Editorial

After the Omicron Wave: the legacy of the Pandemic for Brazil

Expressions of gratitude to the Unified Health System (SUS, for the term in Portuguese), the official health system in Brazil that cares for critical patients and vaccinates the population for free, replaced the news about attention deficits of the public network. The plus sign, in front of the word SUS, added in the context of incorrect responses and omissions by the federal government to confront the new coronavirus pandemic, is, in principle, contradictory. The SUS became a hero, although the country lost over 620-thousand people, occupying the first place in the world in the accumulated number of deaths per inhabitants.

Recognition of the merits of a universal public policy and its objective actions, and especially, the work of health professionals took place in several countries. In theory, good health systems would be capable of interposing effective barriers to protect the lives of the population. In Asian countries and in Australia and New Zealand, successful experiences have been conducted in suppressing COVID-19 cases [1], which evidences the importance of population-based strategies. The United Kingdom, Italy, France, and even Germany, despite adopting different transmission containment policies, had high mortality rates. The country that spends the most on health in the world, the United States of America, accumulates the highest number of deaths. Under this criterion – death prevention – traditional European universal health systems and the market-oriented one in North America would have been disapproved [2]. However, public health systems have received general praise, even when the governments of the countries are poorly evaluated. The broad support for public health was accompanied by the declaration of health professionals: "we don't just want applause" in several languages [3], with which they demanded the need for adequate working conditions, including personal protective equipment, remuneration adjusted to work overload, complete equipment and appropriate provision of beds, equipment and medications.

In Brazil, despite the magnitude of the lethal outcomes, there has been a radical change towards a positive status of the SUS. Under the crossfire of debates on confinement and testing versus less radical policies of shutting down economic activities, caring for patients, organization of services, and the dedication of physicians and nurses, who were the first to die along with the elderly patients, caused huge commotion. A dividing line was established between governments and public health institutions.

Admiration for the SUS had, from the beginning, adhesion of leaders from all political shades. Controversies revolved around the magnitude of the pandemic, operation of economic activities, medications, and vaccines. What changed was the extension of the consensus about the virtues of the SUS to traditional communication media. The experience with COVID-19 turned the SUS into a national talisman. The expression "if it were not for the SUS, it would be much worse" went on to being pronounced as gratitude and respect. Public health has become a solution. Valorization of the SUS, as it occurred in countries with universal public systems, was accompanied by awareness about the relevance of science and the fragility of the sector's technological and productive base.

Lack of tests, oximeters, oxygen cylinders, aprons, surgical masks, beds in intensive care units (ICU), and health professionals, which evidenced the strong dependence on the importation of strategic articles and administrative incompetence, highlighted old challenges that added to competition in input procurement processes favorable to private buyers [4]. The SUS had more deficiencies than the health systems of wealthy nations. The capillary network potentially capable of conducting epidemiological surveillance actions in the territories remained demobilized and the care of serious cases has been permeated by noble acts and actions of anguish and desperation of patients, family members, and those responsible for care.

Hence, the SUS became a tragic hero: attempts to protect it achieved insufficient results. Its immense and extensive healthcare failures, previously the subject of criticism for problems of access and quality of actions in the public network, gave way to emotional chronicles of struggles for life. The national glories, however, did not have the same consequences as those granted to other national health systems. The pandemic experiences stimulated changes in the health policies in various countries [5]. More Budget resources destined to the area, appraisal of health professionals, and intensification of connections among research and technological development institutions are points on a basic and almost consensual agenda. In Brazil, the brand "Plus SUS" (*Mais SUS*) has remained in the air and has been splashed by

social movements, commercial and alternative media, but without objective counterparts in political-partisan and governmental forums.

Errors and omissions

Since the first efforts started to understand the COVID-19 transmission process, Brazilian scholars from different areas of knowledge alerted authorities of the need to vigorously mobilize policies, programs, and actions to confront the pandemic. However, public policies, impregnated with errors and omissions, and their tragic health, political, and economic consequences led the country to the epicenter of the pandemic due to late and insufficient responses to prevent cases and deaths. Lack of will, hesitation, and refusal to contain and control the infection broke with the good traditions of epidemiological surveillance, preventive measures, and preparation of care for the seriously ill developed nationally for decades.

Decisions made based on ignorance of port, airport and border control, operation of economic activities and financial support for people and companies were incorrect and ambiguous. Lack of strategic health supplies existed and gaps in the supply of healthcare resources were not filled, with a current shortage of vaccines. Individual and population protection measures were replaced by attacks against science and historical experiences. Legislation enacted in February 2020 authorized the Government to mobilize existing resources and expanded the public budget. Nevertheless, private beds and readjustment of the installed capacity to produce supplies, like tests and masks of higher quality and lower cost, and the budgets were not properly allocated.

Strategies to block virus propagation became inaccessible, given the combination of four factors: minimization of the magnitude of the pandemic and discrediting of scientific guidelines; adoption of a misleading official "early treatment" program (use of ineffective medications) [6]; insufficient and intermittent emergency monetary assistance policies and delays in expanding the installed capacity of ICU beds; and, lastly, administrative discontinuities and financial mismanagement in the Ministry of Health, as well as inaction of crisis committees. The trivialization of deaths and sequelae caused by the disease, and the dissemination of the idea that only the elderly or patients with comorbidities would die, or those who did not have access to "early treatment" [7], summarize the refusal to face the pandemic. Thus, in the name of the "health of the economy," the federal government became complicit in deaths that could have been avoided and failed to reverse the economic recession. This political choice led us to a situation where we had no effective policies against COVID-19, nor improvements in employment and income rates.

Avoidable deaths, attributable responsibilities

In health crisis situations, the responsibility to prevent deaths during the pandemic falls on national governments. In Brazil, rejection of guidelines to mitigate cases and deaths prevented saving lives. Approximately 120,000 deaths, among those occurring until the end of March 2021, could have been avoided with control measures based on social isolation and epidemiological surveillance actions [8]. The excess of deaths was higher in males from 20 to 59 years of age, blacks and the indigenous [9].

Health professional, workers exposed to rarefied environments and crowds, people living in nursing homes and prisons, indigenous peoples, the *quilombolas* (communities left over from slavery) and *ribeirinhos* (people living on the riverbanks, with difficult access to health services), and inhabitants of marginal neighborhoods and peripheries, and previous morbidities should have been protected as a priority.

The country has endured the pandemic for over two years without implementing the necessary actions to confront the spread of the new coronavirus, now with the predominance of the omicron strain. The Government's contempt for lives has prevented health information campaigns, mobilization of social solidarity (call for social movements, churches, companies, media, educational and research institutions), as well as providing good-quality masks, carrying out screening tests, and enabling timely procurement of vaccines.

Another important contingent of preventable deaths, although also difficult to measure, are those that could not occur due to the effective performance of the basic health services network, that is, that included tests, follow up of cases, self-isolation measures and quick referral to quality hospitals. Access to tests to detect cases and contacts, who should remain isolated to reduce the potential for transmission, has been scarce and unequal in terms of race/color and wages; an unacceptable trade-off between needs and obtaining care, especially during a pandemic. The possibility would also exist of saving the lives of hospitalized patients. Over 20,000 people died in 2020 [8] in pre-hospital care or emergency units of the public network, when not having access to ICU beds. It would be reckless to have an accurate estimate of how many lives would have been saved if these people had access to hospitals and ICU. But it is important to note that the data suggests withholding access and that deaths in emergency facilities were not evenly distributed. Deaths occurred especially in the population that sought the public network, composed mostly by blacks and people of lower economic level and possibly more vulnerable.

Saving Lives and Regenerating the World We Live in

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The urgent call is to save lives through a double strategy of vaccination and compliance with public health measures for protection against the infection. Nobody is safe until everybody is safe. The president of the Republic, who continues to encourage crowds, has not been vaccinated and at a mass event removed a child's mask; he embodies the unconstitutional state of Brazilian public health policy. Several initiatives request: ensuring the allocation of the greatest possible volume of resources to the SUS; imposing tests on the population in conditions of suspected COVID-19 infection; freely distributing Pff-2 masks; collecting and disseminating statistical data on confirmed, suspected, and investigation cases; and creating a national center for unified regulation of public and private beds in ICU.

Moreover, the message by the federal government: "we must learn to live with the virus", was crystallized in slogans linked to the desire for indiscriminate aperture of economic activities. Vaccines and Highly effective public health measures make it possible for us not to naturalize living with COVID-19, a multi-organ infection with long-term consequences (long COVID) for many, including children. Historically, we have chosen not to live with serious viral infections, like polio and measles, and have national and regional strategies to eliminate these infections.

Limiting COVID-19 propagation as fast as possible is the best defense against the continued emergence of more infectious variants. The country's potential to debate, formulate, and implement effective public health strategies has been boycotted and objectively threatened. Not taking science into account, attacking scientists, and even ridiculing the possibilities of conducting health care actions undermined the foundations to confront threats to public health, founded on the certainty that Brazil has avoided thousands of deaths in experiences of confronting previous endemics and epidemics.

Most countries are transforming their health systems, providing them with human, material, and financial resources to protect their populations from health risks. However, Brazil is still dealing with successive waves of crises: economic crisis, political crisis, environmental disasters, and increasing misery. After omicron, we will find a legacy of loss, anguish, and marginalization. For a portion of the population the open future is blocked by the intensification of inequalities and racism. We need to develop health policies that contribute to the equal and emancipated feeling of belonging in the world.

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