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unknown disease. Technical terms are part of the scientific language, and scientists should explain what they are and the ideas behind them. Otherwise discussion of how societies are going to cope with this pandemic becomes impossible, and cohesive and coherent strategies cannot be agreed.

If discussion about strategy becomes polarised on suppression versus epidemic, or lockdown versus freedom, then we lose the opportunity of finding a way through this pandemic that minimises the total harms.

I declare no competing interests.

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Science misuse and polarised political narratives in the COVID-19 response

Strategies to address the COVID-19 pandemic have elicited polarised debates that frequently focus on an economy versus health trade-off, and are often divided by politics.¹ Evidence has increasingly been used to justify these arguments, without due attention to its quality or reporting. Additionally, evidence suggests arguments over a trade-off are inappropriate as countries which have controlled the pandemic better have experienced smaller economic contractions.²

We were dismayed by a recent Correspondence³ in *The Lancet*, in which Pontes and Lima argued against social distancing interventions in Brazil—a country lacking a comprehensive

pandemic strategy and a catastrophic 150 000 COVID-19 deaths by Oct 15, 2020. The authors cite our work in *The Lancet Global Health* on the Brazilian recession and mortality⁴ but selectively report our findings to skew the debate.

We analysed the 2014–16 Brazilian recession and found that recession-related increases in unemployment were associated with increases in mortality.⁴ This statement is often cited to argue against stay-at-home orders in Brazil. However, our findings are not that informative in the COVID-19 context because pandemic recessions are substantially different in impact and duration than traditional recessions. Whereas we examined the effects of recession on health, the causality is reversed during the pandemic where health is determining economic productivity. Indeed, evidence from the USA suggest health concerns, rather than official stay-at-home policies, drove reductions in consumer spending and economic contraction.⁵ Furthermore, in our study, we found that unemployment-associated mortality only increased where local health and welfare systems were weak and underfunded—a statement less frequently reported but in line with evidence from Europe.⁶ If strong health and welfare systems are key in protecting individuals from negative recession health impacts, then the argument should focus on promoting these services instead.

This is not the first instance of our work being misrepresented in the media. We have been contacted by journalists to clarify the impacts of stay-at-home orders implemented in Brazilian cities, and we made a concerted effort to improve reporting with statements published in the *BBC*⁷ and *O Globo*.⁸ Our experience is just one example of evidence misuse, but it is an experience shared by colleagues globally. We urge authors to continue promoting clarity in the reporting of their work and seek reliable platforms for disseminating findings.

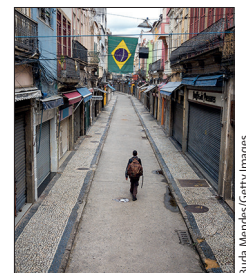
The solutions to addressing the COVID-19 pandemic are complex and multifaceted requiring careful and informed policy decisions to balance economic, social, and health priorities. We do not doubt that economic recessions will have profound health consequences, but distilling arguments into simple trade-offs is unhelpful. Evidence points to the importance in investing in health and welfare systems to protect both health and the economy, yet further polarising debates with misuse of evidence will only hamper effective pandemic responses in a desperate Brazil.

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The Brazilian Government's mistakes in responding to the COVID-19 pandemic

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It is unfortunate to read the unsubstantiated and misguided opinion of a few physicians about the role of the current administration during the COVID-19 crisis in Brazil.¹ For those of the international scientific community who base their understanding on reliable data, the conclusion that Brazil has shown one of the worst responses to the pandemic is unequivocal.² The gravity of the pandemic in Brazil is evidenced by the current epidemiological facts: Brazil is among the three countries with the largest number of confirmed cases (more than 5 million as of Oct 15, 2020, according to WHO), with high mortality,³ evidence of underreporting,³ and a high number of deaths among health professionals, pregnant women,⁴ and the indigenous population.

The federal government's denial of science and, consequently, of the seriousness of the pandemic to the health and wellbeing of Brazilians has led to a failure to coordinate, promote, and finance internationally sanctioned public health measures. The ministry of health has not developed a national plan to combat the pandemic,³ nor has any other federal government agency. States and municipalities continue to be neglected and receive insufficient assistance. Influenced by political interests, the federal government has disrupted the flow of financial transfers and slowed the deliveries of essential supplies to certain regions. Furthermore, Brazil's public health system, Sistema Único de Saude (SUS), is the largest in the world and provides universal coverage without any cost to patients. It is accessible nationwide and

provides community-based primary health care to more than 70% of the population. Yet, primary health care has been overlooked by the federal government as a key element in this public health crisis response. Financial emergency aid to the most vulnerable populations was gravely delayed, insufficient, and cumbersome to obtain. Moreover, the federal administration denies international recommendations for non-pharmacological interventions, refusing to establish a national mandate for social isolation and mask use.

It is necessary to analyse the Brazilian Government's response to the COVID-19 pandemic based on trustworthy knowledge built upon scientific facts. The negative effects of governmental decisions represent important risks to the health of Brazilians and for the pandemic's global situation. A coordinated political response guided by social justice and evidence-based knowledge is essential to managing any public health emergency, especially one with as broad economic and health impacts as COVID-19. Regrettably, this is not what is happening in Brazil.

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Improving and protecting health in England needs more than the NHS

We welcome the Editors¹ call for a long-term strategy for a resilient health system for England. However, the Editors do not seem to recognise that the system to protect and improve the health of the population is led by local authorities and Public Health England, not the National Health Service (NHS). Local authorities and Public Health England lead communicable disease control and have led regional and local responses to the pandemic. The NHS has not, because it has not been responsible for health protection and health improvement since the 2012 Health and Social Care Act. Meanwhile, the local authority public health grant fell by £850 million (in real terms) from 2015 to 2019, and despite an increase in March, 2020, it is still not at 2015 levels.

Another key issue that the Editorial does not mention is social care, which is a key part of the health system. A long-term strategy must aim to achieve a resilient health system that includes and coordinates social care and public health agencies as well as the NHS. If we do not conceptualise the health system more broadly, and ensure the different parts work together effectively, the strategy might just be a sticking plaster, rather than a real attempt to build a system that prioritises prevention and disease control in addition to offering efficient and compassionate services, and that is worthy of one of the richest countries in the world.

We declare no competing interests.

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For the 2012 Health and Social Care Act see <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

For WHO COVID-19 updates see <https://covid19.who.int/>

For more on COVID-19 in Brazil's indigenous population see <https://apiboficial.org/?lang=en>