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RESEARCH ARTICLE

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TANGENTIAL DOCUMENTARY REVIEW THAT ALLOWED THE REORGANIZATION OF HEALTH SERVICES IN THE COVID-19 PANDEMIC

¹Laudicéia Rodrigues Crivelaro, ^{*1}Franciele Costa da Silva Perez, ¹Anelvira Oliveira Florentino, ²Amanda Aparecida Camargo de Oliveira, ¹Claudia Rosana Trevisani Corrêa, ³Silvana Anunciação da Silva, ⁴Deborah Catherine Salles Bueno, ⁵Adriane Lopes, ¹Cássia Marques da Rocha Hoelz and ¹Cassiana Mendes Bertencello Fontes

¹Paulista State University. Botucatu, São Paulo, Brazil; ²Paula Souza Center. São Paulo, Brazil; ³Saint Camillus University. São Paulo, Brazil; ⁴Bauru Municipal Health Department. São Paulo, Brazil; ⁵Integrated Faculties of Jaú. São Paulo, Brazil

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*Corresponding author:

Franciele Costa Da Silva Perez

ABSTRACT

Objective: Analyze the documents in the form of ordinances, decrees and federal laws that allowed the reorganization of health services in the pandemic. **Methodology:** Theoretical, descriptive study of critical document analysis of electronic material made available on the websites of the Ministry of Health. **Results:** COVID-19 demanded a high demand from the Unified Health System in Brazil, at different levels of care and complexity, totally outside the usual standards, with emphasis on the need for highly complex hospital resources to treat about 5% of patients of severe cases and readjustment of health services. **Final Considerations:** The material constructed resulted from a consolidation of the actions developed by all the municipalities that make up the aforementioned Health Care Network, according to each local reality, to face the pandemic.

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INTRODUCTION

In late December 2019, a series of pneumonia cases of unknown cause were reported in Wuhan, Hubei Province, China. The outbreak of "mystery pneumonia" involved about 66% of workers at a seafood market in Wuhan, which was closed on January 1, 2020 after an epidemiological alert was announced by local health authorities (Wuhan – China, 2022). Initially, the news from afar led us to believe that, as with other viruses, this event would only be an isolated case or, at most, it would trigger an endemic that would be quickly controlled, but that was not what happened. On March 11, 2020, the World Health Organization (WHO) characterized COVID-19 as a pandemic, a term used to indicate that an epidemic has spread to more than two continents, as happened with SARS-CoV-2. The virus rapidly proliferated throughout the world due to its high transmissibility (Ministério da Saúde, 2020; World Health Organization, 2019).

Brazil was the first country to register cases of COVID-19 in Latin America and, with the rapid advance of community transmission, many people were exposed to not only biological, but social and institutional risks, which gain relative specificity among the markers of inequalities of the country (Rodriguez-Morales, 2020). In Brazil, the Ministry of Health (MH) acted immediately after detecting rumors about the emerging disease. On January 22, the Emergency Operations Center (COE) of the Ministry of Health was activated, coordinated by the Health Surveillance Secretariat (SVS/MH), for harmonizing, planning and organizing activities with the actors involved and monitoring the epidemiological situation (Croda, 2020; Ministério da Saúde, 2020). COVID-19 arrived in Brazil at the end of February, more specifically in the state of São Paulo. But the first decrees were only issued on March 13, 2020, when the states of Alagoas, Rio de Janeiro, Distrito Federal and Goiás launched prerogatives related to the pandemic. The state of Ceará launched its first decree on March 16, 2020, highlighting measures related to the

health sector (Freitas, 2020). Various government sectors were mobilized and several actions were implemented, including the elaboration of a contingency plan. On February 3, 2020, human infection with the new coronavirus was declared a Public Health Emergency of National Concern (ESPIN) (Ministério da Saúde, 2022; Ministério da Saúde, 2020). The COVID-19 pandemic is an unprecedented challenge for science and society, demanding quick and diverse responses from health systems that need to be reorganized in all their components to face this pandemic (Medina, 2022). The COVID-19 pandemic revealed a series of challenges for health systems, requiring quick decision-making and integrated actions for their contingency, required inter-federal involvement for the reorganization and expansion of hospital coverage of states and municipalities, with the creation of vacancies of Intensive Care Unit (ICU), opening of new hospitals, emergency hiring of health personnel, financial readjustments for the Unified Health System (SUS) and support to the productive sector and assistance to needy families (Ministério da Saúde, 2022). Faced with the health crisis of the last 100 years, with social, economic and physical and mental health impacts of populations, especially the most vulnerable. Government policies and actions are dedicated to the possibilities of containing and mitigating the biological and lethal effects of the disease. In situations of confinement and isolation conditioned by the pandemic, the need to promote actions aimed at safe behavior, with emphasis on compliance with rules and self-care, is salient. However, at this time of facing contamination, we see the proliferation of problems in people's mental health (Brooks, 2020). To respond to the great demand of people with COVID-19, there was intense mobilization of health managers for the implementation of beds in existing hospitals or in the structuring of new establishments. This reality has caused serious impacts on public health, which has led to abrupt changes in the organization of health institutions, as well as in the way of assisting people infected by this disease (Gallasch, 2020). To optimize the use of available resources, teleservice structures were connected with pre-hospital care (SAMU-COVID) and the regulation of beds by the SUS. Protocols for triage and classification of cases into mild, moderate and severe, with or without risk of complications, were implemented to support decision-making and ensure its effectiveness. Due to the various documents ordinances, decrees and federal laws published so far in Brazil, which allowed the reorganization of health services in the COVID-19 pandemic, it is necessary to summarize the main aspects addressed.

Objective: Analyze the documents in the form of ordinances, decrees and federal laws that allowed the reorganization of health services to meet the COVID-19 pandemic.

METHODOLOGY

This is a theoretical, descriptive study of document analysis of electronic materials available on MH websites, such as ordinances for restructuring the network to meet the pandemic. Data were obtained by consulting the Saúde Legis database – Health Legislation System, from February 2020 to December 2021 at the electronic address: http://portal2.saude.gov.br/saudelegis/LEG_NORMA_PESQ_CONSULTA.CFM (Ministério da Saúde, 2022). The inclusion criteria were to consider all ordinances and decrees on the subject, published by the MH between the years 2020 and 2021. And the exclusion of ordinances that deal with the subject and were published in the Legis base of the MH, does not include the object of this study. These are public domain documents and do not need to be submitted to the Research Ethics Committee.

RESULTS

In the period between 2020 and 2021, we collected federal, state and municipal standards related to COVID-19 to address the public health emergency of international importance resulting from the coronavirus responsible for the 2019 outbreak. These are documents that served as

the basis and decisions of managers for the reorganization of health services to face the new coronavirus pandemic. Brazilian legislation has been updated in recent months, Federal laws, decrees and ordinances are included in these changes, as well as states and municipalities have also promoted their changes according to their respective realities.

DISCUSSION

In Brazil, the legal bases define the right to health as a duty of the State, which is clearly guaranteed by the Federal Constitution of 1988 (Ministério da Saúde, 2021). In addition, it is emphasized that it is the role of Health Surveillance to coordinate the preparation and response of surveillance actions in public health emergencies³⁰. Health Surveillance is a continuous and systematic process of collecting, consolidating, analyzing and disseminating data on health-related events, aiming at the planning and implementation of public health measures for the protection of the population's health, the prevention and control of risks, injuries and diseases, as well as for the promotion of health. The Brazilian health crisis of 2020, resulting from the coronavirus pandemic, put the entire framework of health policies in check. Faced with this scenario of global emergency, preventive and repressive measures, exceptional and definitive, of control and provision were demanded from the public authorities, for which the existing tools did not prove to be inefficient. The publications began in February, the period of identification of the virus in the country, Brazil a significant amount of regulations to face the various social domains affected, especially health and the economy, and for the prevention of transmission of the virus, highlighting the complex governance of the federation and its health system. In March, there was an intensification in the enactment of legislation, due to the rapid expansion of the virus. In our country, each federated entity has governmental autonomy, provided that it is in line with the protocols and guidelines of the Ministry of Health and the WHO, to restructure its health services and define the flow of care. In each state, the attempt to maintain the economic balance and the health of the population was approached with different projects, creating strategies capable of guaranteeing the mitigation of the disease, the expansion of health services of high complexity and the strengthening of the health network of the municipalities. According to a study³¹, Brazil is a federative Republic, formed by the Union of States, the Federal District and the municipalities. There is no hierarchy among federation members. All receive their powers directly from the Federal Constitution.

In turn, the municipalities received from the FC competence to legislate on matters of local interest. In other words, it is up to the municipality to deal with matters of its particular interest, understood as matters that especially affect local activities, according to the geographic, economic and social specificities of each municipality³¹.

The municipality also made its decrees, most of which were precautionary measures to deal with the pandemic, restriction of non-essential services, limitation of people in local commerce, guidelines for the operation of essential services, in an attempt to avoid chaos in public health. Laws authorizing emergency health contracting without public tender; authorization to finance private ICU beds for COVID-19 victims; indemnity payment of premium license for private servers for use at rest due to the need for the server to care for victims of the pandemic. Brazil ranks third globally in number of confirmed cases (behind only the USA and India) and second in number of deaths (behind only the USA). The case fatality rate of the disease is relatively low and varies from country to country and from region to region, for example, 0.3 in Colombia and 2.8 in Brazil. Given that many cases are asymptomatic and therefore unreported, this rate is believed to be lower (Pai, 2021). Faced with the emergencies arising from COVID-19, 188 was enacted on February 3, 2020, which declared a Public Health Emergency of National Importance (ESPIN) due to Human Infection by the new Coronavirus (2019-nCoV). Then, on February 6, 2020, Law No. 13,979 was sanctioned, which provides for emergency measures to deal with the coronavirus. The Art. 3 deals

with the possible 120 measures to be adopted by the authorities, among them, isolation (item I), quarantine (item II) and restriction, by highways, ports or airports of entry and exit from the country and interstate and intermunicipal locomotion (item VI). In this scenario, the Federal Council of Medicine sent a letter to the Ministry of Health requesting permission, on an exceptional basis, to exercise telemedicine in Brazil. And, promptly, Ordinance No. 467/2020 came into force, which provides for telemedicine actions, in order to “regulate and operationalize the measures to face the public health emergency of international importance provided for in Art. 3 of Law No. 13,979, of February 6, 2020 (Ministério da Saúde, 2020). It is estimated that about 80% of COVID-19 cases have mild manifestations or even are asymptomatic and 20% are of moderate or severe severity.

overworked staff, increased risk of developing COVID-19 for healthcare workers and other patients, and emotional stress for families. In the mobile pre-hospital, workers noticed an increase in demands for respiratory problems, felt losses in the relationships established with other services in the network in view of the new protocols at the entrance doors of the different services, which have interfaces with the SAMU and negative impacts on time to response of the service to the detriment of increasing infection control measures on ambulances and on the process of dressing and undressing. In addition to routine care, the Mobile Emergency Care Service (SAMU) is an essential component of the Emergency Care Network (RAU) and is inserted in the context of patient care, victims of COVID-19.

Chart 1. Legal regulations on planning and organization of municipalities for the control of an international public health emergency, for applicability by municipalities Brazil, 2020-2021

Document Typology Number	Sphere of Government / Publication Date	Amendment
Law No. 13.979/2020 ¹⁴	Union /2020	Provides for measures to address the public health emergency of international importance arising from the coronavirus responsible for the 2019 outbreak.
Ordinance No. 188 ¹⁵	Union /2020	Declares a Public Health Emergency of National Importance (ESPIN) as a result of the Human Infection by the new Coronavirus (COVID-19).
Ordinance No. 395 ¹⁶	Union /2020	Establishes a resource for the Public Health Actions and Services Costing Block - Medium and High Complexity Care Group-MAC, to be made available to the States and Federal District, intended for health actions to face the Coronavirus – COVID-19.
Ordinance No. 467 ¹⁷	Union /2020	It provides, on an exceptional and temporary basis, on Telemedicine actions, with the objective of regulating and operationalizing the measures to face the public health emergency of international importance provided for in Art. 3 of Law No. 13,979, of February 6, 2020, arising from the COVID-19 epidemic.
Ordinance No. 245 ¹⁸	Union /2020	Ordinance No. 245 of March 24, 2020. Includes procedure in the Table of Procedures, Medicines, Orthoses, Prostheses and Special Materials (OPM) of SUS, for exclusive care of patients diagnosed with COVID-19 infection.
Ordinance No. 1.666 ¹⁹	Union /2020	Ordinance No. 1,666, of July 1, 2020. Provides for the transfer of financial resources to the States, Federal District and Municipalities to deal with the public health emergency of international importance arising from the Coronavirus – COVID-19.
Law No. 13.995 ²⁰	Union /2020	Provides for the provision of financial assistance by the Union to Santas Casas and non-profit philanthropic hospitals, which participate in a complementary way in the SUS, in the 2020 financial year, with the objective of allowing them to act in a coordinated manner in the fight against the COVID-19 pandemic.
Ordinance No. 732 ²¹	Union /2020	Extends the qualification deadlines of the Mobile Emergency Care Service (SAMU - 192).
Ordinance No. 3.639 ²²	Union /2020	Enables Pulmonary Ventilatory Support beds for exclusive care of COVID-19 patients and establishes a financial resource for the Public Health Actions and Services Maintenance Block - Coronavirus (COVID-19) Group, to be made available to Municipalities, in the State of São Paulo.
Municipal Decrees and Laws 2020-2021		
Decree No.14 ²³	March 20, 2020	Art 6º: The temporary hiring of employees is authorized, regardless of the selective process, to replace servers and / or service providers removed due to the pandemic that work in essential areas of the Municipality.
Decree No.14.834 ²⁴	June 14, 2020	Amends Municipal Decree No. 14.810, of May 30, 2020, to include in the REGIONAL PACT the other municipalities that are part of the Regional Department of Health of Bauru (DRS-6) and provides additional measures.
Law No. 7.379 ²⁵	August 14, 2020	Authorizes the Executive Branch to provide accommodation in hotels or similar accommodation spaces for health professionals from the public network of the municipality, active in the fight against the new Coronavirus (COVID-19) pandemic.
Law No. 7.379 ²⁶	September 04, 2020	Authorizes the Executive Branch to hospitalize patients infected by COVID-19 in the private hospital network, when required by a SUS-certified doctor, in the event of inexistence of beds in the public network.
Decree No.15.687 ²⁷	November 08, 2021	Authorizes the payment of the award license in an indemnified manner; Considering that currently more than 2,500 servers have a premium license without having taken advantage of the service, in particular, due to the COVID-19 pandemic; and Considering that the granting of an award license to civil servants makes it impossible to provide essential services for the Public Administration.
Law No. 7.438 ²⁸	March 16, 2021	Ratifies protocol of intentions signed between Brazilian municipalities, with the purpose of acquiring vaccines to combat the Coronavirus pandemic; medicines, supplies and equipment in the health area.

In this way, COVID-19 incurs a high demand for health care at different levels of care, totally outside the usual standards, with emphasis on the demand for highly complex hospital resources to treat about 5% of severe cases. Such demand competes with the regular demand for health services at the different levels of care that, under normal conditions, commonly already face bottlenecks in the country, SARS-CoV-2 manifested a significant challenge in the supply of beds, staff and health equipment. Hospital overcrowding predisposes to higher rates of complications due to delays in care and

SAMU is responsible for this service due to the characteristics of providing assistance in emergencies that require immediate transport to the hospital, as well as transport between hospitals³³. To optimize the use of available resources, teleservice structures were connected with pre-hospital care (SAMU-COVID) and the regulation of beds by the SUS.

Contributions to Nursing: The legislative body that composes and supports the Unified Health System presupposes a framework of

complex understanding by the professionals of the urgency and emergency network, but they must be considered and studied in order to collaborate to achieve the purpose of the various types of care and in the different levels of complexity to the health of the Brazilian population. In the scenario of academic nursing education, precisely in the training of nurses, it is crucial to include content referring to the compositions of laws and ordinances that govern the health care network and specifically in the organization of services in the current pandemic crisis.

FINAL CONSIDERATIONS

Ministerial, state and municipal publications elucidated the paths taken by managers to offer services to their population infected by COVID-19. It can be seen that despite the profusion of rules issued by all spheres of the federation, and even the interference of the judiciary, it was not able to contain the epidemiological curves caused by COVID-19 in Brazil. In terms of regulation, the biggest attempt to contain the disease was to avoid agglomerations and restrict the movement of the population in public places, according to several national and international studies, showed a reduction in the numbers of new cases of COVID-19 and deaths, after its implementation. The material constructed resulted from a consolidation for the restructuring of its health care network to face the COVID-19 pandemic. The pandemic seemed under control, but in December, the omicron variant officially arrived in Brazil. Since then, the transmission rate (Rt) of the new coronavirus has exceeded the peak of the pandemic in Brazil, starting the third wave in the country, according to experts, Brazil reached on December 1 the mark of 1.53, against an index of 1.29 on March 16 and 17 of last year, critical moment of the second wave of the coronavirus has not stopped rising. The transmission rate (Rt) of the new coronavirus has surpassed the peak of the pandemic in Brazil, starting the third wave in the country, say experts. The Rt in Brazil yesterday reached the mark of 1.53, against an index of 1.29 on March 16 and 17 of last year, a critical moment of the second wave of the coronavirus. Brazil and the world remain in mourning.

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