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THE ROLE OF STATE IN THE COVID-19 PANDEMIC CRISIS MANAGEMENT: DIFFERENT VIEWS ABOUT FEDERALISM AND THE RELATIONS BETWEEN FEDERAL GOVERNMENT AND MUNICIPALITIES

O PAPEL DO ESTADO NA GESTÃO DA CRISE OCACIONADA PELA COVID-19: VISÕES DISTINTAS SOBRE FEDERALISMO E AS RELAÇÕES ENTRE UNIÃO E MUNICÍPIOS

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Abstract

The COVID-19 pandemic was able to bring up thoughts and doubts about State capacity to manage the crisis in Brazil. This paper explores some aspects of federative articulations between the Federal Government and municipalities to manage the Public Health emergency. The theoretical-methodological approach was a longitudinal design, identifying the steps in a process and their impacts on the studied phenomenon, starting from a documental analysis and a non-systematic review. Two primary axes guided this text: i) the decentralization process in the health system in Brazil and their implications on the subnational management capacity, and ii) the Federal level coordination as the main element to manage the public responses. The COVID-19 pandemic in Bolsonaro's presidency is analyzed, in a third moment, as the "arrival point" of a mismatch between Bolsonaro's-federalism institutional design and the proposed 1988 Federal Constitution's cooperative model. Even on an exploratory level of results, it is possible to assert that a series of events since municipal public management decentralization to the Bolsonaro's-federalism model could be, among other factors, able to explain the national mismatch and discoordination to respond to the COVID-19 pandemic in Brazil. Besides that, it is also possible to think about the need for new studies focused on analyzing this series of events, considering an institutional logic under implementation by populists' governments.

Keywords: COVID-19. Federalism. Health Management. Municipalities. Public Policies.

Resumo

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A pandemia do coronavírus (COVID-19) foi capaz de trazer à tona, no Brasil, reflexões e questionamentos acerca da capacidade do Estado na gestão de crises. Esse artigo tem como objetivo explorar alguns aspectos no que tange à articulação federativa entre União e municípios para lidar com emergências na Saúde Pública. Como abordagem teórico-metodológica assumiu-se um desenho longitudinal, buscando identificar o desenvolver de um processo e seus impactos sobre o fenômeno estudado, a partir de uma análise documental combinada com revisão não-sistemática. Os eixos principais do texto são i) o processo de descentralização na área de Saúde no Brasil e seus impactos sobre as capacidades de gestão em âmbito local; e ii) a coordenação do ente Federal como um fator central para a efetivação de respostas de gestão. A pandemia da COVID-19 no contexto do governo Bolsonaro é analisada, em um terceiro momento, como "ponto de chegada" do descompasso entre o desenho institucional dual de federalismo bolsonarista em detrimento do modelo cooperativo da Constituição Federal de 1988. Como resultados é possível aferir, ainda que em nível exploratório, que uma cadeia de eventos desde a descentralização da gestão pública municipal até o modelo bolsonarista de federalismo poderia ser, entre outros fatores, capaz de explicar o descompasso e a descoordenação nacional no enfrentamento da COVID-19 no Brasil. Além disso, é possível refletir acerca da necessidade de estudos que se aprofundem no exame dessa cadeia de eventos, considerando uma lógica institucional em vias de implementação por governos populistas em grandes federações.

Palavras-chave: COVID-19. Federalismo. Gestão da Saúde. Municípios. Políticas Públicas.

Introduction

This paper analyzes the relationship between federalism and public policies in Brazil, focusing on the health system management during the COVID-19 pandemic crisis. This pandemic caused a multidimensional problem that leads to a public management challenge. In this context, the discussion about the role of the State in crisis management is emergent. At this moment, Brazil faces challenges in the health field and the economy, social, political, and environmental fields.

One of the main starting points for this discussion was the analysis developed by Abrucio *et al.* (2020) about the public response to the COVID-19 by the "Bolsonaro's federalism". The authors pointed out an exemplary case of "intergovernmental incoordination" (ABRUCIO *et al.*, 2020, p. 663). Their works' main argument is that there is a divergence between the 1988 Brazilian Federal Constitution federalism and Jair Bolsonaro's presidency. This divergence directly affects the government's response to the COVID-19 crisis (considering the three entities: Union, States, and Municipalities).

This article aimed to explore some aspects of federative articulations between the Federal Government and municipalities to manage the Public Health emergency. Once the Public Health System's decentralization in Brazil has been implementing in the past three decades, how are managed the relations between the Federal Government and Municipalities? And how Municipalities' management capacities and implementation capacities are capable of responding to a crisis like the COVID-19 pandemic?

This work used bibliographic and official data basis information', in a non-systematical review, in two main axes: first, about the Public Health System's decentralization in Brazil and its impacts in the Municipalities' management capacities. Second, about the Federal Government coordination as the main element to manage the public responses. This review subsidized an analytical thinking about the Brazilian State's role in the COVID-19 pandemic crisis. It is essential to highlight that in Brazil, thinking about the 'role of the State' is also related to thinking about the role of the subnational governments, particularly the Municipalities, in the formulation and implementation of public policies. As pointed by Bichir, Simoni Júnior, & Pereira (2019), when analyzing the public policies' national systems influence in the subnational implementation, "not everything ends in Brasília³" (p. 19). This article makes an exploratory analysis of Union and Municipalities relation, thinking about a future research agenda on Brazilian federalism and its impacts on public policies, especially on social policies.

The text is organized as follows. The first section is this introduction. In the second part, we described the theoretical-methodological perspective about institutional designs and their impacts

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on public policies – starting from a longitudinal approach. The third part brings the Public Health System’s decentralization in Brazil and its implications in the Municipalities’ management capacities. The fourth part talks about Federal coordination, starting from the 1988 Brazilian Federal Constitution. In the fifth part, we presented the actual scenario, bringing an analysis of the role of the State in the COVID-19 pandemic crisis. In the sixth and final part, we attempt to present some exploratory results, trying to point some questions and hypotheses to be studied.

Theoretical-Methodological Guidelines

In this topic, we present the theoretical-methodological perspective that supports our analysis. We choose to bring theory and methodology together both because of text extension and the effort to articulate these two dimensions throughout the text. Our debate is theoretically related to institutional designs and impacts on public policies. Federalism is an institutional design that highlights intergovernmental coordination. Based on the classic approach developed by Pierson (1995), there are two primary ideals related to federalism and its impacts on public policies: the dual and cooperative models.

Dual federalism is a hierarchy model, organized from “top to bottom”, leading to interstate competition. In this model, the Federative coordination is more contingent. The coordination is not horizontalized but based on a hierarchy where the Union is “about” subnational governments – responsible only for self-organization to national public policy implementation. The “purest” example of this dual model is the United States pós-Ronald Reagan, as highlighted by Kettl (2020 apud ABRUCIO *et al.*, 2020). The role of the Union as an instance of intergovernmental articulation and coordination changed in the United States context. This change, hegemonic since de 1980 decade, led to interstate competition, inequalities, and deficiency in public policy capacities⁴.

On the other hand, the cooperative model structures institutional designs in countries motivated to ensure universal rights in the Well Fare State expansion after World War II. In this model, the “shared authority combines sub-national autonomy with national coordination” (ABRUCIO *et al.*, 2020, p. 667). In this perspective, coordination became imperative – and that is the “spirit” of the 1988 Brazilian Federal Constitution. During the 1980s the intergovernmental relations changed, starting from the decline of the military dictatorship and the re-democratization process. Each political authority became sovereign with direct elections for all levels of government (ARRETICHE, 1999). This process built the 1988 Brazilian Federal Constitution, which gradually leads to a change from a State with unitary characteristics to a structured federation (ABRUCIO, 2012; ABRUCIO & FRANZESE, 2007; ARRETICHE, 2004; FRANZESE, 2010). Besides that, it is a challenge to articulate autonomy and, on the other hand, coordination. Subnational governments are autonomous, but they still need Federal coordination.

Considering these two models⁵, the theoretical-analytical argument that guides this analysis concerns an alignment of Bolsonaro’s presidency to the dualistic model hegemonic in the United States and reinforced by Donald Trump’s presidency. Politics analysts have been denominating the political approach of Donald Trump in the sanitary crisis response as “corona-federalism”. It means a hierarchy approach with no coordination, focused on blaming states and municipalities for the epidemic catastrophic numbers. It leads to very negative responses to the crisis, with no management, pitting states against each other (GELTZER, 2020). Meanwhile, at the same time, Trump places the responsibility on states and municipalities and denotes a hierarchical view that establishes the Union as the “top” of everything and everyone: “... the **authority** of the president is **total**. States can’t do anything without the approval of the president of the United States.” (GORDON, HUBERFELD, JONES, 2020, our emphasis). With a focus on the words “authority” and “total”, this quote denotes the essence of dual federalism, opposing the Federal sphere against the subnational governmental levels. Guided by that, an argumentation gains strength: crisis like the COVID-19 pandemic, when managed in these federal terms, can weaken the idea of cooperation. Once the cooperation underlies federalism, it can distort the federalism itself, at least that Madison’ based

⁴ Kettl’s analysis is quite pessimist. The author highlights the threat of institutional fragmentation if the dual model keeps hegemonic once this model erodes the idea of cooperation, one of the United States bases (KETTL, 2020).

⁵ The literature about federalism and its impacts on public policies is vast. For more in-depth discussions, see, among others, Pierson (2001; 2004); Benz and Broschek (2013); Arretche (2012); Abrucio (2010). A more specific analysis of cooperative federalism emerged since the 1988 Brazilian Federal Constitution could be sawed in Franzese (2010). For an actual analysis of political polarization risks on the United States of America’s federalism’s basic principles, see Pierson & Schickler, 2020.

federalisms, like the one structured in the United States since country independence (SHARMA, 2020).

In this context, the “Bolsonaro’s-federalism” (ABRUCIO *et al.*, 2020) begins to shape. The concept is still in development but with a promising analytical potential to reflect on the State’s capacity to respond to the crisis. Among many other denominations, as “Bolsonaro’s hyperpresidentialism” (AUGUSTO, 2020), the main idea still the same: a hierarchical view, top-down, that considers the Union “above” states and municipalities, with no coordination responsibilities, as exposed in the *motto* “more Brazil, less Brasília”, Bolsonaro’s 2018 presidential campaign theme. In a government that, since the beginning, firmly opposed itself to the “spirit” of the 1988 Federal Constitution (NOBRE, 2020), a logical consequence should be challenging and put in check the cooperative federalism model - and so it was. In the fight against the COVID-19 pandemic, Brazil adopted “(...) a discoordination as a political choice” (SOUZA & BARBERIA, 2020, p. 13). It explains the resignation of Henrique Mandetta, the Minister of Health, who chased to coordinate actions between Union, states, and municipalities, praising the Unified Health System (SUS) as a necessary institutional arrangement to federative coordination. The central aspect is synthesized by Abrucio *et al.* (2020) when the authors assert that it is not only a dichotomy “social isolation versus economic recovery”, but something more profound, related to de institutional dimension: concerned to the “(...) resilience of the institutional arrangements created with the CF/88 against the new dynamics of Bolsonaro’s federalism.” (p. 670). Two opposing views of federalism were evident by the authors: the one represented by the SUS, starting from the CF/88, and the new bolsonarism approach, a combination between “more Brazil, less Brasília” and autocratism when dealing with sub-national demands.

The framework presented in the past few paragraphs shapes the theoretical-analytical bases that structure the methodological paths in this work. Considering especially the dichotomy “CF/88-cooperative model *versus* actual Bolsonaro’s federalism model”, which directly affects the Brazilian public response to the COVID-19 pandemic crisis, we sought to draw a historical-institutional development to support our analysis.

A qualitative analysis based on three temporalities guided this study: the first one concerns the decentralization process started in the 1988 Brazilian Federal Constitution. Based on the literature review and official documents analysis, we attempt to discuss the decentralization process due to intergovernmental coordination between federative levels. The discussion denotes that this process’s ongoing results were crucial to increasing public capacities in the municipalities. Brazil established itself as a well-prepared country to handle public health crises as the COVID-19 pandemic, especially in the municipalities.

Due to the first one, the second moment refers to the coordination arrangements, focusing on public policy implementation in the municipalities. It is essential to highlight the complexity of articulate subnational levels autonomy and, on the other hand, the emergency of federal coordination and articulation to subnational cooperation. The health sector is a perfect example of this, once it has many local governance bodies and cooperation spaces well institutionalized – some examples are the National Federation of Municipalities, o National Council of State Secretaries of Health (Conass), and the Nacional Council of Municipal Secretaries of Health (Conasems).

The third moment refers to the COVID-19 pandemic crisis in Bolsonaro’s presidency as a “arrival point”. We analyzed some Federal Governmental actions and the logic behind the responses to the crisis, in the light of the dual federalism model, over the 1988 Brazilian Federal Constitution “spirit”.

The theoretical-methodological approach was a longitudinal design, trying to identify the steps in a process and their impacts on the studied phenomenon. The phenomenon, in that case, is the Brazilian State response to the COVID-19 pandemic crisis. We adopted the process tracing technique (BENNETT & CHECKEL, 2015; BEACH, 2016). It is an analysis of the “(...) intermediate steps in a process to make inferences about hypotheses on how that process took place and whether and how it **generate the outcome of interest.**” (BENNET & CHECKEL, 2015, p. 6, our emphasis). The focus rests on reconstructing the chain of events that leads to the phenomenon we seek to analyze. This longitudinal approach constitutes the methods of our research. It is also important to highlight that this chain of events is still in progress. Because of that, our results are also exploratory, trying to point some questions and hypotheses to be studied.

Finally, we tried to explore official documents from the Federal Government, states, and municipalities in the documental analysis. We also looked to public statements from Bolsonaro and

members of parliament and the judiciary. We also tried to analyze documents produced by the National Federation of Municipalities (CNM), the National Council of State Secretaries of Health (Conass), and the National Council of Municipal Secretaries of Health (Conasems), as well as scientific reports related to the evaluation of governmental responses to the COVID-19 pandemic crisis.

Health System Decentralization and state capacities in the Municipalities

The public decentralization in Brazil is not a recent event. In social assistance, education, healthcare, tourism, culture areas, among many others, it is possible to observe in the past few decades an effort to transfer autonomy from the Federal level to subnational governments.

Brazil is a federal system. The country has 8.5 million km², 27 states, and 5,570 municipalities. Social heterogeneity is a structural element that brings enormous impact to federative coordination to public policy implementation in a country with such proportions. Thus, it is emergent a rethinking about local public capacities and, even so essential, the Union coordination capacity. These lead to a discussion about making it possible for subnational governments to work in “ordinary” moments or contexts like the COVID-19 pandemic crisis.

The COVID-19 pandemic crisis triggered a complex system articulated around the Unified Health System (SUS), which depends on Union coordination to leash states and municipalities to implement public policies. De health decentralization, the theme of this work, is SUS’s main guideline, which conducts the articulation and cooperation of Union, states, and municipalities to provide qualified – and free – health service in the country.

The SUS takes shape in 1990, after the 1988 Brazilian Federal Constitution. It leads to Federal coordination to make it possible for states and municipalities to play their roles in the public system (BELTRAMI, 2008). As a landmark of democratization and universal access to healthcare in Brazil, SUS also brings essential changes to the public administration organization.

Even the SUS passed through a troubled implementation period, permeated by structural economic and political changes in Brazil, the long term strategy to the development proposed by the Union achieved a “national policy in a federative and democratic scenario” (VIANA & MACHADO, 2009, p. 808). The SUS was built based on Federal Government coordination, with financial induction and management instruments, making it possible for states and municipalities to progressively take sanitary responsibilities (FLEURY, OUVERNEY, KRONEMBERGER & ZANI, 2010). This process leads to a structuration of the municipalities, becoming responsible for more and more health matters. As a comparison, between 2008 and 2014, the municipalities were responsible for 60% of the SUS ambulatory procedures (BRASIL, 2020a). In some research about the SUS implementation’s subsequent years, it is also possible to observe that the municipalities’ capacities faced both improvements and obstacles.

In 2004 Barata, Tanaka & Mendes argued about the necessity of local structure reorganization, recycling, and empowering the state and municipalities human capital. At the same time, Fleury, Ouverney, Kronemberger & Zani (2010) argued about some contrasts in the period between 1996 and 2006. The authors pointed out a “scope of actors involved in setting priorities and taking care of the budget and institutionalizing channels for participation and social control” (p. 454), as well as more access by society to information. In 2016, Pinafo, Carvalho & Nunes analyzed the national literature about health decentralization between 2006 and 2014. They observed a “strengthening of municipalization, of municipalities capacity, make it possible to recognize many of the SUS advantages, once the municipalities became more arranged to attend popular demands” (p. 1516). On the other side, the same authors also found that “the decision process is not effectivity shared, once the municipalities had fewer resources and less power, leading to being subordinated to federal and state decisions” (p. 1519).

With the difficulties of sharing decision-making processes, we are led to think about the necessity of constant monitoring, evaluation, and updating all the processes related to the ongoing Brazilian health decentralization. If municipalities are responsible for the central part of services execution, they also need to be equipped (in technical, administrative, financial terms) to SUS sustainability.

About that, the National Federation of Municipalities (CNM), an independent and non-profit organization founded in 1980, have organized in 2016 a handbook called “Healthcare – Public planning and municipalities management”, as part of the Municipalities Public Management Collectanea. The manual presents detailed information about the Brazilian Health System and

focuses on municipalities' management's powers and duties. The handbook also seeks to guide mayors and local bodies of health on behalf of planning, financial induction, monitoring, and so on, to "guarantee the continuity of actions and healthcare services already planned, as well as to coordinate strategies to new ones" (CNM, 2016, p. 10).

Some essential points to excellent municipal management in the sector of health, listed in the handbook, are 1) shared involvement with prevention and care professionals; 2) Health Councils; 3) SUS tripartite administration and the need for knowledge of the agreements made by the municipality; 4) health judicialization and the necessity of media partnerships; 5) the possibility of a deal with other municipalities (to better serve the population); 6) the importance of Primary Health Care; 7) data articulation on official channels as Information System on Public Health Budgets (SIOPS) – as a condition to guarantee national financial resources; 8) the need of articulation with population – to better know people demands; 9) the necessity of attention to the states and municipalities Official Gazette; 10) the ideal professional resume and experience for a Health Secretary (CNM, 2016).

The document has 116 pages of information and guidelines for municipalities public managers, some of them in their first mandate (2017-2020), exclusively on the Health theme. The handbook also presents a list of challenges in the ongoing health decentralization process in Brazil. Some of them are time optimization; service integration and modernization; financial and sub-financial problems; legal regulation; hiring, retention, and turnover rates of health professionals and; finally, "the absence of a truly federative pact, which leads a superficial (and almost inexistent) definition of each level competence/jurisdiction" (CNM, 2016, p. 27).

Furthermore, coordination bodies in the Health sector as CONASS (on the state level) and CONASEMS (on municipal level) organized themselves as a union of forces to encourage increased representation and bargaining power of subnational spheres with the Federal Government. They act as a political force, fighting for public policies and articulating participative strategies to each local context, using shared information and technical cooperation (CONASS, 2020; CONASEMS, 2015).

Nevertheless, even with the Federal Law nº 12.466, which sets the SUS inter-management commissions as legal bodies on representing state and local entities, there is still heterogeneity between these instruments. Some of them act harder in the social control about health actions and services, while others are only a formality to meet bureaucratic requirements (SOLLA, 2006).

The criticisms made to/for these groups are many, talking about the difficulty in articulation based on the necessity of strong actor, lack of solidarity between Union, states, and municipalities, the municipalities "negligence" by others governmental bodies, intergovernmental relations fragility and lack of federal coordination – which we will discuss later in this text.

Besides all these problems, insecurities, and questions, in 2019, the Global Health Security Index⁶ ranked Brazil with the best score in Latin America to deal with public health emergencies. Even if the document focus on the health theme, it also emphasizes that "the political will is needed to protect people from the consequences of epidemics (...)" (NUCLEAR THREAT INITIATIVE & JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, 2019, p. 6). What are these "political will" that guide (or should be guiding) the articulation of local public capacities?

Federal Government Coordination

The Brazilian Federal Constitution, Article 198, institutes that "actions and health public services integrate a regionalized and hierarchical network, and constitute a system with the following guides: I – decentralization, with autonomy in each governmental level; (...)" (BRASIL, 1988, np). Even if in a "regionalized and hierarchical" network, which means decentralized, it is clear the role of Federal Government to political coordination. Besides that, there are countless debates and discussions on behalf of the dilemmas and problems about this, as well as the fragile capacity of Federal coordination (ABRUCIO, 2005; ARRETCHE, 2000; LOTTA, GONÇALVES & BITELMAN, 2014; PALOTTI, 2009) and of "federative bargains" (PALOTTI, 2009, p. 90). This institutional arrangement guided by decentralization and characterized by cooperative federalism, oriented for the hierarchical participation of federated entities, reverses the authoritarian regimes' centralized federative design before the 1988 Brazilian Federal Constitution.

⁶ A measurement system that classifies countries' preparedness to deal with public health emergencies, using data available on official documents, governmental and scientific reports, governmental, international organizations, and non-governmental organizations websites, media reports, and other databases.

The new Brazilian federative context presented since 1988, according to Lotta & Bitelman (2008), a “dual trend”, acting both in the transfer of resources as in the social public policies decentralization of responsibilities. Even we can notice the SUS evolution, it is essential to highlight how important is the role of the Federal Government in coordination.

One of the main slogans of the decentralization is national re-democratization over the past years of military dictatorship. The 1988 Brazilian Federal Constitution is a landmark of centralized federalism renouncement to cooperative federalism – so, it is shifting from states and municipalities as just administrative agents from the Union to an idea of shared responses and decisions (ALMEIDA, 2000). This process could also increase endogenous development, considering the relative autonomy assigned to states and municipalities to discuss and elaborate on their specific actions and demands.

Countless researches are pointing that beyond the idea of decreasing the Federal Government's role, decentralization results in a re-definition of its strategic position. New tax arrangements, new regulations, new responsibilities in providing services, and new capacitation structures are needed (ARRETCHE, 1996; ALMEIDA, 2000, 2005; ABRUCIO, 2005; GONÇALVES, LOTTA & BITELMAN, 2008). Almeida (2000, p. 1) highlights that decentralization is “a continuous process of cooperation terms negotiation”. Even the year of publication of this research is 2000, which means 20 years ago, the context remains actual.

The central coordination tool to governmental actions in the health sector is ministerial orders, issued by the Ministry of Health, to conduct policies and induct subnational adherence. Questions and critics about this coordination model go through decades, with state and municipal public managers keep asking for participation in the decision-making process (BAPTISTA, 2007). Later in this text we will discuss how these concerns stay present.

To Grin & Abrucio, “cooperation cannot be taken for granted, but have to be seen as a continuous bargain and negotiation to create a consensus to federal goals shared with subnational autonomy” (2018, p. 89). This “bargain and negotiation” is linked to the constitutional resolution that says that each subnational government can adhere to national programs, but it is not mandatory (ARRETCHE, 2004; LEITE, 2010). It is possible to assume that a decentralized national policy is not enough, but also intergovernmental negotiations and dialogues, institutional agreements and pacts, and countless partnerships with the premise of political alliances are needed to the god of public health. It is a crucial matter to comprehend the last year of public health coordination in Brazil.

COVID-19 pandemic crisis: the role of State in the crisis management

Ito & Pongeluppe (2020), in a 52 municipalities research, founded out three possible paths to slow down COVID-19 transmission rate: i) network-based coordination involving both public and private sectors to compensate for the scarcity of resources in the municipality; ii) network-based coordination within the public sector, with the aim of provision of aid programs to alleviate the effect of social vulnerability, and compensate the scarcity of resources; iii) a resource-based path, in a well-structured health system, where the presence of healthcare resources guarantees a successful fight against the spread of COVID-19 (ITO & PONGELUPPE, 2020).

Countless researches have been done, a few months passed since the first hits and misses, and recommendations have been elaborated. Why a country with one of the most significant public health infrastructures in the world (PAIM, TRAVASSOS, ALMEIDA & MACINKO, 2011), which already performed well in past epidemics, was not able to respond to the public health emergency by the COVID-19 epidemic crisis?

As we highlight early in this text, Brazil is a country of continental proportions. As the principal social assistance program in the country, SUS needs, as we have been trying to highlight, to be thinking and planning to consider these proportions. The Federal Government's performance during 2020 demonstrates not only i) sanitary emergency negligence – using denialism and misinformation and ii) negligence about the public health structure under construction in the past three decades. The Federal Government's performance is a story of a significant waste.

The intergovernmental competition, blame avoidance, and credit claiming of several instances draft 2020 scenario in Brazil. To Rodrigues, Oliveira, Chaves, Aquino & Viegas, in the center of COVID-19 debate in Brazil, there are several numbers of public sphere tools capable of “a multitude of narrative-shaping tools with much more resources (e.g., combining social media analysis, psychometrics and targeted digital marketing)” (2020, p. 1119). Beyond a timeline of

declarations, actions, and decision making that denotes the federal coordination inability⁷, it is also possible to debate some relations and possibilities starting from a conjectural analysis of Federal coordinator – or lack of coordination.

Since the National Health Public Emergency declaration, issued on February 4th (BRASIL, 2020b), the Ministry of Health issued 354 new ministerial orders related to the fight against the COVID-19 pandemic crisis. We understand the ministerial orders as a tool of “strong induction power” (BAPTISTA, 2007, p.1) to the definition and regulation of public policies. Many of them are related to enabling/disabling hospital beds, and many others refer to receipt, transfer, loan, and fundraising. However, just a few of them are directly related to guide the subnational spheres.

On March 31st, 2020 is issued the Order n° 639, which “Talks about the Strategic Action ‘Brazil Counts on me – Health Professionals’, focused on health professionals’ training and registration to the fight against COVID-19 pandemic” (BRASIL, 2020c). Several actions are proposed in the documents, aiming to train health professionals to understand the COVID-19 fight protocols better, as guided in the February 6th, 2020 Law 13.919. In one month, 394 thousand health professionals and 103 thousand health students subscribed to the online capacitation course (BRASIL, 2020d). In June, the action reached 970 thousand health professions and students (BERALDO, 2020).

Although with these numbers, ongoing researches denote a pessimistic scenario: only 30% of health professionals feel prepared to deal with the crisis, almost 70% of health professionals did not receive specific training, and nearly half of the health professionals did not receive any personal protective equipment (PPE) (LOTTA, FERNANDEZ, CORRÊA, MAGRI, MELLO, BECK, 2020). Other information related to the number of contaminations, deaths and mental health support to these workers also raises concerns. There is a need for caution to generalize these research results because of its universe and the pandemic limitations. Nevertheless, we are lead to think over the frontline workers and their importance in a Federal discoordination scenario.

At the local level, some actors are susceptible to be affected by the public efforts to prevent the spread of COVID-19. They are the street-level bureaucrats (LIPSKY, 1980; ALCADIPANI, CABRAL, FERNANDES & LOTTA, 2020). To Lipsky (1980), street-level bureaucrats are responsible for delivering services through daily interactions with citizens, and they create policy through their day-to-day activities, as social workers and health professionals. If capacitation actions do not reach the professionals who need it most, and if orientations do not reach the frontline workers, it will jeopardize all municipal capacity to manage the crisis response. The presidential *modus operandi* in its public statements and decision-making is confusing and leads to ambiguity and conflict. To states and municipalities bodies, it entails doubts and questions about deciding which action to adheres and which does not. First, a problem is flagged, and at the same time, there is an attempt to deny and understate it – it leads to ambiguity. Second, ongoing historical policies are articulate to be part of the actions – as the Vaccination/Immunization Policy, but the president also tried to disjoin it.

Yet in local bodies, some research has shown that only 22% of them know federal actions to protect and support health professionals, while 60% of respondents recognize state actions and 58% municipalities’ efforts. The average satisfaction of health professionals with governmental actions denotes the same scenario: 21% evaluate as positive the federal actions, 42% assess as positive state actions, and 44% consider municipalities’ efforts as positive (LOTTA, FERNANDEZ, CORRÊA, MAGRI, MELLO, BECK, 2020). It is also possible to notice that CNM, CONASS, and CONASEMS, mentioned before in this text, have been producing guides, handbooks, technical notes, and other works and documents periodically to inform and advise local public managers into the fight against the COVID-19 pandemic.

One of the most notable events in the crisis’s public management was the Brazilian Federal Supreme Court (STF) injunction issued in Abril 8th, recognizing simultaneous competence of states, municipalities, and Union in the fight against Covid-19. STF stated that the Federal Government’s power does not remove the concurrent competence or the taking of regulatory and administrative measures by the states and the municipalities. In excerpts of the document, it is stated that the president becomes “an aggravating agent of the crisis” (BRASIL, 2020e, p. 1) and that “the actions of states and municipalities become even more substantial because local bodies are the one capable

⁷ There are countless researches ongoing to draw the national historic. For example, Fonseca, Natrass & Bastos (2020) brings a discussion about Jair Bolsonaro’s denialism and subnational governments’ responsibilities. Delatorre, Mir, Gräf & Bello (2020) tracked the virus’s spread in occidental countries, including Brazil. Ito & Pongeluppe (2020) analyzed municipalities’ actions in the first 30 days since the first confirmed COVID-19 case.

of measuring the disease spread and health system operation capacities in the local level” (BRASIL, 2020e, p. 2).

To sum up, while the Federal Government (represented by the president) choose not to follow World Health Organization orientations, state governments presented a surprisingly proactive response trying to coordinate policies, and municipal governments (as the weakest link) engaged themselves in search of financial and human resources to serve the population. It is also important to highlight that, beyond an exclusively debate about health services, social policies are intrinsically related to socio-economic development projects. It is possible to draw parallels to health debate with social vulnerability, labor issues, and many other subjects. Gaitán & Bosch (2016) assert that there is a need for coalitions to support public policies’ sustainability for a national agenda of development. The coalitions deficiencies and, consequently, the role and actions of public power’ deficiencies lead to a national scenario of negligence and inequality.

Final considerations

This paper aimed to analyze the relationship between federalism institutional design in Brazil and the Brazilian State response to the COVID-19 pandemic crisis. Underlined in the 1988 Federal Constitution, the idea of horizontal coordination was put under challenge by a different conception, based on a vertical and autocratic logic that opposes the Federal level against subnational levels, starting from Jair Bolsonaro’s presidency. This pressure between the 1988 Federal Constitution “spirit” and de dual concept of “Bolsonaro’s-federalism” (ABRUCIO *et al.*, 2020) was already impacting many areas of public policies but became much more evident in the health area with the COVID-19 pandemic crisis.

We need to keep in mind that it is a work under construction, analyzing an ongoing process. So, on an exploratory level of results, it is possible to highlight three significant aspects.

The first one is related to the process under construction in Brazil since the 1988 Federal Constitution and, three decades later, was put under challenge by an ideal that aimed to unbalanced the pillars of the Brazilian institutional framework. In the chain of events explored in this text, the first “link” is the decentralization process ongoing since the 1990 decade, which created possibilities to the subnational levels, especially municipalities, to deliver public policies. Among all sectorial social areas, it was more noticeable in the health area. The second “link” in the chain of events concerns the Federal Government’s coordination efforts to articulate stated and municipalities to deliver health policies. Over three decades, the Union supported intergovernmental coordination actions, as we may see with CONASS and CONASEMS governance bodies. It leads us to the third “link”. One of the main reasons for the resignation of Henrique Mandetta, former Minister of Health, was his attempt to coordinate the subnational levels keeping weekly meetings with CONASS and CONASEMS to articulate punctual actions to the fight against the COVID-19 pandemic. There is no place for this in Bolsonaro’s federalism model.

The second aspect of being considered is related to the first. The process tracing technic enables us to determine/glimpse some clues about how the Brazilian State handled/has ben handling to de COVID-19 pandemic crisis. Brazilian State actions could be a consequence of an ongoing chain of events to institutional changes. This hypothesis could be noticed in how public policies are affected, especially in the context of crisis. Due to this, the propagated idea by media and academy that “institutions are working” should be reassessed. Of course, institutions are “working”, since we can notice all new visions about federalism institutional design shaping the public health policies. For us the two most critical question about it is: which institutional designs are working? And how they work? So we can connect to the third aspect highlighted in this text.

Our analysis’s last aspect is related to the need for more systematic research to deepen the comprehension of federative dynamics and its impacts on public policy implementations at the local level. For us, the statement that “people live in municipalities, not in the Union” is never said enough. The *motto* “more Brazil, less Brasília” is based on that, and it grew in strength since the 2018 elections. But which federalism model will be adopted in Brazil in the next years? The cooperative idea that draws the 1988 Federal Constitution “spirit” will be resilient to endure all attacks? A dualistic, hierarchical, and no cooperative logic will be able to impose itself? These questions are on the academic, scientific, and political agenda. How these questions will be answered – both scientific as politically – will profoundly impact how the Brazilian State will manage the next crisis. For good or for bad. The dualistic logic under implementation by populists’ governments in large countries,

denoted by the COVID-19 pandemic crisis, has delivered results. These results can be seen for everyone, both in Bolsonaro's Brazil as in Trump's United States of America.

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