



GOVERNMENT RESOURCE ACCOUNTABILITY DURING THE COVID-19 PANDEMIC



A REPORT FROM

BRAZIL

Prepared as Part of a
Global and Country-Level
Analysis in 18 Countries

This is the 13th “Missing the Target” report produced by ITPC since 2005 and the first MTT report to engage with government resource accountability during the COVID-19 pandemic. As with previous MTT reports, this report highlights the experience and perspectives of advocates in multiple countries to document progress toward global commitments for health, development, and human rights.

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ABOUT

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:

- Make Medicines Affordable
- Watch What Matters
- Build Resilient Communities

To learn more about ITPC, visit itpcglobal.org

ABOUT WATCH WHAT MATTERS

Watch What Matters is a community monitoring and research initiative that gathers data on access to and quality of HIV treatment globally. It fulfills one of ITPC's core strategic objectives: to ensure that those in power remain accountable to the communities they serve. Watch What Matters aims to streamline and standardize treatment access data collected by communities—helping ensure that data is no longer collected in a fragmented way and that it reflects the issues and questions that are most important to people living with and affected by HIV. It relies on a unique model that empowers communities to systematically, routinely collect and analyze qualitative and quantitative data on access barriers and use it to guide advocacy efforts and promote accountability.

To learn more about Watch What Matters and ITPC's community-led monitoring work, visit WatchWhatMatters.org.

ABOUT MTT

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IDEC: The Brazilian Institute of Consumer Protection

IDEC fights for people's rights to health, including access to medicines, services, and financial coverage as guaranteed by the Constitution and the Unified Health System (SUS) of Brazil.

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SUMMARY

The course of the first two years of the SARS-CoV-2 epidemic in Brazil was shaped by misinformation and inaction on the part of the federal government and counteractions by state and municipal governments, the judiciary branch, civil society activists, advocacy groups, and the media. The country's decentralized universal healthcare system, along with policies and public structures, like state-owned laboratories, and manufacturing capacity meant that Brazil was well-positioned to respond rapidly and effectively to the epidemic from its earliest days. Instead, President Jair Bolsonaro and other government officials politicized the pandemic and pushed forward misinformation and public gatherings and other anti-public health approaches that, together, caused at least 120,000 preventable deaths. The President misused the country's healthcare system, policies, and public structures supporting vaccine production and immunization; yet these resources still proved valuable in the response. The independent judiciary and an active civil society committed to collecting and sharing information on the epidemic also contributed to a public health response to a crisis that was exacerbated by the President. The Brazilian Institute for Consumer Protection (Idec) was part of the mobilization to fill the void left by the government.

In this case study, we describe the interplay between Brazil's healthcare system, current political context, and a mobilized civil society as crucial factors in shaping the course of the

Brazilian epidemic. The Brazilian government's strategy for dealing with SARS-CoV-2 amounted to an intentional campaign to spread the virus, which has caused 670,000 deaths, including the 120,000 that some public health experts attribute directly to the government's actions.

Long-standing public health policies and the constitutionally protected right to health, upheld by state and municipal governments and the judiciary, were responsible for the success of the immunization campaign. Civil society and the media deployed a range of effective tactics that countered misinformation and disinformation and offered an evidence-based counter-narrative to lethal messages from the government. The Brazilian experience underscores the importance of a robust, legally protected right to health, supported by a universal healthcare system and public laboratory and manufacturing capacity. These resources afforded Brazilian citizens some protection and resilience in the face of national governmental neglect. Civil society mobilization helped save lives because policies and programs could be implemented on a state and municipal level.

Approaches to pandemic preparedness and prevention and to ongoing SARS-CoV-2 must consider not only the amount of money invested, but also the types of governmental and non-governmental structures supported to deliver basic healthcare and health in the context of outbreaks.



KEY FINDINGS AND RECOMMENDATIONS

Key Findings

- ❁ A robust, constitutionally mandated right to health, supported by a universal healthcare system with decentralized authority allowing independent action by state and municipal leaders, along with public laboratory and manufacturing capacity, afforded Brazilian citizens some protection and resilience in the face of national governmental neglect.
- ❁ Non-governmental actors, including civil society, scientists, and the media, mobilized to define issues and propose solutions that were, with support from the judiciary, implemented on a state and municipal level.
- ❁ National mobilization and the resilience of the universal healthcare system were insufficient safeguards for a federal government that used the COVID-19 pandemic to extend its pre-existing program of undermining Brazilian democratic institutions and that used political rallies, policies and misinformation as vectors for spreading the novel coronavirus, causing hundreds of thousands of preventable deaths.

Recommendations

- ❁ Brazil's public health system decentralized governance, which put decision-making power in the hands of governors, was critical to the components of its response to COVID-19 that saved lives and reduced suffering. This, along with Brazil's public healthcare system, must continue to be strengthened.
- ❁ As funding streams from international development banks and pandemic preparedness emerge, a country's governance structures, public health system, and ability to deliver evidence-based responses even when the leader is invested in misinformation should be considered as criteria for the amount and recipient of funds.



A REPORT FROM BRAZIL

Politics and Public Health: The Brazilian Context at the Start of SARS CoV-2

To understand the Brazilian response to the pandemic, it is crucial to understand Brazil's healthcare system and the political context when the outbreak began.

Brazil's Public Healthcare System

Brazil has a universal healthcare system like those in Canada, Italy, and the United Kingdom. The Unified Health System (SUS, per the Portuguese acronym) was created in 1988 after the new Brazilian Constitution, developed following a 21-year military dictatorship, declared state-supported healthcare to be a right for all Brazilians. The SUS links federal, state, and local tiers of government in order to realize this right. The SUS is supported by robust state-supported vaccine and pharmaceutical manufacturing and laboratory capacity, which provide the foundation for a robust universal vaccination program, universal access to antiretroviral drugs for people living with HIV, and other key national health programs. Brazil has 210 million inhabitants and is the seventh most populous country in the world – and the only country with more than 100 million inhabitants to have a universal public health system.

Despite the robust public sector, the private sector plays a major role in Brazilian healthcare. As of March 2022, almost a quarter of the population had a private health scheme – for a total of 49 million customers. Conservative and right-wing politicians have consistently argued that strong involvement of the private sector as a provider of universal healthcare is good for the

SUS, even though private companies tend to exclude or erect barriers for individuals considered to be “high risk” because of pre-existing conditions, demographics, and other factors. They also tend to compete with the public system, increasing costs.

In spite of the constitutional mandate for state-sponsored healthcare, the government devotes more funding to the private sector, in the form of subsidies for services, than it does to the public sector. In 2019, for example, government spending for public services was BRL 290 billion versus BRL 398 billion¹ in private spending. It is a scenario that generates inequities and distortions, and during the pandemic, it was no different.

Political Context

Jair Bolsonaro has been the President of Brazil since 2019. Bolsonaro is a retired member of the military and far-right politician who, over a 27-year career as a congressman, became known for outrageous, attention-grabbing statements, such as praise for the tortures committed during the dictatorship.² Bolsonaro came to power in the context of a loss of faith in, and public support for, the Workers Party (PT), which held power from 2003 to 2016, and the emergence of new right-wing movements. In office, Bolsonaro supported legislation to facilitate the access to guns by civilians³ and cultivated the support of the military police to such an extent that many of the nation's governors expressed concern.⁴ Pro-military collaboration like this was coupled with actions that undermined the independence and power of the judiciary and state governments, creating ed strain and crises across society prior to COVID-19.



Bolsonaro's Minister of Health at the beginning of the COVID-19 epidemic was Luiz Henrique Mandetta, a right-wing politician with pro-market economic views. With Bolsonaro's support, Mandetta was intent on implementing an ambitious agenda to open up the SUS to the private sector by replacing state providers with private entities. This movement started in the early 2000s, with an early focus on hospitals that later expanded to primary healthcare. During Mandetta's term at the Ministry, the government made an important step towards further privatization with the creation of ADAPS (Agência para o Desenvolvimento da Atenção Primária em Saúde).

As described in the next section, the Bolsonaro regime continued to extend its agenda of social division, privatization, and erosion of democratic government structures during the SARS-CoV-2 epidemic, using the public health emergency as a part of its destructive political operation.

Bolsonaro Regime as a Vector for Viral Spread

The Political Vector

From the earliest days of the pandemic, the Bolsonaro administration promoted inaccurate information and approaches to public gatherings. The Chinese government announced a lockdown in Wuhan province on January 22 and in Hubei province three days later. Very shortly thereafter, the Ministry of Health released a video comparing COVID-19 symptoms to those of the 'flu. The video did not mention the deaths associated with the virus, which were already in the hundreds, according to global reports, and merely instructed people to avoid large gatherings. Later, contradicting this guidance, the Minister positioned himself in favor of carrying out Carnival parades:⁵ massive, popular events involving packed crowds. These parades took place in Brazil throughout February 2020 and were marked by





the announcement, on 25 February, of the first case of COVID-19 in the country.

While politically appointed, Mandetta, then Minister of Health, was a key technical advisor on public health responses; he quickly abandoned his public health responsibilities in favor of political positioning. When Bolsonaro called for major rallies against the National Congress and the Federal Supreme Court (STF) in March 2020, Mandetta did not express any reservations⁶ about these gatherings and stated, instead, that there was no “evidence of virus circulation” in the country. These rallies were part of a long chain of actions launched by the President against the other branches of power of the Republic and, therefore, against Brazilian democracy.

The content of the rallies was damaging to the health of Brazilian democracy. The rallies themselves were hugely dangerous for Brazilians attending.

By the time Mandetta offered the assurance that the rallies could occur, there were dozens of confirmed cases in Brazil and Mandetta himself had shared a range of epidemiological scenarios for viral spread, including one in which the situation in China would be replicated in Brazil.⁷

The rallies took place four days after the World Health Organization declared the pandemic and restrictions and blockages on circulation began to take effect in many countries, as well as some Brazilian states, including the Federal District,⁸ where the capital city is located. At those rallies and as the debate over a national quarantine started to heat up, Bolsonaro began to openly challenge the guidelines of health bodies. He was in close contact with people with COVID-19. Instead of maintaining isolation, he attended the marches without a mask and without maintaining physical distance from supporters.

As a result of all this, political leaders and gatherings became vectors for a public health threat. On 17 March 2020, Brazil confirmed the

first death resulting from COVID-19. By then, it was already clear that the Bolsonaro government’s actions were costing lives. Instead of backing down, Bolsonaro doubled down, calling for more rallies and further downplaying the threat of COVID-19. “It seems that the virus issue is going away,”⁹ he said on 12 April.

The Bolsonaro government blamed local government officials who implemented quarantines, mask advisories, and physical distancing instructions (see next section), as well as journalists,¹⁰ for working to create a climate of “hysteria”¹¹ in the country. Brazil, he said, should return to “normality”. Bolsonaro had the support of the so-called Bible caucus¹² and conservative evangelical leaders¹³ who wanted to keep the churches open,¹⁴ as well as businessmen¹⁵ and part of his loyal base of supporters who arranged motorcades¹⁶ calling for an end to public health measures designed to halt the spread of the virus. When the economy began contracting, the government stated that the cause was social distancing measures,¹⁷ released an advertising campaign called “Brazil cannot stop,”¹⁸ and began promoting the concept of “vertical isolation”, in which people over 60 would stay at home and the rest of the population would move around normally, ostensibly acquiring herd immunity. (Boris Johnson, then Prime Minister of the United Kingdom,¹⁹ had considered a similar strategy.)

The Brazilian national government both downplayed the severity of the epidemic and misrepresented the efficacy of treatments. On 19 March 2020, then US President Donald Trump announced that hydroxychloroquine could be a “very powerful”²⁰ drug against COVID-19. Two days later, Bolsonaro began promoting the medication. Under his direction, the pharmaceutical laboratories of the Brazilian Army increased the production of chloroquine, the Ministry of Health authorized its use²¹ for patients with severe cases of COVID-19, and the Ministry of Economy zeroed out²² import taxes. Even after it was proved that the drug did not work for



serious cases of the disease, Bolsonaro and allies who were health professionals continued promoting chloroquine as part of an “early treatment”²³ to be initiated when the first symptoms of COVID-19 appeared. In April 2020, the federal government began distributing a “covid kit” to states and municipalities, at a cost of US\$8 million, according to an official calculation.

Militarizing the Ministry of Health and Concealing Information

In response to the promotion of chloroquine, Mandetta, the Minister of Health, began to denounce Bolsonaro’s demand that the drug label be changed²⁴ to include an indication for COVID-19. Mandetta pointed out that this change could not legally be made. He came under attack from what would later become known as the “parallel office,” a group of doctors, supporters of Bolsonaro, who would supposedly advise the President during the crisis.²⁵ When opposing this group, Mandetta was fired. Nelson Teich, also a doctor with strong ties to the private health sector, took office, but he left the Ministry of Health a month later thanks to the same pressure. He was replaced by General Eduardo Pazuello, a military man with no experience in the field, but who did not hinder Bolsonaro’s wishes.

During Pazuello’s administration, the government began to obscure statistics on COVID-19 in Brazil. The federal website reporting cases and deaths was taken down for a few days. When it was restored, it included information on the rate of “recovered people” instead of those with COVID-19. This information was used by officials who implied that individuals who had had COVID-19 would not get it again; the tally of recovered people was supposedly an index of progress toward “herd immunity.” Bolsonaro also questioned his own government’s estimates of the number of cases²⁶ and deaths from COVID-19, accusing local government officials and the press of doing what he was doing: manipulating

the numbers. He continued to endorse fake news, such as the rumor that wearing masks causes harm.

This sustained and strategic campaign of misinformation and disinformation, including the procurement and distribution of COVID kits and the persistent refusal to implement public health measures, like masking, physical distancing, and shut-downs to slow transmission, amount to what may in fact be a “war crime” by the Brazilian President against the people of Brazil. This conclusion emerged from researchers at the Research Center for Sanitary Law at the University of São Paulo in their project, “Mapping and analysis of the legal norms of response to Covid-19 in Brazil.”²⁷ The study analyzed 3,049 rules issued by the Brazilian government between 3 February 2020 and 28 May 2021, as well as political speeches and acts that could characterize obstruction by the government of measures adopted at the state and municipal levels. Their research, published in the BMJ blog,^{28, 29} concluded that the Bolsonaro government’s response amounted to inciting the population to expose themselves to the virus and failing to comply with preventive health measures while promoting the theory of herd immunity.

This was also the conclusion of the Parliamentary Commission of Inquiry³⁰ (CPI, as per its acronym in Portuguese) set up in the Senate to investigate the conduct of the federal government during the pandemic. The CPI worked from April to November 2021 and concluded that “the federal government was silent and chose to act in a non-technical and incautious way in dealing with the pandemic of the new coronavirus, deliberately exposing the population to a concrete risk of mass infection”³¹ by implementing the “herd immunity” strategy for the free movement of SARS-CoV-2.



Sites of Resistance: Civil Society, the Media, the Judiciary, and Local Authorities

On the same day that Brazil confirmed its first COVID-19 death, pot-banging protests against Bolsonaro took place in many cities and the congressman Leandro Grass (Rede-DF) filed the first³² of what would be hundreds of impeachment requests against the President, arguing that he posed a threat to democracy and public health.

Local governors and mayors had also begun to take steps, with local authorities declaring quarantines as early as 12 March 2020. A strained relationship of offensive and counter-offensive was established, and Jair Bolsonaro said he would use his authority to reopen commercial buildings. Local governors relied on judicial courts, which led Bolsonaro to charge the judiciary with usurping executive branch powers, flagging several times that the circumstances

would be solved only with a military coup. On 8 April 2020, the Minister of the Federal Supreme Court, Alexandre de Moraes, consolidated the legal interpretation that the federal government cannot unilaterally withdraw³³ measures from prefectures and state governments.

Brazil's democracy is recent and imperfect. However, several of its democratic institutions formed cores of an effective public health response, even if it was insufficient. The leaders of states and municipalities exercised their jurisdiction to promote an evidence-based response. Along with governors and mayors, the judiciary also took action; this included the highest court in the country, the Federal Supreme Court, and the legislative branch, in the form of the National Congress.





Promoting Public Health: Civil Society Leading When the Federal Government Failed

In addition, the media and organized civil society served as a beacon in the darkest hours of the crisis, denouncing actions and omissions and pointing out the right track.

In May 2020, recognizing that the government would not issue a national protocol or guidance for non-pharmacological measures to contain the virus (massive testing, isolation contact tracing, lockdown when necessary, masking, and physical distancing), a coalition of scientific and civil society groups called the Frente Pela Vida (United Front for Life, in an English free translation) released a national plan to fight COVID-19.³⁴ Health activists created the PFF For All³⁵ campaign to inform the population about where to obtain high-quality masks and to coordinate collective purchases and donations for the most vulnerable populations.³⁶ Alert is a temporary civil society coalition created to alert the people and the state about the mismanagement of the pandemic response in Brazil. It links organizations across the country to spread information, co-sign letters to the National Congress, and gather and share information about the pandemic in Brazil.

One of Alert's main actions was the funding and dissemination of a research project to estimate how many deaths could have been avoided if adequate public health and healthcare funding measures were put in place in the first year of the pandemic in Brazil. This project calculated that as many as 120,000 lives could have been saved if the health system had provided immediate and adequate care to patients and if public health measures, such as promoting physical distancing, were delivered.

The study compared the Brazilian epidemic with epidemics in countries with well-documented responses. The critical healthcare services that were lacking included provision of enough trained professionals, hospital and ICU beds,

supportive drugs (anesthetics, corticosteroids, and muscle relaxants, for example), oxygen, and mechanical ventilators.

On 23 June 2021, the Alert movement participated in a panel in a Commission of Inquiry session at the National Congress, mostly to present the research results and raise the severe human rights violations resulting from the federal government's approach to COVID-19. The movement was represented by Jurema Werneck, doctor and Director of Amnesty International in Brazil.

Two campaigns (Beds for All and Equal Lives) also put unequal access to hospitalization on the public agenda. Before the pandemic, the SUS complied with the WHO recommendation of having at least one ICU bed for every 10,000 inhabitants. However, this national average already concealed a large regional concentration: in 17 of the 27 Brazilian states, this recommendation was not achieved. COVID-19 exacerbated health inequalities, including access to inpatient beds and specialized equipment and personnel. The campaigns focused on hospital care, highlighting the ways that the government had failed to coordinate on hospital beds. A survey³⁷ of national databases revealed that the pandemic generated an increase in beds in the country, from 46,000 in December 2019 to 60,000 in April 2020. However, out of 14,220 new beds, only 3,104 were opened in the SUS. This resulted, in the authors' opinion, in inequality of access considered to be "unprecedented in the recent history of the country," since approximately 165 million people depend exclusively on the SUS; 45 million have health insurance plans that provide access to private ICU beds.

In other contexts, the Ministry of Health would have maintained contact with state and municipal administrations and the private sector to monitor occupancy, coordinating the opening of facilities with additional beds, staff, and infrastructure on an as-needed basis. Such federal oversight is crucial to ensure mobilization of additional



resources for crisis response since specialized medical professionals and equipment, that is, for intensive care, are scarce in Brazil. The government could also have implemented a national protocol for requesting beds from the private sector: there were beds without patients in private hospitals and patients without beds in public hospitals. Beds for All and Equal Lives put this issue on the agenda and some mayors and governors deployed measures in this regard.

But these state and municipal measures were inadequate for the scale of the epidemic. While there was plenty of chloroquine, everything else was lacking. So far, investigations indicate³⁸ that more than 60 people died in Amazonas due to lack of supplies and 500 had to be hastily transferred to hospitals in other states. Images of the race for oxygen tanks in the Amazon region in January 2021 circulated around the world.

The patient intubation kit was out of stock in several states for many months despite warnings by Conass (the National Council of State's Health Secretaries), which brings together state health secretaries. It is not known for sure how many people had to be intubated without sedatives and neuromuscular blockers, literally tied to their beds to keep from moving because of the pain, which, in the analysis of several labor unions, typified institutional torture.³⁹

Also in the field of planning and assistance, it is important to highlight that Brazil has an Indigenous population of 817,000 people, according to the latest available statistics.⁴⁰ Of these people, 500,000 live in rural areas, in officially demarcated and not demarcated territories, some of them extremely far from cities and pressured by illegal activities, such as logging and gold mining. The first Indigenous person contracted COVID-19 in April 2020. Since then, at least 1,200 Indigenous people have died from the disease.

Providing healthcare for Indigenous people is the duty of the federal government, but it completed

the plan to respond to COVID-19 in this context more than two years late, in July 2022.⁴¹ There was pressure and denunciation by Indigenous organizations, such as the Articulation of the Indigenous Peoples of Brazil (Apib), which worked with political parties to fight for this right in court.⁴²

The *quilombola* populations, formed by descendants of enslaved people, fought a similar struggle. The National Coordination for the Articulation of Quilombos created an observatory⁴³ to capture data on contamination and deaths as the government did not make it mandatory to register COVID cases in these populations. In addition, several press vehicles formed a consortium⁴⁴ to gather data directly from the states and communicate them to the population. The media has also been a key counterpoint to the fake news and information blackout promoted by Bolsonaro.

Brazil's Public Sector Approach to COVID-19 Vaccines

The government's strategy was mass contamination, but Brazil's public institutions also had the capacity to produce and deliver mass immunization.

Brazil started its immunization campaign on 17 January 2021. By July 2022, 507 million doses had been given and 80% of the population is fully immunized. In the first half of 2022, Brazil began rolling out the second vaccination booster dose for the population over 18 years old, which means that millions of Brazilians have been immunized against COVID-19 four times. Young people between 12 and 17 years are on their third shot and children aged five to 11 are on their second. In July 2022, the Brazilian regulatory agency (Anvisa) authorized the emergency use of CoronaVac⁴⁵ for the age group of three to five years, and the country was waiting for the arrival of supplies to start producing more doses of the vaccine.



The realization of Brazilians' right to be immunized against COVID-19 is closely related to a series of steps taken by state-owned entities and supported by well-established policies.

In the first half of 2020, two state-owned laboratories, the Institute of Technology in Immunobiologicals of the Oswaldo Cruz Foundation (Bio-Manguinhos/Fiocruz)⁴⁶ and the Butantan Institute,⁴⁷ assessed the technical specifications of the vaccine candidates in development and established technology transfer agreements with their developers. Their goal is to contribute to the final phases of development and building capacity to enable local manufacturing for eventual provision via the SUS.

Fiocruz, a public research foundation linked to the Brazilian Ministry of Health with sizeable administrative autonomy, signed an agreement with AstraZeneca worth BRL 1.9 billion. According to the agreement, 100.4 million doses would be produced locally in the first half of 2021 and another 110 million doses would be made available to the SUS in the second half of 2021. The per-dose price was US\$3.16; other Latin American countries, which focused on agreements for the acquisition of ready-made vaccines, paid more, from \$4 to \$6 per dose. By June 2022, Fiocruz had produced 201 million vaccine doses.

Butantan signed a technology transfer agreement with Chinese pharmaceutical company Sinovac, with an initial supply of 43 million doses of the CoronaVac vaccine. The effort included investment in a new industrial plant for the production of vaccines to increase the institute's annual production output from 200 million to 300 million vaccine doses.

The Bolsonaro government did not miss the opportunity to politicize public vaccine production. Butantan is linked to the state of São Paulo, at the time governed by João Doria, a politician who was planning to run for president in October 2022 and, therefore, was a challenger

to Jair Bolsonaro. The Brazilian President, who had previously criticized the governor for supporting physical distancing measures, now launched an anti-vaccine campaign questioning the effectiveness and safety of "João Doria's Chinese vaccine," and pressuring the then Minister of Health, General Pazuello, to suspend the letter of intent agreed between the Ministry of Health and Butantan for the purchase of 40 million vaccine doses. "It's that simple: one commands and the other obeys,"⁴⁸ Pazuello said, a statement that marked a milestone in the frank politicization of the federal government's response to the health crisis.

Bolsonaro's anti-vax stance extended to other mRNA vaccines, especially the Pfizer/BioNTech vaccine. "If you turn into an alligator, it's your own business,"⁴⁹ the President said in mid-December 2020, less than a month before Brazil's COVID-19 vaccination campaign began.

The subsequent Parliamentary Commission of Inquiry (CPI),⁵⁰ set up in the Senate in 2021 to investigate the conduct of the government during the pandemic, would point to a possible corruption scheme in the government to buy vaccines that were in the early stages of clinical trials, such as Covaxin, from the Bharat Biotech laboratory. These vaccines would be purchased from importation firms at a surcharge that would be pocketed by those involved in the scheme. Bolsonaro was implicated in this case. A congressperson said he had warned the President about political pressure on Ministry of Health officials to approve this type of purchase. According to the investigation, Bolsonaro did nothing to investigate the complaint.

Even as the government apparently pursued favorable contracts with unproven vaccines and shady importation firms, it ignored direct outreach from manufacturers of highly effective candidates, including Pfizer, which had its 81 email messages sent to the government ignored.⁵¹ If the government had signed the agreement with



Pfizer in August 2020 and purchased the doses offered by Butantan, the Brazilian vaccination campaign could have started in December 2020, instead of 17 January 2021.

Pressure for the government to buy enough vaccines to ensure that the national immunization campaign happened quickly came from all sides. Governors, for example, formed consortia to negotiate directly with vaccine manufacturing companies.⁵² Congress passed laws to make it easier to buy vaccines.⁵³ Those and other factors kept the federal government accountable.

In the end, the government purchased both CoronaVac (110 million doses⁵⁴) and the Pfizer vaccine (230 million doses⁵⁵). The Brazilian campaign also featured the Janssen vaccine (41 million doses⁵⁶) and the AstraZeneca vaccine (220 million via Fiocruz; 42.5 million via COVAX).

Although the country continued to register record numbers of new cases of COVID-19 in 2022, the numbers of deaths and hospitalizations

has dropped among the general population, as rates of vaccination have increased.

Seeking Accountability in an Ongoing Pandemic

In addition to the previously described study that estimated the number of deaths that could have been averted with social distancing and other non-pharmacological steps, a projection based on the EPICOVID serological survey and nine epidemiological variables suggests that four out of five deaths⁵⁸ from COVID-19 in the country would have been avoidable if the federal government had adopted an approach that supported the use of masks, physical distancing steps, awareness campaigns, and accelerating the acquisition of vaccines. That is, 400,000 people would not have died from COVID-19. The calculation projects that the delay in purchasing vaccines from Pfizer and the Butantan Institute resulted in 95,500 deaths.





Accountability has not yet come. On the one hand, the Pandemic CPI asked for the formal accusation of 78 people, including Jair Bolsonaro. But this depended on the regular functioning of a structure of the Brazilian state responsible for investigating public authorities, the Prosecutor General of the Republic, which is commanded by Augusto Aras, an ally of Bolsonaro. The request was shelved.

This happened because Bolsonaro was able to sustain his political base throughout the pandemic. Dilma Rousseff's approval rating dropped below 10% in the context of calls for impeachment; Bolsonaro's never dropped below 25%.

Bolsonaro's government started as a coalition between the military, the new right, and ultra-liberal elites. At the end of 2020, the health—and political—crisis forced him to ally with a group of crony political parties known as “Big Center.” In exchange for positions in government and power (especially on decisions regarding the federal budget), Big Center has avoided impeachment and supported Bolsonaro since then.⁵⁹

Implications for the Future

The Brazilian decentralization of health management and policies is one of the most contested organizational principles of the SUS. However, it proved to be critical to an effective if inadequate public health response to COVID-19 in Brazil. In the face of a federal government that was actively promoting viral circulation in pursuit of herd immunity, states and municipalities, with the support of the judiciary and a mobilized civil society and media, identified many gaps and filled some of them. A massive immunization effort also succeeded, despite the government's interference. This happened because there were a series of historically linked public structures and policies, with emphasis on state-owned laboratories.

However, there is no substitute for the national coordination of the SUS and the actions of health authorities, which is even more important in a crisis of gigantic proportions. In the pandemic, the SUS – historically criticized in Brazil for its bottlenecks in care, generated by underfunding and management failures – gained greater support from the population, especially the middle class. A traditional survey carried out in São Paulo, the largest city in the country, which evaluated the best public services, always ranked São Paulo's subway as the population's favorite. In 2021, for the first time, the SUS held first place⁶⁰ and it kept its position in 2022. It is necessary to leverage this moment to build critical mass in the population, which should go for the advocacy of a concrete agenda, such as more funding for the system.



ENDNOTES

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