

## Objectives

Strategy formulation and execution of public health policies became essential during the COVID-19 pandemic. We evaluated the regulatory journey of normative approaches for the control of COVID-19 in Brazil in 2020 according to the changes of the Ministers of Health during three different periods: Jan-Apr/2020 (Luiz Henrique Mandetta), May/2020 (Nelson Teich), and Jun/2020-actual (Eduardo Pazuello).

## Methods

We performed a bibliographic review of the normative policies published on the Ministry of Health website related to the COVID-19 pandemic. All ordinances were assessed for content and classified according to the World Health Organization (WHO) report.

## Results

The exchange of health ministers was motivated by disagreements in strategy between these managers and the Brazil President, defender of maintaining the country's economy to the detriment of public health actions. These exchanges were in periods of health, economic and political crisis that generated a certain instability in combating a COVID-19 pandemic in Brazil. Every transition period ends up creating a gap, which ended up being aggravated by the geographic dimensions of the country, making it a bigger challenge for the successor of the Ministry of Health.

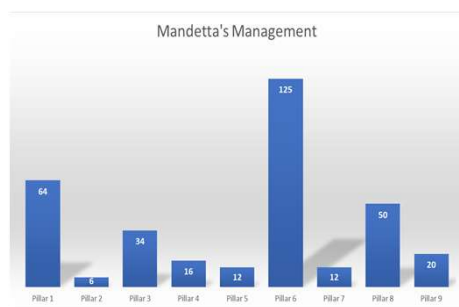


Figure 1: Normative acts Mandetta's Management

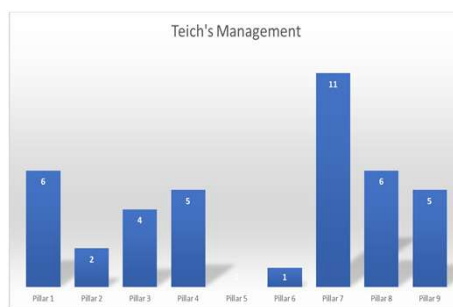


Figure 2: Normative acts Teich's Management

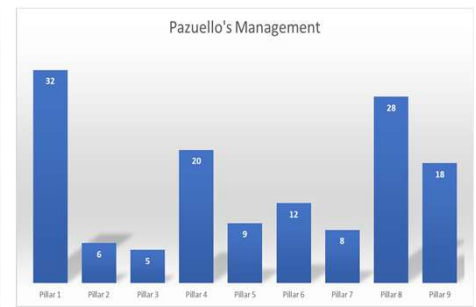


Figure 3: Normative acts Pazuello's Management

There were 339 normative acts during Mandetta's management, of which 125 approaches were related to WHO pillar 6 - "Infection prevention and control". There were 40 normative acts during Teich's administration, focusing on WHO pillar 7 - "Case management" (27.5%). Finally, there were 138 normative acts so far in the Pazuello's management, 23.2% of them related to WHO pillar 1 - "Country-level coordination, planning, and monitoring". The professional experiences of the Health Ministers and the pandemic evolution stage seem to influence the strategic direction for coping with the disease. WHO pillar 2 - "Risk communication and community engagement - and WHO pillar 5 - "National laboratories" had the least relevance for Brazilian public health policymakers. Despite the centralized health decision-making strategies in Brazil, COVID-19's confrontation has occurred in a decentralized, uncoordinated manner and without continuity in public health strategies.

This finding through the COVID-19 coping policy demonstrated that we are far from achieving stability in the number of people affected, since the population and the economy end up being influenced by the pandemic control measures. On the other hand, the government has tried to be clear in its normative acts, publishing daily.

## Conclusions

No country, including Brazil, can claim to have adequately controlled the COVID-19 pandemic. On the other hand, the pandemic brought lessons related to the importance of integration and continuity of political strategies in public health defense.