



IEPS

Instituto de Estudos
para Políticas de Saúde

report

2020

1st

YEAR



IEPS

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para Políticas de Saúde

report 2020 1st YEAR

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Letter by the founder and president of IEPS's Council

Armínio Fraga

Recent research shows that Brazilians' main concern is health. Undoubtedly, the pandemic has played an important role in opinion poll results. However, even before the pandemic, most Brazilians would rank health as one of their biggest concerns.

IEPS's mission is to contribute to shaping and implementing health policies in Brazil. Our work is both purposeful, by searching for good ideas; and defensive, by criticizing bad ideas. In both cases, our performance is grounded on strict, but non-dogmatic, studies.

Our approach is eclectic since we take into account issues ranging from medicine to economics and politics. Whenever we have the chance, we rely on data to do our work. We focus on data because our aim is to become a hub for researchers and a source for those interested in the sector.

Initially, we had planned on investing in knowledge before daring to voice our opinions. The sector is complex and is characterized by high tensions between the various groups of participants. We did not want to seem so eager. We have started by setting up a sound advisory council.

We are so honored our board members are great role models and provide us with support based on their experience. And we have started to do the hard work on mapping both priorities and gaps.

Everything changed when the pandemic hit. We have started doing work on several projects ranging from providing support to municipal

governments (in some cases quite high demand for support) to drafting a series of technical notes on topics related to the many urgencies that have been arising.

After the first 18 months of work, we can say that we are more motivated than ever. While dealing with the demands of the pandemic, we have sought to set priorities.

Our priorities are: promoting health, universal coverage of primary care, improvement of management practices (which requires rethinking careers in the sector, the use of technology, relationships between states and municipalities), and sector regulation.

We are firm believers that the sector requires and allows for modernization that, if we overlooked the stages, would result in extraordinary improvements in people's quality of life.

In an unequal country, such as Brazil, the sector's demands for a larger share of public budgets are going to remain steady. The precarious outlook of public finances shows that public health is highly reliant on reforms in other areas to free up resources. May the drama experienced by the sector serve as motivation for the reform work to be done.

But it is necessary to go further by transparently exploring alternative models of provision aligned with what has already been done by some states and municipalities. A healthy pragmatism is more than welcomed. We must seek the best in the government, the private sector, and the third sector.

Designed
by economist
**Armínio
Fraga Neto**,
our Founding
Associate,
we have an
experienced
advisory
council and a
young team

IEPS

led by political
scientist **Miguel
Lago** (Executive
Director) and
economist
Rudi Rocha
(Research
Director).

our purpose

We are a non-profit, independent and non-partisan organization, with the sole objective of contributing to the improvement of health policies in Brazil.

We believe that the Brazilian population should have access to quality health care, and that the use of resources and regulation of the health system should be as effective as possible. We also believe that access to health care must cater to the principle of equity. Therefore, the Brazilian State must play a leading role, by sharing resources, in this process.

Therefore, we have invested in designing, defending, and implementing public policies based on evidence, which are implemented and monitored in a transparent fashion. Our main tools: research, engagement, and communication.

refer to

- “Advisory Council Members” in Annex 1.
- “Tax Council Members” in Annex 2.
- “Team Members” in Annex 3.
- “Associate Researchers” in Annex 4.

We work on four axes:

1.

Scientific research production

IEPS does research on health economics and public health by using microdata and big data, with the aim of underpinning evidence-based public policy proposals. We have our own team of researchers as well as further support from our grantees who have joined MA, PhD, and post-doc programs. We operate as a research hub to receive visitors from Brazil and around the world. One of our purposes is to produce “public good” by facilitating the access and analysis of information on health in Brazil.

2.

Drafting public policy proposals

IEPS drafts sound proposals for public health policies. We always try to listen to specialists, managers, agents and users of the system as well as other stakeholders. In addition, IEPS works in an engaged manner so that the government mainstream those policies at the federal, state, and municipal levels.

3.

Strengthening public management

IEPS regards management as one of the main obstacles for a well-coordinated, efficient health system in Brazil, which should be aimed at ensuring accessibility and quality for all. We work in partnership with other institutions - governmental and non-governmental ones - to identify best practices and strengthen good public health management.

4.

Fostering health culture

IEPS believes that, in order to offer quality health for Brazilian people, improving our health care system is not enough. We also must stimulate what we like to call “health culture” in our society. To achieve this goal, we seek to turn health culture into a top priority issue in public debate, academic production, and culture-related settings.

2020

IEPS is founded



**In 2020, we produced
a lot of knowledge.**

Over the past twelve months, IEPS has produced articles for debate, published research outcomes in several highly important academic journals, as well as used its data to support op-ed articles and newspaper articles in Brazil and around the world.

Articles written by our research team members have either been published or are under review in the most important academic journals worldwide, such as The Lancet, Journal of Health Economics, The Lancet Global Health, Journal of Public Economics, Review of Economics and Statistics, Plos One, Social Science & Medicine.

Altogether, we have produced fifteen technical notes, some of them analyzing in detail SUS (Brazil's Unified Health System) response capacity to the COVID-19 pandemic. These documents have become a reference for decision makers, both in Brazil's Ministry of Health, and state and municipal governments, academics and, journalists. We are pleased to have renowned external co-authors, such as: Dr. Gonzalo Vecina (former president of Anvisa [Brazil's National Health Surveillance Agency]), Ana Maria Malik (FGV), Adriano Massuda (former Curitiba municipal secretary), Renato Tasca (PAHO coordinator in Brazil), Dr. Mario Dal Poz (IMS / UERJ - Social Medical Institute / Rio de Janeiro State University), Gabriel Ulyssea (University of Oxford), as well as other academics.

34 publications

15 Technical Notes

+9 working papers

+2 institutional studies

+4 published scientific articles

+4 scientific articles under submission or at finalization process



HIGHLIGHT: In **Technical note #2**, we have sought to provide an answer to the question how much resources are needed to keep a minimum flow of financing for additional hospital production in intensive care units (herein, ICUs) in SuS (Brazil's Unified Health System) due to COVID-19? To perform this calculation, we have combined two estimates. First, we have estimated the average cost of COVID-19 ICU hospitalization in SUS. Second, we have designed different scenarios for disease infection rates in Brazil and the number of hospitalization. The combination of the average cost per hospitalization and the number of hospitalizations indicates a total cost, which is approximately BRL 9.31 billion (roughly USD 1.8 billion). Brazil's Ministry of Health, under the management of former Brazil's Health Minister Henrique Mandetta, has sent a consultation letter to the Ministry of Economy, requesting authorization to apply for World Bank financing. The figures available in Technical Note 2 were quoted in the aforementioned consultation letter.

HIGHLIGHT: Technical note #3 has been widely reported in Brazilian newspapers. Also, it is the most academically referenced IEPS Technical Note. So far, it has been quoted in over 40 papers. It has introduced statistical and geographic distribution of instrumental equipment to hospital treatment of COVID-19. The aim was to highlight the stark disparity between the public and private supply of beds when their user populations were forecasted. It also stresses the importance of allocating resources to expand ICU beds in SUS, guided by local needs, and coordinated both at regional and national levels, as well as the need to optimize the use of existing public and private services to expand the health system's response capacity in regions of greatest need.

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O GLOBO

Coronavírus: custos adicionais para o SUS são estimados em R\$ 10 bilhões e não R\$ 410 bi

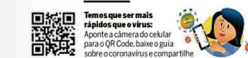
Em carta a Guedes, Saúde havia informado o valor maior, mas depois explicou ser erro de digitação; Ministério sugere pedido de ajuda ao Banco Mundial

Victor Farias
26/03/2020 - 10:24 / Atualizado em 26/03/2020 - 22:45



O ministro da Saúde, Luiz Henrique Mandetta. Foto: Marcos Corrêa/PR

5/29/2020



Pedrinho: Ex-jogador lembra final da Libertadores, com reprise hoje

O Globo



Ernesto Marinho (1876-1925) — (1904-2003) Roberto Marinho

PODE JANEIRO, DOMINGO, 24 DE MARÇO DE 2020. ANO XXV - Nº 11702 - PREÇO QUOTE E SUPLEMENTO: R\$ 1,00 - 7ª EDIÇÃO

CENTENAS DE INFORMES

Bolsonaro recebeu 1.272 relatórios de inteligência

Dados da Abin contradizem queixa do presidente de não ter informações

A Abin recebeu um total de 1.272 relatórios produzidos por diversos órgãos do governo desde 2019, o que contradiz a queixa de Bolsonaro, revelada no vídeo da reunião ministerial, de que não receberia informações e, por isso, precisaria recorrer a um sistema 'pirado' de inteligência. Dados do Sistema Brasileiro de Inteligência, coordenado pela Abin, mostram que foram 951 documentos em 2019 e outros 321, até agora, em 2020, revela ACORDO TALENTO. Esses informes são encaminhados ao Gabinete de Segurança Institucional da Presidência ou aos ministérios. A Polícia Federal produziu 65 relatórios de inteligência desde o ano passado. **PÁGINA 1**

Ex-assessor de Flávio tem loja que cresceu 860% em 2 anos

A franquia da Copenhagen do advogado Victor Granado Alves, que foi assessor do senador Flávio Bolsonaro até o ano passado, teve um aumento de capital social de 860%, ou quase nove vezes, em dois anos. A loja foi anunciada na rede do Ministério Público Federal do Rio, que investiga os dois no caso da "rachadinha". **PÁGINA 8**

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ARTIGO JOSÉ SEIRA
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que perfeita
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ANTES DA REUNIÃO
'Valei' sai esta semana',
disse Bolsonaro a Moro **PÁGINA 4**



Sistema de saúde sob ameaça da falta de pessoal

A falta de uma política de recursos humanos e a escassez de profissionais de saúde são graves ameaças ao combate à Covid-19 no país. Estudo revela que, se a taxa de contaminados passar de 10% da população em seis meses a contar da primeira infecção, só o Distrito Federal manterá atendimento em UTIs. A taxa estimada hoje é de 4%. **PÁGINA 12**

CONTAGIADOS
347.398

MORTOS
22.013

PARA QUEM FAZ DIREITO
Fim do isolamento ganha forma em países que controlaram pandemia **PÁGINA 14**



NO SANGUE DOS CAVALOS, A CURA SORO PODE IMPEDIR QUE COVID-19 PIORE

Pesquisadores do Rio começaram esta semana os testes para um novo tratamento contra a Covid-19: um soro feito a partir do plasma com anticorpos de cavalos e semelhante ao usado contra raiva e tétano. Informa Ana Lucia Azevedo. **PÁGINA 27**

Índice. O cientista Luiz Eduardo Ribeiro da Cunha (esquerda), do Instituto Vital Brazil, na Sereia

Sistema de saúde sob ameaça da falta de pessoal

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HIGHLIGHT: Technical note #10 has sought to identify the areas of greatest need for human resources in the Brazilian health sector and the prevalence of risk factors for COVID-19, by highlighting the shortage of health professionals in most areas and states in the country. One of its main findings is that infection rates greater than 4% would be enough to generate deficits in the number of health professionals available in all the states in North and Northeastern Brazil. In the Southeast, however, the minimum rate would be, on average, about 6.3%, and in the South, 5.3%. Therefore, the process of flattening the curve would be vital to avoid a collapse in the availability of human resources. Data quality, transparency and publication on health professionals, on the other hand, is key for workforce planning during the pandemic. Technical Note #10 has been featured in O Globo, leading newspaper in Brazil.

Technical Notes

a. December 2020: Nunes, M.; Aguillar, A.; Lotta, G. & Thami, H. **Do Combate à Convivência: Respostas de Municípios à Pandemia de COVID-19.**

b. November 2020: Dias, M. & Fontes, L. F. **Avaliação do Impacto dos Centros de Atenção Psicossocial sobre Produção Ambulatorial, Internações e Mortalidade.**

c. November 2020: Rocha, R.; Mrejen, M. & Coube, M. **Um Decreto para Estradas e a Estrada da Saúde no Brasil.**

d. October 2020: Fernandez, M.; Lotta, G. & Oliveira, G. S. **Por Trás da Máscara: Percepções dos Médicos que Atuam na Linha de Frente da Pandemia de COVID-19 no Estado de São Paulo.**

e. August 2020: Sant'Anna, A. A. & Rocha, R. **Impactos dos Incêndios Relacionados ao Desmatamento na Amazônia Brasileira Sobre Saúde.**

f. May 2020: Fehn, A.; Nunes, L.; Aguillar, A. & Dal Poz, M. **Vulnerabilidade e Déficit de Profissionais de Saúde no Enfrentamento da COVID-19.**

g. May 2020: Nunes, L.; Rocha, R. & Ulyssea, G. **Vulnerabilidades da População Brasileira à COVID-19: Desafios para a Flexibilização do Distanciamento Social.**

h. April 2020: Nunes, L.; Aguillar, A.; Thami, H.; Sena, M.; Tepedino, P.; Rache, B.; Lago, M. & Rocha, R. **Caracterização da Oferta e Vulnerabilidade da População no Estado do Rio de Janeiro frente à Propagação da COVID-19.**

i. April 2020: Rache, B.; Rocha, R.; Nunes, L.; Spinola, P. & Massuda, A. **Para Além do Custeio: Necessidades de Investimento em Leitos de UTI no SUS sob Diferentes Cenários da COVID-19.**

j. April 2020: Massuda, A.; Malik, A. M.; Ferreira Junior, W. C.; Vecina Neto, G.; Lago, M. & Tasca, R. **Pontos-chave para Gestão do SUS na Resposta à Pandemia COVID-19.**

k. April 2020: Wang, D. & De Lucca-Silveira, M. **Escolhas Dramáticas em Contextos Trágicos: Alocação de Vagas em UTI Durante a Crise da COVID-19.**

l. March 2020: Rache, B.; Nunes, L.; Rocha, R.; Lago, M. & Fraga, A. **Como Conter a Curva no Brasil? Onde a Epidemiologia e a Economia se Encontram.**

m. March 2020: Rache, B.; Rocha, R.; Nunes, L.; Spinola, P.; Malik, A. M. & Massuda, A. **Necessidades de Infraestrutura do SUS em Preparo à COVID-19: Leitos de UTI, Respiradores e Ocupação Hospitalar.**

n. March 2020: Rocha, R.; Nunes, L.; Rache, B. & Massuda, A. **Estimação de Custos de Hospitalizações em UTI por COVID-19 no SUS: Limite Inferior por Cenários Populacionais de Infecção.**

o. February 2020: Rache, B.; Nunes, L. & Rocha, R. **Evolução Recente e Perfil Atual da Mortalidade no Brasil: Uma Análise da Heterogeneidade entre Municípios.**

Working papers

a. November 2020: Dias, M. & Fontes, L. F. **The Effects of a Large-Scale Mental Health Reform: Evidence from Brazil.**

b. November 2020: Laudares, H. & Gagliardi, P. H. **Is Deforestation Spreading COVID-19 to the Indigenous Peoples?**

c. September 2020: Rocha, R. & Sant'Anna, A. A. **Winds of Fire and Smoke: Air Pollution and Health in the Brazilian Amazon.**

d. July 2020: Rocha, R.; Furtado, I. & Spinola, P. **Financing Needs, Spending Projection and the Future of Health in Brazil.**

e. May 2020: Américo, P. & Rocha, R. **Subvencionar o Acesso a Medicamentos Controlados e desfechos de saúde: o caso da diabetes.**

f. April 2020: Noronha, K.; Guedes, G.; Turra, C. M.; Andrade, M. V.; Botega, L.; Nogueira, D.; Calazans, J.; Carvalho, L.; Servo, L.; Silva, V.; Nascimento, V.; Ferreira, M. F. **Pandemia por COVID-19 em Minas Gerais, Brasil: Análise da Demanda e da Oferta de Leitos e Equipamentos de Ventilação Assistida Considerando os Diferenciais de Estrutura Etária, Perfil Etário de Infecção, Risco Etário de Internação e Distâncias Territoriais.**

g. February 2020: Bhalotra, S.; Rocha, R. & Soares, R. **A Universalização da Saúde pode Funcionar? Evidências Tiradas da Expansão e da Reestruturação do Sistema de Saúde no Brasil.**

h. February 2020: Lins, J. & Menezes, T. **O horário de Verão está Provocando Suicídios.**

i. December 2019: Costa, F.; Nunes, L. & Sanches, F. **Como Atrair Médicos a Áreas Desamparadas? Recomendações de Política a Partir de um Modelo Estrutural.**

Institutional Studies

a. November 2019: Rocha, R.; Furtado, I. & Spinola, P. **Garantindo o Futuro da Saúde no Brasil: Necessidades de Financiamento e Projeção de Gastos.**

Abstract: In this article, we have adopted a growth projection accounting model to estimate and characterize health financing needs in Brazil over the next four decades. We have also estimated projections separately for the public and private sectors, isolated the burden of the demographic component, identified potential tensions between financing needs and spending constraints in the future, in different fiscal scenarios for the public sector, and discussed the sustainability of Brazil's health system.

b. December 2020: Bhalotra, S.; Rocha, R. & Nunes, L. **Urgent Care Centers, Hospital Performance and Population Health.**

Abstract: Hospitals are under increasing pressure as they support an increasing burden of chronic illnesses, while handling emergency cases, which, oftentimes, do not require hospitalization. Many countries have responded by introducing alternative facilities that provide care 24/7, for basic and medium-level complexity cases. Using administrative data, we have

investigated the impacts of opening these intermediary facilities (UPA / Emergency Unit) in the state of Rio de Janeiro, Brazil. We have found that opening a UPA in the area covered by a hospital reduces outpatient procedures and hospitalizations, and this is associated with improved hospital performance, indicated by a decrease in hospital mortality. This does not seem to stem from a change in the risk profile of cases in hospitalization but from a shift towards redirecting hospital resources. By significantly distancing ourselves from the research, we have identified displacement by investigating the results at the population level. Our most striking result is that a large share of the decline in hospital mortality is offset by deaths in UPAs, though there remains a net decline in deaths from cardiovascular conditions that are typically amenable to primary care.

Scientific articles

1. Published

a. October 202: The Lancet. **Science misuse and polarised political narratives in the COVID-19 response** (Paes-Sousa, R.; Millett, C.; Rocha, R.; Barreto, M. L. & Hone, T.).

Abstract: This article aims at discussing how strategies to deal with the COVID-19 pandemic have generated polarized debates often focusing on the relationship between economics and health. Such debates are often divided by politics. Evidence has been increasingly used to justify these arguments without due attention to quality or reporting. Furthermore, the evidence suggests that arguments for compensation are inadequate, as countries that have been showing better pandemic control have experienced minor economic contractions.

b. July 2020: Journal of Health Economics. **Subsidizing Access to Prescription Drugs and Health Outcomes: The Case of Diabetes** (Rocha, R. & Américo, P.).

Abstract: This article is targeted at assessing the health effects of a comprehensive drug prescription subsidy program implemented in Brazil, Aqui Tem Farmácia Popular (ATFP / Drugstore for all - herein ATFP). We have explored program features to identify its effects

on diabetes mortality and hospitalization rates for individuals aged 40 and over. We have found weak evidence for a decline in mortality but a robust reduction in hospitalization rates. According to this specification, an additional ATFP pharmacy per 100,000 inhabitants is associated with a 8.2% reduction in hospitalization rates for diabetes, which corresponds to 3.6% of the reference rate. The positive effects are greater for type II diabetes compared to type I and among patients at relatively lower socioeconomic status. Overall, the results are consistent with insulin-dependent patients, who tend to be relatively less responsive to subsidies due to greater immediate life-threatening risks. These results support the view that the ideal design of health systems and cost-sharing mechanisms should take into account equity issues, heterogeneous impacts by health condition, and potential compensatory effects on the use of health services.

c. November 2019: The Lancet Global Health. **Effect of economic recession and impact of health and social protection expenditures on adult mortality: a longitudinal analysis of 5565 Brazilian**

municipalities (Rocha, R.; Hone, T.; Mirelman, A. J.; Rasella, D.; Paes-Sousa, R.; Barreto, M. L. & Millett, C.).

Abstract: Economic recession can worsen health standards in low- and middle-income countries with precarious labor markets and weak social protection systems. From 2014 to 2016, a major economic crisis hit Brazil. Our goal was to assess the relationship between the economic recession and adult mortality in Brazil and verify whether health and social welfare programs have played a protective effect against the negative impact of that recession period.

d. July 2019: The Lancet. **Brazilian Unified Health System: The First 30 Years and Prospects for the Future** (Castro, M. C.; Massuda, A.; Almeida, G.; Menezes-Filho, N.; Andrade, M. V.; Noronha, K.; Rocha, R.; Macinko, J.; Hone, T.; Tasca, R.; Giovanella, L.; Malik, A. M.; Werneck, H.; Fachini, L. A. & Atun, R.).

Abstract: In 1988, the Brazilian Constitution set forth that health was a universal right to all Brazilians as well as a responsibility shouldered by Brazil as a State. In 1990, progress towards universal health coverage in Brazil was achieved by setting up SUS [Brazil's Unified Health System] (Sistema Único de Saúde [SUS]). With advances and setbacks while implementing health programs and organizing the health system, the Brazilian population has achieved almost universal access to health services. SUS's trajectory of development and expansion offers valuable lessons on how to scale universal health coverage in a highly unequal country with relatively low resources allocated to health services by the government as compared to middle- and upper-income countries. By analyzing the last 30 years, since SUS was set up, it is plain to see that innovation

goes beyond developing new models of care and highlights the importance of establishing political, legal, organizational, and managerial structures with clearly defined roles for the federal government and local governments as regards governance, planning, financing, and provision of health services. The expansion of SUS has allowed Brazil to respond quickly to changes in Brazilian people health needs. There has been a sharp increase in coverage of health services in just three decades. However, despite its successes, it is necessary to analyze future scenarios that suggest the urgent need to address persistent geographical inequalities, insufficient funding, and sub-optimal public-private sector collaboration. Fiscal policies implemented in 2016 ushered in austerity measures that could threaten SUS sustainability and ability to fulfill its constitutional mandate to provide health for all.

2. Articles submitted and under required review by journals

e. June 2019: Under review for the Review of Economics and Statistics. **How to Attract Physicians to Underserved Areas? Policy Recommendations from a Structural Model** (Nunes, L.; Costa, F. & Sanches, F.).

Abstract: The lack of doctors in the poorest areas raises concerns both in developed and developing countries. This article aims at exploring location options and individual characteristics of all general practitioners who graduated in Brazil between 2001 and 2013 in an effort to study policies targeted at increasing the supply of doctors in disenfranchised areas. We have estimated doctors' location preferences using a discrete choice model based on random coefficients. We have

found that doctors have substantial gains in utility if they work near the region where they were born or where they graduated. We have shown that wages and health infrastructure, although significant, are not the main motivation factors for doctors to choose a certain place to work. Model simulations have indicated that Affirmative Action policies in medical schools for students who were born in underprivileged areas and opening vacancies in medical schools in underprivileged areas have improved spatial distribution of doctors with lower costs than offering financial incentives or making investments in health infrastructure.

f. July 2019: Under review for the Journal of Public Economics. **Simulated Power Analyses for Observational Studies: Application to the Affordable Care Act Medicaid Expansion** (Black, B.; Hollingsworth, A.; Nunes, L. & Simo, K).

g. December 2020: Under review for Health Economic. **Financing Needs, Spending Projection and the Future of Health in Brazil.** (Rocha, R.; Furtado, I. & Spinola, P.).

3. Selected work in progress

h. Price Setting in the Brazilian Private Health Insurance System (Viegas, M.; Marinho, C.; Nunes, L. & Colares, F.).

i. Agricultural fires, Technology Adoption and Health: Evidence from the Brazilian Sugarcane Industry (Lima, F. & Nunes, L.).

j. Winds of Fire and Smoke: Air Pollution and Health in the Brazilian Amazon (Rocha R. & Sant'Anna, A. A.).

k. Productive Effects of Dengue in Brazil (Rocha, R.; Menezes, A.; Facchini, G.; & Bhalotra, S.).

l. Can Universalization of Health Work? Evidence from Health Systems Restructuring and Expansion in Brazil (Rocha, R.; Bhalotra, S. & Soares, R. R.).

m. Primary Health Care Reform and Mortality in Brazil (Rocha, R.; Hone, T.; Millett, C. & Mrejen, M.).

n. The Impacts of Health Systems Financing Fragmentation in Low-and-Middle Income Countries: A Systematic Review (Rocha, R.; Martins, M.; Coube, M.; Hone, T. & Millett, C.).

Institutional lines of research in progress

REGIONALIZATION

Regionalization is a paramount organizational principle to SUS. Such principle was set forth in Brazil's 1988 Federal Constitution with the aim of rationalizing and prioritizing services. One of SUS's biggest challenges is its flow of care and three-level health design. For this reason, we have assessed the impact of regionalization on hospitalization flows, availability of physical and human resources, and availability of services from low to high complexity.

UPAS (EMERGENCY UNITS)

A significant number of diseases in developing countries is caused by acute conditions, such as infections, fractures and heart attacks. However, provision of emergency care is precarious and scarce in many health systems. The objective of this study is to estimate the impact of expanding pre-hospital care through fixed emergency units (UPAs) on hospital performance and people's health outcomes. The method used was difference in differences (DID). Our main focus was on the state of Rio de Janeiro, a pioneer in implementing the policy between 2005 and 2016.

INEQUALITIES

Descriptive study to record inequalities in mortality and life expectancy associated with income, race, level of education, and place of residence. This study takes into account the crossing of administrative data bases in the state of Rio de Janeiro: Cadastro Único (governmental data base on poor and extremely poor families in Brazil) and Sistema de Informações de Mortalidade (SIM - Mortality Information System). The study is co-authored by Professor Márcia Castro (Harvard University, TH Chan School of Public Health) and Julie Kim, who earned an MA in Public Health by Harvard (2020).

OSS (SOCIAL HEALTH ORGANIZATIONS)

We have sought to estimate the effects of Social Health Organizations (OSS) on productivity, quality, and amount of hospital care, in addition to assessing the cost-effectiveness of this management model.

DOCTORS

The lack of qualified health professionals in rural and underdeveloped areas is a barrier to improving population's health outcomes. By using a discrete choice model of random coefficients, this article aims at exploring location options and individual characteristics of all general practitioners who graduated in Brazil between 2001 and 2013 in an effort to study policies targeted at increasing the supply of doctors in disenfranchised areas.

(ii)

We lead the debate on health policies

#GNewsPainel

ONEWS

Nation-wide Reach

Throughout 2020, IEPS has become an important reference for national media outlets. Research results and comments by our team members have been broadcasted on most television, radio, and newspaper channels in Brazil. Altogether, our team has been featured in Brazilian TV channels, such as Rede Globo, Globonews, SBT, Rede Bandeirantes, and HBO. We have joined interview programs on Rádio CBN, and on the podcast “O Assunto” by Renata Lo Prete on G1. Dozens of articles have been published in Brazil’s main printed newspapers. Those articles highlight headlines on some newspaper covers. Altogether, IEPS team has been featured in five headlines on the cover of Folha de São Paulo, two headlines on the cover of O Globo, two headlines on the cover of Valor, and one on the cover of Estadão. In addition, editorials by O Estado de São Paulo and O Globo have quoted IEPS’s studies and reports. Those editorials have been written by columnists, such as Miriam Leitão (O Globo), Paulo Hartung, Sonia Racy, João Gabriel de Lima (Estadão), Cláudia Collucci (Folha), and others. Finally, in an effort to engage with other regions in Brazil, instead of just focusing on the cities of Rio and São Paulo, we have made an active effort to be featured in the main communication outlets in all Brazilian states. Our surveys and remarks have been featured in the largest local newspapers in fifteen states: Estado de Minas (Minas Gerais), A Gazeta (Espírito Santo), Gazeta do Povo (Paraná), Zero Hora (Rio Grande do Sul), A Tribuna (Acre), TV Liberal (Pará), Correio Popular (Rondônia), Gazeta do Cerrado (Tocantins), O Povo (Ceará), TV Bahia (Bahia), Folha de Pernambuco, Jornal do Commercio (Pernambuco), Correio do Povo (Alagoas), Diário de Cuiabá (Mato Grosso), Correio Braziliense (Distrito Federal), A Crítica (Mato Grosso do Sul).

1,300
media
inserts _

Highlight: Rudi Rocha interview for GloboNews Painei
- O SUS tem futuro? [Is There a Future for SUS?]

In December 2019, Renata Lo Prete interviewed doctor Drauzio Varella, the economist and public policies and health economics researcher; Rudi Rocha, Research Director at IEPS, and Walter Cintra, coordinator of the Hospital Administration and Health Systems course at FGV-SP for the roundtable “O SUS tem futuro?” [Is There a Future for SUS?] on GloboNews Painei. They discussed the importance of SUS to enable access to health, its biggest problems / challenges and possible solutions to overcome those problems. On the occasion, Rudi Rocha pointed out that: “Some projections we have identified for Brazil’s health financing needs in the next generation indicate that we will need additional USD 200 billion just to cover the basic needs. Another interesting calculation we have made is that, if we were to freeze public spending on health today, in a generation the proportion of public investment in health vis-a-vis Brazilian GDP reaches levels similar to the ones found in Sub-Saharan Africa (...) The Brazilian society has to take ownership of the debate on budget, provision and access to health. People from other countries have been doing that for a long time now.”

A Reference in the Americas

IEPS has become an important voice for health in Latin America and the American continent at large. We have been interviewed by regional media such as BBC Mundo, CNN en Español and Americas Quarterly. IEPS has been featured in the main newspapers in all the countries in the Americas, except the Caribbean.

In Canada, we have been featured in the prestigious Globe and Mail newspaper and on CBC television channel. In the United States, IEPS has been featured in every major newspaper in the country - The New York Times, The Wall Street Journal, The Washington Post, Miami Herald, Houston Chronicle, LA Times, San Francisco Chronicle, Seattle Times, Chicago Tribune -, on major television channels - CNN, PBS, ABC, NBC, Bloomberg, Fox News -, and in the traditional Newsweek magazine.



Coronavirus: Brazil Second country after US to record a million cases

Coronavirus: Quarantine rules for some countries set to be relaxed



Highlight: Miguel Lago interview for BBC News

In an interview for BBC News in June 2020, Miguel Lago argued that Bolsonaro understood he had two crises which were impossible to escape: an economic crisis, and a sanitary crisis. He was wide aware the crises would have an impact on voter support. Therefore, he has decided to strategically act as if he could not do anything to stop coronavirus. Also, he said protecting the economy was the most important thing to do. In response to that stance, there is now a more articulate and growing opposition to Brazil's President.



MIGUEL LAGO
POLITICAL SCIENTIST AND HEALTH POLICY EXPERT



Brazil's leader disavows role in pandemic

President has ignored health experts' advice and blames others as the death toll soars.



PRESIDENT Jair Bolsonaro's opposition to business closures and stay-at-home recommendations has undermined Brazil's efforts to fight the coronavirus.

Almost a month on, the death toll in the country of 21 million has more than quadrupled, topping 24,500, and continues to accelerate. The Brazilian Supreme Court determined that states and cities have jurisdiction to impose isolation measures. So Bolsonaro on May 7 walked purposefully across the capital's Three Powers Plaza to the top court, a tight cluster of ministers and business leaders in tow, and demanded that local restrictions be tempered. "Some states went too far in their restrictive measures, and the consequences are knocking on our door," he said, adding that tens of millions of Brazilians have lost their income. He has repeatedly singled out some local leaders by name. When governors defied Bolsonaro's subsequent decree that gyms, barbershops and beauty salons be allowed to operate as essential services, he accused them of undermining the rule of law and suggested the move would invite "undesirable authoritarianism to emerge in Brazil." On Saturday night, Bolsonaro ventured into Brasilia, the capital, to lead by example, eating a hot dog bought from a street vendor. Video he posted to Facebook showed supporters snapping selfies and calling him by his nickname - "Mith" - while those in self-quarantine in overlooking apartments banged pots and pans in protest. A May 17-19 poll by XP/Ipsos found that 58% of those surveyed rated Bolsonaro's pandemic response as bad or terrible, and only 21% as good or excellent. Governors fared more than twice as well in both counts. The poll had a margin of error of 3.2 percentage points. Latin America's largest nation has more than 374,000 confirmed COVID-19 cases, second only to the U.S., and experts say that figure is a significant undercount because of insufficient testing. The strain on Brazil's underfunded hospitals has pushed them to the brink of collapse in multiple states and prevents some patients from getting treatment. Havoc and heartache are unfolding beneath a void of leadership, according to Miguel Lago, executive director of Brazil's Institute for Health Policy Studies, which advises public health officials. Two health ministers have left office during the pandemic, making Brazil the only nation that can claim such distinction, he said. Brazil is "completely incapable of dealing with and responding to this crisis as this crisis should be responded to - with complete leadership, clear messages, political stability and unity," Lago said. "That's not the case here. Basically, what we're seeing is a complete lack of seriousness and competence." The far-right leader fired his first health minister, Luiz Henrique Mandetta, for supporting governors' restrictions. In his departing address, Mandetta referred to Bolsonaro in what he later

'Basically, what we're seeing is a complete lack of seriousness and competence.'

- MIGUEL LAGO, of the Institute for Health Policy Studies, referring to the Brazilian president's pandemic response

confirmed to the magazine Epoca was an allusion to the Albert Camus book "The Plague." The novel about a diseased city includes a passage that says those who did not believe in the plague were first to die because they took no precautions.

Bolsonaro's second minister, Nelson Teich, resigned about a month later after openly disagreeing with Bolsonaro over chloroquine, the predecessor of the antimalarial drug often touted by President Trump as a viable COVID-19 treatment. Bolsonaro in his 17-month tenure has often expressed open admiration for Trump and the United States.

Trump would have to fire his government's top expert on the virus and the experts' successor, attend anti-pandemic rallies and expand chloroquine treatment "to approach the level of crisis incompetence" shown by Bolsonaro, Ian Bremmer, the president of political consultancy Eurasia Group, said on Twitter this month.

Weeks after praising chloroquine and directing the army to ramp up production, Bolsonaro admitted last week that there is no scientific evidence of the drug's effectiveness but said the nation is "at war" and it is better to fight and lose than to not fight at all. The country still has only an interim health minister, a general with no health experience whatsoever before April.

In the capital on Sunday, Bolsonaro supporters staged a small demonstration in front of the presidential palace, as they have for several weeks. Bolsonaro joined and once again lifted children in his arms.

He shared a video from a helicopter driver of the demonstration that revealed a sparsely occupied plaza. There were perhaps 1,000 people in attendance, in a city of 3 million. One banner read, "Lockdowns kill more than the Chinese virus!"

That same day, Trump prohibited entry to the U.S. of foreigners coming from Brazil. Trump had already banned certain travelers from China, Europe, the United Kingdom and Ireland and, to a lesser extent, Iran. He has not moved to ban travel from Russia, which has the world's third-highest number of infections.

Bolsonaro's special advisor on international affairs, Filipe Martins, tweeted that the ban was the natural result of Brazil's large population. "There isn't anything specifically against Brazil. Ignore the hysteria from the press," he said.

Bolsonaro shared Martins' comment on social media but has not commented himself.

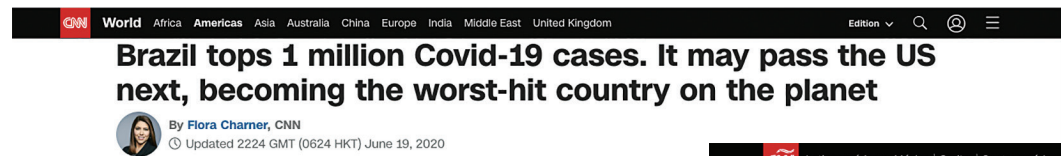
Upon leaving the presidential residence Monday morning, Bolsonaro declined to answer reporters' questions. One supporter grabbed his attention, and she begged him to launch a "massive propaganda" campaign to improve his negative image abroad.

"The global press is leftist," Bolsonaro explained coolly, then outstretched his arm fully to point at journalists.

After Bolsonaro got into his car, his supporters turned toward reporters, blasting them as "trash" and "communists," making obscene gestures and threats.

Highlight: interview for The Wall Street Journal and LA Times has quoted IEPS

In an article published in August 2020 by The Wall Street Journal, Miguel Lago emphasized that President Jair Bolsonaro is creating false polarization. Lago also highlighted that the lack of coordination between municipal and state governments with the federal government prevents an efficient articulation to respond to the coronavirus crisis. That is harmful mainly to the 10% of Brazilians living in the so-called "clinical deserts", remote regions with no access to intensive care units or respirators, he said.



Highlight: Interview for CNN

Considering that Brazil has no national coronavirus contingency plan, Miguel Lago, in an interview for CNN in June 2020, said that the Brazilian federal government's response to the pandemic could not have been worse. Since Brazil has a solid public health system, it could have been put to better use at the beginning of the crisis.

In Latin America, IEPS has been featured by media outlets in all of the countries: El Universal (Mexico), Prensa Libre (Guatemala), La Prensa Gráfica (El Salvador), Criterio (Honduras), La Nación (Costa Rica), La Prensa (Nicaragua), Diario Libre (Dominican Rep.), Critica (Panama), El Universo (Ecuador), El Nacional (Venezuela), El Comercio (Peru), El Deber (Bolivia), El Mercurio (Chile), El Colombiano (Colombia), ABC (Paraguay), El Observador (Uruguay) and La Nación (Argentina).

Highlight: Miguel Lago interview for CNN en Español

In May 2020, in an interview with CNÑ, Miguel Lago pointed out that the Brazilian health system is sound. However, it has structural financing problems, equipment deficit, and serious distributional inequalities. Regarding coronavirus, it shows that the response to the crisis is a political maneuver performed by the president, who is more concerned with his own political future than people's lives. For this reason, he stated that there must be a front of resistance led by the scientific community and state governments so such attitudes do not result in an even worse scenario for Brazil's health system.

International Attention

During the pandemic, IEPS has become one of the main references of consultation to foreign journalists on governmental responses implemented to fight COVID-19. IEPS has been quoted on more than 1,300 media inserts in more than 80 countries on all continents.

IEPS has been featured in the most prestigious European newspapers - The Guardian, The Sun (United Kingdom); Le Monde, Le Figaro (France); El País, ABC (Spain); Die Zeit, Berliner Zeitung, Handelsblatt (Germany); La Repubblica (Italy); Tribune de Genève (Switzerland); Die Presse (Austria); Expressen (Sweden); Berlingske (Denmark) - on the main European television channels - BBC World, Deutsche Welle, RT -, on the radio - BBC Radio Service, Cadena Ser, RFI, RTL -, and in major magazines, such as The Economist and Le Point.

On
1,300
media inserts _

IEPS has been quoted
in **80** **countries**

BolsoNero

Brazil’s president fiddles as a pandemic looms

It’s just a sniffle, he claims



The Economist

Highlight: The Economist

In an article published by The Economist, in March 2020, Miguel Lago said the Brazilian government would have to spend roughly USD 200 million for every 1% of the population infected just to provide care for all serious COVID cases. Also, he pointed out that the government approved about USD 2 billion for extra expenses, an increase of one tenth, but probably very little for the “catastrophic scenario” resulting from the coronavirus crisis.

In the Asian continent, IEPS has been featured in some stories for Al Jazeera (Qatar), NHK (Japan), and CGTN (China). In India, IEPS has been featured in articles by the most prestigious English-language newspapers, such as The Hindu and The Times of India. Other major newspapers in Asia, such as Mainichi (Japan), Manila Times (Philippines), The Daily Times (Pakistan), Beijing News (China), The Daily Observer (Bangladesh) have highlighted IEPS. In the African continent, Alijazayr (Algeria), La Presse (Tunisia), The Punch, The Sun (Nigeria), Media Congo (Democratic Republic of Congo). In Oceania, major newspapers have cited IEPS: The Herald Sun, The Daily Telegraph, and the Sydney Morning Herald (Australia), The New Zealand Herald (New Zealand).



NHK WORLD JAPAN

Highlight: NHK interview

Pandemic Exposes Disparities

In an interview with NHK, the main television channel in Japan, Miguel Lago has highlighted that Brazil is one of the most unequal countries in the world and one-third of Brazilians are low-income people. The pandemic greatly affects low-income Brazilians but the federal government is not using state capacity to combat the crisis. Also, the federal government states that governance is essential and Brazil is a good case to show that, although we have State capacity and strong scientific communities, the lack of good leadership results in disastrous effects. The discussion panel also featured Tak Sang-woo, Associate Professor at Seoul National University; Jewel Mullen, Associate Dean for Equality in Health at Dell Medical School (University of Texas at Austin); and Saito Tomoya, Director of the Department of Health Crisis Management at the National Institute of Public Health in Japan.

Op-ed
articles

We have published four articles in The New York Times, and a dozen other articles in major international media, such as The Hindu (India), El País (Spain) and Americas Quarterly (the USA). We have often published in main Brazilian national newspapers, such as Folha de São Paulo, Estadão, Valor Econômico, O Globo and local media, such as Gazeta do Povo.



07/12/2020

Tres acciones esenciales para salir de la pandemia en América Latina - The New York Times

The New York Times

<https://nyti.ms/2B1v7rF>

COMENTARIO

Tres acciones esenciales para salir de la pandemia en América Latina

Las respuestas a la pandemia se enfrentan a limitaciones estructurales y a la demagogia política en la región más desigual del mundo.

Por José Gomes Temporão y Miguel Lago

Son expertos en salud pública en Brasil y América Latina.

15 de julio de 2020

Regístrate para recibir nuestro boletín con lo mejor de The New York Times.

The New York Times

Highlight: The New York Times

On July 15, Miguel Lago, IEPS executive director, published an article co-authored with sanitary doctor José Gomes Temporão, former Brazil Health Minister (2007-2010) in the New York Times. The authors aimed at analyzing the region that had just become the new epicenter of the pandemic, bringing three concrete recommendations of what governments could do to reverse the situation: extending social distancing policies, transparent and reliable emergency income, and intelligent use of Primary Care in epidemiological surveillance. The article has received significant national and international attention. In its aftermath, the authors were interviewed by several media outlets from Argentina, Uruguay, and North America. Miguel Lago has published three other articles on the pandemic in Brazil in The New York Times between March and October 2020. Therefore, IEPS has published an average of one opinion article every six weeks in the most prestigious newspaper in the world.

COMMENT

Guaranteeing healthcare, the Brazilian way



Miguel Lago



Arthur Aguillar

JANUARY 21, 2020 00:05 IST
UPDATED: JANUARY 21, 2020 11:02 IST

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A A A



Its success in getting universal coverage has lessons for India

As Brazilian President Jair Bolsonaro visits New Delhi this Republic Day, one interesting field of cooperation to explore in the strategic partnership is healthcare. Achieving universal health coverage is a very complex task, especially for developing countries. Here, the example of Brazil, the only country where more than 100 million inhabitants have a universal health system, is worth studying. It can also provide lessons for Ayushman Bharat, currently the world's largest and most ambitious government health programme.

Guaranteeing healthcare, the Brazilian way

Its success in getting universal coverage has lessons for India

MIGUEL LAGO
A ARTHUR AGUILLAR

As Brazilian President Jair Bolsonaro visits New Delhi this Republic Day, one interesting field of cooperation to explore in the strategic partnership is healthcare. Achieving universal health coverage is a very complex task, especially for developing countries. Here, the example of Brazil, the only country where more than 100 million inhabitants have a universal health system, is worth studying. It can also provide lessons for Ayushman Bharat, currently the world's largest and most ambitious government health programme.

Following the end of military rule, the Brazilian society decided to achieve universal coverage by establishing a government funded system. The Unified Health System (SUS), which guaranteed free health coverage that included pharmaceutical services, was written into the new Constitution in 1988.

Progress over 30 years
In the last 30 years, Brazilians have experienced a drastic increase in health coverage as well as outcomes: life expectancy has increased from 64 years to almost 76 years, while Infant Mortality Rate has declined from 53 to 14 per 1,000 live births. In terms of service provision, polio vaccination has reached 98% of the population. A 2015 report said that 95% of those that seek care in the SUS are able to receive treatment. Every year, the SUS covers more than two million births, 10 million hospital admissions, and nearly one billion ambulatory procedures.

This has been made possible even amidst a scenario of tightening budget allocation. While universal health systems tend to consume around 8% of the GDP – the NHS, for instance, takes up 7.9% of Britain's GDP – Brazil spends only 3.8% of its GDP on the SUS, serving a population three times larger than that of the U.K. The cost of the universal health system in Brazil averages around \$600 per person, while in the U.K., this number reaches \$1,428.

A study conducted by the Brazil-based Institute for Health Policy Studies (IEPS) forecasts that public health spending in Brazil will need to increase by nearly 1.6 percentage points of the GDP by 2060 in order to cover the healthcare needs of a fast ageing society.

Achieving universal coverage in India, a country with a population of 1.3 billion, is a challenge of epic proportions. Hence, the advances in this field should be seen not in binaries but judged by its steady growth and improvement. For instance, India must record

details of improvement in terms of access, production and population health on a year-by-year basis. A starting point for this daunting task is funding. Public health expenditure is still very low in India, at around 1.3% of GDP in the 2017-2018 fiscal year.

Establishing wellness centres
The Brazilian experience can also inform the design of the expansion of primary care that underlies Ayushman Bharat, that is, the creation of 1,50,000 wellness centre by 2022. The Family Health Programme (Programa Saúde da Família), which relies on a community-based healthcare network, is the backbone of the rapid expansion of coverage in Brazil. The strategy is based on an extensive week of community health agents who perform monthly visits to every family enrolled in the programme.

These agents carry out a variety of tasks. They conduct health promotion and prevention activities, oversee whether family members are complying with any treatment they might be receiving, and effectively manage the relationship between citizens and the healthcare system. The strategy works: a large body of research shows that the programme has drastically reduced IMR and increased adult labour supply. Equally impressive has been its expansion, from 4% of coverage in 2000 to up to 64% of the overall population in 2015; it was able to reach even the rural areas and the poorest States of the country.

Both Brazil and India are composed of large States with a reasonable degree of administrative autonomy. This fact implies great challenges and opportunities. The major challenge is that a one-size-fits-all approach for such heterogeneous regional realities is inconceivable: Tamil Nadu, Sikkim, and Bihar differ in so many ways and this diversity must be met by an intricate combination of standardised programmes and autonomy to adopt policies according to their characteristics. Moreover, regional disparities in terms of resources and institutional capabilities must be addressed. This diversity, nevertheless, can be a powerful source of policy innovation and creativity.

Miguel Lago is an executive director at the Brazil-based Institute for Health Policy Studies, where Arthur Aguillar works as a public sector specialist.



O ESTADO DE S. PAULO

Segunda-feira 23 DE MARÇO DE 2020 R\$ 5,00 ANO 141 Nº 46378

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A Paulista num domingo atípico

Mesmo com o tráfego aberto aos carros, a Avenida Paulista, símbolo de lazer dos paulistanos aos domingos, quase não teve movimento ontem. METRÓPOLE / PÁG. F4

Rejeição a Bolsonaro na capital de SP é de 48%

Agestão do presidente Jair Bolsonaro é considerada ruim ou péssima por 48% dos moradores da capital paulista, segundo sondagem do Ibope, em parceria com o Estado e a Associação Comercial de São Paulo. A pesquisa foi feita entre 17 e 19 de março, já sob o efeito da pandemia. No caso do governador João Doria, as opiniões negativas são 44%. O trabalho do prefeito é visto como regular por 45%. POLÍTICA / PÁG. A4

ESTADÃO

Highlight: Advocating for emergency income as health measure

On March 23, Armínio Fraga, Rudi Rocha and Miguel Lago published an op-ed article

entitled “Crise coronavírus: prefeituras podem virar

o jogo [Coronavirus crisis: city halls can turn the tide]” in

O Estado de São Paulo (with a headline on the newspaper

cover) defending support for municipalities and immediate

approval emergency income to support social distance

policies without affecting the income of 50% of Brazilians.

The article has been widely commented and shared by

several political players and journalists. It was quoted in

Roda Viva TV program later that same day. Also, it was used

in the advocacy work performed by the coalition “A Renda

Básica que queremos”.

Empresários pedem um ‘Plano Marshall’ para evitar colapso

Eles querem ações de grande impacto por parte do governo; presidente da XP fala em 40 milhões de desem



Empresários avaliam que a crise gerada pela disseminação do novo coronavírus provocará grande impacto no sistema de saúde brasileiro, mas os estragos na economia real serão muito mais profundos, com possibilidade de desencadear um caos social no País. Eles pedem ações de grande impac

to por parte da União. O presidente da XP Investimentos, Guilherme Benchimol, disse ver um risco de crescimento do desemprego para mais de 40 milhões de brasileiros em decorrência da pandemia da covid-19. “É um número assustador”, afirmou, em uma live com executivos de empresas como CSN, Eletrobrás, Stone e MRV. Ele defendeu a criação de

Primeiras medidas do BNDES
O banco anunciou que vai destinar R\$ 55 bilhões para reforçar o caixa das empresas e apoiar trabalhadores, numa tentativa de reduzir os impactos na economia. Outras medidas serão divulgadas nas próximas semanas. PÁG. B3

um Plano Marshall – pacificação da Europa depois da Guerra Mundial. “O que é de estímulo é uma guerra. Tem de ser um plano de vermos os assustadores” semana passada, a equipe anunciou pacote de R\$ 1 bilhão de estímulo à economia. E

Com 100 mil moradores, Paraisópolis se mobiliza

Os moradores de Paraisópolis, a segunda maior favela da cidade de São Paulo, tentam organizar um plano local para conter as infecções pelo novo coronavírus. Dos 100 mil moradores, 25 mil têm mais de 60 anos. METRÓPOLE / PÁG. F3

Cuidado com as fórmulas prontas

Para as camadas mais populares, é dramático as crianças ficarem em casa por período que poderá ser prolongado. ECONOMIA / PÁG. B3



Alerta de risco. Agentes de saúde estão percorrendo as ruas da comunidade para orientar moradores

redução de 40% na taxa de infecção, mas a recuperação ganhou 14 mil. METRÓPOLE / PÁG. F3

ARTIGO • Armínio Fraga, Miguel Lago e Rudi Rocha

Para evitar caos, esta é a semana crucial

Para evitar um caos hospitalar, a semana que se inicia é crucial. O governo federal, os Estados e municípios precisam tomar medidas imediatas que possam achatá-la curva de contágio. METRÓPOLE / PÁG. F2

Media map:
a summary of
international impact

IEPS became one of the main references consulted by foreign journalists about the situation of the COVID-19 pandemic in Brazil. Our main performances were:

- CANADA**
Globe and Mail

UNITED STATES
Washington Post
The Wall Street Journal
Bloomberg
CNN
Newsweek

MEXICO
El Universal

PERU
El Comercio

VENEZUELA
El Nacional

CHILE
El Mercurio

URUGUAY
El Observador

ARGENTINA
La Nación

UNITED KINGDOM
The Guardian
The Economist
BBC World

FRANCE
Le Monde
- GERMANY**
Deutsche Welle

ITALY
La Repubblica

SPAIN
El País

RUSSIA
RT

NIGERIA
The Punch
The Sun

QATAR
Al Jazeera

PAKISTAN
The Daily Times

INDIA
The Hindu

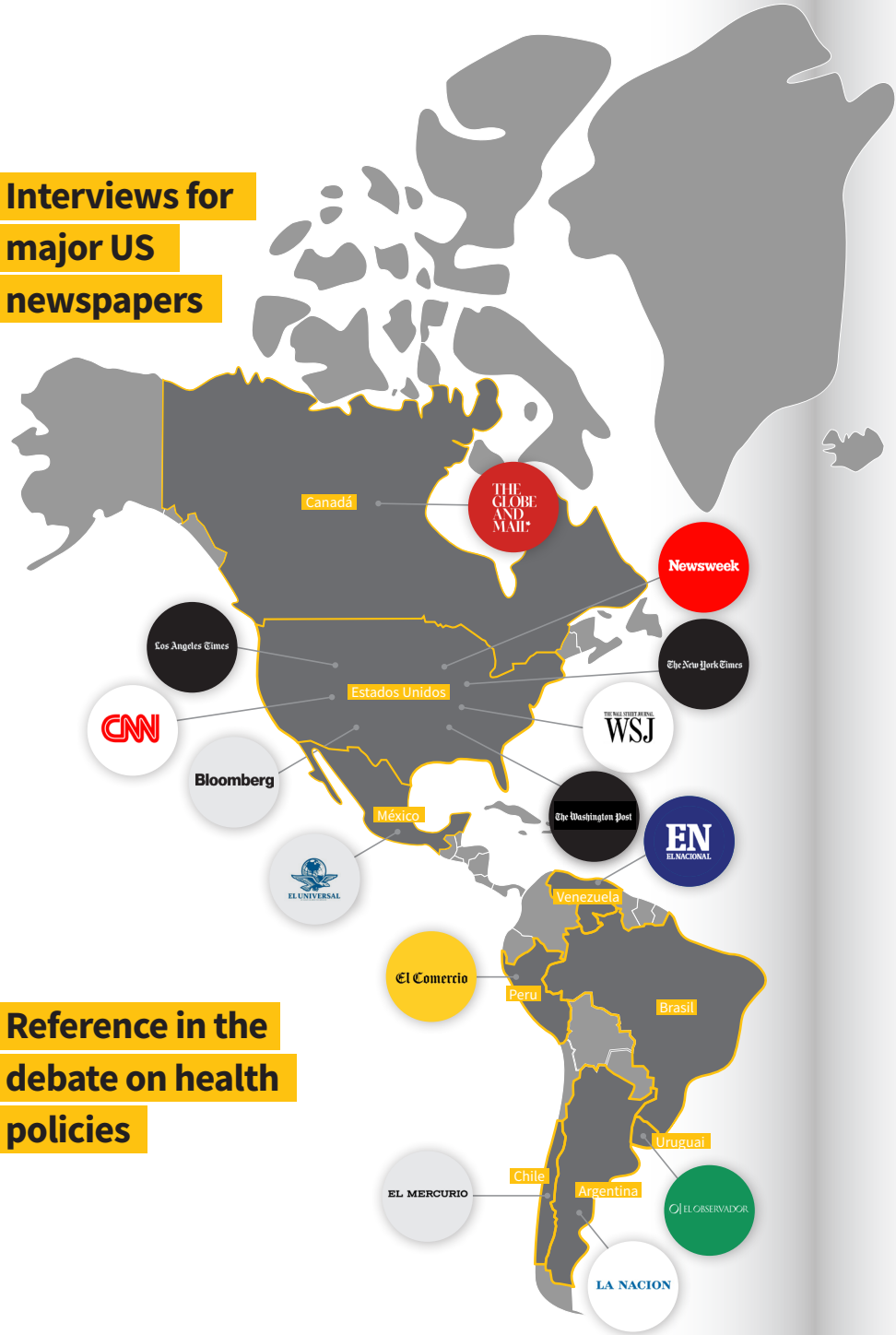
CHINA
CGTN

JAPAN
NHK

AUSTRALIA
The Herald Sun

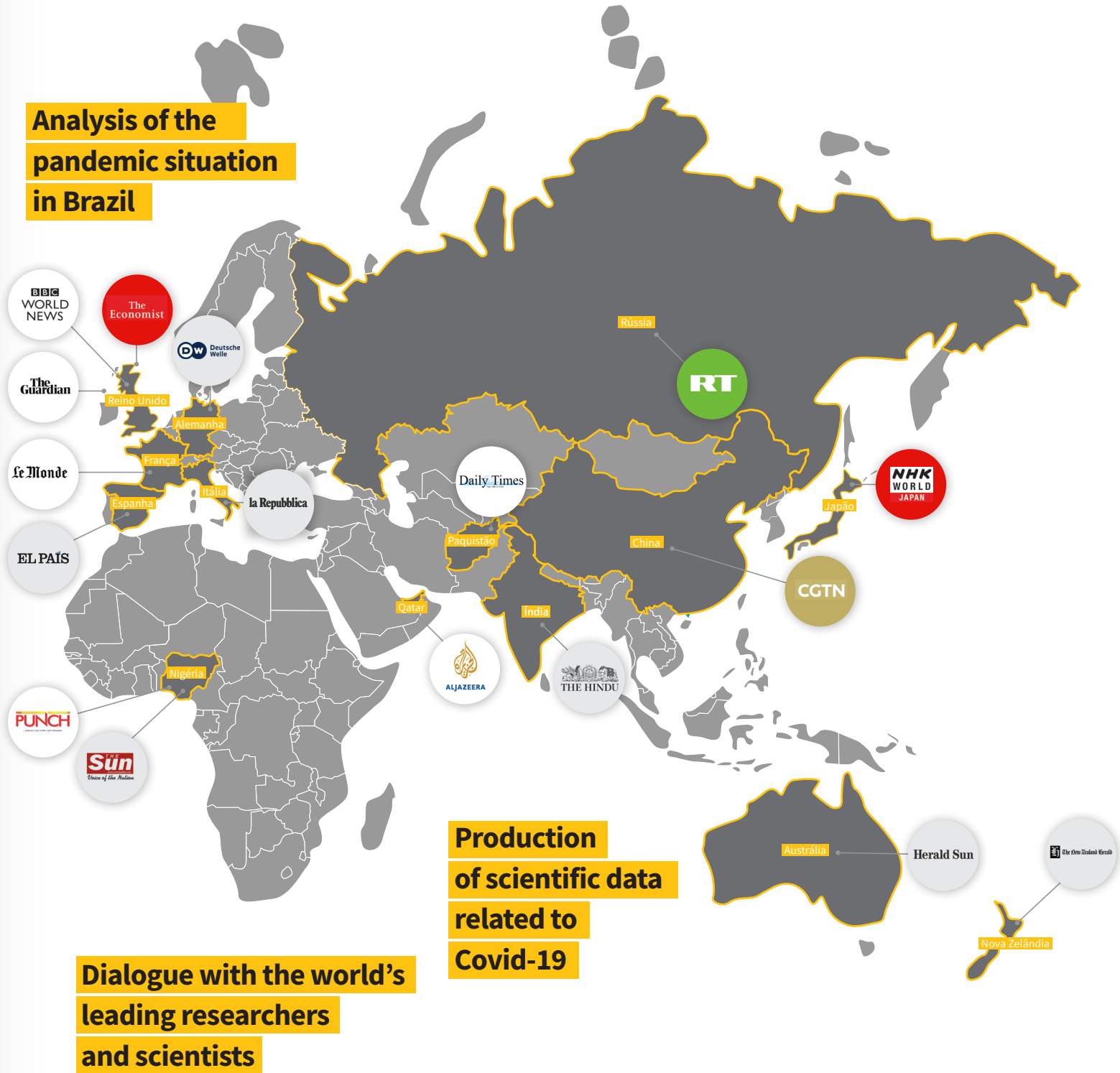
NEW ZEALAND
The New Zealand Herald

Interviews for
major US
newspapers



Reference in the
debate on health
policies

Analysis of the
pandemic situation
in Brazil



Production
of scientific data
related to
Covid-19

Dialogue with the world's
leading researchers
and scientists

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SEGUNDA-FEIRA, 7 DE SETEMBRO DE 2020

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Em domingo de sol, carreta a favor da Operação Lava Jato passa em frente ao estádio do Pacembu, em São Paulo. Imagem: Roberto Pires/Pro Pictura

2ª onda de Covid parece improvável, sugere curva

Curvas de óbitos pela Covid-19 em vários países não foram tão altas quanto a pandemia talvez não seja uma segunda onda nos locais mais afetados. A conclusão é a mesma no Brasil, na Europa e nos EUA, onde o isolamento social está cada vez mais. O caso ainda ocorre o aumento das mortes em regiões menos atingidas inicialmente. Consultas de

Exporte B10

Djokovic, da bolada acidental em juízo e é desclassificado do US Open

Ilustrada B6

MAC USP que guardou obras de Edemar Cid Ferreira, perde R\$ 20 milhões

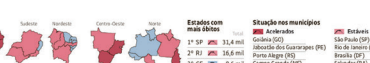
Mercado A17

Bancos digitais miram crianças e facilitam acesso de menores ao mercado

Operação Lava Jato teme derrotas em série no STF

Pessimismo vem de mudança na segunda turma e de decisão sobre delações

Decisão recente sobre delações premiadas e julgamentos intermédios Super Tribunal Federal também influenciam a Lava Jato. A avaliação no tribunal e no Ministério Público Federal que a apuração da Lava Jato, que em 10 de setembro debate a presidência do Supremo, é o julgamento da Operação.



ENTREVISTA DA 2ª

Marc Lipsitch

Nós precisamos resgatar a ideia da ciência apartidária

O professor de epidemiologia na Universidade Harvard é um dos maiores especialistas em risco de contágio e mortalidade. Ele também afirma que a ciência deve ser usada para policiar e não para justificar a situação de crise.



PRAIAS LOTAM NO RIO EM MEIO A FÉRIADO

Apesar de ser proibido ficar na areia, as praias do Rio voltaram a registrar aglomerações, levando a prefeitura a divulgar apelo para que a população respeite as regras. Consultas de

Transp aponta em

difficuldade de ir a ruas. Sobre a greve, a prefeitura diz que a greve não é a solução para a situação de crise.

Ana Cristina Rosa

Ah, mãe, é que a gente é negro

Extinção do abono

salário atinge mais vulneráveis

Máscara contra desemprego

Demanda na pandemia, o governo tentou criar mais empregos, mas não conseguiu. A situação é preocupante.

ENTREVISTA AL EXMINISTRO ANDRÉS VELASCO

Velasco: "América Latina se enfrenta a varios años con tasas de desempleo muy altas"

Velasco fue Ministro de Hacienda durante el primer mandato de Michelle Bachelet (2006-2010) y candidato a las primarias presidenciales en Chile

FOLHA DE S.PAULO

entrevista da 2ª coronavírus



Homem com máscara cortada participa, em Roma, de manifestação de negacionistas da Covid-19 contra a política sanitária do governo italiano. Imagem: Reuters

Marc Lipsitch

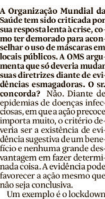
Precisamos resgatar a ideia de que a ciência é apartidária

Epidemiologista de Harvard diz não esperar vacina viável para Covid-19 antes de junho e questiona eficácia de primeiras versões

SAÚDE

Pablo Pella Corrales, Miguel Lago e Fernando Falbel

Em fevereiro deste ano, quando a Covid-19 parecia uma preocupação distante, Marc Lipsitch alertava para o alto risco de uma pandemia. Como professor de epidemiologia na Universidade Harvard, ele logo encontrou padrões alarmantes de contágio e mortalidade. Desde então, Lipsitch e um dos cientistas mais consultados pela mídia norte-americana para entender a evolução da pandemia no mundo.



Máscara contra desemprego

Demanda na pandemia, o governo tentou criar mais empregos, mas não conseguiu. A situação é preocupante.

A Organização Mundial da Saúde tem sido criticada por sua resposta lenta à crise, o que tem gerado uma crise de confiança pública. A OMS argumenta que se deveria mudar suas diretrizes diante de evidências esmagadoras. O sr. concorda? Não. Diante de epidemias de doenças infecciosas, em que a ação precoce importa muito, o critério deveria ser a existência de evidências sugestivas de um benefício e nenhuma grande desvantagem em fazer determinada coisa. A evidência pode favorecer a ação mesmo que não seja conclusiva.

Um exemplo é o lockdown preventivo. A evidência era muito forte de que ele poderia retardar a crise por enquanto o lado negativo não fosse pequeno, sua mitigação era possível, mesmo que de forma limitada e rápida antes de sabermos todos os detalhes. Uma abordagem mais analítica de decisão, em vez de uma abordagem apenas de evidência científica, é apropriada no caso.

Nos últimos meses, houve uma explosão de artigos científicos sobre a Covid-19 em compartilhados em redes sociais, divulgação de vídeos de saúde no YouTube, e uma série de artigos científicos que foram chamados de "evidências" de que a Covid-19 é uma doença grave. Isso é uma abordagem mais analítica de decisão, em vez de uma abordagem apenas de evidência científica, é apropriada no caso.

Alguns países sugerem que devemos analisar o que foi chamado de "totalidade das evidências, ou seja, incluir as desvantagens dos lockdowns sobre a economia, a saúde mental, a desigualdade etc. É possível incluir tantas dimensões na tomada de decisão da Covid-19? Eu concordo com esse princípio, de que se os benefícios fossem mais prejudiciais em termos de saúde mental e econômica do que os benefícios em termos de saúde física, então seria uma decisão importante contra o lockdown.

A ideia de que a ciência é para todos e não tem partido precisa ser recuperada.

então se espalhando, isso tem efeitos amplos: afeta a saúde mental e a economia, pois a reação das pessoas é tentar se isolar. Não é questão de separá-los, conta Steve Paul. Está tudo interrelacionado, e a dimensão temporal continua. Acho que é realmente difícil e não culpa nenhuma decisão política por ter dificuldade em equilibrá-los. Mas a decisão a curto prazo, a decisão imediata de bloquear, foi válida. Minha percepção no momento é que ainda temos um equilíbrio favorável em relação a medidas de controle extremas, pois elas podem reduzir o número de casos de maneira relativamente rápida.

Isso não significa que se devalidar assim com todo surto viral. Se esse fosse menos letal, a decisão poderia ser contra.

A solução parece ser a vacina. Temos mais de 160 candidatas, mais de 20 em teste, e os resultados iniciais parecem promissores. O que está por trás disso? Houve enorme investimento por governos, empresas, e instituições de pesquisa. A decisão de que a vacina é a solução parece ser a única.

De ponto de vista da saúde pública, há uma forma ideal de distribuir a vacina? Algumas estratégias parecem mais eficazes? Depende das características da vacina. Há de se ver se ela oferece proteção contra infecção e transmissão ou apenas contra doenças. É cedo, mas me parece que a ideia de uma vacina que ofereça proteção contra infecção e transmissão é a melhor.

Se ela protege contra doenças e sintomas graves, será importante vacinar antes mesmo de alto risco se ela protege contra a transmissão, pode valer a pena priorizar profissionais de saúde e outras pessoas.

A segunda dimensão é se ela funciona tão bem nas pessoas de alto risco como funciona nas jovens saudáveis. Se sim, há um argumento forte para priorizar as pessoas com maior risco de complicações, sobretudo se houver um número limitado de doses.

Se não funcionar tão bem nessas pessoas, então acabamos tendo uma estratégia em que a vacina é priorizada para as pessoas de alto risco, mas não para as jovens saudáveis. Isso é uma abordagem mais analítica de decisão, em vez de uma abordagem apenas de evidência científica, é apropriada no caso.

Em países como os EUA e o Brasil, questões técnicas como usar máscara ou tomar banho de sabão viraram questões partidárias. Seria possível incluir tantas dimensões na tomada de decisão da Covid-19? Eu concordo com esse princípio, de que se os benefícios fossem mais prejudiciais em termos de saúde mental e econômica do que os benefícios em termos de saúde física, então seria uma decisão importante contra o lockdown.

A ideia de que a ciência é para todos e não tem partido precisa ser recuperada.

FOLHA DE S.PAULO

SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

Highlight: Blog Saúde em Público

Saúde em Público blog is a space hosted by Folha de São Paulo and dedicated to voicing issues on health. It works as a free forum where people can discuss successful experiences and possible paths by providing data to support broad discussion on health policies. Launched in September 2019, it has since had around 100,000 single readers.

SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

POLÍTICA DE SAÚDE SAÚDE SUS PREVENÇÃO COVID-19 SEM CATEGORIA DADOS SAÚDE DA FAMÍLIA MAIS

19 ago 2020 às 10:00

O valor do sistema suplementar de saúde para o usuário

1 A expansão da Atenção Primária deve ser prioridade nas eleições do próximo dia 15

2 Monitoramento de políticas públicas e crises de aprendizagem: os desafios e possibilidades para os novos governos eleitos

3 Em busca de ferramentas no espelho dos dados da pandemia



Uma mão segurando uma seringa com uma gota de líquido. Imagem de uma pessoa segurando uma seringa. Imagem de uma pessoa segurando uma seringa.

Tags: política de saúde, sus, dados, prevenção, covid, saúde da família, pandemia

Publicado por: Mauricio Cecchin

Por Tom Fridez*

SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

POLÍTICA DE SAÚDE SAÚDE SUS PREVENÇÃO COVID-19 SEM CATEGORIA DADOS SAÚDE DA FAMÍLIA MAIS

20 ago 2020 às 10:00

Um Novo Normal com a COVID-19: Os Próximos Passos que Nós Precisaremos Dar

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2 Monitoramento de políticas públicas e crises de aprendizagem: os desafios e possibilidades para os novos governos eleitos

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Publicado por: Nêia Trindade Lima

SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

POLÍTICA DE SAÚDE SAÚDE SUS PREVENÇÃO COVID-19 SEM CATEGORIA DADOS SAÚDE DA FAMÍLIA MAIS

19 ago 2020 às 10:00

Entrevista com David M. Cutler

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SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

POLÍTICA DE SAÚDE SAÚDE SUS PREVENÇÃO COVID-19 SEM CATEGORIA DADOS SAÚDE DA FAMÍLIA MAIS

24 set 2020 às 10:00

Crise e soluções no Brasil: as experiências dos municípios

1 A expansão da Atenção Primária deve ser prioridade nas eleições do próximo dia 15

2 Monitoramento de políticas públicas e crises de aprendizagem: os desafios e possibilidades para os novos governos eleitos

3 Em busca de ferramentas no espelho dos dados da pandemia



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Tags: política de saúde, sus, dados, prevenção, covid, saúde da família, pandemia

Publicado por: Nêia Trindade Lima

SAÚDE EM PÚBLICO

Políticas de saúde no Brasil em debate

POLÍTICA DE SAÚDE SAÚDE SUS PREVENÇÃO COVID-19 SEM CATEGORIA DADOS SAÚDE DA FAMÍLIA MAIS

15 set 2019 às 10:00

Vacinação: um bem público

1 A expansão da Atenção Primária deve ser prioridade nas eleições do próximo dia 15

2 Monitoramento de políticas públicas e crises de aprendizagem: os desafios e possibilidades para os novos governos eleitos

3 Em busca de ferramentas no espelho dos dados da pandemia



Uma mão segurando uma seringa com uma gota de líquido. Imagem de uma pessoa segurando uma seringa. Imagem de uma pessoa segurando uma seringa.

Tags: política de saúde, sus, dados, prevenção, covid, saúde da família, pandemia

Publicado por: Nêia Trindade Lima

Shekhar Saxena, winner of 2017 Leon Eisenberg Award, talked to Saúde em Público about the importance of acknowledging that mental health is comprised of physical, mental and even social aspects of health. In addition, mental health can be influenced by genetic and biological factors, but also by socioeconomic and sociodemographic ones. According to Saxena, when it comes to the topic, all countries are developing countries, as high-income nations invest only about 4% to 5% of their health budget in mental health, and low- or middle-income countries allocate only 1% to 2% of their budget for this purpose. According to Saxena, ideally an organized mental health system should have a first level of care, providing informal care and Primary Care, and a second level offering specialized care.



Shekhar Saxena
Foi editor de séries sobre o tema para a prestigiosa revista científica The Lancet em 2007, 2011 e 2018. Atualmente é professor na Universidade Harvard

de assistência que as pessoas precisam. Especialmente no que diz respeito à parte de promoção e prevenção, que está quase totalmente ausente. Mesmo no tratamento há muitas dificuldades. Mesmo em países de alta renda, 60% das pessoas que sofrem de depressão não são identificadas e tratadas. É a porcentagem em muitos dos países de baixa e média renda essa taxa é de quase 90%.

Você está preocupado com o impacto que a pandemia do novo coronavírus pode ter na saúde mental global? Muito. Não só estamos enfrentando os mais fatores socioeconômicos que deveriam dar origem a mais problemas de saúde mental: desemprego, diminuição de renda, maior isolamento e maior carga com cuidado de crianças e idosos, trabalho remoto. Também estamos enfrentando a diminuição do acesso aos cuidados de saúde mental porque você não pode ir ao hospital e não pode comprar remédios. Depois da primeira onda viral, eu temo uma segunda onda na saúde mental. Isso não será um efeito de curto prazo, mesmo que a Covid-19 se resolva amanhã: ninguém mais será infectado, o impacto socioeconômico disso continuará por muitos anos. Isso dará origem ao aumento das disparidades na sociedade, o que terá um impacto sobre a saúde mental.

Precisamos de um novo enfoque para a saúde mental? Primeiro, precisamos reconhecer que a saúde mental é uma parte da saúde. Segundo, não devemos lembrar que a definição de saúde é sobre bem-estar físico, mental e até mesmo social. A maioria dos países tem um Ministério da Saúde que na verdade é um ministério da doença. A maior parte do tempo recursos são destinados a tratar doenças. Ou, ainda, que a integridade de uma população não esteja doente, é necessário cuidar da saúde de todos. Terceiro, a saúde mental tem que servir como uma dimensão contínua, em vez de binária, e mantendo no tempo. Todos estamos sujeitos a ter problemas mentais em algum momento da vida e é possível intervir em distintas etapas, não apenas no pico do sintoma.

Há mais de uma década, você editou uma série de artigos no Lancet e declarou como o título que não havia "nenhuma saúde sem saúde mental". Naquele época já havia um consenso sobre como melhorar a saúde mental. Mas porque tem se avançado tão lentamente? Existem vários fatores. O primeiro é preconceito da sociedade e dos formuladores de políticas. Quando falamos com os formuladores de políticas, eles enfatizam a importância da saúde mental. Mas quando se trata de decidir sobre o orçamento e fazer planos, é uma das menores prioridades entre todas as questões [de saúde pública].



DAVID CUTLER

Otto Eckstein Professor of Applied Economics at Harvard University.



EDVALDO NOGUEIRA

Mayor of Aracaju

Highlight: David Cutler interview

A prestigious scholar specializing in health policies and former advisor to Barack Obama, David Cutler has said health care costs are rising, as there are major technological advances in medicine, and increasing numbers of people can take advantage of this. He has also pointed out that the fragmentation of health systems may also be driving this increase in costs. Finally, he has emphasized that controlling the increase in expenses without neglecting quality of service is a task for health policy makers, and that one of the main challenges for the future is reaching political consensus on reforms in the health sector.

Highlight: Crisis and solutions in Brazil: cities experience

Based on good experiences around the world, many municipalities have developed an interest in conducting mass testing to support policies to fight the pandemic. A city at the forefront of these actions was Aracaju, as pointed out by Edvaldo Nogueira (mayor of Aracaju), Waneska Barboza, Helyn Thami, Larissa Leme, and Caroline Cavallari in an article on the Blog Saúde em Público. The managers sought the CoronaCidades platform for specialized support. Such partnership and commitment of the actors involved has made it possible to save resources and extract the best information possible, in order to provide a solid basis for public health policies. The experience of the capital of Sergipe shows how fundamental the combination of technical expertise and engagement of managers is in facing the crisis.

ENTREVISTA

Pablo Peña Corrales e Miguel Lago

“São Paulo. A Covid-19 ameaça a saúde mental de milhões de pessoas no mundo. O isolamento, as mortes de amigos e familiares, a crise econômica e o desemprego aumentam o risco de depressão, ansiedade e outras doenças. Antes da crise, 14% da carga global de doenças era atribuída a questões de saúde mental. Segundo especialistas, a tendência é que isso aumente com a pandemia. “Depois da primeira onda viral, eu temo uma segunda onda na saúde mental. Este não será um efeito de curto prazo, mesmo que a Covid-19 se resolva amanhã: ninguém mais será infectado, o impacto socioeconômico disso continuará por muitos anos. Isso dará origem ao aumento das disparidades na sociedade, o que terá um impacto sobre a saúde mental”

“Este não será um efeito de curto prazo, mesmo que a Covid-19 se resolva amanhã e ninguém mais seja infectado, o impacto socioeconômico disso continuará por muitos anos. Isso dará origem ao aumento das disparidades na sociedade, o que terá um impacto sobre a saúde mental”

abuso de substâncias na OMS (Organização Mundial da Saúde) de 2012 a 2018. Ele foi editor de séries sobre o tema para a prestigiosa revista científica The Lancet em 2007, 2011 e 2018. Atualmente é professor na Universidade Harvard.

Depois da sua frequência e gravidade, as doenças mentais são ainda muito pouco visíveis. O se poderia explicar quais fatores afetam a saúde mental? A saúde mental pode ser influenciada por fatores genéticos e biológicos, mas também por fatores socioeconômicos e sociodemográficos. Para dar alguns exemplos de diferenças: as doenças e o nível de saúde mental dependem do nível vital. Na primeira infância há mais risco de autismo, na adolescência de depressão e ansiedade, e na velhice de demência. Em todas as etapas do ciclo de vida os efeitos econômicos e sociais pesam. Tanto a pobreza absoluta como a relativa estão associadas a uma maior prevalência de transtornos mentais, especialmente ansiedade, depressão e abuso de substâncias. A pobreza afeta direta e indiretamente a saúde mental, piorando a nutrição, o status e a educação aumentando a violência. Além disso, as desigualdades predizem a extensão dos problemas mentais na comunidade.

Algo que parece bastante paradoxal é o quanto a saúde mental não prevalece também nas sociedades desenvolvidas. Por que você acha que isso acontece? Tenho dito com muita frequência que, quando se trata de saúde mental, todos os países são países em desenvolvimento. O sistema de saúde que muitos países de alta renda têm não é adequado para o tipo

Primeiro, precisamos reconhecer que a saúde mental é uma parte da saúde. Segundo, não devemos lembrar que a definição de saúde é sobre bem-estar físico, mental e até mesmo social. A maioria dos países tem um Ministério da Saúde que na verdade é um ministério da doença

Inscrições de prêmio para iniciativas sociais vão até o dia 15

EMPREENDEDOR SOCIAL

Elaine Trindade e Giovanna Reis

“O top 20 da área social é uma forma de a Folha contribuir para difundir e reconhecer as boas práticas no enfrentamento de uma crise sanitária, social e econômica sem precedentes”, afirma Sérgio Dávila, diretor de Redação. Ao ampliar para 20 o número de finalistas, a premiação vai reconhecer desde as grandes iniciativas de alcance nacional até aquelas comunitárias.

Realizado pela Folha em parceria com a Fundação Schwab, o Prêmio Empreendedor Social do Ano em Resposta à Covid-19 vai reconhecer ONGs, negócios de impacto social, movimentos e coali-

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MAURICIO CESCHIN

Physician and former CEO of ANS (Brazil's National Supplementary Health Agency)

Highlight: article “The value of supplementary health system for users]”

Annually, the supplementary health is responsible for over a billion doctor's appointments, exams, procedures, hospitalizations, and other health actions, for over 47 million users. Even so, the sector is constantly faced with disputes, including excessive judicialization. In this article, Maurício Ceschin, physician and former CEO of ANS - Brazil's National Supplementary Health Agency - (2009 and 2012) suggests that, for the sector to be able to generate more health and value for its users, it must focus on tracking and evaluating patients journey in the various stages of care by defining goals, deadlines, and indicators to be dully standardized and disclosed in a transparent manner.



TOM FRIEDEN

President and CEO of Resolve to Save Lives and former director of the US Center for Disease Control and New York City Health Secretary

Highlight : article “The New Normal and COVID-19: The Next Steps We Will Have to Take”

In this article, Tom Frieden, President and CEO of Resolve to Save Lives, former director of the Center for Disease Control (CDC) in the United States, and NYC Secretary of Health, highlights the speed with which people all around the world have understood the importance of social distancing measures to prevent the new coronavirus from spreading. However, the next phase of our response to the pandemic involved at least three measures: i)implementing sophisticated strategic intelligence systems to track the virus; ii) strengthening hospitals and health systems; and iii) innovating to increase the system's capacity.



NÍSIA TRINDADE

President of Oswaldo Cruz Foundation

Destaque: article “Vaccination: a public good”

Nísia Trindade, president of Oswaldo Cruz Foundation, makes a counterpoint between the dominant view of virologists in the second half of the 20th century that there would be a total elimination of viral diseases due to urbanization, medical advances, the development of antibiotics and new vaccines, and US virologist Richard Krause's view of infectious diseases as a threat to all countries, regardless of the degree of economic development and sanitation. The author explains that the huge increase in the circulation of people and goods and, above all, environmental problems, caused by factors, such as deforestation and climate change, are the driving force of what many scientists call “the globalization of disease”. Therefore, it is essential that public policies are developed with a comprehensive view on health and support for science, technological development, and innovation activities. Trindade highlights that developing vaccines, in particular, is one of the most powerful instruments for public health policies. Vaccines are public goods and one of the main achievements to cater for the right to care and prevention for all.



RICARDO DE OLIVEIRA AND MARCUS PESTANA

Former Espirito Santo Secretary of Health and Former Minas Gerais Secretary of Health, respectively



Highlight: State Health Secretaries

Several former Health Secretaries have already published articles on the blog Saúde em Público. Ricardo de Oliveira, former Espírito Santo Health Secretary often publishes articles on the blog. He has published six articles so far. Marcus Pestana, former Minas Gerais Health Secretary has also written for the blog, as well as other Health Secretaries.



Nexo Políticas Públicas

Nexo Políticas Públicas is an academic-journalistic platform by media outlet Nexo aiming at sharing information on scientific production of some of the main research centers in Brazil. IEPS is one of its editorial partners. Nexo Políticas Públicas Platform is a space for debate with different types of audiences, ranging from researchers to decision makers, in addition to the general public interested in the debates that will shape Brazil's future. IEPS is responsible for curating and producing content on health policies.

FESTIVAL

NEXO + NEXO POLÍTICAS PÚBLICAS

O BRASIL EM DEBATE

1-30 OUT/2020

Os números da pandemia: retratos da desigualdade no Brasil

21 OUT QUARTA-FEIRA 17H

LEMBRE-ME AGENDA EMAIL

MEDIAÇÃO

MIGUEL LAGO

Miguel Lago é diretor-executivo do IEPS. Cientista político, foi co-fundador do Meu Rio e diretor-presidente do Nossas, organização referência em civic-tech na América Latina. É professor visitante em Sciences Po-Paris e na Universidade de Columbia (SIPA). Em 2019 foi nomeado uma das 100 pessoas mais influentes em Governo Digital no mundo, segundo a plataforma britânica Apolitical.

IEPS

Instituto de Estudos para Políticas de Saúde

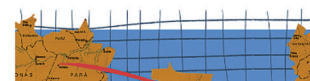
SAIBA MAIS



OPINIÃO

Um marco sombrio: 100 mil mortes por covid-19

Marcia C. Castro



PERGUNTAS QUE A CIÊNCIA JÁ RESPONDEU

Os determinantes sociais da saúde, em 5 pontos

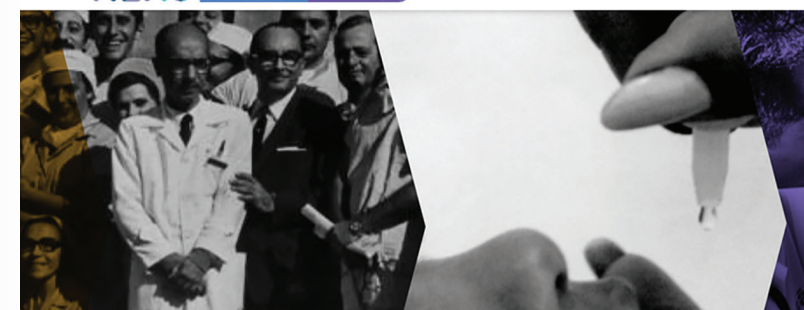
Arthur Aguillar



LINHA DO TEMPO

O direito à saúde no Brasil

Arthur Aguillar, Helyn Thami e Miguel Lago



LINHA DO TEMPO

O direito à saúde no Brasil

Arthur Aguillar, Helyn Thami e Miguel Lago

29 Jun 2020 (08 Dez 15h21)

O SUS tem contribuído para o aumento da expectativa de vida. Muitos eventos se sucederam antes do surgimento de uma política estruturada para a saúde no país

O acesso e o direito à saúde passaram por longos processos desde os tratamentos praticados por pajés e curandeiros até a influência das instituições e da pressão popular para a sistematização da saúde. A manutenção da qualidade e distribuição dos serviços é um desafio que se mantém ao longo do tempo. No entanto, com o estabelecimento das bases do

TEMAS

ECONOMIA DA SAÚDE

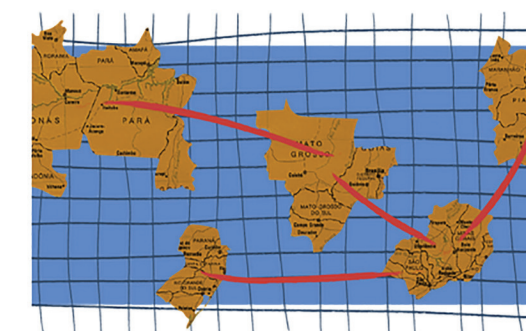
SAÚDE

GLOSSÁRIO

Políticas de saúde no Brasil

Helyn Thami

29 Jun 2020 (08 Dez 16h03)



O Programa Nacional de Imunizações representa um dos maiores programas de vacinação do mundo. Conheça iniciativas fundamentais para a saúde no país

Estratégia de Saúde da Família

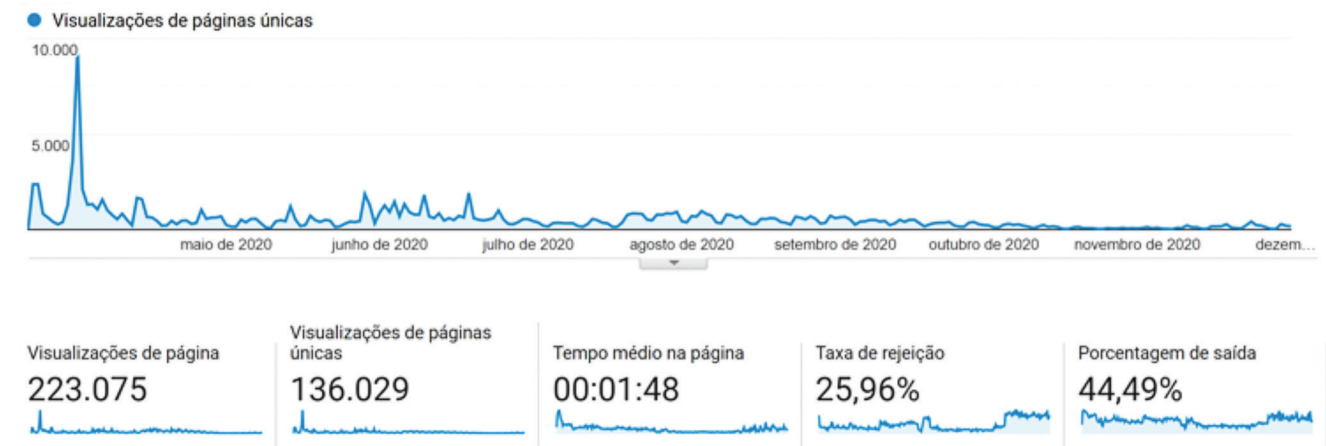
A ESF (Estratégia de Saúde da Família) foi pensada inicialmente como um programa do Ministério da Saúde. Com posterior conversão em estratégia prioritária para todo o território nacional, a ESF é uma política de saúde que

Single visitors

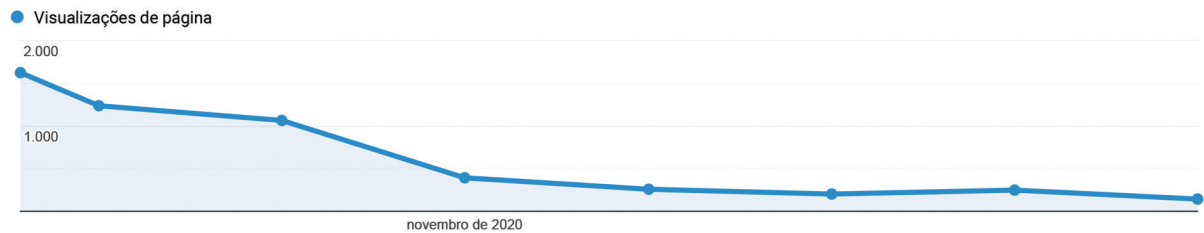
230,000 is the total number of single visits on all of our platforms. Half of that number of accesses is due to CoronaCidades platform, set up in partnership with Impulso and Arapyau (130,481), Saúde em Público blog in partnership with Folha de São Paulo (newspaper) (90,274), IEPS website (15,600), and the website for Saúde na Cidade (1,372).

230,000

CORONACIDADES – Page views from 3/22/2020 - 12/2/2020

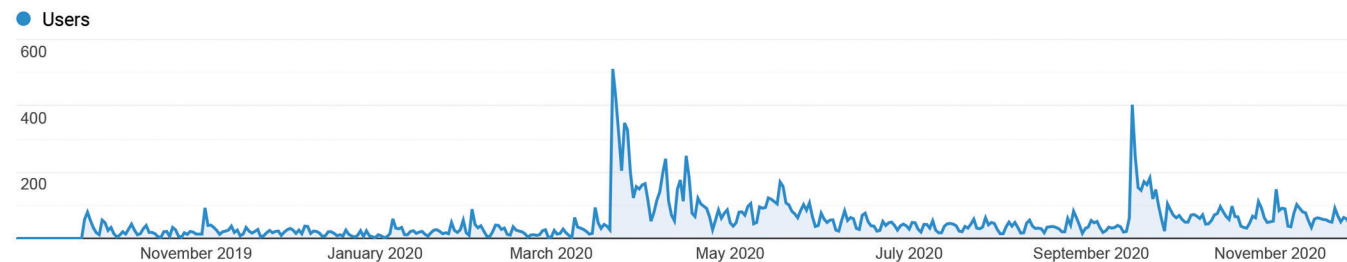


SAÚDE NA CIDADE – Page views from 10/15/2020 - 12/2/2020 Views





SITE OFICIAL – Users from 09/01/2019 - 01/12/2020



Events organized by IEPS

IEPS has organized a series of national and international webinars in partnership with other organizations to promote reflection on the future of Health Systems. Each webinar has sought to promote debates among decision makers, distinguished academics, and private sector leaders in order to identify convergent proposals and implementable solutions. Among our guests, we are proud to highlight former Brazil's Health Ministers José Gomes Temporão and Luiz Henrique Mandetta, and Rio Grande do Sul governor Eduardo Leite. Considering partner organizations that held the events with us, we would like to highlight the Wilson Center, ranked one of the ten largest think-tanks in the United States, Princeton University, the Organization for Economic Cooperation and Development (OECD) and the Pan-American Health Organization (PAHO). Altogether, over 25,000 people have attended our online events. Please, find below further details on each webinar.

25,000
attendees at
events organized
by IEPS

April 15th

Brazil Faced with Challenges Due to the COVID-19 Pandemic



One of the main points raised during the debate *Desafios para o Brasil Diante da Pandemia de COVID-19* [Brazil Faced with Challenges Due to the COVID-19 Pandemic], hosted in April 2020 and promoted by Portal da Inovação, was the need for public resources to face the pandemic and the economic and social effects of the crisis Brazil is going through.

ARMÍNIO FRAGA

Chairman of IEPS Advisory Board

“Health is a priority, saving lives is a priority. This horrible decision that someone could take, sacrificing lives to save the economy, should never be an option. It is going to be very difficult to build a way out of economic meltdown

without coming up with strategies to put the sanitary crisis to an end. (...) The government has to allocate resources.”

JARBAS BARBOSA DA SILVA JÚNIOR

PAHO / WHO Deputy Director

“Resuming normal life now, considering the current scenario in Brazil, could be a catastrophe. All the complexity of a strong and active health system is essential to make sure there is social development while also promoting equity and improving people’s quality of life. (...) No country can afford taking certain risks, especially considering the seasonality of the virus. If coronavirus

transmission follows its natural course, the fact that Brazil is located in a tropical area, or any other reason, are not going to prevent health services to be overburdened”.

MÁRCIA CASTRO

Director, Department of Global Health and Population (GHP), Harvard University

“We have to avoid, as much as possible, letting this virus infect people in these communities (outskirts), otherwise there will be utter disaster. There are points, in this pandemic response network, that only exist, are only connected, due to SUS (Brazil’s Unified Health System). (...) If there is no change in the trajectory of the transmission curve, we are running out of resources at the end of this month [April], best case scenario at the beginning of May”.

May 11th

How to strengthen Primary Health Care?

The webinar, held in partnership with the Organization for Economic Cooperation and Development (OECD) and GV Saúde (FGV), featured Frederico Guanais, Daniel Soranz, and Adriano Massuda as panelists. The debate was geared toward discussing ways to improve Primary Care resolutivity in Brazil.



HELYN THAMI

IEPS researcher: Moderator

There is a growing emphasis on primary care in health systems around the world. In Brazil, a milestone in consolidating Primary Care was turning Programa Saúde da Família (PSF, acronym in Brazilian Portuguese) [Family Health Program] into a priority strategy for organizing SUS’s care model, aiming to cover most of Brazil’s population health issues. Despite important achievements, Primary Care faces many challenges, including new demands relevant to the ongoing COVID-19 pandemic.



FREDERICO GUANAIS

Deputy Head of OECD Health Division

“This is the perfect moment to discuss Primary Care because the public debate is now focused on intensive care. Resolutivity in a decentralized system such as SUS requires an integrated support structure at regional and national levels. This includes a network with easy access to laboratories, allowing resolutivity of demands within the primary network; unified information systems, enabling real-time medical history and identification of patients at risk; and support tools for ongoing care, such as scheduling appointments online and telemedicine. The structure would facilitate, for example, the management of chronic patients, doubly affected because they are at risk and due to less attention to prevention and treatment of non-communicable diseases (NCD) during the pandemic. The evaluation of primary network should consider a wide range of indicators related to the final objective of the services, including aspects reported by patients, such as physical, emotional and social well-being, and the experience of interacting with professionals and the health system. Finally, despite the significant proportion of private health expenditures in Brazil, the private sector focus on Primary Care. Thus, a point to be studied are public-private models of management and provision of Primary Care service”.



DANIEL SORANZ

Fiocruz researcher and former Rio de Janeiro Municipal Health Secretary

“The pandemic has exposed weaknesses, such as teams of health professionals who do not

know patients in their territory, working without the support of an information system that would allow for an organized list of patients at risk. Without this information, how is it possible to provide care to people who need it the most? This is useful for recommendations on social distancing and personal hygiene, and the use of remote services for people who live on the streets, people who have no access to basic sanitation, the Internet, or even people living in crowded households or who have communication difficulties. Another important point is the frequency of avoidable face-to-face contacts, such as monthly appointments to renew prescriptions, such as contraceptives.

The pandemic has highlighted the need for long-term planning. A good example are qualification actions for job posts that ensure the sustainability of Programa Saúde da Família (herein, PSF / Family Health Program), such as nursing residency vacancies. It is also important to design mechanisms to monitor results and link teams to patients and territories covered by them so that resources, such as exams and doctor’s appointments are used responsibly. To mobilize scarce resources, Primary Care must become a political and social will. Therefore, SUS plays an important role as it enables learning while facing the pandemic”.



ADRIANO MASSUDA

Sanitary doctor, Professor at FGV and former Curitiba Municipal Health Secretary

“The municipal-level structure of the primary network in Brazil, on the one hand, allows for

capillarization of access; on the other hand, it increases the managerial complexity and heterogeneity of the system. Thus, some structural aspects require broader adaptation and standardization. Some structural aspects to be highlighted: the lack of a regional standard to define, based on evidence analysis and people’s needs, services of higher local priority and which should be widely offered; an integrated information system that facilitates communication between health teams; and a physical structure in Basic Health Units that promotes teamwork with greater resolutivity. For Primary Care to be based on performance indicators that serve as a management tool and not as a bureaucratic obstacle, it is important that health teams participate in the process of building guidelines and measuring results, and that they know exactly where they need to go. This allows teams to develop planning skills and better understanding of their work process, strengths and weaknesses to be corrected. Finally, Primary Care is part of a broader system, and it is the role of SUS management to link Primary Care to other levels of care”.

May 13th

Public health challenges in Brazil:

Is it possible to overcome the pandemic?

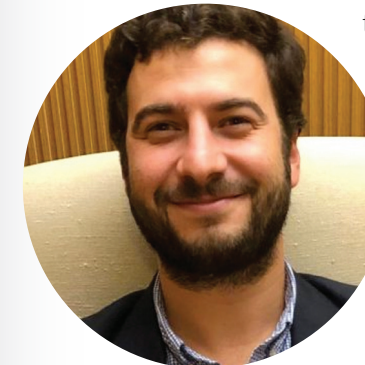
THOMAS TREBAT

Director of Columbia Global Center - Brazil: Moderator

MIGUEL LAGO

IEPS Executive Director

“What is surprising about this drama we are experiencing is the mobilization of civil society from different sectors. From local organizations in favelas to large companies, there is a feeling of solidarity running through



these relationships in a country as unequal as Brazil. The Brazilian elite is also showing solidarity. In Brazil, the elites do not have a philanthropy-oriented culture, different from the American (elite). We may have been witnessing the rise of a new philanthropic culture highly positive for Brazil”.



JOSÉ GOMES TEMPORÃO

Former Minister of Health and Executive Director of South American Institute of Government in Health

“There was a lack of coordinated response by the health system as a whole. Brazil has the largest Family Health Program on the planet. There are over 120 million people covered, 300,000 community health workers, but currently we have only been able to talk about ICUs and respirators. If, by means of a well-balanced and well-articulated strategy, we could have relied on the Army, by using PPE, training and testing, it would have been possible to isolate people who tested positive and achieve a good level of containment (the virus)”.

April 27th

Healthcare in a Post-Pandemic Brazil: Pathways for Public-Private Partnerships

In partnership with Wilson Center's Brazil Institute, we welcomed a discussion of what better integration of public and private health systems could mean for Brazil, during the pandemic and beyond. Brazil, which grants universal access to health through its public system (SUS), is also home to the second largest private health market in the world. The two systems essentially operate simultaneously, and often compete against each other. The COVID-19 crisis has shown that public-private collaboration is possible and brings real benefits - not just in the immediate context, where collaboration means more hospital beds, doctors and equipment available where Brazil needs it the most; but also in the long term, where public-private partnerships can help drive innovation and improve efficiency. Speakers discussed the benefits of public-private partnerships and what obstacles, such as Brazil's deep inequality and the need for better management within the systems, must be faced.

LEANDRO FONSECA

Senior Vice President, International Relations, UnitedHealth Group



"Politicians and the public sector, in general, don't know how to make efficient public-private partnerships in healthcare. The governance of the public system is fragmented among more than 5,000 municipalities, 26 states, one federal district, and the federal government. But more importantly, the bureaucracy is brutally complex, with several norms that make it very difficult to implement new policies and new institutional arrangements".

"There is a large room for a simpler patient pathway with a more efficient interaction between the public and the private sectors on healthcare provision. It is possible to

avoid duplication of efforts, the waste of resources, and to overcome possible inequities with a proper design. Deepening into patient pathways analysis seems a good first approach to identify where public and private sectors could have a more efficient integration".

"We have to deal with fragmentation as a fact... The public system is fragmented; the private system is also fragmented. There are more than 700 private health insurances, for example. I believe that dealing with this fragmentation but working on how to [make] this system more patient-centric would be a better way to deal with this kind of fragmentation".

"With the pandemic, we have seen a low occupancy rate in private beds, and so this means inefficiency because they are there and they are not being used, so they are not being paid for, and the personnel is still there and the whole infrastructure is also there".



ANA MARIA MALIK

Physician and professor at Fundação Getúlio Vargas - FGV

"What we see is that, for instance, high complexity and high cost [procedures] in Brazil are very much financed by SUS [the national healthcare system]. SUS finances transplants, SUS finances oncology.

Of course, there are some private payers that do that, but it's mostly SUS".

"We have a very short length of stay of public officials. Until the last [health] minister, who was as a minister for 28 days, the average was 16 months; but this is not only a federal thing... If you look at the states and if you look at the municipalities, it's even bigger the rotation that you have. So, one of the problems in terms of [management] culture is: how do you build a long-term relationship?"

"We want to develop a next-generation health system in a socially-conscious way".

JOEL VELASCO

Senior Vice President, International Relations, UnitedHealth Group



"We identified and created partnerships with charitable organizations and local government with a special focus on supporting those vulnerable communities, and increase

in access of COVID-19 testing and treatment... Through these collaborations, we are providing additional beds to the public health system in cities large and small, funding production and purchase of testing, of equipment... we've hired over 150 low-income workers, *costureiras* [seamstresses] to produce nearly half a million masks that we are distributing in our communities and of course, we are doing what a lot of companies are, donating food and supplies to those who are in need".

"We have to address how does this get funded? There is no one-size-fits all solution. I think Brazil is too large, too complicated—just like the United States—and there's not going to be a single-payer, single-line, single-whatever, silver bullet that's going to solve this problem. What it's going to come down to is how do we fund this?" "The word that we need to focus on is integration".

"This public-private issue... has been so ideologically charged that it has been very hard to have a coherent conversation. But I think that COVID-19 has really made a big difference and I see a lot of parallel between the United States and Brazil in terms of the kind of things that has played up".

MAUREEN LEWIS
CEO at Aceso Global



"So those three kinds of fragmentation, at the municipal level, at the nonintegrated care level, and between public and private, really creates, I think, an environment that is very difficult".



July 8th

Renewing vocation from Rio Grande do Sul

The event was held in June 2020. It was promoted by the Brazilian Center For International Relations (herein, CEBRI). Participants: Eduardo Leite, Miguel Lago, Ambassador Marcos Azambuja, and José Pio Borges. The main objective of the meeting was to introduce Rio Grande do Sul's experience in fighting the new coronavirus crisis and debating strategies for future challenges.

JOSÉ PIO BORGES

Former president of BNDES [Brazil's National Development Bank] and CEBRI's Chair of Trustees: Moderator

CARLA DUARTE

(CEBRI) Moderator

EDUARDO LEITE

Rio Grande do Sul Governor

"Ensuring safety from a health perspective is core for faster economic recovery. Economy is struggling in Brazil because of Brazil's Federal Government dubious stance; I have no doubt about it. (...) A good example of what the state has been doing is reconciling the fight against the crisis with keeping economic activities running".

MIGUEL LAGO

(IEPS)

"The number of indicators that have been produced so far is impressive. The amount of data that has been monitored, the engagement of the scientific community in the fight against coronavirus (in Rio Grande do Sul). That sets a great example for Brazil".

AMBASSADOR MARCOS AZAMBUJA

(CEBRI)

"Rio Grande do Sul has placed Brazil under the spotlight of international attention. What is up to you (Governor Eduardo Leite), in addition to the constitutional mandates, is to repair what is broken, build bridges. We have been hurt and that is going to take an economic and political toll on us all. Shouldering such a heavy toll can become, in times of great distress, a difficult thing to bear".

August 10th

Before and After the Global Crisis: the Future of Brazil's Health System

The debate organized by CEBRI in partnership with the Institute for Health Policy Studies (IEPS) has promoted a wide discussion on the current conflicts between public policies and science, in addition to debating ways to reconcile scientific evidence when designing, implementing, and monitoring health policies and current issues pertaining to SUS management.

MIGUEL LAGO

(IEPS) Moderator

JULIA DIAS LEITE

(CEBRI) Moderator

LUIZ HENRIQUE MANDETTA

Former Brazil's Health Minister

"There is a large market waiting for Brazilian science to solve problems shared by other countries at the same level of development. (...) I am optimistic because it is a matter of time for science to prevail in society, and perhaps SUS can lead Brazil's scientific recovery".

PAULO CHAPCHAP

Hospital Sírio-Libanês/Todos Pela Saúde

"We have in Brazil, perhaps, the largest social program in the health sector, which is SUS; greater capacity to transfer value and income indirectly to society, that is SUS. (...) The Brazilian health system is also one of the largest public-private partnerships in the health sector in the world but we have been complicit of letting the system be neglected by means of insufficient funding and immature management".

ISABELA BUSSADE

PUC-RJ

"A society organized from a science-oriented point of view has the capacity to generate better responses. I think the pandemic, more than any other situation over the last century, has placed scientific discussion at the heart of the matter. That is a highly important legacy as Brazil's population at large grows increasingly more interested in the process of producing knowledge".



Full list of webinars

April 7th: COVID-19 in Brazil today: Reckoning with the Pandemic in the Global South

Attendees: 1.352

Speakers: João Biehl, Thomas Fujiwara (Princeton University), Monica de Bolle (Peterson Institute), Marcelo Medeiros (IPEA), Debora Diniz (International Women's Health Coalition), Miguel Lago (IEPS).

April 15th: Challenges Brazil faces in the COVID-19 pandemic

Attendees: 1.342

Speakers: Arminio Fraga (IEPS), Cristiane Segatto (Journalist and columnist for UOL), Jarbas Barbosa (PAHO), Márcia Castro (Harvard University).

April 22nd: COVID-19 and Amazonia's Future

Attendees: 974

Speakers: Márcia Castro (Harvard University), Ilona Szabó (Igarapé Institute), Pedro Vasconcelos (UFPA - Pará Federal University), Beto Veríssimo (Imazon).

May 6th: Pandemic and Chaos: Where to Next, Brazil?

Attendees: 683

Speakers: João Biehl (Princeton University), Angela Alonso (CEBRAP), Arminio Fraga (IEPS), and Alessandra Orofino (Nossas).

May 7th: Challenges in health-related workplaces during the pandemic

Attendees: 176

Speakers: Ana Maria Malik (FGV), Mônica Padilla (PAHO), Mario Dal Poz (IMS / UERJ - Social Medical Institute / Rio de Janeiro State University), Miguel Lago (IEPS).

May 11th: How to foster Primary Care in the post-pandemic world?

Attendees: 226

Speakers: Helyn Thami (IEPS), Frederico Guanais (OECD), Daniel Soranz (Fiocruz), Adriano Massuda (FGV).

May 14th: Public health challenges in Brazil: is it possible to overcome the pandemic?

Attendees: 650

Speakers: Miguel Lago (IEPS), José Gomes Temporão (Former Health Minister).

May 20th: How to curb Brazil's foreign dependence on strategic health products?

Attendees: 280

Speakers: Carlos Gadelha (Fiocruz), Denise Pires de Carvalho (UFRJ - Rio de Janeiro Federal University), Raul Murad (Denis Borges Barbosa Advogados), Helyn Thami (IEPS).

May 21st: SUS (Brazil's Unified Health System), COVID-19, and the importance of health professionals

Attendees: 276

Speakers: Áurea Candeias (CMS Alberto Borgerth - Alberto Borgerth Municipal Health Center in Rio de Janeiro), Frederico Guanais (OECD), Marina Peduzzi (USP), Miguel Lago (IEPS).

May 22nd: How to improve the flow of care in post-pandemic SUS (Brazil's Unified Health System)?

Attendees: 143

Speakers: Jurandi Frutuoso (CONASS - Brazil's National Council for Health Secretaries), Mauro Junqueira (CONASEMS - Brazil's National Council of Municipal Health Secretariats), Ricardo Oliveira (Former Espírito Santo Health Secretary), Helyn Thami (IEPS).

May 27th: Healthcare in a Post-Pandemic Brazil: Pathways for Public-Private Partnerships

Attendees: 188

Speakers: Ana Maria Malik (FGV), Joel Velasco (UnitedHealth Group), Leandro Fonseca (ANS / Brazil's National Health Agency), Maureen Lewis (Aceso Global), Anya Prusa (Wilson Center), Miguel Lago (IEPS).

May 27th: Public management and the global health crisis

Attendees: 398

Speakers: Carlos Javier Regazzoni (Argentina's Council for International Relations), Francisco Gaetani (Instituto República), Guido Bertolaso (Italy's Civil Protection Department), Miguel Lago (IEPS).

June 1st: How is SUS portrayed in the media?

Attendees: 13.194

Speakers: Miguel Lago (IEPS), Cláudia Collucci (Folha de São Paulo), Dr. Helena Pettav (PhD in Health and creator of the Basic Unit series), Mariana Varella (Portal Drauzio Varella).

July 27th: Healthy taxes: good for health, good for the economy

Attendees: 1.303

Speakers: Rosa Sandoval (PAHO / WHO), Alan Fuchs (World

Bank), Arminio Fraga (IEPS), Congressman Aguinaldo Ribeiro (PP/PB).

August 10th: Before and After the Global Crisis: the Future of Brazil's Health System

Attendees: 715

Speakers: Luiz Henrique Mandetta (Former Brazil's Health Minister), Isabela Bussade (PUC-RJ / Rio de Janeiro Catholic University), Paulo Chapchap (Hospital Sírio-Libanês / Todos pela Saúde), Julia Dias Leite (CEBRI / Brazilian Center For International Relations), Miguel Lago (IEPS).

September 10th: Pandemic Brazil: Economic and Political upheaval in times of COVID-19

Attendees: 655

Speakers: Monica de Bolle (Peterson Institute), Malu Gaspar (Revista Piauî), Thomas Fujiwara (Princeton University).

October 21st: Pandemic figures: portraits of inequality in Brazil - Festival Nexo + Nexo Políticas Públicas

Attendees: 907

Speakers: Emanuelle Góes (ISC-UFBA / Collective Health Institute at Bahia Federal University), Lorena Barberia (USP / University of São Paulo), Márcia Castro (Harvard University), Miguel Lago (IEPS).



**We directly shape
public policies**

In partnership with Impulso and Instituto Arapyaú, IEPS has developed the coronacidades.org platform, a portal that brings together various tools to support local managers in the pandemic. In addition to the tools, CoronaCidades supports more than 48 municipalities on a regular basis (such as, Goiânia, Aracaju and Araçatuba) and 5 states (Ceará, Maranhão, Amapá, Alagoas, and Rio Grande do Sul). The CoronaCidades platform supports Brazilian municipalities and states in responding to coronavirus. The platform's checklist sorts and summarizes, in simple topics, what managers should focus on while battling the coronavirus pandemic. By providing data, the municipality is able to find out how prepared it is to deal with the pandemic in four essential categories of response to the crisis: Crisis Governance; Communication and Distance; Surveillance; and Assistance. Farol Covid data enables municipalities to monitor Contagion Rate on a weekly basis. The tool uses open data and whistles the alert level by taking four dimensions into account: Status of Disease; Disease Control; Health System Response Capacity; and Data Trust.

902

municipalities covered

between March and
December 2020

Work in partnership with governments

Proposals

In order to carry out work, government adherence to the initiative was key. Here, we highlight projects and experiences in partnership with city-level governments in response to the coronavirus pandemic.

Alert Levels with Vital Strategies

This project aims at supporting municipalities to set and monitor key indicators to implement an alert level plan by integrating the main policies related to COVID-19 to each location. We assisted Aracaju (capital of Sergipe), Goiânia (capital of Goiás), Maranhão and Ceará; Impulso and Vital Strategies were responsible for implementing the project.

Economic and educational recovery in Rio Grande do Sul

Impulso has supported Rio Grande do Sul's Data Committee since the beginning of the pandemic by providing studies, materials, and analysis to shape the economic recovery plan and planning to resume face-to-face classes. As a result of the partnership, ideas and methodologies have emerged, such as Farol Covid and Saúde em Ordem.

Vectors driving Governments (VIG)

The program Vetores impulsionando Governos implemented by Impulso and Vetor Brasil in partnership with IEPS, Instituto Arapyaú, Associação Samaritano and Vital Strategies is geared towards creating intelligence in the use of data for a more efficient response to the coronavirus pandemic. To this end, Vetor Brasil provides guidance to trainee-level professionals in public management to state crisis committees and offices.

Professionals have received technical and methodological support from Impulso so they could provide support to state management in improving collection and analysis of data related to coronavirus. Regarding partner governments, please, find below information on our experiences with each one of them:

Alagoas: support for designing and implementing Alagoas Assistance Regulation and building a panel of Regulation indicators, which provides data to support optimization of the Regulation's own processes and enables continuous improvement in health services.

Amapá: we have joined the process that led to automatization of Amapá's COVID-19 epidemiological bulletin by replacing daily manual data extraction / organization, which resulted in significant savings in work hours for bureau staff.

Ceará: support for implementing Alert Levels methodology for COVID-19, in order to subsidize decisions on actions to combat the pandemic with data and sound indicators. The panel is one of the elements in the IntegraSUS tool, which is a platform for transparency in public health management.

Maranhão: support to the School of Public Health and the Pan American Health Organization (PAHO) in two projects that sought to understand the impact of the pandemic in health service routine, especially Primary Care, and to map good practices and points for improvement in the response to the crisis in the municipalities of Maranhão.

Instituto Votorantim Crisis Management Support Program and BNDES [Brazil's National Development Bank]

Impulso, Instituto Votorantim, and BNDES, in partnership with IEPS, has offered consultancy to 23 partner municipalities of BNDES and Instituto Votorantim to manage the crisis caused by the pandemic. The program has provided support for setting up action plans focused on surveillance, fiscal impacts, governance, communication, and assistance. In addition to offering CoronaCidades platform methodologies and tools to support prioritizing and solving municipal problems related to coronavirus. Partner municipalities: Coqueiro Seco and Rio Largo (AL); Iranduba (AM); Candeias and Una (BA); Guaramiranga, Itarema and Limoeiro do Norte (CE); Nossa Senhora do Livramento (MT); Alvorada de Minas, Maripá de Minas and Ribeirão das Neves (MG); Boa Vista, Juripiranga and Queimadas (PB); Belo Jardim, Bezerros, Chã Grande, Lagoa do Ouro and Terra Nova (PB); and Itapeva and Santa Isabel (SP).

48 municipalities.

5 States.

Providing on-going service.

As regards government-level experiences, the support provided to states and municipalities must be highlighted. Since March 2020, the CoronaCidades platform has offered support to Brazil's municipalities to increase their capacity response to the crisis. Managers have had access to tools, content, and services via chat or tailored.

In Aracaju, CoronaCidades team has offered support to the Municipal Health Department in defining the best use of tests available, at the time, for COVID-19.

In Rio Grande do Sul, data from CoronaCidades were fundamental to plan the economic reopening in the state. Rio Grande do Sul's plan has made an impact and became a reference for other Brazilian states.

To assist cities in building a test plan for COVID-19, CoronaCidades team promoted, between the end of May and the beginning of June, testing training, totally free of charge, for representatives of 15 medium-sized municipalities, with population ranging from 50 thousand to 300 thousand inhabitants, in the states of São Paulo, Pernambuco, Maranhão, and Ceará.

In Minas Gerais, as of March, Brazil's Public Ministry of Labor (MPT, acronym in Brazilian Portuguese) approved teleworking regime for its team. In order to monitor coronavirus and provide support to decide on the ideal moment to resume face-to-face activities, since September, the institution has used Farol Covid as the main source of information. In addition, the tool was used by a group of volunteers who assessed 39 cities and towns in Minas Gerais and, according to checklist criteria, only eight cities met all the criteria protocol for

COVID-19, reiterating the importance of tools for diagnosis in challenging scenarios.

In Sinop, a municipality in the state of Mato Grosso, the CoronaCidades platform team has provided technical support for a university extension project that enabled monitoring of thousands of confirmed and suspected cases of COVID-19 in the municipality and its surroundings from March to October. Based on collected data, actions on health surveillance and health care services in the region have been planned in response to coronavirus.

6 tools

17 Guides

10 Dialogues

CoronaCidades

Among the results and products of all the work developed over the last few months at CoronaCidades, we have Tools and Guides to support managers, in addition to webinars held in partnership with Centro de Liderança Pública [Center for Public Leadership].

CoronaCidades tools and guides are instruments to support managers in the fight against COVID-19. The available tools are:

TOOLS

FAROL COVID

It allows public managers to monitor the status of coronavirus infection in their state and municipality on a daily basis by assessing alert levels in each state, regional health area, and municipality in 4 dimensions: Status of Disease; Disease Control; Health System Response Capacity; and Data Confidence.

ASSESSMENT TO RESUMING ACTIVITIES IN MUNICIPALITIES

A tool meant to assess how and when to resume activities after COVID-19. By analyzing requirements divided into three sections - Epidemiology, Health Care and Public Health - a result is presented with a suggested schedule for resuming activities.

ESCOLA SEGURA [SAFE SCHOOL]

Set of guides and protocols to lead public management in the process of safely reopening of municipal and state schools. The online tool aimed at managers of state and municipal departments offer checklists, simulators and forms that provide guidance on reopening schools, complying with good practices of social distancing, and sanitary security.

TOOL FOR REMOTE SCREENING

A tool that enables screening citizens by telephone, reducing the risk of contagion, and protecting health professionals. The initiative was approved by WHO and has been used in several countries.

CHECKLIST

Surveillance and Monitoring - an instrument that allows health managers to diagnose the level of preparation to fight COVID-19 by means of actions organized in four sections, namely: Crisis governance, Communication and Distancing, Surveillance, and Assistance.

MUNICIPAL PROGRAM TO RESUME ACTIVITIES

Initiative by Gove and CLP, which offers tools for municipalities to analyze their scenario and prepare for economic recovery. When deciding to reopen, the program provides guidance on the four steps required to complete the process, which are: team building and management strategy for engagement and communication; understanding of problems in finance and economics; setting up and executing the recovery plan; and monitoring the plan.

Guides to support municipal governments:

GUIDES

SAÚDE NA CIDADE

An agenda made for healthy and responsible management in municipalities, with 10 proposals to improve health in municipalities and a practical step by step for leaders and professionals in health departments.

PREVINE BRASIL GUIDE

Series of questions and answers about the new financing system for Primary Care.

CORONACIDADES GUIDE FOR TRACK CONTROLLING IN BRAZIL

It presents some answers for managers on screening and suggests alternatives for adopting this measure as a public policy to control contagion by COVID-19 taking Brazilian reality into account.

ALERT LEVELS GUIDE

It assists management based on the analysis of COVID-19 indicators, in order to understand more assertively what the pandemic scenario is in the state or municipality and to design appropriate responses to control the spread of the disease in the territory.

CORONACIDADES GUIDE FOR SCHOOL REOPENING

The Guide offers a form with a set of practices that networks and school units must implement and comply with in their operation, before and during the process of resuming activities.

WHEN TO ACTIVATE AND DEACTIVATE DISCUSSION MEASURES IN RESPONSE TO CORONAVIRUS (VITAL STRATEGIES TEXTBOOK)

Guidance on how to enable and disable physical distancing measures.

HOW TO MAINTAIN ESSENTIAL SOCIAL SERVICES IN THE COVID-19 PANDEMIC (VITAL STRATEGIES TEXTBOOK)

Guidance on how to safely organize and keep essential social services.

HOW TO SAFELY MANAGE COVID-19 CASES (VITAL STRATEGIES TEXTBOOK)

A guide that provides guidelines on how to equip and protect health professionals; offer support for seriously ill patients; guidance on social, economic and emotional support for patients; and facilitating development of diagnosis, therapies, and vaccines.

HOW TO ISOLATE CORONAVIRUS TO REDUCE VIRUS TRANSMISSION (VITAL STRATEGIES TEXTBOOK)

A guide with guidelines on implementing individual and environmental hygiene; mass testing and timely

and accurate surveillance; isolation of all infected people in safe and appropriate places; identification and contact tracking; placing contacts in quarantine, and addressing the social, medical and practical needs of individuals, so they can keep quarantine.

HOW TO MANAGE A COORDINATED RESPONSE TO CORONAVIRUS (VITAL STRATEGIES TEXTBOOK)

A guide that provides information on the importance of having a functional incident management system, adequately financed and interconnected; clear communication and evidence-based information; number daily updates based on a trusted source.

PUBLIC PURCHASES DURING THE CORONAVIRUS PANDEMIC

A guide with guidance for managers on public procurement and the possibility of making bidding procedures more flexible, as well as other administrative actions applicable to the current situation.

MUNICIPAL COMMUNICATION DURING THE PANDEMIC: POST MODELS AND GUIDELINES

A guide on communicating effectively, so that the message is informative, encourages prevention practices and provides guidance when searching for health services.

HOW TO MAKE THE BEST USE OF TESTS FOR COVID-19: SUGGESTIONS FOR MUNICIPAL MANAGEMENT

A question-and-answer guide with information and guidance on the types of testing and testing strategies that can be performed in municipalities.

HEALTH TEAMS: SHOW APPRECIATION, EXPANSION AND ORGANIZATION

A guide with suggestions for initiatives to organize, show appreciation, and expand municipalities' health teams in the coronavirus crisis.

FOOD DISTRIBUTION AND FOOD SAFETY DURING THE CORONAVIRUS PANDEMIC

A guide with suggestions and examples of initiatives adopted in municipalities to provide food and ensure proper safety for the health of people who get the food.

MENTAL HEALTH FOR HEALTH PROFESSIONALS IN COVID-19: SUGGESTIONS AND EXAMPLES OF INITIATIVES

A guide that presents initiatives that can help guide public managers in structuring actions to support the mental health of their health teams.

VOLUNTEERS: IDENTIFYING, ENGAGING AND ORGANIZING THE PEOPLE WHO WANT TO HELP

A guide that presents some examples and suggests alternatives public managers can adopt to identify, engage and organize citizens interested in contributing to the fight against coronavirus.

CoronaCidades Dialogues was a space meant for discussion and exchange of experiences with specialists, managers and professionals from all over Brazil. Please, find the dialogues below:

DIALOGUES

April 2nd
Aligning city’s communication to avoid fake news, panic and pressure

Participants:
Gustavo Azevedo
Pelotas City Hall / RS.

Carlos Cauê
Aracaju City Hall / SE.

Fernando Stern
Niterói City Hall / RJ.

April 6th
How to organize primary health care in times of Covid-19

Participants:
Helyn Thami
MA in Management and Public Policies in Health with residency in Family Health by Fiocruz, and researcher at the Institute for Health Policy Studies (IEPS).

April 9th
Covid-19: how to face the pandemic in small municipalities?

Participants:
Guilherme Werneck
Epidemiologist; adjunct professor at the Department of Epidemiology at IMS / UERJ - Social Medical Institute / Rio de Janeiro State University and at IESC Institute of Collective Health Studies at UFRJ - Rio de Janeiro Federal University.

Douglas Lucena
Mayor of Bananeiras / PB.

José Carlos Breda
Mayor of Cotiporã / RS.

April 16th
Inter-federative coordination for Coping with Covid-19: challenges and solutions

Participants:
Janine Mello
Specialist in public policy and government management with a BA and an MA in Political Science (UnB - University of Brasília), a PhD in Sociology (UnB - University of Brasília),

and a post-doctorate in Territory Planning and Management (UFABC - Federal University of ABC).

Guilherme Pasin
Mayor of Bento Gonçalves / RS. He also serves on the Presidency of the Association of Municipalities of Encosta Superior do Nordeste (AMESNE, acronym in Brazilian Portuguese), which represents 36 municipalities in the Serra Gaúcha region.

April 23rd
Telemedicine to fight Covid-19: how to implement it in your municipality?

Participants:
Waneska Barboza
Physician and Aracaju Health Secretary / SE.

Fábio José da Silva
Technician working at Mato Grosso Telehealth Program, recognized as Outstanding Good Practice in the Competitiveness Excellence Award, organized by CLP [Public Leadership Center].

April 30th
Reopening services in municipalities: evidence-based decision making

Participants:
Fernando Galvão
Mayor of Bebedouro / SP and President of CODEVAR,Vale do Rio Grande Development Consortium, which brings together 27 municipalities in the countryside of São Paulo.

Rudi Rocha
PhD in Economics from PUC-Rio / Rio de Janeiro Catholic University, associate professor at the São Paulo School of Business Administration (FGV / EAESP).

May 7th
The pandemic in municipalities: projections and prospects for contagion for the coming weeks

Participants:
Ana Paula Pellegrino
Doctorate Candidate in Political Science at Georgetown University and coordinator of SimulaCovid.

Fábio Ferraz
Santos Municipal Health Secretary / SP, MA in Leadership and Management from CLP [Public Leadership Center], MA in Public Policy Management by FGV / SP, specialist in civil

procedural law and BA in Law from the Catholic University of Santos.

Luana Tavares

Vice President of CLP [Public Leadership Center], Voluntary Advisory Advisor to Muove Brasil and Executive Founding Council on the Power of the Vote.

June 5th

What city governments can do now: from prevention to treatment for Covid-19

Participants:

Profa. Marcia Castro

Head of the Department of Global Health and Population (GHP) at Harvard University (USA).

Prof. Aluisio Segurado

Covid-19 ward at Hospital das Clínicas, University of São Paulo (HC-USP).

July 16th

Communication challenges in the Covid-19 pandemic

Participants:

Reberta Dovtartas Landuccl

Executive Manager of Corporate Communication, Brand and

Marketing at Hospital da Beneficência Portuguesa de Sao Paulo.

Ana Beatriz Akel

Communication Manager for Doctors and Operators, Events, and Sponsorships at Sao Paulo Beneficência Portuguesa Hospital.

August 27th

Municipal communication in times of coronavirus: understand what is allowed in elections

Participants:

Gabriela Rollemberg

Lawyer and General Secretary of the Brazilian Academy of Electoral and Political Law.

Ingrid Freitas

Technical advisor to the National Front of Mayors.

For challenging scenarios, such as a pandemic, in a country where the health system is still lacking, innovative initiatives to support public health management are needed. That was the role of CoronaCidades during the pandemic: a free of charge platform aimed at supporting municipalities with tools and instruments needed to respond to the coronavirus crisis.

Blog IEPS

O blog *Saúde em Público* é um espaço hospedado na Folha de São Paulo e dedicado às vozes da saúde. Ele funciona como uma tribuna livre que discute experiências de sucesso e caminhos possíveis, trazendo dados para embasar uma ampla discussão sobre políticas de saúde.

O espaço é curado pelo Instituto de Estudos para Políticas de Saúde (IEPS), editado por Miguel Lago e Arthur Aguilar com copydesk de Helena Ciorra.

[Visite o Blog →](#)



Highlight: Article about the municipality of Sinop

The crisis caused by the pandemic of the new coronavirus has highlighted a lack of connection between the different sectors of society. An article published in November 2020 on the Blog Saúde em Público showed that, in an attempt to solve part of these problems, the academic community and the third sector have joined forces in the city of Sinop, Mato Grosso. UFMT-Sinop [Mato Grosso Federal University / Sinop Campus] has decided to design and operate remote monitoring services for COVID-19 cases, as well as setting up a call center to answer questions. Meanwhile, the process of planning and implementing operations has been supported by the CoronaCidades platform. With over 6,000 monitoring visits and assistance to approximately 650 people with doubts or symptoms for guidance or referral to public or private health services, the initiative proved to be very successful. Due to the success, the action was lauded a Motion of Applause by the local Health Council.

Working in partnership with the Legislative Branch

3 Bills of Law

IEPS construes the Legislative Branch as a key space for changing public policy and strengthening the health system. Since the end of 2019, we have been building relationships with the parliamentary health front and parliamentarians sensitive to issues pertaining to fostering health. Our work with the legislature has contributed for two bills to be passed, led by civil society organizations, and for introducing a draft of municipal law still under discussion to this day.

Legislative action in the pandemic

At the end of March, a coalition of civil society organizations led the campaign “Renda Básica que Queremos [Basic Income We Want]”, which called for the creation and establishment of an emergency income for 110 million Brazilians. The campaign addressed to Brazil’s House of Representatives was a engagement success - with more than 700,000 people mobilizing - and putting pressure on parliamentarians. IEPS team spoke in favor of the civil society campaign and we assisted in advocacy efforts with some parliamentarians for the project to be approved. IEPS directors published an opinion article the week the Draft of the Bill was introduced, advocating for the creation of emergency income in support of the necessary policy of social isolation. On the same day, Armínio Fraga, Chairman of IEPS Advisory Board, said in an interview to Roda Viva that he supported the measure. The campaign led by civil society organizations was successful and emergency aid was approved by the House of Representatives and implemented.

In May, IEPS team provided studies that served as the background to the project’s justification for providing compensation to healthcare professionals who died of coronavirus. The bill co-authored by twenty congresswomen from across the House of Representatives’ ideological spectrum (from PSOL [Partido Socialismo e Liberdade/ Socialism and Freedom Party] to PSL [Partido Social Liberal/ The Social Liberal Party]), was unanimously passed in the House of Representatives. An article in Estado de São Paulo highlighted the key role IEPS has played in drafting the bill.

Legislative action in Health Promotion

In partnership with IDEC / Brazil’s Bureau of Consumer Protection, ACT [Alliance for the Control of Tobacco], and Desiderata, IEPS has drafted a model bill to municipal level

integrating measures to fight childhood obesity in the city of Rio de Janeiro. The project bans selling and serving ultra-processed foods and sugary drinks in public and private schools. In addition, companies with a given number of female employees are required to have a lactation room. IEPS team has drafted the full justification for the Bill, which has supported all decisions. The organizations drafted the text of the bill and IEPS advocacy team initially sought out former Rio de Janeiro Mayor and Councilman César Maia as the bill’s lead author. He immediately volunteered, and with the help of IDEC advocacy team, we managed to get a total of fifteen councilmen as co-authors of the bill. On January 2, 2020, the project was filed by the authors: César Maia, Professor Celso Luparelli, Matheus Floriano (DEM [Democratas / Democrats]), Jair da Mendes Gomes (PMN [Partido da Mobilização Nacional / Party of National Mobilization]), Rosa Fernandes, Dr. João Ricardo (PSC [Partido Social Cristão / Social Christian Party]), Atila Nunes, Rafael Aloisio Freitas (MDB [Movimento Democrático Brasileiro / Brazilian Democratic Party]), Tarcísio Motta, Leonel Brizola Neto (PSOL [Partido Socialismo e Liberdade / Socialism and Freedom Party]), Dr. Jorge Manaia (PP [Progressistas / Progressionists]), Rocal (PSD [Partido Social Democrata / Social Democratic Party]), Petra, Fernando William (PDT [Partido Democrático Trabalhista / Democratic Labor Party]), and Dr. Carlos Eduardo (Podemos). The project has already been approved by four committees and two other committees stand on it is still pending before eligibility for a vote session. Due to the pandemic, the Chamber of Councilor’s agenda has been locked since March, and only projects directly linked to combating the pandemic can be voted on.

sábado, 4 de julho de 2020

João Gabriel de Lima - A política moderna e os tatus de Brasília



- O Estado de S.Paulo

O Congresso, gostemos ou não dele, é espelho do que somos, expressão de nossas escolhas

Leandro fez as contas, em conexão direta com Tabata e Talita. Alessandra criou a campanha, Douglas e Caio mobilizaram contatos, José mergulhou nos cadastros do governo.

Tabata é Tabata Amaral, deputada federal pelo PDT-SP. Talita Nascimento é sua chefe de gabinete.

Douglas Belchior, Alessandra Orofino, Leandro Ferreira, José Moroni e Caio Magri representam grupos da sociedade civil, de diferentes matizes políticos – da Coalizão Negra por Direitos, uma reunião de coletivos, ao Instituto Ethos, que congrega empresários. Em conjunto, eles ajudaram a colocar de pé – e depois aperfeiçoaram – o auxílio

A desconfiança em relação aos políticos, especialmente os do Legislativo, era forte na época das Diretas-Já. Fazia sentido. Vivíamos uma ditadura que matava, torturava e censurava, os governadores eram nomeados e o Congresso não era integralmente escolhido pelo povo – havia a figura do “senador biônico”, apelido inspirado na série Cyborg.

O “nós e eles” entre eleitores e parlamentares não se aplica mais. Deputados e senadores são como os tatus da piada capiau. Tatu não sobe em árvore. Se aparece num galho alto é porque alguém o pôs lá. Da mesma maneira, se um político ocupa uma cadeira na Câmara ou no Senado, é porque chegou lá com o nosso voto. O Congresso, gostemos ou não dele, é um espelho do que somos, expressão de nossas escolhas.

Desqualificar o Legislativo é velho como o Cyborg, é algo do tempo em que Lobão só fazia barulho quando tocava bateria na Blitz. Felizmente, vários cidadãos – e várias organizações da sociedade civil – já atentaram para o jeito moderno de fazer política. Se o Congresso é a nossa casa, devemos estar próximos a ele.

A proximidade começa – mantra desta coluna – com a junção entre política e conhecimento. Os cálculos feitos por Leandro Ferreira, da Rede Brasileira de Renda Básica, foram fundamentais para viabilizar o auxílio emergencial de R\$ 1.200 para mães chefes de família. Outro programa-chave da pandemia, o seguro de vida para profissionais de saúde, contou com a expertise da economista Letícia Nunes, do Instituto de Estudos para Políticas de Saúde, organização fundada pelo economista Armínio Fraga.

A ponte entre conhecimento e política é essencial, mas não basta, segundo Alessandra Orofino, diretora da rede Nossas: “É preciso entender o funcionamento do Congresso, e também fazer a voz da sociedade civil chegar aos parlamentares”. No caso do auxílio emergencial, 163 organizações se mobilizaram. Criaram um abaixo-assinado com 700.000 assinaturas, e entupiram as caixas de e-mails dos parlamentares com mensagens de potenciais eleitores.

Duas notícias boas para você, que anda descrente da política. Existe, sim, um debate sério sobre os problemas do Brasil, em universidades e centros de pesquisa. E existe uma sociedade civil organizada e atenta a esse debate. O caso do auxílio emergencial é um exemplo. No minipodcast da semana, Alessandra Orofino dá uma ideia de como podemos exercer nossa cidadania.

3 Proposal documents

In the context of municipal elections, we have prepared 3 government programs. The first directly focused on the municipality of Rio de Janeiro (Agenda Rio), the second targeted at Brazil with focused on Health and Sustainability and, finally, a document for all future municipal governments, Saúde na Cidade.

Agenda Rio

Agenda Rio is the result of collective effort of IEPS, academics and renowned health managers (Ligia Bahia, Luiz Santini and João Luiz Ferreira) with the purpose of presenting concrete proposals to improve health services in the city of Rio de Janeiro. This project was part of a collective mobilization of researchers from different areas of knowledge who also contributed with sectoral proposals in their respective areas. The final product consisted of a short report containing a section for diagnosing the health problems of the population of Rio and a section for proposals, accompanied by suggested goals.

The main objective was to influence city hall candidates to integrate the proposals in government plans and, therefore, to guide health actions to be performed by the future mayor.

Agenda Rio has taken a slightly different path to draft the proposals: we first considered health problems and suggested solutions that were capable of solving them, instead of only considering the number of health equipment. In other words, we have opted for a systemic view of conducting health policy. In addition to being guided by the main health problems experienced in the city, the collective construction made sure that the document had technical and political diversities (from left-wing to right-wing, and the center). Thus, the proposals are viable for any candidate with no exception.

IEPS team has conducted an initial study of the most pressing health problems in the city and benchmarks for solutions at national and international levels, through documentary consultations, databases, and literature reviews. From that starting point, the first version of proposals was assembled, which was discussed and

refined in joint and individual rounds with the specialist contributing to the project. The final document was presented in two rounds to specialists in other areas of knowledge before being published.

The final document was sent to pre-candidates and virtual sessions were held for debate, involving groups of pre-candidates and the expert writers in each of the areas of knowledge. In addition, the newspaper O Globo has published the proposals in a major report on municipal elections.

This project focused on reality in two different ways: first, we had access to the overwhelming majority of pre-candidates and were able to talk to each one of them about details of the implementation and possible obstacles to each of the proposals. In this way, we jointly built the possibilities for the inclusion of proposals in government plans and, also, for effective implementation in the future. It is also important to highlight that publishing the proposals in a major newspaper contributes to guide the public debate about what needs to be done in the health sector in the city of Rio.



Agenda Saúde na Cidade

Biggest health crisis in the last 100 years, the COVID-19 pandemic has shed light on the political and administrative challenges that are present in day-to-day public management and, in particular, challenges faced by health professionals. This is a window of opportunity for public managers to take a closer look at the topic. Firstly, because it is the right thing to do, but also because society's expectations about the quality of the system tend to increase.

From the experience with CoronaCidades, which brought us even closer to managers and professionals at the top, a clear learning process, marked by the speech of a Secretary in a medium-sized Brazilian municipality stating that “the position of health secretary is extremely lonely”, was that, although the health agenda is permeated by a lot of political articulation, at the end of the day, decision makers tend to receive little support.

Agenda Saúde na Cidade is an IEPS initiative in partnership with Instituto Arapyaú and Impulso, which seeks to respond to this challenge. The objective of the document is to guide the discussion on health policies made by candidates in the 2020 municipal elections in a set of effective and politically viable proposals, as well as to help elected mayors to organize their mandates and priorities in municipal health policy.

To set up an agenda that is really useful for the management of municipalities with different realities, in the first phase, interviews were conducted with scholars and there was a literature review on the topic,

which generated a tree analysis of Brazilian municipal public health problems. Based on focus groups, this tree analysis has been validated and refined by specialists, managers and professionals at the forefront. And, finally, a final diagnosis was made from three perspectives: which diseases kill Brazilians the most, what are the main challenges on municipal health management and how to respond to emergencies, such as COVID-19.

Collaborators in the team: **Adriano Massuda**, PhD in Collective Health by UNICAMP [University of Campinas] and researcher at the Department of Global Health and Population (GHP) at Harvard TH Chan School of Public Health; **Flávio Alcoforado**, former Rio de Janeiro Municipal Undersecretary of Health (2010-2016), PhD in Public Administration and Government by EAESP / FGV and professor in the Master's Program in Public Administration at EBAPE / FGV; and **Guilherme Werneck**, PhD in Public Health and Epidemiology from Harvard School of Public Health and adjunct professor in the Department of Epidemiology at the Institute of Social Medicine at Rio de Janeiro State University and the Institute of Collective Health Studies at Rio de Janeiro Federal University.

We have identified that:

- Brazil has a heterogeneous disease burden, having simultaneously locations with high mortality due to infectious, chronic diseases, and external causes;
- In Brazil, Primary Care is not very effective, resulting in worsening of population's health problems and a series of deaths and illnesses that could be prevented. Inefficient regulation of assistance flows causes queues

that restrict access to the system. In addition, Brazilian municipalities face wide regional inequalities in the number and quality (measured by a huge efficiency gradient) of health workforce;

- Fighting the COVID-19 crisis has showed us several vulnerabilities in health system. In particular, municipalities have been unable to simultaneously respond to the crisis and maintain the routine activities of Primary Care, they did not have the epidemiological capacity to build an effective and intelligent response, they have failed to communicate with the population to ensure adherence to social distancing strategies, changes in habit, and have been unable to track cases and contacts.

With regards to the preparation of proposals, the cycle of literature review and interviews with researchers and managers was repeated, this time, with the objective of proposing solutions to the problems raised and building specific actions for each suggested solution. It is a document composed of 10 proposals, guided by the reality of Brazilian municipal managers, showing in detail the steps necessary to implement each action, also narrating success stories at national level and the political and administrative challenges that managers may encounter. The suggestions and examples focus on improving processes with resources that managers already have. Concrete indicators are also suggested so that managers can monitor the progress of activities, which strengthens the construction of programmatic guidelines for the municipal health system, focused on the implementation of health policies in the municipalities.

Summary of proposals:

- 1. Making Primary Care more resolute** – Primary care should be able to solve about 80% of the population's health problems. In the North and Northeast regions, for example, the rate of Hospitalizations for Causes Sensitive to Primary Care reaches almost 40%. In other words, 4 out of 10 people are hospitalized due to failure in Primary Care;
- 2. Improving health regulation to put an end to queues** – Queues for procedures, doctor's appointments, and hospitalizations at SUS and the long waiting time are the main source of user complaints. The consequences range from aggravation of health problems to an increase in treatment costs. This is an issue that can be solved by improving processes and does not necessarily imply additional expenses;
- 3. Increasing Primary Care coverage** – Primary care is the main gateway to SUS along with urgent and emergency units. The increase in the coverage of Primary Care services in the territory provides citizens with access to health services in a capillary-like way, catering to the needs of places where other social services are not available;
- 4. Results-oriented procurement of inputs and providers** – The production of health services does not always result in significant improvement in the health of the population. In management contracts, it is important to agree on a commitment to deliveries related to health and productivity results in the territory, engaging teams;

5. Organizing portfolios of services, medicines, and practices of health professionals – At the management level, there is a heterogeneity of what each health equipment offers in terms of services and medicines. Bringing equality to this process, defining who does which task and communicating it in a way which is objective to the population is an effective strategy to improve the quality of the system. In particular, expanding the scope of nursing practices is an important step for the municipality to be able to do much more with existing resources;

6. Providing training, qualifying and motivating health workforce – Public services rely on people. The production and resolutivity of Primary Care are largely determined by the quantity, quality, and management of available human resources. A policy of permanent health education, which includes training and development, must be linked to incentives to show due appreciation to professionals and help retain talents in municipalities;

7. Building an effective monitoring strategy – The municipal health monitoring policy has two fundamental functions: it generates information that allows the accountability of providers and ensures learning at the system level. Measuring well enables municipal management to learn from the course of interventions actually made;

8. Building epidemiological capacity to address the main causes of morbidity – An effective epidemiological strategy allows directing actions, relieving the system, improving the general health indicators of the population, addressing the social determinants and, consequently, meeting the population's demand for a health system that meets

their needs. It is also essential in fighting epidemics of infectious diseases, such as COVID-19;

9. Ensuring equity in access to health and co-creating the system by listening to users – Incorporating users in the construction, operation and management of health services results in improvements in quality of the system. Their voices are especially important to address inequalities in the population's health outcomes. Adequate collection and analysis of data that point out inequities and professionals' awareness of the topic also contribute to the development of effective solutions;

10. Enacting health promotion policies – Health goes beyond assistance when faced by disease. Many of the actions with the greatest impact on the system come from sources other than assistance flow. Health promotion can have a fundamental impact in mitigating risk factors for infectious and chronic diseases. This proposal aims at making us reflect upon how to shape the whole area of the city to make citizens live more and better. To activate the Agenda, IEPS has held several conversations with mayor candidates from different ideological positions, municipal associations, and parastatal entities. Altogether, there were more than 1,000 single users on the platform, 167 registrations on the site, and 213 downloads of the document.

Highlight:

- IEPS researchers Helyn Thami and Arthur Aguillar have been interviewed for the Boletim Corona session broadcasted by Fiocruz Health Channel.
- The document was included in the virtual library of the National Front of Mayors (Frente Nacional dos Prefeitos).
- In October 2020, newspaper Estadão published an exclusive editorial dealing with the Agenda's proposals

and in December, again Estadão mentioned it again as a reference on the efforts exerted by some Brazilian civil entities in presenting consistent proposals for future municipal administrations.

A saúde na cidade

Apartidário e prático, documento é uma excelente pauta para os novos prefeitos

Notas&Informações, O Estado de S.Paulo
28 de outubro de 2020 | 03h00



O Instituto de Estudos para Políticas de Saúde (Ieps), em parceria com o Instituto Arapyaú e Impulso, lançou a [Agenda Saúde na Cidade](#), com dez propostas no âmbito municipal para a atenção básica, no período de 2021 a 2024. Baseado nas dificuldades de profissionais de saúde e de gestores que trabalham na assistência direta ao cidadão, o documento tem por objetivo apresentar propostas não apenas tecnicamente corretas, mas factíveis e politicamente viáveis. Os próximos quatro anos são especialmente desafiadores, tanto pelas restrições fiscais como pelas novas demandas causadas pela pandemia de covid-19.

Como diz o documento, “saúde é, por definição, um problema complexo, cujo aprimoramento do sistema é fundamentalmente uma longa viagem de descoberta, para a qual não há solução simples nem tecnologia conhecida”. Ao mesmo tempo, lembra que existem muitas evidências a apontar os principais problemas e as melhores práticas para a saúde pública.

Ao traçar um diagnóstico sobre a saúde nos municípios, o documento destaca três pontos. Em primeiro lugar, verifica-se uma carga heterogênea de doenças. Há localidades com grande mortalidade por doenças infecciosas e crônicas e por causas externas. Como segundo ponto, a atenção básica no País é ainda pouco resolutiva, o que agrava os problemas de saúde da população, com óbitos e doenças que poderiam ser prevenidos. Tal quadro é reforçado pelas desigualdades regionais relativas à força de trabalho da área de saúde.

Em terceiro, a pandemia de covid-19 revelou muitas vulnerabilidades do sistema de saúde. Por exemplo, os municípios não foram capazes de manter as atividades de rotina de atenção básica e, ao mesmo tempo, responder à crise sanitária em suas diversas frentes, também no quesito comunicação com a população.



Human Rights Watch Report

The report “O Ar é Insuportável: impactos das queimadas associadas ao desmatamento da Amazônia brasileira na saúde [Air is Unbearable: the impacts of fires associated to Brazilian Amazon deforestation in health]” produced by the Institute for Environmental Research in the Amazon (IPAM, acronym in Brazilian Portuguese), the Institute for Health Policy Studies (IEPS), and Human Rights Watch uses official health and environmental data, as well as, interviews with 67 professionals, authorities and experts in these areas, to estimate that 2,195 hospital admissions for respiratory diseases in 2019 are associated to fires.

Since Bolsonaro took office in January 2019, the government has weakened Brazil's environmental agencies and sought to reduce restrictions on protected areas and indigenous lands. Deforestation increased by 85% during the first year in office, according to optimistic estimates by DETER, the Brazilian satellite alert system. Destruction has kept the same pace in the second year of government.

As reported by the newspaper O Globo and the magazine Carta Capital, Vice President Hamilton Mourão has questioned the results of the study by saying: “I see editorialists and opinion makers saying that smoke is harming people. I can not understand where these people get this data from and how they manage to understand that”.

(iv)

**2020 was only possible
thanks to a great network
of collaborators...**

In addition to our team of collaborators, we have had the valuable contribution of academic associates, visiting researchers, and a network of partners from the third sector who do active work in health. Bringing those efforts together has enabled us to expand our production internationally. The good results we have obtained in 2020, through extensive scientific production, published in newspapers and periodicals of high relevance, and management support activities in Brazilian municipalities of different profiles, only emphasize our expectations for the coming years. We hope that in 2021 even more actors can assist us in the mission of making public health policies in Brazil more accessible, equitable, and based on evidence.

40

partner organizations _
we have carried out various
activities in partnership
with organizations from
different countries

+20 events

+6 research
projects

+12 projects
on public
policies



Highlight: Partnership with Imperial College London

IEPS has received, from March to November, funds from Imperial College London, the result of a public call for projects aimed at supporting research projects geared towards studying Health Policies globally. The proposal was submitted by IEPS in co-authorship with Christopher Millett, professor at Imperial College London and our associate collaborator. The project strengthens an existing collaboration between the UK and Brazil, extending it to other countries in the Americas, through the development of a relevant research agenda that seeks to understand inadequacies in the region's health systems, including their impact on universal health coverage.

The main result of the partnership is research focused on the fragmentation of the health system in Latin America, which is widespread in the region and has a negative impact on the health of low-income people. To identify relevant evidence gaps for the proposed research, we are conducting a needs assessment and plan research in Brazil and another two countries.

That is going to require: 1) involvement and active and fully integrated stakeholder engagement (involving policy makers, non-governmental organizations, and civil society); 2) literature revision; 3) identification and curation of data sources; 4) setting up research teams meant to cover the main methodological requirements; 5) capacity building.

50 collaborating associates _

IEPS has built an important network of academic collaborators

IEPS's collaborating associates include professors and researchers from the world's leading universities, including Harvard University, Imperial College London, Princeton University, University of British Columbia.

Contributions of Collaborating Associates:

- June 2020: Gabriela Lotta*, Débora Dossiatti de Lima, Giordano Magri, Marcela Corrêa, and Amanda Beck. **The COVID-19 Pandemic and Public Health Professionals in Brazil.**
- January 2020: Bruno Kawaoka Komatsu and Naercio Aquino Menezes Filho*. **Impacts of the Family Health Strategy and Challenges for Child Development.**

Highlight: IEPS Visiting Program

IEPS has received visiting researchers from different parts of Brazil and the world at its São Paulo office to exchange experiences and collaborate on projects. Visiting researchers came from renowned institutions, such as Harvard, the MIT, and University of British Columbia. The research activities addressed topics, such as inequality, mental health, domestic violence, primary health care, and supplementary health. Also, the researchers were able to improve their technical knowledge through academic workshops, including topics, such as, georeferencing, linkage, and treatment of databases.

Visiting researchers:

- Alessandro Bigoni** (University of São Paulo)
Alan Feffer (Tulane University)
Ece Ozcelik (Harvard University)
Ieda Matavelli (University of British Columbia)
Igor Procópio (Juiz de Fora Federal University)
Julie Kim (Harvard University)
Lia Braga (PUC-Rio / Rio de Janeiro Catholic University)
Luiz Felipe Fontes (EESP [São Paulo School of Economics] / FGV)
Mateus Dias (Princeton University)
Pablo Peña Corrales (Harvard University)
Pedro Bessone Tepedino (Massachusetts Institute of Technology)
Tatiana Lima (Brazil's Administrative Council for Economic Defense)
Vinicius Peçanha (University of British Columbia)

Institutional Partners

In this broad review of everything we have done since our inception, we take the opportunity to thank a small group of operational partners: Atos & Fatos (Accounting/Staffing), Trindade Sociedade de Advogados (Law firm), Barbosa, Mussnich e Aragão - BMA (Law firm), and KPMG (Auditing). They are key for IEPS to run properly, efficiently, and transparently.

Expectations for 2021

2020 was an intense and highly productive year for IEPS. We are very pleased with what we managed to do in our first year with the work of a small team. 2021 is bound to be even more challenging and we believe that it is going to be even more productive than 2020. We have listed below some projects that are underway. We expect them to bear fruit in 2021.

Alliance for Primary Care

IEPS has also established a partnership with Umane, which is an articulator, promoter and financier of chronic non-communicable disease (NCDs) prevention initiatives and health promotion. The partnership began in September 2020 and is expected to last for three years. Also, it seeks to focus on four fundamental axes of Primary Care:

a) health system management; b) human resources; c) health promotion; and d) innovation and technology.

Through the partnership, Umane and IEPS seek to foster a coalition of civil society organizations focused on primary care. Because of the project, we have been able to expand IEPS practice team. In the partnership, several actions are planned, such as the production of proposals agendas for SUS (Agenda Saúde na Cidade, as well as a similar agenda for 2022 elections), conducting legislative advocacy aimed at health promotion and fostering healthier cities, and the production of entertainment media content aimed at changing public opinion on SUS (Brazil's Unified Health System).

Amazon 2030

In partnership with Climate Policy Initiative and Imazon, we have started to develop a research agenda that aims to contribute to the health debate in the Brazilian Amazon and to provide it with proposals to overcome challenges. The project is going to last 14 months and is divided into four blocks. The first block is dealing with a broad and detailed demographic and epidemiological characterization of Amazonian population - the people who live in municipalities located in the Legal Amazon

region -; the second block is addressing the characterization of the offer of services and health programs available in the region; then, in the third block, we are conducting a quantitative diagnosis of health demand and supply in the region (recent developments and current mapping) and identifying challenges; and, finally, we are providing an overview of some of the main problems and priorities for action related to specific issues in the Brazilian Amazon and potential negative repercussions on population health and access to health services. In particular, we are identifying problems or programs with potential for impact assessment.

The Cost of Obesity in Brazil: Current Situation and Future Projections of the Economic Costs of Chronic and Noncommunicable Diseases

The prevalence of overweight and obesity is increasing in Brazil. Knowing the current economic impact and estimating future projections of these risk factors for the Brazilian health system is essential for better planning of public policies. The project, subsidized by the National Council for Scientific and Technological Development - CNPq, aims to estimate the current and future economic cost of chronic non-communicable diseases related to overweight and obesity for the Brazilian

Unified Health System. Also, the project is being developed in partnership with São Paulo Federal University (UNIFESP), University of São Paulo (USP), Minas Gerais Federal University (UFMG), Uberlândia Federal University (UFU), and Fundação Getúlio Vargas (FGV).

Health and violence

In partnership with the Health Systems Research Initiative - (HRSI) at the Imperial College London, (jointly funded by the Foreign, Commonwealth and Development Office - FCDO, the Medical Research Council - MRC, and Wellcome, in collaboration with the Economic and Social Research Council - ESRC), this research project is targeted at exploring the role of urban violence in health system performance in the city of Rio de Janeiro.

Rio de Janeiro has an important structure for this type of research because it has high levels of urban violence due to drug trafficking and inequalities concentrated in the favelas, where one third of the city's population live. Recent investments made in the city are aimed at tackling urban violence and expanding health services, including the pacification of gang-controlled favelas and

opening new Primary Care clinics. Understanding how urban violence influences and is influenced by these investments is the key issue in this research.

The research is covering four areas: the first area aims to verify innovative approaches to measure urban violence in Rio de Janeiro. We are using data from multiple sources, including the location of homicides, reports from apps that monitor violence, police data, and data on closing schools in the regions.

The second area is seeking to understand the extent to which urban violence prevented health clinics to open during the wide expansion of Primary Care in Rio from 2016 to 2018. The third area is exploring the relationship between urban violence and health system performance. We are testing when episodes of local violence have affected access or quality of health services. This is going to be measured by using metrics, such as episodes where clinics were closed, home visits, opening hours and staff turnover. The fourth area of research aims to understand whether the Rio's pacification program has affected the system's performance.

With this agenda, we seek to deliver evidence that can be used by communities and public policy makers in Brazil and internationally and other cities affected by urban violence. The research is also meant to be preparatory work for future research to better understand how the relationship between urban violence and health systems can affect people's health and health inequalities.

Data dashboard

In 2021, we are going to publish, in the first semester, a set of indicators on health at the municipal level, divided into themes. Some of the indicators are coverage of primary care, mortality rates, and hospitalizations because of causes sensitive to primary care, municipal spending on health per capita, number of total beds and ICU in SUS (Brazil's Unified Health System), and health insurance coverage. These data are routinely used for analysis at IEPS; however, they are dispersed and are not easily accessible by managers and researchers in general. We are also going to allow graphical comparison on health with other municipalities in macro-region, state, and national average.

This set of indicators is going to integrate a data visualization section on IEPS's website, which is going to feature other dashboards over time. One of them is going to be "Distância SUS [Distance SUS]" dashboard, developed in partnership with students from the Institute of Mathematics and Statistics (IME-USP). Distância SUS [Distance SUS] is undergoing testing phase now. And it has data on distance to the nearest emergency unit for Brazil's entire territory. The program can be expanded by including distances to other services, such as hemodialysis and childbirth. As a whole, this section is going to enable view of information on significant topics to managers, researchers and communicators, in a format that helps analysis, diagnosis, and decision making.

In the second semester, we are releasing a set of codes in STATA to access and process data from various Datasus information systems, such as Hospitalizations (SIH), Mortality (SIM), Births (SINASC), Outpatient Production (SIA), and the National Registry of Health Premises (CNES).

We are also going to launch IEPS Data, a STATA package to facilitate access and treatment of these databases. One of

the main challenges in analyzing this data is the difficulty of dealing with codes such as equipment and procedure codes and possible incompatibilities over time. Both open codes and the package aim at expanding access and analysis of health data.



ANNEXES

ANNEX 1

ADVISORY COUNCIL MEMBERS

DRAUZIO VARELLA

Antônio Drauzio Varella is a Brazilian oncologist, scientist and writer. He has earned his BA in Medicine from University of São Paulo (USP). When taking the entrance exam, he ranked 2nd. Known for sharing medical information in Brazil, by appearances on radio, TV, and Internet programs, he also has a website and a YouTube channel. Also, he is one of the founders Universidade Paulista and Rede Objetivo, where he taught physics and chemistry for many years. Varella stands against alternative medicine.

GUILHERME FRERING

Guilherme Frering is the Founder and Chairman of the Board of Directors of Companhia do Vale do Araguaia, as well as the Founder and Chairman of the Deliberative Council of Instituto Desiderata, a non-profit organization. Previously, he was the Chairman of Caemi Mineração e Metalurgia SA Board of Directors and the Chairman of Jari Celulose SA Board of Directors. He has also served on the following Boards: Lafarge Group: member of the Board of

Directors (France), member of the Board of International Advisory (France); and Chairman of the Board of Directors of the Brazilian subsidiary Cimento Mauá SA; member of the Board of Directors of BNDESPar, Alcoa Alumínio SA (Brazil) and S / A White Martins. He holds a degree in Mechanical Engineering from Rio de Janeiro Catholic University (PUC-RJ).

JOÃO BIEHL

João Biehl is Susan Dod Brown Professor of Anthropology at Princeton University, Director of the Brazil Lab, and co-director of the Global Health Program at Woodrow Wilson School of Public Affairs.

LÍGIA BAHIA

Lígia Bahia holds a degree in Medicine from Rio de Janeiro Federal University (1980), an MA in Public Health from Fundação Oswaldo Cruz (1990), and a PhD in Public Health from Fundação Oswaldo Cruz (1999). She is currently an adjunct professor at Rio de Janeiro Federal University. She has experience in the area of Collective Health

with emphasis on Health Policy Planning, mainly in the following themes: social protection and health systems, public-private relations in the Brazilian health system, health insurance market, public and private financing, regulation of health insurance.

MARCIA CASTRO

Marcia Castro is an Andelot Professor of Demography and Director of the Department of Global Health and Population (GHP) at Harvard University.

PAULO CHAPCHAP

Physician holding a degree in Medicine from University of São Paulo's Medical School. Research fellow and Visiting Assistant Professor in liver transplantation at the University of Pittsburgh (1986 and 1987). PhD in Medicine, Surgical Clinic Area, University of Sao Paulo's Medical School. Member of the Board of the International Liver Transplantation Society (2007 to 2011). Coordinator of the Liver Transplantation Program at Hospital Sírio Libanês. Chairman of the Board and Vice-Dean of Stricto-Sensu Programs at Hospital Sírio Libanês Teaching and Research Institute. He is currently the General Director / CEO of Hospital Sírio Libanês.

PAULO HARTUNG

Paulo Hartung has started his activities in public life from an early age, by joining student movements in college. Since then, he has held various positions, his legacy always makes an impact. At the young age of 25, in 1982, he was elected state congressman [representing the state of Espírito Santo]; in 1990, he became a federal congressman; he returned to Espírito Santo in 1993, when he ran and won the municipal elections and became Mayor of Vitória; in 1998, he took over as BNDES Board Director, invited by Fernando Henrique Cardoso; he became a senator in 1998; he has served as the governor of the state of Espírito Santo for three terms. In 2002, he was elected governor; and in 2005 he was reelected. He served on the boards of directors of Edp do Brasil and Veracel Celulose from 2012 to 2014. In more recent years, in 2014, Paulo Hartung was once again the most voted candidate in the state of Espírito Santo and was the head of Anchieta Palace until the end of 2018. In 2019, he was appointed by the President of the Federal Supreme Court, Justice Dias Toffoli as Advisory Adviser to the Department of Judicial Research of Brazil's National Council of Justice - CNJ [acronym in Brazilian Portuguese]

RICARDO DE OLIVEIRA

Ricardo de Oliveira holds a degree in Production Engineering from Rio de Janeiro Federal University. Former Vice-President of the National Council of State Health Secretaries (Conass), he has served as Espírito Santo Secretary of Management and Human Resources (2005-2010) and Espírito Santo Health Secretary (2015-2018). He is the author of “Gestão pública: democracia e eficiência” and “Gestão Pública e Saúde”, both books have been published by Editora FGV.

ROBERTO COOPER

Holds a degree in medicine from Rio de Janeiro Federal University (1976). Medical Residency in Pediatrics - Hospital da Lagoa (1978), title Specialist in Pediatrics (1978), intern at the Centre International de L’Enfance-Paris (1982), WHO consultant for the Expanded Program on Immunizations and Control of Diarrheal Diseases, in Tunisia, Syria, Djibouti, Sultanate of Oman, Pakistan, People’s Democratic Republic of Sao Tomé and Príncipe, Haiti, and Dominican Republic (1982 to 1985), Director of the Medical Assistance Division of Instituto Fernandes Figueira, Fiocruz (1986 to 1988), Program for Chiefs of Clinical Services, Harvard School of Public Health (1988) Program for Health Systems Management, Harvard School of Public Health (1990).

Executive MBA - Coppead- UFRJ (1990). MA in Family Health - Universidade Estácio de Sá (2015); Medical School Coordinator, Estácio de Sá University, João Uchôa Campus (Nov. 2015 to Mar. 2017). Professor of Medical Psychology Medical School, Estácio de Sá University (Apr. 2014 to date). Professor of the elective course “How to deliver presentations”, Medical School, Estácio de Sá University (Mar. 2019 to date). Professor of the subject Family Health V, Medical School, Medical School (Mar. to Jun. 2019). Professor of the elective course Sociology and Medical Humanities, Medical School, Estácio de Sá University (Mar. 2019 to date).

ANNEX 2

TAX COUNCIL MEMBERS

ANA NOVAES

PhD in Economics from University of California, Berkeley (1990) and hold a Law degree from Rio de Janeiro Catholic University (2008). She is currently Chairman of the Board of Directors of Fundo Garantidor de Crédito, OEC Advisor to the Mergers and Acquisitions Committee in Fundação do Câncer. From 2012 to 2014, she was a director at CVM. In the past, she has served as a member to Boards of Directors of CCR, CPFL Energia, Metalfrio and Datasul.

EDUARDO SOARES

Eduardo Soares is an accountant, earned his degree from UERJ-RJ [Rio de Janeiro State University]. He has earned lato-sensu degrees in the areas of business law, management, finance, and projects from Rio de Janeiro Catholic University and FGV-RJ. He has been a partner at Gávea Investimentos since 2008. He is responsible for the operational area of private equity funds. Previously, he has held positions in external auditing and consulting for 18 years (partner for 10 years) and was CFO of a technology venture capital investment company (2000 to 2005)).

ANNEX 3

TEAM MEMBERS

ARTHUR AGUILLAR, PUBLIC POLICY RESEARCHER

BA in Economics from PUC-Rio / Rio de Janeiro Catholic University, and holds an MA in international development from Harvard University. He was the coordinator of Projects and Evaluation of the Ministry of Education’s School of Innovation and Public Policies, where he was responsible for supporting the Regional Development Plan of the Northeast, and developing training programs aimed at municipal and state governments in the region. He has coordinated research projects and impact assessments in health and education in Brazil, India and Mozambique, collaborating with JPAL, the London School of Economics and ASER / Pratham. His work is devoted to the frontier between public management and applied research.

BEATRIZ RACHE, HEALTH ECONOMICS RESEARCHER

BA in Economics from PUC-Rio / Rio de Janeiro Catholic University, and MA in Economics from Columbia University in New York. She was Research Associate at JPMorgan Chase Institute, a think tank in Washington DC, Junior Economist at Gávea Investimentos, in Rio de Janeiro, and Research Assistant at Climate Policy Initiative and PUC-

Rio / Rio de Janeiro Catholic University. She has worked on varied research topics, from higher education to small businesses, always using data analysis and econometrics to aid decision making. One of her main interests is to study inequality of opportunities in Brazil from the point of view of public policies, in order to help alleviate it.

FERNANDA LEAL, PUBLIC POLICY ASSISTANT

Holds a BA and an MA in Political Science from Pernambuco Federal University (UFPE). She is currently taking a specialization course in Politics and Society at Rio de Janeiro State University (IESP-UERJ). She was the co-founder and director of the first junior consulting firm on politics in North / Northeast regions, Virtù Consultoria Política. She has served as Municipal Secretary for Youth in the city of Surubim-PE, working on educational, cultural and health and leisure promotion projects. Collaborated in the development of the National Urban Development Policy (PNDU), through a partnership with Brazil's Institute of Applied Economic Research (IPEA).

FERNANDO FALBEL, INTERN, HEALTH ECONOMICS

Attends a double degree in Economics and Public Administration from Fundação Getúlio Vargas (EESP and EAESP), as well as has earned a Law degree from São Paulo

Catholic University (PUC-SP). He has received a scientific initiation scholarship from EAESP / FGV and is a research assistant at IEPS.

HELENA CIORRA, ADMINISTRATIVE ASSISTANT

Earned a degree in Languages from the University of São Paulo with focus on Eastern languages. Awarded twice in the Korean Literature Essay Contest held by the Literature Translation Institute (LTI-Korea). She has been working as a proofreader and translator for over 10 years now. Since 2016, she has been working as an assistant in the area of academic research.

HELYN THAMI, PUBLIC POLICY RESEARCHER

Holds a degree in Odontology from UFRJ - Rio de Janeiro Federal University / Queen Mary University of London, with a Residency in Family Health from the National School of Public Health (ENSP - Fiocruz), and an MA in Management and Public Health Policies from the University of Birmingham, England (Chevening Program scholarship holder). She has undergone a specialization program in Public Policy Analysis in the University of California, Berkeley, United States. She has international experience in analyzing the implementation of public health policies and organizational development in health in Brazil, Britain,

and Uruguay. She has ranked 2nd in the SwB Ambassador Award, offered by the British Council and Brazil's British Embassy, in recognition of the impact resulting from the exchange experience in the 2012/2013 biennium.

JÉSSICA REMÉDIOS, PUBLIC POLICY RESEARCHER

BA in Physical Education (UFRJ - Rio de Janeiro Federal University), specialist in Family Health and Public Health Management (UFF - Fluminense Federal University), currently undergoing specialization program in Data Science and Health Informatics (Albert Einstein) and MA in Epidemiology in Public Health (ENSP / Fiocruz). In the scope of public health policies, she has experience in programs and actions in health promotion, management in Primary Care, family health, intersectoral policies and actions, analysis and construction of indicators, and monitoring of management contracts. She is particularly interested in the area of data analysis, monitoring of indicators, evaluation of health programs and actions. Selected in the 2019 call for proposals for the Marielle Franco Acceleration Program for the Development of Black Female Leaders, , an initiative of Fundo Baobá and partners, which has been raising people's awareness on issues of racial diversity and affirmative actions.

LETÍCIA NUNES, HEALTH ECONOMICS RESEARCHER

She holds an MA and a PhD in Economics from EPGE / FGV. She was a visiting researcher at Northwestern University (Department of Economics) in 2016 and 2017. Her research focuses on the intersections of Health Economics, Economic Development, and Industrial Organization.

MAÍRA COUBE SALMEN, DOCTORATE CANDIDATE GRANTEE

BA in Business Administration from FEA / USP, and MA in Global Health from the London School of Economics and Political Science (LSE). PhD Candidate in Public Administration and Government at EAESP / FGV. Her research focuses on health economics and public policy. She is also interested in health efficiency, financing models, and public and private intersection.

MARCELA CAMARGO, MA GRANTEE

BA in Economics from EESP / FGV. MA student in Public Administration and Government at EAESP / FGV. She currently has two research fronts: infectious impacts during pregnancy on maternal and child health, and the electoral impact of the implementation of new basic health units.

MARIA LETÍCIA MACHADO, PUBLIC POLICY RESEARCHER

A political scientist holding a degree from Pernambuco Federal University. She is undergoing a lato-sensu program in Public Management at Public Leadership Center (CLP). In 2019, she was acknowledged a Valuable Young Leader by Harvard Business Review and Consultoria Eureka. Worked in Planning and Management of Caruaru Municipal Education Network as Executive Secretary, where she has shaped the design and implementation of projects, such as Aluno Presente and Central de Atendimento de Vagas. She has joined the Ministry of Education's School of Innovation and Public Policies (EIPP / Fundaj). Also, she has supported the development of training programs aimed at municipal and state governments in the Northeast of Brazil. His main professional motivation is the belief in the power of connections and public initiative to generate social impact.

MATÍAS MREJEN, POSTDOC RESEARCHER

BA in Political Science from Universidad Nacional de Rosario (Argentina), MA and PhD in Economics from Fluminense Federal University. He has served as a professor at Rio de Janeiro Rural Federal University and visiting researcher at the National School of Public Health at Lisbon NEW University and at University of Graz (Austria). He does research focusing on Primary Health Care policies and determining factors of mental health.

MIGUEL LAGO, EXECUTIVE DIRECTOR

Political scientist trained at Sciences Po Paris, he holds an MA in public administration from the same institution. He has founded and chaired Meu Rio, a mobilization network, and Nossas, a reference laboratory in civic-tech in Latin America. He is a visiting professor at the School of International and Public Affairs at Columbia University in New York and at the École d'Affaires Publiques de Sciences Po Paris.

RODRIGO FIÃES, ADMINISTRATIVE-FINANCIAL DIRECTOR

BA in Economics from PUC-Rio / Rio de Janeiro Catholic University, an MA from the London School of Economics and Political Science (LSE). He was a partner at Gávea Investimentos (2004-15). Also, he has worked in several institutions, both private and state-owned, in the areas of finance, economic research, and public policy. He has been working full time with 3rd sector organizations since 2014. In particular, he has joined the process of designing, setting up, and starting operations of three non-profit civil associations (Instituto Serrapilheira, IEPS and Institute for Mobility and Social Development - IMDS). He is vice-chairman of ICS Institute for Climate and Society's Board of Directors

RUDI ROCHA, RESEARCH DIRECTOR

He holds a BA and an MA in economics (UFRJ - Rio de Janeiro Federal University) and a PhD (PUC-Rio / Rio de Janeiro Catholic University). He is an associate professor at the São Paulo School of Business Administration (EAESP / FGV), CNPq productivity fellow, and winner of international awards and grants, such as the Newton Advanced Fellowship (British Academy) and the Grand Challenges Explorations (Bill & Melinda Gates Foundation). He is a licensed adjunct professor at Rio de Janeiro Federal University's Institute of Economics (IE-UFRJ) (2012 / 2017-). He was a researcher associated with the ESRC Research Center on Micro-Social Change (2015-2019), vice-president of the Brazilian Society of Econometrics (2014-2015), and Brazilian coordinator of LACEA / IADB / World Bank / UNDP Research Network on Inequality and Poverty (2004-2008).

THAISA MARQUES, ADMINISTRATIVE ANALYST

Holds a BA in Accounting Sciences. She has been working in the field of non-profit organizations since 2015 (not long ago, she used to work at the Brazilian Institute of Social and Economic Analysis - Ibase) in the financial, administrative, labor and accounting areas, with an emphasis on Project Management and Treasury.

ANNEX 4

ASSOCIATE RESEARCHERS

ADRIANO MASSUDA

PhD in Collective Health, UNICAMP [University of Campinas] Researcher at the Department of Global Health and Populations at Harvard TH Chan School of Public Health

ANA Balsa

PhD in Economics, Boston University
Professor, Universidad de Montevideo

ANA MARIA MALIK

PhD in Medicine, USP (University of São Paulo)
Full Professor, EAESP-FGV

BLADIMIR CARRILLO

PhD in Applied Economics, UFV (Viçosa Federal University)
Adjunct Professor, Pernambuco Federal University

BRENO SAMPAIO

PhD in Economics, University of Illinois at Urbana-Champaign
Associate Professor, Pernambuco Federal University

CECILIA MACHADO

PhD in Economics, University of Columbia
Assistant Professor, EPGE-FGV

CHRISTOPHER MILLETT

PhD in Health Systems, Imperial College London
Professor, Imperial College London

CRISTINE CAMPOS DE XAVIER PINTO

PhD in Economics, University of California, Berkeley
Associate Professor, EESP-FGV

DAMIAN CLARKE

PhD in Economics, University of Oxford
Associate Professor, Universidad de Santiago de Chile

DANIEL WEI LIANG WANG

PhD in Law, London School of Economics and Political Science
Associate Professor, Law-FGV

ELIZE MASSARD DA FONSECA

PhD in Social Policy, University of Edinburgh
Associate Professor, EAESP-FGV

FABIO KON

PhD in Computer Science, University of Illinois at Urbana-Champaign
Full Professor, IME-USP

GABRIELA SPANGHERO LOTTA

PhD in Political Science, USP (University of São Paulo)

Assistant Professor, EAESP-FGV

HUMBERTO LAUDARES

PhD in Economics, Graduate Institute of International and Development Studies

KENYA NORONHA

PhD in Economics, UFMG (Minas Gerais Federal University)
Adjunct Professor, UFMG

LEANDRO REZENDE

PhD in Preventive Medicine, USP (University of São Paulo)
Adjunct Professor, UNIFESP

MARINA MARTINS

PhD in Administration, UFRJ (Rio de Janeiro Federal University)

MÔNICA VIEGAS ANDRADE

PhD in Economics, EPGE-FGV
Associate Professor, UFMG (Minas Gerais Federal University)

NAERCIO AQUINO MENEZES FILHO

PhD in Economics, University of London
Full Professor, Insper

PABLO CELHAY

PhD in Public Policy, University of Chicago

Assistant Professor, Pontificia Universidad Católica de Chile

PAULA SPINOLA

MA in Economics, UFRJ (Rio de Janeiro Federal University)
Researcher at the Institute for Global Health at University College London

RENATA NARITA

PhD in Economics, University College London
Associate Professor, FEA-USP

RODRIGO R. SOARES

PhD in Economics, University of Chicago
Full Professor, Columbia University and EESP-FGV

SERGIO FIRPO

PhD in Economics, University of California, Berkeley
Full Professor, Insper

SILVIA BARCELLOS

PhD in Economics, Princeton University
Assistant Professor, University of Southern California

SONIA BHALOTRA

PhD in Economics, University of Oxford
Professor, University of Essex

TATIANE MENEZES

PhD in Economics, USP (University of São Paulo)
Associate Professor, Pernambuco Federal University

THIAGO TACHIBANA

MA in Business Economics, EESP-FGV

THOMAS HONE

PhD in Public Health, Imperial College London
Researcher at the Department of Primary Care and Public Health, Imperial College London

VLADIMIR PINHEIRO PONCZEK

PhD in Economics, Princeton University
Associate Professor, EESP-FGV

OUR PARTNERS





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Instituto de Estudos
para Políticas de Saúde