BRAZILIAN FEDERALISM AND THE ECONOMIC OPENING PLANS OF THE STATES OF ALAGOAS AND SÃO PAULO FOR THE COVID-19 PANDEMIC

O FEDERALISMO BRASILEIRO E OS PLANOS DE ABERTURA ECONÔMICA DO ESTADO DE ALAGOAS E SÃO PAULO PARA A PANDEMIA DA COVID-19

EL FEDERALISMO BRASILEÑO Y LOS PLANES DE APERTURA ECONÓMICA DEL ESTADO DE ALAGOAS Y SAO PAULO PARA LA PANDEMIA DE COVID-19

Raissa Giacon Escarelli ANDRADE[1]
Igor Copoli RAMAZZINE[2]
Luciléia Aparecida COLOMBO[3]

ABSTRACT: The Covid-19 pandemic has shaken the world in different political, social and economic sectors, challenging managers, as well as the public administration itself, in the search for quick and efficient solutions, but not planned, given the unusual moment in which we live. Brazil does not escape this path, having its federalism put in check due to the moment lived, aggravated by a strong political crisis. In this sense, it is up to us to understand how the states have acted to reopen the commercial and industrial sectors, more specifically São Paulo and Alagoas. The article suggests that the plans for economic reopening are intrinsically linked to the model of federalism that Brazil adopted, sometimes centralized, sometimes decentralized, but promoting mechanisms that allow the articulation of its federated entities. Economic opening plans are important documents in this post-pandemic moment, as they regulate individuals, and trade and industry sectors, key elements for the generation of jobs in the country.

KEYWORDS: Covid-19. Federalism. Economic recovery. Alagoas. São Paulo.

RESUMO: *A pandemia da Covid-19 tem abalado o mundo nos diversos setores políticos, sociais e econômicos, desafiando os gestores, bem como a própria administração pública, na busca de soluções rápidas e eficientes, mas não planejadas, dado o momento inusitado em que vivemos. O Brasil não foge desse caminho, tendo o seu federalismo posto em cheque pelo momento vivido, acentuado por uma forte crise política. Nesse sentido, nos cabe entender como os estados têm agido para realizar a reabertura dos setores comerciais e industriais, mais especificamente São Paulo e Alagoas. O artigo sugere que os planos de reabertura econômica estão intrinsecamente ligados ao modelo de federalismo que o Brasil adotou, ora centralizado, ora descentralizado, mas promovendo mecanismos que permitem a articulação de seus entes*

[1] São Paulo State University (UNESP), Araraquara – SP – Brazil. Undergraduate student in Social Sciences. Member of the Participation and Democracy Study and Research Group – GEPPADE. ORCID: https://orcid.org/0000-0002-0346-1609. E-mail: raissa.escarelli@hotmail.com
[2] São Paulo State University (UNESP), Araraquara – SP – Brazil. Undergraduate student in Social Sciences. Member of the Participation and Democracy Study and Research Group – GEPPADE. Fapesp Scholarship. ORCID: https://orcid.org/0000-0002-4402-3197. E-mail: igor.copoli567@gmail.com
[3] Federal University of Alagoas (UFAL), Maceió - AL – Brazil. Adjunct Professor at the Institute of Social Sciences. Doctorate in Political Science (UFSCAR). ORCID: https://orcid.org/0000-0002-5285-4716. E-mail: leiacolombo@gmail.com

federados. Os planos de abertura econômica são documentos importantes neste momento pós-pandemia, pois regulam os indivíduos, o setor do comércio e da indústria, elementos chave para a geração de empregos no país.

***PALAVRAS-CHAVE**: Covid-19. Federalismo. Retomada econômica. Alagoas. São Paulo.*

***RESUMEN**: La pandemia de Covid-19 ha sacudido al mundo en los diversos sectores políticos, sociales y económicos, desafiando a los gestores, así como a la propia administración pública, en la búsqueda de soluciones rápidas y eficientes, pero no planificadas, dado el momento inusual en que vivimos. En Brasil no es distinto, pues su federalismo ha sido desafiado en el momento vivido, acentuado por una fuerte crisis política. En ese sentido, tenemos que entender cómo los estados han actuado para realizar la reapertura de los sectores comerciales e industriales, más específicamente São Paulo y Alagoas. El artículo sugiere que los planes de reapertura económica están intrínsecamente ligados al modelo de federalismo que Brasil ha adoptado, ya sea centralizado o descentralizado, pero promoviendo mecanismos que permiten la articulación de sus entes federados. Los planes de apertura económica son documentos importantes en este momento post-pandemia, pues regulan a los individuos, al sector del comercio y de la industria, elementos estos claves para la generación de empleos en el país.*

***PALABRAS CLAVE**: Covid-19. Federalismo. Recuperación Económica. Alagoas. São Paulo.*

Introduction

The Covid-19 pandemic posed some challenges to Brazilian federalism, whose main characteristic is the regional difference observed with respect to the northeast and southeast regions. In this sense, the present study proposes an analysis of the economic opening plans of the states of Alagoas and São Paulo, considering that after the phase of social isolation, the governors adopt sanitary measures and protocols to guide the gradual opening of trade and industry. Our intention is to express, through both plans, the position of the respective states in facing the health and economic crisis, unveiling the limits of Brazilian federalism. As a secondary objective, we will seek to compare the two plans, looking for similarities and differences between them; we adopted a primary source methodology, focused on the analysis of these documents and ordinances issued by the states.

This study is justified for two sets of reasons. The first is that the pandemic has brought to light the debate on the role of federated entities. The unusual nature of Covid-19 and the urgent decision making that the disease imposes are putting Brazilian federalism to the test. We intend to contribute to the study agenda on federalism, showing how the pandemic promoted substantial changes in the economy, in politics and in the relationship between federated entities in Brazil. In addition, it is justified by the unprecedented comparison between two government

plans to face the crisis, those of the states of São Paulo (Southeast Region) and Alagoas (Northeast Region). Thus, our work may prompt new comparative studies that illustrate the differences of federated entities in decision making in the face of health, economic and political crises.

In addition to this introduction, the article has four more sections. In the next, a brief history of Brazilian federalism. In the third, it will bring data about the Alagoas Plan. In the fourth, it will bring data about the São Paulo Plan. The last section will be dedicated to making some final considerations.

Brazilian federalism - some characteristics:

Brazilian federalism has some characteristics that are peculiar to it. First, with the 1988 Constitution, there was a great process of decentralization, both of financial resources and of power to subnational entities. This constitutional novelty was confused with democratization, as the context marked the end of the Brazilian authoritarian period, which lasted 21 years. As Arretche (1996) points out:

> From different political perspectives there was a great consensus around decentralization. It was assumed that, by definition, decentralized forms of public service delivery would be more democratic and that, in addition, they would strengthen and consolidate democracy. Likewise, such a consensus assumed that decentralized forms of public service delivery would be more efficient and, therefore, would raise the real levels of well-being of the population. Therefore, reforms of the State in this direction would be desirable, given that they would make possible the realization of progressive ideals, such as equity, social justice, reduction of clientelism and increased social control over the State. Symmetrically, centralization has been associated with non-democratic decision-making practices, the lack of transparency in decisions, the impossibility of controlling government actions and the ineffectiveness of public policies. The expectations placed on decentralization and the negative view of centralized forms of management would imply, consequently, in the necessary reduction in the scope of action of central government bodies (ARRETCHE, 1996, p. 1, our translation).

In this sense, the federalism literature points to several models, with arrangements between the federated entities with more or less autonomy, but all with the prerogative of maintaining unity in diversity. Regarding intergovernmental relations, some considerations by Souza (2019) deserve to be highlighted:

> The Brazilian federalism redesigned in 1988 generated divergent interpretations. Some concluded that the federation was dominated by state interests, by the informal power that could be exercised by the governors over

> the parliamentarians of their states in the National Congress. This thesis had a great influence on the interpretation of the functioning of federalism in Brazil, and was also shared by several North-american political scientists. Another current analyzed the division of power within the federation as fragmented among several centers of power, although with unequal capacities, that is, there would be no command of just one or a few constitutive units of the federation. Despite legislative centralization, financial resources and policy formulation, subnational governments are not passive actors in the federative game (SOUZA, 2019, p. 2).

In order to understand federalism, it is important to observe three basic questions: the first, to understand what is the motivation for populations and societies in different regions, with particular characteristics, to abdicate their autonomies to form a pact, which will limit their autonomy? In addition, what are the advantages of being united in this pact? And finally, how to think about coordinated mechanisms so that the federated entities can obtain articulation with each other?

Authors like Riker (1964) defend federalism because of a protective dimension, that is, a system that helps protect against military offensives, in addition to economically protecting subnational entities from poorly drafted contracts or unsuccessful financial exchanges. For this author, federalism has the advantage of determining the prerogatives of each federated entity, in the system known as checks and balances, through which the federated units control themselves, stimulating autonomy between them, stimulating cooperation and mutual trust.

In addition, the idea of checks and balances is closely linked to the union in diversity (ELAZAR, 1984), defined as a collective decision system, defined by a Federal Constitution, responsible for regulating the design of public policies that will be implemented, starting from the articulation between their entities. In this sense, from the clear concept of federalism, we can observe its relationship with intergovernmental forms and the way in which public services are offered.

A decisive point in Brazilian federalism is the great regional inequality observed mainly in the Northeast in relation to the others, since the levels of inequality are quite accentuated, especially when we observe states like Alagoas, Bahia, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte and Sergipe in relation to São Paulo, for example, as we can see in the table below:

Table 1 – Employment and Income Index - Brazilian States - 2000 to 2010

State	2000	2005	2006	2007	2008	2009	2010
Acre	0,4865	0,5290	0,5799	0,5612	0,5198	0,5199	0,5687

Alagoas	0,4639	0,5078	0,5074	0,4456	0,4609	0,4689	0,4402
Amazonas	0,4741	0,6130	0,6602	0,6312	0,6277	0,5068	0,5430
Amapá	0,4335	0,4960	0,5900	0,5478	0,5871	0,5377	0,5628
Bahia	0,5288	0,7356	0,6512	0,6488	0,6387	0,6947	0,7292
Ceará	0,4940	0,5627	0,5772	0,5562	0,5817	0,6430	0,6645
Distrito Federal	0,5084	0,6357	0,6342	0,5913	0,6433	0,6153	0,6112
Espírito Santo	0,4735	0,7151	0,7107	0,6664	0,6607	0,6070	0,6357
Goiás	0,4978	0,6465	0,6164	0,6347	0,6304	0,6356	0,6757
Maranhão	0,4510	0,4161	0,5190	0,5334	0,5632	0,4879	0,5563
Minas Gerais	0,5209	0,8159	0,8696	0,8289	0,8509	0,7827	0,8256
Mato Grosso do Sul	0,4453	0,6114	0,5940	0,5433	0,5932	0,5932	0,5998
Mato Grosso	0,4259	0,5558	0,5667	0,5598	0,6032	0,5728	0,5902
Pará	0,4819	0,5750	0,6116	0,6155	0,5809	0,5164	0,5998
Paraíba	0,4811	0,4889	0,5056	0,4724	0,4566	0,4937	0,5352
Pernambuco	0,5459	0,6030	0,6216	0,6132	0,6577	0,6428	0,7463
Piauí	0,4442	0,4625	0,5064	0,4720	0,5334	0,5375	0,5403
Paraná	0,4753	0,8209	0,8344	0,8427	0,8641	0,8022	0,8376
Rio de Janeiro	0,5619	0,8058	0,8872	0,8810	0,9027	0,8541	0,8745
Rio Grande do Norte	0,4663	0,5676	0,5714	0,5442	0,5596	0,5224	0,5631
Rondônia	0,5314	0,5409	0,5999	0,5251	0,5538	0,6812	0,6901
Roraima	0,4121	0,5971	0,5964	0,5653	0,4777	0,5882	0,5435
Rio Grande do Sul	0,5255	0,6885	0,7362	0,7430	0,7927	0,7496	0,8317
Santa Catarina	0,4891	0,7708	0,7983	0,7588	0,7719	0,7149	0,7846
Sergipe	0,4541	0,6060	0,6089	0,5365	0,5883	0,6005	0,6433
São Paulo	0,5937	0,8379	0,8890	0,8695	0,8900	0,8688	0,8843
Tocantins	0,4166	0,5531	0,5477	0,5625	0,5101	0,5415	0,5456

Source: Developed with data exclusively obtained from the IPEADATA Platform (2020)

The observation of such asymmetries is the justification of the present study, which intends to analyze the states of Alagoas and São Paulo with regard to the economic opening plans, necessary to organize the transit of people in the pandemic. Furthermore, it should be noted that at the time of the Covid-19 pandemic in Brazil, states and their governors were the major players in measures of social isolation and, more recently, in plans for economic opening,

with the publication of decrees on sanitary measures for its citizens. In view of the lack of records for this specific moment, we consider appropriate the analysis of two economic opening plans, for the states of São Paulo and Alagoas. This article is divided as follows: this introduction, followed by an item on the Alagoas plan for economic recovery, later on, an analysis of the São Paulo plan to open productive activities, followed by an item on the comparison of the two plans and, finally, a conclusion. Having made these initial considerations, we move on to the items provided here.

Alagoas economic recovery plan

The State of Alagoas began to fight the coronavirus pandemic on 8 March 2020, but it was only on the 23rd of the same month that it confirmed its first case of community transmission, and the first death caused by the disease occurred on the 31 of March. However, the great expansion of cases occurred from the end of April and it was the capital, Maceió, that concentrated the largest number of cases.

The answer given by the state government was quick, since 5 days after the confirmation of his first case, the first decree was made by the governor Renan Filho (MDB) - Decree no. 69,501, of 13 March 2020 - which brought the first measures to combat the pandemic, such as: social isolation, quarantine, medical examinations, laboratory tests, among others. Since the first decree, eight more have been edited, almost always reissuing the isolation measures. It should be noted that the measures taken regarded the instructions from the scientific committee created by the Northeast Consortium, however, the low levels of social isolation ended up contributing to the virus.

The Northeast Consortium is based on Law No. 11,107, of 6 April 2005, which "constituted one of the first initiatives of the Brazilian State to put on the public agenda the possibility of effecting 'territorial pacts' that facilitate intergovernmental relations" (CLEMENTINO , 2019, p. 166, our translation), thus enabling its creation, which took place in 2019, with the objective of integrating the region, enabling social and economic development; choosing health, public safety and education as priority areas of activity, also counting on collective purchases aiming at improving public management. These are priorities that become even more important during the Covid-19 pandemic period, and that make the consortium's participation in the region crucial. Regarding the organization, it is worth mentioning that it was built based on political disagreements between the regional and the federal government,

becoming a regional strengthening tool, making intergovernmental relations and their political positions vis-à-vis the federal one solid.

On 22 June 2020, Decree No. 70,145 was issued, which marks the beginning of the economic recovery plan for Alagoas, called the Controlled Distancing Plan. The document prepared by the working group of the Government of Alagoas, conducted by the Civil Cabinet and Secretariats for Economic Development and Tourism (SEDETUR) and Finance (SEFAZ), jointly with productive sectors, representatives of unions of the state and members of civil society, defines five phases classified by colors: red, orange, yellow, blue and green; ranging from a higher risk to a more controlled one. To complement the Plan, a risk matrix was published by Decree No. 70,177, on 26 of June, which specifies what the indicators will be like to outline the advances or setbacks in the phases.

The economic recovery plan has a detailed description of which establishments can be opened in the different phases and how they should operate. In addition, the document sets out in detail the health safety procedures - use of masks, alcohol gel, control of the flow of people, “drive thru”, increased frequency of cleaning and others - that must be followed for the functioning of the places that will be reopened at each stage. It should also be noted that there are also health indications for specific spaces, such as religious temples.

To implement the Controlled Distancing Plan, the decree established three strategic axes: utilization of installed hospital capacity, which consists of 3 indicators: bed with respirators occupancy rate, bed occupancy rate in general and number of beds with respirators per 100 thousand inhabitants; epidemiological evolution that has two indicators: deaths per epidemiological week and lethality rate, and Covid-19 evolution rate that has an indicator - ratio of active cases per recovered cases.

On 30 of June, a third decree was issued on the topic of economic recovery, Decree No. 70,178, which is somewhat similar to the model applied in the State of São Paulo, by dividing the State, applying flexibilization in a territorialized manner; with that, the capital entered the orange phase and the interior municipalities in the red phase. As of 20 of July, Maceió entered the yellow phase, in addition to some municipalities in the metropolitan region and the northern coast going into the yellow phase.

São Paulo Plan for Economic Recovery

The State of São Paulo was the first to create a contingency center to combat the new Covid-19 pandemic. The first confirmed case of infection dates from 26 of February, and on 15

of March the first death was confirmed. On 16 of March, Decree No. 64,864 instituted the Covid-19 Extraordinary Administrative Committee with the responsibility to deliberate on additional cases covered by the quarantine measure. Formulated with the support of this same Committee, Decree No. 64,881 determined quarantine in the State of São Paulo and restriction of activities to avoid possible contamination or spread of the virus.

It is interesting to note that this decree was published 49 days after Ordinance MH No. 188, of 3 February 2020, in which the Minister of Health declared Public Health Emergency of National Importance (ESPIN) due to Human Infection with the New Coronavirus, and 6 days after the first confirmed case.

The quarantine decree established the end of face-to-face service to the public in commercial establishments and service providers, especially in nightclubs, shopping centers, galleries, gyms, and fitness centers. Only essential services such as hospitals, pharmacies, markets, gas stations and security services remained in operation. Such measures were effective on the day after publication, 24 of March.

After 64 days of the quarantine measure, among other decrees that assisted in the contingency of Covid-19 and supported the population, the Government, together with the Secretariat of Health, understood that the fight against the pandemic had entered a new phase in the State. It was essential to adopt measures of social distance to slow down the epidemiological curve and allow the planning and execution of actions to increase the hospital capacity of the public health network. It was also important because it allowed the Contingency Center to assess the dynamics of disease transmission in the State's territory.

There is an understanding that the State of São Paulo has regional specificities that must be respected, therefore, a new quarantine proposal is applied, in a way that organizes each region according to the scope of the Regional Health Departments (DRS, Portuguese initials) and the Networks Regional Health Care (RRAS, Portuguese initials), and observed through the Intelligent Information and Monitoring System (SIMI – Portuguese initials - instituted by decree no. 64,963, of 5 May 2020). The quarantine that was previously homogeneous throughout the State, became heterogeneous, respecting the particularities of each sector according to a recovery plan. Therefore, the application of the measures that the plan proposes, which will be detailed below, is different and directed to each area of the State according to the administrative division of the Secretariat of State, which divided the regions into 17 Health Departments, responsible for coordinate the activities of the State Secretariat of Health at the regional level and promote intersectoral coordination with municipalities and civil society organizations.

Decree No. 64,994, of 28 May 2020, in Article 2, institutes the São Paulo Plan, the result of the coordinated action of the State with the São Paulo Municipalities, and on the recommendation of the Coronavirus Contingency Center and the Epidemiological Surveillance Center, both part of Secretariat of Health, with the objective of implementing and evaluating strategic actions and measures to combat the pandemic.

In order to achieve these objectives, the epidemiological and structural conditions in the State are measured by the evolution of Covid-19 and the response capacity of the health system. To measure the evolution of the virus, the number of confirmed cases of the disease is considered with the identification of the epidemic period. The measurement of the health system's responsiveness considers the information provided by the Health Offer and Services Regulation Center (CROSS, Portuguese initials) and in the Covid-19 Census of the State[4].

Epidemiological and structural conditions determine the classification of each region within the four existing phases: red, orange, yellow and green. The classification in one of the phases is the result of the combination of indicators of occupancy rate of ICU beds exclusive for patients with coronavirus, number of new admissions in the same period and number of deaths. Based on this combination, each region is placed at one of the levels of the economic opening scale. The level change is made at the end of a week-long assessment by the State Secretary of Health. If a region worsens in the rates of bed occupation, contamination and deaths by Covid-19, it falls from the level, and a new change is only possible after two weeks, conditioned to the improvement of the indicators.

Despite this, the Plan allows some autonomy for mayors to increase or decrease restrictions, according to the limits set by the State. Such autonomy is found in the orange, yellow and green phases, in which face-to-face services and non-essential activities are resumed through operating and hygiene protocols. Non-essential services can be made more flexible, by means of technical and scientific justification, according to the economic and employment vulnerability of each region. The transport and education sectors have their own phasing, which follows the guidelines of the Department of Health.

As already mentioned, for the beginning of the resumption of activities in the economic sectors, the São Paulo Plan uses the isolation rates, reduction in the number of new cases and the occupancy rate of ICU beds as indicators. The ideal numbers proposed were based on the experiences of other countries that decided to adopt a gradual resumption. It is necessary to account for a social isolation rate in each region greater than 55%, to show a sustained reduction

[4] Available: http://www.saude.sp.gov.br/ses/perfil/cidadao/homepage/outros-destaques/covid-19-plano-de-contingencia-boletins-diarios-e-outras-informacoes. Access: 04 Aug. 2020.

in new cases for 14 days and an occupancy rate for exclusive ICU beds for Covid-19 below 60%.

The decree establishing the São Paulo Plan is also specific regarding special measures for commercial establishments and service providers: they must prevent agglomerations, they must adopt special rules aimed at protecting the elderly, pregnant women and people with chronic or immunodepressed diseases, in light of the recommendations of the Ministry of Health and the State Department of Health.

The São Paulo Economic Recovery Plan came into effect on 1 June 2020 with the following explanation from the Governor of São Paulo, João Dória:

> the new phase of facing the pandemic of the new coronavirus in São Paulo is not a relaxation, but rather a fine adjustment taking into account regional particularities [...], the São Paulo government collected technical data that allow the gradual and safe return of activities in cities in the State that have a consistent reduction in the number of cases and availability of beds in their public and private hospitals and are respecting social distance, in addition to the mandatory dissemination and use of masks[5] (our translation).

Analysis of the plans

After analyzing the Alagoas Plan for economic recovery, "Controlled Distancing Plan", and analyzing "Plan São Paulo", it is now up to us to compare them based on what influenced them and also their content.

In Brazil, there was a great divergence about how to fight Covid-19. The Federal Government suggested vertical social distancing, in which only groups at risk should remain isolated. State and municipal governments opted for horizontal social distance, being the criterion that all groups should be isolated. Alagoas and São Paulo opted for the second option of social distance, in the case of the first state, following the suggestions of the Northeast Consortium.

The Northeast Consortium was extremely important for regional action in combating the Covid-19 pandemic, having defended in the "Letter from Governors of the Northeast"[6] the scientifically based recommendations in favor of adopting strict preventive measures and also speaking out against the statements of the President Jair Bolsonaro, increasingly demonstrating an alignment and strengthening of northeastern intergovernmental relations. It is also worth

[5] Available: https://www.youtube.com/watch?v=xzZU61LMF40. Access: 03 Aug. 2020.

[6] Available: https://www.cnnbrasil.com.br/politica/2020/03/25/em-carta-governadores-do-nordeste-criticam-bolsonaro-e-defendem-priorizar-saude. Access: 04 Aug. 2020.

mentioning the creation of a Scientific Committee to combat the virus, which guided the measures of the state of Alagoas, from social isolation to the Controlled Distancing Plan.

The Northeast Consortium, which was created in 2019 uniting the 9 states in the region with the objective of leveraging development in an integrated manner, with the possibility of jointly implementing public policies in the areas of education, security and others. The group was responsible for creating a Scientific Committee whose job would be to guide members in combating Covid-19.

The Scientific Committee is made up of researchers and doctors representing Northeastern States and works to articulate the states and regions of the Northeast based on knowledge-based measures. It is also worth mentioning the creation of the Mandacaru Project[7], a virtual collaboration platform that aims to collect information about the cases, about the spread of the virus in the region and the scientific work on the virus worldwide. The State of Alagoas is represented in the project by the professor at the Federal University of Alagoas (UFAL), Fábio Guedes. It should be noted that the Scientific Committee played an important role in formulating the various decrees, also influencing the economic recovery plan.

Unlike Alagoas, the State of São Paulo has not instituted a regional scientific committee to guide its actions, but it has the Extraordinary Administrative Committee Covid-19, which takes care of the deliberations and demands of the public administration sector and the private sector regarding the combat measures to the new virus. It is also worth mentioning that the State has two portfolios in the Department of Health, which are working directly to face Covid-19: Coronavirus Contingency Center and the Epidemiological Surveillance Center.

Let us now compare the levels of social isolation, expansion of the virus, number of specialized beds and the regionalization of quarantine in the two states.

With the decree by Governor Renan Filho, quarantine and social isolation were the first measures to combat Covid-19. The State recorded low rates of social isolation at the peak of the epidemiological situation (just over 50%), when the recommended by the scientific committee of the Northeast Consortium was a rate of at least 70%. The highest rate of social isolation recorded in the State was on 29 of March (60.2%), when 17 infected and no deaths were recorded[8].

In the State of São Paulo, the Decree with the measure of quarantine and social isolation was published on 22 March 2020. The recommended rate of social isolation must be greater

[7] Available: https://www.comitecientifico-ne.com.br/mandacaru. Access: 01 Aug. 2020.

[8] Available: https://cienciapolitica.org.br/index.php/noticias/2020/06/especial-abcp-acoes-alagoas-enfrentamento-pandemia. Access: 03 Aug. 2020.

than 55%. The highest number that the State managed to reach was on the same day on 22 of March, with an isolation rate of 62.5%, 631 positive cases for Covid-19 and 22 confirmed deaths. Four months after the Decree, 483,982 confirmed cases and 21,606 deaths were registered, with a social isolation rate reaching 48.5%, lower than recommended and with the epidemiological curve still increasing, however, the occupancy rate of ICU beds directed only at patients with Covid-19 was 66.1%[9].

Regarding the epidemiological situation of each State, both registered an increase in the rate of contamination and deaths by Covid-19. According to the Federal Government's Coronavirus Panel[10], the State of Alagoas, from 27 of February to 26 of July, registered 55,376 positive cases and 1,500 deaths. In the case of the State of São Paulo, the numbers are higher, showing a clear growth in the graph curve: in the same time interval, 483,982 cases and 21,606 deaths were recorded.

It is important to specify that the start date for data accumulation was the day after the first confirmed case of Covid-19 infection in Brazil, 26 of February, in the city of São Paulo.

The two plans have phases to define the actions that each municipal manager can take. Both States understand their regional specificities and the criteria for dividing the territories of each State followed the logic of coverage that the Regional Health Departments (DRS) and the Regional Health Care Networks (RRAS) can contemplate. Thus, we perceive a dynamic of regionalization of the quarantine, specific to the demand of each territory, being heterogeneous when viewed from a state perspective.

The indicators that will diagnose the epidemiological situation of each State are similar in some points: in the São Paulo Plan it is necessary to account for a rate of social isolation in each region greater than 55%, to show a sustained reduction in new cases for 14 days and a rate of occupancy of exclusive ICU beds for Covid-19 below 60%. In the Controlled Distance Plan the proposal has three strategic axes, these are: the installed hospital capacity (measured by the beds with respirators occupancy rate, the general bed occupancy rate and the number of beds with respirators per 100 thousand inhabitants), the epidemiological evolution (indicated by the number of deaths per week and the lethality rate) and the Covid-19 evolution rate (measured through the ratio of active cases per recovered cases). Thus, relating the numbers indicated in each region, the diagnosis is made for each specific territory and what is its position among the phases of each plan and what will be its level of flexibility.

[9] Available: https://www.saopaulo.sp.gov.br/coronavirus/quarentena/. Access: 03 Aug. 2020.
[10] Available: https://covid.saude.gov.br/. Access: 01 Aug. 2020.

Image 1

SPECIFICATION	São Paulo Plan	Controlled Social Distancing Plant
Decrees	Decree no. 64,881 published on 22 March 2020, establishes quarantine in the State	Decree no. 69,501 published on 13 March 2020, establishes quarantine in the state
	Decree no. 64,944 published on 28 May 2020 institutes the plan	Decree no. 70,145 published on 20 June 2020 institutes the plan
Social isolation indexes and epidemiological situation	Highest: 22 of March, isolation 62.5%, 631 positive cases and 22 deaths	Highest: 29 of March, isolation of 60.2%, 17 positive cases and no deaths
	Lower: 17 of July, isolation of 34.5%, 407,415 positives and 19,377 deaths	Lower: 16 of March, 30.6% isolation, 1 positive case and no deaths
Ideal indicators according to each phase change plan	Level of social isolation: greater than 55%	Level of social isolation: minimum 70%
	Reduction of new positive cases for 14 days	Utilization of hospital capacity (beds with respirators occupancy rates, occupancy of general beds and number of beds with respirators per 100 thousand inhabitants)
		Epidemiological evolution (deaths per epidemiological week and mortality rate)
	Occupancy rate of ICU beds exclusive for Covi-19 below 60%	Evolution rate of Covid-19 (ratio of active cases per recovered cases)
Flexibilization phases	Red: maximum alert, contamination phase with release only for essential services; occupancy of ICU beds for Covid-19 above 80%; ratio between deaths by Covid-19 in the last 7 days and deaths by COVID in the previous 7 days must be above 2.0	Red: high risk of contamination; general bed occupancy above 80%; in the last week had the highest number of deaths in the last five weeks.
	Orange: attention phase with possible releases; occupancy of ICU beds for Covid-19 between 70% and 80%; death rate should be between 1.0 and 2.0	Orange: Moderate high risk of contamination; occupancy between 70% and 80%; present the fourth lowest number of deaths.
	Yellow: controlled flexibilization with eventual releases; occupancy of ICU beds for Covid-19 between 60% and 70%; ratio should be between 0.5 and 1.0.	Yellow: Moderate risk of contamination; occupation between 65% and 70%; present the third lowest number of deaths.
	Green: increasing partial opening with less restrictions; occupancy of ICU beds for Covid-19 below 60%; ratio should be below 0.5.	Blue: moderately low risk of contamination; occupation between 60% and 65%; present the second lowest number of deaths.
	Blue: normal controlled with release of all activities with protocols.	Green: controlled risk of contamination; occupation below 60%; have the lowest number of deaths.

Source: Developed exclusively with data obtained from the Controlled Distance Plan and the São Paulo Plan

Final considerations

The State of Alagoas, despite being one of that took the longer to present cases of the new disease, had a rapid response from its leaders; on the other hand, there was a lack of contribution on the part of the population, which made the social isolation rates to be some of the lowest in the country. Even with the government's agility, based on scientific bases, the

cases grew in the State from the end of April. Only after three months, in June, there was some venting in hospitals observed. This, added to the pressure made by the various commercial sectors, caused the resumption plan to be announced on the 22nd of the same month. It is worth mentioning that there has not yet been a drop in the number of cases, which may mean a return to the increase in the ICU occupation and a change in the rates, with the opening of trade, as warned by the Northeast Consortium.

With regard to the State of São Paulo, we can note that the initial governmental reaction to the pandemic was somewhat agile, as it was taken at an early stage of dissemination. The capital opened three field hospitals, two built by the city and one by the state. The São Paulo government also made transfers to municipalities with less than 100 thousand inhabitants, financing costs, purchasing supplies, assembling and operating equipment, and created the Municipal Council between Government and City Halls to consolidate decisions.

However, on 22 of July, the State of São Paulo recorded 16,777 confirmed cases of Covid-19, breaking a new record (before it was 12,244). According to the new Health secretary of the state, Jean Gorinchteyn[11], this result is due to the increase in the number of tests being processed. With this, the State totals 463,218 confirmed cases of the new coronavirus, with 299,647 people recovered and 21,206 deaths. There are 5,416 people admitted to ICUs across the state with confirmed or suspected cases of the disease, adding up to an occupancy rate of ICU beds of around 66.5%, while in Greater São Paulo this is around 64%.

There were also difficulties related to the lack of federative coordination: the inefficient distribution of health equipment and the impasses in negotiating measures to compensate for subnational fiscal losses. The quarantine decree came from the state executive, since it was not decreed, until July 2020, by the federal government and under the terms of federal law, the local health manager, authorized by the Ministry of Health, can adopt the measure of quarantine .

ACKNOWLEDGEMENTS: we are grateful for the support offered by the Participation and Democracy Study and Research Group (GEPPADE) and the São Paulo State Research Support Foundation (FAPESP) that promotes Igor Copoli Ramazzine.

[11] The former health secretary, José Henrique Germann, left office on 21 of July due to heart problems, he had not participated in daily press conferences for three weeks. His replacement is infectious disease specialist Jean Gorinchteyn, who works at Albert Einstein and São Camilo hospitals, and at the Emilio Ribas Institute of Infectious Diseases. Gorinchteven graduated from University of Mogi das Cruzes, has a master's degree in infectious diseases, has a PhD in experimental neurology from Unifesp and has worked for more than 20 years as a doctor and professor. Available: https://g1.globo.com/sp/sao-paulo/noticia/2020/07/21/secretario-da-saude-de-sao-paulo-germann-deixa-o-cargo-e-infectologista-do-emilio-ribas-assume-pasta.ghtml. Access: 03 Aug. 2020.

REFERENCES

AGÊNCIA ESTADO. Entenda como será o plano de retomada das atividades anunciado em São Paulo. **Correio Braziliense**, 27 maio 2020. Available: https://www.correiobraziliense.com.br/app/noticia/brasil/2020/05/27/interna-brasil,858740/como-sera-o-plano-de-retomada-das-atividades-anunciado-em-sao-paulo.shtml. Access: 22 July 2020.

ALAGOAS. A pandemia de Covid 19 e o Plano de distanciamento controlado. **Estadão**, 21 jul. 2020. Available: https://politica.estadao.com.br/blogs/gestao-politica-e-sociedade/alagoas-a-pandemia-de-covid-19-e-o-plano-de-distanciamento-controladoi/#_ednref9. Access: 21 July 2020.

ALAGOAS. **Decreto n. 69.501, de 13 de março de 2020**. Dispõe sobre as medidas para enfrentamento da emergência de saúde pública de importância internacional decorrente do COVID-19 (Coronavírus), e dá outras providências. Alagoas, 13 mar. 2020.Available: http://www.procuradoria.al.gov.br/centro-de-estudos/boletim-informativo/legislacao-estadual/DECRETO%20N-a6%2069.501-%20DE%2013%20DE%20MAR-cO%20DE%202020.pdf/view?searchterm=. Access: 21 July 2020.

ALAGOAS. **Decreto n. 70.177, de 26 de junho de 2020**. Dispõe sobre a matriz de risco e dá outras providências. Alagoas, 26 jun. 2020. Available: https://www.legisweb.com.br/legislacao/?id=397617. Access: 21 July 2020.

ALAGOAS. **Decreto n. 70.178, de 30 de junho de 2020**. Determina a classificação do estado de Alagoas conforme o Plano de Distanciamento Social Controlado, e dá outras providências. Alagoas, 30 jun. 2020. Available: https://www.legisweb.com.br/legislacao/?id=397864. Access: 21 July 2020.

ALAGOAS. **Decreto Nº 70.145, de 22 de junho de 2020**. Institui o Plano de Distanciamento Social Controlado no âmbito do estado de Alagoas, e dá outras providências. Available: http://www.imprensaoficialal.com.br/wp-content/uploads/2020/06/DOEAL-22_06_2020-SUPLEMENTO.pdf. Access: 20 July 2020.

ARRETCHE, M. Políticas Sociais no Brasil: descentralização em um estado federativo. **Revista Brasileira de Ciências Sociais**, São Paulo, v. 14 n. 40, jun. 1999.

CIÊNCIA. Consórcio Nordeste cria Comitê Científico para orientar região no combate ao coronavírus. **Rádio Jornal Pernambuco**, 17 abr. 2020. Available: https://radiojornal.ne10.uol.com.br/noticia/2020/04/17/consorcio-nordeste-cria-comite-cientifico-para-orientar-regiao-no-combate-ao-coronavirus-187256. Access: 23 July 2020.

CNN BRASIL. **Em carta governadores do Nordeste criticam Bolsonaro e defendem priorizar saúde**. 25 mar. 2020. Available: https://www.cnnbrasil.com.br/politica/2020/03/25/em-carta-governadores-do-nordeste-criticam-bolsonaro-e-defendem-priorizar-saude. Access: 04 Aug. 2020.

CRUZ, E. P. SP tem novo recorde diário de casos confirmados do novo coronavírus. **Agência Brasil**, 22 jul. 2020. Available: https://agenciabrasil.ebc.com.br/saude/noticia/2020-06/saiba-

como-estados-brasileiros-est%C3%A3o-retomando-a-atividade-economica. Access: 25 July 2020.

ELAZAR, D. **Self-Rule/Shared Rule**: federal solutions to the middle east conflict. Lanham: University Press of America, 1984.

GONZAGA, T. Ufal participa de comitê que auxilia governadores do NE no combate à covid-19. **Universidade Federal de Alagoas**, 8 maio 2020. Available: https://ufal.br/ufal/noticias/2020/5/ufal-participa-de-comite-que-auxilia-governadores-do-nordeste-no-combate-a-covid-19. Access 23 July 2020.

INLOCO. **Mapa brasileiro da COVID-19**. Available: https://mapabrasileirodacovid.inloco.com.br/pt/. Access: 23 July 2020.

JOÃO DORIA APRESENTA plano de retomada para o Estado de São Paulo. 27 mar. 2020. 1 vídeo (134 min). Publicado pelo Canal UOL. Available: https://www.youtube.com/watch?v=xzZU61LMF40. Access: 03 Aug. 2020.

MAIA, S. **Consórcio Nordeste**: entenda o que é a iniciativa. Instituto para Reforma das Relações entre Estado e Empresa. Available: https://iree.org.br/consorcio-nordeste-entenda-o-que-e-a-iniciativa/. Access: 23 July 2020.

NEXO JORNAL. **Como os governos estaduais lidam com a pandemia**. 10 maio 2020. Available: https://www.nexojornal.com.br/especial/2020/05/10/Como-os-governos-estaduais-lidam-com-a-pandemia. Access: 22 July 2020.

RIKER, W. **Federalism**: origin, operation, significance. Little Brown, 1964.

SANTANA, L.; DO NASCIMENTO, E.; DE LIMA ANDRADE, E. **Especial ABC**: As ações de Alagoas no enfrentamento à pandemia. Associação Brasileira de Ciência Política. 11 de junho de 2020. Available: https://cienciapolitica.org.br/index.php/noticias/2020/06/especial-abcp-acoes-alagoas-enfrentamento-pandemia. Access: 21 July 2020.

SÃO PAULO. **Decreto n. 64.879, de 20 de março de 2020**. Reconhece o estado de calamidade pública, decorrente da pandemia do COVID-19, que atinge o Estado de São Paulo, e dá providências correlatas. São Paulo, 23 mar. 2020. Available: http://dobuscadireta.imprensaoficial.com.br/default.aspx?DataPublicacao=20200323&Caderno=DOE-I&NumeroPagina=1. Access: 21 July 2020.

SÃO PAULO. **Decreto n. 64.881, de 22 de março de 2020**. Decreta quarentena no Estado de São Paulo, no contexto da pandemia do COVID-19 (Novo Coronavírus), e dá providências complementares. São Paulo, 23 mar. 2020. Available: http://dobuscadireta.imprensaoficial.com.br/default.aspx?DataPublicacao=20200323&Caderno=DOE-I&NumeroPagina=1. Access: 21 July 2020.

SÃO PAULO. **Decreto n. 64.882, de 22 de março de 2020**. Dá nova redação ao artigo 2º do Decreto nº 63.915, de 12 de dezembro de 2018. São Paulo, 23 mar. 2020. Available: http://dobuscadireta.imprensaoficial.com.br/default.aspx?DataPublicacao=20200323&Caderno=DOE-I&NumeroPagina=1. Access: 21 July 2020.

SÃO PAULO. **Decreto n. 64.994, de 28 de maio de 2020**. Dispõe sobre a medida de quarentena de que trata o Decreto nº 64.881, de 22 de março de 2020, institui o Plano São Paulo e dá outras providências complementares. São Paulo, 29 maio 2020. Available: http://diariooficial.imprensaoficial.com.br/nav_v5/index.asp?c=4&e=20200529&p=1. Access: 21 July 2020.

SÃO PAULO. **Plano São Paulo**. 2020. Available: https://www.saopaulo.sp.gov.br/planosp/. Access: 21 July 2020.

SÃO PAULO. Secretária de estado da saúde. **Plano de contingência**. Boletins diários. 2020. Available: http://www.saude.sp.gov.br/ses/perfil/cidadao/homepage/outros-destaques/covid-19-plano-de-contingencia-boletins-diarios-e-outras-informacoes. Access: 04 Aug. 2020.

SÃO PAULO. **SP contra o novo coronavírus:** tudo sobre a quarentena. São Paulo. 2020. Available: https://www.saopaulo.sp.gov.br/coronavirus/quarentena/. Access: 20 July 2020.

SOUZA, C. Coordenação, uniformidade e autonomia na formulação de políticas públicas: experiências federativas no cenário internacional e nacional. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 35, supl. 2, 2019.

TORRES, J. **Boletim 29/03/2020**: Alagoas tem 17 casos confirmados para Covid-19. Secretaria de Estado da Saúde de Alagoas. 29 de março de 2020. Available: https://www.saude.al.gov.br/boletim-29-03-2020-alagoas-tem-17-casos-confirmados-para-covid-19/. Access: 24 July 2020.

TRALLI, C. Secretário da Saúde de São Paulo, Germann, deixa o cargo e infectologista do Emílio Ribas assume pasta. **G1**, 21 jun. 2020. Available: https://g1.globo.com/sp/sao-paulo/noticia/2020/07/21/secretario-da-saude-de-sao-paulo-germann-deixa-o-cargo-e-infectologista-do-emilio-ribas-assume-pasta.ghtml. Access: 04 Aug. 2020.

VALENTE, J.; SOUZA, L.; TOKARNIA, M. Saiba como estados estão retomando as atividades econômicas no país. **Agência Brasil**, 22 de junho de 2020. Available: https://agenciabrasil.ebc.com.br/saude/noticia/2020-06/saiba-como-estados-brasileiros-est%C3%A3o-retomando-a-atividade-economica. Access: 24 July 2020.

How to reference this article

ANDRADE, R. G. E.; RAMAZZINE, I. C.; COLOMBO, L. A. Brazilian federalism and the economic opening plans of the states of Alagoas and São Paulo for the COVID-19 pandemic. **Rev. Sem Aspas**, Araraquara, v. 9, n. 1, p. 61-79, Jan./June, 2020. e-ISSN: 2358-4238. DOI: https://doi.org/10.29373/sas.v9i1.14038

Submitted: 10/06/2020
Required revisions: 05/08/2020
Approved: 30/08/2020
Published: 30/09/2020