


# Contemporary crisis: social regressions, health policies, and democratic challenges


Crises contemporâneas: retrocessos sociais, políticas de saúde e desafios democráticos

**Carinne Magnago<sup>a</sup>**

 <https://orcid.org/0000-0001-8799-3225>

Email: carinne@usp.br

**Cleide Lavieri Martins<sup>a</sup>**

 <https://orcid.org/0000-0001-7688-0516>

Email: cleide@usp.br

<sup>a</sup>Department of Policy, Management, and Health, School of Public Health, Universidade de São Paulo. São Paulo, SP, Brasil.

## Abstract

In the context of globalization, mentioning contemporary democracy, science, social-economic, sanitary, and environmental crises is recurrent. In Brazil, these crises have worsened due to historical-cultural structures that carry deep unresolved problems and due to governments that have worn down the national institutions that were reconstructed with hard work during its re-democratization process. In this editorial, we reflect on the national crisis context experienced in Brazil in the last years, situating social regressions resulting from neoliberal and conservative policies carried out by the last two heads of the federal government and placing some challenges to be faced by the country beginning by a movement to retrieve democracy.

**Keywords:** Brazil; Globalization; Pandemic; Democracy; Public Policies.

## Corresponding author

Carinne Magnago

Av. Dr. Arnaldo, 715, Cerqueira César, São Paulo, SP, Brasil.

CEP: 01246-904

## Resumo

No contexto da globalização, é recorrente a menção às crises contemporâneas da democracia, da ciência, econômico-sociais, sanitárias e ambientais. No Brasil, essas crises se agravam em função da estrutura histórico-social que carrega profundos problemas não resolvidos, bem como em função de governos que têm desgastado as instituições nacionais que foram arduamente reconstruídas no processo de redemocratização do país. Neste editorial, refletimos sobre o contexto de crise nacional experimentado no Brasil nos últimos anos, situando retrocessos sociais resultantes de políticas neoliberais e conservadoras levadas à cabo pelos últimos dois mandatários do governo federal, e posicionando alguns desafios a serem enfrentados pelo país, a partir de um movimento de retomada da democracia.

**Palavras-chave:** Brasil; Globalização; Pandemia; Democracia; Políticas Públicas.

## Introductory note

The contemporary world is witnessing profound and significant conjunctural and structural changes that produce not only advances but also crises, emergencies, and contradictions. This multifaceted process, characterizing one of the aspects of globalization, is marked not only by scientific and technological advents but also climate change, geopolitical conflicts, and the widening of social inequalities (Ramalho, 2012).

The globalization discourse has two meanings: a symbolic one that alludes to a supposed homogenization of the planet toward universal citizenship and a prescriptive one, “represented by very concrete neoliberal policies implemented by agents and institutions that manage the dominant capitalism” (Castro, 2008, p. 237). The first sense seeks to mask the second one, whose real intentionality is to strengthen an economic ideology that manufactures perversities (Santos, 2001).

This globalizing context has recurrent mentions to contemporary democracy, science, economic-social, health, and environmental crises. In Brazil, these crises are worsened by a historical-social structure that carries deep unresolved problems and by governments that have worn out the national institutions, arduously rebuilt during its redemocratization. In these scenarios, social conditions and health situations are intrinsically worsened by overlapping contingencies and ruptures.

This brief editorial seeks to reflect on the national crisis context Brazil has experienced in recent years, situating social setbacks resulting from neoliberal<sup>1</sup> and conservative policies carried out by the last two representatives of its Federal Government and to position some challenges the country is to face from a movement to resume democracy. Moreover, we present the articles in this issue of *Saúde e Sociedade*, many of which take on the retreat of public health policies and the health crisis caused by

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<sup>1</sup> We understand neoliberalism as more than an economic policy that defends absolute market freedom and whose logic proposes to further develop the capitalist model. Neoliberalism also configures a political practice that seeks to establish the market logic as a generalized norm, governing from the State (which would have the function of continuously establishing competitive conditions that preserve the mercantile rationality) up to the core of human subjectivity, adapting it to the economic model (Dardot; Laval, 2016).

COVID-19 as their object of reflection, some of which are gathered in the dossier *Epidemics, pandemics, and social inequalities*.

## Brazil under a coup: 20 years of setbacks in two<sup>2</sup>

Since the coup in 2016<sup>3</sup>, we have witnessed the rise of conservative forces that act against social and collective interests and have advanced legislation and norms that harm health, education, and social security systems. Budgets for policies that matter to society have been reduced while public debt, poverty, and hunger have grown. As a consequence, social inequalities have widened and rates of violence have increased dramatically (Grupo de Trabalho da Sociedade Civil para Agenda 2030, 2018).

Specifically during Temer's government, and in compliance with the guidelines of the neoliberal agenda, austere measures were approved with the supposed intention of solving the problem of deteriorating public accounts, such as the Labor Reform and the Outsourcing Law (Brasil, 2017), violating constitutional principles and showing important social setbacks for this century (Souza; Soares, 2019). The former guideline changed several points in the Consolidation of Labor Laws regarding workers' rights and employers' duties, making labor relations more flexible and causing marked consequences that rendered the national workforce more precarious. The Outsourcing Law, in turn, authorizes the hiring of third parties to develop the final activities of companies, a practice until then prohibited by the legislation.

Temer's government dismantled or restricted important social policies, such as Science without Borders; Bolsa Família (the Brazilian Family Allowance program); the Food Acquisition Program; the Brazilian Popular Pharmacy; and Minha Casa, Minha Vida (the Brazilian Housing Program)

(Souza; Soares, 2019). Among its most radical measures (and the first of them), the Constitutional Amendment 95/2016 (Brasil, 2016) – known as the *Constitutional Amendment of death* – provided for the freezing of public spending for 20 years, comprehensively harming society, especially the poorest and most vulnerable people since it makes it impossible to fulfill the constitutional obligations of the State (Roznai; Kreuz, 2018).

Temer's health policies were marked by the aforementioned *Constitutional Amendment of death*, which may deprive the national Unified Health System (SUS) of receiving R\$ 1 trillion by 2036, leading it to an unprecedented financing crisis (Vieira; Benevides, 2016) and to the government breaking with the guidelines and entities of the sanitary movement. This rupture was seen, for example, in the review process of the National Primary Care Policy, which dissolves the centrality of the Family Health Strategy in organizing SUS and instigates the proposition of new care arrangements that fail to include multiprofessional teams (Morosini; Foster; Lima, 2018).

The rupture was also noticeable in the proposals for setting back public policies that were hard-won over decades, as is the case of the National Mental Health Policy, which set new guidelines for the clinical functioning, financing, and guidance of the national Psychosocial Care Network, with directions “for a hospital/asylum care, as opposed to community-based services” (Cruz; Gates; Delgado, 2020, p. 6).

These actions to demobilize SUS and its universal and free character were added to the proposal to create ‘popular and accessible’ health plans in a clear attempt to establish mechanisms to expand private participation in the health sector and hold the population responsible for supervising the services they hire. This expresses

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2 An allusion to the ambiguous slogan “*Brazil has returned, 20 years in 2*”, which Michel Temer adopted to celebrate his two years occupying the office of President of the Republic. Read more at: <<https://www1.folha.uol.com.br/poder/2018/05/planalto-desiste-de-slogan-o-brasil-voltou-20-anos-em-2-apos-interpretacao-ambigua.shtml>>

3 An anti-democratic process that culminated in the illegitimate removal of President Dilma Rousseff by impeachment proceedings on dubious legal grounds and the ascension of the then vice president Michel Temer to the office of President of the Republic.

a view that “health ceases to be a social right to be objectively constituted as a commodity” (Reis et al., 2016, p. 129).

## Brazil under Bolsonaro: the pandemic and the dismantling of public policies

Bolsonaro’s government has widened the “heritage” of its preceding government. It had four years of unprecedented economic, social, and environmental setbacks, during which ultra-liberal initiatives, anti-science theories, and movements based on religious fundamentalism gained strength. In the environmental area, for example, deforestation, forest fires, and illegal mining have grown; violence against Indigenous peoples, increased; and record pesticide use, approved (Brzezinski, 2021). Social programs, which had already been hit hard by resource cuts during Temer’s government, suffered even more from neglect and budget cuts. Policies aimed at housing, citizenship rights, Indigenous peoples’ rights, the promotion of equality, and the confrontation of gender-based violence suffered the most (Zigoni et al., 2019).

Education was marked by the adoption of an ideological policy, censoring and persecuting staff, teachers, and students; militarizing schools; reducing university autonomy by appointing rectors and interveners elected outside the community; and significantly cutting institute and university resources (Chaves, 2022). Several public health policies were the target of attacks and rearrangements. Closed in 2019, *Mais Médicos* (More Doctors Program - PMM), for example, began to be dismantled even before Bolsonaro’s inauguration. By questioning the training of Cuban doctors and threatening to impose arbitrary conditions for these professionals continuing to work in Brazil, Bolsonaro led the Cuban government to end its participation in the program and to order

the immediate return of its medical staff (Dias; Lima; Lobo, 2021). The damage to historically underserved areas due to the shortage of healthcare providers (in so-called remote rural municipalities<sup>4</sup>) began to be perceived immediately in the increase in children’s preventable deaths. We should keep in mind that the PMM gathered more than 18,000 doctors, guaranteeing care to 63 million people. In 19% of Brazilian municipalities, the PMM was responsible for 100% of primary care (Nascimento, 2022).

The National Anti-Drug Policy was completely distorted from the technical and ethical framework of the Brazilian Psychiatric Reform. Instead of freedom, territorialization, and harm reduction, the new policy gave way to control, imprisonment, and compulsory abstinence as precepts to guide the treatment of addiction (Cruz; Gonçalves; Delgado, 2020). Considering world models, the HIV/AIDS and the Brazilian National Immunization Programs were dismantled, resulting in greater detection rates of new AIDS cases in Northern and Northeastern Brazil and the worst rates of vaccination coverage in recent decades, including the resurgence of measles. Brazil lost the measles-free-territory certificate it had earned from the Pan American Health Organization in 2016 (Westin, 2022).

Another measure of great repercussion during Bolsonaro’s government was its relaxation of the rules of access to carry and purchase firearms and ammunition by the civilian population, contrary to the evidence of the benefits of disarmament policies (Cerqueira, 2021). His government also began to defend a kind of conservative, moralistic, racist, and discriminatory ‘zero tolerance’<sup>5</sup> policy that focused on criminalizing subaltern classes, poverty, and social movements (Silva, 2022).

Moreover, in violation of democratic principles, Bolsonaro’s government has dehydrated the public policy management councils that are part of the federal public administration to

4 Learn more about remote rural municipalities in the article “Primary Health Care in remote rural municipalities: context, organization, and access to integral care in the Brazilian National Health System,” published in this issue of *Saúde e Sociedade*.

5 Expression used to designate the policy created in New York (USA) in the 1980s, which considered that petty crimes should be rigorously punished to avoid the progression of delinquency into serious crimes (Wendel; Curtis, 2002).

extinguish the participation of civil society in their decision-making process and the monitoring of government actions (Quadros; Mussoi, 2022). Social participation<sup>6</sup> is democracy and seeks to promote institutional innovations that consolidate democracy from debates, disputes, and agreements. Thus, “the destruction of social participation calls democracy into question and thus destroys the republican principles that guide – or should guide – the Brazilian State” (Koupak et al., 2021, p. 55).

The Brazilian political, social, economic, and environmental crises joined the COVID-19 pandemic<sup>7</sup>, which spread rapidly across the globe, affecting all sectors of society, creating shocking socioeconomic challenges, requiring the adoption of broad social strategies<sup>8</sup> and the adaptation and resignification of health services and work processes<sup>9</sup>. In Brazil, the pandemic has cruelly exposed the challenges of a country marked by immense disparities. The tension generated by the impending collapse of public health services has been exacerbated by a nefarious political crisis. Bolsonaro’s government, with its denialist stance, neglected its responsibilities and proved incapable of coordinating efforts to confront the disease and its effects (Ortega; Orsini, 2020). In this scenario, unemployment rates reached their historical peak in 2021 (14.9%) (IBGE, 2023) and food insecurity and hunger in Brazil returned to the levels of the early 2000s. In 2018, 10.3 million people suffered

from severe food insecurity (hunger), increasing to 19.1 million in 2020 and to 33.1 million in 2022<sup>10</sup> (Rede Penssan, 2022).

In addition to delegitimizing the contributions of Science and Public Health, amid the worsening of the COVID-19 pandemic, Bolsonaro established a project to dismantle the doctrinal and organizational principles of SUS, ensured by the reduction of resources to health and the implementation of a new bureaucratic, perverse, and difficult Primary Care financing process<sup>11</sup> (Mendes; Melo; Carnut, 2022). Moreover, the National Program for Access and Quality Improvement in Primary Care (PMAQ-AB)<sup>12</sup> ended. Its main objective was promoting the expansion of access and quality of Primary Care, ensuring comparable quality standards and enabling greater transparency and effectiveness in government actions aimed at this level of care (Brasil, 2012).

The analysis of the more than 3,000 legal norms issued within the Union in 2020 proved that Bolsonaro denied the disease, discredited its vaccine, and obstructed local responses to confront the pandemic as part of an institutional strategy for the spread of the virus (Assano et al., 2020). After four years of denialist propaganda, fake news, and delayed vaccine purchase and distribution, 694,000 people have died of COVID-19. If the federal government had made efforts at mass tests; encouraged mask-wearing, social distancing, and isolation of

6 The articles “*Social participation and Primary Health Care in Brazil: a scoping review*,” “*Management instruments on the Health Council’s agenda*,” and “*Public Health Governance: conflicts and challenges of shared management on the Brazil-Bolivia border*” address this theme, highlighting the importance, instruments, and challenges of democratic and shared management.

7 The spread of the Coronavirus 2019 (COVID-19) around the world was declared a Public Health Emergency of International Importance by the World Health Organization (WHO) on January 30, 2020, and was characterized as a pandemic on March 11, 2020. The disease is caused by the SARS-CoV-2. Learn more about the history of the disease at: <<https://www.paho.org/pt/covid19/historico-da-pandemia-covid-19>>

8 Read more in the articles “*The Socio-Economic Effects of Covid-19*” and “*Work in health during the pandemic: Experiences of linking with the community related to the social production of care in Mar del Plata, Argentina*,” published in this issue of *Saúde e Sociedade*.

9 The article “*How to be a hospital psychologist in the covid-19 pandemic in Brazil? A documental research*,” published in this issue, discusses this topic.

10 In addition to the 33.1 million people who went hungry in 2022, another 92 million suffered from mild or moderate food insecurity (Rede Penssan, 2022).

11 The article “*Financial incentives for model change in primary health care in São Paulo municipalities*,” published in this issue of *Saúde e Sociedade*, discusses the relevance of the financing model adopted until 2017, when the National Primary Care Policy was revised, whereas “*Continuum of public health dismantling during the covid-19 crisis: Bolsonaro’s neofascism*” focuses its analysis on the new financing model established from the *Previne Brasil* Program.

12 Read more about the topic in the article “*The end of the cooperation government-academy in the National Program for Improving Access and Quality of Primary Care in the Brazilian Nacional Health System*,” published in this issue.

cases; promoted effective therapeutic measures; fostered vaccination; and purchased vaccines in the appropriate time, it would have prevented three out of four of these deaths (Associação Brasileira de Saúde Coletiva, 2022).

Bolsonaro's actions laid bare his politics of death, seeking to dictate who could live and who should die. The pandemic was helpful and timely for that purpose. Turning to the notion of necropolitics proposed by Mbembe (2016, p. 146), we can say that Bolsonaro has adopted a contemporary form of subjugating life to the power of death and by which "vast populations are subjected to living conditions that confer upon them the status of the living dead."

## Epidemics, pandemics, and social inequalities

Necropolitics is not particular to Bolsonaro's government. It is a reflection (or even a desire) of the political and socio-economic path trodden by globalization, whose process is far removed from its alleged approximation of peoples and more equal access to the benefits of scientific and technological development. On the contrary, it imposes itself as a producer of perversities that eliminates compassion and instigates competition and disparities between countries and individuals, raising the levels of poverty of most nations and populations (Santos, 2001).

In this scenario, health crises such as epidemics and pandemics produce more risks and deaths in socially less favored territories and people, decimating significant portions of the population. Thus, we agree with the authors of the article "*The wall, segregation, and sowings: recultivating an investigation of life in a territory of invisibi(civi)lizations*," published in the thematic dossier of this issue, who "found a structure of valuation in which some lives matter more and others matter less."

We should keep in mind that social inequalities and other impacts arising from health crisis contexts are produced during the course of these phenomena and in subsequent years and decades as shown by the article "*Everything*

*for an arm and a leg! History, epidemics, and inequalities*," published in this dossier. Based on a historiographical analysis of the Spanish flu, the authors conclude that the epidemic phenomenon, after dwindling in the biological dimension, continues to "alter social and cultural conditioning factors and focus on socio-historical structures and on our corporeality, becoming a long-lasting historical event."

What lessons have we learned from these crises of such proportion? Are we, scientists, with our studies and research, managing to produce answers that enable us to face the contemporary problems of society? The article "*Zika virus epidemic legacy: the impact of causal association beyond laboratory science*," also published in this dossier, warns us that science often focuses and restricts itself to answering focal and biological questions, disregarding the multicausality of health-disease processes and social needs.

The editorial line of *Saúde e Sociedade* has been opening space for the publication of studies that help us to understand contemporary social phenomena and face the problems resulting from concrete reality in the light of interdisciplinarity and the integration of the different sciences, as is the case of the thematic dossier published in this issue, which discusses issues that have been aggravated by epidemic and pandemic episodes. Under the title *Epidemics, pandemics, and social inequalities*, this dossier was produced with the support of the Coordination for the Improvement of Higher Education Personnel (Capes) and consists of articles produced by graduate and former students of the Graduate Program in Public Health of the School of Public Health at Universidade de São Paulo.

In addition to the productions above, this dossier also contains the following articles: "*Companion Law in the media: the pandemic and its impacts on birth rights*," which seeks to understand the approaches, actors, and arguments about non-compliance with the Companion Law during the COVID-19 pandemic; "*Covid-19 as a multifaceted crisis and its implications on human trafficking or other forms of human exploitation*," an essay that reflects on the effects

of the pandemic on the dynamics of human trafficking, sexual exploitation, labor abuses, and the care received by victims; “*We are invisible to society: impacts of working conditions on food delivery workers’ health and quality of life during the COVID-19 pandemic*,” which sheds light on ‘uberization’ as a form of work; and, finally, “*Environment, health, and the COVID-19: from global crisis to sustainable existence*,” an analytical essay on the socio-sanitary impacts exerted by the environment and evinced in the repercussions of the COVID-19 pandemic.

## Urgent and democratic challenges: union and reconstruction<sup>13</sup>

*It’s time to rescue hope! The popular desire expressed by poll results elected a project to reconstruct and transform the nation. In our horizon lies the creation of a just, inclusive, sustainable, creative, democratic and sovereign country for all Brazilians. It is a great challenge and the work of many<sup>14</sup>.*

The Brazilian Government Transition of the newly elected government is initiated with this final report. Lula, who assumes the Presidency of the Republic for the third time, began a new term that was immediately challenging and complex, with the invasion of the buildings of the three Powers<sup>15</sup>. With Brazil immersed in a severe economic crisis that strongly affects the most socioeconomically vulnerable population, the new government will face difficult challenges, including reestablishing

democratic principles, recovering the credibility of public institutions, and reducing social inequalities. Measures to combat hunger, demilitarize the state, and review and repeal arbitrary regulations produced in the Bolsonaro government can be considered essential in the process of rebuilding the country.

Social participation must be rescued as a mechanism of transparency, strengthening of the democratic State, and promotion of intersectoral dialogue so necessary and urgent to design, implement, and evaluate plural and solidary public policies. In the current unemployment, extreme poverty, and hunger scenario, public policies such as the National School Feeding Program, *Bolsa Família*, and the Food Acquisition Program must be urgently rescued and renewed.

The climate crisis and the advance of deforestation will require the establishment of strategies to recover forests, fauna, and flora and sustainable development models that avoid depleting natural resources for the future. Thus, Brazil must resume actions aimed at achieving the Sustainable Development Goals (SDGs)<sup>16</sup>, which include taking urgent measures to combat climate change and its impacts; ensuring access to inclusive, equitable, and good education; achieving gender equality; and reducing inequalities produced as a function of age, gender, race/ethnicity, origin, religion, disability, socioeconomic status, and others.

It will also be necessary to face not only the deterioration of the labor market – characterized by the high rate of unemployment and informal work, a large number of downcast and underemployed<sup>17</sup> (IBGE, 2023) – but also the setbacks and effects caused by the counter-reforms undertaken in recent

<sup>13</sup> An allusion to the slogan of the most recent Lula government, which began in 2023. Read more at: <<https://www.gov.br/mma/pt-br/governo-federal-lanca-manual-da-sua-nova-marca-brasil-uniao-e-reconstrucao>>

<sup>14</sup> Taken from the final report by the current Brazilian Government Transition, chaired by Luís Inácio Lula da Silva and Geraldo Alckmin, published in 2022 and available at: <<https://gabinetedatransicao.com.br/noticias/relatorio-final-do-gabinete-de-transicao-governamental/>>

<sup>15</sup> On January 8, 2023, anti-democratic demonstrators who supported Jair Bolsonaro stormed the National Congress, the Planalto Palace, and the Federal Supreme Court to protest Lula’s election. This episode was widely reported in Brazil and abroad, as can be seen in the BBC News Brasil report available at: <<https://www.bbc.com/portuguese/brasil-64208685>>

<sup>16</sup> There are 17 SDGs that were built on the legacy of the Millennium Development Goals. SDGs are integrated and indivisible and balance economic, social, and environmentally sustainable development dimensions. More information can be obtained at: <<https://brasil.un.org/pt-br/91863-agenda-2030-para-o-desenvolvimento-sustent%C3%A1vel>>

<sup>17</sup> IBGE considers downcast those who would like to work and would be available to take a job but failed to look for work because they thought they would be unable to find it. Underemployed are workers who work less than 40 hours a week but would like and are available to work more hours. Learn more at: <<https://www.ibge.gov.br/explica/desemprego.php>>

years, which raise “entrepreneurship” as the only form of capital production and, therefore, means of survival of the working class. We find a clear process of naturalization and legitimization of working-class unemployment, precariousness, and exploitation<sup>18</sup>.

Specifically in the field of health work, the normative instruments to regulate telehealth<sup>19</sup>, hastily elaborated in the socio-sanitary context of the pandemic, will require careful review to ensure a practice that avoids harming the population, healthcare providers’ responsibilities, and used platforms. Still in the field of health work, it will be necessary to resurrect the importance of interprofessional teamwork, seeking common fields of action and the organization of scopes of practice in response to the population’s needs. In this path, reinforcing bonds, expanded clinics, and the mechanisms of matrix support and shared management is urgent. It is also necessary to resume and strengthen teaching-service-community integration projects, accelerating healthcare providers’ training processes aligned with the national<sup>20</sup> socio-epidemiological context.

For this, after an accentuated focus on hospitals as a place of care during the pandemic crisis and taking advantage of the more democratic recovery of the country, we need, in health, to rescue the proposal of the centrality of Primary Care and establish intersectoral policies and articulation strategies in care networks<sup>21</sup> that can effectively respond to the demands to the health sector and society.

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<sup>18</sup> Read more about the subject in the article “*Ideology in scientific productions on entrepreneurship in nursing in Brazil*,” published in this issue.

<sup>19</sup> This theme is discussed by the articles “*The history of telemedicine in Brazil: challenges and advantages*” and “*The normative competence in the face of new political actors: a case study of telemedicine*,” published in this issue.

<sup>20</sup> On this issue, the articles “*Can health work be considered as ‘soft technologies’?*,” “*The clinic in dentistry: connections and disconnections with the expanded clinical practice of oral health*,” “*Strategic planning in a public health institution from 2012 to 2022: implication of the perceptions of the workforce and managerial decisions*,” and “*Teaching work in Medicine at a federal university in the Southern region Brazil*” analyze the theme.

<sup>21</sup> The studies “*Analysis of the implementation of the NutriSUS Public Policy in Porto Ferreira, SP*,” “*Primary health care and the specialized care services to women in situation of violence: expectations and mismatches in the voice of professionals*,” and “*Urgent and emergency care networks in Brazil: an integrative review*” analyze this issue.



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### Authors' contributions

The authors participated equally in all stages of conception, writing, revision, and approval of the final version of this manuscript.

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