

## **Public policies and housing vulnerabilities in face of the COVID-19 pandemic**

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#### **ABSTRACT**

In the history of mankind there have been episodes marked by the spread of diseases, victimizing populations on a global scale. Despite the advancement of time and technologies, situations of uncertainty and insecurity are repeated, problems of management and control of the pandemic situation, associated with the race to search for its causes and to obtain its cure. The pandemic may end, but the vulnerability and health, well-being and housing problems will persist if there are no advances in governance and management of public and of sectors policies, involving the management of services and urban infrastructure. Added to this is the delay in carrying out national plans, projects and programs, as well as the international agreements established to promote quality of life. The aim of the present study is to analyze aspects of public policies, socioeconomic and housing vulnerabilities considering the context of the COVID-19 pandemic, by means of a qualitative research of exploratory character.

**KEYWORDS:** Public Policies; Pandemic; vulnerability; housing.

#### **INTRODUCTION**

Since 2019, the world has once again been facing another pandemic, which unleashed a race against the clock in the pursuit of an understanding of the virus and a cure. At the same time, difficulties have risen about how to cope with the virus dissemination and the lack of control over the number of infected and casualties, a surreal situation worsened in many countries by the precarious living conditions of the vulnerable populations

The health care gaps and health care, housing and social, showed vulnerabilities that hinder compliance with the prevention protocols established by government agencies, such as personal hygiene and social isolation. Inequality is part of the capitalist system, and creates social vulnerabilities and risks. These risks and vulnerabilities must be considered as a result of this inequality, demanding actions beyond the sphere of social policies. (SILVA; YASBEK; GIOVANNI, 2011).

In Brazil, the pandemic period may have exposed the limitation of public power in dealing with the various inequalities that trigger these vulnerabilities, especially those related to housing and socioeconomic aspects, despite the legislation that addresses the issue. In this context, Federal Law 1025/01 of July 10, 2001 - City Statute stands out, whose Art. 2 - Item I, in which it describes "the guarantee of the right to sustainable cities, understood as the right to urban land, housing, environmental sanitation, urban infrastructure, transportation and public services, work and leisure, for present and future generations in order to promote and ensure infrastructure for all citizens".

Understanding the concepts of vulnerability, urban occupation and health is fundamental to foster, propose and support structural changes in the planning and management of resources in territories, regions and municipalities, boosting actions to achieve a better quality of life for the population. Promoting healthy cities to its residents is a complex challenge that requires multidisciplinary effort, which goes beyond the competences currently attributed to the health sector in Brazil. (FAZERSTAJN; VERAS; SALDIVA, 2016). Therefore, tackling public health problems involves aspects of intersectoral public policies, especially housing policies and their respective situations of vulnerability and socioeconomic inequality.

To promote development, considering the challenges of sustainability, it is imperative to assess the impacts on natural resources and health, throughout the life cycle of companies' production lines, services and products. More sustainable production standards

and in harmony with environmental protection and social well-being are based on a responsible posture from a social point of view. In this context, it is expected that interested parties, such as government, shareholder, community, customer, supplier and consumer, give relevance to the challenge of reconciling economic development and preservation of the environment and human health, inducing awareness in the productive sector so that they perceive the unfeasibility of the dissociated approach to social, environmental and economic issues. (BARBOSA; CHEAP; HACON, 2012).

## **GOALS**

Considering the above, the present study aimed to analyze aspects of public policies, intersectorality, vulnerability and territorial occupation in cities, in the face of the serious public health problem, the pandemic phenomenon COVID 19 in urban areas in the country; with emphasis on the discussion of public policies involved in the process of access to citizens' rights and the consequent reduction of risks and vulnerabilities.

## **METHODOLOGY / METHOD OF ANALYSIS**

Qualitative research aims to describe, understand and interpret the phenomenon under study. (GODOY, 1995). The present case study analyzes and interprets the theme through qualitative research of an explanatory nature with emphasis and conformity to the following themes, respectively: theoretical foundation, emphasis on the current legislation on the theme; public policies and intersectorality between them; discussion of the COVID 19 pandemic, definitions and background; housing, vulnerability considering inequality and risk situation; methodology and management used by government agencies during the pandemic; ending with the conclusion, final considerations.

According to the Universal Declaration of Human Rights at the United Nations (UN) General Assembly promulgated in 1948: "All human beings are born free and equal in dignity and rights." According to Article XXV of that declaration: "Everyone has the right to a standard of living capable of ensuring health and well-being for himself and his family, including food, clothing, housing, medical care and essential social services, and the right security in case of unemployment, illness, disability, widowhood, old age or other cases of loss of livelihood in circumstances beyond their control".

This article deals with current events, such as the pandemic COVID 19, a circumstance under which there is no effective control; disease that affected the world economy, increasing unemployment rates, and requires studies on its causes, consequences and on the possibility of curative and preventive intervention, through vaccination and also on its healing process.

In 1992, the UN signed a commitment with several countries to meet basic human needs, through the Millennium Development Goals (MDGs). The environmental discussion has a leading role in the globalization process, influencing, including the conception of the portrait of planetary globalization. (PÁDUA, 2010)

The Federal Constitution of 1988 is a historic landmark in guaranteeing the rights and duties of the State. According to its article 6: "Education, health, work, housing, leisure, security, social security, maternity and child protection, assistance to the destitute are social rights, in the form of this Constitution. " In its unfolding, the Organic Health Law No. 8080 of September 19, 1990 highlights in: Art. 2º. "- Health is a fundamental human right, and the State must provide conditions that are indispensable for its full exercise"; Art. 3 \_\_ "Health has as determinants and conditions, among others, food, housing, basic sanitation, the environment, work, income, education, transportation, leisure and access to goods and services essential, the population's health levels express the country's social and economic organization ".

In this context, the norms of the Environmental Health Surveillance System, implemented by the Ministry of Health for actions to identify changes and other conditions or factors for possible risk prevention, also stand out in terms of promoting the quality of life and well-being of its inhabitants. that may interfere with health, and Law No. 10,257 of July 2001 - City Statute that regulates urban policy in accordance with arts. 182 and 183 of the 1988 Federal Constitution, considering the ordering and territorial use, functions and social interests of the city and environmental balance. The association between the environment and the health standard of a population establishes an area of knowledge defined as "environmental health" or "health and environment" (TAMBELLINI; CÂMARA, 1998).

According to the Institutional Portal - CDHU 2020 in 1949, in the State of São Paulo there was already the State Company of Casas Populares - CECAP, later known as the São Paulo State Housing Development Company - CODES PAULO, the Housing Development Company - CDH and current Company of Housing and Urban Development - CDHU, for the acquisition of low-income families by low-income families, restricted to their state of creation.

Housing policy in Brazil was promoted at the national level after the creation of the National Housing Bank (BNH), in 1964, to finance housing through Housing Companies (COHAB's), under municipal management, considering income criteria, whose increase incurred in the absence of adherence to the process and default of payments, ending in 1986. Caixa Econômica Federal has been financing the acquisition of real estate since 2009 through the Minha Casa Minha Vida Program to meet the demand for housing by low-income families.

Law nº 8.742 of December 7, 1993 - Organic Law of Social Assistance in its Art. 1 highlights: "- Social assistance, citizen's right and duty of the State, is a non-contributory Social Security Policy, which provides for social minimums , carried out through an integrated set of public and social initiative actions, to guarantee the fulfillment of basic needs is part of the tripod of security - health - education and social assistance, through which it is possible to pass on financially to the citizen in cases of extreme poverty and vulnerability, such as resources for paying social rent or hiring shelter services and cases of homelessness "

## RESULTS

To understand the relationship between health, well-being and the environment, it requires understanding the evolution of environmental issues and the historical process of communities, seeking to identify at the local level positive and negative aspects generated

between people and the environment, as well as the introduction policies and efforts in situations of risk, and the actions taken to face this complex urban problem identified (RADICCHI; LEMOS, 2009).

How to promote health in a context officially configured as pandemic, presenting the urban space, serious housing and sanitary problems, considering socioeconomic inequalities and vulnerabilities?

The problem involves public policies and their intersectorality, and a single area, such as health, cannot concentrate and be totally resolvable through the scope and complexity of the social and environmental structures formed. Intersectorality refers to the articulation between public policies through joint and coordinated actions aimed at social protection and inclusion. Quality of life necessarily permeates an integrated view of social problems. The intersectoral action is a way to solve problems of these characteristics that affect a population that occupies a certain territory (JUNQUEIRA, 2004).

Considering that Brazil is formed by 26 states, from the Federal District and 5,570 municipalities, the largest country in Latin America and the fifth largest in the world in terms of territorial extension, the democratization of governance becomes a fundamental part to fight damage caused by a viral disease of rapid transmissibility, with unknowns about its effective treatment, requiring articulated actions between the three federative spheres. The proposition of public policies refers to the stage when democratic governments translate their purposes into actions that must be capable of generating effective results in terms of social changes. (SOUZA, 2006)

In relation to the governance and political management of the crisis situation, except for the disagreements between the federal spheres, which were made public, the legal measures such as Decrees and Ordinances referring to the administration of public resources aimed at overcoming bureaucratic obstacles to release financial resources from the Union for States and Municipalities. These actions allowed the suppression of bidding processes and public notices for the use of these resources, speeding up the hiring of professionals, acquisition and requisition of essential goods, products and services such as medicines, supplies and personal protective equipment (PPE's) for health professionals.

Still under the weight of academic dialogue with public governance, some principles dialogue with all the arguments presented, examples of these principles, accountability and accountability of public agents; transparency and credibility of information; efficient public policies, management and structures make it possible to legitimize public choices and the performance of the manager, as well as institutions and processes for the construction of public policy that are in accordance with public interests. (TEIXEIRA; GOMES, 2018).

According to the World Health Organization (WHO), the core of what constituted a Public Health Emergency event of International Importance (ESPII), declared on January 30, 2020, was the identification of the etiological agent of the Severe Acute Respiratory Syndrome SARS- VOC-2; following notification to WHO on December 31, 2019, of the pneumonia outbreak in the People's Republic of China, Hubei province, Wuhan city, called OMS-Novel Coronavirus (2019-nCoV).

In February 2020 it was called COVID-19, in reference to the type of virus and the date of its identification - Coronavirus disease 2019. The name "corona", appearance of a

crown; being similar to pathogenic human respiratory corona viruses, however presenting severe acute respiratory syndrome (SARS-CoV) and Coronavirus Middle East Respiratory Syndrome (MERS-CoV), SARS-COV-2. (Fact Sheet - COVID 19, PAHO –2020).

In Brazil, Decree 10.211 of 30 January 2020 was published, reactivating the Interministerial Executive Group on Public Health Emergency of National and International Importance (GEI-ESPII) coordinated by the Ministry of Health, composed of representatives of the Civil House, Ministry of Health Justice and Public Security, Ministry of Defense, Ministry of Agriculture, Livestock and Supply; Ministry of Development; Institutional Security Office, and National Health Surveillance Agency (ANVISA).

According to the Pan American Health Organization PAHO (2020), the spread of the COVID 19 virus occurs through direct and indirect contact, contaminated surfaces and through respiratory secretions and saliva. Infectious droplets can enter through the nose, mouth and eyes, so the guidelines for maintaining physical distance and wearing a mask, as protective measures. In closed environments, the virus was identified in aerosols suspended in the air, allowing for inhalation contamination, further studies are necessary for detailed knowledge about its transmission.

According to PAHO, the risk groups referred to elderly people with non-communicable diseases such as heart, cardiovascular, respiratory, diabetes and cancer, restricting the classification to clinical health issues, not to mention people exposed to situations of risk and vulnerability; considering the pre-existing comorbidities due to poverty, unhealthy housing, living in urban spaces formed by communities with clusters; making it impossible or difficult to practice the prevention and treatment protocols such as the isolation recommended by the authorities in case of contamination.

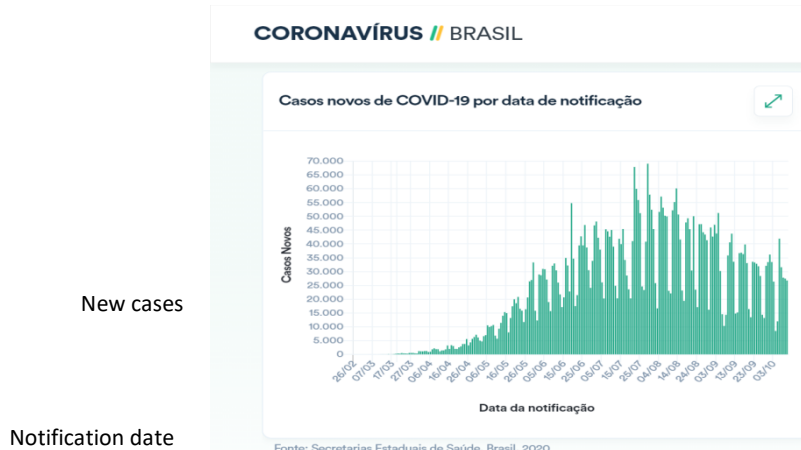
On February 3, 2020, through Ministerial Ordinance No. 188/2020 in accordance with Decree No. 7,616 of 11/17/2011, a Public Health Emergency of National Importance (ESPIN) is declared due to Coronavirus (2019-nCoV) enabling the establishment of the Public Health Emergency Operations Center (COE-nCoV), under the responsibility of the Health Surveillance Secretariat (SVS / Ministry of Health) for management while the pandemic situation persists.

The first confirmed case in Brazil on February 26, 2020 in São Paulo, was a male person, 61 years old, who had returned from a trip to Italy. Shortly thereafter, suspicious cases were reported, to which the Ministry of Health's Health Surveillance Secretariat (SVS / MS) established and activated National Focal Points of the WHO International Health Regulations (PFN-RSI / WHO) and the Center for Health Operations. Emergency (COE) of the Ministry of Health, coordinated by SVS / MS.

Health is a dynamic state in life, always unique, which does not necessarily correspond to the absence of disease. On the contrary, with our ability to face diseases and expand living conditions, through the interaction of man and the environment in a harmonious way. (DIAS; OLIVEIRA, 2013).

Graph 1, updated until October 3, 2020, illustrates the occurrence of new cases of COVID 19 by notification date, according to information from the State Health Departments. It is observed that for each peak there was a decrease in records. The peak of notifications occurred between July 25 and August 4, 2020, with a drop in the following months.

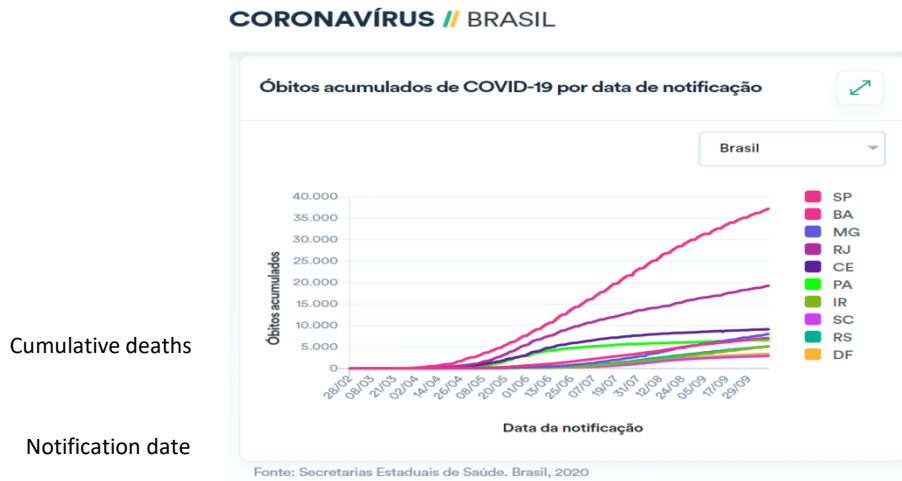
**Graph 1: New COVID-19 cases by notification date**



Source: LOCALIZA SUS – COVID-19, 2020.

Graph 2 presents data collected from the LOCALIZA SUS platform; it points to the number of casualties accumulated from February 28<sup>th</sup>, 2020 to September 29<sup>th</sup>, 2020, the highest incidence of cases with casualties being observed in the southeastern (states of São Paulo, Minas Gerais and Rio de Janeiro) and northeastern (states of Bahia and Ceará) regions, which are the most populated regions of Brazil, followed by the number of casualties in the northern region (State of Pará).

**Graph 2: Accumulated COVID-19 casualties by notification date**



Source: LOCALIZA SUS – COVID-19, 2020

It is important to emphasize the importance of technology, a fundamental instrument for the collection of data and information; subsidizing studies and research, directing public policies towards more effective actions in meeting emerging demands, such as telemedicine, which still requires regulation. The observance of the statistical data defined the management phases of the cities, regarding the isolation measures determined by the state and municipal managers. The concept of health vulnerability emerged strongly in the 1980s, due to the presence of the Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency

Syndrome (AIDS). Vulnerability is conditioned by social, dynamic and multigenerational processes that refer to three dimensions: “a) exposure to risk trajectories, b) internal and external reaction capacities and c) adaptation possibilities based on both the intensity of the risk and the resilience of people.” (SCHUMANN; MOURA, 2015).

For the United Nations Educational, Scientific and Cultural Organization (UNESCO) social vulnerability is the negative result between the availability of material or symbolic resources of actors, individuals or groups, and access to the structure to have social, economic opportunities and cultural issues from the State, the market and society.

According to the Ministry of Health, vulnerability refers to exposure to health risks and damages, related to the intensity of the damage and the magnitude of a threat, adverse event or accident and the probability that a particular community or geographic area will be affected by them, evidencing by potential for illness, non-illness and coping, related to the individual. In more vulnerable territorial spaces, technological resources are configured in indicators of inequality and exclusion. According to the World Childhood Situation Report, 2017, of the United Nations International Fund for Children (UNICEF), the lack of access to Information and Communication Technology (ICT), will increase inequalities between the most developed countries and those in development.

Failure to meet social, housing and basic sanitation demands by the federal entities at the respective levels of management, increase the deficits indicators of income distribution, inequality in education and life expectancy, placing Brazil in the 7th classification among the most unequal countries. the world (Gini coefficient) and 79th out of 189 countries according to the United Nations Development Program (UNDP, 2019) world report.

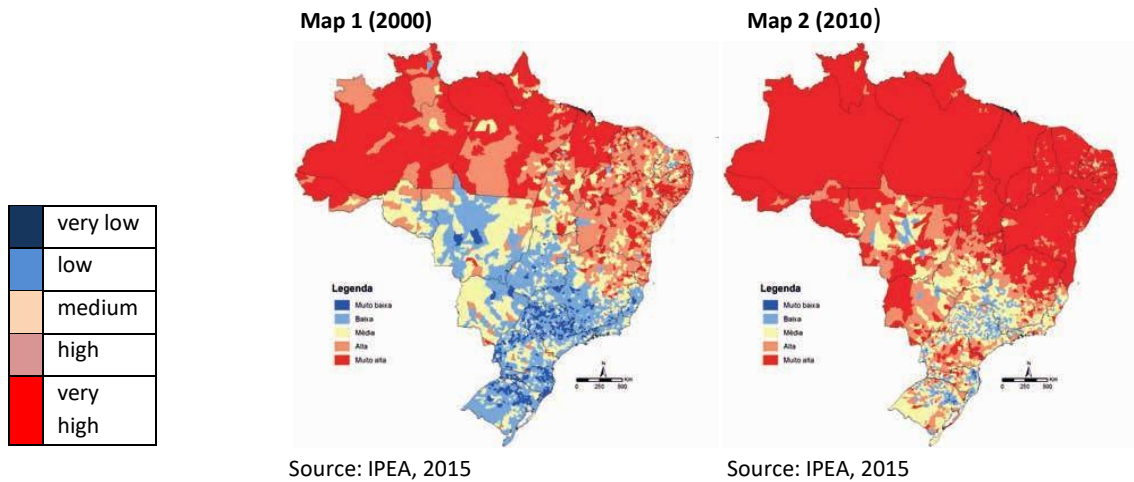
This report points out five prerogatives for analyzing the prevalence of inequalities in human development: “1. Permanence of inequalities, despite advances in their reduction; 2. The emergence of a new generation of inequalities, such as the inequality of access to technological resources with divergence in advanced capacities, despite the convergence in basic capacities; 3. Accumulation of inequalities over time, inequalities end up becoming cumulative, reflecting power imbalances; 4. Assessment and responses to inequalities, which requires changes in measurement or metrics; 5. Correction of inequalities, which requires immediate actions, preventive to the emergence and consolidation of economic imbalances. ” (UNDP 2019).

Considering indicators of the Human Development Atlas (ADH), and the indications of social exclusion and vulnerability, in terms of urban infrastructure, the Social Vulnerability Index (IVS), identified that Brazil showed a significant increase of 16% in 2000 to 2010, as seen in maps 1 and 2. Map 1 illustrates Brazilian municipalities in situations of social vulnerability according to IVS (2000) and Map 2. Brazilian municipalities: social vulnerability according to IVS (2010) with better progress in population percentages resident in urban areas, with an increase in the percentage of garbage collection services of 5.9%.

According to Maps 1 and 2 - Brazilian municipalities: social vulnerability according to ranges of the Social Vulnerability Index (IVS) 2000 and 2020, the proportion of municipalities in the most vulnerable situation is concentrated in the north and northeast regions, with a significant decrease in the central regions -west, south and southeast, however, the pockets of macro-regional inequality remain. The significant density in areas characterized by precarious



infrastructure has led to the low quality of life of this population with its consequent peripheralization. In addition to suffering from precarious infrastructure, housing, property and environmental quality, this population still has the stigma of being peripherized, marking social breakdown (KOWARICK, 2003).



Based on the identification of the inequalities among the Brazilian state capitals in 2020 by means of data obtained by consulting: IBGE: Map of inequality among Brazilian state capitals; Synthesis of Social Indicators (SIS) 2017; Research Board, Coordination of Work and Income, Continuous National Household Sample Survey – Continuous PNAD 2016-2018; Research Board, Coordination of Population and Social Indicators 2018, and The Greenhouse Gas Emission and Removal Estimating System (SEEG) / Climate Observatory 2018, the pre-pandemic context in Brazil from 2017 to 2018 is reproduced in Chart 1.

**Chart 1: 2017–2018 pre-pandemic context**

Life expectancy at birth (2017)	Average study time (2018)	Percentage of houses with connection to the sewage network or septic tanks connected to the sewage network (2018)	Percentage of population living below the poverty threshold – Income < US\$ 5.5/day (2018)	Average monthly household income per capita (2018)	Tons of CO <sub>2</sub> and GHG emission (2018)
76 years	9,3 years	<b>64.3%</b>	25.3%	R\$ 1337.00	1.9 billion

Source: data compiled by the author, 2019.

According to Giacola and Silva (2004), the geographical concentration in certain areas causes distinction in socioeconomic terms between individuals, associating the periphery with those of lower cost and the central ones for those with better purchasing power. As we know in Brazil, “poverty stems largely from a situation of extreme inequality, marked by a profound concentration of income, which is part of the historical urbanization process”, which places Brazil among the countries with the highest concentration of income of the world. (SILVA, 2017).

The country's historical process is marked by the influence of the European mercantilist and slave society that enslaved African populations, invaded indigenous territories, irrationally exploited its natural resources and labor, which resulted in social marginalization and limited opportunities for certain social groups. Brazil as a colony, inaugurated an ethnically exclusive citizenship project revealing dominated groups, formed by Africans, Indians and mestizos; that even though they were in the majority, they were prevented from ascending socially and economically, or even from representing and participating in the structuring of the new country that was being formed. In the midst of urban violence, these citizens were considered violent people and, consequently, subject to repressive-penal control. (GIACOLA; SILVA, 2004).

The consolidated social question at the end of the 18th century, in the period of the Industrial Revolution, marks a new characterization of the poverty that was established with capitalism. The working class marked by the massive deepening of poverty, at the same time as the accumulation of wealth by the dominant classes, are characteristics that stand out from the social question, based on the exploitation present in the capital / work relationship. (PITOMBEIRA; OLIVEIRA, 2020). The urbanization process in Brazil, intensified from the 20th century on, increased social inequality marked by the distribution of irregular income, with evident signs of the capitalist system. This process defined the creation of spaces for exclusion, promoting the emergence of terms such as social exclusion, precarious inclusion, territorial and environmental segregation, illegality and informality. (SANTOS, 2009).

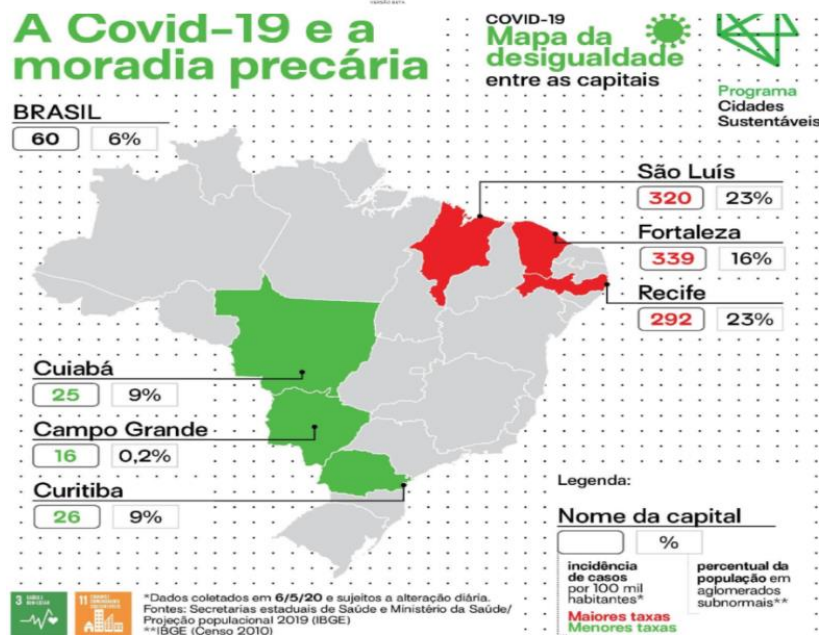
Migration occurs through the search for better life opportunities, generating concentration of income in certain regions and disorderly population densification conditioned the number of deaths and those contaminated by COVID 19; with prevalence of cases in the southeast region.

The obstacles refer to the historical distance between the discourse (the legislation) and the practice (the application of the laws) in the country whose synthesis is in the urban territory that is constituted by the formal city (of exception and excessively regulated) in contrast to the informal city (the rule, no-man's-land); also marked by excessive bureaucracy; governance; and also in the absence of the application of urban instruments, as well as their implementation and territorialization. (MILK; ACOSTA; HADDAD; SUTTI, 2018).

Map 3 highlights the inequality among Brazilian state capitals, highest COVID-19 incidence rates in the northern region with the highest percentage of population in subnormal agglomerates. Comparatively to Graph 2, the northeastern region was the second to present the greatest number of casualties by COVID-19. The southeastern region, despite not being a region of states with the lowest indices of precarious housing, gathers most of the casualties, which can be explained by urban densification and poverty pockets.

Covid 19 and precarious housing Inequality map between capitals

Map 3 – Map of inequality among capitals – 2020

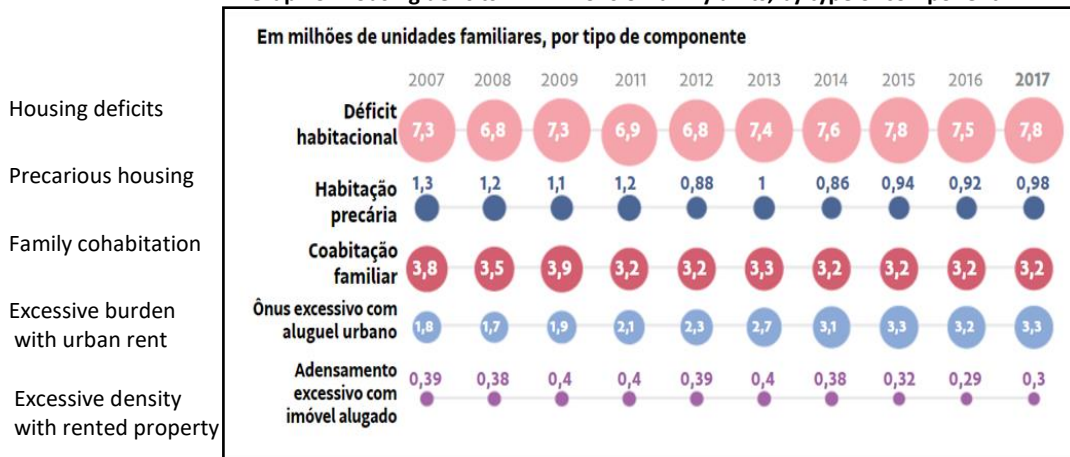


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According to Silva (2017), housing social needs imply demographic densification and vulnerability of social structures considered by IBGE as subnormal agglomerates, because favelas, invaded areas, slums in deep valleys, slums in low-lands, communities, villages, slums in backwaters, irregular lots, shacks and stilt houses, among others, are considered irregular settlements.

After 10 years, from 2007 to 2017, and despite the *Bolsa Família* and *Minha Casa Minha Vida* programs, deficits still remain, as shown in Graph 3.






Graph 3: Housing deficits - In millions of family units, by type of component



Source: FOLHA INFORMATIVA – MINISTÉRIO DA CIDADANIA, 2020.

The classification by health indicators to determine the risks levels is a methodological process based on numerical quantification criteria, such as contamination or number of infected people and of casualties (hospitalization notifications by SARS – Severe Acute Respiratory Syndrome SARS, to investigate/confirm COVID-19 cases), considering the installed service capacity by the *Sistema Único de Saúde* (SUS) by means of occupancy rates of clinic beds, intensive care (UTI), and lockdown. Colors are used in categorization, as the Screening – Manchester Scale classification (Figure 1), whose protocol or Risk Classification System (RCS) presents 52 entries, flows or algorithms that classify the seriousness of the situation according to the identification and grouping of observed signals, symptoms, or syndromes.

**Figure 1: Manchester Scale**

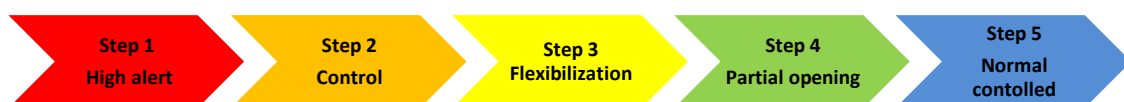
 <b>Emergência</b>	Emergency – <b>red</b> - patient needs immediate treatment
 <b>Muito Urgente</b>	Very urgent – <b>orange</b> – patient needs care as soon as possible
 <b>Urgente</b>	Urgent – <b>yellow</b> – patient needs evaluation – it is not considered an emergency. He or she can wait
 <b>Pouco Urgente</b>	Little urgent – <b>green</b> – is the least serious case that requires medical treatment. But can be seen at the doctor’s office or at the clinic
 <b>Não Urgente</b>	It is not urgent – <b>blue</b> – It is the case of less complexity and without recent problems. This patient must be accompanied to the doctor’s office on an outpatient basis

Source: PORTAL DA ENFERMAGEM – SÉRGIO LUIS, SEPT. 2020

During the pandemic, a classification for each one of the phases, also named “flags”, was adopted in each territory (state, region or municipality), as shown in figures 2 and 3 for the State of São Paulo (Plan for São Paulo).




This methodology corroborates decision-making processes and management strategies; attempts to control and monitor the rising or falling indices of the pandemic expansion (dissemination, contamination and casualties); the regulatory character, by means of the pertaining legislation (decrees, norms, ordinances, protocols and other specific ones); the determination of levels to resume activities for various sectors of the society, such as economic, industrial, commercial, educational and so on; the autonomy of the federation entities to define and authorize the advance or retreat between the phases.

**Figure 2: Strategic Planning – Classification of the pandemic phases**



Source: Presentation of the Plan for São Paulo – <https://www.saopaulo.sp.gov.br/planosp/>

**Figure 3: Zone classification by risk level**

Zone by risk level					
<b>Classification of zones by risk level</b> 4 zones were defined by risk level in decreasing order of severity, whose classification is defined based on two criteria: installed hospital capacity and evolution of the epidemic Risk zones					
Zone 1 High alert	Zone 2 Control	Zone 3 Flexibilization	Zone 4 – Partial opening	Zone 5 Normal controlled	Classification criteria  Installed hospital capacity    Evolution of the epidemic  
Hospital capacity at risk or accelerated evolution of contamination Current state zone, with possible service releases	Hospital capacity or evolution of the disease in the care phase Most sectors still remain restricted to essential activities Flexibilization of sectors according to municipal definition, as long as they are subject to the conditions of the municipal council	Hospital capacity or disease evolution relatively controlled Greater release of economic activities with control mechanisms and limitations Flexibility of sectors according to municipal definition, subject to the conditions of the municipal council	Hospital capacity and disease progression in decreasing phase Release of economic activities with less restrictions compared to the flexibility phase Flexibility of sectors according to the municipal definition, subject to the conditions of the municipal council	Total control over hospital capacity and disease evolution Release of all economic activities with control protocols Continuous monitoring of indicators Flexibility of sectors according to municipal definition, subject to the conditions of the municipal council	
Lower level of restrictions					
Less risk to the health system					
<b>The purpose of the classification is to ensure service to the population and to ensure that the evolution of contamination is controlled and at safe levels to modulate the isolation actions.</b>					
1. Instituto Butantã survey, sectorial and testing protocols, authorization of local health surveillance					

Source: Presentation of the Plan for São Paulo – <https://www.saopaulo.sp.gov.br/planosp/>

## CONCLUSION

The state of poverty causes physical, moral, personal, social and collective weakness, illness and exposes to risks, makes it vulnerable, marginalizes. Facing it requires social inclusion and access to housing as a human and civil right. Vulnerability does not mean weakness, but a factor that puts the balance of the welfare state at risk and susceptibility, with preventive action through planning, insertion of sectoral policies in the construction of public policies. Vulnerabilities, inequalities, socio-economic situation, health and environmental health and housing are under the same perspective of the need for the establishment and effectiveness of sectorial policies and effective public policies, with a view to guaranteeing better conditions for coping with everyday and extraordinary situations, like those generated by the COVID 19 pandemic.

The prevention of adverse events through sectoral policies (micro context) can assist in the political governance of contexts such as the pandemic COVID 19 (macro context). With planning and public resources, it is possible to meet population demands, reduce social and housing inequalities, which propel social, economic and housing vulnerabilities.

Planning and urbanization provide an opportunity to mitigate the effects of various vulnerabilities, through structural transformations promoted in the urban space and the strengthening of the ordering of the possession and use of the territory, guaranteeing the right to housing with dignity. Such actions are transversal to other areas and public policies, composing a network of attention and care to the demands caused by urban density. The functioning of cities affects the health of their residents. Therefore, this is a great methodological challenge, due to the countless variables associated with a complex system such as a city. (FAJERSZTAJN; VERAS; SALDIVA, 2016).

The use of technology and the discussion of alternatives for housing construction, adjusting costs to the demands of the population; envisioning sustainability in the housing sector, such as the use and reuse of construction materials and reduced energy consumption, make up solutions for this complex system.

Although the Unified Health System (SUS) has responded in terms of attention and care for the population, showing governance in the pandemic situation, in the so-called “first contagion wave”, after the critical stages have passed, it returns to previous problems such as illness due to environmental problems (air, water and soil pollution), lack of sanitary conditions and adequate housing.

It is hoped that this work can contribute to a reflective, dialectical process for the construction of smart and sustainable cities, in the understanding that in order to achieve well-being and quality of life, attention and effective actions are needed in the urban development process.

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