

COVID-19 in Brazil: political interference and institutional fragmentation in health crisis management

COVID-19 no Brasil: interferência política e fragmentação institucional na gestão da crise sanitária

COVID-19 en Brasil: interferencia política y fragmentación institucional en la gestión de la crisis sanitaria

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Resumo

Este artigo analisa a gestão política e institucional da pandemia de COVID-19 no Brasil, com foco na resposta inicial, no papel da liderança federal e nas consequências de uma governança fragmentada. Explora como as estruturas de saúde pública do país, inicialmente mobilizadas por meio da vigilância e de protocolos de emergência, foram gradualmente enfraquecidas pela interferência política, especialmente por parte do Poder Executivo Federal. O estudo destaca o uso dos Boletins Epidemiológicos não apenas como instrumentos técnicos, mas também como ferramentas de retórica política, reformulados para se alinharem aos interesses do governo. As frequentes mudanças na liderança do Ministério da Saúde e as narrativas públicas conflitantes enfraqueceram a ação coordenada, gerando confusão entre autoridades locais e a população. Além disso, atores institucionais e organizações científicas responderam de forma polarizada, refletindo as divisões sociais e políticas mais amplas. A análise evidencia como a gestão da pandemia no Brasil se tornou um palco de disputas ideológicas, comprometendo estratégias baseadas em evidências e a integridade da comunicação em saúde pública. Por fim, o artigo discute o cenário institucional pós-pandemia, enfatizando a necessidade de uma liderança transparente, da restauração da credibilidade científica e do fortalecimento do Sistema Único de Saúde como eixo central da preparação para futuras emergências.

Palavras-chave: COVID-19; Medidas em Epidemiologia; Governança em Saúde.

Abstract

This paper analyzes the political and institutional management of the COVID-19 pandemic in Brazil, with a focus on the initial response, the role of federal leadership, and the consequences of fragmented governance. It explores how the country's public health structures, initially mobilized through surveillance and emergency protocols, were gradually undermined by political interference, especially from the Federal Executive. The study highlights the use of Epidemiological Bulletins not only as technical tools but also as instruments of political rhetoric, reshaped to align with the government's interests. The frequent changes in the Ministry of Health's leadership and the conflicting public narratives weakened coordinated action, generating confusion among local authorities and the

population. In addition, institutional actors and scientific organizations responded in polarized ways, further reflecting the broader social and political divisions. The analysis underscores how Brazil's pandemic management became a stage for ideological disputes, compromising evidence-based strategies and the integrity of public health communication. Finally, the paper discusses the post-pandemic institutional landscape, emphasizing the need for transparent leadership, restoration of scientific credibility, and reinforcement of the Unified Health System as central to future emergency preparedness.

Key words: COVID-19; Epidemiologic Measurements; Health Governance.

Resumen

Este artículo analiza la gestión política e institucional de la pandemia de COVID-19 en Brasil, con énfasis en la respuesta inicial, el papel del liderazgo federal y las consecuencias de una gobernanza fragmentada. Explora cómo las estructuras de salud pública del país, inicialmente movilizadas mediante la vigilancia y los protocolos de emergencia, fueron socavadas gradualmente por la interferencia política, especialmente desde el Poder Ejecutivo Federal. El estudio destaca el uso de los Boletines Epidemiológicos no solo como herramientas técnicas, sino también como instrumentos de retórica política, reformulados para alinearse con los intereses del gobierno. Los frecuentes cambios en la dirección del Ministerio de Salud y las narrativas públicas contradictorias debilitaron la acción coordinada, generando confusión entre las autoridades locales y la población. Además, actores institucionales y organizaciones científicas respondieron de manera polarizada, reflejando aún más las divisiones sociales y políticas más amplias. El análisis evidencia cómo la gestión de la pandemia en Brasil se convirtió en un escenario de disputas ideológicas, comprometiendo las estrategias basadas en evidencia y la integridad de la comunicación en salud pública. Finalmente, el artículo discute el panorama institucional pospandemia, enfatizando la necesidad de un liderazgo transparente, la restauración de la credibilidad científica y el fortalecimiento del Sistema Único de Salud como eje central para la preparación ante futuras emergencias.

Palabras clave: COVID-19; Mediciones Epidemiológicas; Gobernanza en Salud.

Initial Response and Political Context: The Onset of COVID-19 in Brazil

In January 2020, the World Health Organization (WHO) released its first situation report, announcing an outbreak associated with a novel coronavirus detected in the city of Wuhan in China. At that time, Brazil – amid the south american summer – was torn between anticipation for the carnival season and attention to the political challenges of the current administration. As the situation deteriorated, with rising fatalities and the virus spreading to other continents, early statements by the Brazilian President foreshadowed the contentious and controversial nature of the country's response to the emerging crisis.

At that point, there were no confirmed cases in Brazil. Nevertheless, the President publicly questioned the reliability of Chinese information, adopting a skeptical stance toward both the virus's ecological origins and its lethality profile^{1,2}. Simultaneously, the Inter-Ministerial Executive Group for Public Health Emergencies was established by Decree No. 10.211. Within the Ministry of Health, the Emergency Operations Center (COE-COVID19) was created to initiate action plans and prepare the Unified Health System (SUS) for the potential threat.

Relying on Brazil's pre-existing Health Surveillance infrastructure and the broad reach of SUS, the Ministry of Health adopted a proactive and engaged approach. It raised alert levels and expanded hospital capacity even before the WHO officially declared COVID-19 a public health emergency³. With the enactment of Law No. 13,979 on February 6, 2020, Brazil was legally equipped to respond to the (then-unnamed) SARS-CoV-2. Initially, the country appeared to be taking a responsible approach, suggesting a promising trajectory in managing the crisis. However, the pandemic would soon reveal profound weaknesses in the nation's social and institutional structures, marked by suffering, injustice, and inequality⁴.

Presidential interference in the Ministry of Health's actions introduced major disruptions to Brazil's COVID-19 response, intensifying policy discontinuities and inconsistencies. Key clinical-epidemiological tools, such as the Epidemiological Bulletins, were politicized—used not as instruments for public health strategy but rather as tools to serve political interests, shaping public opinion and influencing decisions by mayors and governors.

The purpose of the Epidemiological Bulletins is to disseminate essential information to guide technical and operational actions for disease control⁵. In the context of COVID-19, they were organized by COE / COVID-19 to present the epidemiological situation in Brazil and worldwide, thus supporting the National Health Surveillance System and the SUS care network.

Following confirmation of Brazil's first suspected case, the bulletins began consolidating daily case numbers based on reports from municipalities and states, collected via the Ministry of Health's online platform (<http://platform.saude.gov.br>), under the coordination of the Health Surveillance Secretariat (SVS-MS)⁶. For case classification, both

laboratory criteria (real-time RT-PCR using the Charité protocol) and clinical-epidemiological criteria were adopted to confirm SARS-CoV-2 infection⁷.

Brazil confirmed its first COVID-19 case on February 26, 2020. In response, the Ministry of Health updated its procedures, decentralizing SVS-MS responsibilities so that each state would be responsible for case classification and confirmation. The Ministry would only consolidate and publish the final data⁷. The COE-COVID-19 Action Plan estimated a basic reproduction number (R0) of 2.74. Given such a high transmission rate and short doubling time, the Ministry anticipated a potential collapse of the health system and prioritized non-pharmaceutical interventions (NPIs) such as social distancing, drawing inspiration from China's containment strategy⁸.

However, shortly after the release of the Action Plan, the Federal President escalated his criticism of the Ministry's approach⁹, aligning himself with U.S. President Donald Trump in advocating for the use of hydroxychloroquine and azithromycin as treatment options. Upon dismissing Health Minister Luis Henrique Mandetta (Feb 1, 2019 – Apr 16, 2020), the President remarked: "My view is a little different from the minister's" and added, "The side effect of fighting the virus, in my view, cannot be more harmful than the cure itself"¹⁰. In a national address, he simultaneously criticized social distancing policies and downplayed the threat of the virus, asserting that "90% of us will not have any symptoms if contaminated" while paradoxically calling for respect toward Ministry guidelines¹¹.

This shift in leadership and the ambiguity of the President's stance had a significant impact on the content and tone of the Epidemiological Bulletins. Initially, they followed WHO guidelines and assessed Brazil's national risk as "very high," citing widespread community transmission and signs of uncontrolled acceleration in some regions^{12,13}. Under Health Minister Nelson Teich (Apr 16 – May 15, 2020), the methodology for risk assessment changed, favoring more restrained and localized control measures—a shift later solidified during the tenure of Minister Eduardo Pazuello (September 16, 2020 – March 23, 2021).

A new risk communication strategy was introduced to shape a more optimistic view of the national scenario. The Ministry proposed a revised analytical matrix, which allowed states to define their own risk levels and distancing policies. This model incorporated both objective

metrics and subjective expert opinions, reflecting a move toward decentralization and reduced federal oversight¹⁶.

From Epidemiological Bulletin No. 14 onward, the bulletins were rebranded as "Special Epidemiological Bulletins." They incorporated reflections on Brazil's situation and provided guidance for the resumption of economic and social activities. The official information hub shifted from SVS-MS to the Ministry of Health's main COVID-19 website (<https://coronavirus.saude.gov.br>).

To further shape public perception, new strategies were employed: highlighting the number of recovered patients, modifying the method of reporting deaths to emphasize only those recorded in the past 24 hours (thus minimizing daily totals), and integrating Civil Registry data to counter underreporting claims¹⁷. These changes generated contradictions and distortions in the official COVID-19 mortality statistics.

The conflicting messages and institutional dissonance produced widespread confusion across the country. In the absence of unified leadership, mayors and governors adopted inconsistent measures, leading to fragmented interpretations and strategies. The pandemic acquired multiple meanings and projections, not always grounded in coherent scientific reasoning.

Professional organizations mirrored this polarization. On March 12, 2020, the Brazilian Society of Infectious Diseases released a statement opposing the closure of schools and offices, citing social harm¹⁸. In contrast, the Brazilian Association of Collective Health issued an open letter urging officials to recognize the country's social vulnerabilities and implement measures to support social isolation¹⁹. Meanwhile, the public turned to social media—used by 93.9% of Brazilian adults, according to VIGITEL-COVID14—as a primary source of information. This environment became fertile ground for disinformation and conspiracy theories, allowing fake news to shape the national narrative around the pandemic²⁰.

In conclusion, Brazil's management of the COVID-19 crisis unfolded as a series of performative acts, persistent despite empirical contradictions, circulating like political theater. This public health disaster exposed the country's institutional fragilities and the impact of governance driven by conservative, far-right ideologies, highlighting Brazil's vulnerability to political mismanagement in times of crisis.

Final Considerations

The Brazilian experience in managing the COVID-19 pandemic illustrates that health emergencies are not merely biological or medical events, but are deeply intertwined with political and institutional dimensions. The unfolding of actions, contradictions, and disputes revealed that Brazil's response to the pandemic was less a unified strategy and more a contested arena in which scientific, political, and ideological forces clashed.

The absence of cohesive leadership, the politicization of technical instruments, and the fragmentation of institutional structures compromised the country's ability to respond effectively to the crisis. Rather than promoting an integrated and equitable response in the field of public health, the federal government's actions were marked by inconsistency, which encouraged the spread of uncertainty and denialist discourses, thereby weakening the collective dimension of health action.

These dynamics resulted not only in the immediate challenges to virus containment but also in enduring damage to the functioning of the health system and to the public health institutions themselves. The pandemic thus became a mirror reflecting structural inequalities and the fragility of the political-institutional arrangements underpinning Brazil's public health system.

Understanding this trajectory is therefore essential not only for analyzing the Brazilian case but also for informing future public responses to socio-sanitary emergencies, grounded in principles of transparency, coordination, and the valuing of science and public institutions.

Five Years Later: New Reflections on the Post-Pandemic Institutional Landscape in Brazil

In the aftermath of the acute phase of the COVID-19 pandemic, Brazil continues to face the institutional consequences of a health crisis that was both political and epidemiological. The pandemic exposed long-standing structural weaknesses in the public and private

administration of health organizations, particularly regarding the coordination among different levels of governance.

Although the health emergency has been formally declared over, the effects of institutional fragmentation and public distrust in sanitary regulatory agencies remain evident. The politicization of technical decisions, the marginalization of scientific authorities, and the systematic dissemination of misinformation during the crisis have undermined the credibility of official communication and eroded public trust in the State's ability to protect life and guarantee rights.

In this context, Brazil faces the dual challenge of rebuilding institutional trust and strengthening intersectoral governance mechanisms. Several relevant initiatives have been implemented, such as the reactivation of health surveillance programs, renewed investments in the Unified Health System (SUS), and the resumption of vaccination campaigns aimed at restoring public confidence and engagement. Nevertheless, these measures still encounter resistance in a society deeply marked by polarization and misinformation.

Furthermore, the pandemic has brought urgent debates to the forefront regarding the role of SUS, which—despite its vulnerabilities—demonstrated resilience and strategic importance in managing an unprecedented health crisis. It is imperative that the lessons learned translate into concrete political commitments aimed at increasing public funding, expanding primary care coverage, and valuing public health professionals.

Ultimately, the pandemic should represent a turning point in Brazil's institutional culture. A truly democratic and equitable response to future emergencies requires effective and transparent leadership, the guarantee of technical autonomy for health authorities, and a strengthened and engaged civil society. Without these elements, the country remains vulnerable to repeating cycles of neglect and improvisation in the face of new collective threats.

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