# POLICY MEMO

**July 2019** 



# Is Brazil ready to relax COVID-19 response policies?

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# INTRODUCTION

This policy brief summarises findings and recommendations emerging from the working paper "Do Brazil's Covid-19 Government Response Measures Meet the WHO's Criteria for Policy Easing?", which aims to provide policymakers in Brazil with helpful information as they face difficult choices about easing social distancing policies, and respond in other ways to the country's Covid-19 outbreak.

We draw from an account of the strength of Covid-19 response policies adopted by Brazil's federative units; mobilephone mobility data; and the original results of a survey of 1,654 citizens across eight state capitals - Fortaleza, Goiânia, Manaus, Porto Alegre, Recife, Rio de Janeiro, Salvador, and São Paulo.



The research probed the extent to which the World Health Organization's (WHO) six recommendations for relaxing distancing measures had been realised in these eight cities. Below we list the key findings that speak to each recommendation; findings about the economic and educational costs of the response policies; and findings related to the extent that response policies have affected mobility.

# ARE THESE CITIES READY TO RELAX COVID-19 RESPONSE POLICIES?

## 1. Transmission is controlled to the level of sporadic cases and clusters of cases

- To be sure of the true number of cases, governments need to test all suspected cases. People who are positive should be physically isolated, and their contacts should be identified and notified they might be contagious.
- However, testing was infrequent in the period covered by the survey, even among potentially infected people. Only 13% of people reporting to have had at least one Covid-19 symptom had been tested in a timely fashion, and 7% said they had tried to get tested but without success. In fact, the only significant predictor of getting tested shortly before our survey, and while one's viral load would be detectable, was having a monthly income of at least 10 times the minimum wage.
- Symptomatic people who are likely to be contagious are rarely self-isolating. People who have had at least

one symptom of Covid-19 and those who have been in contact with a symptomatic person were no more likely to have stayed home for the full two weeks prior to their survey interview than people without reason to suspect that they were contagious. However, this probably infectious group<sup>1</sup> were most likely to go out only once or twice in a fortnight. This may be because they did not think they were doing anything wrong (see point 6.).

 Public contact-tracing programmes are not well established. Less than half (47%) of people who had symptoms reported these to a medical professional or public employee. Among those who reported having had contact with at least one symptomatic individual, only 9% found out about the symptoms through a doctor or public employee.

Acknowledgements: Lorena Barberia, Rafael Goldszmidt, Anna Petherick, and The OxCGRT Brazil subnational coders

<sup>1</sup>The researchers did not calculate the probability that people were infectious. Here they use the term 'probably infectious' to mean symptomatic people who reported symptom onset within a period that suggests they would be infectious if they indeed had Covid-19.

This Policy Memo represents the views and recommendations of the author. They are not necessarily held or endorsed by the Blavatnik School of Government.

#### 2. The health system should have the capacity to test, trace, and isolate all cases

- The research did not directly access this criterion, but we did ask about citizens' impressions of how the regional health system's ability to cope with Covid-19.
- The vast majority of the people (86%) said they were either worried (12%) or very worried (74%) about the possibility of medical equipment, hospital beds, or the number of doctors failing to meet demand.
- Overall, individuals distrust the preparedness of the public health system to deal with the outbreak. Only 21% of people reported believing the health system in their region is either well prepared (11%) or very well prepared (10%) for Covid-19.

Only 1% survey respondents had recently visited a

residential care home. These people indicated that

these findings should be interpreted with caution.

mask use, physical distancing and the provision of hand

washing facilities were established in the care homes that

they had visited. Due to the small number of responses,

## 3. Managing the risk of outbreaks in high-vulnerability settings (hospitals and care homes)

 Measures to increase distancing and hand hygiene facilities appears to be well established in hospitals. More than 80% of those visiting hospitals reported that two-metre physical distancing measures had been established, for example by moving apart seats for those waiting. More than 80% said that soap or hand sanitiser was easy to come by.

#### 4. Preventative measures in workplaces

- Workplace closures appear to have had the most consistent effects on mobility when other response policies were in place, as indicated by smart-phone location data.
- Workplaces could do more to protect workers. A substantial proportion of people who left home to go

#### 5. Measures to avoid the import and export of cases

- Brazilian borders remain closed to foreigners from all nationalities since late March (although nationals are allowed to return home).
- Some states have implemented screening and quarantine measures to travellers arriving in their territories. The adoption of these measures has triggered legal conflicts questioning the authority of subnational

#### 6. Community engagement and understanding of new normal

- Citizens living in all eight capitals on average have a good understanding of the symptoms of Covid-19 and 80% consider it to be much more serious than a common cold.
- However, the average level of understanding the meaning and recommended practices associated with self-isolation is low: the average score as a percentage of correct answers on a list of appropriate self-isolation behaviours was 44. There is substantial confusion around whether someone who is 'self-isolating' should leave the house, with 95% of people incorrectly stating that

to work in the fortnight prior to the survey said their workplaces had not taken preventative distancing measures, such as making changes to the position of the desks and chairs where workers sit.

units to control international travel, and, in some cases, the policies have been rolled back following court decisions.

• Many subnational governments have also closed borders between states, and halted public transport services between big cities. Travel between states is rare.

self-isolation means 'you may leave the house to buy essential items'.

 Most people consider the government response measures adopted to respond to Covid-19, and that apply where they live, either appropriate (52%) or less stringent than necessary (37%). Only 11% of people view them as excessively stringent. Three quarters of people expect that these measures will not be removed at once. On average, respondents estimated that it would take 4.7 months (from 6 to 27 May) until these policies are completely removed.

#### Indirect costs of Covid-19 response policies: impacts on income and education

- The populations of the eight state capitals have experienced large changes in income since February: 34% suffered a reduction of half or more in their income, and 7% had a total loss of earnings.
- Overall, reductions in income were far less common among formal workers (39%) than among formal microentrepreneurs (77%), or informal workers (67%). Difficulties in paying bills were also more common among informal workers (45% of this group) and formal microentrepreneurs (47%), compared to formal workers (23%).
- Formal microentrepreneurs left home on fewer days in the prior fortnight than formally employed workers, which may have been because they were working fewer

#### Are the government response policies affecting mobility?

- Yes. The stringency of policies overall has had significant effects on staying at home during the daytime (home permanence), as well as on the number of non-essential trips people have been making, and on the distances that people have been travelling.
- Workplace closures had the most consistent effects on mobility, while other policies have been in place.
- Restrictions on internal movement is significantly associated with a reduction in average daily distance

hours or because they were more likely to have lost their jobs.

- The Auxílio Emergencial is providing substantial income support for the poor. For 64% of those who experienced a loss in income and had received at least one payment of \$600 by the time of the survey, the support is making up at least half of income losses.
- Fewer public-school students compared to privateschool students—and fewer boys than girls—are studying at home. A larger proportion of private school students are using study materials supplied by a teacher, and therefore likely to be appropriate to their level of learning.

travelled. This is consistent with the fact that these policies generally restrict movement between states and, therefore, longer journeys.

Even though all three measures of mobility showed a slight shift in citizens' behaviours while subnational policies were, on average, highly stringent, any "policy fatigue" effects appear to have been slight. Generally, people have continued to move around far less than they did earlier in the year, until at least the end of May (the full period of our analyses).

#### Key recommendations

The evidence taken together suggests that the eight cities analysed had not met the WHO's criteria, even though Covid-19 response policies have reduced mobility. We propose the measures listed below. Our primary intention is to assist those setting government policy, but some of the recommendations can also be acted on by the private sector and by civil society.

- 1. Improve public information campaigns to make it clear that those in 'self-isolation' should not leave their houses for a minimum of 14 days, and should enlist others to support them. Anyone with at least one symptom or who had contact with someone with at least one symptom should understand that they need to remain at home. Support networks appear to be strong: our survey suggests that people who did not leave the house in the previous two weeks were generally supported, with 58% receiving food from others, and 60% receiving daily calls or messages.
- 2. Encourage businesses to more fully implement physical distancing in the workplace.
- 3. Prolong the period of the Auxílio Emergencial beyond the initial 3 months, especially where workplace closures continue. Consider that informal workers' incomes are unlikely to rebound quickly following the reopening of workplaces.
- 4. Further expand testing and contact tracing. While testing has increased since our survey, it is important to establish even more robust testing and contact tracing programmes to go alongside public messaging to clarify appropriate self-isolation behaviour. This should, over time, help reduce the sharpness of the trade-off between closure and containment policies that aim to protect health, and the economic and social impacts of these measures.