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## **The political tragedy during the Covid-19 pandemic and the health movement resistance in Brazil**

*By Centro Brasileiro de Estudos da Saúde (Cebes) - Brazilian Center for Health Studies (Cebes)*

This case study aims to explore the resistance of civil society organizations and social movement in Brazil throughout the Covid-19 pandemic, focusing especially in the creation and development of the Front for Life (Frente pela Vida - FpV), an alliance of different organizations and movements from the broader health movement in Brazil. The mishandling of the Covid-19 pandemic response by the Brazilian federal government claimed over 700.000 lives and made the country to have one of the worst responses in the world. Besides that, major disruptions in the political landscape threatened democracy. Since the beginning Brazilian society resisted in different ways. The case study shows the experience of the Front for Life, since its creation in 2020 with virtual March for Life until the Free, Democratic and Popular Conference in 2022, months before Brazil's presidential elections. The paper discusses how the Front meant an effort of the traditional Sanitary Movement in Brazil and offer a few perspectives for the key challenges for realizing Right to Health, deepened by Covid-19 pandemic.

### **1. Introduction Covid-19 pandemic in Brazil: a political tragedy**

One notable aspect of Brazil's response to the pandemic has been the lack of coordination from the federal government, which has had severe consequences for public health. The federal government plays a crucial role within the SUS, responsible for guiding and coordinating actions, implementing national policies, allocating resources, and ensuring equity in access to healthcare services. However, the lack of cohesive and coordinated efforts has resulted in fragmented responses, inconsistent policies, and inadequate resource allocation, exacerbating the impact of the pandemic on the population<sup>1</sup>.

Moreover, evidence suggests that the actions of the federal government were oriented towards the intentional spread of the virus to achieve herd immunity, despite the lack of scientific evidence supporting this approach<sup>2</sup>. Such a thesis highlights a profound disregard for public health and places

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<sup>1</sup> Ferigato, S., Fernandez, M., Amorim, M., Ambrogi, I., Fernandes, L. M., & Pacheco, R. (2020). The Brazilian Government's mistakes in responding to the COVID-19 pandemic. *The Lancet*, 396(10263), 1636.

<sup>2</sup> Ventura, D., Aith, F., & Reis, R. (2021). Crimes against humanity in Brazil's covid-19 response—a lesson to us all. *bmj*, 375.



an immense burden on the population, as it implies a deliberate strategy that prioritizes certain political and economic considerations over the well-being of the people.

Another concerning aspect of Brazil's response to the pandemic was the prevalence of misinformation strategies. Misinformation campaigns, often fueled by political and economic interests and amplified through various channels, have distorted public perceptions, disseminated unproven treatments, and created confusion regarding effective prevention measures. The main issue was the dissemination of Covid-19 treatments without proven efficacy or proven inefficacy, such as the use of antimalaria drugs: chloroquine and hydroxychloroquine.

Notably, one of the largest private healthcare insurance companies in Brazil was involved in the distribution of drugs without proven efficacy to tackle COVID-19, driven by misleading information and unfounded claims. This deliberate dissemination of misinformation further compromises public health efforts and undermines the credibility of evidence-based approaches<sup>3</sup>.

## **2. The social, political, and historical context of the Brazilian health system**

Brazil's health system, as established by the Federal Constitution of 1988, recognizes health as a fundamental right for all citizens and establishes the Universal Health System (SUS), known as the Sistema Único de Saúde (SUS). The SUS is a publicly tax-funded healthcare system. Its core principles are universality and integrality of care, providing free healthcare services and action of public health to all residents of Brazil. The system operates under the principles of territory-oriented decentralization and social participation.

Decentralization in the SUS involves the distribution of responsibilities between different levels of government. States and municipalities are primarily responsible for service delivery, while the federal government sets guidelines, protocols, and provides funding. Social participation is ensured through mechanisms such as health councils and health conferences, where managers, workers, and users have a voice in decision-making processes, being the National Health Council the main instance of participation.

The SUS encompasses not only healthcare services but also public health initiatives, including epidemiology-based policies and surveillance of health-related products. It also focuses on

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<sup>3</sup> Hellmann, F., & Homedes, N. (2022). An unethical trial and the politicization of the COVID-19 pandemic in Brazil: The case of Prevent Senior. *Developing World Bioethics*.



capacity-building for the healthcare workforce and the manufacturing of essential technologies, such as vaccines and medicines. Brazil is one of the few countries with state-owned pharmaceutical laboratories. The Oswaldo Cruz Foundation (Fiocruz), a public health foundation under the administration of the Ministry of Health, has two of the main ones: popularly known as Far-manguinhos and Bio-manguinhos.

Although the SUS has made significant contributions to improving health conditions in Brazil, it faces various challenges. Underfunding, workforce shortages, long waiting times for certain procedures, and rising costs of health technologies are persistent issues. Furthermore, Brazil has a dual healthcare system, with a significant private health sector. In 2019, 5.8% of the country's GDP was spent on private health services, while 3.8% was allocated to public health services through the SUS. Private health insurance covers approximately 25% of the population, with a significant portion linked to employment benefits<sup>4</sup>.

Despite the coexistence of the private sector, the SUS remains a fundamental pillar of Brazil's healthcare system, ensuring access to healthcare services for all residents, regardless of their socioeconomic status. Efforts are ongoing to address the challenges faced by the SUS, including increased funding, strengthening the healthcare workforce, and improving the efficiency and quality of services provided.

### **3. A description of the action in which health activists engaged**

#### **3.1 A brief story of the Sanitary Movement in Brazil Sanitary Movement and Collective Health. The foundation of Cebes and Abrasco in the 70's and the creation of the Unified Health System in 1988**

The creation of the Unified Health System (Sistema Único de Saúde, or SUS) in Brazil was a result of political action of the Sanitary Reform movement (or health reform movement), which aimed to challenge the existing centralized and exclusionary healthcare model. It emerged in the 1970s during the period of the military dictatorship (1964 – 1985)<sup>5</sup>.

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<sup>4</sup> Noronha, J., Santos, I., & Pereira, T. (2011). Relações entre o SUS e a saúde suplementar: problemas e alternativas para o futuro do sistema universal. *Gestão pública e relação públicoprivado na saúde*. Rio de Janeiro: Cebes, 152-79.

<sup>5</sup> Pinheiro, M. C., Westphal, M. F., & Akerman, M. (2005). Equity in health according to reports by the Brazilian National Health Conferences since enactment of the 1988 Federal Constitution. *Cadernos de Saúde Pública*, 21, 449-458.



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The Sanitary Reform movement (SRM) called for a paradigm shift, emphasizing the need for a universal, equitable, and participatory healthcare system that prioritized preventive and community-based approaches. It encompassed academia, healthcare workers, public health managers and social movements. Its pivotal moment in the history of the SUS was the National Health Conference in 1986<sup>6</sup>.

The conference served as a platform for consensus-building, ultimately leading to the formulation of a proposal for a national health system based on the principles of universality, equity, and comprehensiveness. This proposal laid the groundwork for the inclusion of the right to health in the Constitution of 1988, marking a historic milestone in Brazil's healthcare landscape.

Enshrined in the 1988 Constitution, the creation of the SUS represented a significant achievement for the Sanitary Reform movement. The SUS aimed to ensure access to healthcare for all Brazilians, regardless of their socio-economic background. It integrated various health services, including primary care, specialized care, and hospitalization, into a unified and decentralized system. Moreover, the SUS prioritized health promotion and disease prevention through community-based interventions.

The Brazilian Centre for Health Studies (Cebes) and the Brazilian Association for Collective Health (Abrasco) played vital roles in shaping the principles and policies of the SUS, advocating for a comprehensive and participatory approach to healthcare that centered on the needs and rights of the population. These two organizations were key on the development of the Sanitary Reform Movement.

Cebes was created in 1976 and in 1979 aimed to promote at the First Symposium for Health Policies at Brazilian National Congress its historical document: the democratic issue on the health field, which also established its traditional motto: health is democracy. It worked as a pioneer right to health organization in Brazil, bringing together different groups aimed at resisting the authoritarian government and struggle for democracy and a new health system.

Abrasco was created in 1979 as the Brazilian Association of Post-graduation in Collective Health. The paradigm of Collective Health worked as an opposition to the then established conception of public health, based strictly on biomedical approaches. It represented an

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<sup>6</sup> Dowbor, M. (2019). Sergio Arouca, institution builder and democratic innovator. *Ciência & Saúde Coletiva*, 24, 1431-1438.



epistemological shift to include the social determination of health on public health studies and to amplify the methods of this studies to incorporate social and human sciences and policy and management of health systems. These two pillars, with epidemiology, form since then the basis of Collective Health<sup>7</sup>.

### 3.2 The Front for Life and its trajectory throughout the pandemic

The "Frente pela Vida" (Front for Life - FpV) is a Brazilian articulation composed of various organizations, entities, and activists who have come together in response to the COVID-19 pandemic in the country. The participants were since traditional civil society organizations, syndicates, social movements and NGO's to scientific and professional associations. The goal of the "Frente pela Vida" is to defend and promote life, health, and the rights of the population in the face of the challenges posed by the health crisis.

The FpV operates in a coordinated manner on various fronts, encompassing actions such as raising awareness and providing information about preventive measures, advocating for mass vaccination, strengthening the Unified Health System (SUS), defending health workers, and ensuring socio-economic rights for the most vulnerable. FpV also played a key role confronting and denouncing the federal government actions and decisions that were undermining the SUS response to the pandemic, stimulating the Covid-19 spread and and actively promoting death.

It was officially created on May 29, 2020, being an outcome of discussions between the Sanitary Reform entities with a seat at the National Health Council<sup>8</sup>. The Front for Life's innovative spirit shone through with its virtual march. Brazilians, united by a common purpose, participated from the safety of their homes.

Alongside this virtual show of strength, the Front for Life crafted a pioneering national plan. This comprehensive strategy was not confined to healthcare alone but spanned various facets of state actions, showing their dedication to a holistic approach to the crisis.

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<sup>7</sup> Vieira-da-Silva, L. M., Paim, J. S., & Schraiber, L. B. (2014). O que é Saúde Coletiva. Saúde coletiva: teoria e prática. Rio de Janeiro: MedBook, 3-12.

<sup>8</sup> SANTOS, Jamilli Silva et TEIXEIRA, Carmen Fontes. Political action analysis of the Brazilian Health Care Reform Movement in the COVID-19 pandemic: 2020-2021. Ciência & Saúde Coletiva, 2023, vol. 28, p. 1287-1296.



Recognizing the vulnerability of students in the face of school closures and disruptions, the Front for Life took action. Collaborating with education entities, they released a manifesto, championing the rights and well-being of students during Covid-19 pandemic.

In 2021, the spotlight turned to vaccination. The Front for Life worked to ensure the equitable distribution of vaccines. Their dedication extended beyond vaccinations, offering guidance on safe street demonstrations—a vital tool for citizens to voice their concerns while safeguarding public health.

The year 2022 marked a turning point as the Front for Life hosted the Popular, Free, and Democratic Conference in São Paulo. It was an open event in São Paulo, with the presence of the then presidential candidate, Luís Inácio Lula da Silva. The concept of a free conference, based on a topic or a movement and not only geographically was incorporated in 2023 in the process of the 17<sup>a</sup> National Health Conference, the main social participation process of the Brazilian SUS.

#### **4. The experience and lessons learned**

The emergence of the FpV can be seen as a direct response from the traditional health movement to the unprecedented challenges posed by the COVID-19 pandemic. It was a reaction to the profound mishandling of the pandemic by the federal government. In a time when the nation looked for leadership and unity, the Front for Life stepped up to try to fill the void.

Its experience shows valuable lesson. Perhaps one of the most crucial lessons is the indispensable role of effective communication in the realm of public health. In the midst of the pandemic, the dissemination of accurate information became paramount, not only to counteract the spread of misinformation for political purposes but also to engage the broader population in meaningful health debates.

The challenge remains taking these discussions beyond the immediate crisis and towards a more structural approach, encompassing the defense of the public healthcare system and the fundamental right to health for all, reinforcing the importance of a robust and equitable public health systems.

An equally important debate that receive support from the Front of Life, but that was led especially by the Working Group on Intellectual Property (GTPI), a coalition of civil society organization hosted by the Brazilian Interdisciplinary AIDS Association (ABIA), was the access to



health technologies, against intellectual property barriers and technology transfer and transparency.

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## **5. A critical review of the actions developed and from the lessons learned**

Traditional movements, despite their historical significance, must remain dynamic and adaptive in the face of evolving challenges. They must be open to review and modernization, constantly engaging with new generations and adapting to the ever-changing realities of our world. This adaptability is especially crucial when addressing emerging topics, such as societal advancements associated to health technologies and the relation between human health and the ecosystems.

Additionally, the ongoing threat of pandemics underscores the importance of staying vigilant and proactive. Traditional movements must be prepared to respond swiftly and effectively to such crises, ensuring the safety and well-being of their communities.

Amid these critical global concerns, it is equally essential for movements to maintain a close connection with the concrete demands and aspirations of the people they represent. Their success hinges on their ability to remain rooted in the issues that matter most to their constituents, advocating for their rights and addressing their immediate needs. In that regard, it is important for health movements to find a balance between providing critical analysis on health matters, but also engaging on topics beyond right to health.

In summary, the resilience and relevance of traditional movements lie in their capacity to evolve, embrace new perspectives, and tackle contemporary challenges, all while remaining grounded in the timeless pursuit of health for all.