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Collective Health at the epicenter of the COVID-19 pandemic in the Unified Health System

Salud Colectiva en el epicentro de la pandemia Covid-19 en el Sistema Unificado de Salud

A Saúde Coletiva no epicentro da pandemia de COVID-19 no Sistema Único de Saúde

ABSTRACT

Objective: To reflect on the challenges pertaining to Collective Health in facing the COVID-19 pandemic into the Unified Health System (SUS). **Method:** Theoretical essay, supported by a narrative review conducted at MEDLINE, LILACS and SciELO in English, Spanish and Portuguese, in July 2020, plus the author's critical analysis. **Results:** In the COVID-19 pandemic context, the articulation of the pivotal pillars of Collective Health is urgent, such as, Epidemiology, Administration and Management, and Social Sciences for the effective response to COVID-19 in the SUS. It is noteworthy that, in the current health context, the perspectives for consolidating the SUS include strengthening the awareness of citizenship and social responsibility, increasing the mobilization of social movements and organizations in defense of the right to health, winning over the adhesion of the majority from health professionals to the conception of SUS and the greater commitment of the State and public sector leaders to the implementation of its principles and guidelines. **Conclusion:** It's expected that the COVID-19 pandemic is expected to serve as an example for the re-politicization of society in defense of SUS as a Universal Health System.

DESCRIPTORS: COVID-19; Collective Health; Unified Health System; Public Health Nursing.

RESUMEN

Objetivo: reflexionar sobre los desafíos relacionados con la Salud Colectiva para enfrentar la pandemia de COVID-19 en el Sistema Único de Salud (SUS). **Método:** Ensayo teórico, respaldado por una revisión narrativa realizada en MEDLINE, LILACS y SciELO en inglés, español y portugués, en julio de 2020, más el análisis crítico del autor. **Resultados:** En el contexto de la pandemia de COVID-19, la articulación de los pilares fundamentales de la Salud Colectiva es urgente, como Epidemiología, Administración y Gestión, y Ciencias Sociales para la respuesta efectiva a COVID-19 en el SUS. Es de destacar que, en el contexto actual de salud, las perspectivas para consolidar el SUS incluyen fortalecer la conciencia de ciudadanía y responsabilidad social, aumentar la movilización de movimientos y organizaciones sociales en defensa del derecho a la salud, ganarse la adhesión de la mayoría desde profesionales de la salud hasta la concepción del SUS y el mayor compromiso de los líderes estatales y del sector público con la implementación de sus principios y directrices. **Conclusión:** Se espera que la pandemia de COVID-19 sirva de ejemplo para la repolitización de la sociedad en defensa del SUS como sistema universal de salud.

DESCRIPTORES: COVID-19; Salud Colectiva; Sistema Único de Salud; Enfermería en Salud Pública.

RESUMO

Objetivo: refletir sobre os desafios atinentes à Saúde Coletiva no enfrentamento da pandemia de COVID-19 no âmbito do Sistema Único de Saúde (SUS). **Método:** Ensaio teórico, sustentado por uma revisão narrativa conduzida na MEDLINE, LILACS e SciELO nos idiomas inglês, espanhol e português, em julho de 2020, acrescida da análise crítica do autor. **Resultados:** No contexto da pandemia do novo coronavírus, é premente a articulação dos pilares fundantes da Saúde Coletiva, como a Epidemiologia, a Administração e Gestão e as Ciências Sociais para efetividade da resposta à COVID-19 no SUS. Ressalta-se que, no contexto sanitário atual, as perspectivas de consolidação do SUS, passa pelo fortalecimento da consciência de cidadania e responsabilidade social, pelo aumento da mobilização dos movimentos e organizações sociais em defesa do direito à saúde, pela conquista da adesão da maioria dos profissionais de saúde ao ideário de SUS e pelo maior comprometimento do Estado e dos dirigentes públicos com a efetivação dos seus princípios e diretrizes. **Conclusão:** Espera-se que a pandemia da COVID-19 sirva de exemplo para a repolitização da sociedade em defesa do SUS enquanto Sistema Universal de Saúde.

DESCRIPTORES: COVID-19; Saúde Coletiva; Sistema Único de Saúde; Enfermagem em Saúde Pública.

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INTRODUCTION

Emerging and reemerging infectious diseases are constant challenges for global public health. Recent cases of pneumonia in Wuhan, China have led to the discovery of a new type of Coronavirus (2019-nCoV) - an enveloped RNA virus, commonly found in humans, other mammals and birds, capable of causing respiratory, enteric, hepatic and neurological diseases. ⁽¹⁾ There are at least six known coronavirus species that cause disease in humans. Four of these (229E, OC43, NL63 and HKU1) cause common flu symptoms in immunocompetent people, and two species, the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) and the Middle East Respiratory Syndrome coronavirus (MERS-CoV) cause severe respiratory disease with high mortality rates. ⁽²⁾ As for the epidemiological and clinical characteristics of confirmed 2019-nCoV cases in China, a retrospective cohort of 41 patients (mean age 49 years, predominantly male) demonstrated that 66% of patients had direct contact with a large market of seafood and animals. The most prevalent signs and symptoms of 2019-nCoV and of clinical and epidemiological relevance were: fever (98%) and dry cough (76%). ⁽³⁾

Although COVID-19 has a low lethality of around 3%, transmissibility is high ⁽¹⁾, respiratory secretions being the main means of spreading the new coronavirus 2. A study based on observations of infections by the new coronavirus in China, using a network metapopulation dynamic models and Bayesian inference to infer epidemiological characteristics associated with COVID-19, estimated that 86% of all infections were not documented (95% CI % = 82% -90%) before tra-

vel restrictions. The findings of this research showed that the rate of transmission of undocumented infections per person was 55% of documented infections (46% to 62%). However, due to their greater number, undocumented infections were the source of infection for 79% of documented cases. ⁽⁴⁾ The new coronavirus is already circulating in 213 countries and territories worldwide, with 17.319.650 infected and 672.760 deaths recorded on July 30th, 2020. ⁽⁵⁾

In Brazil, the first case of COVID-19 was confirmed on February 26, 2020, a male individual, resident in the city of São Paulo, who had returned from a trip to Italy. In early January, with the outbreak of the new coronavirus, the Ministry of Health's Health Surveillance Secretariat (HSS/MH) triggered the National Focal Points of the International Health Regulations of the World Health Organization (WHO). On January 30th, 2020, Decree 10.211 was published, which reactivates the Interministerial Executive Group on Public Health Emergency of National and International Importance ⁽⁶⁾, coordinated by the Ministry of Health, and composed of representatives of the Civil House; and several Ministries (Justice and Public Security; Defense; etc.) and the National Health Surveillance Agency (Anvisa), whose main task lies in articulating measures to prepare and deal with public health emergencies at the national and international levels. ⁽⁷⁾

After WHO declared COVID-19 a pandemic on March 11th, 2020 ⁽⁸⁾, the spread of the new coronavirus has been the focus of attention for scientists, government officials, health agencies, and populations. ⁽⁹⁾ In Brazil, 2.566.765 infected people have been officially registered in all Brazi-

lian states, with at least 90.383 deaths confirmed by the Ministry of Health (MH) on July 30th, 2020. ⁽⁵⁾

The world scientific community has been mobilizing in record time to disseminate knowledge about COVID-19. ⁽¹⁰⁻¹³⁾ On February 13th, 2020, the vocabulary COVID-19 had already been added to the MeSH terms as a subject descriptor indexed in MEDLINE defined as "A viral disorder characterized by high fever; cough; dyspnea; renal dysfunction and other symptoms of a viral pneumonia. The SARS-CoV-2 coronavirus in the betacoronavirus genus is the suspected agent". Since the first scientific publications on COVID-19 ^(1,9) until now (7/30/2020) the MeSH Term "COVID-19" has been cited in 36,228 publications on the PubMed portal, including descriptive analyzes of the first cases, analysis of genomic sequences, epidemiological analyzes, mathematical and statistical models to monitor the new coronavirus and define action strategies, in addition to clinical outcomes, and the unbridled search for the treatment of the new coronavirus. In this context, this article aims to reflect on the challenges related to Public Health in coping with the COVID-19 pandemic within the scope of the Unified Health System (SUS).

METHODOLOGY

It is a theoretical essay, whose foundation is based on the discursive formulation on the theme, supported by national and international scientific literature and critical analysis by the author. For this, a narrative review was carried out ⁽¹⁴⁾, whose search for articles took place in July 2020 at the Medical Literature Analysis and Retrieval System

Online (MEDLINE) via PubMed, the Latin American and Caribbean Literature in Health Sciences (LILACS) and the Scientific Electronic Library Online (SciELO). The descriptors used in the search strategy were: “COVID-19”, SARS-CoV2, Collective Health, Public Health, Unified Health System and Brazil. Primary studies published in English, Spanish or Portuguese, of any design, as well as the gray literature (book chapters, reviews, editorials and guidelines of national and international health agencies) were included, which were subsequently submitted to the Reading Method Scientific, following the following steps: syncretic view of the text; analytical view; synthetic vision or interpretive reading.⁽¹⁵⁾

It is noteworthy that the narrative review consists of a broad analysis of the literature, without establishing a rigorous and replicable methodology in terms of data reproduction and quantitative answers to specific questions.⁽¹⁴⁾ This approach enabled the construction of the present theoretical essay, which consists of a logical-reflective presentation from the scientific literature, with an emphasis on the reader's argument and interpretation.⁽¹⁵⁾ Based on the theoretical construction on reflective thinking,⁽¹⁶⁾ some challenges related to Collective Health in addressing the pandemic of COVID-19 within the scope of SUS were addressed.

RESULTS AND DISCUSSION

Challenges related to Public Health in coping with the COVID-19 pandemic within the scope of the Unified Health System

Collective Health is defined as an interdisciplinary field of knowledge production aimed at understanding health, explaining its social determinants, as well as the scope of practices aimed primarily at its promotion, in addition to preventing and caring for diseases, taking as an object not only individu-

als, but, above all, social groups, therefore, the collectivity.⁽¹⁷⁾

In Brazil, Collective Health has consolidated itself as a multiprofessional (which brings together several professions) and interdisciplinary (which requires the integration of knowledge from different disciplines) space. Its evolution has been in the direction of a field⁽¹⁸⁾, which corresponds to a relatively autonomous social microcosm, with a specific object - health within the scope of groups and social classes and with also unique practices, aimed at analyzing health situations that incorporate the knowledge produced about the social determinants of the health-disease-care process, the formulation of policies and the management of processes aimed at controlling these problems at the individual and collective level.⁽¹⁹⁻²⁰⁾ The explicit reference to the Bourdieusian concept of the scientific field of Collective Health brings to light the existence of three disciplinary pillars for its support: i) Epidemiology; ii) Planning and Management; and iii) Social Sciences.⁽¹⁹⁻²⁰⁾

In the context of the COVID-19 pandemic, there is an urgent need to articulate the fundamental pillars of Public Health for the effectiveness of the response to the pandemic in SUS. For example, with regard to Epidemiology, data processing, sharing and analysis of epidemiological data in Brazil still face challenges, despite advances in transparency policies and the investment in recent years in real-time monitoring systems for alert situations. The heterogeneous infrastructure that the Health Surveillance system has is a major challenge, since the quality of the information depends primarily on the reduction of the “friction” when entering the data in the system. In addition, another obstacle concerns the lack of integration between different existing information systems, making it impossible to integrate information from different sources.⁽¹⁰⁾

Furthermore, the frequent emergence of new grievances requires a restructuring in the way diseases are reported in the country.⁽²¹⁾ Considering the current era of high global mobility, it is imperative that the MH develop an integrated data infrastructure to match the speed of disease spread. We must consider a flexible system, above all, transparent enough to allow the entry of new problems, but without losing the existing structure. Fast and, above all, transparent channels, for notification and visualization of the pandemic by COVID-19, are essential for successful strategic actions.⁽¹⁰⁾

With regard to Planning / Administration and Management, SUS is faced with a still structural problem of Public Administration in Brazil and is underestimated in the analyzes, which compromises its rationality and performance. Despite recognizing the character of innovation that the SUS represented in shaping the reform of the Brazilian State, there is still a predominance in the day-to-day management of services and the system, in the different spheres and dimensions, a lag before the demands of rationality, continuity and functional integration for achieving results. Mismatch resulting from the logic of public management still marked by discontinuity, fragmentation and disarticulation, guided by short-term objectives, due to the electoral cycles, bureaucratized, and in general operating with low efficiency and little effectiveness, due to the patrimonialist tradition and the permeability of the State to the party interests or private groups, prevalent in the country.⁽²²⁾ In this context, the planning and programming of coordination of networks, systems and integrated actions do not fulfill their role of guiding the search for health outcomes for the community.

In the scope of Social Sciences, SUS must be rescued, which must be understood, first, as a State policy built by the social forces that fought for demo-

cracy and organized in the movement for the Brazilian Sanitary Reform, triggering several processes of changes in the legal, political scope, institutional, organizational and operational health system⁽²³⁻²⁴⁾, as recognized by international authorities as the largest and most efficient universal health system.⁽²³⁻²⁴⁾ A recent study evaluating the 30 years of the existence of SUS, highlighted the significant contributions in access to health services, which resulted in reductions in social inequalities and improved equity.⁽²⁴⁾

However, SUS presents itself in a permanent arena of conflicts, negotiations, pacts, with which it tries, in most cases, to manage crisis and introduce reforms in partial aspects of its organizational and political management structure.⁽²³⁾ In addition, the neoliberal agenda installed in the country, especially with the fiscal austerity measures implemented in 2016 - Constitutional Amendment 95 (EC-95), associated with the new environmental, educational and health policies of the current Brazilian government, has threatened sustainability and system's ability to provide universal access.⁽²⁴⁾ In this sense, the National Health Council (Conselho Nacional de Saúde - CNS) has been intensifying its campaign for the revocation of said EC-95. At the end of 2019, the loss to SUS was already R \$ 20 billion with the EC-95, before the pandemic of COVID-19.⁽²⁵⁾ Over two decades, the damage is estimated at R \$ 400 billion - less to pay for SUS⁽²⁵⁾, which has caused gradual scrapping at various points in the Health Care Network (Rede de atenção à saúde - RAS).

Another challenge to be overcome by SUS in the face of the pandemic refers to the number of beds for the intensive treatment of critical cases of COVID-19. Estimates showed that in 72% of the country's health regions, the number of ICU beds per 100 thousand inhabitants is less than the minimum required, even for a typical year, without considering the needs

posed by COVID-19.⁽²⁶⁾ In the country, there is a ratio of 15,6 beds in the Intensive Care Unit (ICU) per 10.000 inhabitants, with the SUS average of 7,1 per 100.000 inhabitants. In a scenario of 20% of the infected population, and 5% of those infected needing ICU care for 5 days, 294 of the 436 health regions in the country would exceed the occupancy rate of 100%.⁽²⁶⁾

It had already been foreseen in a press conference on COVID-19, on March 20, 2020, at the time, the then Minister of Health Luiz Henrique Mandetta and his technical team already projected that the SUS would collapse in late April of this year, as in several other countries; and ratified the need to follow the recommendations for mitigating the spread of the virus, especially with regard to social isolation. However, contrary to the guidelines of the Ministry of Health, on March 24th, 2020, there was a statement on national radio and TV where President Jair Bolsonaro called for the reopening of commerce and schools and an end to "mass confinement", which contradicts all the recommendations of experts and national and international public health agencies on the measures adopted to combat SARS-CoV2.⁽²⁷⁾ The president's stance has been criticized by the scientific community around the world, health agencies, and by the national and international media.⁽²⁷⁾

WHO Director-General Tedros Adhanom Ghebresus on March 30th, 2020 in a speech, again called for public policies for informal workers - those most affected in the midst of the economic crisis unleashed in the context of the pandemic by COVID-19. He added that government actions need to consider the most vulnerable people.⁽²⁸⁾ In a new pronouncement on March 31st, 2020 on national radio and TV, President Jair Bolsonaro took advantage of the theme to support the speech of normalization of economic activities. According to Bolsonaro, Tedros said

"practically" that the informal "have to work" during the crisis caused by COVID-19. However, the president did not contextualize Ghebresus' speech and omitted the message given to government officials that it is up to them to assist with the promotion of public policies, social policies. After much pressure, President Jair Bolsonaro signed, with vetoes, Law No. 13,982 on April 2nd, 2020, which established an aid of R \$ 600 per month, for three months, to informal workers. The aid is intended to reduce the impact of the coronavirus pandemic on the income of these people - who do not have a formal contract and, therefore, were more affected by social isolation measures. According to the text approved by Congress, the worker must be over 18 years old, meet family income criteria and cannot receive social security benefits, unemployment insurance or participate in federal government income transfer programs, with the exception of Bolsa Família.⁽²⁹⁾

CONCLUSION

The COVID-19 pandemic is expected to serve as an example for the re-politicization of society in defense of SUS as a Universal Health System and not Universal Health Coverage. Collective Health presents itself as an open field for new paradigms in a fight against -hegemonic in favor of emancipation, particularly in the current health context in Brazil. It is noteworthy that, in this context of a pandemic, the prospects for consolidating the SUS include strengthening citizenship awareness and social responsibility by increasing the mobilization of social movements and organizations in defense of the right to health, by winning the adhesion of the majority of health professionals to the idea of SUS and the greater commitment of the State and public sector leaders to the implementation of its principles and guidelines. ■

REFERENCES

1. Zhu N, Zhang D, Wang W, Xingwang Li, Yang B, Song J, et al. A novel Coronavirus from patients with pneumonia in China, 2019. *N Eng J Med* 2020;382(8):727-733.
2. Cui J, Li F, Shi ZL. Origin and evolution of pathogenic coronaviruses. *Nat Rev Microbiol* 2019;17:181-92.
3. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;pii:S0140-6736(20)30183-5.
4. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, Shaman J. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science* 2020;pii:eabb3221.
5. Roser M, Ritchie H, Ortiz-Ospina E. Coronavirus Disease (COVID-19) – Statistics and Research. Our World in Data. <https://ourworldindata.org/coronavirus>
6. Brasil. Presidência da República. Casa Civil. Decreto no 10.211, de 30 de janeiro de 2020. Dispõe sobre o Grupo Executivo Interministerial de Emergência em Saúde Pública de Importância Nacional e Internacional - GEI-ESPII [Internet]. Diário Oficial da União, Brasília (DF), 2020 jan 30 [citado 2020 mar 4];Seção 1-Extra;1.
7. Croda JHR, Garcia LP. Resposta imediata da Vigilância em Saúde à epidemia da COVID-19. *Epidemiol Serv Saúde* 2020;29(1):e2020002.
8. Mahase E. Covid-19: WHO declares pandemic because of "alarming levels" of spread, severity, and inaction. *BMJ* 2020;368:m1036.
9. Wang C, Horby, PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. *Lancet* 2020;395:470-473.
10. Lana RM, Coelho FC, Gomes MFDC, Cruz OG, Bastos LS, Vilela DAM, Codeço CT. The novel coronavirus (SARS-CoV-2) emergency and the role of timely and effective national health surveillance. *Cad Saude Publica* 2020;36(3):e00019620.
11. Silva Junior FJGD, Sales JCES, Monteiro CFS, et al. Impact of COVID-19 pandemic on mental health of young people and adults: a systematic review protocol of observational studies. *BMJ Open*. 2020;10(7):e039426.
12. Bolina AF, Bomfim E, Lopes-Júnior LC. Frontline Nursing care: the COVID-19 pandemic and the Brazilian Health System. *SAGE Open Nursing*. 2020. In press.
13. Lopes-Júnior LC, Bomfim E, Silveira DSC, Pessanha RM, Schuab SIPC, Lima RAG. Effectiveness of mass testing for control of COVID-19: a systematic review protocol. *BMJ Open*. 10:2020. In press.
14. Vosgerau DSAR, Romanowski JP. Estudos de revisão: implicações conceituais e metodológicas. *Rev Diálogo Educ*. 2014;14(41):165-189.
15. Cerro A, Bervian PA. Metodologia científica. 5ed. São Paulo: Prentice Hall, 2002.
16. Souza RA. The foundations of pedagogy by John Dewey: a reflection on pragmatist epistemology. *Rev Contraponto Eletrônica*. 2012;12(2):227-233.
17. Donnangelo, MCF. A pesquisa em Saúde Coletiva no Brasil – a década de 70. In: ABRASCO (ed.) *Ensino da Saúde Pública, Medicina Preventiva e Social no Brasil*. Rio de Janeiro: Núcleo de Tecnologia Educacional para a Saúde, UFRJ. Centro Latino-Americano de Tecnologia Educacional para a Saúde (OPAS). Escola Nacional de Saúde Pública: Fiocruz, 1983; 19-35.
18. Bourdieu P. O campo científico. In: ORTIZ, R. (Org.). *Pierre Bourdieu: Sociologia*. São Paulo: Ática, 1983.
19. Paim JS. *Desafios para a Saúde Coletiva no século XXI*. Salvador: EDUFBA, 2006.
20. Schraiber LB. Prefácio Saúde Coletiva: um campo vivo. Salvador, Rio de Janeiro: EDUFBA-Editora FioCruz, 2008:9-20.
21. Coelho FC, Codeço CT. Precision epidemiology of arboviral diseases. *J Public Health Emerg* 2019;3:1.
22. Campos GWS. Reforma política e sanitária: a sustentabilidade do sus em questão? *Cienc Saude Col* 2007;12(2):301-306.
23. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian health system: history, advances, and challenges. *Lancet* 2011;377(9779):1778-97.
24. Castro MC, Massuda A, Almeida G, Menezes-Filho NA, Andrade MV, et al. Brazil's unified health system: the first 30 years and prospects for the future. *Lancet* 2019;394(10195):345-356.
25. Conselho Nacional de Saúde. Ministério da Saúde. Mais SUS menos Coronavirus: CNS intensifica campanha pela revogação da EC 95/2016. <http://conselho.saude.gov.br/ultimas-noticias-cns/1068-maissusmenoscoronavirus-cns-intensifica-campanha-pela-revogacao-da-ec-95-2016>
26. Rache B, Rocha R, Nunes L, Spinola P, Malik AM, Massuda A. Necessidades de Infraestrutura do SUS em Preparo à COVID-19: Leitões de UTI, Respiradores e Ocupação Hospitalar. Nota Técnica nº 3. IEPS: São Paulo. <https://ieps.org.br/pesquisas/necessidades-de-infraestrutura-do-sus-em-preparo-ao-covid-19-leitoes-de-uti-respiradores-e-ocupacao-hospitalar/>
27. The Lancet. COVID-19: learning from experience. *Lancet* 2020;395:1011.
28. World Health Organization. WHO Director-Generals remarks for G20 trade ministers. March 2020. Available in: <https://www.who.int/dg/speeches/detail/who-director-generals-remarks-for-g20-trade-ministers>
29. Brasil. Lei nº 13.982, de 2 de abril de 2020. Altera a Lei nº 8.742, de 7 de dezembro de 1993, para dispor sobre parâmetros adicionais de caracterização da situação de vulnerabilidade social para fins de elegibilidade ao benefício de prestação continuada (BPC), e estabelece medidas excepcionais de proteção social a serem adotadas durante o período de enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus (Covid-19) responsável pelo surto de 2019, a que se refere a Lei nº 13.979, de 6 de fevereiro de 2020. Diário Oficial da União. Brasília: DF, 2020.