INTERVIEW WITH JOSÉ AGENOR ÁLVARES DA SILVA

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Interview Context

Due to the fact that the interviewers reside in different cities, the interview was conducted remotely using the ZOOM platform.

Interviewee Presentation

Professor José Agenor Álvares da Silva holds a degree in Pharmacy and Biochemistry from the Federal University of Minas Gerais (1974), a specialization in Public Health from the School of Public Health of Minas Gerais (1978), and a Doctorate in Public Health with the title of "*Notório Saber*" from the Oswaldo Cruz Foundation (2015). He is currently a Senior Advisor at the Oswaldo Cruz Foundation. He served as Minister of State for Health (March 2006 - March 2007)

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and as Executive Secretary at the Ministry of Health (July 2005 - March 2006). He was Director of ANVISA (May 2007 - August 2013), General Manager of the Decentralization of Sanitary Surveillance Actions at ANVISA (February 1999 - July 2005), and Director of the Technical Operational Department of the National Sanitary Surveillance Secretariat at the Ministry of Health (October 1998 - February 1999). He also served as General Manager of the Northeast Project - Health Area at the Ministry of Health (April 1995 - October 1998), Superintendent General (President) of the Ezequiel Dias Foundation - Funed/MG (March 1992 - February 1995), and Consultant for the Pan American Health Organization of the World Health Organization (WHO) (September 1986 - March 1992). Additionally, he worked as Secretary of Planning at the Ministry of Health (April 1985 - August 1986), as Substitute General Secretary at the Ministry of Health (April 1985 - August 1986), as Manager of the Planning and Programming System Unit Work Group at the Ministry of Health (April 1982 - March 1985), as National Coordinator of the Program for Interiorization of Health and Sanitation Actions - PIASS (August 1981 - March 1985), as Sanitary Officer at the Ministry of Health (1980), as Specialist Consultant at the Technical Secretariat of PIASS (August 1978 - December 1979), and as Regional Supervisor at the Health Secretariat of Minas Gerais (September 1975 - August 1978). He has extensive experience in the field of Collective Health, with an emphasis on Public Health. In 2021, he organized the book *Escritos de Saúde Coletiva: coleção de estudos* by Dr. Luiz Carlos Pelizari Romero.

As we have seen, this is a manager with high technoscientific expertise and a broad trajectory in public service in the healthcare sector, with significant knowledge accumulated on regulation policies and management of health issues in the country, including disease epidemics. In this regard, Professor José Agenor provided us with insights into the recent history of the relationship between politics, democracy, and the Brazilian public health system, aligning with the objectives of this dossier.

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Sayonara Leal and Marko Monteiro: We would like to start this interview by asking you a bit about your professional background, considering your experience with the Ministry of Health, ANVISA, and now with Fiocruz in Brasília. This contextualization is highly relevant to the objectives of this dossier, especially regarding the relationship between democracy and public health in Brazil.

Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): I often say, Sayonara and Marko, that my history in public health and the Ministry of Health has an unusual characteristic. I tell people that I started at the Ministry of Health in the simplicity of the basement, as I was outsourced in the early 1980s, and I left in the glamour of the executive

floors. I held all possible technical positions within the Ministry of Health. I have an interesting characteristic, as my professional life has been in management, not academia. After leaving public management due to my retirement from ANVISA, I transitioned to academia. I struggled to adapt, I say this with utmost sincerity. But here's the thing, I followed a very technical trajectory due to my professional responsibility and ethics, and, most importantly, my social commitments to what I was doing. I was a technician at the Ministry, advisor, and regional program coordinator of PIASS, the Program for the Interiorization of Health and Sanitation Actions, in the 1980s. I was the Planning Coordinator at the Ministry, Secretary of Planning at the Ministry of Health, and advisor to the Pan American Health Organization in Brasília. I then went to the Fundação Ezequiel Dias in Minas, where I served as president. I returned to Brasília as coordinator of a project funded by the World Bank program at the Ministry of Health. Later, I became Director of the Technical Department of the National Health Surveillance Secretariat, invited by Dr. Gonçalo Vecina, a great friend. Then I went to ANVISA, where I actually helped to create the Agency. I joke that I attended the last two meetings with the Civil House of the Presidency during the Fernando Henrique Cardoso government to discuss ANVISA. I left a bit alarmed, but it was fine. As Gonçalo says: let's create it first and then we'll see what to do, we'll sort it out later. I said, okay.

I began my journey in the health sector in Montes Claros, Northern Minas, where I met Saraiva, who invited me to be the Executive Secretary of the Ministry of Health. When Saraiva left to run for federal deputy, President Lula asked me to stay for two weeks while he resolved political issues, and I ended up staying for another year as a minister. I returned to ANVISA and served as director of the Agency for six years, then retired. After completing the quarantine period, I was invited by a great friend who worked here, a very important researcher. I often say that I am the only worker I know who was invited to work and started on December 30 (2013) because on that date, we had to start releasing things. I've been here ever since. In summary, that's the trajectory of what I have done.

Sayonara Leal and Marko Monteiro: Let's discuss a topic related to ANVISA. We would like to understand more about the relationship between technical expertise, politics, and decision-making. Specifically, we aim to understand your perspective on this matter. How was this process at ANVISA? One of the aspects we are addressing in relation to COVID-19 is the expertise that the Brazilian state has developed regarding the disease and its management. How do you view this development, and how did ANVISA play a significant role during the health crisis? In fact, what was the role of this expertise within the Brazilian state?

Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): Well, you know that before ANVISA

was created, there was controversy surrounding its establishment. Why? Because the National Health Surveillance Secretariat, which managed health surveillance, medication registrations, and almost everything ANVISA does, was a function exclusively of the state and the Ministry of Health. However, there were a number of issues that made it difficult for those who depended on the Ministry's regulation, the management itself, and especially Brazilian consumers of medications and other health products, including food. The major challenge arose when the PEC (Constitutional Amendment Proposal) that created the state apparatus reform was debated; many people did not believe that ANVISA should be an agency, rather, at most, it would be an executive body and not a regulatory agency.

Sayonara Leal and Marko Monteiro: The difference is the independence, isn't it?
Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): Exactly. I wouldn't use the term autonomy because, to me, autonomy is a substantive term that does not take an adjective: either it is autonomous or it is not. We need regulatory autonomy, with guarantees of non-interference in the Agency's regulatory processes. So, I have some doubts, but that's the gist of it. ANVISA was created precisely during a severe crisis in the state regulation sector concerning these products. It was a severe crisis in what sense? There were counterfeit medications. The Brazilian state was unable to curb this issue. In the healthcare sector, everyone remembers a clinic in Rio de Janeiro called Santa Genoveva, an elderly care clinic, which, when exposed, led to comparisons with concentration camps from the Nazi era because it was virtually the same. There was also the issue of a contraceptive that was incorrectly packaged by a São Paulo-based multinational company, Schering do Brasil. The product, Microvlar, was packaged with cornstarch, which went to the market, and many women ended up becoming pregnant.

Marko Monteiro: I think I remember this case.
Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): That occurred at the end of 1990, it must have been around 1996[1]. A series of issues accumulated, leading the government to seek alternatives. At that time, under President Fernando Henrique Cardoso and Minister Adib Jatene, a decision was made during a trip to the United States, discussing with the Pan American Health Organization and the FDA, to establish ANVISA. It was a very laborious process because there were segments of the Brazilian government that opposed the creation of such an agency. To give you

[1] Note from the interviewers: The case occurred in 1998. See: *Há quase uma década, o caso da pílula de farinha*. **Estadão**. 2007. Available at: https://www.estadao.com.br/emais/ha-quase-uma-decada-o-caso-da-pilula-de-farinha/. Accessed on: August 17, 2024.

an idea, there were years when we had seven different national health surveillance secretaries, showing how little importance was attributed to the matter. ANVISA was created and included in an extraordinary call of the National Congress. When Congress is convened, it only votes on the matters for which it was convened. Thus, ANVISA was one of those matters and was approved almost unanimously in January 1999. The establishment of ANVISA began with significant challenges. The agency initially had very few staff members. We had to open up opportunities to bring in people from across Brazil with experience, albeit on precarious contracts, to help shape the agency. It was crucial to see the agency solidify, and today it is one of the strongest and most respected agencies in the world. I proudly highlight two recent achievements. Are there issues? Yes. Are there regulatory divergences? Yes. I think it's normal to have differences in such a process. What matters is ensuring its integrity and dignity in regulation. One key achievement was overseeing the vaccines amidst considerable pressure. I would occasionally discuss this, because once I leave, I truly leave—I don't linger or offer unsolicited opinions. If invited to provide input, I will, but otherwise, I stay out. Another significant matter was the regulation of electronic cigarettes. ANVISA upheld an RDC[2], which I was the rapporteur for in 2009, a process I was directly involved in. I apologize for speaking in the first person, but that process was important because Brazil was honored by the World Health Organization in 2002 on World No Tobacco Day. The WHO awards two prizes to individuals for significant contributions, and I was one of the recipients along with the Prime Minister of Kazakhstan. Of course, this work was done by ANVISA, and I received a diploma from them, which I dedicated to the fantastic technical team. They upheld the same decision, and it remains in place. Therefore, is ANVISA important? Yes. Are there problems? Yes. Will there be regulatory divergences? Yes. Regulation, in my view, must consider three aspects: first, government policies; the agency cannot ignore government policies. Second, the interests of the regulated sector, which is the productive sector. It is important for them to produce, generate employment, taxes, and technological development for the country. Third, the interests of the population. I tell people in my lectures: when there is a conflict between the first two interests, the interest of the population must prevail. ANVISA transformed from a nearly insolvent and discredited health surveillance secretariat into an organization now recognized globally, both politically and technically. Are there problems? Yes! Unfortunately, we cannot avoid considering them. Many positions, particularly in the directorates, are now filled primarily through political appointments, with insufficient regard for technical criteria. However, today, out of the five people on the ANVISA board, three are career civil servants from ANVISA.

[2] Note from the interviewers: RDC (Collegiate Board Resolution). Available at: http://antigo.anvisa.gov.br/documents/10181/5548362/RDC_855_2024_COMP.pdf/1031cc35-d694-4b90-8b4c-ea3596c40c90.

Sayonara Leal and Marko Monteiro: What role do you believe science plays, or should play, or could play in decision-making? Moving slightly away from the history of ANVISA's establishment, which is extremely interesting, how should science guide decision-making? Does it have a robust role in decision-making processes, or is it lacking in this regard? How do you view the use of science in managing health crises and in public policies, given that this has become a prominent topic of discussion recently?

Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): I see this issue as follows: Is science important? Yes, it is important. Should we expect science to be purely objective in expressing its significance? No, it should not. There will always be a political bias, and it is crucial for both myself as a public servant and for the field of science to recognize this bias. The major problem I observe is that often, the communication of scientific findings becomes distorted when it reaches decision-makers. Science provides the tools for decision-making. As a manager, I will make decisions using the instruments provided by science and technological advancements. When we established ANVISA, for example, we did not have sufficiently qualified technicians in Brazil for some roles; we had to seek and train them. Today, we have a significant technical apparatus.

The issue arises when discussions start to frame it as a class struggle between science and management, between the technical and the political. I do not see it this way. As I used to tell my colleagues at ANVISA, the technical substance must be understood with its inherent political bias. I cannot assume that science alone will dictate my decisions, just as I cannot rely solely on management techniques to guide my decisions. This "class struggle" must eventually find a resolution to enable effective decision-making. However, I have no doubt that using scientific knowledge to guide my decisions will provide a solid foundation for any debate. We saw this during the COVID-19 pandemic. What was the main argument? That the vaccine was new. Why? Because some vaccines have been in development for years and are still not ready. However, these were developed using a different platform, and it was scientific advancement that made this possible.

People often think that RNA vaccines started just two or three years ago with COVID-19. In reality, scientists have researched this methodology for years. The moment finally came to develop a vaccine using this platform with all the necessary safety, efficacy, and effectiveness.

So, I believe we need to achieve a strong reconciliation here. Scientific tools are important, and technological evaluation tools are important as well. We must learn to reconcile these scientific instruments with good management practices. That is what needs to be done.

Sayonara Leal and Marko Monteiro: You have mentioned that the COVID-19 health crisis highlighted many conflicts regarding whether science should guide decisions, and whether science is being distorted. We also saw people accusing each other of being "deniers," and a lot of discussion about Brazil's response to the COVID-19 pandemic. How do you view Brazil's response to the coronavirus pandemic and the role of science in it? Why was there so much conflict? What is your perspective on this issue?

Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): There are two issues here. I believe that the discussion in Brazil was significantly influenced by the position of the President of the Republic [Jair Bolsonaro]. If you ask why, I cannot provide a definitive answer. I can only offer a hypothesis, but I cannot confirm it in this interview.

The President's stance, particularly his reaction against the COVID-19 vaccine, caused various problems, and we are only beginning to recover from them now. Why? In Brazil, since the 1970s, during the smallpox vaccination campaign, we have achieved the only disease eradication in the world. The Brazilian experience during that process led to the creation of the National Immunization Program (PNI) in 1973. Let me ask both of you: before COVID-19, had you heard that there was a program in the Ministry of Health that managed immunization, known as PNI?

Sayonara Leal and Marko Monteiro: We just got vaccinated!

Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): Exactly. It was a technical body. I worked with the technicians, and they were colleagues who coordinated it without much visibility. Suddenly, the PNI was thrust into the spotlight, as if it were a battle between good and evil. I believe we need to separate these issues. Brazil has always been a reference in this field, particularly after the establishment of the PNI. It has been an international benchmark. For example, when we traveled abroad and discussed with colleagues, they would ask, "How do you manage to vaccinate 100% of children in one day?" It's not the PNI itself that achieves this; it's the SUS (Unified Health System) that makes it possible due to its extensive reach. The PNI ensures the logistics and quality of vaccines.

People would ask, "How do you vaccinate 80% of people who need the flu vaccine in two weeks, while Canada takes six months and fails?" If you consider the epidemic of meningitis in 1974-76, Brazil managed to vaccinate 80 million people at that time. I don't know the exact population then[3], but considering the World Cup slogan, "70, 90 million in action," you might think Brazil had around 110 million people. We vaccinated 80 million. That was when I started working in the public

[3] Interviewers' note: In 1975, the Brazilian population was 108.7 million people.

sector. I was involved in vaccination efforts in Northern Minas Gerais. This was work developed by the Ministry of Health that has been continuously refined.
During the COVID-19 crisis, the PNI became a battleground between good and evil. For instance, you may remember that two or three colleagues who were appointed and then removed from their positions after they emphasized the importance of the vaccine. This highlights the importance of understanding how the PNI came about. It was established through an international agreement spearheaded by the Pan American Health Organization at the *Punta del Este* meeting of health ministers in the 1970s.
The goal was to consolidate vaccinations against diseases like polio, measles, and smallpox. The PNI, to this day, remains a crucial organization.
When people seriously analyze the vaccination coverage rates after 2017, they can see the significance of this program for Brazilian society.

Sayonara Leal and Marko Monteiro: Building on your response, Professor, we would like to know your perspective on the role of SUS (Unified Health System) in the democratization of public health in Brazil. How do you view SUS in relation to democracy?
Prof. José Agenor (Former Minister of Health, former ANVISA director, and current researcher at Fiocruz Brasília): I am reminded of a statement by Sérgio Arouca, who said that democracy must be present in health. Public health must be democratic. Why did he say this? Let me share something that might surprise you. Today, SUS is designed to be universal. However, when we discuss vaccination, we should note that vaccines in Brazil have always been universal. Combating transmissible diseases and endemic conditions has always been universal, but individual medical and hospital care has not. It was segmented in such a way that those without a work card did not have access.
On one side, there was a clear democracy where everyone had rights; on the other side, there was a non-inclusive democracy. The role of the sanitary reform was to merge these two aspects—collective health care and individual health care—and ensure that the population had the same rights in individual care as they had in collective care. This, in my view, was a great achievement.

Sayonara Leal and Marko Monteiro: Continuing on this theme of democracy and access to health, we would like to understand more about your expertise in the health sector. What importance do you see in public-social control mechanisms in the health field, and to what extent are they effective? For example, how does public participation in setting health priorities play a role? In this context, can we discuss the role of National Health Conferences?

Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): This is a debate that I believe will never end. When SUS was established by Law No. 8,080 on September 19, 1990, the term "social control" was not the guiding concept of the system; rather, it was "community participation," which is a complex term to work with. What exactly is community participation? It involves participation in decision-making, management, policy formulation, and system guidelines. These are issues we need to address in how we work with them.

Consider the current mechanisms of control that the population has. What are they? Are they control agencies, audit courts, or justice systems, or are they popular representation bodies, such as the National Health Council? Is it a control body? No, it is a different type of control because it works to oversee and demand the application and formulation of policies and guidelines to improve services for individuals.

For instance, when I was at the Ministry of Health, I attended the National Health Council meetings every month without exception. I spent the entire morning discussing with the council members. We covered all sorts of issues. The major complaint was the lack of control that municipal and state councils had. Thus, we had to engage in extensive discussions, in my view, not about control per se, but about the role of social control and the role of health councils at all three levels. It was not a matter of management; management is an internal responsibility of each segment. The Minister of Health is responsible for the management of the Ministry of Health, not the Council or the National Health Council. The councils are responsible for overseeing the execution of approved guidelines. However, the management of the tools and policies developed by the Ministry to implement approved public policies is not the responsibility of the council nor the state or municipal councils. These are the issues we need to discuss in the health sector. Social control is essential, but we need to understand where it fits and how it integrates with management.

Sayonara Leal and Marko Monteiro: We inquired about social control in the sector because, according to many scholars, national and sectoral conferences, particularly those related to health, are considered the most promising and well-regarded. In these conferences, localized representatives from Brazil bring priority agendas from municipalities to the Ministry. We were also interested in understanding the relationship between the Ministry and these population representatives.

Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): Conferences are crucial, for example, the SUS (Unified Health System) and all its foundational principles emerged from a major conference—the eighth one. Previous conferences were institutional. The third conference in 1963 was significant, even addressing municipalization. The eighth conference established the organic structure of the health system. This is important.

Conferences today play a role; they are not binding on decisions, as the guidelines approved in them are not mandatory, but they influence processes or directions that can be further developed into public policies. This is a crucial aspect. Listening is essential.
The government alone cannot accomplish everything. It must listen to organizations and representatives because there are many groups with important interests. While these interests are significant individually, no single entity should consider itself the most important in isolation. Various interests come together to help develop policies. For me, the conference is important for this reason—to listen to what is happening and to generate proposals for public agencies to develop policies accordingly. However, the issue is whether the conference is binding. I believe it is more of an organ for consultation. The voice of the streets is crucial to hear. It is similar to a management process within a department. You must, democratically, be open to criticism and capable of self-criticism to redirect and adjust the policies you are implementing. So, I view conferences in this light. They are not binding, but it is important to listen.

Sayonara Leal and Marko Monteiro: How would you evaluate the relevance of communication and societal mobilization initiatives from the Ministry of Health regarding disease awareness and prevention campaigns?
Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): We have organized civil society that is heard by everyone. But what about the disorganized sector? Who listens to it? No one. The social mobilization sector should play the role of mobilizing those segments that are not heard. Organized segments are heard because they have mechanisms to vocalize their concerns in all the places they are active.

Sayonara Leal and Marko Monteiro: We would like to revisit what we discussed at the beginning of this interview regarding the pandemic. From your experience as a manager and scholar in public health, how do you view the strategies for combating misinformation about diseases in Brazil, including treatment, prevention, and immunization, not just in the case of COVID-19?
Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): I will say this based on what I used to say when I was managing the Ministry of Health. However, I am not fond of evaluating issues or situations because I believe you must assess specific situations based on the principles you hold and the indicators of that moment. Evaluating a policy from 20 years ago with the tools I have today would be unfair. When I started working 50 years ago, the country's perspective and context were completely different.

Let me give you an example. At one point, we faced a major dengue epidemic at the Ministry of Health. I went on television and into the newspapers. A journalist asked me, "What should be done?" My response was: "Regarding dengue, we know everything about the mechanism of transmission. We know that it is the female mosquito that transmits the disease because it is the female that bites humans to obtain blood, which is necessary for egg development. So, we know everything about dengue, but we know nothing about communication." The journalist asked, "How is that?"

I joked at the time that it was up to communication experts to find a solution, first and foremost, so as not to place the blame on the population for something that is not their fault. I said all the fear-mongering advertisements about who is to blame for dengue—whether it's Mrs. Maria, the person doing yard work, or someone with a small container, shifts responsibility onto the population. How can we accept that? I believe we should not. The state must assume responsibility. This is not a critique of anyone; I did this during my time.

It is the same issue with chronic non-communicable diseases. People often say, "You can create a program to exercise and improve your performance," as if the state has no responsibility, as if the state should not regulate the sugar, sweets, processed foods, and beverages consumed. It is as if the state's responsibility is non-existent, and the individual is solely responsible. This is not the case. I have responsibility for my health and the health of those close to me, but the state has even more responsibility. That is the purpose of the state.

Regarding communication in the case of dengue, I insist on this point. Communication experts, or we, as I use the term "communication experts" to emphasize the importance of communication, must find a solution. We cannot continue to attribute the blame for deaths and illness to the population. If so-and-so had done this, then the blame falls on them. The blame is not mine as a manager; the blame is theirs. People have responsibilities, yes. The government has responsibilities, yes. The state has responsibilities, yes. Among these, at this moment, we must determine who is most responsible.

We need to have a mechanism for prevention and precaution greater than simply assigning blame for contamination to individuals, as they are the ones suffering and dying.

Sayonara Leal and Marko Monteiro: To conclude our conversation, we would like to hear your assessment of the role of democracy and science in addressing future epidemics and pandemics in the country?

Prof. José Agenor (Former Minister of Health, former Director of Anvisa, and current researcher at Fiocruz Brasília): I will speak with utmost sincerity. If the previous government (the Bolsonaro administration) had not taken a different path,

we would have had less than half the number of deaths. The experience of the health crisis has made it clear that we need, for example, to give more attention to research institutions.

For instance, did you know that the first genetic mapping of COVID-19 was done by researchers at USP? And if you go back six years, it was Brazilian science that redirected the entire Zika response. I was at the ministry and coordinated this process. Science played a crucial role, but with Zika, we prioritized this issue as a matter of state and government.

So, to answer directly: First, you need to ensure that the technical field, the researchers, have the necessary conditions and tools to conduct their research. Second, ensure that research institutes have and will continue to receive support and backing to advance their investigations. Most importantly, all decisions, involvement, and management must engage all segments of society—not just federal managers, state directors, and municipal administrators. These are important, but integrated, consolidated management and partnership among all three levels are essential. Are there challenges? Yes. Are there political issues? Yes. However, progress can be made when the primary objective is to safeguard people's health and ensure they do not become ill or die. Therefore, we must strengthen our institutions at all levels, whether in academia or the state, so they can succeed in the race against disease dissemination. Why? Because there was always support in the past. COVID-19 was an anomaly. The new coronavirus was an outlier. Discussing and analyzing outliers is somewhat risky. So, we need to be aware of this. The first thing I would do in any pandemic or epidemic is to have the government assume its role and responsibility.

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