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INTER-SCALAR ANALYSIS OF PLANNING AND MANAGEMENT IN THE CONTEXT OF THE SARSCOV19 PANDEMIC IN PARAUAPEBAS-PA

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ABSTRACT

The World Health Organization produced guidelines on territorial planning and management during the context of the pandemic. That was fundamental to mitigate or promote the advance of the SARSCOV-19 virus. In Brazil, the Ministry of Health was responsible for planning, managing, and coordinating the actions of the federal government and for guiding and controlling other administrative spheres, such as the states and municipalities. In this context, the objective is to analyzein an inter-scalar way the territorial planning and management related to health promotion in the context of the SARSCOV-19 pandemic in the city of Parauapebas-PA in Brazil. This work is a simple and exploratory case study that used as research techniques documentary and secondary data surveys, as well as participant observation. It is noteworthy that marked by the low participation of the organized civil society and of the science and research centers, by a certain negationism and by the lack of transparency and inspection, the actions of the federal government in the pandemic became quite problematic. In Parauapebas this model of management and planning was imported. It moves away, therefore, from the promotion of health and approaches the politics of death promotion, that is, the necropolitics in the municipality.

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INTRODUCTION

During humanity's first pandemic, located at the beginning of the 21st century, cities appeared as important loci of SARS-COV-19 dissemination. In this context, it was oriented to avoid crowding in closed, confined, and poorly ventilated environments. Staying in these environments for a long period of time facilitated the spread of the virus. In addition, the World Health Organization recommended, as a preventive measure, the use of masks, frequent hand washing, physical distance, when possible, disinfection of environments, and isolation of people infected or suspected of having the virus (World Health Organization, 2020). It was necessary, then, for public planning and management to regulate population flows and mobility, to encourage the use of masks and hand hygiene, as well as to respond to the need to provide health facilities, especially in urban areas, given the increase in demand due to the respiratory problems caused by the virus. In Brazil, the Ministry of Health is responsible for planning, managing, and coordinating the actions of the federal government, and the actions of the federal government in relation to other administrative spheres, such as the state and municipalities. Marked by the change of Ministers in the middle of the pandemic's advance and by the construction of health planning and management with little or no popular participation or official groups of researchers/

scientists, as well as governors and mayors, the country broke mortality records and was one of the nation-states with the worst reference to fight the pandemic in the world (Silva and Silva, 2020; Orellana *et al.,*2021). Based on this context, this work aims to analyze in an inter-scalar way the territorial planning and management related to health promotion in the context of the SARS-COV-19 pandemic in the city of Parauapebas-PA in Brazil. For this, we first present the theoretical framework of the article based mainly on the concepts and debates about planning, management, health promotion, and necro-politics. Subsequently, we address the methodology and the presentation of the data collected, and then analyzes and discusses them. Finally, we will make our conclusions considering the theoretical framework and the data analysis performed.

Theoretical framework: planning and management for health promotion or necropolitics? We understand that planning and management are distinct but complementary social products. They have different temporal references. While planning focuses on perspectives, simulations of unfolding processes and long-term problems, management has a more immediate focus, meaning to administer situations within the available frameworks and resources (Souza, 2008). In this sense, planning is the preparation for future management, and this is the partial implementation of what was done in the past in terms of planning. Management is partial because the immediate has the dimension of the unpredictable and the undetermined, which leads to the need for continuous adaptation of management. Thus, within this relationship and without disregarding the unpredictable, one seeks to avoid or mitigate problems and/or expand the benefits and maneuvering margins of the planned and managed object (Souza, 2008). There are several ways to think and do planning and management, based on different theoretical currents, from the most participatory to the strategic business (Souza, 2008). In this work we focus on the planning and management of health care in the pandemic, although we understand that this sector must be thought of in conjunction with the others. In this sense, this article also recalls the debate on health promotion. This should be seen in an integrated way with other planning and management sectors, such as communication, social assistance, and economics, to be effectively practiced. It's considered here as "a set of actions that involve strategies for the expansion of individual and collective autonomies for living in the territory, towards a state of feeling good and happy" (Sperandio *et al.,* 1932). In addition to autonomy, it is based on respect and the need to promote popular participation and intersectorality (Sperandio *et al.,* 2016). Unlike health promotion, the pandemic can also be thought of as an incentive to public-private partnerships, to low popular and scientific participation, and even to certain authoritarianism of the State, and in the case of Brazil, to negationism. That is, instead of the scientific community being directly involved in the construction of planning and management, what we have is the denial of the hegemonic scientific knowledge that surrounds the pandemic. This can cause a large increase in mortality among citizens, distancing public planning and management from health promotion, bringing them closer to necropolitics. That is, the determination of the state through its actions or omissions of who can have more conditions to stay alive or who can die without major problems (Mbembe, 2003).

MATERIALS AND METHODS

In this research we use the technical procedure of simple explanatory case study, as described in Yin (2001), whose data collection followed the following criteria: a) documentary survey in federal legislations and in ordinances of the Ministry of Health about the federal government's guidelines regarding the pandemic; b) survey of secondary data in the National Register of Health Establishments (CNES) of the Ministry of Health (MS) from January 2020 to December 2021 regarding the number of beds, Intensive Care Center (ICU) and respirators in the researched city and; c) participant observation on the measures taken in relation to the pandemic in the researched city during the period (Marconi and Lakatos , 2003).

Pandemic planning and management by the federal government: The pandemic caused by COVID-19 has exposed Brazil's regional and urban inequalities, as well as its structural and everyday racism. According to the Brazilian Intensive Care Medicine Association (AMIB) (2020), in January 2020, the country had 45,848 Intensive Care Unit beds, 22,844 of which were in the Unified Health System (SUS) and 23,004 that were part of the private health system. The Northeast and North regions are the fourth and fifth, respectively, of the five Brazilian regions in terms of the number of ICU beds per 10,000 inhabitants. The North region has the smallest number of beds, 2,082 units, both in public care, with 1,331, and in private care, with 751, and has the lowest proportion in the country: 0.9 beds/10,000 inhabitants in the SUS and 4.7 beds per 10,000 in the health plans. Faced with the situation, the federal, state, and municipal governments had to take immediate measures in all regions of the country. One of the first actions was the production of law Nº 13.679 of February 6th, 2020, which sanctioned the main control measures that should be taken by the State, namely: social isolation, quarantine, compulsory determination of medicines and medical exams, laboratory tests, collection of clinical samples, vaccination and other prophylactic measures, or specific medical treatments, epidemio-logical study or investigation, exhumation, necropsy, cremation, and corpse handling. It is worth pointing out that these measures were taken to keep the level of virus proliferation from being high and are not linked to the cure of the virus itself. Such measures were determined by the Ministry of Health based on scientific evidence and guidelines of the World Health Organization (World Health Organization, 2020; Lei Nº 13.979, 2020). The Ministry of Health, under the command of Henrique Mandetta, exempted the bidding for the acquisition of goods, services and health inputs intended to combat the coronavirus. However, it is noteworthy that this did not exempt the municipalities from the responsibility of rendering accounts to the State regarding the expenses incurred (Lei Nº 13.979, 2020). In addition, several ordinances were sanctioned by the Ministry of Health, such as ordinance No. 237, which includes beds and equipment suitable for the care of people infected with SARSCOV19 in the National Registry of Health Establishments (CNES) (Brasil, 2020a).

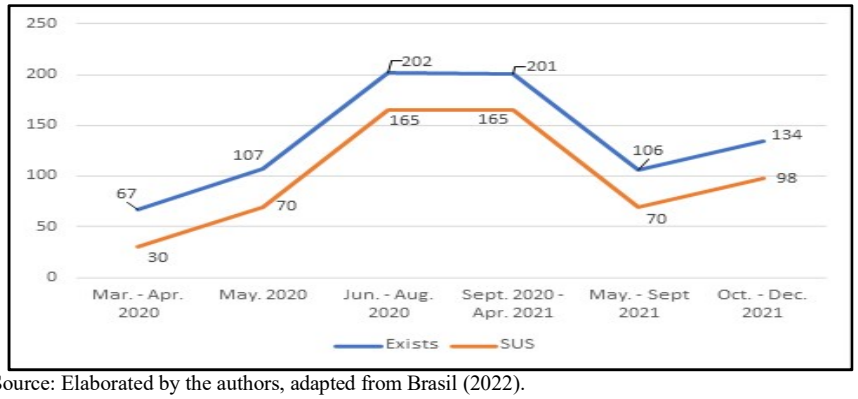
Later, the ordinance No. 568, March 26, 2020, provided that adult intensive care unit beds could be qualified for the exclusive use of the treatment of coronavirus-infected patients. The qualification of the beds happened as soon as the local manager of the municipality, considering the needs of his territory, sent a letter to the General Coordination of Hospital and Home Care (CGAHD) of the Ministry of Health. The National Registry of Health Establishments (CNES) should be informed about the number of existing beds in the city and those that were enabled due to the extraordinary nature of the pandemic, as well as the equipment available for the operation of these beds, such as respirators needed to maintain the life of people in severe condition of COVID-19 (Brasil, 2020a). For the cost, R$800.00 per day for adult or pediatric ICU bed was made available. In this sense, both the care in clinical inpatient beds and the care in pulmonary ventilatory support beds should be registered in the National Registry of Health Establishments (CNES) (Brasil, 2020b). On April 17, 2020, President Jair Bolsonaro changed the minister of health. Nelson Teich took over, who, like Mandetta, had years of career in the medical field. However, the minister did not stay long in office. On May 15, 2020, there was another change. The interim health minister, Eduardo Pazuello, then took over and was sworn into office on September 15, 2020. Pazuello has military training at the Academia das Agulhas Negras (Black Needles Academy), located in Resende-RJ, which has the objective of training career combatant officers in the Infantry, Cavalry, Artillery, Engineering, and Communications sectors of the Brazilian Army's Military Material and Intendence Service. With Pazuello at the head of the Ministry of Health in the mid-2020s, it was still necessary to create measures to minimize the saturation of hospitals throughout the country. The creation of field hospitals was then approved. The installation of this temporary infrastructure in municipalities should follow the previous guidelines of the Ministry of Health, through Ordinance No. 1,514 of June 15, 2020. This defines the technical criteria for the

implementation of Temporary Health Units for hospital care - Field Hospitals - focused on patient care in the context of the emergency due to the COVID-19 pandemic (Brasil, 2020c). The Campaign Hospitals were temporary health units of hospital care. That is, during the period of public health emergency due to the coronavirus, if there were repressed demands for health care due to lack of infrastructure, it was possible to implement temporary health units (field hospitals). These would serve to organize and expand beds of low and medium complexity for the care of patients with respiratory symptoms (Brasil, 2020c). The Contingency Plans prepared by the State, Federal District, and Municipal governments to confront COVID-19 began to foresee the creation of Campaign Hospitals. Thus, the state and municipal governments pleaded with the Union for resources for the operation of these facilities (Brasil, 2020c). However, before installing the field hospital, the municipality or the state should prioritize the increase of clinical and ICU bed structures in hospital units already in operation. For this expansion, the hiring of supplementary health structures (private health care plans and insurance) was allowed.

Thus, the Ministry of Health directed to expand the public system and/or use the existing structure of the private system, paying for it (Brasil, 2020c). Thus, field hospitals were to serve as clinical back-up for permanent hospital units that had ICU and were reference for treatment of COVID-19 in the municipalities. In this sense, the field hospital could be installed attached to previously existing hospitals, in soccer stadiums or convention centers and open areas. It was also necessary that the field hospitals observed the proportion of 10 beds of pulmonary ventilatory support for each group of 40 clinical inpatient beds. In cases of need, the technical area could enable a number lower than that presented if justified (Brasil, 2020c).

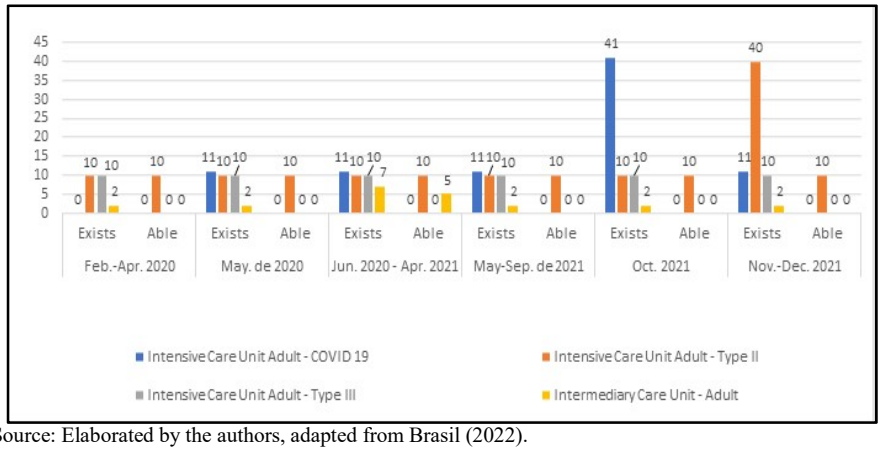
Health planning and management in parauapebas during the pandemic: First, we highlight that in Parauapebas, as well as in the Union, the organized civil society, and educational, technological, and scientific institutions, such as the Federal Institute of Pará (IFPA), had difficulties in participating in the construction of health planning and management in the municipality, as well as in obtaining important data for the analysis of the development of the pandemic in

Graphic 1. Hospital Beds (low complexity), Total and SUS - Parauapebas-PA, feb. 2020 to dec. 2021.



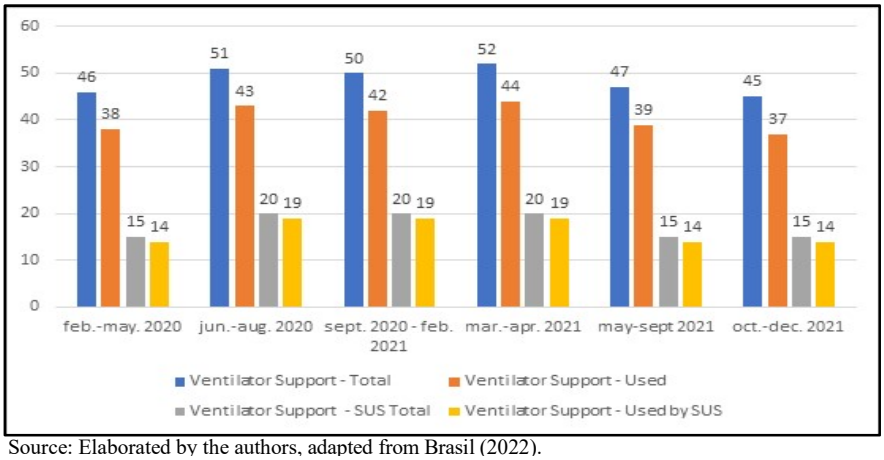
Source: Elaborated by the authors, adapted from Brasil (2022).

Graphic 2. Intensive and Intermediary Care Unit - Adult in the Parauapebas Municipality, Feb. 2020 to Dec. 2021



Source: Elaborated by the authors, adapted from Brasil (2022).

Graphic 3. Ventilator Support Total, Used, Total SUS and Total Used by SUS-feb.2020 to dec.2021



Source: Elaborated by the authors, adapted from Brasil (2022).

the territory. This is because the letters sent to the city hall requesting information and participation were never answered, as well as the calls were never returned, despite attempts. The epidemiological bulletins released by the Parauapebas City Hall were marked by the absence of essential data to plan and manage health in a more assertive manner. It was absent: neighborhood of infected and deceased people; race/ethnicity of infected and deceased people; and average hospitalization time of people with COVID-19. In addition, information in the bulletins about the sex and comorbidities of people who contracted or died from COVID-19, as well as the beds occupied, was discontinued. We also identified that there was a growth in clinical beds used to serve patients requiring low complexity treatments in the municipality. These increased from 67 in April 2020 to 107 in May 2020 and 202 in June 2020. That is, an increase of 201.5%. If we consider only SUS clinical beds, we see a 450% increase in this type of structure, that is, from 30 to 107 clinical beds from April to May and then to 165 in June (Graphic 01). We highlight the increase of 135 beds of low complexity between March and June of 2020 by SUS, and 95 units of clinical beds were installed in the city's Hospital de Campanha. This structure was inaugurated in May 2020 with 27 clinical beds. Thus, it is known that 13 clinical beds were installed or contracted outside the field hospital in this period, from April to May, fulfilling the Ministry of Health's recommendation of expanding clinical beds before the installation of the Field Hospital. In June, another 68 clinical beds were inaugurated in the Hospital de Campanha, as well as another 27 SUS clinical beds in the municipality. Thus, the private initiative that had the majority of these types of beds in April, 55.2%, began to count from June onwards with only 18.3% of the total. We did not see any increase in the number of clinical beds in the private health system. On the contrary, in September there was a decrease of one unit in the municipality, which remained until December 2021 (Brasil, 2022). As of May 2021, there was a decrease in this type of health equipment, increasing again from October to December 2021, but still below the quantity identified from June 2020 to April 2021. It is identified that by the end of 2021 the vast majority of clinical beds present in the city of Parauapebas became part of the Unified Health System (SUS). Another criterion that must be analyzed to install or not a field hospital are the ICUs. We identified, then, that there was an increase in this type of health infrastructure in the municipality, but we can raise some intriguing questions. From the beginning of the year to September 2020, there were 10 type II ICU's existing and qualified to operate in Parauapebas, we did not identify any increase in this structure in the municipality. There was also no increase or qualification of type III ICUs in this period. Besides this, 11 special adult ICU's for the treatment of COVID-19 were registered as existing, but they were not qualified. There was also an increase of 5 Adult Intermediate Care Unit, which are probably the ones that were installed in the field hospital, as it had 95 clinical beds and 5 intermediate care beds equipped with respirators. These latter units found themselves enabled from June 2020 to April 2021 (Graphic 02). In Parauapebas, the field hospital was attached to the Parauapebas General Hospital (HGP). The intriguing thing is that, as we have already seen, according to the Ministry of Health, to install a field hospital there had to be also an increase in the number of ICU beds available in the municipality, which we can verify did not occur. The field hospital partially met the indications of the Ministry of Health, increasing only the clinical beds (low complexity). Such beds are not the ones indicated for the treatment and maintenance of life of people in serious condition in COVID-19. Thus, in Parauapebas, the average number of ICU beds per 10,000 inhabitants in March and April of 2020 was 0.94, a little below the minimum indicated by the WHO before the pandemic, which is 1.

When considering only the ICU beds, in this period, that are enabled (10 units), we have the proportion of 0.47 ICU beds per 10,000 inhabitants, i.e., less than half the minimum indicated in a pre-pandemic period. This calculation was based on the municipality's population estimate of 2020 made by IBGE, which was 213,576 inhabitants (Instituto Brasileiro de Geografia e Estatística, 2020). In September 2020, the Field Hospital closed its activities in the municipality. In May 2021, the 5 intermediate care units that were added during 2020 were deactivated. Subsequently, we noticed the addition and then reduction of the Adult ICU - COVID 19, from October to November 2021, and the increase of the Adult ICU II from November to December 2021. However, it should be noted that these ICUs were never authorized. Another important element of analysis is the respirators. If we compare the period from May to June 2020, we realize that there was an increase of 5 ventilators available in the SUS, which is interconnected with the construction of the 5 intermediate adult treatment units of the field hospital in the same period. The increase of 5 ventilators does not meet the ratio of ventilators per beds installed in the field hospital according to the guidance of the ministry of health: 10 beds of pulmonary ventilatory support for each group of 40 clinical inpatient beds (Brasil, 2020c) (Graphic 03). We also identified that most of the existing ventilators in the municipality were from private enterprise during the pandemic. SUS kept the 20 respirators until April 2021. Subsequently, the pre-pandemic quantity returns to May 2021. Finally, it is also verified that there is a very small margin of 1 ventilator among the existing ones available for use by SUS during the researched period.

RESULTS AND DISCUSSION

Inter-scale analysis of pandemic planning and management in parauapebas-PA: One of the main institutions to think and guide the planning and management of the pandemic in Brazil was the Ministry of Health. In early 2020, with Mandetta as minister, some procedures were taken following the World Health Organization (2020) protocols. The public-private partnership that aimed to temporarily promote the infrastructure territory gained strength. That is, the possibility of renting the equipment and beds to strengthen public health. However, due to instability and problems between the head of the executive branch, Jair Bolsonaro, and the actions taken by the MS there was the exchange of two ministers. Mandetta had difficulty defending that the agglomerations were dangerous and could cause the pandemic to advance in the territory. In this context, Bolsonaro promoted the agglomerations and refused to wear protective masks. Nelson Teich, on the other hand, remained in office for less than a month. He came into public conflict with Jair regarding the essential services that would be allowed in the pandemic. This is because the Ministry of Economy released the opening of religious temples, gyms, beauty salons, among other services considered as essential, going against what the WHO and scientific publications were guiding. It was therefore explicit that the decision-making that should be carried out from the intersectoral dialogue for health promotion did not happen (Sperandio *et al.,* 2016). Thus, Pazzuelo, an army general with no knowledge in the health area, took over. From that moment on, it became increasingly difficult for organized civil society and scientific research centers to participate in the planning and territorial management of the pandemic. Mayors and governors also had little or no participation in the policies proposed by the federal government. In this way, planning and management was carried out by centralizing decision-making power in the chief of the executive and his allies, who were often negationist when promoting or allowing, without much concern, the agglomerations, or the non-use of masks.

In this context, there were conflicts with other institutions, such as: universities, research centers, and the Brazilian judiciary itself. Thus, it is identified that the pandemic management and territorial planning model was marked by top-down power, concentrated in a few command positions, with little dialogue and popular, scientific, and intersectoral/inter-institutional participation. Such dynamics guided the policies of the municipalities. It is known that the smaller the popular, inter-institutional and scientific participation, the more difficult is the success of actions and their monitoring (Souza, 2008). Thus, in Parauapebas the construction of the field hospital expressed several problems for facing the coronavirus. The guidelines of the Ministry of Health regarding the prior increase of ICU beds and the proportional increase of beds/ventilators were not followed. Many people stopped being attended due to lack of equipment. Besides, no new ICU was enabled between February 2020 and December 2021. In this sense, it is evident that the public health system of Parauapebas

did not have the structure to face a pandemic. The number of ICU beds in the city has always been worrying, below half of what is indicated by the WHO. With the pandemic and the maintenance of the number of qualified equipment, this problem became more accentuated, only increasing the expenses. These could be invested in the qualification of new ICU beds and in the purchase of respirators; infrastructure and equipment more adequate to maintain life and patients in serious condition in COVID-19. The deaths gain, then, a classist and racist character in the municipality, affecting mainly the people who need the SUS. The omission of the State and the poor planning and territorial management that also flows into authoritarianism (low participation) and lack of transparency and oversight were responsible for electing who are the bodies that can be sacrificed, invisibilized and buried amid the pandemic in Parauapebas (Sperandio *et al.,* 2016). It moves away from health promotion and approaches the management and planning of death, that is, necropolitics (Mbembe, 2003). Finally, we point out that there was an absence of data on race/ethnicity, on the neighborhood of residence of infected people and of those who died, and on the percentage of occupation and length of stay in ICU beds in the epidemiological bulletins. There was also the discontinuity of its publication, both on the municipal and federal scale. This indicates the lack of attention or transparency of the municipality and the union regarding fundamental data to analyze the evolution and impacts of COVID-19 in the territory. Popular, scientific, and interinstitutional participation, as well as the frequency and quality of data are essential to support the planning and management of health promotion (Sperandio *et al.,* 2016), in an integrated, assertive, and effective way in the territory.

FINAL CONSIDERATIONS

It is noteworthy that the coronavirus pandemic was certainly a shock and highlighted the problems of the health system all over the world. In Brazil, the first measures adopted to contain the pandemic were the isolationof infected people, the use of masks, and soon after, quarantine. However, even with all the measures taken, the country was one of the most affected by the virus (Silva and Silva, 2020; Orellana *et al*., 2021). The planning focused on the Ministry of Health, with its authoritarian mark, with its strong orientation toward public- private partnerships, and low dialogue with other sectors, such as the population and the scientific community, was also mirrored in the municipality. Health promotion and the supervision of planning and territorial management of the pandemic have become difficult. This is because important agents have been removed from the public debate, and companies that rent health and infrastructure equipment to the municipality have gained strength. In this context, Parauapebas-PA presented intense difficulties and problems involving its field hospital. This was one of the main action plans of the Ministry of Health. It is noteworthy, then, that in addition to the non-acquisition of goods for SUS there was the low inspection of compliance with the guidelines and the destination of public resources from the federal government to the municipality. The field hospital of Parauapebas did not comply with the criteria contained in the ordinances of the Ministry of Health. The low availability of respirators and ICU's in the municipality was identified. In critical periods, several people died because they did not have access to the necessary equipment to maintain their lives. The low popular and inter-institutional involvement also contributed to the non-compliance with several guidelines regarding the installation of the field hospital of Parauapebas. We identified and analyzed, then, the health infrastructure present in the municipality in the period from February 2020 to December 2021, being able to highlight the advances and contradictions between public planning and management for the period, as well as what was put or not put into practice in Parauapebas-PA. In addition, it is highlighted that some data necessary to elaborate a more assertive planning and management against the advance of the coronavirus were not made available, were discontinuous, or did not exist. This hinders planning and management of health promotion in both the Union and Parauapebas. In this sense, the State, in the relationship between the union and the municipality, contributed to the promotion of planning and management closer to necropolitics than to health promotion. In Parauapebas, the low availability of equipment and infrastructure for most of the population, which depends on SUS, continued. The State promoted inefficient planning and management, based on political and decision-making centralism, public-private partnership, and low presence of supervisory and scientific institutions, being omission and facilitating the deaths of the poorest.

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