

Oxford COVID-19 Government Response Tracker

Brazil's Subnational Policy Response

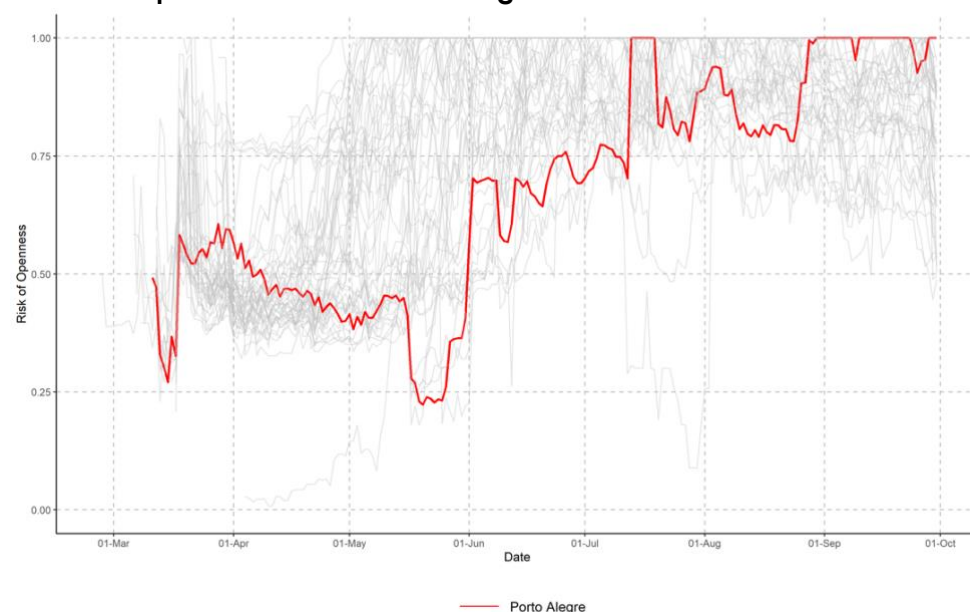
Policy note – Porto Alegre/Rio Grande do Sul



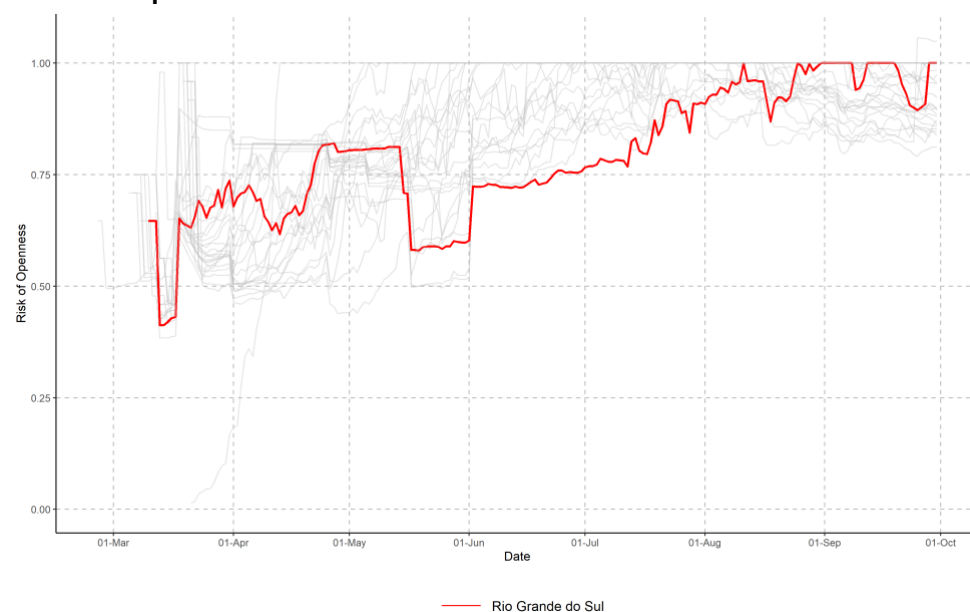
Region	Porto Alegre, Rio Grande do Sul
Period	June to October 2020
Author	Luiz Eduardo Barbieri Bedendo, Pedro Arcain Riccetto, Rodrigo Furst de Freitas Accetta, Maria Luciano, and Beatriz Kira

Figure RS.1 – Risk of Openness Index (RoOI)

A. Risk of Openness Index in Porto Alegre



B. Risk of Openness Index in Rio Grande do Sul



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State and city government responses

Figure 1 shows how the Risk of Openness (RoOI) went up in all states and cities over time and, despite a slight fall in some moments, RoOI was at the highest level in Porto Alegre and Rio Grande do Sul at the end of September.

The period from June to October 2020 is characterised by the expansion of measures initiated in May to reopen the economy and resume activities. The state government issued a series of decrees specifying the rules of its reopening plan, called Controlled Distance System, and the sanitary measures to be adopted in each phase of it. The Controlled Distancing consists of flags representing the degree of restriction imposed (yellow, less restrictive; orange; red; or black, more restrictive), according to indicators such as the spread of Covid-19 and the capacity of the health system. Permanent sanitary measures were maintained in all levels, such as the mandatory use of masks in public places and in commercial establishments, restrictions on circulation and face-to-face meetings, and a minimum distance of two meters between individuals.

On June 15, the state government authorised classroom activities to resume in private or public schools and higher education, as well as in kindergartens and childcare. The government required two conditions before the re-opening: sanitary measures be obeyed at all times, and the school must not be located in Red or Black Flag areas. The State Department of Health and the State Department of Education were responsible for establishing other specific rules required for the return of face-to-face activities.

No lockdown was imposed during the entire period observed. Public transportation at the city, state and interstate-level continued to operate in compliance with general sanitary requirements in force. Events such as fairs, corporate or commercial exhibitions, seminars and conferences have been allowed since June, subject to the Controlled Distance System rules. The testing of individuals who had coronavirus symptoms as a policy was maintained, but no comprehensive contact tracing policy has been adopted.

Notwithstanding the restrictions in place, the controlled distance policy coincides with the increase in the number of confirmed cases during the period, which went from just over 13,000 in early June to more than 200,000 in early October. The average number of deaths per day jumped from 8 per day in early June to 57 per day in early August, reaching a peak of 72 deaths in a single day in early August.

In the capital, the mayor issued a new decree on 24 June in response to the increase in the number of cases establishing more restrictive measures compared to those in force in May. The municipal government closed commercial establishments, allowing only essential services, industrial establishments, and civil construction activities to remain open. Between August and October, the municipal government gradually eased the measures. On September 1, the mayor allowed bars, restaurants and food courts in shopping malls to re-open for in person consumption as long as distancing rules were obeyed.

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In the beginning of October, the municipal administration allowed the return of face-to-face teaching activities of the private and public sector for early childhood education, senior year of high school, professional education, and youth and adult education (EJA) from 10/05/2020; the return of basic education 1, special and EJA (municipal education) from 10/13/2020; and the return of elementary school 2, special and the rest of high school as of 11/03/2020. In all cases, there is a duty to comply with a mandatory health protocol (physical distance of at least two meters, use of masks, daily disinfection of contact surfaces, among others).

Between July and October, Porto Alegre experienced an increase in confirmed cases, which jumped from 5,700 in early July to more than 35,000 in early October, and the number of deaths rose from 138 in early July to 1,057 in early October.

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Figure RS.2 – Accumulated number of deaths and deaths per capita for Rio Grande do Sul and the eight other states surveyed

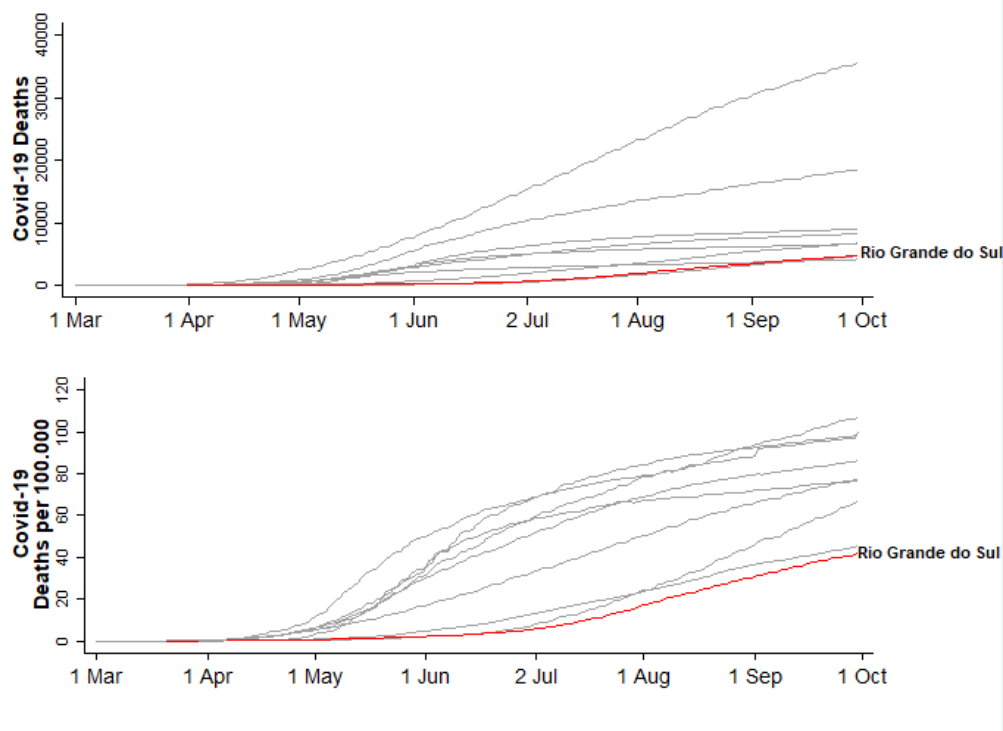
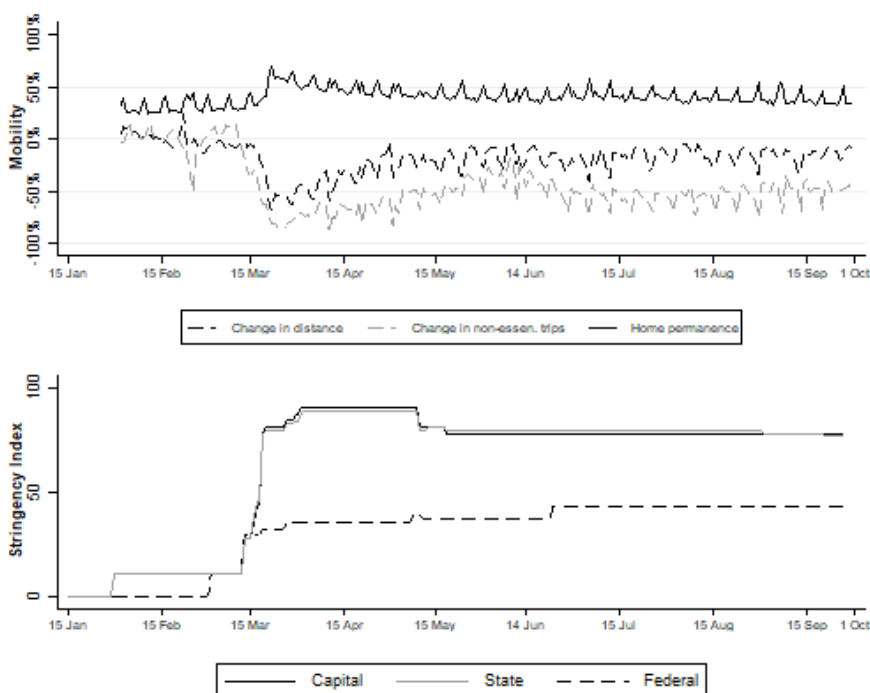


Figure RS.3 – Mobility indicators for Rio Grande do Sul and the OxCGRT stringency index for different levels of government



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Porto Alegre Survey Results

Porto Alegre has 1.5 million inhabitants, and 15% of the population is more than 60 years of age. It has a fairly high standard of living: its HDI is 0.805, making it the third most developed Brazilian capital (out of 27).

Remaining at home for two weeks between 22 April and 13 May was rare among Porto Alegre's residents. Only 10% of respondents reported not going out during this period. The same pattern was observed for the two weeks between 27 July and 2 October, as only 8% reported not going out during this period. Those that did leave home on average on 6.1 days during a fortnight between 22 April and 13 May, compared to 6.7 days during a fortnight between 27 July and 2 October. In the first round, the majority of the sample (79%) left home for essential activities, such as going to the supermarkets, pharmacy or banks. Almost a third, 30%, went out to work (compared to 61% who reported going to work in February). In turn, in the second round, the majority of the sample (73%) left home for essential activities, while almost half, 47%, went out to work (compared to 66% who reported going to work in February). Those who went out during the two-week period of the first and second round estimated that, on average, 76% and 83%, respectively, of people were wearing masks on the streets.

Four percent of first-round respondents had been tested, compared to 12% in the second round. Only 1% of individuals in the first round said that they had sought a test without success, compared to none in the second round. Six percent of respondents reported having had at least one symptom in the week prior to first interview, compared to 18% in the second.

Public transportation closures did little to stop people going about their intended activities: this was the case for only 9% and 12% of respondents in the first and second round, respectively. Twenty-six percent of people in Porto Alegre used public transport during the prior fortnight between 22 April and 13 May, compared to 31% during a fortnight between 27 July and 2 October; 53% and 51% of respondents in the first and second round, respectively, stated that they had used it in February.

Levels of knowledge about the symptoms of Covid-19 and about the meaning and practices of self-isolation were similar in Porto Alegre to average survey responses across the nine urban populations studied. The average scores were 82 and 81 out of 100 in the first and second round, respectively, for 'knowledge of symptoms' and 43 and 46 out of 100 in the first and second round, respectively, for 'knowledge about self-isolation' (see the results section of the main paper for an explanation of these scores).

The main sources of information about Covid-19 were TV news shows (58% and 53% in the first and second round, respectively) and newspapers and newspaper websites (14% and 17% in the first and second round, respectively). In the first round, of those who had seen public information campaigns (65% of all respondents in Porto Alegre), 73% reported seeing them on TV, 31% came across them through newspapers, 29% via Facebook or Twitter, 17% via blogs, and 11% via WhatsApp. In the second round, of those who had seen public information campaigns (65% of all respondents), 88%

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reported seeing them on TV, 30% came across them through newspapers, 22% via Facebook or Twitter, 15% via WhatsApp, and 13% via blogs. Of those who had seen public information campaigns in the first round, 59% said they thought they had seen a campaign from the state government (same proportion found in the second round), 42% said they thought they had seen one from the federal government, compared to 35% in the second round, and 31% from the municipal government, compared to 38% in the second round.

Half of the first-round sample reported reductions in income, and almost a third (31%) suffered an income cut of half or more, relative to their income in February. In the second round, almost a third (31%) reported reductions in income, and a fifth (20%) suffered an income cut of half or more, relative to their income in February. Five percent of people reported a total loss of income since February in the first round, compared to 3% in the second.

In the first round, sixty-nine percent of Porto Alegre residents perceived Covid-19 to be much more serious than a common flu. The public measures adopted to fight the spread of the disease were assessed as adequate by 62% of respondents in the city, as insufficiently stringent by 30%, and as too stringent by only 8%. In the second round, in turn, 72% perceived Covid-19 to be much more serious than a common flu. The public measures adopted to fight the spread of the disease were assessed as adequate by 51% of respondents in the city, as insufficiently stringent by 34%, and as too stringent by only 15%. In the first round, people in the city generally understood that lifting these restrictions would be a gradual process: they thought it would take on average 5.1 months, compared to 7.1 months in the second round, for measures to be removed, and only 18% of first-round respondents in Porto Alegre expected that restrictions would be removed all at once.

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Figure RS.4 – Social distancing, knowledge and testing in Porto Alegre

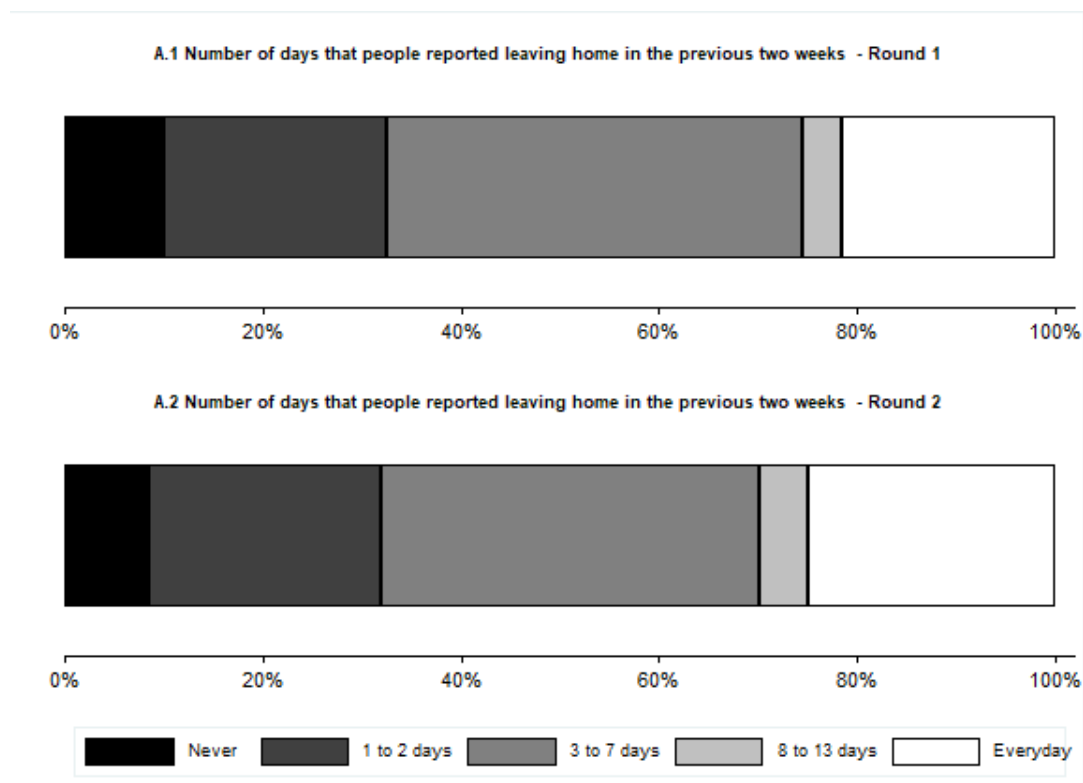
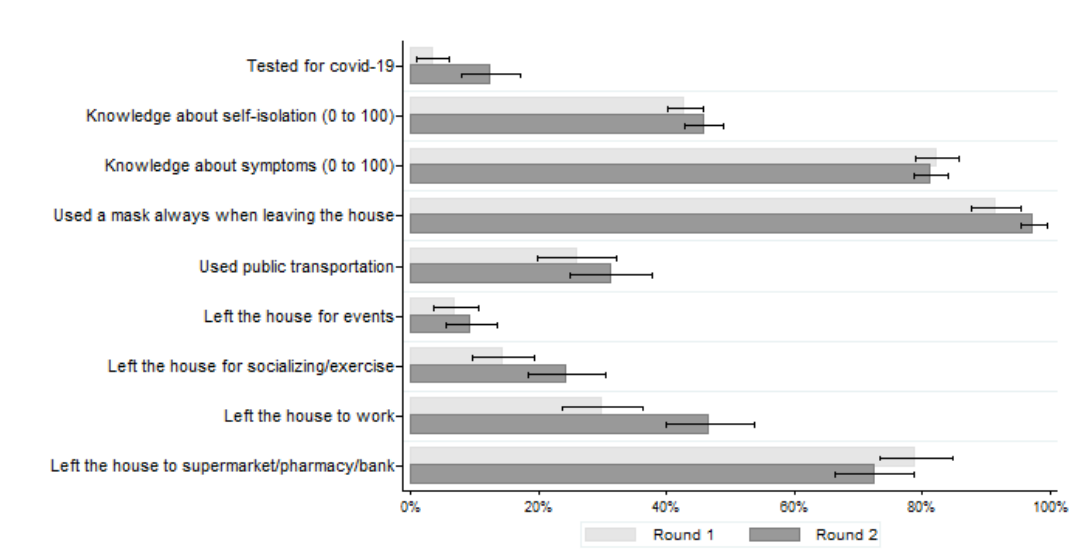


Figure RS.5 – Testing, knowledge, mask use, and reasons for leaving home



Data available at: <https://github.com/OxCGRT/Brazil-covid-policy>