


Perspectives

Information, control and health promotion in the Brazilian context of the pandemic

Maria Cristina Trousdell Franceschini^{1,*}, Elisabete Agrela de Andrade², Rosilda Mendes³, Marco Akerman ⁴, Douglas Roque Andrade⁵, and Fatima Madalena de Campos Lico⁶

¹Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC), Brazil, ²Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC) and Adventist University Center of São Paulo (UNASP), Brazil, ³Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC) and Federal University of São Paulo, Brazil, ⁴Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC) and School of Public Health/University of São Paulo, Brazil, ⁵Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC) and School of Arts, Science and Humanities of the University of São Paulo, Brazil and ⁶Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (CEPEDOC) and Municipal Health Secretariat of São Paulo, Brazil

*Corresponding author. Tel.: +55-11-94104-1292. E-mail: cris_franceschini@yahoo.com

Summary

This article discusses how preventive and promotional discourses have been incorporated by the Brazilian population in the context of the coronavirus pandemic. It analyzes materials posted on the internet and social after the first case of COVID 19-related death in Brazil that are related health promotion and COVID-19 aimed at orienting society's response to the pandemic. The analysis considers two key factors: the mismanagement of the pandemic by the Brazilian government and infodemic. There is complex use of scientific information with recommendations that focus on what people should do (intervention) and in transforming individuals' behaviors, based on an ideal model of healthy behaviors. Narratives aimed to delegate to the population and specific groups the task of taking care of themselves have been reinforced, removing from the State the responsibility to offer conditions for the population to address the situation. There is a sophistication of strategies that blame individual practices, personal organization and that are disconnected from the collective, especially for those who live in situation of extreme vulnerability. Concomitantly, there are also discourses based on notions of solidarity and renewed social connections, which are empowering and consistent with the practice of health promotion as it attributes meanings to the subjects and their ways of life. We conclude that greatest advocacy in the field of health promotion at this moment is political and could be directed toward reaffirming health promotion principles, supporting permanent mobilization against setbacks in the public sphere and defending a new, democratic, inclusive and collective vision of society.

Key words: coronavirus infection, health promotion, behavior control, information dissemination, solidarity

INTRODUCTION

The COVID-19 pandemic exposed the social and structural weaknesses, differences of opportunities and bottlenecks of health systems around the world. It highlighted the lack of commitment and preparedness of different sectors to build just and equitable societies.

Brazil faces great challenges to combat COVID-19; these are aggravated by the social context, which imposes a multiplicity of restrictions on living and health conditions, especially for marginalized populations in peripheral and vulnerable regions of large cities. Additionally, little is known about the transmission of the virus in the context of demographic and social inequality, which characterizes a large part of the Brazilian population who lives in crowded and precarious sanitation and housing conditions (Barreto *et al.*, 2020).

Two concerns emerged from this unprecedented situation: individual fear of having one's health affected and collective concern for the preservation of society. Researchers worldwide were mobilized to propose solutions to the crisis. This led to an abundance of research, news and 'recipes' on how to survive this context (Morgan and Rose, 2020).

Scientists left their laboratories, as they sought to fulfill their social role and share their knowledge and discoveries to lessen the impacts of the disease. Given the novelty, complexity and lack of knowledge about the virus, a controversial scenario also emerged. It was characterized by mistrust and uncertainty regarding the role of science, leading to doubts, suspicions and disbelief about scientific findings and recommendations (Callon and Lascoumes, 2020).

One example has been the controversies surrounding recommendations on the use of masks. Initially they were indicated only for health professionals and people with symptoms, due to a shortage of personal protective equipment (PPE) and to not generate a false sense of security in healthy people that could lead to a decrease in social isolation. As scientists discovered the role of asymptomatic patients in spreading the infection and PPE inventories were regularized, the recommendation to use masks began to expand (Vidale, 2020).

General feelings of fear and uncertainty led to the creation of preservation strategies. Proposals emerged to alleviate the impacts of confinement on living conditions, on affective relationships, as well as on people's

attitudes toward collective spaces. Normative and prescriptive booklets, videos and social media posts were created to protect civil society, which was invited to adopt behaviors considered adequate and healthy in order to avoid contagion and to foster social isolation. While such attempts are understandable, it is important to pay attention to the excessive increase of advice from governments, experts and amateur gurus on what needed to be done, even though many of the recommendations were based on evidence (Morgan and Rose, 2020). The same scenario gave way to a myriad of information, not always truthful, aimed at containing the spread of COVID-19. Overnight, epidemiological concepts such as 'flatten the curve' or 'reduce contagion peaks' became part of everyday life.

Initially, health authorities issued recommendations that were not always effective, given that informing people about the risks do not necessarily result in behavior changes. A bombardment of information, which may or may not be well-intentioned, can create confusion; more than be made available, information needs to be interpreted, understood and applied. As such, in order to be effective, information must be adapted to the characteristics of their target audience, that is, they must incorporate an equity lens and consider existing vulnerabilities (Van Der Brouke, 2020). Nevertheless, responses aimed at tackling COVID-19, proposed by the government and the scientific community, did not always consider the social inequalities that impact marginalized and vulnerable populations, who were the most affected by social restrictions imposed by the disease (Morgan and Rose, 2020).

In recent months, discussions on the role of health promotion in combating the COVID-19 pandemic has increased, under the argument that health promotion combined with the prevention of the new coronavirus could bring substantial contributions for health protection, from the salutogenic perspective proposed by (Antonovsky, 1996). Health promotion principles such as intersectorality, sustainability, empowerment, public participation, equity and life cycle perspective are highlighted as options to guide responses to the health and social crisis (Nunes *et al.*, 2020).

We recognize the relevance of these contributions and highlight the Brazilian National Health Promotion Policy (PNPS), and its principles (Brazil, 2014), in order to comprehend the discourses produced and contribute with other perspectives to the current political scenario.

We assume the term ‘perspective’ as a possibility and a belief in opportunities that are probable and good and, most of all, with hope toward the future (Gadotti, 2000).

The PNPS principles express the fundamental practices of health promotion and support the idea of collective constructions that favor the protagonism of a multiplicity of actors: (i) stimulating co-operation and intra/intersectoral integration; (ii) fostering territorialized actions that recognizes local contexts and respects diversity; (iii) encouraging democratic and transparent management in order to strengthen participation, social control and co-responsibility; (iv) governance for the development of sustainable actions and (v) valuing solidarity and ethics (Brazil, 2014).

Health promotion faces great dilemmas to position itself in the current scenario. We want to address one of them that we believe is appropriate to reinforce our argument that, in this context, one of the main roles of health promotion should be the ethical defense of life. This dilemma refers to the practice of identifying the harmful effects of certain behaviors and practices and acting over individuals who are exposed to risks, seeking to standardize their lifestyles (Mendes et al., 2016). Very present in the context of the pandemic, this way of thinking has been greatly disseminated. In the name of health promotion, discourses and practices aimed at delegating to subjects and social groups the task of taking care of themselves and exempting governments from the responsibility of guaranteeing the conditions for the population to tackle the situation, have been reinforced. We argue that there is a sophistication of strategies to assign blame to individuals and a focus on relating health protection to individual attitudes and personal organization that are disconnected from a collective perspective.

Faced with an uncertain and unknown pandemic scenario within a context of vulnerabilities and political crises, health promotion can be used to maintain the status quo, as a strategy to standardize and control behaviors; it can also contribute to strengthen alternatives, such as the examples described below. We aim to reflect upon what could be the role of health promotion in a situation such as the current Brazilian one, considering the possibilities that could point to innovative responses. Our discussion will highlight two factors that are interrelated and, in the Brazilian context, strongly affect the scenario in which health promoting strategies are being implemented and the responses that are emerging to them: the current political context characterized by a lack of governance and leadership, and infodemics.

METHODOLOGY

A descriptive, exploratory and qualitative study was conducted to analyze materials posted on the internet following the confirmation of the first COVID-19-related death in Brazil in March 2020, having health promotion as the analytical framework. Materials were selected from conventional Brazilian internet media sources, social networks and websites from the government, World Health Organization and the Pan American Health Organization. The selection of materials followed these steps and criteria: (i) *source and language*: materials in Portuguese, freely available on the internet, identified through search engines such as Google; visit to websites; publications on online mainstream media channels and those received through Whatsapp groups related to health promotion. (ii) *content specificity*: materials contained the keywords COVID, coronavirus or COVID-19 and at least one of the following terms (in Portuguese): prevention, health promotion, care; (iii) *period of circulation*: materials posted between 15 March and 10 July 2020; (iv) *inclusion criteria*: materials that offered good examples of the topics of interest to the article (written and audiovisual) and (v) *analysis*: selected materials were read/watched by three researchers and the central ideas analyzed considering the health promotion framework.

RESULTS

The review generated an enormous amount of materials as presented on Table 1, particularly from media outlets and search engines, which is characteristic of infodemic. A thorough review was not feasible therefore a rapid review was conducted by surfing through titles and webpages. The overwhelming majority of materials related to the term ‘prevention’, which is understandable given the state of alarm installed with the beginning of the pandemic and a demand for information by society. Many materials were replicated across websites, therefore, eliminating duplicates was not possible. The final analysis included a total of 76 documents.

DISCUSSION

For this article, we selected three of our analysis categories for discussion: (i) contextual aspects (political scenario and infodemic), (ii) health promotion and control and (iii) health promotion in the defense of life.

Political scenario and infodemic

Despite its historic structural challenges, Brazil’s public Unified Health System (SUS, for its acronym in

Table 1: Results of internet search before selection of materials

Search word	Month			
	March	April	May	June
'Prevention' + 'COVID'	159 000	152 000	94 500	91 500
'Prevention' + 'COVID-19'	159 000	152 000	94 500	91 500
'Prevention' + 'coronavirus'	75 000	62 500	22 200	15 900
'Care' + 'COVID'	56 100	48 300	39 100	31 200
'Care' + 'COVID-19'	55 000	48 900	39 400	29 100
'Care' + 'coronavirus'	18 600	17 000	7070	4600
'Health promotion' + 'COVID'	2740	1770	1740	1660
'Health promotion' + 'COVID-19'	2120	1750	1650	1690
'Health promotion' + 'coronavirus'	805	823	347	230

Portuguese) is considered an asset in the fight against the pandemic. Thanks to SUS, Brazil has been able to successfully tackle past pandemics. The country's primary health care system and epidemiological surveillance, which can play an important role in early detection of cases, contact tracing and monitoring of risk groups, has great population coverage (Rache et al., 2020).

Nevertheless, Brazil is currently one of the epicenters of the COVID-19 pandemic. Brazilian President, Jair Bolsonaro and his administration have refused to recognize the severity of the disease and the government response to the pandemic has been considered a public health disaster. The federal government's reactions to the sanitary crisis have been marred by a lack of coordination, technical capacity and leadership; denialism; promotion of unproven therapies; attacks on WHO and the scientific community and dismantling of the country's public health and research infrastructure. Since April, two health ministers have left their post and, currently, the Ministry of Health is led by a military general who has replaced key technical posts within the Ministry with other military personnel. Recently, the government promoted a data blackout in an attempt to cover up COVID-related mortality rates (Lotta et al., 2020).

The President himself has aggravated the situation by publicly minimizing the risks of the disease and disqualifying preventative measures promoted by the medical and scientific community. He advocates for relaxing of social isolation measures and prioritizes restarting of the country's economy over protecting lives (Campos, 2020). Recently, Mr. Bolsonaro has starred a series of controversial episodes, such as outings through public places without wearing a mask in which he caused agglomerations and hugged supporters, as widely reported on the Brazilian media (G1, 2020). Even after being diagnosed with COVID-19 on 7 July 2020, he

continued to dismiss the severity of the disease, removing his mask during the press conference in which he announced the test results, potentially exposing reporters to the virus and later that day, advocating for the use of hydroxychloroquine on live TV (UOL, 2020; Aguiar, 2020).

The government's lack of an effective, unified national strategy to confront the pandemic coupled with the adversarial personality and callous actions of Mr. Bolsonaro has contributed to a chaotic situation and created tremendous challenges for the implementation of coherent measures to control the disease for the foreseeable future.

Another phenomenon has been recognized for negatively affecting global responses to the coronavirus outbreak, and, in Brazil it has not been different: infodemic. WHO defines infodemic as an overabundance of information, some accurate and some not, occurring during an epidemic. It makes it hard for people to find trustworthy sources and reliable guidance when they need it (WHO, 2020a). It is associated with a large increase of information associated with a specific topic that rapidly and exponentially multiplies, generating a cycle of rumors and disinformation, commonly known as *fake news*; these, in turn, create speculation, confusion and fears that can affect various aspects of people's lives (PAHO, 2020).

In relation to the pandemic, WHO has identified four major thematic areas where people look for trustworthy information and where there is misinformation and rumors: the cause and origin of the virus and disease; its symptoms and transmission patterns; available treatments, prophylactics and cures and the effectiveness and impact of interventions by health authorities or other institutions (WHO, 2020b). Researchers in Brazil who monitor the advance of *fake news* have identified that, in relation to COVID-19, they have mainly

revolved around these topics: politicization of the virus, homemade remedies to prevent infection, advocacy for the use of chloroquine and hydroxychloroquine, and posts against social isolation (Agência Fiocruz, 2020).

Dissemination of rumors and misinformation is not new; there are records of its effect in previous sanitary emergencies, such as outbreaks of Zika and H1N1 (Sacramento and Lerner, 2015; Garcia and Cardoso, 2019). The difference with infodemic is the current context of the information society, in which technologies have gained a central social role in information access and the characteristics of the 'post-truth' society, in which beliefs, opinions and emotions gain prominence over facts (Parmer and Paul, 2020).

In the Brazilian context, *fake news* has been used as a political weapon with serious consequences: they place lives at risk, contribute to the discredit of science and global health institutions, and weaken measures to combat the disease (Agência Fiocruz, 2020). Once again, the destabilizing role played by the Brazilian president cannot be downplayed. His demeanor for science and defense of controversial measures such as the so-called 'vertical isolation' (quarantining only high risk groups) and the use of unproven therapies as 'the only available cure', stand in stark contrast with measures guided by scientific consensus that are being implemented by governors and mayors across the country. This has severe consequences.

A research conducted following public pronouncements of President Bolsonaro, (which are often followed with an increase of fake news circulating on social media), in which he defended relaxing social isolation and the importance of prioritizing the economy over lives concluded that: (i) social isolation was lower among the president's supporters, (ii) states where Bolsonaro received more votes relaxed quarantine measures earlier and (iii) among the most populous municipalities of the state of São Paulo, those in which the president had received more votes, presented lower rates of social isolation (Varella et al., 2020). A more recent research, still unpublished but widely discussed in the Brazilian media, reached more disheartening conclusions: in cities in which the president had more votes, social isolation had been lower and the number of COVID-related deaths had been higher (Canzian, 2020).

Experts have pointed out that *fake news* and Mr. Bolsonaro's actions and declarations are hampering strategies to combat the pandemic (Human Rights Watch, 2020; Carta Capital, 2020). As the ex-Minister of Health, Dr. Luiz Henrique Mandetta, fired by Bolsonaro in April 2020, in the midst of the health crisis, declared: 'the population does not know whether to listen to the Minister of Health or to the President'

(Salviano, 2020). In addition, Mr. Bolsonaro's insistence on reopening the economy regardless of the toll might take in terms of human lives, creates a scenario in which the population is placed in the contradictory position of having to decide, based on false premises, whether to protect their health and that of their families, or to risk contracting the virus in order to protect their jobs and means of survival.

The situation poses the question: how to act when the democratization of communication and ample access to information result in an enormous load of misinformation, *fake news* and manipulatory and contradictory information that, in a certain way, are used as a control strategy?

Health promotion and control

The pandemic highlighted the need for models that questioned the exclusive role of biomedicine in solving health problems, as it became clear how health influences and is influenced by several factors; health and life are complex and singular issues, the magnitude of which the scientific evidence does not seem to encompass.

The analysis of the materials selected pointed to a focus on modifying lifestyles that were considered unhealthy, risky or inappropriate in a pandemic scenario. The emphasis on particular habits, reinforces the notion that individuals were solely responsible for their health, disregarding economic, political and social determinations, and, at the same time, exempting the State from its role as a formulator of public social policies (Sicoli and Nascimento, 2003).

This individualization is strongly influenced by the notion of entrepreneurship in the neoliberal discourse, in which people are asked to constantly work on themselves and be self-sufficient. There is a reinforcement of the image of the 'entrepreneurial self', who aspires for personal fulfillment, understands his/her reality and destiny as individual responsibility, regardless of the social, structural and political context and with minimal support from the State (Rose, 2011).

It is common to hear in the health and education field, the phrase: 'I teach, but he or she does not learn'. There are definitions of what is considered adequate and a pre-judgment that people are not capable of choosing what is best for them and therefore, need to be taught (Fuganti, 2009). Health professionals are often considered the experts on how to mold, organize and reorient personal behaviors. As such, they can indicate solutions to everyday problems and, just like that, people are expropriated from their own knowledge and capacity to think about their own lives (Rose, 2011).

A great deal of the materials that are circulating with recommendations, were elaborated based on an ideal middle-class family and focussed on individual action. One example is the advice to create a 'home office'. For some this is a valid option but for others it creates a dilemma: without governmental policies for social protection, should they stay home and go hungry or risk going out to earn their wages? (Santos, 2020)

Materials posted on the website of the Brazilian Ministry of Health encourage the population to adopt healthy behaviors during the pandemic. They discuss how to maintain a regular meal routine: three daily meals, and snacks with fresh or dried fruits, nuts and seeds without salt or sugar. They explain the importance of family meals at a quiet place, the therapeutic advantages of cooking and of involving children in such tasks. There are orientations about how to not be sedentary. It also describes the importance of mental health and the need to maintain high self-esteem and healthy digital relations. The material is clearly aimed at a populational group that has access to services, housing, food, income and family and points to a notion of quality of life that is related to personal behaviors (Brazil, 2020).

The Ministry of Women, Family and Human Rights published tips for parents and guardians on how to talk about the situation with children and adolescents, with proposals to take advantage of time at home to strengthen family bonds or play together. A booklet with advice for parents homeschooling children with disabilities suggesting they should choose environments without noise or too much stimuli and use resources such as music and videos. The material, although dealing with diversity, places responsibility on parents for the educational process and disregards the entire context of inequities, housing and access to the internet (Brazil, 2020b). Local governments have also widely disseminated messages through social media urging people to: 'take care, protect your health and that of your family' and the hashtag 'stay at home' (#FiqueEmCasa).

The examples above ignore the difficulties faced by peripheral and vulnerable communities to adopt measures to contain the spread of the virus and practice social isolation. A context analysis of social vulnerabilities in Brazil helps to understand that measures considered 'simple' such as handwashing, sanitizing objects and packages or staying at home will not apply for all people. And yet, implicit in the recommendations is the idea that those who get sick are responsible for their fate because they either did not understand the messages or did not follow the instructions.

In Brazil, about 13.6 million people live in slums. Research conducted by Data Favela and Instituto

Locomotiva points out that the favelas of Brazil have 5.2 million mothers. Of these, 72% say that their family's food will be affected by the lack of income during social isolation; 73% say they have no savings to keep spending without working for a day; 92% say they will have difficulty buying food after a month without income. Of the 10, 8 say that their income has already fallen because of the coronavirus and 76% report that, with their children at home and not going to school, house expenditure has already increased (Data Favela, 2020). In addition, access to basic sanitation in Brazilian municipalities is precarious: 16.38% of the Brazilian population, approximately 35 million people, has no access to water supply; 46.85% (more than 100 million people) do not have sewage collection coverage and only 46% of the volume of sewage generated in the country is treated (Trata Brasil, 2020).

How can these populations maintain hygiene measures without access to basic sanitation and water? How to remain in isolation if countless people share the same house? How to 'stay at home' as many work in essential services and need to guarantee their survival and the conditions for other people to remain in isolation? How could they adopt the recommendations from the government to maintain the family's well-being at home?

Messages and norms implicit in the recommendations put forward reinforce authoritarian actions on populations that already experience different forms of violence in their daily lives. Historically, informal settlements and their residents have been stigmatized, blamed and subjected to rules and regulations that are inaccessible or impracticable to be adopted. Unlike residents of middle and upper-class neighborhoods, residents of peripheries face difficulties to adopt the restriction of circulation, since many of these territories are under the control of militias and drug trafficking groups that prevent the closure of commercial activities and local services (Uemura, 2020).

In these places, women are often the ones responsible for activities related to social reproduction and the care of children, the elderly and the sick; they are also more exposed to contagion by COVID-19. In the context of confinement, many women became victims of domestic violence with little or no possibility of denouncing the abuse or activating their safety nets (Uemura, 2020). The Brazilian Ministry of Women, Family and Human Rights (MMDH), reported a 40% increase in the number of complaints of violence against women in April 2020, compared with the same month in 2019 (Istoé Dinheiro, 2020).

Health promotion in the defense of life and a solidary future

Resistance movements and solidarity actions in defense of life have also emerged. Groups and organizations came together to collectively develop what we call a ‘common plan’ (Kastrup and Passos, 2013) to support vulnerable people in marginalized areas and create solidarity networks in their territories. Despite seeming like isolated actions in the midst of the storm, these experiences point to the potential of repositioning health promotion as a relevant field to guide the development of responses in times of crisis, such as the current one and for the future.

The media reported on the collective efforts that were taking place in the Paraisópolis, the second largest favela in the city of Sao Paulo, housing over 100 000 inhabitants and with a population density of 61 000/km². The article ‘*Paraisópolis monitors 21,000 homes with street presidents and their own doctor*,’ describes the community mobilization strategies developed in that territory. The initiative started as community leaders realized that public policies would not reach the favelas and decided to create ‘a state within a neighborhood’. Actions included distribution of food and hygiene materials collected from donations and projects to generate jobs and income. The group reached 21 000 houses; the total number of houses in the community is much higher, so they had to develop criteria to identify the neediest families (Vespa, 2020).

Another initiative also reported in Paraisópolis was the ‘*The favela takes care of the favela: Paraisópolis has its own doctors and ambulance*.’ As the public emergency medical service (SAMU) did not adequately served the region, the residents’ association hired medical teams and vehicles on its own to rescue patients in need of emergency care during the pandemic. This service is part of a contingency plan, prepared by the G10 of the Favelas (a bloc that brings together the 10 largest favelas in the country), to try to control the spread of the virus in the community and offer assistance to families. The group set up a crisis office, which prepared and distributed lunch boxes and basic supplies, produced masks, raised donations for day laborers who had lost their income and defined volunteers to monitor the streets in Paraisópolis. Funds were raised through online donations (Pessoa, 2020).

Results of these initiatives demonstrate the effectiveness of community action. On May 18, the COVID-19 mortality rate in Paraisópolis was 21.7/100.000 inhabitants, which is almost one-third of the average mortality rate of the municipality of São Paulo. The COVID-19-related mortality rate for the population over 60 years

old in Paraisópolis, has also been lower than that of the municipality for this risk group, which indicates that the region, despite its social vulnerabilities, was able to better protect their elderly. This experience suggests that actions that consider the real needs and specificities of the population and actively involves the community, are powerful triggers of the caring dimension of health production. This is a good example of pandemic control that could be replicated as a State policy to other vulnerable territories in the country (Klintowitz *et al.*, 2020).

Another initiative was that of Brazilian organizations that joined social media campaigns to form a solidarity movement to protect vulnerable women. One initiative was the #VizinhaVocêNãoEstáSozinha (‘Neighbor, you are not alone’), aimed at encouraging women to speak up about gender violence. Channels and hotlines were made available to receive complaints and support women who were victims of violence (Carvalho, 2020).

In July 2020, health organizations conformed the ‘Movement for Life’ (‘Frente pela Vida’), in the form of a manifest geared at public authorities and society. The document urges the strengthening of social protection systems and measures to protect vulnerable populations and human rights, and reinforces that science and society can produce alternative responses to the country’s chaotic sanitary situation. The manifest urges the consolidation of intersectoral actions in all areas that impact the social determinants of health and a system to monitor the life conditions the most vulnerable populations. It is a political manifesto in defense of life and a call to social responsibility, particularly from public authorities in light of the country’s racial and social inequalities. It calls for a renewed and expanded ‘social contract’ that prioritizes the specificities and demands of vulnerable and oppressed populations, with health as a central value. This could constitute the true ‘legacy’ of the COVID-19 pandemic (ABRASCO *et al.*, 2020).

These are some examples—and others could be added—of how to unleash potent health-promoting practices, beyond what is already acknowledged by health promotion researchers, and lead to the construction of a ‘common’ calling. This ‘common’ is not meant to delegate more responsibility to subjects and social groups for their wellbeing, but as an eminently political concept that intends to expand the autonomy and power of local actors and management bodies; consider the territorial dynamics; establish pacts and local partnerships and foster participation and intersectoral action.

Solidarity, therefore, assumes an ethical character and takes the form of support among people, places and collective projects. Solidarity is the ‘reciprocal

connection or interdependence' (Abbagnano, 2007, p. 918), which implies understanding it from a perspective of diversity and otherness. This characteristic is reinforced by the ability to put oneself in the other's place, get in touch with life stories and experience together with people, feelings that are ambiguous and intense.

CONCLUSION

How could health promotion be a framework to guide efforts to tackle the pandemic in the Brazilian? We pointed out that the situation generated a wealth of information and strategies that were not always consistent with the Brazilian economic, social and cultural diversity and, in general, were aligned with a prescriptive and normative model of behavior. These strategies risk transferring to individuals the responsibility for overcoming adversities, dislocating the focus of the political dimension of the pandemic and limiting it to individual actions.

Health promotion framework had little relevance in the construction of 'mainstream' strategies in Brazil; yet it was present in propositions generated by civil society. Strategies that promote equitable health conditions face many challenges in Brazilian but, there is hope and potentialities that strengthen health promotion as a reference for the defense of life. While the current Brazilian conjuncture has devastating effects when confronting the new coronavirus, it is also enabling the emergence of efforts that reinforce the importance of guaranteeing universal rights.

It is important to develop proposals for public policies and strengthen collective initiatives that directly affect current needs and demands, which are not so new as they reflect the historical structural problems of our society. In the words of FIOCRUZ president Nisia Trindade Lima, the 'pandemic is not the same for everyone; we are all going through the same storm, in the same sea. But it is as if some were on transatlantics, others on yachts and others on sailing boats or even canoes' (Ribeiro, 2020).

The experiences presented here highlight the importance of reaffirming health promotion principles that have been reiterated for decades, incorporated into the Brazilian National Health Promotion Policy, and yet, do not seem to have the strength to change the status-quo and become a praxis in society: intersectoriality; collaboration and solidarity; ethics as the central value of life; the formation of subjects with critical and reflective capacity and the valorization of people's autonomy and potential. In this sense, we believe that the greatest advocacy in the field of health promotion at this moment is

political and could be directed toward revisiting these principles, supporting permanent mobilization against setbacks in the public sphere and defending a new, democratic, inclusive and collective vision of society.

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