**“Scorched Earth: the portrait of health in Brazil after the Bolsonaro’s administration and the first 100 days of the Lula Government in health”**

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**Ethics statement**

The authors declare that they comply with the principles of ethics in research.

**Abstract:**

This article is a rejoinder to the rebuttal letter authored by Jair Bolsonaro's former Minister of Health and Secretary of Primary Care to our initial article, "From Bolsonaro to Lula: The opportunity to rebuild universal healthcare in Brazil during the government transition," published in the International Journal of Health Planning and Management. We aim to refute the claims that we consider unsubstantiated and disconnected from reality, while reiterating the risks posed by authoritarian and antidemocratic far-right governments, such as Bolsonarism in Brazil, to the sustainability and resilience of universal health systems. This political threat is gaining momentum across several countries worldwide, thereby endangering the Democratic Rule of Law, institutions, and social policies. Furthermore, we emphasize the significant actions implemented during the first 100 days of President Lula's government, which align with the priorities established during the governmental transition process and strengthen the prospects of reconstructing and fortifying the Brazilian universal health system.

**Keywords:** Global health policies; Brazilian health system; Health policy; Democracy; Political challenges

**Highlights:**

* Far-right regimes pose a risk to democracy, social policies and universal health systems.
* Similar political cycles to Brazil's can impact other national healthcare systems.
* Initial actions for rebuilding Brazil's healthcare system after political and economic shocks and Covid-19 pandemic.

**Acknowledgements**

To the members of the Brazilian Government Transition Commission’s Health Working Group.

**Introduction**

In February of this year, our article entitled "From Bolsonaro to Lula: The opportunity to rebuild universal healthcare in Brazil in the government transition" was published in the International Journal of Health Planning and Management (HPM) [1]. The article was a case study, focusing on the 2022-2023 governmental transition in Brazil. Our primary objective was to analyze how an extreme-right populist government cycle dismantled the foundations of the Brazil’s Unified Health System (*Sistema Único de Saúde* – SUS). We aimed to provide a comprehensive description of how the last government shaped its governance by political-clientelist and market-oriented privatist interests, along with the implementation of a long-term fiscal austerity policies. These actions led to the underfunding, weakening, and disorganization of the SUS. Consequently, health indicators deteriorated significantly, and the system's responsiveness to the population's health needs sharply declined.

Our main goal in examining Brazil's recent experience was to draw lessons that can contribute to academic and political understanding of the threats posed by the emergence of extreme-right populist governments to global health. It is crucial to acknowledge the international movement and the rise of extreme-right populist regimes in various countries, as they pose risks to democratic rule of law, institutions, and social policies. Universal healthcare systems, in particular, encounter significant challenges in terms of their sustainability and resilience [1].

HPM, in line with other prestigious journals such as Lancet and Science, [2-3] recognized it was timely to publish our analysis on the governmental transition in Brazil and the impact of the previous extreme-right populist government on the national healthcare system.

Democratically, the journal provided an opportunity for rebuttal by publishing a letter signed by the Bolsonaro Government's health minister (2021 and 2022) and secretary of primary care (2020 and 2022). The letter was titled "The Brazilian Ministry of Health that faced greater challenges so far - Our management strengthened SUS by repairing a pandemic and addressing past problems." [4]

This article, from the perspective of respectful and high-level debate, offers a rejoinder, refuting claims that we consider unfounded and disconnected from reality. Our intention is not to perpetuate a controversy regarding a concluded political process, which resulted in the victory of democratic forces. Instead, our focus remains on highlighting the risks faced by universal healthcare systems when governed by authoritarian and extreme-right regimes. Therefore, it is crucial to characterize the authoritarian and antidemocratic extreme-right bias of Bolsonarism more assertively.

The government of Jair Bolsonaro (2019-2022) was marked by a series of political and institutional crises that had a profound impact on the foundations and organization of Brazil's universal healthcare system. The complete refusal to engage in any kind of dialogue with spheres of social control, such as the National Health Council, the breakdown of the federative pact, and the overt conflicts with state and municipal health secretaries, led to the isolation of the Ministry of Health, undermining the implementation of sectoral actions and policies.

Simultaneously, there was a clear consolidation of an antidemocratic posture and a continuous threat to institutions. This was evident through the president's constant attacks on the Supreme Court, questioning the security of electronic voting machines used in the October 2022 electoral process, and the threat to not recognize the election results. Furthermore, several measures were implemented in the economic field with an evident electoral agenda, which had a negative impact on public finances and left a perverse legacy for the new Lula government.

The epilogue of this strategy, whose main feature is the dissemination of fake news through social networks, took place on January 8, 2023. The invasion and vandalism of the headquarters of the republic's powers - executive, legislative and judiciary - in Brasília, by thousands of supporters of the far-right government, aimed at a coup d'état, which failed. This episode, which emulates the events on January 6, 2021, at the US Capitol, left a trail of destruction not only of public property but also of the idea of ​​the republic and democracy, considering that the main targets were the Presidential Palace, the National Congress, and the Supreme Court.

**Tripartite management and confrontation federalism in pandemic response**

One of the primary objectives of the new administration that assumed the Ministry of Health in 2023 was to restore the coordination and leadership capacity that had been lost during the previous government. In fact, numerous institutions and organizations had to step in to fulfill responsibilities that should have been handled by the federal government in the response to the Covid-19 pandemic.

Facing a lack of trust in the data released by the federal government, the media joined forces in a consortium to monitor and disseminate the evolution of incidence, mortality, and vaccination data. Autarchies, such as the Oswaldo Cruz Foundation, which was chaired by the current Minister of Health, took on the responsibility of research planning, surveillance, and negotiation of agreements for the importation of raw materials for vaccines and their production. State governments had to implement isolation and social distancing policies, authorized by the Federal Supreme Court, contrary to the federal government's recommendation of exposing the population to contamination, aiming to achieve herd immunity. Not only inefficient against a highly mutable virus, but the inconsequent strategy also showed that the government was more concerned with preserving its popularity than the lives of Brazilians, in a deceptive opposition between economy and human life.

In the letter addressed to the editors of HPM, the former Minister of Health and the Secretary of Primary Care, among several other concerning points, revealed the insistence on a permanent conflict with states and municipalities, which was a constant source of federative tension during the previous government. Furthermore, the letter defended the inefficient and inconsequential strategy in dealing with the pandemic. The authors also used the concept of tripartite SUS management in an attempt to transfer responsibility for the humanitarian catastrophe from the federal government to states and municipalities. However, it is essential to emphasize that the responsibility for coordinating efforts to face public health emergencies with a national impact lies with the federal government.

The tripartite interfederative management, which involves the Federal government, states, and municipalities in the management of the SUS, is a characteristic that underpinned the Brazilian health system. However, since the beginning of the Bolsonaro administration, this collaborative management mechanism was replaced by a confrontation federalism.[5] During the pandemic, the federal government adopted a confrontational posture with governors and mayors, in opposition to the measures adopted by state and municipal governments. Contrary to the reply’s authors argument, the fact is that states and municipalities significantly increased their budgets to combat the pandemic, exacerbating the underfunding of the SUS and seriously worsening the health situation in the country.

It is important to highlight that the sum of US$ 6 billion in state and municipal funds in 2022, mentioned in the letter, largely consists of cash flow of funds transferred from one fund to another, rather than being leftover resources as suggested by the authors of the reply. Furthermore, this amount is not sufficient to compensate for the losses suffered by states and municipalities in the previous period. The federal government cannot absolve itself of its responsibility in managing the pandemic, nor can it transfer it to others. It is the federal government's non-transferable duty to manage and coordinate national efforts to confront a national health emergency. This is a public health issue that should have been treated as such from the beginning.

**The disastrous response of the Bolsonaro government in the face of the pandemic**

In response to the Covid-19 pandemic, the best performing countries have adopted similar strategies. Among them, the implementation of coordinated actions between spheres of government, the increase of resources to guarantee the maintenance of routine services to acute care not related to Covid-19; and permanent monitoring of cases to adjust strategies according to the epidemiological scenario.[6] In Brazil, however, the government led by President Jair Bolsonaro has pushed the Brazilian healthcare system response in the opposite direction.

During the Covid-19 pandemic, the communication strategy employed by the federal government focused on disseminating measures that lacked scientific basis, aiming to discourage society from adhering to scientifically prescribed protective measures. The primary agent and leader of this strategy was the president of the republic. By adopting an irresponsible posture and showing disrespect towards scientists and health professionals, he consistently created confusion and fostered contradictory perceptions within society. The former president positioned himself as a self-proclaimed authority on medical treatments, promoting the use of chloroquine, vitamin D, ivermectin, and other unproven remedies. He criticized the use of masks, opposed social distancing measures, attacked the World Health Organization (WHO), and undermined confidence in vaccines. [7] Additionally, there was negligence in procuring essential supplies and medical equipment, such as ventilators, and inadequate support was provided to healthcare professionals. Transparency and the provision of reliable data regarding the progression of the pandemic in the country were also lacking.

The complete lack of planning regarding the acquisition, distribution, and mobilization of the population for vaccination is clear in the scandals that have emerged through the disclosure of official data from the Federal Court of Accounts (TCU), which report the wastage of 38 million vaccine doses and an approximate loss of $400 million. [8] The Parliamentary Commission of Inquiry of the Federal Senate has also revealed allegations of corruption in vaccine procurement and government omissions in the face of the oxygen shortage in Manaus. [9]

It is widely recognized by individuals with even a basic level of common sense, technical knowledge, and humanitarian sensitivity that the devastating impact of the Covid-19 pandemic in Brazil can be attributed to the disastrous response of the federal government. The data clearly demonstrate that Brazil was one of the countries mostly affected by COVID-19 worldwide, with 693,853 recorded deaths by the end of 2022. Despite representing only 2.7% of the global population, Brazil accounted for 10.3% of global COVID-19 deaths, meaning it had nearly four times the number of deaths per capita compared to the global average. Had Brazil's mortality rate been on par with the global average, more than 512,000 lives could have been saved in the country. This highlights the magnitude of the tragedy that unfolded during the pandemic. Surprisingly, the authors of the letter did not mention these highly significant and concise data points. Given their positions during this period, this omission raises questions about their willingness to engage in constructive dialogue.

It is worth mentioning that Brazil had the potential to surpass the global average in its pandemic response. Brazil’s universal health system covers the entire territory and has a strong tradition of vaccination through the National Immunization Program (PNI – *Programa Nacional de Imunização* - PNI). The PNI has been internationally recognized for its high vaccination coverage, leading to the successful eradication of measles and polio in the 1990s. Notably, in 2010, Brazil efficiently vaccinated 88 million people against H1N1 within three months, while only 25 million people had been vaccinated against Covid-19 in that same time in the middle of the pandemic. What set that moment apart was the government's readiness to procure the required vaccines, making evidence-based decisions. As a result, when the vaccines became available globally, they were already accessible to the Brazilian population. This stands in stark contrast to the situation with Covid-19 vaccines, where the availability and distribution faced significant challenges.

Until 2015, Brazil served as a global model for vaccination, maintaining excellent coverage rates for various diseases, with most rates exceeding 90%. However, these rates have unfortunately been declining since then, with a more significant decline since 2016. Recognizing the importance of addressing this issue, President Lula's government, within less than 100 days, initiated the National Movement for Vaccination. The aim was to restore high vaccination rates on the Vaccination Calendar, particularly to eliminate measles once again and prevent the resurgence of polio. Additionally, the government sought to expand vaccination against Covid-19 and combat the spread of misinformation on social media. Communication has become increasingly crucial, prompting the engagement of various entities, scientific societies, influencers, and artists, fostering a collective effort from society as a whole.

Another significant issue that emerged during the Bolsonaro administration was the overall deterioration of health indicators. Alongside the decline in vaccination coverage to its lowest levels since 1995, there was a concerning increase in the maternal mortality rate. Between 2019 and 2021, the rate rose from 55.3 deaths per 100,000 live births to 110.2 deaths per 100,000 live births. It is crucial to note that the most vulnerable populations were disproportionately affected by these challenges. This was evident in the humanitarian tragedy that unfolded in the Yanomami region, where shocking images captured the attention of the world.

Furthermore, the mismanagement of the pandemic resulted in a significant and prolonged decline in non-Covid procedures produced by the SUS. Although former leaders of the Ministry of Health have stated that the Bolsonaro government regarding substantial investments to combat the pandemic, the fact is that the Brazilian government did not consider the socioeconomic vulnerability of disadvantaged states to the strain on the healthcare system caused by Covid-19. Consequently, there was a 25% decrease in diagnostic and treatment procedures, including complex surgeries such as those related to oncology, neurology, and cardiac conditions, affecting mainly the most vulnerable regions of the country. [10]

The disastrous response of the federal government would have been even more catastrophic if it weren't for the existence of the SUS and the proactive efforts of municipalities and states. Despite facing numerous challenges, the SUS played a crucial role in providing healthcare to Covid-19 patients throughout the country. Many governors and mayors implemented effective measures to control the spread of the virus, contributing to saving lives. Their actions demonstrated the importance of local leadership and proactive decision-making in mitigating the impact of the pandemic. [11]

**Equity and Women's Health**

The Bolsonaro government was characterized by its consistent attack on sexual and reproductive rights. A notable action taken by the new Minister of Health was the repeal of normative acts related to mental health and women's health that were established during the previous government. These repeals included ordinances that undermined women's reproductive and sexual healthcare and suggested actions that could be considered obstetric violence. One of the repealed ordinances posed obstacles to accessing legal abortion in cases such as rape, risk to the mother's life, and pregnancies involving anencephalic fetuses. This rollback of regulations has raised concerns about the government's stance on women's rights and access to comprehensive reproductive healthcare.

The Comprehensive Assistance Program for Women's Health (*Programa de Assistência Integral à Saúde da Mulher* – PAISM), which was established in 1984 and underwent significant improvements over the course of four decades, faced significant challenges and disruptions during the Bolsonaro administration. Essential initiatives aimed at addressing issues such as the reduction of indiscriminate cesarean deliveries, promotion of breastfeeding, and provision of comprehensive sex education in schools for teenagers were either severely disrupted or outright attacked. These actions not only undermined the progress made in women's health but also hindered efforts to promote reproductive rights, gender equality, and overall well-being for women in Brazil.

During the first 100 days of the Lula government, significant actions were implemented to improve women's health. One of these initiatives is the Menstrual Dignity Program, ensuring the provision of pads by the SUS, an action that had been vetoed by the former president in October 2021. With an investment of R$ 83.6 million and centralized purchases by the Ministry of Health, more than 8 million women will benefit from the program. The National Program for Equality of Gender, Race, and recognition of SUS Workers was established, encompassing various actions aimed at promoting a healthier work environment and fostering more equitable relationships. Furthermore, in March, the National Strategy for the Control and Elimination of Cervical Cancer was launched. This strategy incorporates new technology for screening and diagnosis, utilizing PCR tests. It also prioritizes the resumption of vaccination coverage against the Human Papillomavirus (HPV), a key preventive measure against cervical cancer.

The return of the *Cegonha* Network (Child and Maternal Care program) realigned Brazil with best practices in neonatal care, as it reintroduced a previously successful and internationally recognized policy. The Bolsonaro government abruptly terminated this program without consulting or reaching an agreement with states, municipalities, and civil society. The comprehensive services offered by the *Cegonha* Network encompass reproductive planning, providing humanized care throughout pregnancy, childbirth, and the postpartum period. Its goal is to ensure safe births and promote the healthy growth and development of children during their first two years of life. Additionally, the program aims to reduce instances of obstetric violence by providing information and alternatives for childbirth that consider the individual needs of women.

It is a serious and unfounded accusation attribute the doubling of maternal mortality in the country during the pandemic to the policy that has been proven effective since its establishment in 2011 and has been implemented under different governments, including the one in which the former minister and former secretary served. A study involving Fiocruz and several Brazilian and foreign universities pointed out various factors as the causes, such as the deterioration of access to healthcare services and their quality during the pandemic, the delayed inclusion of pregnant and postpartum women in the priority groups for vaccination, and the subsequent suspension of their vaccination shortly after inclusion, among other issues.[12]

**Emergency in Yanomami, Mais Médicos, and other programs**

During the initial days of the new government, from January 13th to 15th, 2023, an Emergency Exploratory Mission was carried out in the Yanomami territory situated in the Amazon region, near the Venezuela border. The purpose of this mission was to assess the conditions and challenges faced by the indigenous population in light of extensive illegal mining activities. The findings of the mission confirmed the alarming allegations of severe living conditions experienced by the Yanomami people as a direct result of uncontrolled mining practices. The consequences were distressing, with widespread malnutrition, including among children, and numerous cases of mercury contamination due to mining activities.[13] These issues had a profound impact on the entire community, and the shocking images captured during the mission drew national and global attention.

Recognizing the urgency of the situation, the Lula government declared a Public Health Emergency of National Importance on January 20th. To address the complex causes of this humanitarian crisis, an Interministerial Committee was established, with the Ministry of Health playing a vital role in its efforts. As part of the committee's initiatives, a nutrition plan was collaboratively developed with local teams, leading to significant progress in the health condition of the affected communities. Notably, 78% of the monitored children transitioned from severe malnutrition to a moderate state, demonstrating the effectiveness of the implemented nutrition plan in stabilizing their health.

In primary care, a notable achievement during the first 100 days of the government was the reinstatement and enhancement of the Mais Médicos Program. To address the shortage of healthcare professionals, the government plans to offer 15,000 new positions by the end of 2023, with over 6,000 positions already in the selection process through a public notice launched in April. The goal is to ultimately reach a total of 29,000 physicians, significantly bolstering healthcare services.

In contrast, the program introduced by the previous government, *Médicos pelo Brasil*, failed to meet its objectives, leaving 5,000 vacancies unfilled over the past four years. On the other hand, *Mais Médicos*, implemented from 2013 to 2018, achieved positive outcomes, as demonstrated by studies published in scientific journals. [14] The program made a significant impact in the 4,600 participating municipalities, reducing infant mortality by 24.7% and contributing to the decline in maternal and child mortality rates, as well as hospital admissions.

Another important effort to enhance healthcare for the population was the launch of the National Program for reducing the waiting time to access medical specialists. With an investment of US$ 120 million, the program aims to address the backlog of elective surgeries, specialized exams, and medical consultations, which has been exacerbated by the pandemic.

Another strategic pillar for strengthening the SUS is to foster de development of Health Economic and Industrial Complex (*Complexo Econômico e Industrial da Saúde* - CEIS). Although healthcare represents 10% of the GDP, there is a trade deficit of US$ 20 billion. The government aims to tap into this economic potential and set a goal to produce 70% of the health goods demanded by SUS internally within the next 10 years. This includes medicines, equipment, vaccines, and other medical supplies.

The increasing occurrence of violence in schools, a previously unheard-of phenomenon in Brazil, has become a growing concern. While the causes require further investigation, it is evident that extreme-right movements have played a role in promoting a culture of hatred and violence. The mental health of young people also demands attention. To address these issues, the new government has established a Mental Health Department and seeks to expand and restructure services provided by the Psychosocial Care Network (RAPS), including the establishment of new Psychosocial Care Centers (CAPS). The goal is to ensure comprehensive mental health care based on scientific principles and respect for human rights.

Table 1 provides a summary of the main actions undertaken during the new government's first 100 days in response to the challenges identified by the Transition Government. Numerous other initiatives could be mentioned, including advancements in digital health, continuing education for healthcare professional, and the approval of a national minimum wage for nursing, a historic demand of the profession.

<Table 1>

**Final remarks**

In this article, we aim to address and counter the claims that we consider lacking factual basis presented in the letter written by the formers Minister of Health and Secretary of Primary Care. However, we are obliged to agree with them in one point. The term “Scorched Earth” fits perfectly to characterize the chaotic picture of the health sector in Brazil at the end of the Bolsonaro government. And although use of the term has been attributed to us, such expression does not appear in our original article.

The authors, who served an extreme right government, which was ended by the democratic vote, have attributed the term "scorched earth" as a justification for their claim of an alleged further deterioration in Brazil's healthcare situation. However, the achievements made during the short period of the Lula government contradict this hypothesis. In this article, we highlight ongoing efforts to relaunch successful policies that were previously abandoned, as well as initiate improvements to them.

The description of the health chaos made by the Transition Group is a realistic diagnosis, which seeks to align expectations for the necessary reconstruction of the “scorched earth” that health has become in Brazil, to be done gradually and permanently.

Fortunately, the SUS has demonstrated its resilience and now is being rebuilt. In this rejoinder, we also seek to highlight structural initiatives carried out in the first 100 days of President Lula's government, which express the commitment of the current Ministry of Health in Brazil to face the serious problems diagnosed by the Transitional Government. We reaffirm that at this decisive moment in the country's history, democracy needs to be defended and reaffirmed in all its dimensions, including health.

The letter that prompted our response exemplifies the communication style often employed by emerging extreme right movements. It shows little regard for evidence and democratic dialogue, which should ideally be guided by the pursuit of truth through honest exchange of ideas. Instead, the primary objective is to disseminate narratives that align with the interests of these groups, whose growth poses a threat to the principles of a democratic rule of law and inclusive social policies.

Attributing the adoption of a Constitutional Amendment freezing public spending for a 20-year period, including in health, to the PT governments demonstrates a disregard for the truth. This amendment was proposed by President Michel Temer (2016 – 2018) to the National Congress after the 2016 political turmoil that resulted in the impeachment of President Dilma Rousseff (2011 – 2016).[15] More than that, such a method in which lies, or fake news, are systematically spread creating a distorted reality that serves hidden agendas.

While engaging in a counterpoint is necessary, we consider this an opportunity to further examine the transition of government in the healthcare sector, as we initially discussed in our original article. Concerned about the resilience of public health policies, we proposed studying the Brazilian government transition as a case study to deepen our understanding of how far-right movements can dismantle social policies. We hope that our contributions can serve as a wake-up call to other countries facing the growing influence of far-right movements around the world. It is crucial to recognize how policy changes of this nature can impact national universal health systems and to take appropriate precautions.

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**Table 1. Main problems diagnosed by the Health Working Group of the Transition Government and the main actions taken by the Ministry of Health in the first 100 days of President Lula's Government.**

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| **Found situation**  **Transition Working Group** | **Ministry of Health Actions**  **First 100 days** |
| Discontinuation of programs, interruption of public policies, and lack of budget for implementing essential actions for population assistance. | The approval of a Constitutional Amendment Project secured $3.3 billion for the continuity of public policies and the implementation of fundamental actions such as the Popular Pharmacy, Reduction of Surgery Waiting Lists, More Doctors Program, and Indigenous Health. |
| Stockouts: 27.1 million doses of Covid-19 vaccines unable to be distributed in a timely manner, resulting in a loss of $400 million. Health supplies and doses nearing expiration. | Efforts are underway to regulate the stocks and normalize the supply to states and municipalities. A National Vaccination Campaign is being implemented to increase vaccination coverage, and collaboration with manufacturing laboratories is being pursued to exchange supplies and medications with approaching expiration dates. |
| A humanitarian crisis in the Yanomami territory has resulted in the lack of assistance to the indigenous population, leading to malnutrition and the worsening of diseases such as malaria and pneumonia. | A Public Health Emergency of National Importance (ESPIN) declaration has been made, and an interministerial operation is underway to save lives. Over 5,000 treatments have been provided, and the construction of a Reference Center for permanent care in Surucucu is underway. |
| There has been a decline in vaccination coverage for all vaccines in the National Vaccination Schedule, with particular concern over the risk of reintroducing diseases such as polio, which had a vaccination coverage below 57% in 2021. Lack of campaigns emphasizing the importance of vaccination and the spread of vaccine skepticism contribute to this issue. | The National Vaccination Movement aims to mobilize the Federal Government, civil society, scientific organizations, states, and municipalities to regain high vaccination coverage. This includes the revival of campaigns to promote vaccination and the appreciation of science and vaccine efficacy. A coordinated campaign against misinformation is also being implemented to combat vaccine-related misconceptions. |
| Resources for Primary Care have remained stagnant, leaving 72 million Brazilians without coverage from the Family Health Strategy (Primary Health Care). | To address this issue, 57.8 thousand teams and services have been accredited and enabled in Primary Care, strengthening the gateway to the Unified Health System (SUS), with an investment of $340 million. Requests from states and municipalities had been backlogged over the past four years, but efforts are now being made to address the backlog and allocate resources to expand coverage. |
| The lack of national coordination within the Ministry of Health has been a concern. | To address this issue, previous regulations that were signed without consensus with representatives from Conass (state secretaries) and Conasems (municipal secretaries) have been revoked. Efforts have been made to restore intergovernmental dialogue and tripartite management of the Unified Health System (SUS). This approach aims to promote collaboration and cooperation among different levels of government in the management and decision-making processes related to healthcare. |
| There has been a backlog of elective surgeries and procedures since the pandemic, and the lack of budget for states and municipalities to carry out mass efforts has led to the worsening of the population's health problems during the waiting time for procedures. | To address this issue, the National Program for reduction the waiting time to access specialist has been implemented with an investment of $120 million. Local strategies have been agreed upon with states and municipalities, and funds are being released based on the approval of state plans for reducing the queue. As of April 27th, 16 states have had their proposals approved, and 12 have received funds, totaling $11.4 million. These efforts aim to alleviate the backlog and provide timely medical care to the affected population. |
| There have been healthcare gaps and vulnerable regions without doctors, leading to the lack of medical assistance for millions of Brazilians. Over 5,000 positions for doctors remain unfilled due to the dismantling of the Mais Médicos program and the creation of the Médicos pelo Brasil program, which has been unable to meet the country's healthcare provision needs. | To address this issue, the Mais Médicos program is being resumed with the expectation of creating 15,000 new positions in 2023, including 1,000 positions specifically allocated to the Legal Amazon region. The first call for applications has been published, offering 6,200 positions to fill the healthcare gaps in vulnerable regions. This initiative has received a 99% participation rate from the municipalities included, and the program aims to restore access to healthcare for 96 million Brazilians. |
| The federal hospitals in Rio de Janeiro are facing a lack of assistance and structural issues. There are closed beds, unused operating rooms, broken equipment, medication shortages, and a deficit of over 7,000 healthcare professionals. | Following an inspection conducted by the Ministry of Health, the precarious situation in healthcare provision was identified. As a result, immediate measures have been taken, including the reopening of 305 beds in the 6 federal hospitals, reducing the number of closed beds by 51%. Additionally, a Working Group has been created to develop an emergency plan and outline future actions to address the issues at hand. These steps aim to improve the healthcare services provided by the federal hospitals and ensure better assistance to the population. |
| There has been a discontinuity in policies for networks of specialized care, and a significant number of state and municipal services are operating without federal funding due to delayed authorizations by the Ministry of Health. Lack of funding is also affecting the services provided by the Mobile Emergency Care Service (SAMU) and Emergency Care Units (UPA). | As of March 2023, there have been 179 authorizations granted for medium and high complexity services. This includes the resumption of services such as ICU beds, SAMU, home care, among others. These authorizations aim to address the funding gaps and ensure the continuity of essential healthcare services for the population. |
| Stagnation in the growth and frozen funding of programs that provide oral health services in Primary Care (Oral Health Teams) and specialized care (Centers for Dental Specialties). | The Brazil Smiling program (*Brasil Sorridente*) is being relaunched. This includes accrediting new oral health teams and establishing new services. With these new authorizations, Brazil now has 33.5 thousand teams operating in Primary Care and over 5.6 thousand services, ensuring coverage for 111.6 million Brazilians with access to dental care, ranging from prevention to treatment, including prosthetics and appliances. |
| Dismantling of structural programs aimed at reducing maternal morbidity and mortality in the Maternal and Child Care Network. The network providing assistance to women who are victims of sexual violence has also been undermined, along with policies related to sexual and reproductive education. Furthermore, there is a lack of programs promoting equity within the Unified Health System (SUS). | Revocation of regulations that led to setbacks in reproductive and sexual health care for women. Creation of the National Strategy for the Control and Elimination of Cervical Cancer, with an investment of $3.6 million, aims to expand the project from Recife to the entire state of Pernambuco and plan for nationwide expansion. The Program for Protection and Promotion of Menstrual Dignity ensures the distribution of sanitary pads through SUS to 7.9 million menstruating individuals. Creation of the National Program for Gender Equity, Racial Equity, and Valorization of SUS Workers aims to promote gender and racial equity within the healthcare system, valuing the contributions of SUS workers. |
| Abandonment of the policy for productive and technological development aimed at achieving national self-sufficiency in vaccines, medications, and medical devices produced by both public and private laboratories has been a concern. | Relaunch the Executive Group for the Health Industrial Complex (GECIS). The agenda of the Health Economic-Industrial Complex is being resumed, along with the institutional coordination among public and private entities in the chemical, pharmaceutical, biotechnology, mechanical, electronic, materials, services, and connectivity sectors. These efforts aim to expand research, innovation, development, and production of healthcare services, fostering a more robust and self-reliant healthcare industry in the country. |
| Weakening and discontinuity of the National Policy for Continuing Education and the dissolution of the National Permanent Negotiation Table of the Unified Health System (SUS) have undermined the measures aimed at education and protection of the healthcare workforce, as well as SUS managers. | The National Permanent Negotiation Table in the SUS is being reinstated. Additionally, the Interministerial Commission for Health Education Management is being established to ensure the formation of healthcare professionals. In order to support residency programs, the publication of pro-residency calls has been made, offering 963 scholarships for Medical Residency and 837 scholarships for multidisciplinary residencies. These initiatives aim to strengthen education, training, and support for healthcare professionals, fostering a more robust and effective healthcare system. |
| Dismantlement of National Disease Control Programs, the weakening of technical coordination, and the discontinuation of Technical Advisory Committees composed of experts in disease control, such as HIV/AIDS, Influenza, Tuberculosis, Dengue, Malaria, Leprosy, among others, have been concerning. | An Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases is being established. This initiative demonstrates the government's commitment to establishing bold policies to enhance the Brazilian response to the population's needs, particularly those living with HIV/AIDS, Hepatitis B, Syphilis, Leprosy, or Chagas disease. The committee will develop goals and strategies for the prevention, control, and elimination of these diseases, aiming to improve the overall healthcare response and outcomes for affected individuals. |

**Source: elaborated by the own authors**.