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Brazil's Social Policy Response to Covid-19: Healthcare and Poverty Alleviation

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Content

Brazil's Social Policy Response to Covid-19: Healthcare and Poverty Alleviation

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Abstract

During the pandemic, Brazil has provided its citizens with support in the areas of long-term care and disability, the labor market, social assistance, education, and pensions. This report focuses on two social policy areas, healthcare and family benefits (including labor policies), as these were the most crucial social policies implemented in Brazil during the Covid-19 pandemic in terms of the resources allocated and the magnitude of social impact. Brazil's relatively generous social policies were uncoordinated with public health interventions, which contributed to poor compliance with these public health interventions. This suggests that social policy initiatives alone are insufficient in mitigating the social consequences of the pandemic. They need to be accompanied by and coordinated with public health measures, including regulations on testing, social distancing and mask wearing.

Introduction

Brazil's first case of Covid-19 was diagnosed on February 26, 2020. However, later studies suggest that the virus had been circulating since early January 2020 (Delatorre, Mir, Gräf, & Bello, 2020). As of October 12, 2020, the pandemic had resulted in 5,096,209 confirmed cases and 150,555 deaths in Brazil (Dong, Du, & Gardner, 2020). In a large country such as Brazil, a pandemic curve is likely to present multiple peaks at different places and times (Bastos, 2020), making a coordinated response a formidable challenge. From June to September, Brazil had the second-highest number of cases of Covid-19 worldwide. In mid-September 2020, it was surpassed by India and the US. Thus, Brazil has been one of the countries most affected by Covid-19, both globally and in the Latin American and Caribbean regions. Despite its deeply entrenched authoritarian legacy and intermittent dictatorships, Brazil has never engaged in large-scale wars, and had never lost so many lives in such a short time. The second-worst epidemic to affect Brazil was the so-called Spanish Flu of 1918, whose impact pales in comparison with the consequences of Covid-19 on Brazilian lives.

Brazil's government response to the virus has been acknowledged as one of the most controversial worldwide (The Lancet, 2020; Washington Post, 2020). Brazil's president, Jair Bolsonaro, was popularly elected in 2018 after President Dilma Rouseff was impeached and removed from office in 2016, and her Vice-President Michel Temer took power. Bolsonaro a far-right, populist president, is a former army captain who has expressed opposition to abortion, gun control, same-sex marriage, and racial quotas. The first year of his administration was characterized by a massive pension reform. Bolsonaro's response to Covid-19 reflects his ongoing prioritization of capitalist interests and he is keen not to 'stop' the national economy.

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At the outset of the pandemic, the Ministry of Health (MoH) acted promptly in alliance with several subnational governments. In February, the MoH sponsored legislation to prepare the country for the Covid-19 pandemic (Law 13.979/2020), and several sub-national governments adopted contingency plans and created crisis committees. However, the presidency and its supporters adopted a denialist, anti-science approach (The Lancet, 2020; Washington Post, 2020). As our findings suggest, areas in which the president and his allies exerted the most authority were the ones most delayed in responding to the epidemic, through measures such as closing the national borders, assisting informal workers, providing harmonized guidelines for schools and universities, and coordinating a national healthcare response.

The pandemic struck the country during an economic crisis (Deweck, Oliveira, & Rossi, 2018). Therefore, responding to Covid-19 in Brazil demanded increased social expenditure against a backdrop of austerity policies, high unemployment rates, and social inequalities. In March, a "state of calamity" was announced by the Brazilian Congress (Legislative Decree 06/2020), allowing the federal government to increase public expenditure and relaxing the constraints of a former spending cap rule (Constitutional Amendment 95/2016). In April, the Congress approved a "War Budget" bill, which entailed a constitutional amendment to separate Covid-19-related spending from the government's main budget (Constitutional Amendment 106/2020). The Covid-19 emergency resulted in the federal government investing over USD 2 billion in health and social programs (Agencia Saude, 2020). Such investment enabled much-needed social programs, but was in opposition to the austerity policies promulgated by the Ministry of Finance and the presidency.

Brazil's Social Policy Response

As Brazil is a federal country, with 27 states and more than 5,000 municipalities, substantial regional variation in the implementation of social policies and programs during the pandemic are to be expected. In Brazil, the executive government can issue Provisional Measures, Presidential Decrees, and Ministerial Decrees, which can create, modify, or regulate social programs. Additionally, subnational governments also hold great discretion in regard to social policies, which, together with unequal infrastructures and enforcement capacities, make responses highly different. To the best of our knowledge, no studies examining or explaining such variations have been published.[1] The authors of this report were requested to provide information on eight social policy areas during the Covid-19 pandemic. In this report, we discuss the most noticeable developments in social policies pertaining to healthcare and family benefits, through the consultation of official documents, newspaper articles, and media interviews. This report is one of the first initiatives to systematically identify and study these policies;[2] therefore, limitations regarding the number of pieces of legislation identified are to be expected. Although Brazil has promoted necessary calibration and social program adjustments during the Covid-19 pandemic, these are mostly temporary. Such adjustments include rules to avoid termination of benefits, advance payments, and modernization of services through digital technologies. The most important benefit to protect vulnerable families and the unemployed, the Emergency Allowance (*Auxilio Emergencial*), is temporary. There has been a discussion about a reformulation of the Family Allowance Program (*Bolsa Familia*), but it is still soon to assess if this will happen effectively.

During the pandemic, Brazil has provided its citizens with support in the areas of long-term care and disability, the labor market, social assistance, education, and pensions. *Long-term care and disability.* The Continuous Cash Benefit Program (*Beneficio de Prestacao Continuada, BPC*) is a non-contributory benefit aimed at assisting both elderly persons aged 65 years and over and people living with a disability who have a household income lower than 25% of the minimum wage. During the pandemic, the government advanced those with disabilities and sickness a portion of their benefits, and suspended blocking and cancellation of beneficiaries (Law 13.982/2020).[3]

1 One important initiative to understand subnational responses in Brazil is the University of Miami's Covid-19 Observatory: http://observCovid.miami.edu/brazil/ (accessed November 24, 2020), which includes state by state variation across time in policy responses in Brazil, as well as other countries in Latin America.

2 For a comparative analysis of social protection measures in Latin American countries, see the excellent analysis of Blofield, Giambruno, and Filgueira (2020).

3 The BPC and other social programs in Brazil are constantly audited. In 2019, the Ministry of Economy issued a decree (Law 13.846/2019) to accelerate a revision of all benefits, searching for irregular beneficiaries. This initiative led to a

Although it was not possible to identify studies or reports regarding regional variation in the implementation of the Continuous Cash Benefit Program, overall performance likely differed across states and municipalities, as subnational governments have varying capacities to implement the program, as well as supplement federal benefit payouts. Unfortunately, it was also impossible to identify legislative reforms at the subnational level regarding people living with disabilities due to the pandemic.

Pensions. The Presidential Decree 10.410/2020 regulated the management process of pensions and its government institutes responsible for pensions. Ministerial decree 412/2020 did suspend some of the activities of pension institutions, including the requirement of proof-of-life certificates normally demanded of public pension beneficiaries. The government also advanced payment of the thirteenth salary for retirees. *Labor market.* Emergency Employment and Income Maintenance Program (Provisional Measure 939/2020) allows companies to negotiate suspension of employment agreements with their employees, and reduce salaries and working hours during the pandemic. The federal government subsidizes salaries in case of reduction. There was no regional variation in this area, as labor policy is the responsibility of the central government.

Education. The Ministry of Education, through the National Council of Education, provided two crucial guidelines. It first issued norms regulating exceptions to the usual academic year, e.g., reducing the minimum number of days in school (Provisional Decree 934/2020, then converted into Law 14.040/2020). Later on, it provided for the regulation of distance learning classes for higher education (Ministerial Decree 544/2020). However, the decision to open/close schools remained the prerogative of state government pandemic control plans. Therefore, there was significant variation in education policy across the country (Valente, Souza, & Nitahara, 2020). To the best of our knowledge, there are no published studies comparing education policies in Brazil's 27 states during the pandemic. We identified that the state of Sao Paulo issued a regulation complying with a new federal rule for high schools, which allows for increased freedom regarding course requirements; however, this was not related to the Covid-19 pandemic (Portal do governo, 2020). *Housing.* The most critical policy in this area was a reformulation of the Labor Party's program "My House, My Life", created during the administration of President Luis Inacio Lula da Silva. Provisional Measure 996/2020 created the "Green and Yellow House" program, but was not related to the pandemic. However, we did identify a few newspaper articles reporting regional governmental policies toward temporary resettlement of at-risk groups in government-managed facilities in various locations, including Rio de Janeiro (UOL, 2020).

This report focuses on two social policy areas: healthcare and family benefits (including some labor policies). Our decision to explore these two policies is justified, as these were the most crucial social policies implemented in Brazil during the Covid-19 pandemic in terms of the number of resources allocated and magnitude of social impact. Brazil has one of the largest public healthcare systems in the world. It covers 75% of the population, is funded through general taxes, and offers universal access at no cost at the point of delivery.[4] Brazil's government made substantial efforts to strengthen the healthcare system's capacity to respond to the pandemic. Additionally, in an effort to provide for the poor, the government expanded its successful conditional cash transfer program and created an innovative Emergency Allowance (*Auxilio Emergencial*) program, which paid an amount equal to half of the minimum wage to informal, self-employed, and noncovered unemployed workers.[5] Together, the Emergency Allowance and conditional cash transfer program have been recognized as examples of effective measures in protecting informal workers and families from poverty during the pandemic (World Bank, 2020). Because family and labor policies were intertwined (almost 30% of family benefit recipients were entitled to the Emergency Allowance, a labor policy), we analyzed these two areas together.

Healthcare

To understand healthcare policy during the Covid-19 pandemic, it is necessary to understand the allocation of authority and responsibility in the Brazilian health system. The public healthcare system is highly decentralized. The

termination of 254,000 irregular beneficiaries (Extra, 2019).

4 Private health insurance covers 25% of the population, mostly through employment benefits packages. People with private health insurance are also entitled to use the public healthcare system, which they usually do to cover high-cost drugs and treatments they are not entitled to under their private contracts.

5 Single mothers received twice the amount.

27 states and more than 5,000 municipalities are responsible for healthcare provision. As a means of coordinating healthcare provision, there are 438 health regions, a network of municipalities (ranging from 1 to 46 jurisdictions) which is responsible, among other things, for hospital assistance. The MoH has the constitutional mandate of coordinating Brazil's health policy, particularly during public health crises. However, President Bolsonaro's denialist position regarding Covid-19 led to an unprecedented degree of pressure on the Ministry of Health to avoid supporting social distancing measures and advocate for the use of experimental (and controversial) treatments such as chloroquine. The MoH did not issue any national lockdown, social-distancing, or stay-at-home orders. Given the president's approach to the pandemic, it was difficult for the MoH to coordinate a response with state governments that were willing to follow World Health Organization (WHO) pandemic guidelines. Conflict between the president and the MoH led to the replacement of two health ministers and thus instability in this institution. The political dispute between the president, the health ministers, and state governors is explored elsewhere (Fonseca, Nattrass, Arantes, & Bastos, 2020).

On January 30, 2020, the WHO declared Covid-19 to be a Public Health Emergency of International Importance. On February 4, 2020, the Brazilian MoH issued Ministerial Decree 188/2020, reporting the outbreak as a Public Health Emergency of National Importance. The Law 13.979/2020 established measures to respond to the pandemic, including the establishment of guaranteed free healthcare treatment and the suspension of public procurement bidding, among others. A month later, on March 12, Ministerial Decree 356/2020 provided for the regulation and implementation of the Public Health Emergency of National Importance Act measures. The main measures included regulation of social distancing, quarantine, violation of isolation and quarantine measures, and the requisitioning of assets and services (with compensation) from an individual or company during the public health emergency.

The National Health Surveillance Secretariat at the MoH coordinated health surveillance and developed the National Contingency Plan for Human Infection for Covid-19, which consisted of a three-level response: Alert, Imminent Danger, and Public Health Emergency. Since mid-March 2020, Brazil has remained in the state of Public Health Emergency. The National Contingency Plan and other protocols serve as a guideline for state and municipality contingency plans. However, healthcare infrastructure and capacity are highly uneven across the country. As the virus spread toward more impoverished areas with lower healthcare capacity, especially in northern and northeastern Brazil, it posed additional challenges to the healthcare system. At the moment, there are no published studies regarding the content of subnational government contingency plans. Still, a preliminary investigation of the rule that allows the government to requisitioning of assets / services from an individual or company during the public health emergency" has identified different legislation in 15 jurisdictions.[6] Additionally, an analysis using the Oxford Covid-19 Government Response Tracker coding system applied to federal, state, and selected state-capital governments suggested a large disparity between the severity of social distancing measures supported by federal and subnational governments, with the latter contributing more to Brazil's country-level stringency scores (Petherick, Goldszmidt, Kira, & Barberia, 2020). Finally, a pre-print study suggest that the number of Covid-19 cases and deaths increased in electoral jurisdictions that supported President Bolsonaro (Garcia, 2020a).

Brazil has an extensive primary healthcare network, with (as of mid-2020) more than 43,000 Family Health teams and 260,000 community health agents. The Family Health Program is coordinated by the MoH but locally implemented. It provides preventive and basic healthcare using multidisciplinary professional teams, usually consisting of a physician, a nurse, and community health workers. These teams are responsible for health surveillance initiatives such as testing, providing information about social distancing (including assisting in isolating patients diagnosed with Covid-19), tracking the patient network, and caring for patients with mild symptoms. As 80% of Covid-19 cases do not develop severe symptoms, Family Health teams were essential in caring for these patients (Collucci, 2020).

In May 2020, the MoH issued primary care guidelines during the pandemic (Ministerio da Saude, 2020a, 2020b). We are yet to understand the consequences of the Family Health Program in responding to the epidemic, but there are some relevant observations to be considered. First, we know from previous studies that there is strong variation in the implementation of such primary care programs in the country, which affect health outcomes

6 Retrieved from https://www.migalhas.com.br/depeso/323162/a-requisicao-administrativa-em-tempos-de-Covid-19 (accessed October 12, 2020).

(Hone et al., 2017). Second, a recent study called attention to the risks of infection among community health workers. Many of these professionals were not provided with the protective equipment they needed, and the contradictory messages transmitted to the public during the pandemic affected their ability to treat patients (Lotta, Wenham, Nunes, & Pimenta, 2020). Therefore, when considering the role of primary care in curbing Covid-19 in Brazil, it is important to be aware of such institutional variations.

Secondary and tertiary care are crucial in the Covid-19 pandemic context, as patients developing severe respiratory problems and chest pain require emergency care. As the number of cases increased, the demand for intensive care unit (ICU) space and ventilators escalated. In the three states most affected by Brazil's pandemic, the health system faced significant challenges and collapsed: Amazonas, Rio de Janeiro, and Ceara. Manaus, the largest city in the state of Amazonas, figured in the international media as an example of the devastation that the virus can cause. Within less than a month of the first diagnosed case, the 146 ICU beds and 446 infirmary beds in the city were insufficient to respond to a skyrocketing epidemic. A Washington Post article illustrates the catastrophic scenario in Manaus: "Coronavirus patients were being turned away. Basic necessities – beds, stretchers, oxygen – had run out. Ambulances had nowhere to take patients. People were dying at home. Gravediggers couldn't keep up." (McCoy & Traiano, 2020). Availability of ICU beds and the purchasing of ventilators and medicines used in ICU varied considerably across the states, as it is the responsibility of the subnational government to procure these medical devices and products.

Even before the pandemic, the distribution of ICU beds among the 438 health regions was already highly unequal over the country; 70% of health regions did not have an adequate distribution of 10 beds per 100,000 inhabitants, and nearly 15% of the population covered by the public healthcare system did not have access to an ICU (mainly in the north, northeast, and center-east of the country) (Rache, Rocha, Nunes, & Massuda, 2020). Similar findings were reported by Costa and Lago (2020), who call attention to the fact that private hospital facilities are concentrated in the urban areas of the country, namely the south and southeast.

Several state governments were able to build field hospitals that were essential in treating severe cases of Covid-19 in the large metropolitan areas of Sao Paulo, Manaus, and Recife. Although regional governments can build such infrastructure, new beds must be licensed by the MoH. Many of the dozens of ministerial directives issued during the pandemic were related to authorization and disabling of field hospital beds.[7]

Finally, preliminary analyses suggest deep inequalities between patients being treated at public and private hospitals. A newspaper article reported that patients treated in private hospitals had a 50% greater chance of being cured than those in public hospitals. Cure rates were lower in northern and northeastern states (Pernambuco: 45%, Para: 53%) than in the south and southeast (Sao Paulo: 60%, Rio Grande do Sul: 79%) (Faria & Yukari, 2020; Martins, 2020). There are also differences within states, such as Rio de Janeiro, where the divide between public and private care is more evident. As mentioned, it is still too soon to fully explain such differences, and it is likely that multiple factors are at play: (i) quality of care received in the private sector (e.g., trained healthcare professionals, access to ventilators and physical therapists), (ii) patients receiving care in public hospitals are more likely to have a history of untreated co-morbidities, and (iii) the infrastructure available in the public healthcare system might differ between the northern/northeastern and the southern/southeastern states (Faria & Yukari, 2020; Martins, 2020).

Policies for families, the unemployed, and informal workers

Nearly half of Brazil's population lives in poverty (less than USD 5.50 per day, PPP) or is vulnerable to falling into poverty; therefore, Brazil's population is particularly susceptible to the negative socio-economic consequences of the Covid-19 pandemic (World Bank, 2020). Particularly at risk are those living in *favelas* (urban slums) and lacking necessary sanitation facilities, which makes compliance with hygiene standards and social distancing more challenging. Social policies to protect the poor, informal workers, and the unemployed would be crucial to enabling effective emergency measures, particularly non-pharmaceutical interventions.

7 For a full list of ministerial directives issued during the pandemic, see https://portalarquivos2.saude.gov.br/images/pdf/2020/October/05/02.10.2020_Portarias%20publicadas%20sobre%20COVID_com%20edição.pdf (accessed October 5, 2020).

Brazil has one of the most successful conditional cash transfer programs globally, known as the Family Allowance Program (*Bolsa Familia*) (Rasella, Aquino, Santos, Paes-Sousa, & Barreto, 2013; Shei, Costa, Reis, & Ko, 2014). During the pandemic, the government promoted adjustments to the Family Allowance Program, and also created a new social program to provide salary relief to vulnerable populations: the Emergency Allowance (*Auxilio Emergencial*).[8] The Family Allowance and the Emergency Allowance were the two most important social programs implemented in Brazil during the pandemic, and are seen as exemplary counter-pandemic measures (World Bank, 2020).[9] Paradoxically, Brazil provided one of the most generous social assistance packages in the Latin American region, despite its unhealthy fiscal condition.

Family benefits

One of Brazil's most important social programs, the Family Allowance Program, was created in 2003. It is one of the most extensive conditional cash transfer programs in the world in terms of coverage, generosity, and social impact (Shei et al., 2014). It targets low-income families with a per capita income below USD 40 per month and registered with the Unified Record (*Cadastro Unico*). Monthly payments are made preferentially to women, and are directly credited to beneficiaries' electronic benefit cards conditional upon compliance with health and education requirements. For instance, children under the age of seven years are expected to receive immunizations according to the MoH schedule and attend growth monitoring visits twice a year. Children between the ages of six and seventeen years must be enrolled in school and maintain minimum daily school attendance of 85%. Failure to comply with these conditions results in suspension of payments. Schools and health centers are responsible for reporting compliance to the local government. It is the responsibility of the local government to register and implement the program, which is then verified at the federal level.

In early March, at the beginning of the pandemic in Brazil, the Ministry of Citizenship canceled the benefits of 158,000 families in the northeastern region, arguing that they were no longer entitled given their financial improvement. Prompted by cancelation of benefits, delays in accepting new beneficiaries from their region, and the discrepancy in funding among regions, eight states of the northeast filed a lawsuit and won their case at the Supreme Court (Melo, 2020). As a response, the Ministry of Citizenship suspended penalties for those families that had not been able to fulfill the conditions of the program during the epidemic (such as school or basic healthcare attendance), or those with insufficient record information (Ministerial Directive 335/2020). As schools were closed and health services overwhelmed by Covid-19 cases, it had proved impossible for many families to fulfill these conditions (Bartholo, Paiva, Natalino, Licio, & Pinheiro, 2020). The Ministry of Citizenship also suspended the monthly evaluation of municipalities' performance index, which assesses the municipality's local-level compliance with the rules of the Family Allowance Program (Ministerial Directive 335/2020).

Changes to the Family Allowance Program meant that for the first time in more than a year, the waiting list of people wanting to enter the program was reduced from 1.7 million families to less than 500,000 (Resende, 2020). This was thanks to the Presidential Provisional Measure 929/2020, which allocated more than BRL 3 billion (USD 578 million) to the program (due to the lack of funds, the Ministry of Citizenship could not expand the number of families in the program without this provisional measure). However, there was still an enormous difference between the new Family Allowance concessions to the southern and southeastern regions (75%), which are the wealthiest regions of Brazil, and the northeastern regions, which received only 3% of new concessions (Resende, 2020).[10]

8 The government also created the Emergency Labor Program, designed to allow the reduction of labor hours for 90 days or temporary suspension of labor contracts for 60 days. During that time the government would either subsidize the salary or, in the case of contract suspension, cover the full unemployment insurance.

9 Key normative acts of the Ministry of Citizenship during the pandemic can be accessed here: https://www.gov.br/cidadania/pt-br/acoes-e-programas/Covid-19/MC_Cartilha_Coronavirus.pdf (accessed October 5, 2020).

10 According to the Ministry of Citizenship, the enrollment is automatic and based on poverty estimates of each state. However, analysists suggest that there are problems with the statistical formula and the outdated dataset used by the federal government to allocate the resources (Resende, 2020).

The Emergency Allowance

Besides the Family Allowance Program, the federal government created a new program known as the Emergency Allowance. This initiative covered recipients of the Family Allowance,[11] unemployed individuals with a household income below half the minimum wage, and informal workers. The program was announced mid-March 2020 after strong pressure from congressmen and congresswomen on the Ministry of Economy. Initially, the executive government announced a BRL 200 allowance (USD 37) per month which, after a debate in Congress, was increased to BRL 600 (USD 110) (Piovesan & Siqueira, 2020). The Law 13.982/2020 created the program, which was then regulated by Presidential Decree 10.316/2020. In May, the government came under further pressure to extend the allowance for additional months. Again, there was a dispute between the Minister of Economy and Congress. The former suggested increasing the allowance by BRL 200 (USD 38) per month for an additional two months. Ultimately, in June, Presidential Decree 10.412/2020 extended payouts by another two installments BRL 600 (USD 110) and the Provisional Measure 1000/2020 added four installments of BRL 300 (USD 55.83), totalizing nine monthly installments, from April to December 2020 (Table 1).

Table 1. Emergency Allowance benefits

Normative act	Months covered (No. of installments)	Value per installment
Law 13.982/2020	April – June (3)	BRL 600 (USD 110)
Presidential Decree 10.412/2020	July and August (2)	BRL 600 (USD 110)
Provisional Measure 1000/2020	September – December (4)	BRL 300 (USD 55.83)

Source: Authors' compilation

As of October 2020, the program had aided nearly 67.7 million individuals (Table 2), costing BRL 218 billion (USD 39 billion) (Caixa Economica Federal, 2020), which represents nine years of government expenditure through the Family Allowance Program. Because of the economic recession, such expenditure was only possible thanks to the state of calamity and war budget issued by Congress, which allowed an increase in the executive government's expenditure.

Regarding the target population, enrollment could be done through the Government Single Registry of Social Programs (CadUnico, acronym in Portuguese), which consolidates information on families receiving social benefits, or through an online registration of new beneficiaries (ExtraCad). As Table 1 demonstrates, more than half the beneficiaries were not registered in any social program. This created additional challenges, e.g., how to identify and verify the eligibility of these new entrants. Brazil adopted a fully online strategy to enroll new individuals, but not all vulnerable people had access to the internet or a cell phone. Additionally, problems with incomplete applications or documentation had to be solved in person, which led to long waiting lines at social security offices throughout the country (Veloso, 2020).

Table 2. Beneficiaries enrolled in the Emergency Allowance Program (October 2, 2020)

Beneficiaries	Number in Millions	Percentage
Family Allowance (*Bolsa Familia*)	19.2	28%
Enrolled in CadUnico	10.5	16%
Not previously enrolled in CadUnico	38.0	56%
Total	67.7	100%

Source: Caixa Economica Federal (2020)

11 It was not possible to receive both benefits. If the Salary Relief Program payment was higher than the Family Allowance, the Ministry of Citizenship would automatically replace the lower payment by the higher one.

The impacts of the program are impressive. As a result of the Emergency Allowance, poverty fell to a historic low of 50 million people, the lowest level since the 1970s (Neri, 2020). In terms of regional differences, poverty reduction was higher in northern and northeastern states: Rondonia (-35%), Tocantins (-34%), and Pernambuco (-34%) (Neri, 2020). During May 2020, more than 5% of Brazilian residents (3.5 million) survived this period relying only on the Emergency Allowance (Bartholo et al., 2020). According to the monthly National Household Sample Survey (acronym in Portuguese, PNAD) Covid-19, nearly 44% of Brazilian households (30.2 million) had access to some kind of emergency benefits related to the pandemic in July (do Brasil, 2020). Surprisingly, however, beneficiaries of the Emergency Allowance had the lowest rates of social distancing. In August, 6.15% of this group was in full at-home lockdown, while 40.7% reported to be remaining at home and leaving only for basic necessities (Neri, 2020). These numbers are below the average for the Brazilian population. Thus, while social policy influenced income levels, the poor demonstrated lower levels of adherence to social distancing measures imposed in response to the pandemic. A possible explanation of these findings is that social program beneficiaries tend to work in service or informal jobs that, by their very nature, do not allow for extensive implementation of social distancing measures (Garcia, 2020b).

As the Emergency Allowance is poised to end in December 2020, it is expected that 16 million people will return to poverty (Canzian, 2020). Ironically, despite Bolsonaro and his economic minister's initial reluctance to increase public expenditure, the popularity of the president increased considerably as social policies were implemented (a term record of 37% good/excellent) (G1, 2020). As observed by Marcelo Neri, a notable social science researcher in Brazil, "Guedes [Brazil's minister of economics] turned out to be a surprisingly generous manager of Keynesian policies. Now, we have to continue being half Keynesian, but we don't have the money." (Boadle, 2020). Even as cash transfer programs during the pandemic provided a political boost for Bolsonaro, the president was, as of mid-August 2020, considering replacing the Family Allowance with a new program. At the moment of writing (October 3), the new program, initially called *Renda Brasil*, is under intense contestation, as the government is yet to identify a source for its funding. Both family and unemployment policies helped counterbalance the negative effects of the decisions made by the president. Whether this was serendipitous, or a shrewd political strategy, is unclear.

To conclude, it is worth noting that in addition to the Family Allowance Program and the Emergency Allowance, some states distributed vouchers and food stipends to families registered with the CadUnico. For instance, the government of Santa Catarina waived electricity bills, and the government of Mato Grosso provided food parcels (*cesta basica*) for poor families. One of the consequences of this mix of national, state, and local regulations was that people living in different states were entitled to different social benefits. At the moment there are no studies comparing these benefits according to geographic distribution.

Conclusion

Social policy matters for pandemic response. Social policies are crucial to the effectiveness of non-pharmaceutical interventions (NPIs) as well as to their political sustainability (Greer, Jarman, et al., 2020; Greer, King, Fonseca, & Peralta-Santos, 2020). However, Brazil's generous social policies were uncoordinated with public health interventions, which contributed to poor compliance with NPIs. This suggests that social policy initiatives alone are insufficient in mitigating the social consequences of the pandemic. They need to be accompanied by and coordinated with public health measures, including regulations on testing, social distancing and mask wearing.

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Appendix 1: Social Policy Developments in Response to Covid-19 by Policy Area (Brazil, January–September 2020)

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labor market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	Yes	Yes	Yes	Yes
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	Yes	Yes	Yes	Yes	Yes
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	No	Yes	Yes	N/A	Yes
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	Yes	Don't know	No	Yes
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	Yes	Yes		
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	Yes	No	Yes		
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	Yes	N/A	Yes		
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	Don't know	Yes		

* Legislative reforms in other policy areas explicitly aimed at social protection, e.g. food subsidies or tax cuts aimed at social protection.

Appendix 2: Social Policy Legislation in Response to Covid-19 (Brazil, January–September 2020)

Note: The following table covers two of the most significant social policy measures passed at the national level in response to the Covid-19 pandemic.

Law 1		
(1)	Number of law	13.982
(2)	Name of law (original language)	Lei do Auxílio Emergencial
(3)	Name of law (English)	Emergency Allowance Law
(4)	Date of first parliamentary motion	27 November 2017
(5)	Date of law's enactment	02 April 2020
(6)	Date of law's publication	02 April 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	No
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	Yes
(10)	Note on (7)-(9) (max. 300 words)	The law's purpose is to provide emergency aid to people economically affected by the pandemic and to change the criteria for accessing another long-term care program (Continuous Cash Benefit – BPC), whose beneficiaries are an at risk group.
(11)	Was this law a legislative package that contained multiple social reform components?	Yes
(12)	If (11) yes, how many distinct social reform components did it contain?	2

Law 1: Component 1		
(13)	Policy Area	Long-term care and disability
(14)	Brief description of reform component (max. 300 words)	Changes in the Continuous Cash Benefit (BPC): Increased income limit for access (but this has not been implemented) simplified bureaucratic procedures to avoid crowds Allowed access to the benefit in advance for those in the waiting queue.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	No
(17)	*If fix-term*, duration in months	Not Applicable
(18)	Note on (15)-(17) (max. 200 words)	The changes in BPC facilitated access for new applicants and allowed them to receive the benefit prior to the confirmation of access. The changes in access management are permanent, but receiving the cash transfer in advance is an atypical feature due to Covid-19 pandemic. It can be requested up to October 31, and the cash transfer should take place by December 31.
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Indefinite
(21)	*If fix-term*, duration in months	-

Law 1: Component 1		
(22)	Note on (19)-(21) (max. 200 words)	The changes in the BPC simplified the application procedure, so it is expected that people who had no access for procedural reasons (i.e.: were not able to attend the social security agencies in person) can now get registered in the program. However, permission to receive the benefit in advance (prior to the confirmation of access) cannot be considered an expansion of the program's coverage because it encompasses the applicants that already were in the waiting queue. If the application is denied afterwards, the recipient must return the money; if it is granted, it is not due to an expansion in generosity, but the normal procedural confirmation process.
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	Not Applicable
(25)	*If fix-term*, duration in months	Not Applicable
(26)	Note on (23)-(25) (max. 200 words)	-
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	-
(29)	Estimated cost of reform in 2020 (national currency)	Data not found
(30)	Estimated cost of reform in 2021 (national currency)	-
(31)	National Currency Code (ISO 4217)	BRL
(32)	Source of cost estimation	Other
(33)	Note (29)-(31) (max. 200 words)	As explained above, the change was in the program's access criteria, so it is not possible to determinate, in advance, the costs of this change. Regarding public spending on the benefit advance for those in the queue, the incremental budget was approved as part of a social package of BRL 2.5 billion, so it is not possible to calculate the specific amount destined for the BPC waiting queue.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	to a large degree

Law 1: Component 2		
(13)	Policy Area	Family benefis
(14)	Brief description of reform component (max. 300 words)	The new Emergency Allowance was created to minimize the economic impact of the Covid-19 pandemic on households. It consists in cash transfers to majority age (18 y.o.) individuals whose family per capita income is less than the minimum wage (BRL 523 or USD 96). Beneficiaries from other existing cash transfer program (Family Allowance Program) can automatically receive the new aid if the value they are entitled to is higher. The payments range from BRL 600 (USD 110) to BRL 1200 (USD 220) (for single mothers).
(15)	Change in coverage of existing benefits?	Not Applicable
(16)	Duration of coverage change?	Not Applicable
(17)	*If fix-term*, duration in months	-
(18)	Note on (15)-(17) (max. 200 words)	The new Emergency Aid Program did not change existing benefits coverage.
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Fix-term
(21)	*If fix-term*, duration in months	9 months

Law 1: Component 2		
(22)	Note on (19)-(21) (max. 200 words)	Beneficiaries from another existing cash transfer program (Family Allowance Program – PBF) can automatically receive the new aid if the value they are entitled to is higher. Therefore, the new Emergency Aid Program covered PBF beneficiaries and new applicants (67.7 million people).
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Fix-term
(25)	*If fix-term*, duration in months	9 months
(26)	Note on (23)-(25) (max. 200 words)	When the law was enacted, the program was supposed to last 3 months (April, May and June), but it was extended twice: 2 new payments of BRL 600 during July and August, and then four more payments of BRL 300 (USD 55) for September–December.
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	-
(29)	Estimated cost of reform in 2020 (national currency)	BRL 269,984,971,244.00 [12]
(30)	Estimated cost of reform in 2021 (national currency)	-
(31)	National Currency Code (ISO 4217)	BRL
(32)	Source of cost estimation	Other
(33)	Note (29)-(31) (max. 200 words)	The program's duration when the law was enacted was 3 months. It was extended twice, totalizing 8 months. The cost data is available up to the fifth month. It is supposed to last until December 2020, so there is no estimated cost for 2021.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	to a large degree

Law 2		
(1)	Number of law	337/2020
(2)	Name of law (original language)	PORTARIA Nº 337, DE 24 DE MARÇO DE 2020
(3)	Name of law (English)	Ministerial Decree N° 337, 24 March 2020
(4)	Date of first parliamentary motion	Not applicable
(5)	Date of law's enactment	Not applicable
(6)	Date of law's publication	25 March 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Not applicable
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	Not applicable
(10)	Note on (7)-(9) (max. 300 words)	Elaborated by Ministry of Citizenship
(11)	Was this law a legislative package that contained multiple social reform components?	Yes (but it was complemented by Ministerial Decree Nº 369, 29 April 2020)
(12)	If (11) yes, how many distinct social reform components did it contain?	2 (provides measures to deal with Covid-19; and makes an extraordinary financial contribution)

12 Source: Painel do Orçamento Federal. Available at: https://www1.siop.planejamento.gov.br/QvAJAXZfc/opendoc.htm?document=IAS%2FExecucao_Orcamentaria.qvw&host=QVS%40pqlk04&anonymous=true&sheet=SH06 [Accessed 15 Oct. 2020]

Law 2: Component 1		
(13)	Policy Area	Social Assistance
(14)	Brief description of reform component (max. 300 words)	Provides measures to deal with the Covid-19 public health emergency: (1) adoption of a shift schedule to avoid crowding in the work environment; (2) adoption of safety measures for professionals with the provision of hygiene materials and Personal Protective Equipment; (3) adoption of the Ministry of Health guidelines regarding care and prevention of transmission Covid-19; (4) flexibilization of face-to-face activities in the Social Assistance Centers – CRAS and CREAS; (5) inform about care and prevention; (6) remote schedule of services and benefits, prioritizing serious or urgent individualized care; (7) hold attendance in open spaces; and (8) temporary suspension of events, meetings, training courses, workshops, among other collective activities; (9) application of financial resources transferred to the social assistance funds of the states, municipalities and the Federal District as management support.
(15)	Change in coverage of existing benefits?	No
(16)	Duration of coverage change?	While the public health emergency lasts
(17)	*If fix-term*, duration in months	No
(18)	Note on (15)-(17) (max. 200 words)	-
(19)	Change in generosity of existing benefits?	Yes
(20)	Duration of generosity change?	Yes
(21)	*If fix-term*, duration in months	Varies according to the needs of each subnational government
(22)	Note on (19)-(21) (max. 200 words)	Public managers must forward the "Terms of Acceptance and Commitment" to their respective social assistance councils
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	-
(25)	*If fix-term*, duration in months	-
(26)	Note on (23)-(25) (max. 200 words)	-
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	-
(29)	Estimated cost of reform in 2020 (national currency)	BRL 2,550,000,000.00
(30)	Estimated cost of reform in 2021 (national currency)	-
(31)	National Currency Code (ISO 4217)	BRL
(32)	Source of cost estimation	Provisional Measure Nº 953, 15 April 2020
(33)	Note (29)-(31) (max. 200 words)	Consists of an extraordinary credit to the Ministry of Citizenship
(34)	If the implementation of the reform should already have started, has the reform been implemented?	Yes, some subnational governments have already legislated on the topic (i.e. City of São Paulo – Ordinance Nº 39/SMADS, 18 September 2020)