

State governments in confronting Covid-19: a new protagonism in Brazilian federalism?

Os governos estaduais no enfrentamento da Covid-19: um novo protagonismo no federalismo brasileiro?

André Luís Bonifácio de Carvalho¹, Edjavane Rocha¹, Roberta Fonseca Sampaio^{2,3}, Assis Luiz Mafort Ouverney⁴

DOI: 10.1590/0103-11042022E1041

ABSTRACT The Federal Constitution of 1988 established a model of cooperative federalism seeking to create institutional bases to functionally articulate the performance of the federal government, states, and cities in the construction of such strategies, especially in critical situations that demand a response from the expressive mobilization of resources, actors, and institutions. The objective of this article is to present an analysis of the evolution of the actions developed by the governors of eleven Brazilian states to face the Covid-19 pandemic, seeking to identify the tendency of their actions in face of the pressures generated in the dynamics of intergovernmental relations. A total of 701 decrees published from February to October 2020, considered the first wave of the pandemic, were organised and analysed based on three axes: measures to improve health policies and services; employment and income protection policies; administrative and social regulation measures and territorial management. The results show the existence of a leading role of governors in face of the lack of coordination of the federal government, with emphasis on the exercise of constitutional competences through measures of horizontal cooperation, regional and associative learning practice, and organisation of social intervention measures that played an important role in the fight against the pandemic.

KEYWORDS Federalism. State. Covid-19.

RESUMO A Constituição de 1988 estabeleceu um modelo de federalismo cooperativo buscando criar bases institucionais para articular de maneira funcional a atuação da União, dos estados e dos municípios, em especial, em conjunturas críticas que exigem uma resposta a partir da expressiva mobilização de recursos, atores e instituições. O objetivo deste artigo foi apresentar uma análise da evolução das ações desenvolvidas pelos governadores de 11 estados brasileiros no enfrentamento da pandemia da Covid-19, procurando identificar a tendência de suas ações ante as pressões geradas na dinâmica das relações intergovernamentais. Foram analisados 701 decretos publicados no período de fevereiro a outubro de 2020, considerado a primeira onda da pandemia, organizados e analisados a partir de três eixos: medidas de aprimoramento das políticas e serviços de saúde; políticas de proteção do emprego e renda; medidas administrativas e de regulação social e gestão territorial. Os resultados mostram a existência de um protagonismo dos governadores diante da descoordenação do governo federal com destaque para o exercício de competências constitucionais por meio de medidas de cooperação horizontal, prática de aprendizagem regional e associativa e organização de medidas de intervenção social que tiveram papel importante no combate a pandemia.

PALAVRAS-CHAVE Federalismo. Estado. Covid-19.

¹Universidade Federal da Paraíba (UFPB) – João Pessoa (PB), Brasil. andrelbc4@gmail.com

²Governo do Estado da Bahia, Casa Civil – Salvador (BA), Brasil.

³Universidade Federal da Bahia (UFBA), Instituto de Saúde Coletiva (ISC) – Salvador (BA), Brasil.

⁴Fundação Oswaldo Cruz (Fiocruz), Escola Nacional de Saúde Pública Sergio Arouca (Ensp), Departamento de Ciências Sociais (DCS) – Rio de Janeiro (RJ), Brasil.



Introduction

The emergency and rapid expansion of the Covid-19 pandemic worldwide and particularly in Brazil has resulted in growing demands that affect the country's ability to coordinate timely and integrated public policies, causing significant pressure on public administration and national institutions, as well as mobilizing key social actors, including governors, mayors, professional associations, health councils and the press.

The challenges faced as part of this agenda cover a variety of themes, such as, for example, the production of information and its communication to society, the construction of emergency plans, territorial management and transport infrastructure, the purchase and distribution of supplies and equipment, the hiring and training of health professionals, the publication of standards that regulate social dynamics, the definition of policies to ensure income and job protection, conflict mediation and the construction of pacts between political actors.

In this regard, in the field of policy coordination, such pressures require the development of all sorts of strategies (regulatory, institutional, managerial, financial, etc.) to deal both with the growing demand for extended health actions and services, which tends to push the employment of professionals, supplies and equipment to the limit, and with the need to streamline coordination between areas and structures of government and regulate the social and economic dynamics.

The Federal Constitution of 1988 (CF/88) established a model of cooperative and integrated federalism that aims to create institutional bases and a functional platform for coordinating actions between the federal government, the states and municipalities in the construction of such strategies, especially at critical junctures that require a rapid response based on significant mobilization of resources, actors and institutions¹.

This model, the main exponent of which is the Unified Health System (SUS), is characterized by a significant expansion of the

role of local governments, which assumed the responsibility for implementing policies and managing service provision units. The states adopted an intermediary role, taking on some of the higher complexity services as well as responsibilities for federative coordination within their territory with actions to support the municipalities. National coordination is exercised by the federal sphere, which now acts as an inducer of strategic policies and programmes and regulates the responsibilities exercised by the sub-national spheres¹.

The federative or intergovernmental coordination can be defined as the form of integration, sharing and joint decision-making between the federated entities. Throughout the existence of the SUS, the constitutional directive establishes it as a decentralised system with a single direction in each sphere of government. This directive was, in practice, implemented through the direct relationship between the federal government and the municipalities. This model, associated to the way in which the federation is organized, has meant the states have been distanced from the federative coordination of the SUS².

However, throughout the pandemic period, this cooperative and integrated standard, with a national coordinator playing a key role, has been defied and discredited by the President of the Republic's style of government; he favours conflict and confrontation, complicates negotiations, tends to stress, and even to take to the limit not only the mechanisms of federative coordination of the SUS, but also the entire political-institutional framework of the Brazilian federation³.

It is therefore valid to make use of a concept that has been presented by Abrúcio et al.⁴ regarding 'Bolsonarist federalism', which is combined with other denominations such as 'Bolsonarist hyperpresidentialism'⁵ presented by Ceson and Barcelos⁶. Both concepts present a hierarchical, top-down vision, which considers the federal government as centralising and conservative in its institutional and political relationship with the states and municipalities.

In this regard, according to Nobre⁷, the Bolsonaro government, since its inception, has firmly opposed the ‘spirit’ of the CF/88, challenging the model of cooperative federalism at the heart of the charter. Thus, according to Souza and Barberia⁸, in facing the Covid-19 pandemic, Brazil adopted incoordination as a political option, which fact explains three health ministers being hired and fired in the space of two years of administration, marked by the Ministry of Health being militarized, and the entry of the last minister who disregarded the federative coordination of SUS organization.

Although Brazil has a universal health system and has established a system for responding to public health emergencies, it is in second place worldwide in terms of number of deaths caused by Covid-19, totalling more than 300,000 recorded from March 2020 to March 2021⁹. Therefore, strong emphasis on the mechanisms of governance in Brazil has meant that an agreed, institutional, democratic and participatory federalism could not adequately tackle a situation that combined the pandemic and the confrontation, exacerbated authoritarianism on the one hand and a situation that demands quick decision-making on the other. In order to face the challenges posed by the pandemic, state governors took a leading role in the actions, organising work fronts that can be identified as normative, organisational and political articulation³.

Cooperative federalism and the role of state coordination

Federalism as an institutional arrangement is extremely relevant to the analysis of public policies in Brazil, not only because it establishes the configuration of the political system, but also because it circumscribes the dynamics of the formulation and implementation of programs¹⁰.

Federalism is considered a mode of organisation that unites smaller communities within a more comprehensive political system by means of distributing power between the central government and the constituent units, in such a way as to protect the existence and authority of both the national domain and the sub-national entities, both of which share the general decision-making processes and the execution of governmental actions¹¹.

According to Abrúcio¹², federations are born in historical contexts that can be characterised as a ‘federative situation’, defined by the presence of a certain sense of national identity in a population that presents an expressive diversity (territorial, socioeconomic, linguistic, cultural, political, etc.), accompanied by a historically constructed political discourse of ‘unity in diversity’. In federations, the constituent entities possess original sovereignty rights that place them in a constitutional situation of equality with the national government, that is, a contract is established between them to share sovereignty over a territory and a population.

Federal institutions result from the process of formation of the territorial authority of modern national states and develop from constant movements of conflict between the constituent entities and a central authority¹³. The configuration assumed by a federation at the end of a period depends on the emphasis placed, throughout its trajectory, on political solutions of a more intra-institutional nature (typical of integrated federalism) or inter-institutional (common in dual federalism), where, in practice, most countries combine different proportions of these two basic mechanisms of federative organisation, which may even present significant internal variations in the interplay between the federal sphere and the constituent entities¹³.

In the case of Brazilian federalism, in the last three decades, the decentralization of health policy has promoted significant changes in the relations established between the federal government, the states and the municipalities in the field of health, resulting

in simultaneous changes in the federative division of role and responsibilities, in the organisation and management of the service network, in the development, implementation and evaluation of policies and programs, in financing and in decision-making.

In all these dimensions, competencies have been transferred from the federal government to the states and municipalities, which assumed, in their respective territories, the operational management of the SUS, while the central instances specialised in the formulation, implementation support, and evaluation of policies and programs considered to be of substantial relevance¹⁴.

This new federative design profoundly changed the nature of intergovernmental relations in the health sector. As a result, vertical relations between the three spheres, typical of more coercive models of federalism, predominant in the early 1990s, have gradually been replaced by governance of a more cooperative nature, whereby decisions are taken jointly, responsibilities are shared, and interdependent action has become essential for the handling of the SUS.

This interdependence, however, is guided by a specific distribution of competencies among the state spheres that should harmonize the principles of decentralization and uniqueness, forming a health system with commands consolidated at national, state and local levels, and articulated in a hierarchical and regionalised manner, with the objective of integrating care and surveillance actions, programs and health services throughout Brazil^{15,16}.

This conception is based on an architecture of federative organisation that combines a set of common or concurrent competences with the definition of a specific division of federative powers. In this logic, the three spheres are jointly responsible for defining mechanisms to control and evaluate health services, monitoring the population's level of health, developing standards to regulate the hiring of private services, managing budgetary and financial resources, defining human resource

policies, developing short- and medium-term planning and promoting the articulation of health policies and plans, for example¹⁷.

Specifically, the federal government is responsible for functions of a strategic nature for developing health policy, such as, for example, formulating priority policies, supporting their implementation, and evaluating them at the national level, devising SUS strategic planning at the national level, coordinating high complexity systems, public health laboratories and epidemiological and sanitary surveillance systems, formulating and participating in the execution of national policy on the production of health supplies and equipment, promoting decentralization of health activities and services to states and municipalities, and establishing and coordinating the national auditing and ombudsman systems¹⁷.

The municipalities oversee the direct provision of health actions and services, especially primary and medium complexity care, whenever possible. Their main functions include the performance of epidemiological and sanitary surveillance, food and nutrition, basic sanitation, and worker health services, the implementation of the policy on health supplies and equipment, the control and inspection of private health service procedures, and the planning, organisation, control, and assessment of health actions and services¹⁸.

Finally, the states have responsibilities typical of systemic articulation to be exercised through planning and regional coordination activities of all policies, programs, actions and health services present in their territory. This special position within the federative relations combines, in a unique way, the exercise of the federal government's typical functions with those of the municipalities, besides being the entity responsible for promoting articulation between the activities performed by these two spheres, as can be seen in *table 1* below, which summarises the responsibilities defined in article 17 of Law No. 8.080/90¹⁸:

Table 1. Attributions of the state sphere in SUS management

- Promote the decentralisation of health services and actions to municipalities;
- Monitor, control and evaluate the hierarchical networks of the Unified Health System (SUS);
- Provide technical and financial support to the municipalities and execute health actions and services in a supplementary manner;
- Coordinate and, on a complementary basis, execute actions and services of epidemiological surveillance, public health surveillance, food and nutrition and worker health;
- Participate, together with related bodies, in the control of environmental problems that have repercussions on human health;
- Participate in policy formulation and the implementation of basic sanitation actions;
- Participate in the control and evaluation of working conditions and environments;
- Formulate, execute, monitor and evaluate, on a supplementary basis, the policy on health supplies and equipment;
- Identify benchmark hospital establishments and manage state and regional benchmark public systems of high complexity;
- Coordinate the state network of public health laboratories and blood centres, and manage the units that remain in its administrative organisation;
- Establish standards, on a supplementary basis, for the control and evaluation of health actions and services;
- To formulate norms and establish standards, on a supplementary basis, of quality control procedures for products and substances for human consumption;
- Collaborate with the federal government in enforcing health surveillance at ports, airports and borders;
- Execute the monitoring, evaluation and publication of morbidity and mortality indicators for the federative unit.

Source: article 17 of Law 8.080/90¹⁸.

This broad range of attributions requires that the state health secretariats (SES) develop and improve their competencies to exercise an extensive set of functions that include, for example, monitoring health situation indicators to systemic regulation of the networks of high-complexity units, as well as the provision, control, and evaluation of health services, control and evaluation of health services, development and systematization of medium and long-term plans, technical and financial support to municipalities in decentralisation actions, coordination of the state network of public health laboratories and blood centres, development and implementation of health supplies and equipment policies.

The insertion of the state sphere in the SUS, therefore, requires that the secretariats simultaneously perform very different roles, which requires the establishment of specialised structures, processes and information systems, with a view to developing technical areas that master different management competencies.

Over the last three decades, the states have encountered significant difficulties in performing their functions, with differences between specific cases, but in general configuring a polarized regime of intergovernmental relations, with prominent roles assumed by the federal government and the municipalities¹⁹.

Several factors, found in the field-specific literature, are used to explain the limitations observed in the role of state management, including: 1) the decentralization model focused on municipalization; 2) the growing indebtedness, which has been exacerbated by the monetary policy of the *Plano Real*; 3) the growing prominence of the municipal movement and its representative entities; 4) the loss and non-renewal of qualified cadres of managers and technicians; 5) the State reform model of the 1990s, which strengthened federal coordination of policies and programs 6) non-compliance with the minimum percentage of application of Constitutional Amendment No. 29/00 in health, in several cases; 7) centralization of the federal legislative

process, which weakens the governors' capacity of coordination; 8) fragmentation of state planning systems and regional coordination of the SES¹⁹⁻²⁵.

However, since March 2020, the pressures resulting from the Covid-19 pandemic have caused the states to play a greater role in various functions established in the 1988 Constitution and in the Organic Health Laws, especially because the Ministry of Health has shirked its responsibilities as the national coordinator of the SUS.

One of the main instruments used to increase the role of state governments in the management of the pandemic were the decrees issued by governors to regulate significant issues. These decrees were used to provide guidance, establish standards for social organisation, the functioning of commerce and services, the setting up of policy coordination structures, among other measures.

Thus, this article aims to present the evolution of the actions developed by the governors of eleven states, covering all Brazilian regions, in tackling the Covid-19 pandemic, seeking to identify the tendency of their actions in light of the pressures generated in the dynamics of intergovernmental relations as regards the management of health policies, social regulation and territorial management and economic measures.

Methodology

The analyses contained in this article are the result of a series of studies developed as part of the research entitled 'New Federalism in Brazil? Tensions and Innovations in Times of Covid-19'²⁶, conducted by the Centre for Strategic Studies of the Oswaldo Cruz Foundation (CEE/Fiocruz). The overall scope of the research covers all Brazilian states. However, the analysis of this specific study was limited to eleven states.

This research is a case study²⁷ of federal relations in the context of the Covid-19 pandemic.

This scenario has been understood to have stirred up previously existing power conflicts over competencies, distribution of resources, inequalities and political positions. The presumption of a coordinated action arising from a process to build consensus for combating the pandemic faces limitations that have resulted from a fragmented political system, ideological polarisation, economic crisis, leadership style and institutional fragility.

This is, therefore, a catastrophic scenario capable of magnifying the main issues and impasses of Brazilian federalism, as well as highlighting trends and possible innovations. Against this backdrop, the main actors and federative institutions make moves, defining strategies for action, alliances, coalitions, confrontations and their consequences.

The research strategy is based on a relational scheme that highlights the actors, their dynamics of action, the intergovernmental relations established in each relevant theme in the fight against the pandemic and the federative results, in a temporal perspective of analysis based on the concepts of critical juncture and path dependency²⁸. For this article, the analysis of the normative position of state governments in the face of the pandemic was highlighted.

The data for the study were collected from documentary research²⁹, which encompasses the collection, systematization and analysis of official and legal texts, such as laws, legislative decrees, rulings, executive power decrees, ordinances, position statements, and speeches. This study collected, systematised and analysed decrees related to the Covid-19 pandemic published by the state executives eleven Brazilian states, which were selected based on the dialogue with the National Council of Health Secretaries (Conass) and because they represented each of the Brazilian regions. The eleven states were: Amazonas (AM), Bahia (BA), Ceará (CE), Distrito Federal (DF), Goiás (GO), Maranhão (MA), Pará (PA), Paraíba (PB), Rio de Janeiro (RJ), Rio Grande do Sul (RS) and São Paulo (SP).

For the selection of the eleven states, a set of criteria was established, namely: regional coverage including states from all Brazilian regions; researchers' and partner institutions' access to data from their respective states; governors' stance in relation to tackling the pandemic; critical situations in relation to the incidence of the pandemic in the states for the study period; and validation of the choice of states at a Conass general meeting.

The period covered by the research began in February 2020, with the occurrence of the first case of Covid-19 in Brazil, as well as the first institutional engagements to address this issue. The decrees analysed cover all those

established from first decree in each state until October 2020, representing the period considered as the first wave of Sars-CoV-2 virus in Brazil³⁰.

Data were collected through a joint effort between the research group and Conass, which developed a device to access Covid-19 normative acts accessed through the main tab on the 'State Normative Acts' link, connected to all the states and the federal district.

The decrees were systematized in individual spreadsheets and analysed based on the organisation along three thematic axes, according to *table 2*.

Table 2. Strategic axes and their specific characteristics

Axes	Characteristics
Measures to improve health policy and services	This refers to the recovery, increase in capacity of public services and regulating the flows inherent to health care, developing research and liaising with other actors.
Employment and income protection policies and administrative measures	This refers to the installation of economic and financial support programs and actions, as well as actions developed for the organisation of administrative services within the scope of public administration.
Social regulation and territorial management	This refers to the measures adopted and the conflicts arising from government action in relation to social isolation measures, which promotes restrictive and flexible measures for various areas considered essential or non-essential.

Source: CEE/Fiocruz research project - New Federalism in Brazil? Tensions and Innovations in Times of Covid-19, 2020²⁶.

Thus, the basis of the analysis and discussion of the results will be based on themes and contents defined in the axes and used to conduct the analyses at the level of intergovernmental relations, thus circumscribing the data collection and research systematization work.

Results and discussion

The normative instruments applied by state governments were analysed using a timeline of the pandemic based on the dynamics of the impact of Covid-19 during the first wave: from February to October 2020.

The onset of the pandemic and its maintenance sustained by community transmission and the asynchronous dynamics of its emergence in Brazilian states, in addition to the need for learning and the development and exchange of national and international information, provoked an intense process of normative publications among Brazilian states in an attempt to respond to the demands imposed.

It is worth noting that the state governments used the decrees as a regulatory instrument, but the specifics of health actions were distributed among other instruments, such as technical notes, executive laws and resolutions of the

Bipartite Interagency Commission (CIB). The asynchronous emergence of the virus and the learning time are demonstrated in the distribution of publications in each state, which are presented in a systematised manner through the analysis of 701 government decrees published in the period from February to October 2020 in 11 states and organised on 3 axes, namely: Measures to improve health policy and services; Employment and income protection policies and administrative measures; and social regulation and territorial management.

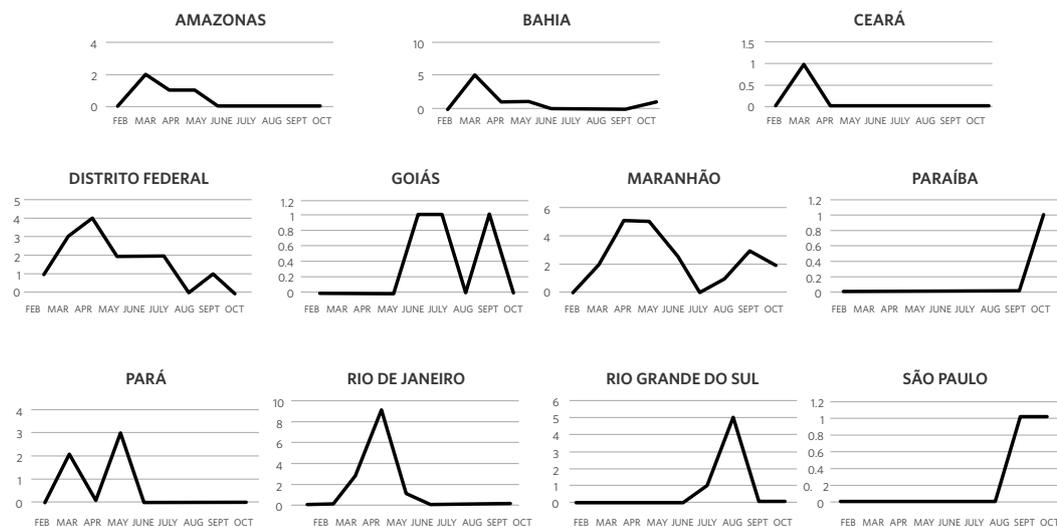
Measures to improve health policy and services

To define the analysis, the measures for improvement of policies and health services are related to recovery, increase in the capacity of public services in the regulation of flows inherent to health care, development of research and articulation with other actors, such as: definition of strategies for the production and acquisition of supplies, funding actions to fight the pandemic, implementation of policies for

the coordination of health work management, definition of protocols for the use of specific medicines and treatments, setting up health service infrastructures (field hospitals, beds, respirators, Individual Protection Equipment – IPE, etc.), definition of protocols for the management and care of infected people, coordination with the private health service network, with public organisations and with academic institutions.

Figure 1 shows that Maranhão, Rio de Janeiro, the Federal District and Bahia account for a concentrated majority of the publications (21, 13, 15 and 8 respectively), corresponding to 72% of the total number of decrees published on this axis. However, the distribution of these differentiated in the months investigated. In the first three months, the states published decrees that dealt with the organisation of care services, the installation of a state of emergency, purchases of equipment, supplies, medicines and other items, and the organisation of protocols and action flows; except for the states of São Paulo, Rio Grande do Sul and Goiás, which began publication in May.

Figure 1. Monthly evolution of the number of state decrees inserted in the measures to improve health policy and services axis and published during the first wave of the pandemic – February to October 2020 in the 11 states – absolute values (various scales)



Source: CEE/Fiocruz research project – New Federalism in Brazil? Tensions and Innovations in Times of Covid-19, 2020²⁶.

The main contents published in the decrees concern the declaration of a state of public calamity and the structuring of emergency and crisis committees, which were instituted by all states using various concepts and different compositions, as was the case in Rio de Janeiro state, which created an extraordinary state secretary. Furthermore, some states also constituted scientific committees with varied levels of participation. The state of Ceará structured a committee with a broad composition, including the civil society. These spaces for the intermediation of knowledge and information may have been the most collective and participatory experiences that existed during the pandemic.

Four other elements are worth highlighting in the publications. The first concerns the decision published in a decree for the administrative requisition of ICU beds, accessories, equipment, supplies and staff from private hospitals for public use in the SUS, which decision was made by the state of Ceará and the Federal District. The second element was an administrative requisition made by the state of Bahia for the temporary occupation of a private hospital that was closed, for the purposes of housing a field hospital for the exclusive care of patients with Covid-19.

The third element deemed important for the analysis concerns the structuring of temporary reception spaces for contaminated health professionals who wanted to self-isolate. Two different spaces were structured, one with payment of temporary assistance for those considered to be low-income and the other for other professionals who only needed to remain isolated from their living environment. These two actions were developed by the state of Bahia.

Finally, two actions developed by the states of Pará in May 2020 deserve mention due to their local specificity in the dynamics of the pandemic. A series of measures were published to verify deaths and the *Atende em Casa* (Care at Home) project was instituted to triage serious cases in the domestic environment.

These two actions occurred during the upsurge in recorded deaths at home.

Employment and income protection policies and administrative measures

Although state governments have used the decree instrument mainly to produce provisions aimed at regulating social and economic dynamics in their respective territories, it has also been used, with some intensity, in the fields of fiscal policy, organisation of public administration and, occasionally, employment and income.

The evolution of the use of this instrument in these areas by the federative units, as presented in *figure 2*, shows two well-defined tendencies: one related to the temporal evolution of normative activity, and the other to the total volume of decrees issued.

The first trend shows a certain temporal convergence in the concentration of the publication of decrees, with the most intense normative activity in the initial months of the pandemic. Practically all the federative units analysed implemented their normative actions in the months of March and April. The main exceptions are Amazonas and Maranhão. The former prioritised the month of May, as well as June; while the latter concentrated its few decrees in the months of August, September and October. The State of Bahia is also worth mentioning, as it also maintained significant activity in May.

The first analysis shows different patterns of volume of decrees issued, distributing the 200 normative acts into three well defined patterns, with clearly observable quantitative asymmetries. Here, there is a very different picture from the first trend.

At one extreme, it can be observed that Amazonas issued 64 decrees, far more than any of the other states. In an intermediate group are Rio de Janeiro, Bahia and the Federal District, which issued 28, 25 and 24 decrees respectively. Finally, at the other extreme are the other states which issued between 6 and

12 decrees (SP-12; PB-11; GO-9; MA-7 and PA-7, RS-6 and CE-4).

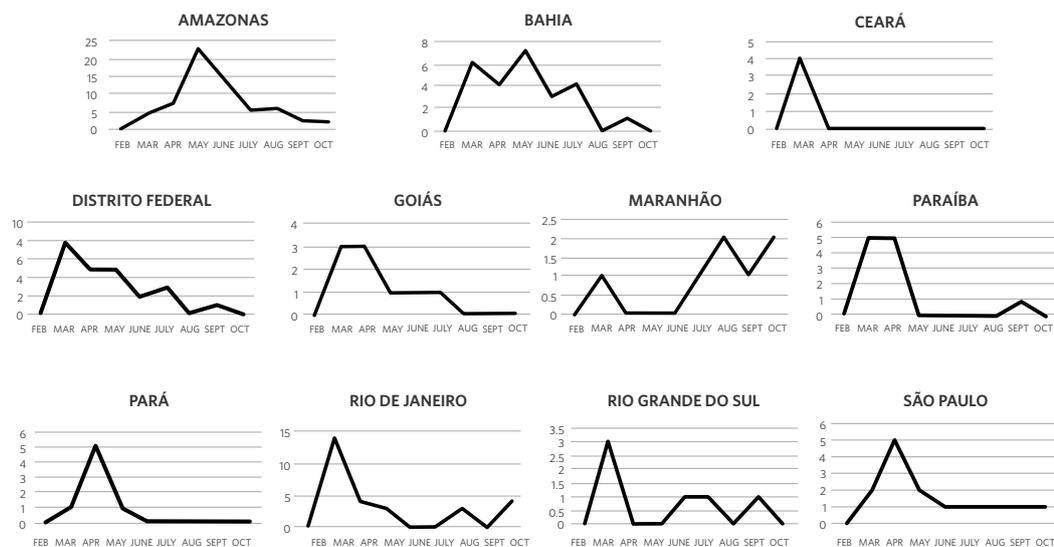
These differences may be the result of several factors, such as: the governor's stance on the pandemic, the evolution of the epidemiological picture, the state's fiscal situation, the socioeconomic situation, the organisational structure of the state public administration, among others.

The vast majority of the decrees issued by the states, in the areas of employment, income, fiscal policy and the organisation of public administration, contain provisions aimed at the following situations: regulating the work of the civil service and its units during the pandemic; creating bodies and structures to coordinate the crisis; adapting fiscal policy

and the annual budget to the new economic context; and maintaining the level of income and employment of the population and sustaining the financial balance of small businesses.

The adequacy of the functioning of public services and of the work regime of the civil servants guided the decrees of all the states analysed. The first measures taken included, for example, sending symptomatic civil servants home to isolate, the establishment of the remote working from home regime, the adaptation of the targets and remuneration systems, the suspension of holidays and leaves of absence for civil servants in the areas of health and safety, in particular, the extension of the rules of public management to outsourced contractors and providers.

Figure 2. Monthly evolution of the number of state decrees inserted in the employment and income protection policies and administrative measures axis and published during the first wave of the pandemic in the 11 states - February to October 2020 - absolute values (various scales)



Source: CEE/Fiocruz research project - New Federalism in Brazil? Tensions and Innovations in Times of Covid-19, 2020²⁶.

Throughout the first wave, decrees were also frequently issued in the fiscal, budgetary and financial fields, with the aim of promoting adjustments in the state's revenue strategy and spending pattern to tackle the challenges generated by the pandemic.

Thus, provisions on issues such as the management of current tax payments and active debt, the granting of tax benefits, the extension of due dates of state-owned utility bills (water, electricity, etc.), the opening of additional supplementary credits within the

state budget, the reallocation of amounts between expenditure items, among others, were issued and adjusted at various times according to the state's situation during the first wave.

The temporary transfer of income from the public coffers, as well as the granting of credit lines, has also been established in several states through the issue of governor's decrees. Whether to complement national aid or to confront the federal government in the political arena, several states have established income programmes in the form of direct transfers of sums or in indirect formats, such as food vouchers, financial aid to students, distribution of school meals, discounts on taxes, and rebates on utility bills.

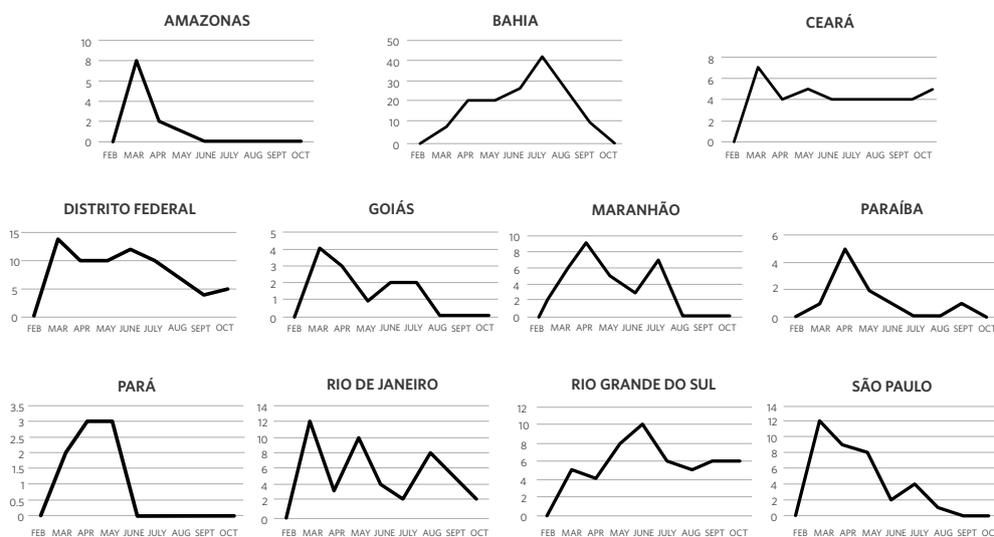
Finally, several states, through their development agencies, special funds and state banks, have created lines of credit for small businesses, with reduced interest rates and longer maturities.

Social regulation and territorial management

As presented in the methodological design, the social regulation and territorial management axis is related to the measures adopted and the conflicts arising from government action in relation to social isolation measures, such as: restrictions on cultural, sporting or religious events and activities; restrictions on trade in general and industrial activities; suspension of classes; restrictions on land, river and sea passenger transportation and flexibility strategies.

It is worth noting that of the 701 decrees published, 425 (61%) were concentrated on this axis, demonstrating the urgent need for state regulation of circulation, mobility, leisure and services. *Figure 3* shows the evolution of publications by the federative units, showing a growth trend between March and June 2020, with relative stability and falls between July and October.

Figure 3. Monthly evolution of the number of state decrees inserted in the social regulation and territorial management axis and published during the first wave of the pandemic in the 11 states - February to October 2020 - absolute values (various scales)



Source: CEE/Fiocruz research project - New Federalism in Brazil? Tensions and Innovations in Times of Covid-19, 2020²⁶.

In this context, Bahia (149), the Federal District (72), Amazonas (51) and Rio Grande do Sul (50) together account for 75% of the decrees issued in this area. These are followed by Rio de Janeiro (47), Ceará (37), São Paulo (34) and Maranhão (28), which together issued 146 decrees, corresponding to 34% of the total; and finally, the states of Paraíba (10) and Goiás (12), which together account for 5% of the decrees.

The differences in the volume of published decrees are related to factors in the evolution of the epidemiological picture and the pressure on the health services, guided by alerts given by systems of flags and colours, as well as the socioeconomic and fiscal situation, the organisational structure of public administration, the pressure and position of expert groups, particularly scientific institutions, and the governor's stance on the pandemic in each state.

From the reading made, it was found that the decrees were largely centred on the restriction of circulation, suspension of collective activities involving leisure activities (such as cinemas, theatre, museums, zoos, and nightclubs), commercial activities and open air markets, street vendors, religious activities, face-to-face services in banks with the exception of programs for emergency aid beneficiaries and, in some states, for people with serious illnesses.

Classes in public and private education networks were suspended by decree, with the anticipation of the recess/holidays in some cases. Finally, the functioning of the public services and the work regime of the employees were adapted with working from home being adopted for a large part of the education staff.

Another important aspect was the regulation of public and private intercity transport, via road and waterway, among other types of transport, which involved the use of public security bodies and health authorities to enforce the measures imposed by the decrees.

Final considerations

The research findings show that throughout the period under study, established as the first wave of the Covid-19 pandemic, states began to play roles established in the CF/88 with more conviction, which were ratified by the Federal Supreme Court (STF) in March 2020. The STF ensured that state and municipal governments could exercise their powers to adopt and/or maintain restrictive measures during the Covid-19 pandemic.

The STF's decision, through Action against the Violation of a Constitutional Fundamental Right (ADPF) No. 672, reiterated the gravity of the emergency caused by the Covid-19 pandemic, aiming at the effective protection of health and life, with the adoption of all possible and technically sustainable measures for the effectiveness of SUS activities. It was evident in the decision that the federative entities have original sovereignty rights constitutionally equal to the national government, demonstrating the need for increased cooperation between the three powers as an essential and enabling instrument of the constitutional mechanisms that anchor the institutional balance and maintenance of harmony and independence between the powers essential to combat the Covid-19 pandemic.

It was possible to deduce in this study that Brazilian federalism promoted considerable changes in the relations established between the federal government, the states and the municipalities regarding health management, a situation that implied a reconfiguration in the federative division of attributions, in the organisation of actions and services, and in the implementation of various public policies, which fact was made explicit in the research findings through the analysis of the state executive decrees.

The asynchronous manner in which the virus appeared in the states during the first wave and the learning time, in addition to the evident ideological position of the governors

of the studied states, demonstrated that these state governments used the publication of state decrees as a means to regulate the actions taken by municipalities to tackle the pandemic.

We therefore found that the governors' actions, in addition to having legal backing, were based on scientific and organisational evidence linked to actions in the fields of regulation and territorial management, employment, income, finance and public administration, and development of health policies and services, represented by 701 decrees issued in the 11 states in the space of 8 months.

The research axis entitled measures to improve health policy and services demonstrated the states' efforts to respond to the growth of the pandemic by acting directly on the acquisition and production of supplies, implementing policies to coordinate the work force, on therapeutic care protocols and care management, on setting up scientific committees and, above all, on structuring health services, whether temporary or permanent. The publications were particularly concentrated in the states of Maranhão, Rio de Janeiro, the Federal District and Bahia.

Regarding the analysis of the decrees inherent to the employment and income protection policies and administrative measures, the actions of the states focused on regulating the work of civil servants, adapting fiscal policy and the budget to the new context, organising working groups to coordinate the economic recovery and organising policies to maintain income and employment, as well as financial support for small businesses. The states that published the most decrees with this kind of content were Amazonas, Rio de Janeiro, Bahia and the Federal District.

Furthermore, with regard to social regulation and territorial management, the states were highly active, publishing 61% of the total number of decrees studied. The content of the decrees dealt with individual and collective protection measures, such as social distancing

and mask-wearing, restrictions on various activities that guaranteed the reduction of gatherings and maintained self-isolation, as well as territorial restriction measures, such as the use of public and private transport of various kinds, and the installation of health check barriers. This set of actions was most commonly found in the decrees published by the states of Bahia, Amazonas, Rio Grande do Sul, and the Federal District.

It was clear that most of the governors took a diametrically opposed position to 'Bolsonarist federalism', by exercising their constitutional powers and adopting important measures of horizontal cooperation, triggering agendas of inter-state solidarity, exercising the practice of regional and associative learning, and within their states with the mayors and their associations, organising restrictive measures and social intervention, which were recognised as effective in reducing the number of infections and deaths, in light of WHO recommendations and various technical and scientific studies.

It became evident, therefore, that the pandemic brought two distinct strategies face to face: one investing in the defence of the right to life and health, and the other that reinforced the logic centred on a negationist approach, challenging the pandemic and exposing the population to the risk of dying, in a practice referred to by many authors as necropolitics.

The reality showed that flexibilization measures implemented in the last four months of 2020, driven by local pressures, the holding of the municipal elections, the proximity of the Christmas and New Year festivities, allied to the federal government's posture towards the fight against the pandemic, caused a new wave to take hold in the country with the emergence of some new variants of the virus.

Thus, it is necessary to continue the studies to verify not only the characteristics and lines of intervention adopted by the governors, but to add to the reading and analysis of the laws

and normative acts issued by them, as well as to analyse the publication of normative instruments from the growth curve of the pandemic in each state, in order to better analyse the behaviour of state governments and their actions in the face of the federal government's vacuum of federative action.

Collaborators

Carvalho ALB (0000-0003-0328-6588)*, Rocha E (0000-0002-7854-5751)*, Sampaio RF (0000-0002-6116-6683)* and Ouverney ALM (0000-0002-8581-3777)* contributed equally to all stages of the article. ■

References

1. Souza C, Fontanelli F. Antídotos institucionais do federalismo brasileiro: a Covid-19 mudou a dinâmica federativa? In: Avritzer L, Kerche F, Marona M. Governo Bolsonaro: retrocesso democrático e degradação política. Belo Horizonte: Autêntica; 2021. p. 135-150.
2. Vieira FS, Servo LMS. Covid-19 e coordenação federativa no Brasil: consequências da dissonância federal para a resposta à pandemia. Saúde debate. 2020 [acesso em 2021 mar 3]; 44(esp):100-113. Disponível em: <https://www.scielo.br/j/sdeb/a/44SVpkjDHB6QcR5x4NtTNwf/?lang=pt#:text=Pondera%20que%20a%20coordena%C3%A7%C3%A3o%20federal,desses%20instrumentos%20pelo%20governo%20federal>.
3. Fleury S. Pandemia, contradições e inovações no federalismo brasileiro. Rio de Janeiro: Fiocruz/CEE; 2020. [acesso em 2021 fev 28]. Disponível em: <https://cee.fiocruz.br/?q=node/1179>.
4. Abrúcio FL, Grin EJ, Franzeze C, et al. Combate à Covid-19 sob o federalismo bolsonarista: um caso de descoordenação intergovernamental. Rev Adm Pública. 2020 [acesso em 2021 fev 28]; 4(4):663-677. Disponível em: https://www.scielo.br/scielo.php?pid=S0034-76122020000400663&script=sci_arttext.
5. Augusto WP. O hiperpresidencialismo bolsonarista: a sala de máquinas. Justificando. 2020. [acesso em 2021 fev 28]. Disponível em: <https://www.justificando.com/2020/05/14/o-hiper-presidencialismo-bolsonarista/>.
6. Censon D, Barcelos M. O papel do Estado na gestão da crise ocasionada pela Covid-19: visões distintas sobre federalismo e as relações entre União e municípios. Rev Bras Gestãõ Desenvol Regional. 2020 [acesso em 2021 fev 28]; 16(4):49-63. Disponível em: <https://www.rbgdr.net/revista/index.php/rbgdr/article/view/5977>.
7. Nobre M. Ponto Final: a Guerra de Bolsonaro contra a Democracia. São Paulo: Todavia; 2020.

*Orcid (Open Researcher and Contributor ID).

8. Souza TCM, Barberia L. Covid-19: Políticas Públicas e a Sociedade. Boletim nº 20. Rede de Pesquisa Solidária. 2020. [acesso em 2021 fev 28]. Disponível em: <https://redepesquisasolidaria.org/boletins/boletim20/sem-estrategia-o-governo-federal-estimula-a-fragmentacao-do-pais-e-deixa-de-coordenar-a-resistencia-a-covid-19/>.
9. Fundação Oswaldo Cruz. Fiocruz: MonitoraCovid-19. Rio de Janeiro: Fiocruz; 2021. [acesso em 2021 fev 28]. Disponível em: <https://bigdata-covid19.icict.fiocruz.br/>.
10. Ribeiro JM, Moreira MR, Ouverney AM, et al. Federalismo e políticas de saúde no Brasil: características institucionais e desigualdades regionais. Ciênc. Saúde Colet. 2018 [acesso em 2021 fev 28]; 23(6):1777-1789. Disponível em: <https://cee.fiocruz.br/?q=node/1179>.
11. Elazar D. American Federalism: A View from the States. New York: Harper and Row; 1984.
12. Abrúcio FL. A coordenação federativa no Brasil: a experiência do período FHC e os desafios do governo Lula. Rev Sociol Polit. 2005 [acesso em 2021 fev 28]; 24:41-67. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-44782005000100005&lng=pt&tlng=pt.
13. Broschek J. Historical Institutionalism and the Varieties of Federalism in Germany and Canada. Journal Federalism. 2012 [acesso em 2021 fev 28]; 42(4):662-687. Disponível em: <https://www.jstor.org/stable/41682907?seq=1>.
14. Sauter AMW, Girardon-Perlini NMO, Kopfrem AW. Política de regionalização da saúde: das normas operacionais ao pacto pela saúde. Rev Min Enferm. 2012 [acesso em 2021 fev 28]; 16(2):265-274. Disponível em: <http://www.reme.org.br/artigo/detalhes/528>.
15. Noronha JC, Tavares L. A política de saúde no Brasil nos anos 90. Ciênc. Saúde Colet. 2001 [acesso em 2021 fev 28]; 6(2):445-450. Disponível em: <https://www.cienciaesaudecoletiva.com.br/edicoes/a-politica-de-saude-no-brasil-anos-90/22?id=22>.
16. Magalhães Júnior HM. Redes de Atenção à Saúde: rumo à integralidade. Divulgação em Saúde para Debate. 2014 [acesso em 2021 fev 28]; 52:15-37. Disponível em: <https://cebes.org.br/site/wp-content/uploads/2014/12/Divulgacao-52.pdf>.
17. Ouverney ALM. Federalismo e descentralização do SUS: formação de um regime polarizado de relações intergovernamentais na década de 1990. [tese] Rio de Janeiro: Fundação Getúlio Vargas; 2015.
18. Brasil. Lei nº 8080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União. 19 Set 1990.
19. Ouverney AM, Fleury S. Polarização federativa do SUS nos anos 1990: uma interpretação histórico-institucionalista. Rev Adm Pública. 2017 [acesso em 2021 fev 28]; 51(6):1085-1103. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-897259>.
20. Levcovitz E, Lima LD, Machado CV. A política de saúde nos anos 90: relações intergovernamentais e o papel das normas operacionais básicas. Ciênc. Saúde Colet. 2001 [acesso em 2021 fev 28]; 6(2):269-291. Disponível em: <http://www6.ensp.fiocruz.br/repositorio/resource/356827#:~:text=P%C3%A1gina%20inicial,-Pol%C3%ADtica%20de%20sa%C3%BAde%20nos%20anos%2090%3A%20rela%C3%A7%C3%B5es%20intergovernamentais%20e,papel%20das%20Normas%20Operacionais%20B%C3%A1sicas&text=Ao%20se%20analisar%20a%20pol%C3%ADtica,do%20Sistema%20%C3%9Anico%20de%20Sa%C3%BAde>.
21. Cordeiro H. Descentralização, universalidade e equidade. Ciênc. Saúde Colet. 2001 [acesso em 2021 fev 28]; 6(2):319-328. Disponível em: <https://www.redalyc.org/pdf/630/63060204.pdf>.
22. Dain S. Os vários mundos do financiamento da Saúde no Brasil: uma tentativa de integração. Ciênc. Saúde Colet. 2007 [acesso em 2021 fev 28]; 12(supl):1851-1864. Disponível em: <https://www.redalyc.org/pdf/630/63009808.pdf>.

23. Cheibub JA, Figueiredo A, Limongi F. Partidos políticos e governadores como determinantes do comportamento legislativo na câmara dos deputados, 1988-2006. *Dados*. 2009 [acesso em 2021 fev 28]; 52(2):263-299. Disponível em: <https://www.redalyc.org/pdf/218/21817690001.pdf>.
24. Fleury S. Reforma del Estado. *Rev Adm Pública*. 2001;35(5):7-48.
25. Piola SF, Paiva AB, Sá EB, et al. Financiamento Público da Saúde: Uma História a Procura de Rumo. Rio de Janeiro: IPEA; 2013. Texto para Discussão 1846.
26. Ouverney ALM, Freury S, Carvalho ALB, et al. Novo Federalismo no Brasil? Tensões e Inovações em Tempos de Covid-19. Projeto executivo. Rio de Janeiro: Centro de Estudos Estratégicos da Fundação Oswaldo Cruz; 2020.
27. Meireles AD, Cunha DESL, Maciel EM. Estudo de Caso na Pesquisa Qualitativa em Educação: uma metodologia. In: *Anais do 6º Encontro de Pesquisa em Educação*; 2010, Teresina. Teresina: EDUFPI; 2010.
28. Capoccia G, Kelemen D. The Study of Critical Juncture: Theory, Narrative, and Counterfactuals in Historical Institutionalism. *World Politics*, 2007 [acesso em 2021 fev 28]; 59(3):341-369. Disponível em: <https://www.cambridge.org/core/journals/world-politics/article/study-of-critical-junctures-theory-narrative-and-counterfactuals-in-historical-institutionalism/BAAE0860F1F641357C29C9AC72A54758>.
29. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
30. Mendes EV. O lado oculto de uma pandemia: a terceira onda da Covid-19 ou o paciente invisível. Brasília, DF: Conselho Nacional de Saúde; 2020. [acesso em 2021 fev 28]. Disponível em: <https://www.conass.org.br/biblioteca/o-lado-oculto-de-uma-pandemia-a-terceira-onda-da-covid-19-ou-o-paciente-invisivel/#:~:text=A%20rapidez%20com%20que%20se,%C3%A0s%20estrat%C3%A9gias%20de%20seu%20enfrentamento>.

Received on 04/15/2021

Approved on 12/07/2021

Conflict of interests: non-existent

Financial support: the research received resources from the Project 'Challenges for SUS in the National and Global Context of Social, Economic and Technological Transformations' - Oswaldo Cruz Foundation (Fiocruz)