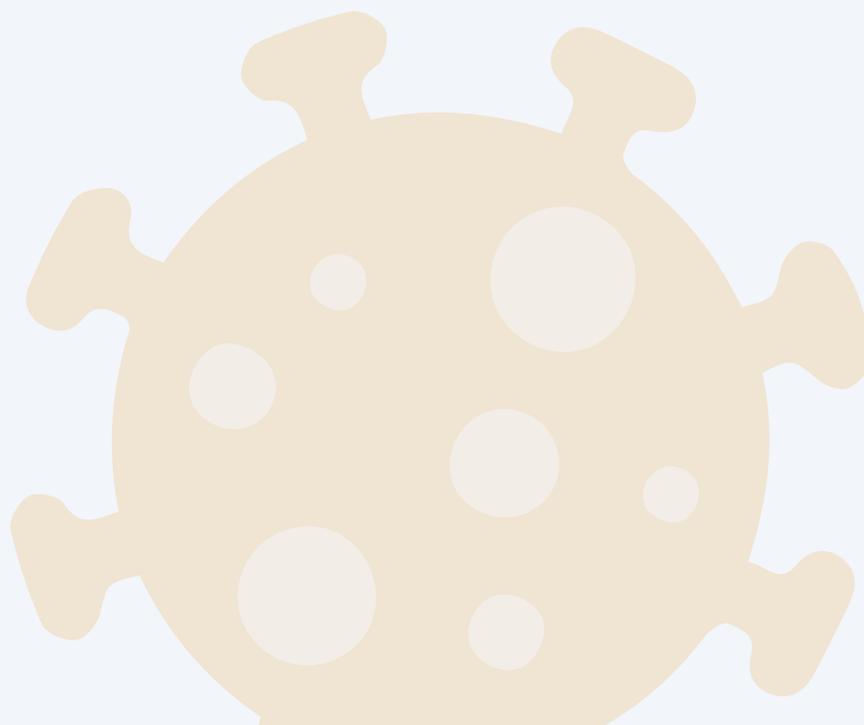
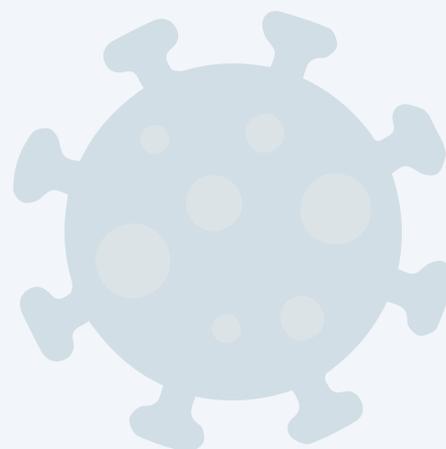
We had teams from 'Sírio' in all the states during the period of rising cases. We still have teams still to support technical decision making by local managers, information to support decision making in relation to expansion of beds. Close conversations with the [State] health secretaries facilitated a vision of what was really needed. One of the first things we noticed was that a few states already had know-how (to deal with health crises). While others did not have the ability to mobilise for quick decision making in crisis situations.

A humanitarian aid professional, who was interviewed for this report but who requested anonymity, further described the importance of the technical assistance by *Todos pela Saúde*:



Not only were they funding COVID actions, they were sending technical staff to follow the crisis committees in the states. They were in 26 or 27 states,⁵⁷ when I arrived on the ground, I remember that both in Amazonas and in Roraima and other states with whom I spoke they always said 'we have a person from Sírío here', and that person was the one who was following it from the beginning, giving technical support. Talking to several people, including people from the ministry, it was indicated that we look for the staff of Todos pela Saúde, from Sírío, because they would have a better idea than the MoH itself, for example.

These testimonies illustrate a catastrophic failure in COVID-19 response coordination. Some commentators opine, deriving their opinion from reviews of statements from over two dozen of current and former Brazilian health authorities and specialists, that the Brazilian response in the beginning was promising, but was derailed by political conflicts between the president and other authorities, namely ministers of health and local authorities.⁵⁸ The authors further state that these health officials were unable to convince the President that Brazil's economic performance would ultimately depend on how effectively the country handled the COVID-19 outbreak.⁵⁹







LATE MARCH ONWARDS: TENSIONS BETWEEN BOLSONARO AND MINISTRIES OF HEALTH

On March 24th, via national broadcast,⁶⁰ the president Bolsonaro defined COVID-19 as “just a little flu” that would not cause him any harm because of his “athletic history” and stated: “Our lives must go on. Jobs must be kept. Livelihoods of families must be preserved. We must get back to normality. A few state and local authorities must abandon “the prohibition of public transportation, closing stores and shops and mass confinement.”

In the same speech, Bolsonaro defended what he called “vertical isolation”, a term he took to mean isolation for adults above the age of sixty, and emphasised that those who were most vulnerable to COVID were only those above the age of 60. At that time, Brazil had only 310 cases and 12 reported deaths, but there was a clear risk of further infection. Tension with both the MoH and governors and mayors taking social distancing measures to control the pandemic grew considerably.

Bolsonaro was primarily focused on economic recovery, and in his view, shutting cities down was not the way to achieve economic growth. The President then set about a collision course with both the Congress and the Supreme Court (STF, as per acronym in Portuguese) by organising and participating in a number of mass gatherings focused on the closure of the Supreme Court,⁶¹ further indicating his apathy as regards the spread of the virus.

Divergent philosophies emerging from the office of the President and the Ministry of Health manifested in an inability for the Ministry of Health, State Secretaries of Health, and municipal and local health

authorities to respond in a coordinated and effective manner. Dr Rafael Saad elaborates:

The Federal level was absolutely out of alignment from the beginning. One position by the president, another by the minister, another by the technical team... at no time any of these actors come out as a de facto coordinator of the process. We had decision-making stakeholders that were often antagonistic and at opposite poles.

Dr Debora Fontenelle, in her interview for this report, said there was a “huge gap” in collaboration. Dr Croda described this gap further:

The federal government was supposed to have had a greater leadership in terms of supporting states and municipalities that had greater difficulty in terms of intensive care beds and also in terms of imposing social distancing measures. The technical criteria for this should have also be worked on, i.e. when cities should enter a lockdown, to prevent excess deaths, to prevent tragedies that occurred mainly in the north and northeast regions.”



Dr Adele Benzaken was of a similar mind, stating that the federal government did not dictate ‘proper courses of action according to stages of outbreak, which could’ve avoided evolution of infections in the State (of Amazonas)’. A senior humanitarian aid professional from MSF describes the lack of collaboration as catastrophic:

Maybe it was one of the worst responses that we [MSF] have seen. This is something that we have been saying since the beginning - and that is true in every epidemic that MSF operates in the world—is that an important part of the response to an epidemic is the credibility of health authorities. People have to believe in the State, because there are measures that you need people to follow, whether for vaccination or for measures such as social isolation, self-preservation, to try to block a very important spread. If the federal authority distorts reality or does not agree with the state authorities, this is a recipe for tragedy.

On 2nd April 2020, Bolsonaro defended the reopening of cities, arguing that he was not aware of any over-capacity as regards hospital beds.⁶² At that point, Brazil had around 8,000 confirmed cases and 327 official deaths.⁶³ On 3rd April 2020, he made it clear that he was relying on herd immunity as his main COVID-19 strategy, declaring to journalists and supporters: “This virus is like the rain, 70% of you will get it. No one says otherwise. Our nation will get rid of this pandemic once 70% of population are infected and get antibodies”.⁶⁴ He further recommended to keep the country and the economy open, without lockdowns, which led to the Director of the of the WHO Regional Office (PAHO), Marcos Espinal, to declare that this “is not recommended because it would cause the

deaths of millions of people”.⁶⁵ Given that mortality rates current to October 2020 stood at 530 deaths per million inhabitants,⁶⁶ Bolsonaro’s strategy was aimed towards at least 800,000 COVID deaths nationwide.

President Bolsonaro’s beliefs—i.e. that social distancing was unnecessary, and that hydroxychloroquine should be widely used as a treatment for COVID-19—began to generate tensions with the Minister of Health, Luiz Henrique Mandetta, setting off a series of events that would leave Brazil without a permanent Minister of Health for one hundred days and counting.

April 16th, 2020 saw the firing of Mandetta due to abovementioned tensions, and the appointment of Nelson Teich, a senior oncologist and public health consultant, as Minister of Health. Teich, like Mandetta, was opposed to the President’s endorsement of hydroxychloroquine for general public use as both treatment and prophylaxis, and the President’s intentions to reopen the country.⁶⁷ After less than a month in office, Teich resigned.⁶⁸ Two former staff of the MoH declared that the last two weeks of April were lost weeks, because Teich was still trying to understand the situation and come up to speed on what had and hadn’t been done.⁶⁹

On 16th May 2020, perhaps to avoid further conflicts on hydroxychloroquine, Bolsonaro appointed General Eduardo Pazuello, a parachutist and logistics coordinator for the Brazilian army, as Interim Health Minister.⁷⁰ General Pazuello, who had been interim minister for more than 100 days, was officially appointed Minister of Health on 16 September 2020.⁷¹ As interim, he proceeded to fire a majority of the technical staff, including epidemiologists and infectious diseases experts, and nominated several military men with nary any health expertise to key positions at the MoH, effectively consolidating and



finalising a process intended to eliminate public health leadership in the COVID-19 response, initiated with the formation of the Crisis Committee under the Office of the President's Chief of Staff.⁷²

As time progressed, it became clearer that Bolsonaro's view was that, pursuant to the STF judgment, that COVID-19 pandemic response was the responsibility of the states, rather than a responsibility of his Ministry of Health. In June 2020 Bolsonaro confirmed this in response to a citizen who demanded concerted action from him due to 40,000 COVID-19 deaths—"go to your (State) governor," he asserted.⁷³

Meanwhile, Pazuello's logistics background didn't seem to be making an impact in terms of deployment of health technologies to the local health services. A 25th July 2020 report from the Federal Audit Court ([TCU](#), per acronym in Portuguese), an oversight body responsible for monitoring and auditing financial and operational transactions of government agencies, shows that only 30% of the Federal budget approved to fund the COVID response had been spent at that juncture. The TCU report further shows that the MOH has only spent only 12% of the

budget approved to fund federal actions and that only 40% of the available resources allocated to states and municipalities had been deployed.⁷⁴ In fact, two states among those with highest mortality rates (Pará, in Northern Brazil, and Rio de Janeiro) received disproportionately little of this allocated budget relative to their mortality rate.

The lack of coordination continued well into June 2020, with a humanitarian worker telling us:

(We were working at a hospital in Manaus, we had already placed doctors, nurses and nursing technicians on the COVID floor of this hospital and then the nurses from the Ministry of Health just arrived. I don't know how the employment of these professionals coming from the Ministry of Health was decided. In Roraima, it also took a long time for the Ministry of Health to send professionals; only in mid-July did professionals arrive from Brazil with me already there. (Before that) the hospital didn't have (enough) employees to work—so much so that it only started to work when MSF put doctors there.



Patient Testimonial Highlighting How Health Communications Affects Patient Decision-Making

The lack of credibility was also seen in this testimonial from a 68-year old male COVID patient who was interviewed for this report. The patient had been on travels on March 13th, 2020. On March 15th, quarantine was declared and he unfortunately had to stay in a city located between his hometown and his final destination. On March 18th—the date he believed he was infected—he left the accommodation he was staying at to go to the supermarket. On March 27th, he started having symptoms, beginning with coughing, but did not immediately seek healthcare assistance. In his own words:

I didn't consider that the guidance or directions by the health authorities was very good because the orientation was to stay at home and only seek care if I had a fever and shortness of breath, symptoms that I did not have... On April 1st, at approximately 8pm, I had a very high fever, which suddenly brought me down. I was taken to a private hospital in Porto Alegre, and I was admitted unconscious. I went straight to ICU, where I stayed for about 20 days... I was intubated for 20 days. I don't remember anything, from the moment I collapsed in the flat, not even how I went to the hospital.





HYDROXYCHLOROQUINE RHETORIC AND IMPACT

As seen above, the Brazilian response was marked by high-level endorsement of hydroxychloroquine, the publication of multiple conflicting MOH protocols on hydroxychloroquine, and firing of health officials who opposed the widespread use of the medication. President Bolsonaro actively disregarded evidence of fatality among recipients of higher dose hydroxychloroquine regimens,⁷⁵ and campaigned to establish a protocol endorsing the use of chloroquine and hydroxychloroquine in early stages of disease.

Appointing Pazuella as interim minister enabled publication of a protocol recommending chloroquine or hydroxychloroquine to be used in combination with azithromycin in patients with mild symptoms.

This was initially published on 20th May 2020,⁷⁶ and by October 2020 had been updated thrice, with the most recent version⁷⁷ dated 20th August 2020, maintaining this recommendation. A consent form is available for download on the MOH website, stating that a patient who agrees to take chloroquine or hydroxychloroquine does so even without the “guarantee of positive results for COVID-19 and that the proposed drug may even have side effects”.⁷⁸

These recommendations were maintained despite WHO’s 4th July 2020 announcement that it was withdrawing hydroxychloroquine from use in its global Solidarity Trial to find effective COVID treatments, further demonstrating general disregard of the Brazilian government towards expert testimony.⁷⁹

The push for these drugs, contrary to both international and domestic scientific expertise, has manifested into actions far beyond the publication of clinical protocols. Brazil has a wide network of public laboratories, amongst which are the three that belong to the armed forces—navy, army and the air force.

From March onwards, those laboratories have invested more than R\$ 1.5 million (approximately USD\$300,000) in purchasing raw material for the production of chloroquine.⁸⁰ Available statistics up to 24th July 2020 show that Brazil has distributed up to 4 million chloroquine pills and had almost 4.5 million in stock for deployment.⁸¹

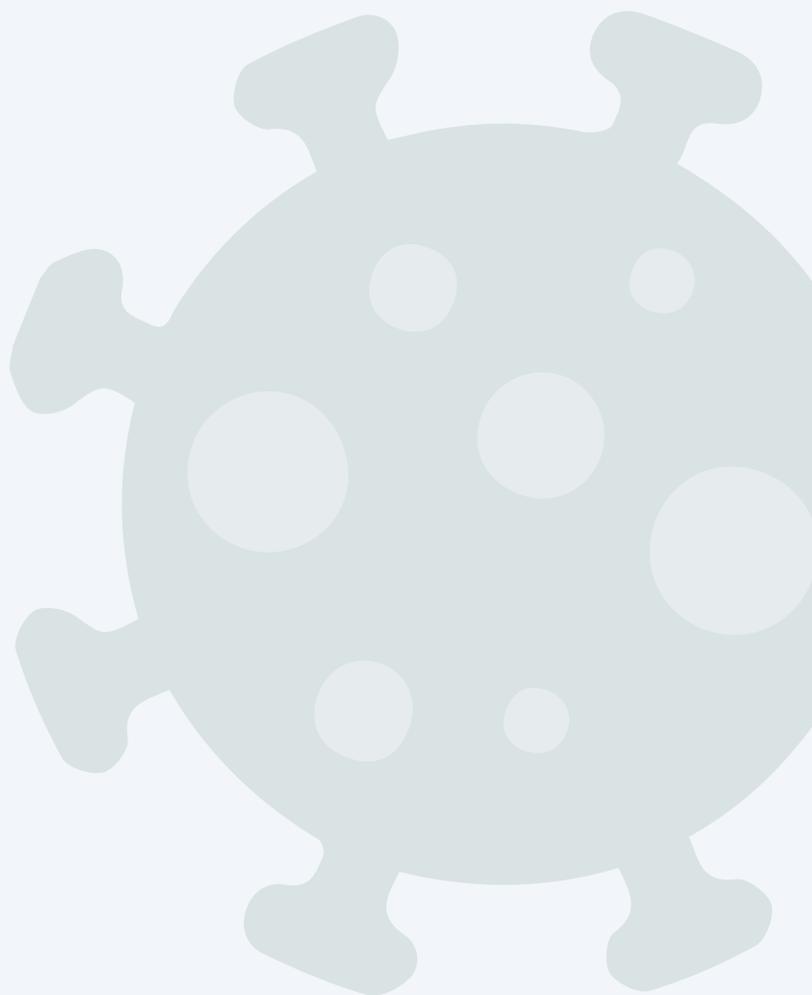
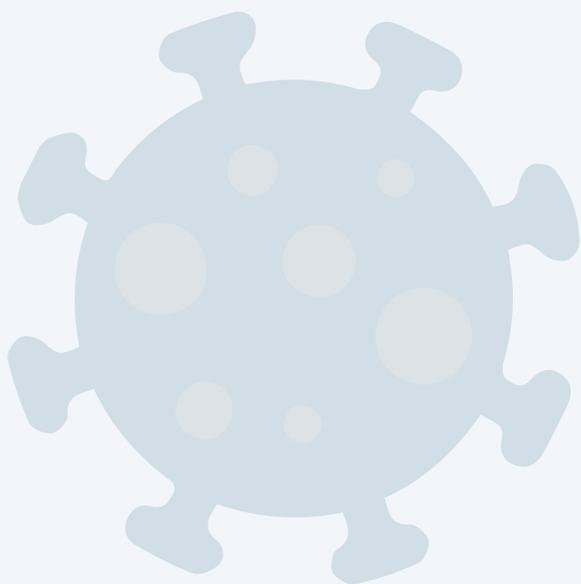
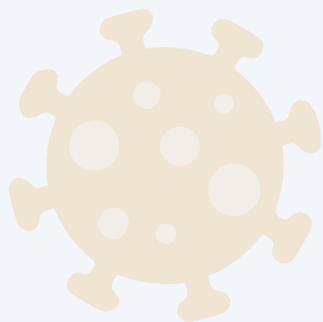
These medications were often distributed without prescription, under instruction of numerous local health authorities.⁸² It fell on Sirio staff, among others, to rebut this when in the field. Dr Rafael Saad, in his interview, described how these medications were distributed often without prescriptions, and Sirio’s efforts to reduce misinformation:



There was a team from 'Sírío' who was doing this fieldwork with the states that expressed interest in discussing the protocol, and we always reinforced that there was no [scientific] proof of efficacy... we are now seeing abundant distribution to vulnerable populations in Amazonas. (They are) simply getting a bag of medicines being distributed even without prescription.

Dr. Croda theorised that economic motives underlined the push for hydroxychloroquine:

The insistence is backed by value towards the economy, (the idea) that the economy needs to return anyway, and the moment you say that there is an effective drug, you send the message to the population that you can return to your normal life, i.e. there is no risk of going to the ICU or dying because you have effective medication.





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TESTING POLICIES, UNDERREPORTING, AND IMPACT ON BRAZILIAN SURVEILLANCE AND RESPONSE

As of 31 August 2020, Brazil's testing rate is relatively low at 22.57 tests per 1,000 inhabitants, despite utilising both PCR and rapid diagnostic tests. By way of comparison, Colombia, with a slightly lower GNI per capita to Brazil, is testing at a rate of 51.09 tests per 1,000 inhabitants, and Panama, with a higher GNI per capita compared to Brazil, is testing at a rate of 74.87 tests per 1,000 inhabitants.⁸³

At the time of data collection and writing of this report (August-September 2020), diagnostics coordination and surveillance "was sub-par, compromising the ability of health workers to respond effectively. A humanitarian aid worker (who requested anonymity) told us:

In Roraima and Manaus you needed four working days to have the result of a PCR, and then that alone delays the type of information you can collect. And you can't confirm the epidemiological information because I think we're always two or three weeks behind in terms of epidemiological information. When we got to a state the situation was that we were always late... (by the time) we made the decision and mobilized the people to go and start the response, the peak had already passed.

In addition to relatively late delivery of PCR results to patients, there are several other concerns with data around positive results. For example, an Epidemiological Surveillance Guide published by the MOH in June 2020 states in lieu of PCR diagnosis, that COVID-19 can also be diagnosed based

on, inter alia, symptoms, x-ray results, and tomography.⁸⁴ Secondly, MOH data on positive tests combines PCR results with positive results of rapid diagnostic tests (RDTs).⁸⁵ Given that at time of writing rapid diagnostic tests have just been prequalified by the WHO, there are real questions about the quality of tests carried out thus far and therefore the accuracy of positive results. It should be noted that current to October 2020, a number of antigen RDTs have undergone clinical trials in Brazil, with a number showing sensitivity rates of above 80%. According to Sergio Carmona, Chief Access Officer at FIND diagnostics, who oversaw these trials in collaboration with scientists in Brazil:

Fast access to reliable test results has emerged as centrally important to good clinical and public health management. High-quality antigen RDTs will be a game-changer in countries like Brazil, where lab-based PCR testing is not accessible for a large proportion of the population. High-quality tests that can be conducted in primary care or even community settings are vital to ensure that people testing positive can isolate immediately to reduce the risk of transmission.



With the exception of a few cities, for example Niterói,⁸⁶ nor was Brazil able to properly implement contact tracing until the beginning of August, when a smartphone application was developed. At time of writing of the report, this initiative is still undergoing trials.⁸⁷ The lack of a comprehensive contact tracing strategy meant that medical staff and first responders in many cases were reacting to where full ICUs were rather than proactively isolating individuals with reported close contact with positive cases. In the words of a senior humanitarian aid professional from MSF:

(Without testing and contact tracing) you couldn't stop that focus. (We) took a long time to get to the heart of things, people got worse and then it exploded. In actual fact, Brazil followed the cry of the ICUs. When they reach 90% (capacity), they shouted. Whereas if you have a good data you can see better. And that happens with SUS as well. If you can have evidence that it will collapse (in a certain place), you think about oxygen (and) you direct your logistics to that point. If you have not been able to do this for a long time, you lose lives.

Dr Julio Croda too explained how the low testing rate affected the ability to do contact tracing. He stated: "If we do not have tests, we don't contact trace, as it depends on testing and the surveillance team to do this. We didn't take advantage of the primary care system, which is very good in Brazil."

Due to low testing rates and ineffective contact tracing, governors and mayors have utilized ICU occupation rates and the number of deaths to measure the spread of the pandemic and to make decisions on reopening of cities. This approach was bemoaned by a number of health authorities,

including the head of the National Council of State Health Secretaries (known by its Portuguese acronym CONASS), Carlos Lula, who stated that more tests would enable safer reopening of cities.⁸⁸

In addition to anecdotes in this situational analysis, there are a number of indicators that underreporting is occurring. On 3rd August 2020, the National Council of State Health Secretaries released a "mortality excess" monitor, intended to compare average number of deaths from natural causes from 2015 to 2019 with the figure in 2020 thus far. On average, in 2020, Brazil is registering 23% more deaths from natural causes compared to the average in the previous five years. In absolute numbers, an additional 92,000 more people have died from natural causes in 2020 in comparison with the last five years' average. This could mean a couple of things; that resources being directed to COVID-19 meant that individuals were not able to access care and as a result died, or that causes of death are being underreported or misreported as non-COVID deaths.

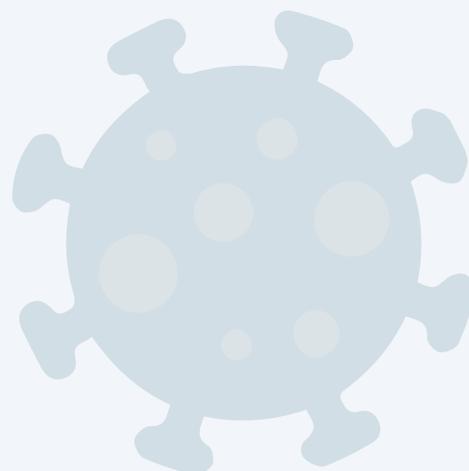
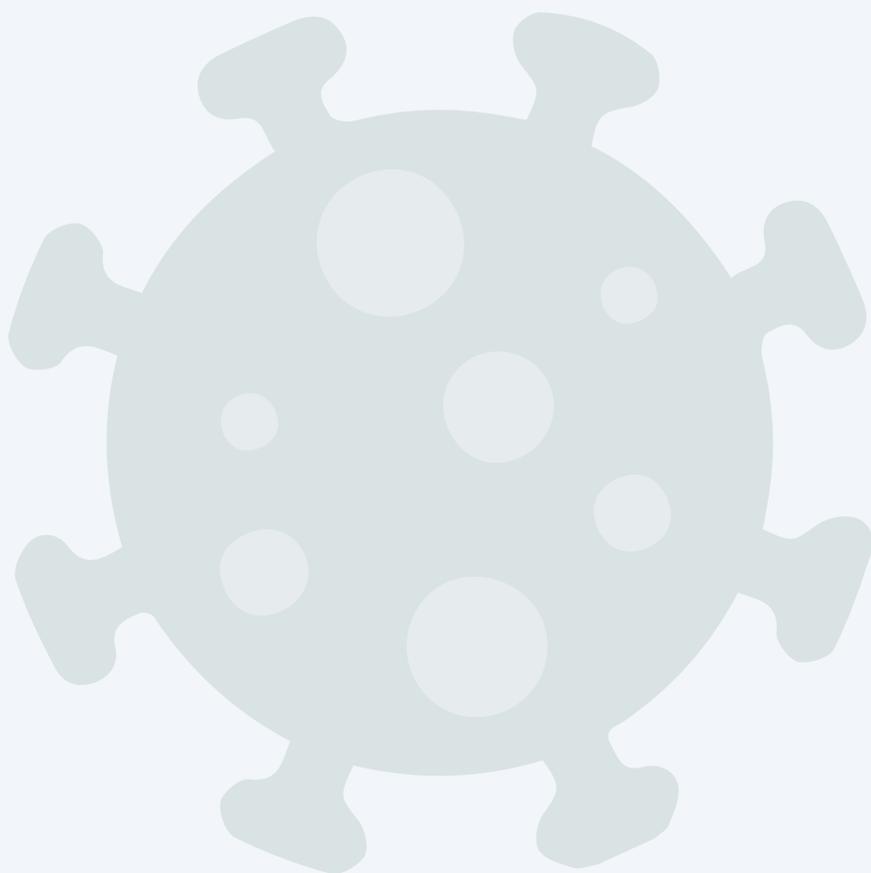
Underreporting of testing data has led to two initiatives to investigate and document actual scope of the COVID-19 outbreak via serological surveys. The first initiative, called SoroEpi MSP, took place in the city of São Paulo and was carried out by public, private and philanthropic institutions.⁸⁹ Preliminary results indicate that 18% of São Paulo's population has COVID-19 antibodies.⁹⁰ The study also employed a socio-economic approach, segregating data by income, race, school years, gender, and age, and showed a disproportionate impact on poor and black populations. While 18% is the average, non-white people have a 34% COVID-19 seroprevalence. In relation to income, households with high income showed 9% of seroprevalence and households with low income have 22%.⁹¹



The second initiative, called EPICOV19-BR, was carried out by the Federal University of Pelotas in partnership with IBOPE, in a study commissioned by the MOH. This inquiry interviewed and tested 89,397 people in all Brazilian regions, from May to June 2020. The average COVID-19 seroprevalence found was 3.8% nationwide. The survey found cities with 0% prevalence and others with 20% and from the first phase to the third, there was increase of 76% of seroprevalence. Importantly, the study suggests that the actual number of persons living with COVID-19 surpasses official MOH reported cases by six times. This survey also shows a significant difference

among regions in Brazil. The Northern region (where Amazonas state is located) has shown a seroprevalence of 7.7%, while the Southern region 0.16%.

The EPICOV19-BR also corroborates inequalities in race and income shown by the SoroEpi MSP study, although on a nationwide scale. On average, based on the EPICOV19-BR data from May to June 2020, while poorer populations shows COVID seroprevalence of 3.3%, for richer populations this figure was 1.5%, while non-white Brazilians had a seroprevalence of 3.27% versus 1.1% among white Brazilians.⁹²







A LACK OF HEALTH DATA AND COMMUNICATIONS TRANSPARENCY

The response was also marked by suppression of health data, particularly as regards racial breakdowns of COVID-19 infections. From the start of the outbreak until early June, the MOH had maintained a website specifically created to publish data related to COVID, such as total number of cases, deaths, mortality rate, broken down by regions, gender and race, among others indicators.⁹³

On 6th June 2020, the MOH changed the way data was presented by removing the total number of cases and deaths, the infection rate (cases per 10,000 inhabitants), and the tool allowing for download of data, leaving only data on individuals who had recovered and a daily count of COVID cases and COVID deaths. This prompted the filing of a data transparency action by Brazilian opposition parties, resulting in a July 2020 Supreme Court decision that the MOH should display data as it previously was.⁹⁴ The MOH was compelled to restore the data, however did not restore breakdown by race on the website.

Also in July, six civil society organisations reported Brazil to the Inter American Court on Human Rights, denouncing the government for suppressing health data, for its attempt to amend the Access to Information Act, and for vetoing important COVID-related bills, such as one that would require the mandatory use of masks, stating that “the actions of the government include not only suppressing important data related to COVID, but also non-execution of budget and public policies that could guarantee human rights in an emergency context.”⁹⁵

Breakdown by race is published in epidemiological bulletins published by the MOH, usually published weekly. At time of finalisation of this report, the most recent epidemiological bulletin (#30) detailing the week of 30th August to 5th September 2020, indicated that the non-white population accounted for 42.6% of official COVID deaths, with 31.3% of official deaths occurring among the white population. More than 30,000 deaths were left uncategorised,⁹⁶ raising questions about veracity of actual numbers.

There have also been changes to how the government reports COVID data by gender. Up to June 2020, the MOH official COVID portal had shown percentages of women and men infected with COVID. However, from June 2020 onwards, when General Pazuello became Minister of Health, presentation of data changed, with breakdowns by gender only available for individuals hospitalised with severe acute respiratory syndrome since the beginning of the pandemic.

In the early stages of the pandemic, the COE-nCOV held press conferences every day at 5pm, detailing number of cases and precautionary measures. As the pandemic progressed, and Ministers changed,



there was a change in approach. During Mandetta's tenure as Minister of Health, announcements were focused on number of COVID cases and number of deaths. With the takeover of General Pazuello as Minister, the emphasis was changed to the number of persons recovered from COVID. This shift in communications was designed to obfuscate the number of rising deaths. In the words of Luiz Eduardo Ramos, a four-star army general who was appointed Bolsonaro's government secretary in charge of government communications:

With all due respect, in the morning paper, it is (talking about) a coffin, a body. At lunchtime, it is a coffin again, and a body. In the evening paper, it's coffins and bodies, it's number of deaths... That doesn't help. Nobody here is saying that they have to hide (the figures, but)... I urge you, I beg you, there are so many positive things happening. We are going to begin to disclose the number of people cured. The minister will say that 56 percent (of patients) were cured.⁹⁷

At the same time, Brazil was struggling with widespread COVID disinformation. Anti-intellectual religious leaders had taken to social media to spread messages that were inconsistent with scientific evidence,⁹⁸ and these were amplified by way of retweets and posts by President Bolsonaro. A number of presidential posts on the pandemic were deleted by Facebook and Twitter after they were identified as being misleading.⁹⁹

Impact on Indigenous Populations

Indigenous populations in Brazil have been disproportionately affected by COVID. Recent surveillance conducted via the EPICCOVID19-BR project has found that COVID prevalence among indigenous peoples was 5.6%, the highest prevalence among all examined populations.¹⁰⁰ In September 2020, monitoring by Brazil's Indigenous People Articulation (APIB, per Portuguese acronym), an organization established to unify indigenous peoples in Brazil and influence politics around the rights of indigenous groups, showed that there were almost 32,000 confirmed cases.¹⁰¹

Curiously, APIB data from November 2020 highlights a discrepancy between government figures on deaths among indigenous populations—the official number of deaths was 484, whereas APIBs figures show 877 deaths among indigenous populations.¹⁰² According to civil society organizations working closely to indigenous peoples, the activities of illegal loggers and miners continue to be the main risk factor of COVID infection for indigenous persons living in villages and rural areas.¹⁰³

Underlying these figures is a tense political environment around indigenous issues; since the start of the Bolsonaro government, there has been brazen disregard toward the rights of indigenous populations via the administration's support of agribusiness expansion and the attack against protective regulations, policies and controlling organs, such as the Fundação Nacional do Índio (National Indian Foundation) or FUNAI.¹⁰⁴ As a result of these policies, there has been a lack of regulation and control on illegal logging activities in indigenous areas, representing an infection risk to indigenous peoples. According to a note by APIB:



*The recommendation of the World Health Organization (WHO) is to isolate communities, but how can we do this if invasions by loggers, miners and land grabbers continue to violate our rights and destroy our nature?*¹⁰⁵

In April 2020, APIB issued a statement demanding a specific contingency plan to protect indigenous peoples from COVID-19.¹⁰⁶ This demand was ignored, and in July 2020 APIB and six (opposition) political parties petitioned the Supreme Court demanding that this specific contingency plan be institutionalised by the federal government, and that the actions (or omissions) of the federal government constituted a true genocide.¹⁰⁷ They cautioned that entire ethnic groups could be wiped out by COVID, and called for specific measures such as the creation of a 'sanitary barrier' and the removal of invaders from indigenous lands.¹⁰⁸ On 8 August 2020, the Supreme Court (STF) decided in favour of APIB, compelling the government to develop a plan specific to the rights and unique vulnerabilities of indigenous populations. According to Leila Saraiva, anthropologist and special advisor on indigenous matters, Instituto de Estudos Socioeconômicos (INESC):

This decision by the STF is historic because it recognized APIB as a legitimate agent to demand STF positions. It was the first time that the indigenous people represented themselves, and this is very important... In fact, without this STF decision, we already have and are currently experiencing a deliberate attempt of genocide.

Despite the importance of the STF decision in many aspects, one specific request of APIB was not granted, i.e. the removal of invaders

from indigenous lands. Saraiva explained the rationale for this:

Land intrusions are a very important vector of contagion. Before the military got there, it was the miners that were there transmitting (COVID-19). If you do not take action to remove (invaders), what will happen is that we will continue to see cases rising. This was a unique failure of the STF decision.

The vulnerability of indigenous populations is reflected also in urban contexts. In rural areas, there is a specific indigenous health system, the SESAI (acronym in Portuguese). According to a senior humanitarian aid professional from MSF, as the federal government did not grant authorisation for any organisation to enter indigenous villages to treat people diagnosed with COVID-19, MSF was constrained to work with indigenous populations in urban contexts:

There is a huge number of indigenous people living in cities. In the case of Manaus, there are at least 30,000 indigenous people. We realized that the [indigenous] people who were in the cities were going to have the same (health) service as the general population, to fight for the same ICU beds. At the very beginning, there was a fear from indigenous and indigenous organisations that there would be an exodus of these indigenous people from the city to the villages, so that they could receive support from SESAI. And that would be a catastrophe... So when we arrived (in Manaus), the first thing we noticed was that the ICUs had collapsed and we had no option, at that moment we (knew we) needed to strengthen the SUS.



Pursuant to the Supreme Court decision, the Bolsonaro government presented two 'plans' pertaining to COVID-19 and indigenous populations to the Supreme Court for endorsement. The second of these documents—the Provisional Measure #1.005 issued in September 2020—inter alia stated that the National Indian Foundation (FUNAI) was temporarily authorised to make payments and allowances to public servants and district public security bodies to make health and sanitary measures.¹⁰⁹ In any case, these documents were not 'plans' in the strict sense of the word as they did not prescribe any specific actions or timelines. On 22nd October 2020, the Minister for the Supreme Court, Luís Roberto Barroso, decided not to endorse the 'plan' due to it being 'vague and imprecise', and gave the government 20 days to present a new plan.¹¹⁰ In lieu of a federal plan for indigenous populations, some states have responded by enacting state laws to guarantee access to healthcare for indigenous and quilombola (Afro-Brazilian) communities.¹¹¹

A humanitarian aid professional told us, "We talk a lot about the impact on indigenous people, which of course has been shown to be higher than in the rest of the population. Since there is international visibility, however, they can mobilise. But other "Traditional Peoples and Communities", like the quilombolas, ribeirinhos (riverside peoples) and so many others that live in more remote areas, now more and more are excluded from social politics and public services. They are strongly affected (by COVID) and because of this neglect we don't even know to what extent. There are no studies, numbers, nothing."

Impact on Women

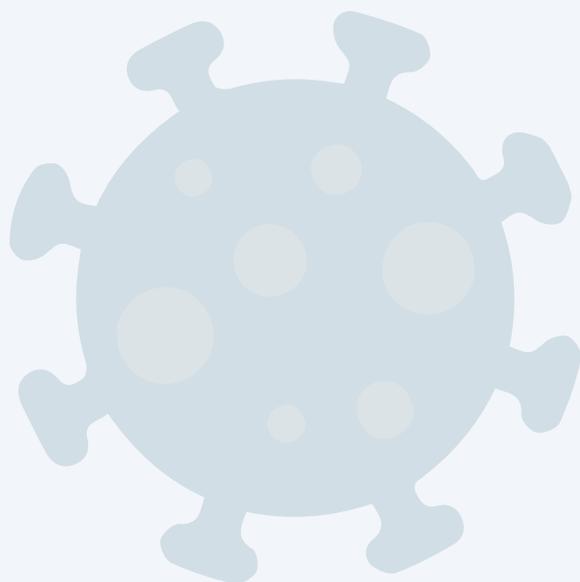
Women too have been disproportionately impacted by the pandemic. Research elsewhere has shown that while overall less women die from COVID compared to men, more women participate in the informal economy, and bear more responsibility in the home, therefore bearing a disproportionate 'brunt of the social and economic consequences of the pandemic'.¹¹² In Brazil, while there has been some effort to support women during the pandemic, such as the introduction of the 'coronavoucher', a three month emergency income for informal workers of USD\$113 (BRL \$600) per month and double for female heads of households, in the seventh most unequal economy in the world, researchers have proposed more permanent measures, such as a form of universal basic income.¹¹³ At time of finalisation of report, however, this did not seem to be materialising, with the Minister of Economy, Paulo Guedes, halving the amount provided under the coronavoucher, beginning October 2020 onwards.¹¹⁴

In addition to income insecurity, home isolation brings upon women instability due to domestic violence. Before COVID, Brazil ranked fifth in the world for femicides (or killing of women), with 50% of cases conducted by an intimate partner.¹¹⁵ COVID-19 has seen a growth of domestic violence cases. According to the Brazil Forum of Public Security (FBSP per its acronym in Portuguese), femicides rose by 22.2% from March to June, in comparison with the same period in 2019. These figures contrasts with the lowering of police reports on assaults or bodily injuries faced by women, leading to a FBSP hypothesis is that women locked at home with their partners (and aggressors) are unable to visit police stations to make necessary police reports, a phenomenon also observed in the United States and Italy.¹¹⁶



COVID has also shown a disproportionate impact on pregnant and postpartum women in Brazil. An article in the International Journal of Gynecology and Obstetrics shows that between late February (when the first case was confirmed in Brazil) until June 18th, 124 pregnant or postpartum women died of COVID, accounting for 77% of the pregnant and postpartum women globally who have died due to COVID, and that the COVID fatality rate among pregnant and postpartum women in Brazil is 12.7%, the highest in the

world.¹¹⁷ In addition, a report by Instituto Fernandes Figueira (IFF), an institute under Fiocruz focused specifically on healthcare of women and children, shows that among women infected by COVID, approximately one-third of pregnant women infected with COVID were hospitalized¹¹⁸ versus only 3.1% of women who were hospitalised with COVID who were not pregnant at the time of infection,¹¹⁹ highlighting unique vulnerabilities and risks associated with pregnancy and risk of hospitalisation due to COVID.







ANALYSIS, CONCLUSIONS, AND RECOMMENDATIONS

The Brazilian COVID response has been characterised by disinformation, a lack of health policy coherence and coordination, underreporting of test data in addition to insufficient testing coverage, a disregard of unique needs of indigenous populations, and the intervention of private and CSO actors to fill the gap left by the government.

This finding is corroborated by multiple scholars and commentators, including this commentary in the *Lancet*: “The federal government’s denial of science and, consequently, of the seriousness of the pandemic to the health and wellbeing of Brazilians has led to a failure to coordinate, promote, and finance internationally sanctioned public health measures.”¹²⁰

While some actors¹²¹ as mentioned above in the executive summary, point to authoritarian governments as a key predictor of higher COVID death rates—and there is certainly some correlation via the disinformation peddled by political leaders, the lack of leadership in putting together a coordinated response, and the failure to engage key groups such as MSF—there are also systemic factors at play, such as a public health system that has been chronically underfunded. In fact, according to INESC, a non-profit organization based in Brasilia that, among other monitors the spending of government budgets, the 2019 SUS budget was approximately the same amount as the 2014 budget, despite having a population increase of approximately seven million people.¹²²

The report also underlines the crucial roles that non-state actors played in an environment where there was a near-abdication of responsibility and leadership at

the federal level—whether by Itaú Unibanco and Hospital Sirio Libanês, Médecins Sans Frontières, and ABIP, in filling the gap in technical guidance, human resources, health technologies, and essential protective equipment, or in defending the rights of indigenous populations. All these should have been the responsibility of the state—underlying the need for increased investment in the SUS and more coherent coordination.

Notably, the report highlights a key contributor to COVID-19 infection rates that has been highlighted elsewhere; systematic racism. This has been shown as a factor in numerous other countries, including through low-income communities of colour living in cramped conditions in the United States,¹²³ xenophobic approaches to migrant health in Malaysia,¹²⁴ and COVID disparities among black, Asian, and minority ethnic (BAME) communities in the United Kingdom.¹²⁵ The suppression of data pertaining to indigenous Brazilians, as well as the active encroachment of indigenous lands continues to constitute an infection risk.

Test data suppression, poor testing policies, and late communication of test results is a significant issue that must be addressed, and is arguably a key impediment to safely reopening economies. Notably, as others discuss, incomplete or suppressed data



leads to political leaders being unable to map the true scope of epidemics—and relying on patchy data can result in going back to normal too quickly and risking ‘even greater outbreaks of disease’.¹²⁶ Brazil also has hard-to-reach rural areas, for example in Amazonas, that would benefit from validated antigen rapid diagnostic tests in lieu or in addition to slower (albeit more accurate), PCR tests.

In summary, conclusions of this brief report are as follows:

- Political and economic instability in Brazil was a significant factor in the inability to deliver a coordinated, comprehensive, and science-based response;
- Non-state actors, such as Itaú Unibanco, Hospital Sirio Libanês, Médecins Sans Frontières, ABIP, and other technical bodies, played key roles in the Brazilian pandemic response in areas where the government had failed to coordinate;
- There was inadequate testing, and a failure in contact tracing implementation/strategy;
- The Supreme Court (STF) is an important check-and-balance for patient rights, and in particular indigenous patient rights, but has been ignored by the federal government;
- The SUS is chronically underfunded, and requires urgent additional and long-term investments;
- There was, and continues to be, significant data suppression that impedes comprehensive disease response;
- Indigenous populations and women continue to be particularly vulnerable;
- There is a significant underspend in the government COVID budget. Independent scrutiny is urgently needed to increase spending on essential health technologies and personnel.



ENDNOTES

- 1 Grace Iara Souza, 'Brazil's Indigenous Peoples Face a Triple Threat from COVID-19, the Dismantling of Socio-Environmental Policies, and International Inaction' LSE (8 July 2020) <<https://blogs.lse.ac.uk/latamcaribbean/2020/07/08/brazils-indigenous-peoples-face-a-triple-threat-from-covid-19-the-dismantling-of-socio-environmental-policies-and-international-inaction/>> accessed 27 August 2020
- 2 Ministério da Saúde. Coronavírus Brasil [Internet]. Coronavírus Brasil. 2020 [citado 17 de agosto de 2020]. Disponível em: <https://covid.saude.gov.br/>
- 3 Rafael Garcia and Evelin Azevedo, 'Mortes por COVID-19 caem 23% em um mês no Brasil (Deaths due to COVID-19 fall by 23% in a month in Brazil)' Extra Globo (2 October 2020) <<https://extra.globo.com/noticias/rio/mortes-por-covid-19-caem-23-em-um-mes-no-brasil-rv1-1-24672262.html>> accessed 29 October 2020
- 4 Ministério da Saúde. Coronavírus Brasil [Internet]. Coronavírus Brasil. 2020 <<https://covid.saude.gov.br/>> accessed 29 October 2020
- 5 Euan Marshall, 'São Paulo Reaches Penultimate Phase of COVID-19 Reopening' The Brazilian Report (9 October 2020) <<https://brazilian.report/coronavirus-brazil-live-blog/2020/10/09/sao-paulo-reaches-penultimate-phase-of-covid-19-reopening/>> accessed 29 October 2020
- 6 BBC News, 'Covid: Lockdowns return as Europe confronts second wave' (29 October 2020) <<https://www.bbc.co.uk/news/world-europe-54728893>> accessed 29 October 2020
- 7 Bulletin of the World Health Organization, 'Flawed but Fair: Brazil's Health System Reaches Out to the Poor' (2008) 86(4) Bulletin of the World Health Organisation 248-249
- 8 Marcia C Castro, Adriano Massuda, and others, 'Brazil's Unified Health System: The First 30 Years and Prospects for the Future' (2019) 394(10195) The Lancet 345-356, 349
- 9 Sawyer Crosby, Joseph L Dieleman, Samantha Kiernan, and Thomas J Bollyky, 'All Bets are Off for Measuring Pandemic Preparedness' Think Global Health (30 June 2020) <<https://www.thinkglobalhealth.org/article/all-bets-are-measuring-pandemic-preparedness>> accessed 27 August 2020
- 10 GHS Index, '2019 GHS Index Country Profile for Brazil' <<https://www.ghsindex.org/country/brazil/>> accessed 27 August 2020
- 11 Oxfam International, 'Brazil: Extreme Inequality in Numbers' <<https://www.oxfam.org/en/brazil-extreme-inequality-numbers>> accessed 20 July 2020
- 12 Joana Oliveira, 'Covid-19 Se Espalha entre Indígenas Brasileiros e já Ameaça Povos Isolados (Covid-19 Spreads Among Indigenous Brazilians and Is Already Threatening Isolated Peoples)' El País (17 June 2020) <<https://brasil.elpais.com/brasil/2020-06-17/covid-19-se-espalha-entre-indigenas-brasileiros-e-ja-ameaca-povos-isolados.html>> accessed 27 August 2020
- 13 Mais Médicos (More Doctors) was a federal program established in 2013 with the objective to take physicians to poor locations where there weren't enough health professionals. The program recruited young Brazilian doctors. In the case of no one applying, doctors would be recruited via a partnership with Cuba, through PAHO. The president Jair Bolsonaro, at the time a congressman, was very vocal in criticising the program, as he considered Cuba a communist dictatorship. When he took office, the partnership was closed and the program renamed "Médicos pelo Brasil", in English "Doctors for Brazil". OPAS Brasil, 'Folha informativa - Programa Mais Médicos' (November 2018) <https://www.paho.org/bra/index.php?option=com_content&view=article&id=5662:folha-informativa-programa-mais-medicos&Itemid=347#:~:text=O%20programa%20Mais%20Médicos%20foi,nas%20periferias%20das%20grandes%20cidades> accessed 27 August 2020
- 14 World Bank. GDP per capita (current US\$) | Data - Brazil [Internet]. 2018 <<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=BR>> accessed 1 September 2020
- 15 Juliana Chueri, GT17 Mídias, política e eleições (Media, Politics, and Elections). 42º Encontro



- Anual ANPOCS. 2018;GT17-Mídias, política e eleições:26.
- 16 World Bank. GDP per capita growth (annual %) - Brazil | Data [Internet]. 2020 [citado 20 de agosto de 2020]. Disponível em: <https://data.worldbank.org/indicador/NY.GDP.PCAP.KD.ZG?end=2019&locations=BR&start=1961&view=chart>
- 17 IBGE. Desemprego | IBGE [Internet]. 2020 <<https://www.ibge.gov.br/explica/desemprego.php>> accessed 20 August 2020; G1. 'Desemprego fica em 11% em dezembro, mas ainda atinge 11,6 milhões, diz IBGE (Unemployment remains at 11% in December, but still reaches 11.6 million, says IBGE)' G1 (31 January 2020) <<https://g1.globo.com/economia/noticia/2020/01/31/desemprego-fica-em-11percent-em-dezembro-diz-ibge.ghml>> accessed 20 August 2020
- 18 Folha de São Paulo. 'Aprovação a Bolsonaro sobe e é a melhor desde o início do mandato, diz Datafolha (Bolsonaro approval increases and is the best since the beginning of the term, says Datafolha)' Folha (13 August 2020) <<https://www1.folha.uol.com.br/poder/2020/08/aprovacao-a-bolsonaro-sobe-e-e-a-melhor-desde-o-inicio-do-mandato-diz-datafolha.shtml>> accessed 26 August 2020
- 19 Roznai Y, Kreuz LRC, Roznai Y, Kreuz LRC. Conventional control and Amendment 95/2016: a Brazilian case of unconstitutional constitutional amendment. *Revista de Investigações Constitucionais*. agosto de 2018;5(2):35–56.
- 20 Conselho Nacional de Saúde. Conselho Nacional de Saúde - PETIÇÃO PÚBLICA: Você vai deixar o SUS perder mais R\$ 35 bilhões em 2021? [Internet]. 2020 <<http://www.conselho.saude.gov.br/ultimas-noticias-cns/1297-peticao-publica-voce-vai-deixar-o-sus-perder-mais-r-35-bilhoes-em-2021>> accessed 26 August 2020
- 21 World Bank. GDP per capita (current US\$) | Data - Brazil [Internet]. 2018 <<https://data.worldbank.org/indicador/NY.GDP.PCAP.CD?locations=BR>> accessed 1 September 2020
- 22 Juliana Chueri, GT17 Mídias, política e eleições (Media, Politics, and Elections). 42º Encontro Anual ANPOCS. 2018;GT17-Mídias, política e eleições:26.
- 23 World Bank. GDP per capita growth (annual %) - Brazil | Data [Internet]. 2020 [citado 20 de agosto de 2020]. Disponível em: <https://data.worldbank.org/indicador/NY.GDP.PCAP.KD.ZG?end=2019&locations=BR&start=1961&view=chart>
- 24 IBGE. Desemprego | IBGE [Internet]. 2020 <<https://www.ibge.gov.br/explica/desemprego.php>> accessed 20 August 2020; G1. 'Desemprego fica em 11% em dezembro, mas ainda atinge 11,6 milhões, diz IBGE (Unemployment remains at 11% in December, but still reaches 11.6 million, says IBGE)' G1 (31 January 2020) <<https://g1.globo.com/economia/noticia/2020/01/31/desemprego-fica-em-11percent-em-dezembro-diz-ibge.ghml>> accessed 20 August 2020
- 25 Think Olga, 'Economia e trabalho' Think Olga (2020) < <https://thinkolga.com/covid-19/economia-trabalho/>> accessed 16 September 2020
- 26 IBGE. Extrema pobreza atinge 13,5 milhões de pessoas e chega ao maior nível em 7 anos [Extreme poverty hits 13,5 million Brazilian and reaches the worse level in 7 years] [Internet]. 2019 [citado 16 de setembro de 2020]. Disponível em: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/25882-extrema-pobreza-atinge-13-5-milhoes-de-pessoas-e-chega-ao-maior-nivel-em-7-anos>
- 27 FGV-EAESP AL, TETO, 'COVID-19: Dificuldades e superações nas favelas (COVID-19: Difficulties and Obstacles in Favelas)' São Paulo: FGV-EAESP, TETO (September 2020) p. 21 <https://d335luupugsy2.cloudfront.net/cms/files/131216/1600037580sumrio_executivo_v4.pdf> accessed 18 September 2020
- 28 Ibid
- 29 Agência Nacional de Saúde, 'Dados Gerais - ANS - Agência Nacional de Saúde Suplementar' 2020 < <https://www.ans.gov.br/perfil-do-setor/dados-gerais>> accessed 16 September 2020
- 30 Figueiredo JO, Prado NM de BL, Medina MG, Paim JS. Gastos público e privado com saúde no Brasil e países selecionados. *Saúde debate*. outubro de 2018;42:37–47.
- 31 Agência Nacional de Saúde. Dados Gerais - ANS - Agência Nacional de Saúde Suplementar [Internet]. 2020 [citado 16 de setembro de 2020]. Disponível em: <https://www.ans.gov.br/perfil-do-setor/dados-gerais>
- 32 FGV (note 24)
- 33 Ibid
- 34 Ibid
- 35 Ibid
- 36 PROADESS - Avaliação de Desempenho do



- Sistema de Saúde. Monitoramento da assistência hospitalar no Brasil (2009-2017) [Internet]. Rio de Janeiro: OECD; 2019 [accessed sept 15 2020]. (Boletim Informativo do PROADESS). Report No.: 4. Available at: https://www.proadess.iciict.fiocruz.br/Boletim_4_PROADESS_Monitoramento%20da%20assistencia%20hospitalar_errata_1403.pdf
- 37 Bruno Bocchini, 'Levantamento mostra desigualdade na distribuição de UTIs do SUS em SP (Study shows inequality regarding SUS' ICU beds distribution in SP)' Agência Brasil (8 April 2020) <<https://agenciabrasil.ebc.com.br/saude/noticia/2020-04/levantamento-mostra-desigualdade-na-distribuicao-de-utis-do-sus-em-sp>> accessed 16 September 2020
- 38 Ibid
- 39 'Ministério da Saúde Investiga Possível Paciente com Coronavírus em SP; Caso foi para Contraprova (Ministry of Health Investigates Possible Patient with Coronavirus in São Paulo; Case Went to Contraprova Laboratory)' Globo (25 February 2020) <<https://g1.globo.com/sp/sao-paulo/noticia/2020/02/25/ministerio-da-saude-investiga-possivel-paciente-com-coronavirus-em-sp-caso-foi-para-contraprova.ghtml>> accessed 27 August 2020
- 40 Ministério da Saúde. Boletim Epidemiológico - Infecção Humana pelo Novo Coronavírus (2019-nCoV) [Internet]. 2020 [citado 31 de agosto de 2020]. Disponível em: <https://portalarquivos2.saude.gov.br/images/pdf/2020/janeiro/28/Boletim-epidemiologico-SVS-28jan20.pdf>
- 41 Ministério da Saúde. PORTARIA Nº 188, DE 3 DE FEVEREIRO DE 2020 - PORTARIA Nº 188, DE 3 DE FEVEREIRO DE 2020 - DOU - Imprensa Nacional [Internet]. 2020 [citado 31 de agosto de 2020]. Disponível em: <https://www.in.gov.br/web/dou>
- 42 Ministério da Saúde. Coronavírus Brasil [Internet]. Coronavírus Brasil. 2020 [citado 17 de agosto de 2020]. Disponível em: <https://covid.saude.gov.br/>
- 43 ABRASCO (Associação Brasileira de Saúde Coletiva – Brazilian Association on Collective Health), 'A pandemia do coronavírus e o Brasil – Carta Aberta à Presidência da República, Governadores e Congresso Nacional (The Coronavirus Pandemic in Brazil – Open Letter to the President of the Republic, Governors, and National Congress)' (18 March 2020) <<https://www.abrasco.org.br/site/noticias/posicionamentos-oficiais-abrasco/a-pandemia-do-coronavirus-e-o-brasil-carta-aberta-a-presidencia-da-republica-governadores-e-congresso-nacional/45789/>> accessed 1 September 2020
- 44 Ministério da Saúde. Ministério da Saúde declara transmissão comunitária nacional [Internet]. 2020 [citado 25 de agosto de 2020]. Disponível em: <https://www.saude.gov.br/noticias/agencia-saude/46568-ministerio-da-saude-declara-transmissao-comunitaria-nacional>
- 45 Ministério da Saúde (Ministry of Health), 'Brasil confirma primeiro caso da doença (Brazil Confirms First Case of the Disease)' [Internet]. 2020 [citado 31 de agosto de 2020]. <<https://www.saude.gov.br/noticias/agencia-saude/46435-brasil-confirma-primeiro-caso-de-novo-coronavirus>> accessed 31 August 2020
- 46 Ministério da Saúde, 'Brasil apresenta Ações para Enfrentamento do Novo Coronavírus (Brazil presents Actions to Confront the New Coronavirus)' Ministry of Health (19 February 2020) <<https://www.saude.gov.br/noticias/agencia-saude/46412-brasil-apresenta-acoes-para-enfrentamento-do-novo-coronavirus>> accessed 28 August 2020
- 47 Rubens Valente, 'Brasil não tinha um Plano de Contingência para um Novo Coronavírus (Brazil did not Have a Contingency Plan for a New Coronavirus)' <https://noticias.uol.com.br/colunas/rubens-valente/2020/05/02/brasil-nao-tinha-um-plano-de-contingencia-para-um-novo-coronavirus.htm?cmpid=copiaiecola> accessed 28 August 2020
- 48 Ibid
- 49 Ministério da Saúde (Ministry of Health), 'O Brasil está Preparado para Enfrentar o Coronavírus (Brazil is Ready to Confront the Coronavirus)' Blog da Saúde (28 February 2020) <<http://www.blog.saude.gov.br/oeq85f>> accessed 20 August 2020
- 50 WHO 'WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 – 11 March 2020' WHO (11 March 2020) <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>> accessed 1 September 2020
- 51 Stephen Eisenhammer and Gabriel Stargardter, 'Bolsonaro colocou generais para combater coronavírus, e Brasil está perdendo a batalha (Bolsonaro appointed generals to fight coronavirus, and Brazil is losing the battle)' [Internet]. Reuters - UOL (26 May 2020) <<https://economia.uol.com.br/>



- noticias/reuters/2020/05/26/especial-bolsonaro-colocou-generais-para-combater-coronavirus-e-brasil-esta-perdendo-a-batalha.htm> accessed 24 August 2020
- 52 Camila Pimentel and Denise Pimenta, 'Gender and COVID-19 in Brazil: Social Impacts on Women's Lives' Gender and COVID-19 (17 August 2020) < <https://www.genderandcovid-19.org/update/gender-and-covid-19-in-brazil-social-impacts-on-womens-lives/>> accessed 9 September 2020
- 53 Ministerio da Saúde (Ministry of Health), 'Ministério da Saúde declara Transmissão Comunitária Nacional (Minsitry of Health Declares Community Transmission Nationally)' (20 March 2020) <<https://www.saude.gov.br/noticias/agencia-saude/46568-ministerio-da-saude-declara-transmissao-comunitaria-nacional>> accessed 25 August 2020
- 54 PDT is a traditional center-left wing party, with a strong labor rights agenda.
- 55 Supremo Tribunal Federal (Federal Supreme Court), Supremo Tribunal Federal - ADI 6341. <<http://portal.stf.jus.br/processos/detalhe.asp?incidente=5880765>> accessed 24 August 2020
- 56 Eisenhammer and Stargardter (note 17)
- 57 Brazil, a federation, has 27 States with devolved state health authorities.
- 58 Eisenhammer and Stargardter (note 17)
- 59 Eisenhammer and Stargardter (note 17)
- 60 Jair Bolsonaro, via BBC News Brazil 'Assista ao Pronunciamento de Jair Bolsonaro sobre Crise do Coronavírus (Watch the Statement by Jair Bolsonaro on the Coronavirus Crisis)' YouTube (25 March 2020) <<https://www.youtube.com/watch?v=zuBs0NVr-70>> accessed 31 August 2020
- 61 Bruna Andrade Irineu and Leonardo Nogueira, 'Avanços do Conservadorismo e do Neofascismo no Brasil Recente: Entrevista com Armando Boito Jr (Recent Advances in Conservatism and Neofascism in Brazil: Interview with Armando Boito Jr)' (2020) 6 RDTPS 352–62; Renato Machado and Fábio Fabrini, 'Ato Antidemocrático com Bolsonaro teve Ajuda de Ssessores e ex-Auxiliares de Políticos. Folha de SPaulo [Internet]. 2020 <<https://www1.folha.uol.com.br/poder/2020/05/ato-anti-democratico-com-bolsonaro-teve-ajuda-de-asse-ssores-e-ex-auxiliares-de-politicos.shtml>> accessed 21 August 2020; Folha de São Paulo. Atravimento de Bolsonaro não tem limites, diz Celso de Mello sobre vídeo das hienas (Bolsonaro's daring has no limits, says Celso de Mello about hyena vídeo)' Folha de S.Paulo (28 October 2019) <<https://www1.folha.uol.com.br/poder/2019/10/atrevimento-de-bolsonaro-nao-tem-limites-diz-celso-de-mello-sobre-video-das-hienas.shtml>> accessed 24 August 2020
- 62 André Shalders, 'Bolsonaro Diz que Pode Determinar Abertura do Comércio com 'Uma Canetada' Semana que Vem (Bolsonaro says he Can Determine When Businesses Open Again with 'A Stroke of a Pen' Next Week)' UOL (2 April 2020) <<https://economia.uol.com.br/noticias/bbc/2020/04/02/bolsonaro-diz-que-pode-determinar-abertura-do-comercio-com-uma-canetada-semana-que-vem.htm?cmpid=copiaecola>> accessed 1 September 2020
- 63 Alice Albuquerque 'Gripezinha, histórico de atleta e aglomerações: a cronologia de Bolsonaro até contrair o coronavírus (Bolsonaro's chronology until he contracted the coronavirus)' UOL <<https://jc.ne10.uol.com.br/politica/2020/07/11953165-gripezinha--historico-de-atleta-e-aglomeracoes--a-cronologia-de-bolsonaro-ate-contrair-o-coronavirus.html>> accessed 21 August 2020
- 64 Albuquerque (note 35)
- 65 Hora do Povo, 'Imunidade de Rebanho, defendida por Bolsonaro, "Custaria Muitas Vidas", Diz Diretor da OPAS (Herd Immunity, Defended by Bolsonaro, "would cost many lives," says director of PAHO)' Hora do Povo (14 July 2020) < <https://horadopovo.com.br/imunidade-de-rebanho-defendida-por-bolsonaro-custaria-muitas-vidas-diz-diretor-da-opas/>> accessed 24 August 2020
- 66 Ministério da Saúde. Coronavírus Brasil [Internet]. Coronavírus Brasil. <<https://covid.saude.gov.br/>> accessed 17 August 2020
- 67 Eisenhammer and Stargardter (note 17)
- 68 Dom Philipps, 'Brazil loses second Health Minister in less than a month as Covid-19 deaths rise' The Guardian (15 May 2020) < <https://www.theguardian.com/world/2020/may/15/brazil-health-minister-nelson-teich-resigns>> accessed 1 September 2020
- 69 Eisenhammer and Stargardter (note 17)
- 70 G1. 'Há quase 20 dias no cargo, Pazuello é oficializado Ministro Interino da Saúde (Almost 20 days in Office, Pazuello is made Official Interim Minister



- of Health' G1 (3 June 2020) <<https://g1.globo.com/politica/noticia/2020/06/03/ha-quase-vinte-dias-no-cargo-pazuella-e-oficializado-ministro-interino-da-saude.ghtml>> accessed 21 August 2020
- 71 Agência Brasil. Eduardo Pazuello será efetivado como ministro da Saúde [Eduardo Pazuello is to become official Minister of Health]. Agência Brasil. 2020 [citado 16 de setembro de 2020]. Disponível em: <https://agenciabrasil.ebc.com.br/saude/noticia/2020-09/eduardo-pazuella-sera-efetivado-como-ministro-da-saude>
- 72 Eisenhammer and Stargardter (note 17)
- 73 Jair Bolsonaro, in Independente, 'Cobrado por mortes da covid-19, Bolsonaro expulsa apoiadora: "cobre de seu governador, sai daqui (Charged for Covid-19 Deaths, Bolsonaro expels supporter: "Go get your governor, get out of here"' YouTube (10 June 2020) <<https://www.youtube.com/watch?v=xPMdpZsWCd0>> accessed 25 August 2020
- 74 Tribunal de Contas da União. Destaques da sessão plenária de 22 de julho | Portal TCU [Internet]. <<https://portal.tcu.gov.br/imprensa/noticias/destaques-da-sessao-plenaria-de-22-de-julho.htm>> accessed 25 August 2020
- 75 Mayla Gabriela Silva Borba, Fernando Fonseca Almeida Val, Vanderson Souza Sampaio, and others, 'Effect of High vs Low Doses of Chloroquine Diphosphate as Adjunctive Therapy for Patients Hospitalized With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection: A Randomized Clinical Trial' (2020) 3(4) JAMA Open Network e208857: doi:10.1001/jamanetworkopen.2020.8857
- 76 Tainá Farfan, 'Governo muda protocolo e autoriza hidroxiclороquina para casos leves de Covid-19 (Government changes protocol and authorizes hydroxychloroquine for mild cases of Covid-19)' CNN Brasil (20 May 2020) <<https://www.cnnbrasil.com.br/saude/2020/05/20/governo-muda-protocolo-e-autoriza-hidroxiclороquina-para-casos-leves-de-covid-19>> accessed 25 August 2020
- 77 Ministério da Saúde. 'ORIENTAÇÕES do MINISTÉRIO da Saúde para Manuseio Medicamentoso Precoce de Pacientes com DIAGNÓSTICO da COVID-19 (Guidelines of the Ministry of Health for Early Medicinal Handling of Patients with COVID-19 Diagnoses)' <<https://saude.gov.br/images/pdf/2020/August/12/COVID-11ago2020-17h16.pdf>> accessed 25 August 2020
- 78 Ministério da Saúde, 'Termo de Ciência e Consentimento Hidroxiclороquina/Clороquina em associação com Azitromicina para COVID 19 (Consent Form for Hydroxychloroquine / Chloroquine in association with Azithromycin for COVID 19)' [Internet]. <<https://saude.gov.br/images/pdf/2020/May/20/Termo-de-Cie--ncia-e-Consentimento-Hidroxiclороquina-Clороquina-COVID-19.pdf>> accessed 25 August 2020
- 79 WHO, 'WHO discontinues hydroxychloroquine and lopinavir/ritonavir treatment arms for COVID-19' (4 July 2020) <<https://www.who.int/news-room/detail/04-07-2020-who-discontinues-hydroxychloroquine-and-lopinavir-ritonavir-treatment-arms-for-covid-19>> accessed 1 September 2020
- 80 Diego Junqueira, 'Laboratório do Exército gastou mais de R\$ 1,5 mi para fabricar cloroquina (Army laboratory spent over R\$ 1.5 million to manufacture chloroquine)' UOL (26 June 2020) <<https://noticias.uol.com.br/cotidiano/ultimas-noticias/reporter-brasil/2020/06/20/laboratorio-do-exercito-gastou-mais-de-r-15-mi-para-fabricar-cloroquina.htm>> accessed 25 August 2020
- 81 Mateus Vargas, 'Ministério recebeu alerta de falta de fármaco essencial e sobra de cloroquina (Ministry received warning of lack of essential drug and excess chloroquine)' UOL (24 July 2020) <<https://noticias.uol.com.br/saude/ultimas-noticias/estado/2020/07/24/ministerio-recebeu-alerta-de-falta-de-farmaco-essencial-e-sobra-de-cloroquina.htm>> accessed 25 August 2020
- 82 Campo Grande News, 'Governo faz distribuição de cloroquina para municípios de MS (Government distributes chloroquine to municipalities)' [Internet]. Campo Grande News. 2020 [citado 25 de agosto de 2020]. Disponível em: <https://www.campograndenews.com.br/brasil/cidades/governo-faz-distribuicao-de-cloroquina-para-municipios-de-ms> accessed 25 August 2020
- 83 OurWorldinData. Coronavirus (COVID-19) Total COVID-19 Tests Per 1,000 People [Internet]. Our World in Data. 2020. <<https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand-map>> accessed 25 August 2020
- 84 <<https://portalquivos.saude.gov.br/images/pdf/2020/June/18/Covid19-Orientac--o--esManejoPacientes.pdf>> accessed 1 September 2020
- 85 Ministério da Saúde. MS-SUS Covid-19 Testes [Internet]. <https://viz.saude.gov.br/extensions/DEMAs_C19Insumos_TESTES/DEMAs_C19Insumos_TESTES.html> accessed 25 August 2020



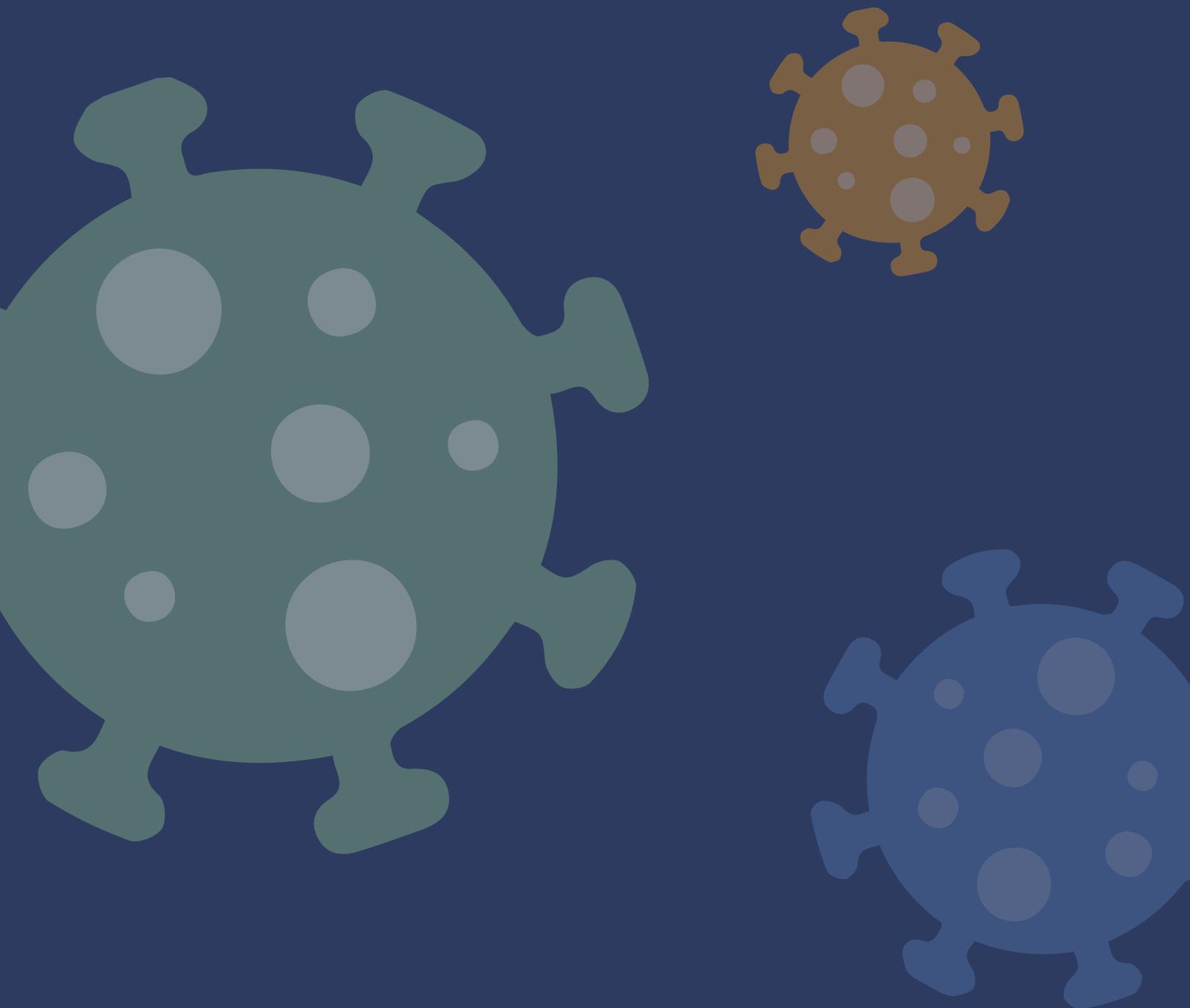
- 86 Interview with Dr Rafael Saad, Strategy Manager, Hospital Siri Libanês, via zoom (12 August 2020)
- 87 Ministério da Saúde. Aplicativo Coronavírus-SUS vai alertar contatos próximos de pacientes com Covid-19 [Internet]. 31/072020 < <https://www.saude.gov.br/noticias/agencia-saude/47292-aplicativo-coronavirus-sus-vai-alertar-contatos-proximos-de-pacientes-com-covid-19>> accessed 25 August 2020
- 88 Estêvão Bertoni, 'O Brasil é um estudo de caso de como não tratar a pandemia' [Internet]. Nexo Jornal. <<https://www.nexojornal.com.br/entrevista/2020/07/05/%E2%80%98O-Brasil-%C3%A9-um-estudo-de-caso-de-como-n%C3%A3o-tratar-a-pandemia%E2%80%99>> accessed 25 August 2020
- 89 Miranda GMD, Mendes A da CG, Silva ALA da. O desafio da organização do Sistema Único de Saúde universal e resolutivo no pacto federativo brasileiro. *Saude soc.* 2017;26:329–35.
- 90 UNIFESP, Grupo Fleury, Semeia, Ibope Inteligência, Todos Pela Saúde. Household Survey to Monitor the Seroprevalence of SARS-CoV-2 infection in Adults in the City of São Paulo, Brazil. [Internet]. São Paulo; 2020 [citado 22 de agosto de 2020]. Report No.: Phase 3 Partial Results. Disponível em: https://0dea032c-2432-4690-b1e5-636d3cbeb2bf.filesusr.com/ugd/6b3408_dfe18307a9ae4a99a59c23b1fbd8d8e2.pdf
- 91 Ibid
- 92 Ibid
- 93 Ministério da Saúde. Coronavírus Brasil [Internet]. Coronavírus Brasil. 2020 [citado 17 de agosto de 2020]. Disponível em: <https://covid.saude.gov.br/>
- 94 Ighor Nobrega, 'Eduardo Pazuello é o 49º ministro interino mais longo da história (Eduardo Pazuello is the 49th longest-serving interim minister in history)' [Internet]. Poder360 (20 July 2020) <<https://www.poder360.com.br/historia/eduardo-pazuello-e-o-49o-ministro-interino-mais-longo-da-historia/>> accessed 21 August 2020
- 95 Idec. 'Governo é denunciado na CIDH por falta de transparência (Government is denounced in the IACHR for lack of transparency)' Idec (16 July 2020) <<https://idec.org.br/idec-na-imprensa/governo-e-denunciado-na-cidh-por-falta-de-transparencia-e-violacao-dos-direitos>> accessed 25 August 2020
- 96 Ministério da Saúde. BOLETIM EPIDEMIOLÓGICO ESPECIAL 30 - Doença pelo Coronavírus COVID-19 - Semana Epidemiológica 36 (30/08 a 05/09) [Internet]. Brasília - DF; 2020 set [citado 16 de setembro de 2020]. Report No.: 30. Disponível em: <https://www.saude.gov.br/images/pdf/2020/September/09/Boletim-epidemiologico-COVID-30.pdf>
- 97 André de Souza, Paula Ferreira, and Renata Mariz, 'Saúde muda comunicação e tenta ressaltar dados "positivos" do novo coronavírus (MoH shifts communication strategy and highlights "positive" data about the new coronavirus)' O Globo (30 May 2020) <<https://oglobo.globo.com/sociedade/saude-muda-comunicacao-tenta-ressaltar-dados-positivos-do-novo-coronavirus-24449501>> accessed 20 September 2020
- 98 Laura Guimarães Corrêa, 'Covid-19 in Brazil: the Public, the Media and the Virus' LSE (17 April 2020) <<https://blogs.lse.ac.uk/medialse/2020/04/17/covid-19-in-brazil-the-public-the-media-and-the-virus/>> accessed 20 September 2020
- 99 Pablo Uchoa, 'Brazil coronavirus: 'Our Biggest Problem is Fake News'' BBC World Service (20 May 2020) <<https://www.bbc.co.uk/news/world-latin-america-52739734>> accessed 20 September 2020
- 100 Pedro Curi Hallal, Bernardo L Horta, and others, 'Evolução da Prevalência de Infecção por COVID-19 no Brasil: Estudo de Base Populacional (Trends in the prevalence of COVID-19 infection in Rio Grande do Sul, Brazil: repeated serological surveys)' (2020) 25(1) *Ciência & Saúde Coletiva* 2395-2401 < https://www.scielo.br/pdf/csc/v25s1/en_1413-8123-csc-25-s1-2395.pdf> accessed 9 September 2020
- 101 APIB. Home [Internet]. APIB. 2020 < <http://apib.info/>> accessed 26 August 2020
- 102 APIB, 'Panorama Geral de COVID-19' <https://emergenciaindigena.apiboficial.org/dados_covid19/> accessed 16 November 2020
- 103 Lara R. M. Silva Leda Gitahy and Taisa T Baldassa, 'O Enfrentamento da Pandemia nos territórios Tradicionais (Confronting the Pandemic in Traditional Territories)' Observatorio da Imprensa (10 November 2020) < <http://www.observatoriodaimprensa.com.br/coronavirus-covid-19/o-enfrentamento-da-pandemia-nos-territorios-tradicionais/>> accessed 16 November 2020
- 104 El País Brasil, 'Bolsonaro enfraquece Funai e joga sombra sobre futuro socioambiental do país



- (Bolsonaro weakens Funai and casts a shadow over the country's socio-environmental future)' El País (3 January 2019) <https://brasil.elpais.com/brasil/2018/12/28/politica/1546015511_662269.html> accessed 26 August 2020
- 105 APIB, 'Morte de adolescente Yanomami por Covid-19 deve nos colocar em alerta máximo (Death of Yanomami Teenager by Covid-19 Should put us on High Alert)' APIB (11 April 2020) <<http://apib.info/2020/04/11/morte-de-adolescente-yanomami-por-covid-19-deve-nos-colocar-em-alerta-maximo/>> accessed 26 August 2020
- 106 APIB, 'Coronavírus: APIB Articula com Governadores Estratégias para Proteção aos Povos Indígenas de Todo Brasil (Coronavirus: APIB Articulates Strategies to Protect Indigenous Peoples from All over Brazil 'with Governors)' APIB (7 April 2020) <<http://apib.info/2020/04/07/coronavirus-api-b-articula-com-governadores-estrategias-para-protecao-aos-povos-indigenas-de-todo-brasil/>> accessed 26 August 2020
- 107 Letícia Mori, 'Entenda a determinação do STF de que governo aja contra covid-19 entre indígenas e evite "extermínio de etnias" (Understand the STF's Determination that the Government should act against covid-19 among Indigenous People and Avoid "ethnic genocide")' BBC News Brasil (8 July 2020) <<https://www.bbc.com/portuguese/brasil-53314156>> accessed 26 August 2020
- 108 Ibid
- 109 President of the Republic, Provisional Measure #1.005 (30 September 2020) <http://www.planalto.gov.br/CCIVIL_03/_Ato2019-2022/2020/Mpv/mpv1005.htm> accessed 16 November 2020
- 110 Luísa Martins, 'Barroso não homologa plano do governo para conter covid entre indígenas (Barroso does not approve government plan to contain covid among indigenous people)' Valor (22 October 2020) <<https://valor.globo.com/brasil/noticia/2020/10/22/barroso-nao-homologa-plano-do-governo-para-conter-covid-entre-indigenas.ghtml>> accessed 16 November 2020
- 111 Quilombolas refer to Afro-Brazilian communities in Brazil, many of whom live in poverty. Mais Goiás, 'Caiado sanciona política para ajudar quilombolas e indígenas a enfrentar covid-19 (Caiado Sanctions Policy to help Quilombolas and Indigenous People to face Covid-19)' Mais Goiás (26 October 2020) <<https://www.emaisgoias.com.br/caiado-sanciona-politica-para-ajudar-quilombolas-e-indigenas-a-enfrentar-covid-19/>> accessed 11 November 2020
- 112 Talha Burki, 'The Indirect Impact of COVID-19 on Women' (2020) 20(8) *The Lancet* 904-905
- 113 Mara Nogueira and others, 'The Impact of COVID-19 on Brazil's Precarious Labour Market Calls for Far-Reaching Policies like Universal Basic Income' LSE (3 June 2020) <<https://blogs.lse.ac.uk/latamcaribbean/2020/06/03/the-impact-of-covid-19-on-brazils-precarious-labour-market-calls-for-far-reaching-policies-like-universal-basic-income/>> accessed 18 September 2020
- 114 Brasil Econômico com Agência Senado, 'Auxílio Emergencial Cortado pela Metade é última Medida de Proteção, diz Guedes (Emergency Aid Cut by Half is Last Protection Measure, says Guedes)' iG (1 September 2020) <<https://economia.ig.com.br/2020-09-01/auxilio-emergencial-cortado-pela-metade-e-ultima-medida-de-protecao-diz-guedes.html>> accessed 20 September 2020; Poder360, 'Governo Estuda Prorrogar Coronavoucher até Março de 2021 (Government Studies Extending Coronavoucher until March 2021)' Poder360 (10 October 2020) <<https://www.poder360.com.br/governo/governo-estuda-prorrogar-coronavoucher-ate-marco-de-2021/>> accessed 11 November 2020
- 115 University of York, 'COVID-19, social distancing and violence against women in Brazil' <<https://www.york.ac.uk/research/coronavirus-research/society/domestic-violence-brazil/>> accessed 18 September 2020
- 116 Agência Brasil. Casos de feminicídio crescem 22% em 12 estados durante pandemia [Feminicide cases grow 22% in 12 states during the pandemic] [Internet]. Agência Brasil. 2020 [citado 16 de setembro de 2020]. Disponível em: <https://agenciabrasil.ebc.com.br/direitos-humanos/noticia/2020-06/casos-de-feminicidio-crescem-22-em-12-estados-durante-pandemia>
- 117 Takemoto MLS, Menezes M de O, Andreucci CB, Nakamura-Pereira M, Amorim MMR, Katz L, et al. The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting. *International Journal of Gynecology & Obstetrics*. 2020;151:154-6
- 118 IFF, Fiocruz, Coronavírus: Cuidado Clínico de Gestantes e Puérperas [Internet]. Porta das Boas Práticas em Saúde da Mulher, da Criança e do Adolescente. 2020. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/atencao-mulher/coronavirus-cuidado-clinico-de-gestantes-e-puerperas/>> accessed 16 September 2020



- 119 Ibid
- 120 Sabrina Ferigato, Michelle Fernandez, Melania Amorim, and others, 'The Brazilian Government's mistakes in responding to the COVID-19 pandemic' *The Lancet* (20 October 2020) [https://doi.org/10.1016/S0140-6736\(20\)32164-4](https://doi.org/10.1016/S0140-6736(20)32164-4)
- 121 Sawyer Crosby, Joseph L Dieleman, Samantha Kiernan, and Thomas J Bollyky, 'All Bets are Off for Measuring Pandemic Preparedness' *Think Global Health* (30 June 2020) <<https://www.thinkglobalhealth.org/article/all-bets-are-measuring-pandemic-preparedness>> accessed 27 August 2020; Kenneth Roth, 'How Authoritarians are Exploiting the COVID-19 Crisis to Grab Power' *Human Rights Watch* (3 April 2020) <<https://www.hrw.org/news/2020/04/03/how-authoritarians-are-exploiting-covid-19-crisis-grab-power>> accessed 27 August 2020
- 122 INESC, 'O Brasil com Baixa Imunidade: Balanço do Orçamento Geral da União – 2019 (Brazil with Low Immunity: Balance of the General Budget of the Union)' INESC (April 2020) <<https://www.inesc.org.br/wp-content/uploads/2020/04/Balanco-OGU-Inesc.pdf>> accessed 21 September 2020, p. 206
- 123 Jason Socrates Bardi and Thomas J Bollyky, 'Racism as a Public Health Crisis' *ThinkGlobalHealth* (8 September 2020) <<https://www.thinkglobalhealth.org/article/racism-public-health-crisis>> accessed 21 September 2020
- 124 Kaamil Ahmed, 'Malaysia Cites COVID-19 for Rounding Up Hundreds of Migrants' *The Guardian* (2 May 2020) <<https://www.theguardian.com/global-development/2020/may/02/malaysia-cites-covid-19-for-rounding-up-hundreds-of-migrants>> accessed 21 September 2020
- 125 Public Health England, 'COVID-19: Understanding the Impact on BAME Communities' PHE (16 June 2020) <<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>> accessed 21 September 2020
- 126 Rachana Pradhan, Lauren Weber, and Hannah Recht, 'Lack of Antigen Test Reporting Leaves Country 'Blind to the Pandemic'' *KHN* (16 September 2020) <<https://khn.org/news/lack-of-antigen-test-reporting-leaves-country-blind-to-the-pandemic/>> accessed 21 September 2020



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