

## **Congresso Alacip 2024**

### **Subnational government, populism and the health public policies: The role of Brazilian states in the COVID-19 pandemic**

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#### **Abstract**

As the COVID-19 pandemic spread around the world, the government response varied despite clear recommendations from international experts and agencies. Some explanations point to state capacity, governance structures and the national political environment. Others have emphasized economic and social variables, imposing greater challenges in dealing with the economic effects of the pandemic or how democracies and autocracies differed in their responses. However, one factor caught the attention of experts: how populist leaders reacted to the pandemic. Meyer (2020) highlights that a group of populist leaders enthusiastically adopted denialist positions, downplaying the seriousness of the disease and undermining efforts to confront it through rhetoric, obstruction, and the spread of distracting controversies. By looking at variation at the subnational level within a country governed by a prototypical denialist populist, this paper aims to present an overview of government actions on health policies by subnational governments during the advance of the COVID-19 pandemic in Brazil. Are there differences in coronavirus health policies at the subnational level? Did these actions intensify as the pandemic progressed? Under blatant populism, does alignment with the president play any role in how those policies were carried out? In order to exploit differences at the subnational level, we analyze the regulatory framework of health policies developed by the 27 Brazilian states from February to December 2020, before vaccination against COVID-19. We try to demonstrate that the political alignment between governors and the president affects the government strategies of the states in the fight against the coronavirus from a health perspective.

**Keywords:** COVID-19; subnational governments; federalism; populist; health policies; Brazil.

## **Gobiernos subnacional, populismo y las políticas públicas de salud: el papel de los estados brasileños en la pandemia de COVID-19**

### **Resumen**

A medida que la pandemia de COVID-19 se extendió por todo el mundo, la respuesta gubernamental varió a pesar de las recomendaciones claras de expertos y agencias internacionales. Algunas explicaciones apuntan a la capacidad del Estado, las estructuras de gobernanza y el entorno político nacional. Otros han enfatizado las variables económicas y sociales, imponiendo mayores desafíos para enfrentar los efectos económicos de la pandemia o cómo las democracias y las autocracias diferían en sus respuestas. No obstante, un factor captó la atención de expertos: cómo reaccionaron los líderes populistas ante la pandemia. Meyer (2020) destaca que un grupo de líderes populistas adoptó con entusiasmo posiciones negacionistas, restando importancia a la gravedad de la enfermedad y socavando los esfuerzos para enfrentarla mediante la retórica, la obstrucción y la difusión de controversias que distraen. Al observar la variación en el nivel subnacional dentro de un país gobernado por un populista negacionista prototípico, este artículo tiene como objetivo presentar una visión general de las acciones gubernamentales en las políticas de salud por parte de los gobiernos subnacionales durante el avance de la pandemia de COVID-19 en Brasil. Entonces, ¿hay diferencias en las políticas de salud frente al coronavirus a nivel subnacional? ¿Estas acciones se intensificaron a medida que avanzaba la pandemia? Bajo el populismo flagrante, ¿el alineamiento con el presidente juega algún papel en la forma en que se llevaron a cabo esas políticas? Con el fin de explorar las diferencias a nivel subnacional, analizamos el marco normativo de las políticas de salud desarrolladas por las 27 entidades federativas brasileñas de febrero a diciembre de 2020, antes de la vacunación contra la COVID-19. Intentamos demostrar que el alineamiento político entre los gobernadores y el presidente afecta las estrategias de gobierno de los estados en la lucha contra el coronavirus desde la perspectiva de la salud.

**Palabras clave:** COVID-19; gobiernos subnacionales; federalismo; populismo; políticas de salud; Brasil.

## Introduction

This paper aims to present an overview of health policy regulation at the subnational level during the COVID-19 pandemic in Brazil and its relation with the political alignment between the President and State Governors. For this, we observe the health policy regulation by subnational governments during the advance of the pandemic by looking at the subnational level variation within a country governed by an archetypical negationist populist. So, are there differences in health policies dealing with the coronavirus at the subnational level? Did these actions intensify as the pandemic progressed? Under blatant populism, does alignment with the President play any role in how policies were enacted?

As the COVID-19 pandemic spread worldwide, governmental response varied despite clear recommendations from experts and international agencies. Some explanations point to state capacity, governance structures, and the national political environment (ALLIN et al., 2020; MAZZUCATO; KATTEL, 2020). Others have emphasized economic and social variables, imposing greater challenges to deal with the economic effects of the pandemic (ATKESON, 2020; BAKER et al., 2020) or how democracies and autocracies differed in their responses (STASAVAGE, 2020). Nonetheless, a factor captured the attention of pundits and experts alike: how populist leaders reacted to the pandemic (BORGES; RENNÓ, 2021; MEDEIROS et al., 2021). Meyer (2020) stresses that a group of populist leaders enthusiastically adopted negationist positions, downplaying the severity of the disease and undermining efforts to confront it through rhetoric, obstruction, and the dissemination of distracting controversies.

The international scientific community — who base their understanding on reliable data — affirms that Brazil has shown one of the worst responses to the pandemic. President Bolsonaro refused to follow every WHO recommendation on the standard pandemic response, such as extensive testing, contact tracing, social distancing, avoiding crowded spaces, and partial lockdown measures (FERIGATO et al., 2020). The Brazilian president refused the standard WHO measures and actively advocated against them, publicly blaming every political actor who defended social isolation, even his (former) allies. Considering that leaders' speeches significantly impacted people's attitudes during the pandemic (AJZENMAN; CAVALCANTI; DA MATA, 2020), Bolsonaro's rhetoric against NPIs and adherence to social distancing was disruptive.

State governments became the last, not to say the only, front line of the COVID-19 pandemic fight in Brazil. In this sense, it is essential to understand how this endeavor was oriented. In order to show the correlation between governors' political alignment and how they deal with the pandemic, we produced an original dataset of Subnational Regulation, with more than 4 thousand norms related to COVID-19. According to our findings, health regulations patterns vary across the state, regions, and political affinity. We demonstrate that right-wing governors seem to produce more rules and that political alignment between governors and the President affects government strategies in fighting the coronavirus.

## **2. Brazilian Federalism and States' Health Policy**

Since February 2020, when the first COVID-19 case in Brazil was detected, the President and some State governors have engaged in fierce arm wrestling. While Jair Bolsonaro has been continuously minimizing and negating the pandemic - even trying to neutralize the technical performance of the Ministries of Health -some governors and mayors are channeling resources to serve the affected population (FERIGATO et al., 2020). In such a critical and unprecedented scenario, subnational governments took an unexpected leading role in national politics. However, little is known about variation in subnational response to the pandemic and how federalism affects governments' policy choices in the face of a catastrophic external shock.

Each federative level in a Federation has a series of powers or powers delegated by a common constitution. Under federal rules, political organizations combine the self-government of federated units with one central government. For this reason, the normative principle of federalism is based simultaneously on the national unity of the State and the internal political autonomy of the entities of the federation (WATTS, 1999).

Brazil is a federation composed of the Union, 26 states, the Federal District, and 5570 municipalities. Each of these entities has a series of powers or powers delegated by a common constitution. With the end of the military dictatorship and the 1988 Constitution emerged different processes of reformulation of the Brazilian State. Brazilian federalism has given subnational governments a greater degree of autonomy. The institutional design proposed by the new

Constitution represented an important step toward decentralizing public policies in the country (ARRETCHE, 2010). So, with the new constitution, different processes of State reformulation emerged. Despite this, these entities did not have access to sufficient resources to put their autonomy into practice. The adoption of health policies formulated at the national level had their implementation guaranteed by the possibility of creating mechanisms of incentives and sanctions by the federal government to stimulate the adhesion of subnational spheres. This situation generated a dependence of subnational entities on policies formulated by the central government (ARRETCHE, 2012).

The context in which health policies are developed in Brazil is marked by the unification of national command in the Ministry of Health and political-administrative decentralization. This scenario indicates the importance of federal bodies as facilitators in implementing health policies (ARRETCHE, 2012; FLEURY; OUVENEY, 2006). On the one hand, this situation has resulted in subnational governments depending on policies formulated by the central government. On the other hand, it has guaranteed the federal government to maintain its capacity to coordinate a series of policies (ARRETCHE, 2012). Thus, Brazil has designed a variety of federalism in which the Federal government has the power to induce, model, and regulate policies implemented by state and municipal governments (FERNANDEZ; PINTO, 2020). Some instances of this model are federal regulatory capacity, incentives linked to specific programs, and the decisive role of the national government in defining the terms of cooperation between spheres of government (VIANA; MACHADO, 2009).

The Federal government can play a role in the interregional redistribution of resources, taking action to reduce inequalities in spending capacity through federal transfers. In this way, there is a possibility of creating incentive and sanctions mechanisms to stimulate the adherence of subnational spheres to the Ministry of Health policies (ARRETCHE, 2010; 2010). This dynamic can guarantee the Federative coordination of health policies.

Federative coordination is how the federal executive branch acts as a policy inducer, allowing the integration and sharing of decisions in the federation (ABRUCIO, 2005). Ideally, it aims to create coherence in government actions to reduce redundancies, gaps, and contradictions within and between initiatives and organizations (PRESSMAN JL; WILDAVSKY, 1973). This coordination

of the Ministry of Health is important to the progress of the Brazilian Public Health System (*Sistema Único de Saúde* - SUS), and it is even more prominent in situations such as vaccination campaigns, coping with epidemics, outbreaks of arboviruses or even regional issues that required increased care.

### **3. Federative Populism Under COVID-19 in Brazil**

Bolsonaro built his candidacy over an anti-party platform based mainly on mobilizing conservative identity issues. One of the core concepts surrounding his political program is the denial of formal institutions and the maintenance of the direct connection with voters under the homogenization and mythification of the categories “elites and people,” identified as antagonistic (MUDDE; KALTASSER, 2012). Jair exploited a growing divide in Brazilian politics and established a new axis of polarization in the Country - between his supporters and critics (Medeiros, Pereira, Bertholini). The manufacturing of controversy and the promotion of crisis on a daily basis - what is known as typical populist “crisis performance” - are the core of his political endeavor (MOFFITT, 2015; PAPPAS, 2019; BORGES; RENNÓ, 2021).

When populist leaders win elections, they usually come to power with a speech about breaking away from the game of traditional politics. They transfer responsibility for problems to the establishment as if the political power conferred on the executive was insufficient or not strong enough to make the necessary changes (HAMELEERS; BOS; DE VREESE, 2017). That is why populists face difficulties in governing: they have to deal with the same institutions they promised to fight during elections.

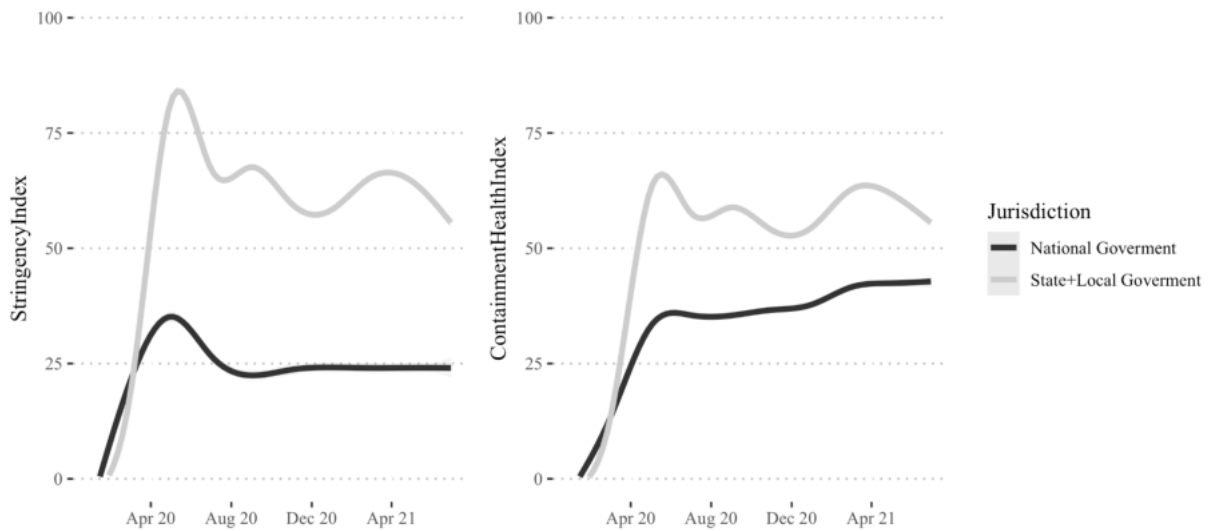
Even after winning the elections, the Bolsonaro government has been in a permanent polarization campaign. The radical mobilization of his most loyal voters continued to be the standard governance model, as he needed to feed his political supporters with a narrative to keep them united. Conspiratorial rhetoric has been a fundamental part of this crusade against diffuse enemies (KOVIC; CASPA, 2019). This approach became a kind of strategy for strengthening identity connections and thus protecting its core constituency against rival information. Identity fills two competing forces - inclusion (being part of the group) and exclusion (distinguishing oneself from others). Sharing identities and reciprocal loyalties among individuals who belong to the in-group and the distancing of individuals from the out-group (HAMELEERS; BOS; DE VREESE, 2017).

The matter with populists in power is that once they are the reigning political elite, it becomes increasingly difficult to shift responsibilities for bad policy results. In summary, they can no longer blame elites in power for poor performance. However, conflicting views on how to deal with the pandemic opened space for Bolsonaro to blame subnational (local) Elites. He anticipated the expected disastrous economic results and blamed the governors in advance for the predicted economic crisis. This approach fueled a form of 'federative populism' with State-level political elites becoming part of the out-group for Bolsonaro supporters (BERTHOLINI, 2022).

The Brazilian President saw the pandemic as an opportunity to create differentiation between him and State Governors - now defined as his political competitors - by stimulating federative conflict and polarizing public opinion. This rationale is somewhat counterintuitive because instead of choosing the virus itself as the "enemy of the people," which might have allowed him to benefit from a “rally around the flag” effect, Bolsonaro chose to embrace conspiracy theories (CASARÕES; MAGALHÃES, 2021).

Federative populism poisoned cooperative pathways. Remarkably, this unprecedented move in terms of generating federative conflict while denying the coordinating role of the Federal Government through the Ministry of Health resulted in a response from governors (ABRUCIO et al., 2020). The National Forum of State Governors reunited and led to an unprecedented alliance of Governors from parties from all the ideological spectrum and from different regions of the country. They tried to use the Forum in helping to coordinate responses at the state level to the pandemic. There were two joint letters from governors, one from February 17th and one from April 19th. In common, both expressed fierce criticism towards the lack of commitment from Bolsonaro in dealing with the pandemic. Data from Hal et al. (2020) show that local governments became Brazil's last frontline of the COVID-19 pandemic fight. The “Oxford Covid-19 Government Response Tracker” dataset compiles several indicators regarding Stringency and Containment. According to Figure 1, the comparison between the national government and local government measures sheds light on how much those entities contributed. Given the strategy from the Federal government, state governors tried to coordinate responses to the pandemic at the state level themselves (BERTHOLINI, 2022).

**Figure 1.**



Source: Bertholini (2022).

#### **4. Research Design**

The purpose of this study is to show how political alignment between the President and State governors COVID-19 pandemic in Brazil shaped responses to the pandemic. In this sense, we will answer the following questions: are there differences in health policies that aim to deal with the coronavirus at a subnational level? Did these actions intensify with the advance of the pandemic? Does alignment with the populist president, party affiliation, or ideology affect how these policies were conducted? In order to carry out the research, we observed the variation of health policies by subnational governments during the advance of the pandemic when looking at the variation of the subnational level within a country governed by an archetypal populist denialist.

We collected data on Brazilian states using distinct sources and strategies. First, we map the performance of the states in matters of health by observing the state regulations created from February to December 2020. The regulations used were produced by the state executive power and made available for consultation on the state's official web pages and in the Official Gazettes. We coded regulations by health themes based on international discussions on measures necessary to face health emergencies (WHO, 2020). A spreadsheet was created informing the presence (1) or



absence (0) of each of the themes in all the presented regulations that deal with health policies to face the pandemic. It is essential to observe how the regulations are distributed within each theme to understand the priorities of governors' decisions.

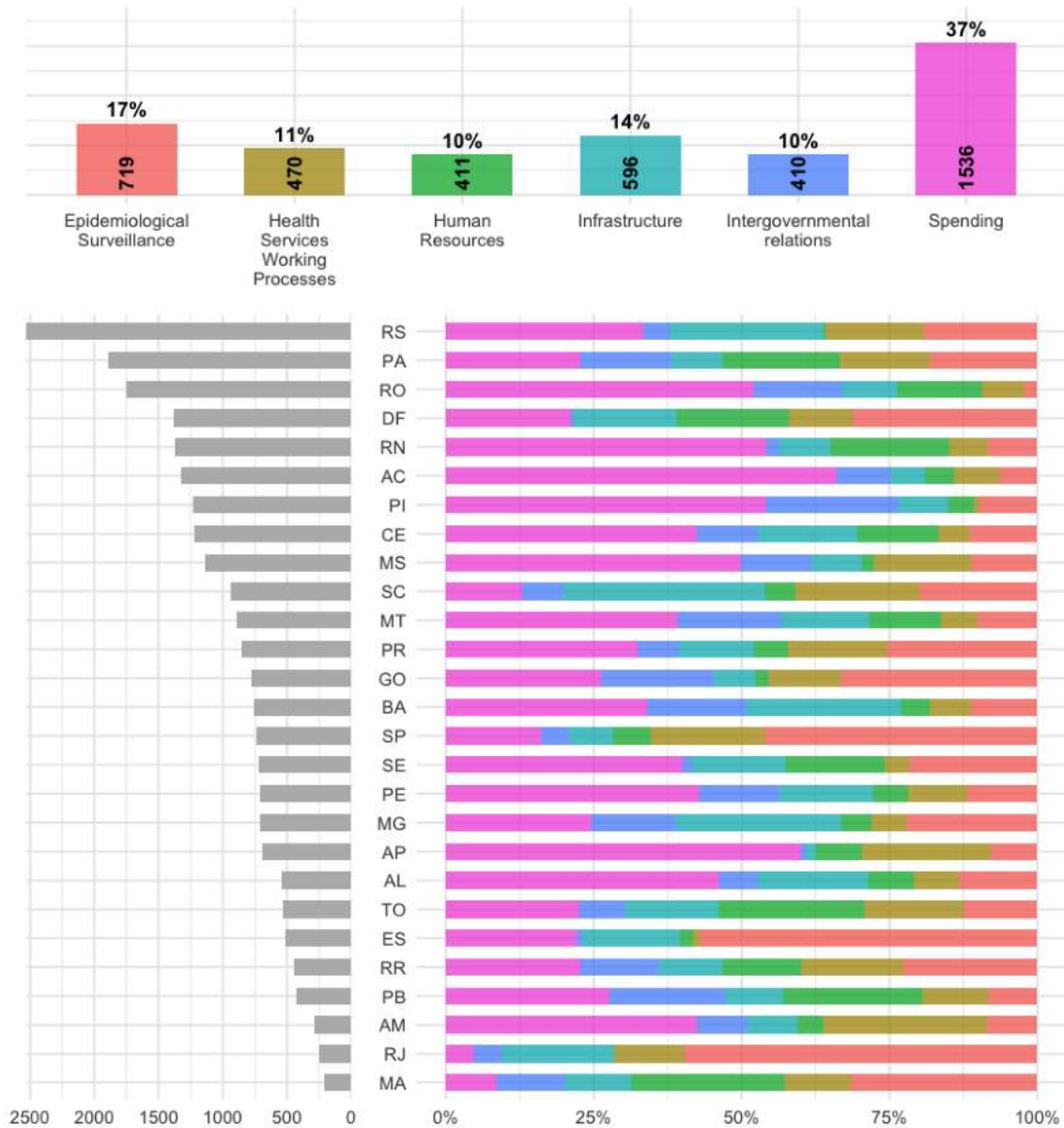
**Table 1. Health regulation by themes**

<b>Theme</b>	<b>Description</b>
<b>Health Services Working Processes</b>	Treatment guidelines and reorientation of service provision.
<b>Human Resources</b>	Increase the number of health professionals, protective measures for health professionals and training of health professionals
<b>Epidemiological surveillance actions</b>	Case identification, tests and isolation of positive cases
<b>Infrastructure</b>	Increased capacity for urgency and emergency, hospitalization capacity and in the capacity of primary care
<b>Intergovernmental relations</b>	Establishes issues involving other governmental entities.
<b>Spending</b>	Acquisition of inputs, resource reallocation, resource increase, hiring staff, and infrastructure investment

In Figure 1, we present the health theme scenario by state. It is noted that there is a great disparity between the states regarding the production of health regulations during the pandemic in 2020. The governments of Rio Grande do Sul (RS), Pará (PA) and Rondônia (RO) are highlighted by the greater production of regulations (Figure 1). Most of the regulations drawn up are related to public spending. This pattern is followed in almost all states.

The production of health regulations and the spread of the epidemic by region also differs, we find that the highest intensity of regulatory production in health matters during the COVID-19 pandemic in Brazil is in the North and Ceará, the same locations that have the largest number of confirmed cases per 100 thousand inhabitants. This leads us to question the quality of the actions created by the states to combat the pandemic in terms of health. To observe how governments behave throughout the pandemic, we will try to understand how that behavior changes as the pandemic progresses.

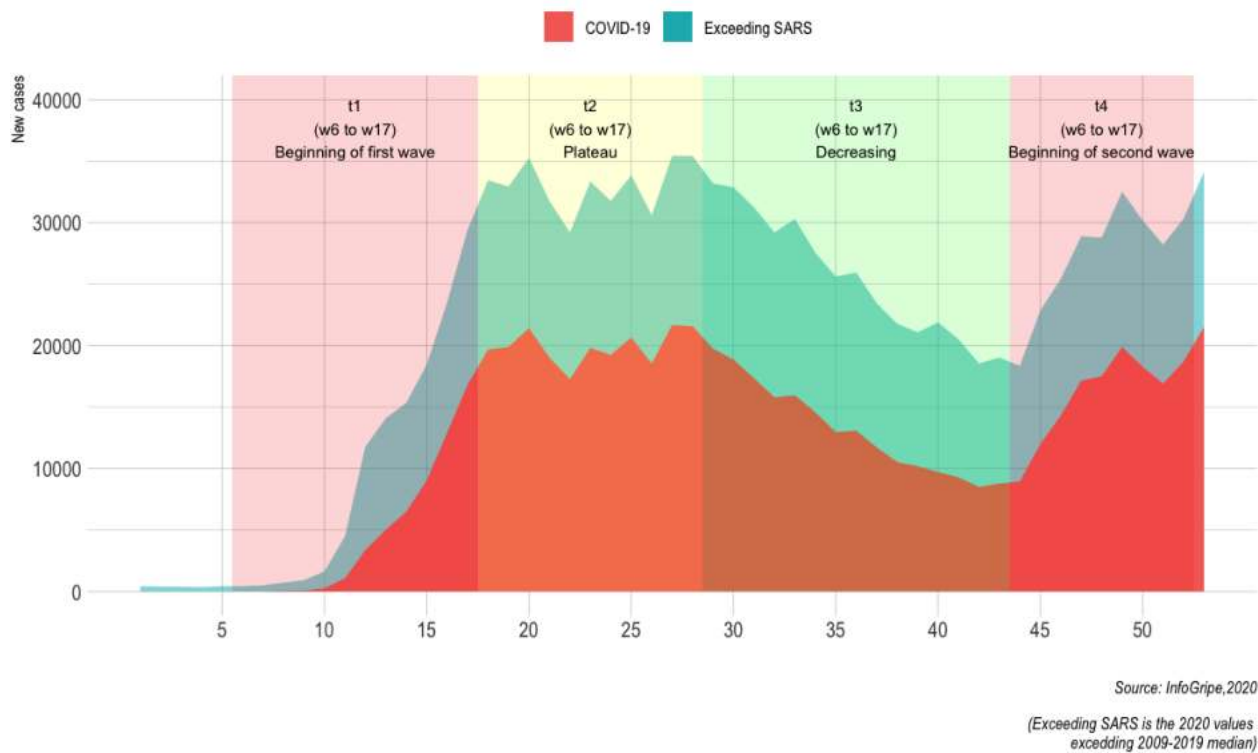
**Figure 1. State regulation on health - accumulated until December 2020**



Using Infogripe (The Information System on Flu) data from DataSUS (Brazilian Unified Health System Data Repository) we were also able to measure acute respiratory syndrome (SARS) and COVID-19 spread data from for the period. The advantage of using this official source of information is being capable of estimating underreporting by States with a consistent time series. To estimate exceeding SARS (Severe Acute Respiratory Syndrome) we compare the number of total SARS (this number includes both COVID and unidentified SARS) during the pandemic and

the median value of the historical series of total SARS from 2009 to 2019. The difference between this value and SARS officially labelled as COVID is what we consider the amount of underreporting. To calculate the percent of underreporting we simply divide exceeding SARS not labelled as COVID by total exceeding SARS. With that measure of underreporting, we will try to understand if there is a relation between States underreporting and alignment with Bolsonaro.

**Figure 2. Time windows**



t	Week (month)	Stage	Duration
t1	6 (february) to 17 (march)	Beginning of first wave	12 weeks
t2	18 (may) to 28 (july)	Plateau	11 weeks
t3	29 (august) to 43 (october)	Decreasing	15 weeks
t4	44 (november) to 52 (december)	Beginning of second wave	9 weeks*

Finally, in order to map political affinities and relationship with the Federal Government, we classify governors in two dimensions: ideology and alignment. The ideology dimension is

straightforward; we simply observe the Governor's party ideology from Borges (2021) and dichotomize it as left or right.

The second axis is related to the public agreement with the President's performance in the pandemic, defined as aligned and non-aligned. Political alignment is way harder to define, not only because it varies significantly over time, but because public statements are often dubious and given the budget centralization on Federal Government, governors usually are not willing to go directly against the President publicly. They understand that this decision engenders costs that they often cannot cope with. We use four criteria here to create this variable: a) having signed or not the governors' Open Letter to Bolsonaro on February 17, 2020, with criticisms of the President's conduct; b) having signed or not the governors' Open Letter to Bolsonaro on April 19, 2020; c) Participation on National Forum of governors; d) other public statements. The combination of the ideological variable with the alignment variable generated the political affinities variable, in Table 2.

**Table 2. Distribution of states and political parties according to political ideology and governor' political affinities**

State (Political Party)	Left	Right
Aligned	(0)	AC(PP), AM(PSC), MG(NOVO), PR(PSD), RO(PSL), RR(PSL), SC(PSL) (7)
Non-aligned	AP(PDT), BA(PT), CE(PT), ES(PSB), MA(PCdoB), PB(Cidadania), PE(PSB), PI(PT), RN(PT) (9)	AL(MDB), DF(MDB), GO(DEM), MT(DEM), MS(PSDB), PA(MDB), RJ(PSC), RS(PSDB), SP(PSDB), SE(PSD), TO(DEM) (11)

With this data, we can verify if there was significant variation among governors in pandemic responses and if there was a pattern based on ideology and alignment with a populist president.

## 5. The role of Brazilian states in the COVID-19 pandemic

Right-wing governors produce more norms and there are more confirmed cases per 100,000 inhabitants among divergent governors. This causes overproduction of norms between the

convergent right, equalization on the divergent right and subnormalization on the divergent left. Underreporting and testing data indicate that there may actually be strategic movements of intentional generalized (non) testing.

Figure 3 shows State regulation production by theme and affinity across the four time windows of the pandemic in 2020. The 'y' axis represents the average amount of regulation for the period. We can clearly see three distinct styles of regulation production associated with the type of alignment with the federal government in the initial two phases of the pandemic. During the beginning of the first wave and the plateau, right-wing governments produced more norms than left-wing governments. However, non-aligned right-wing governments produced even more than aligned right-wing governments. In the beginning of the second wave, however, this pattern changes dramatically, with aligned States producing a lot less regulation.

**Figure 3. Comparing the amount of regulation**



There was also a thematic shift in regulation across the four pandemic windows. Whereas right wing aligned governments tend to produce less spending regulation, left-wing governments do

quite the opposite. Interestingly, the amount of regulation concerning epidemiological surveillance is very similar for all affinities and periods of time. It is possible that a content analysis on this regulation shows differences on how aligned and non-aligned States employ concrete actions towards testing and isolation of cases.

The subnational level in Brazil provides an opportunity to measure the variation in governmental response between those who side with Jair Bolsonaro, the radical populist Brazilian president, and those who oppose him. We have, therefore, the possibility to implement a research design that clearly contrasts the influence of populist rhetoric and strategy to mainstream responses in accordance to expert's recommendations within a single country. Hence, we can control for social and economic characteristics, as well as the exposure to the negationist rhetoric and policy inaction of the president, while letting governmental response vary at the subnational level.

What we observe during the COVID-19 pandemic is a great contradiction in the guidelines given by the Federal Government, insufficient actions that reasonably face the pandemic or even coordinate and support the actions of the states. All combined with the federal government's inability to produce spaces for dialogue with subnational governments. This scenario has been provoking and giving opportunities for the role of states as leaders and coordinators of actions in their territories, with the municipalities and the population, and as a catalyst for local demands. In place of the federative arrangement, there are different ways of formulating and implementing health policies in times of crisis, marked by the uncoordinated action of states and municipalities or by the cooperation of subnational entities (ABRUCIO et al., 2020).

So, in the health crisis that we are experiencing, the federative arrangement that affects health policies seems to take on a new form. In place of the instituted federative arrangement, characterized by a strong capacity for policy coordination by the Federal Executive, uncoordinated action by states and municipalities was the result. In recent weeks we have come across Planalto actions and speeches disconnected from technical recommendations by the Ministry of Health itself. This vacillating and contradictory attitude by the central government has placed the country in a decision-making void and pushed governors and mayors into action (ABRUCIO et al., 2020).

The Federal Government has not only failed to mobilize the institutional network of the SUS, but has actively generated obstacles to the performance of subnational executives, especially the

States. Federal action is strongly marked by the attempt to take responsibility for the control of the pandemic, while blaming the governors for the inevitable economic crisis that will come, the clear strategy of blame shifting which characterize populist leaders (HAMELEERS; BOS; DE VREESE, 2017).

## **Conclusions**

State governments became the last, not to say the only, front line of the COVID-19 pandemic fight in Brazil. In this sense, it is essential to understand how this endeavor was oriented. According to our findings, health regulations patterns vary across states, regions, and political affinity. Right-wing governors seem to produce more rules. The two main future challenges of this analysis are to perform qualitative and descriptive treatment of the production of norms and to identify underreporting and testing standards to proceed with more advanced statistical modeling, measuring whether political affinities and normative production can be determinants of underreporting.

The strategy of increasing conflict, the praise on pseudo-scientific, and even anti-scientific, solutions (such as the insistence on Chloroquine), the high Health Minister turnover (there is no Health Minister in charge since October as of December 2020, but an interim), all suggest an option by the President to, at this moment, focus on his political survival. With this, Bolsonaro is aiming at strengthening ties with his identity-based supporters, keeping them mobilized (KOVIC; CASPAR; RAUCHEISCH, 2018).

Effectively finding ways to mitigate the pandemic effects became a non-priority in the National Government's agenda, which paved the way for new models of action by subnational governments. Given the Central Government's negationist behavior, inability and indifference in coordinating national and subnational efforts, we expect that there will be significant variation across States in pandemic response and how it progressed. But not just that, we find political patterns that explain this variation. Governors who were closer to the President's positions implemented fewer policies and collected worse results than those who were critical of Bolsonaro's positions. Hence, political

conflict led to disturbing variation in the number of contaminated and killed by COVID-19, as a clear consequence of more lax and weak regulations.

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