

Pandemic, Social Mobilization and Primary Health Care in the City of São Paulo

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In Brazil, residents of slums and urban periphery areas are mobilizing to define and implement strategies to combat Covid-19. The actions and goals guiding these initiatives vary, as does their style, which can be more autonomous or dependent, combative or collaborative. One of these initiatives is discussed below, the Sapopemba Life Brigade: we recovered a bit of its history and actions, questioning *whether* and *how* they have articulated with health system authorities, within the SUS, the Brazilian public health care system and, especially, with Primary Health Care (PHC) workers present in the territory, to lessen the impacts of the pandemic.

LOCATION and SOCIO-POLITICAL, SOCIAL GROUP

The district of Sapopemba is located in the city of São Paulo, where nearly 12 million people live. The neighborhood has a population of 284,524, 41.2% of whom are black and mixed race (the city's average is 32%). Of this total, around 50,000 live below the poverty line and 21.58% of households are classified as slums, where there is oftentimes no piped water supply and sewerage. (Nossa São Paulo 2019; 2010 Census).

The neighborhood has a long history of social mobilization, and its inhabitants have been fighting for social welfare improvements over the past decades. At present, 92.39% of daycare demand for young children is met and 80.26% of students in basic education are registered in public schools (Nossa São Paulo 2019). In the area of health, nearly 85% of the territory is served by 16 Basic Health Units, with most of them implementing the Family Health Strategy (FHS). The region also has 3 hospitals and 3 Psychosocial Care Centers (CAPS), with 3 basic physician visits/year offered per SUS user.¹ All these health facilities are part of the public health care system (SUS) and services are offered completely free of charge.

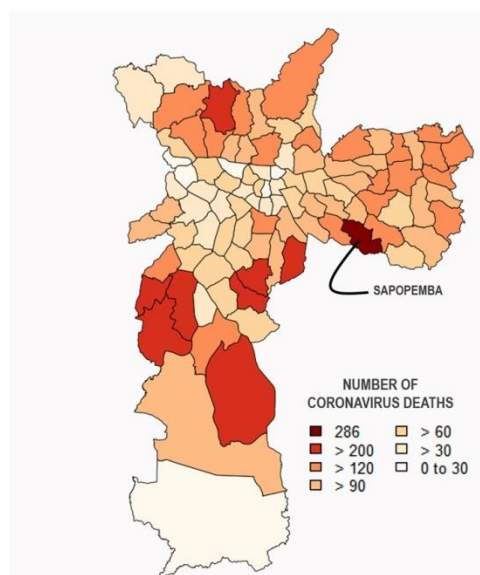
ORGANIZATION OF THE OVERALL COVID-19 RESPONSE

Financing of the SUS is shared between federal, state and municipal governments, with each having specific and complementary responsibilities in managing the system. The Ministry of Health is responsible for defining health policy guidelines. Medium- and high-complexity services are offered by both states and municipalities, with the latter being responsible for the entire primary care system.

This coordination has not, however, functioned well during the pandemic. Brazil's president, Jair Bolsonaro, is a pandemic denier and, as a consequence, the federal government is not prioritizing efforts to fight the crisis (for instance, since March, the Health Ministry has spent less than 54% of the budget allocated to tackle the pandemic).

Within this scenario, state and municipal governments have played central roles in managing the health crisis, with the Municipal Health Secretariat (SMS) of São Paulo proactively working to confront it by sanctioning rules on social isolation and partial lock-down as well as by organizing logistics to identify, monitor and treat those infected or suspected of being infected with Covid-19. According to this regulation, PHC is expected to help in tackling the pandemics and also to continue fulfilling its classic functions, reiterating its central role within the SUS. In the case of Sapopemba, these efforts have nevertheless been partially

Total number of deaths in the city of São Paulo, per district, august 2020



Source: Mortality Information System - SIM/PRO-AIM/CEINFO, Municipal Secretary of Health of São Paulo

¹ This number is above the minimum parameter of 2 doctor visits/year recommended by the Ministry of Health.

obscured by the persistent vulnerabilities in the region, which is currently in the sad position of having the most Covid-19 deaths in the municipality.

NATURE OF COMMUNITY ENGAGEMENT

Faced with this crisis, leaders in Sapopemba who have long fought on different fronts, such as in movements related to Health, Housing, Childhood and Adolescence and the Center for Human Rights, gathered around a long-held ideal: coordinating initiatives and demands. Inspired by the [Emergency Health Brigade](#) (organized in the Northeast), they have sought to contribute to combating the pandemic by defending rights, demanding accountability and supporting the government, while also promoting teaching and learning from the population.

Francisca Ivaneide, who has been active in the popular health movement since the 1980s and is a Brigade leader, says that seeing the movement quickly advance based on online meetings was a welcome surprise. "It seems that we were even able to gather more, each person at their work or at home, discussing and highlighting solutions for this very difficult time that we are experiencing. I was excited; everything was so fast. We started in April and on May 25, we approved the [Life Brigade Manifesto](#)."

Among the various projects the group has on the horizon, there is a desire to implement Brigades in the municipality's 32 sub-districts. The pace and format that the initiative has followed vary based on the organization and structure of the movements found in each of these regions. Given Sapopemba's history of social movements, the Brigade is working with a wide range of activities, pressuring local authorities to employ concrete actions to prevent the coronavirus from spreading, while also providing them with support in finding locally appropriate solutions that consider the region's intricate socio-economic problems.

In relation to the bleak scenario brought about by the pandemic, one of the Brigade's first initiatives, with the help of city commissioners and congressional members, was to hold extraordinary meetings with different municipal government departments to articulate preventive actions regarding the spread of the virus. Contact was easier in the territory, where there are interlocution spaces that are already open to movement, as is the case with health, where council members² already have a closer relation with the region's technical supervision area, and regular meetings have been held.

Citizens and council members have been advised by Brigade members on how to connect digitally and have been invited to take part in scheduled meetings. The first of these was held on June 25, with around 70 people participating, including Brigade members, managers and health workers. Demands were made during the meeting for more transparency and details on data related to the number of people infected and deaths in each of the region's microterritories.

With this data in hand, the Brigade articulated with the territory's 16 Basic Health Units. Together, they coordinated action along the main thoroughfares of each area, prioritizing those most affected. A task force of professionals connected to different social policies handed out protective masks donated by companies on the streets and talked with passers-by and merchants. Black cloths were placed on gates as a sign of mourning for the deaths in the community and a car with loudspeaker was provided by a union to honor victims. By mobilizing people who hold credibility in the region and using appropriate language to publicize the risks and number of deaths in different areas of the territory, this initiative contributed to raising public awareness of the seriousness of the pandemic. According to testimonials cited by André Ferreira da Silva, Coordinator of a center for children and adolescents and one of the initiative's organizers: "through the Life Brigade's actions, merchants were able to see, for instance, the seriousness of this issue and the mortality that has occurred in the region. They are very thankful. Oftentimes they had no access to information that was more broken down."

² Social participation within the SUS occurs through national, state and municipal health councils and conferences. Citizens, managers and health professionals hold council meetings monthly and conferences every 4 years to deliberate on and monitor health policy. In the case of the municipality of São Paulo, there are also regional and health unit councils.

Along these same lines, the Brigade has carried out articulated actions with the education area. The Brigade is currently organizing debates with school communities regarding the return to classes, which is set to take place next month, in September, a discussion that is mobilizing the community and where there are stark divisions in opinions favoring and opposing returning.

Brigade members have at other times called attention to situations with significant potential for contamination, such as street markets, which remained opened during the quarantine. Because they offer products at affordable prices, they are very popular and are normally organized in three rows, favoring formation of agglomerations. The Brigade talked to the Secretariat of Sub-Districts, suggesting that instead of organizing markets in three rows, they should be assembled in one long line, in an effort to prevent formation of groups. Nonetheless, to date there has been no public action on this problem.

Another action that has mobilized the Brigade's directors is organization of a survey to effectively understand which elements have prevented people from social distancing and to gain an in-depth understanding on risk factors and the difficulties experienced by the region's residents in this crisis. A commission made up of Brigade members working in different social areas worked to create the questionnaire, which began to be distributed digitally to educators and families connected to the region's schools and distributed on paper to groups without easy access to the internet. A second phase of the survey is being designed for application at Basic Health Units, with a more specific focus on surveying people's knowledge of the epidemic and their experience during quarantine. Brigade members believe that information will help in identifying priorities based on which the Brigade can act and reinforce its capacity to make arguments to the government as well as demand more effective actions.

FACTORS and INSIGHTS

"When the movement moves, the Secretariat moves." Hearing this phrase being spoken by Brigade members as well as public health managers reinforces the support for the contribution that the Life Brigade can make to the SUS. In monitoring the initiatives described above, we see examples of how knowledge of local dynamics and community articulation between social leaders and with public managers has helped the work of the PHC, whether in communicating with the public, in articulation between social policies or even in preventing Covid-19 infections.

The image of active citizenship opens the way for us to reflect on the widely discussed urgency to renew the social participation arrangements in the SUS. In light of the pressures resulting from the pandemic and of the tragic reality of Sapopemba, which has the most deaths in the city, the Brigade innovated by embarking upon less segmented and more integrated action between sectors – health, assistance, education, justice - and focusing more on concrete actions to fight Covid-19.

At a time of crisis, the political capital accumulated over many years helped the Brigade leaders, by articulating sectors of civil society organized in different areas of social policy, to foster inter-sectorial actions and value the knowledge of those experiencing the local reality and who are familiar with its residents' needs. This innovative focus, in combination with joint action by the movement with the region's public services and managers, has allowed strategies and knowledge to be joined, causing a convergence of information and mobilization, based on an idea of health aimed at prevention, promotion and rights.

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