

## ***Consensus building and the management of the covid-19 pandemic: structure, development and results in the state of Ceará\****

### **Construção de consenso e a gestão da pandemia de covid-19: estrutura, desenvolvimento e resultados no estado do Ceará**

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#### **Abstract**

The proper management of conflicts generated by the Covid-19 health crisis requires the development of public control policies that, limiting individual rights, reduce viral spread and the resulting deaths. These conflicts are complex and, in Brazil, given the lack of coordination between the different levels of government due to extreme political-ideological polarization, governors and mayors assumed the position of main crisis managers. In the state of Ceará, a political choice submitted the decision-making process of formulating these policies to the consensus building method, horizontalizing and democratizing the management of conflicts. The article describes and analyzes the development and results of the crisis management structure, informed by the self-composition of complex multilateral conflicts, evidencing its ability to reduce litigation and, as a consequence, produce more satisfactory results for the reduction of the impacts of the pandemic.

**Keywords:** consensus building. Complex conflicts. Pandemic. Proper management.

#### **Resumo**

*A gestão adequada dos conflitos gerados pela crise sanitária de covid-19 demanda a elaboração de políticas públicas de controle que, limitantes de direitos individuais, diminuam a disseminação viral e os óbitos decorrentes. Esses conflitos são complexos e, no Brasil, ante a falta de coordenação entre os diversos níveis de governo em razão de extrema polarização político-ideológica, governadores e prefeitos assumiram a posição de principais gestores da crise. No estado do Ceará, uma escolha política submeteu o processo decisório de formulação dessas políticas ao método de construção de consenso, horizontalizando e democratizando a gestão dos conflitos. O artigo descreve e analisa o desenvolvimento e resultados da estrutura gerencial da crise, informada pela autocomposição de conflitos multilaterais complexos, evidenciando sua aptidão para reduzir litigiosidade e, como consequência, produzir resultados mais satisfatórios para a diminuição dos impactos da pandemia.*

**Palavras-chave:** construção de consenso. Conflitos complexos. Pandemia. Gestão adequada.

## **1 Introduction**

This article examines the efficiency of using the consensus-building method as an appropriate instrument for managing complex conflicts resulting from the covid-19 pandemic, as well as its various effects in the state of Ceará.

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What it investigates is whether the search for consensus, based on scientific evidence, produces more legitimate political decisions, with a better degree of understanding and acceptability and greater efficiency, resulting in the achievement of more positive results in the rates of contagion and deaths of the population affected by the disease.

The description of the conflicts generated during the pandemic, the different views on management measures, the assessment of the adequacy of these measures for the specific moment in which they were adopted, the frank and open dialogue with public and private institutions – including different representatives of civil society –, the sharing of information in a transparent manner, the permanent search for overcoming divergent views – with a focus on the elaboration of possible convergences – materialize, in practice, the use of self-composition management techniques for complex conflicts that have been consolidated, in the conformation of the consensus-building method, as a political choice to face the current health crisis in the state of Ceará.

The construction of consensus, in its main procedural structures, shows its adequacy, with more efficient results, to collective conflicts that require, for its management, the elaboration of public policies. Assuming this theoretical assumption as correct, the analysis begins with the structures of management of the health crisis and its operationalization to, when arriving at the conflicts generated and their complexities, define whether the political choice of the use of consensus building provided greater efficiency in preserving the health of the population and avoided or reduced litigation regarding the more restrictive measures imposed by public policies necessary to face the crisis.

The experience of conflict management described in this article is unprecedented in Brazil, and may serve as a model for its future use in other situations that require, for its proper management, the formulation of public policies as a method of overcoming complex conflicts.

It is not, however, a finished experiment. At the time of completing this article, Brazil was ending the confrontation of a third wave of new infections by the omicron variant of the virus that causes covid-19, demanding the maintenance of the use of these mechanisms as an essential tool for management, by monitoring, of the new conflicts that arose in the face of the failure to completely overcome the pandemic. What is addressed here constitutes, therefore, an unprecedented form of conflict management still in implementation, demanding constant improvement. Although the developed procedure has the potential to add efficiency gains, it continues to be challenged by the changes caused by new viral mutations and the conflicts generated for their containment.

## 2 The covid-19 pandemic and its effects on the state of Ceará

On March 11, 2020, the World Health Organization (WHO) declared a covid-19 pandemic situation, a disease caused by the new coronavirus (Sars-Cov-2), with the disease spreading to several continents with sustained human-to-human transmission. In Brazil, the first detected case of covid-19 occurred on February 26, 2020, in the city of São Paulo. In the state of Ceará, the first three cases were confirmed on March 17, 2020.

The historical series of covid-19 cases in the state of Ceará portrayed in the Integrasus system<sup>4</sup> of the State Health Department shows that: 1) since the beginning of the detection of the first cases, the state has already gone through two waves of the pandemic, and is still facing the consequences of a third wave; 2) the first between the months of March and August 2020; and the second between January and July 2021; 3) the third wave began in December 2021; 4) as of the date of writing this article, more than 980 thousand cases have been officially recognized as having occurred; 5) more than 25,900 deaths were officially recognized.

Due to several factors, but mainly because it has one of the largest international aircraft connection centers in the country in its capital, the city of Fortaleza, the state of Ceará has had, since the beginning of the pandemic in Brazil, a high rate of contamination by covid-19 and, in the waves it has faced of the disease, an also high number of deaths, considering the per capita ratio of these indicators<sup>5</sup>.

The spread of several viral modalities resulting from mutations of the ancestral covid-19 virus in the state of Ceará occurred quickly, reached its entire territory and caused two already consolidated waves of the pandemic, with exhaustion of care resources available in the public and private health network and a significant number of infected and deaths. This situation was repeated, with reasonable uniformity, throughout the country, becoming the greatest public health problem ever experienced in Brazil.

Due to the seriousness of the situation, a crisis management system was created capable of formulating public policies that would mitigate the speed of viral dissemination and provide the population with satisfactory care conditions for the provision of the necessary health services capable of avoiding, as far as possible, an uncontrolled increase in deaths. Given the

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<sup>4</sup> Data extracted from the official digital platform Integrasus of the Health Department of the State of Ceará. Available at: <https://integrasus.saude.ce.gov.br/#/indicadores/indicadores-coronavirus/coronavirus-ceara> Accessed on: 20 Jan 2022

<sup>5</sup> On 01/20/2022, the state of Ceará ranked 17th in number of cases and 14th in deaths from covid, among the federative units, considering the ratio of these indicators per 100,000 inhabitants (Congresso Em Foco, 2022).

urgency of the response to be built, the crisis management structure, built within the Unified Health System (SUS), presupposed the necessary cooperation between the federative entities and the national coordination of the Ministry of Health.

### **3 The pandemic management system in Brazil**

On February 7, 2020, Law No. 13,979 was published, providing for "measures to address the public health emergency of international importance resulting from the coronavirus responsible for the 2019 outbreak". A crisis management system was created that established the Ministry of Health as the national health authority, the body responsible for coordinating actions to control the pandemic and setting the guidelines for the action of the other federative entities in a perspective of joint and harmonious action, as established by the dictates of constitutional distribution of common competences in health matters.

However, despite a first organizational attempt coordinated by the Ministry of Health, the guidelines for the elaboration of a national plan to jointly confront the pandemic were made unfeasible by divergent actions between the various and competing main political actors, undermining the national coordination of confronting the crisis that, at that time, was already showing its seriousness in the world.

Without the general rules for coordinating common administrative action to face the crisis, the States, the Federal District and the Municipalities were left with the duty to control the effects of the pandemic in their respective territories, through the action of governors and mayors.

Law No. 13,979/2020 (Brasil, 2020a) created the following instruments of action to control the pandemic: I - isolation; II - quarantine; III - determination of compulsory performance of a) medical examinations; b) laboratory tests; c) collection of clinical samples; d) vaccination and other prophylactic measures; or e) specific medical treatments; IV - epidemiological study or investigation; V – exhumation, necropsy, cremation and handling of corpses; VI – exceptional and temporary restriction of entry and exit from the country, according to the technical and reasoned recommendation of the National Health Surveillance Agency (Anvisa), by highways, ports or airports; VII – requisition of goods and services from individuals and legal entities, in which case the subsequent payment of fair compensation will be guaranteed; and VIII – exceptional and temporary authorization for the importation of

products subject to sanitary surveillance without registration with Anvisa, provided that: a) registered by a foreign sanitary authority; and b) provided for in an act of the Ministry of Health.

After the enactment of Law No. 13,979/2020 (Brasil, 2020a), the President of the Republic promoted an amendment, through Provisional Measure No. 926/2020 (Brasil, 2020b), of some provisions subjecting to his exclusive control the adoption of isolation, quarantine and movement restriction measures. Such amendment generated a provocation to the Federal Supreme Court under the allegation of formal unconstitutionality (alteration of general rules of common competence, matter of Complementary Law by Provisional Measure) and material (emptying of the competences of the States, Federal District and unicipios), with the Plenary of the Federal Supreme Court<sup>6</sup>, in the end,, endorsed by the precautionary decision of the rapporteur, establishing the following contours of action to combat the pandemic:

The worst mistake in the formulation of public policies is the omission, especially for the essential actions required by article 23 of the Federal Constitution. It is serious that, under the cloak of exclusive or private competence, the inactions of the federal government are rewarded, preventing States and Municipalities, within the scope of their respective competences, from implementing essential public policies. The State that guarantees fundamental rights is not only the Union, but also the States and Municipalities. It is necessary to read the rules that make up Law 13,979, of 2020, as deriving from the Union's own competence to legislate on epidemiological surveillance, under the terms of the General SUS Law, Law 8,080, of 1990. The exercise of the Union's competence at no time diminished the competence of the other entities of the federation in the performance of health services, nor could it, after all, the constitutional guideline is to municipalize these services. (Brazil, 2020c).

This decision, issued on 04/15/2020, validated the actions of governors and mayors in controlling the pandemic for the full exercise of common competence in matters of public health, with such attributions being exercised through decrees issued according to local peculiarities. Thus, lacking national coordination of the crisis, States, the Federal District, and Municipalities assumed all responsibilities for the use of the instruments made available by Law No. 13,979/2020 (Brasil, 2020a).

And this is how the management of the serious health crisis that took place throughout the national territory during the pandemic has been done in Brazil since the beginning. Management continues to be done by governors and mayors, with little or almost no coordination by the Ministry of Health.

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<sup>6</sup> Referendum on the Precautionary Measure in Direct Action of Unconstitutionality No. 6,341, Federal District. Rapporteur: Justice Marco Aurélio; Draftsman of the Judgment: Justice Edson Fachin; Repte.(s): Democratic Labor Party (PDT).

In November 2020, the Federal Supreme Court judged the merits of ADI 6,341/DF and reaffirmed its initial thesis on how the pandemic should be controlled, preserving the common attributions in each sphere of government.

This final decision pacified the rule for managing the covid-19 crisis: the Union could issue general rules and the other entities of the federation – through their governors and mayors, the specific rules according to their peculiar care and epidemiological conditions – as long as the general rules of the Union were respected by the States and the Federal District and the specific rules of these, by the Municipalities.

Once the rule of political-administrative action of the federated entities was defined – which was already being put into practice – each entity created its own crisis management system, including, as expressly required by Law No. 13,979/2020 (Brasil, 2020a), technical advisory<sup>7</sup> bodies for making decisions restricting the exercise of individual freedoms in search of preserving the best health standards of the community.

#### **4 The health crisis management structure in the state of Ceará**

With the identification of cases of covid-19 in its territory in February 2020, the state government decided to create its structure to face the crisis. The attributions of sanitary authority were concentrated in the Health Secretariat of the State of Ceará (Sesa), and it was up to the governor, through decrees, to establish the necessary control measures.

In all Brazilian states, the management of the crisis was concentrated on the authority of the governors, the authority that defined the measures to be adopted after the technical manifestation of the health authority or special committees, formed by specialists. Once the necessary measures were decided, they were materialized in decrees with certain expiration dates. Thus, the measures remained compatible with federal legislation, which requires prior technical assessment of the need for the measures and a certain period of duration.

In the state of Ceará, a system of shared decisions was structured, whose pillars were the creation of a State Committee to Combat the Coronavirus Pandemic<sup>8</sup> and the Scientific Committee for direct technical advice to support government decisions.

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<sup>7</sup>Federal Law No. 13,979/20 (BRASIL, 2020a) required that measures restricting individual rights should only be determined based on scientific evidence and analysis of strategic health information and should be limited in time and space to the minimum necessary for the promotion and preservation of public health.

<sup>8</sup> Created by State Decree No. 33,509, published on 03/13/2020 (Ceará, 2020a).

The State Committee to Combat the Coronavirus Pandemic was created as an advisory body with the objective of bringing together various institutions for the exchange of information and technical subsidies, which are then forwarded for analysis by the Scientific Committee, which, in turn, indicates to the governor the measures that should be included in a decree directing actions to contain the spread of the pandemic.

Initially created with 25 (twenty-five) institutions<sup>9</sup>, 06 (six) permanent and components of the structure of the state executive itself and 19 (nineteen) invited, the State Committee currently has more than 36 (thirty-six) institutions<sup>10</sup> and has already held more than 56 (fifty-six) weekly or biweekly meetings.

The Technical Committee, in turn, is chaired by the governor of the state and has as members representatives of the state health department, the municipal health department of Fortaleza and the University of Fortaleza (Unifor) and the Federal University of Ceará (UFC). Decree No. 33,509/2020 (CEARÁ, 2020a) also established that "the members of the State

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<sup>9</sup> The original components of the State Committee were defined in Article 1 of Decree 33,509/2020 (CEARÁ, 2020a) which establishes: "The State Committee to Combat the Coronavirus Pandemic is hereby established, composed of the following bodies:

I - Health Secretariat;

II - Chief of Staff;

III - Department of Education;

IV - Public Security and Social Defense;

V - Secretariat of Penitentiary Administration;

VI – Secretariat of Social Protection, Justice, Citizenship, Women and Human Rights.

Next, in paragraph 1, the institutions invited to participate in the meetings of the Committee are listed, in the following order:

I - Legislative Assembly of Ceará;

II - Court of Justice of the State of Ceará;

III - State Public Prosecutor's Office;

IV - Federal Justice in Ceará;

V - Federal Public Prosecutor's Office;

VI - Fortaleza City Hall;

VII - Regional Labor Court;

VIII – Labor Public Prosecutor's Office;

IX – State Court of Accounts;

X – State Public Defender's Office;

XI – Brazilian Bar Association – OAB/CE;

XII – Federal University of Ceará – UFC;

XIII – State University of Ceará – Uece;

XIV – National Health Surveillance Agency – Anvisa;

XV – Association of Municipalities of the State of Ceará – Aprece;

XVI – Federation of Industries of the State of Ceará – Fieic;

XVII – Federation of Commerce of Goods, Services and Tourism of the State of Ceará – Fecomércio;

XVIII – Chamber of Shopkeepers – CDL;

XIV - Ceará Association of Radio and Television Broadcasters - Acert.

<sup>10</sup> Decree 33.524/2020 (CEARÁ, 2020d) added the following institutions to the list of guests: Brazilian Army, Federal Highway Police, Brazilian Intelligence Agency, Evangelical Community True Worshipers, Conference of Bishops of Brazil Northeast Region, two entities representing social movements, Collegiate of Municipal Social Assistance Managers and two entities representing the working class.

Committee to Combat the Coronavirus Pandemic may be invited by the governor of the State to participate, as observers, in the meetings of the Scientific Committee that advises and guides the adoption of government actions to control the pandemic".<sup>11</sup>

There was, therefore, a political option to share the decision-making process to control the pandemic. This sharing preserved the competence of the governor as the person responsible for the decisions, materialized in decrees, but involved in the process several representative sectors of society that work in a large advisory body, generating demands for technical analysis by the Scientific Committee which, in turn, subsidizes the crisis manager with epidemiological and care information that defines the direction of the necessary measures to achieve the objective of curbing the spread of the disease. pandemic and reduce, as much as possible, the deaths resulting from it.

This decision-making macrostructure has been in place since the issuance, in March 2020, of the decree that created the State Committee. The group that accompanies the governor's meetings with the Scientific Committee was informally called the Covid-19 Confrontation Group (GEC), where mandatory measures are built that impose restrictions, limits on economic activities, and appropriate forms of behavior due to the degree of viral dissemination detected in a given time interval.

The following organizational chart<sup>12</sup> details the advisory, scientific, and decision-making structures created in the state of Ceará for the management of the covid-19 pandemic. The command of the state governor is noted, but also the sharing of decision-making power, in addition to the concern to provide a technical-scientific basis for all decisions.

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<sup>11</sup>The following Institutions send representatives to participate, as observers, in the meetings of the Scientific Committee: Court of Justice of the State of Ceará, Public Prosecutor's Office of the State of Ceará, Federal Public Prosecutor's Office, Municipality of Fortaleza and Attorney General's Office of the State of Ceará.

<sup>12</sup> Organizational chart freely designed by the author of the text to facilitate the visualization of the decision-making structure of the management of the Covid-19 pandemic in Ceará.

Figure 1. Organizational chart of the advisory, scientific and decision-making structure of the GEC



Source: Prepared by the author himself.

The final decision, a product of all this complex decision-making process, is always the political and institutional responsibility of the head of the state executive branch. What the decision-sharing procedure seeks is to reduce divergences and conflicts, increasing the degree of democratic acceptance of the measures imposed as necessary to control the crisis. It is obvious that in the process of choosing the measures considered necessary, several conflicts are generated that need to be identified, understood, managed and overcome.

In order to know if, in fact, if the structure created provides a satisfactory process of management of these conflicts, if it manages to reduce dissent and increase consensus and if, in fact, it acts democratically by sharing decisions without disregarding the manifestations of the actors involved, it is necessary to understand the concrete functioning of its gears, its decisions and the effects produced, always understanding the complex conflict involved in all public policy formulation procedures.

## 5 The functioning of crisis management structures

The main tool for controlling the spread of the covid-19 pandemic is the epidemiological and care monitoring of its causes and consequences. It is a daily activity, implemented by the

national (Ministry of Health), state, district and municipal health authorities (through their respective health departments).

The monitoring activity unfolds into several technical activities, which include, among others, from the epidemiological perspective, analyzing: the number of cases of contagion detected, the form of spatial, age, and socioeconomic distribution of these cases; the resulting deaths, their location and the profile of the deceased persons; in addition to the definition of future scenarios, built from collected data that allow inferring the rates of viral transmission and its epidemiological trend.

From the point of view of care, the monitoring evaluates the amount of demand that reaches the available health units, what forms of filtration exist for the purpose of defining the appropriate treatment, the capacity of the hospital network to meet this demand, the need to expand beds, the definition of the types of beds that are being demanded, the existence and maintenance of stocks of medicines and personal protective equipment, the availability of necessary human resources and, also, all the management that involves the receipt, storage, availability and application of vaccines, with the technical control and provision of physical structure and human resources for the performance of the immunization of the population.

It is the set of all this data, collected in real time and made available in an accessible and transparent way to the population, that defines the extent and quality of pandemic monitoring<sup>13</sup>.

It is this data that allows the elaboration of public policies to confront the pandemic, formalized in short, medium and long-term actions, which can never fail to use as a technical basis the epidemiological and care data collected in accordance with the current technical standards. This is the scientific basis that guides the discussion on the measures that are materialized in instruments of control, of mandatory obedience, when contained in decrees issued by the competent authorities.

The monitoring information is presented by the Scientific Committee at the meetings of the State Committee and the Covid-19 Confrontation Group, following a procedure that involves epidemiological and care data from the municipality of Fortaleza, as well as the viral transmission rates of all health areas in the State.

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<sup>13</sup> The form of collection of this data and the treatment applied with the generation of public policies is detailed in a state action plan, published in: CEARÁ. State Contingency Plan for Response to Public Health Emergencies: Coronavirus Disease 2019 (COVID-19). 6 ed. Fortaleza: Government of the State of Ceará, 2021. Available at: [https://www.saude.ce.gov.br/wp-content/uploads/sites/9/2020/02/plano\\_estadual\\_contingencia\\_resposta\\_emergencias\\_saude\\_publica\\_doenca\\_pel\\_o\\_coronavirus\\_02102021\\_v6.pdf](https://www.saude.ce.gov.br/wp-content/uploads/sites/9/2020/02/plano_estadual_contingencia_resposta_emergencias_saude_publica_doenca_pel_o_coronavirus_02102021_v6.pdf). Accessed on: 20 jan. 2022.

The more detailed monitoring in the municipality of Fortaleza is justified, firstly, because it is the capital of the state and the gateway to the viral variants already identified, and also because it is one of the largest urban agglomerations in the country and one of the cities with the highest population density, which, when it comes to viral transmission, presents a more favorable panorama for a wide spread of the disease.

First, at each meeting, the team of the Municipal Health Department (SMS) presents the epidemiological data of the city of Fortaleza that show information on: 1) the time series of confirmed cases; 2) the moving average of confirmed cases in the last 07 (seven) days; 3) the temporal distribution of deaths from covid-19, since the beginning of the pandemic; 4) the moving average of confirmed deaths in the last 07 (seven) days; 5) the absolute number of cases and deaths, as well as the daily average of cases and deaths per month; 6) the distribution of cases and deaths by sex and age group; 7) the spatial distribution of cases and deaths by regions of the city; 8) the positivity of covid-19 tests detected each week in the city.

Next, the care data from Fortaleza are presented by the SMS, containing: 1) daily medical care, during the weekdays of a week of flu-like syndrome in the basic health units; 2) the daily care of flu-like syndromes in the emergency care units; 3) the total number of daily requests for hospitalizations due to flu-like syndrome in Intensive Care Units (ICUs) and wards; 4) positivity in the test collection units; 5) vaccination data, comprising the total doses applied by categories of the vaccine population, the percentages of vaccines applied in relation to the total population and the population eligible for vaccination and absenteeism of each type of vaccine, as well as vaccination data by age groups.

In continuity, the team composed of data scientists from the Federal University of Ceará and the University of Fortaleza, presents information on the epidemiological evolution of covid-19 for the state of Ceará and its health macro-regions, exposing: 1) the historical curve of new cases according to the date of the first symptoms; 2) the historical curve of new deaths according to the date of death; 3) the historical evolution of cases and deaths in all 05 (five) health macro-regions of the state; 4) the number of new cases and deaths per 100 (one hundred) thousand inhabitants in all macro-regions of the state; 5) the indicators of viral transmission in the various macro-regions.

With the scenario of Fortaleza defined and with the viral transmission data of the entire State, the team of the Health Department of the State of Ceará (Sesa), informs the epidemiological and care data, by health macro-regions, with indicators similar to those used

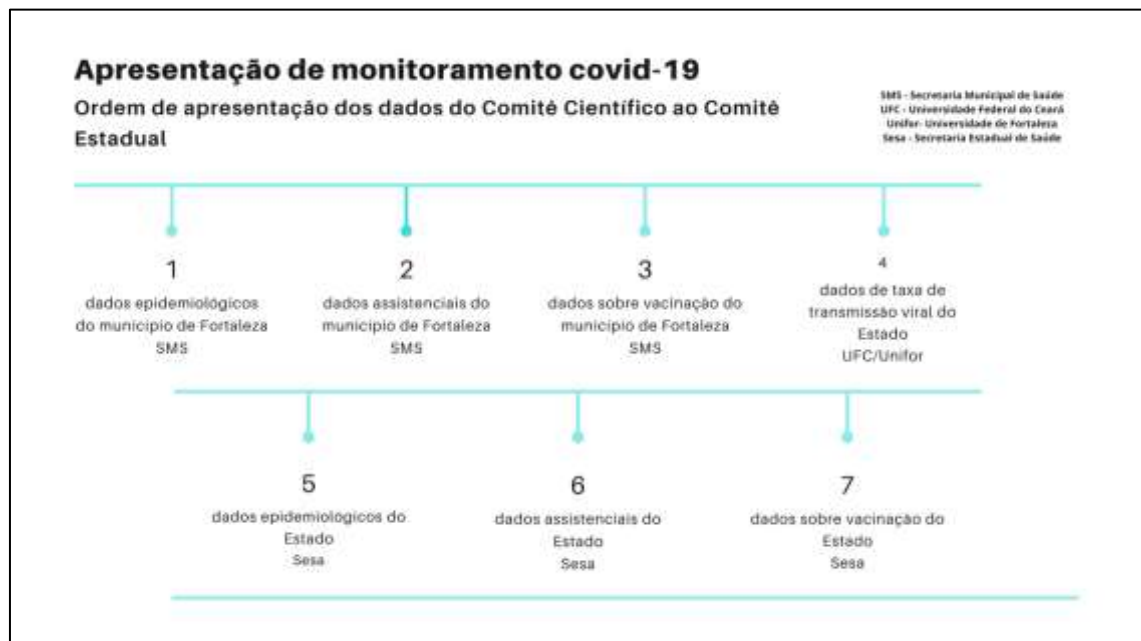
by the municipality of Fortaleza, also exposing the lethality rates of the pandemic, the positivity of detected and tested cases and the vaccination situation in the various municipalities.

After the presentation of all these data, a complete scenario of the situation of the pandemic is closed, with regard to its main aspects of monitoring throughout Ceará, including a closer view of the city of Fortaleza.

When the data are presented at a meeting of the State Committee, after this expository phase, the floor is given to comments by members and guests, who can ask questions and formulate suggestions on measures to be implemented to improve the control of the pandemic.

Thus, when presented at a meeting of the Covid-19 Confrontation Group, the data serve as support for the beginning of a discussion on which measures are the most appropriate to, in the decree to be published, define standards of social behavior that must be obeyed until a new analysis of the data, which can happen in, at most, two weeks. The table<sup>14</sup> below shows the way the data is exposed.

Figure 2. Step by step of holding a meeting of the Covid-19 Confrontation Group



Source: Prepared by the author himself.

The most important is the decision-making process of the GEC which, based on technical data, seeks to build public policies for crisis management through the use of the consensus-

<sup>14</sup> Table freely prepared by the author to illustrate the step-by-step of holding a meeting of the Covid-19 Confrontation Group, highlighting the order of the technical presentations.

building mechanism. This is the great innovation of the entire decision-making process. While the rule in the other states is for the governor to make his political decisions based on the technical recommendations of his scientific committee, in a vertical decision-making system, by adopting consensus building as a procedure, the GEC horizontalizes the decision-making procedure, seeking to generate more democratic decisions, with a higher degree of legitimacy, greater technical and legal substance, and better assimilation and compliance by the community.

## **6 Consensus building as an appropriate procedure for managing complex conflicts generated in the pandemic**

The management of a global health crisis requires the adoption of control measures that generate conflicts of various kinds. Initially, political conflicts, which basically deal with the recognition of the source authorized to establish the necessary regulation, mainly in view of its form (law or lower normative act) and scope (national, regional or local plan). Once the decision-making source and the form of its action are recognized, conflicts are established over the control measures themselves, from the perspective of their adequacy, usefulness and necessity. Subsequently, new conflicts arise over the categorization of those affected, the behavioral restrictions imposed, the occurrences of possible abuses of power, the violation of fundamental rights and, often, questions about the proportionality and reasonableness of decisions<sup>15</sup>.

All these conflicts can be defined as complex, insofar as they transcend individualities, reach different people or groups of people, produce different divergent views on the same factual reality, involve significant dispersion of information and require the adoption of their own strategies to overcome them (Mnookin, 2019).

Inadequate conflict management can result in increased competition and emotional charge, decreased dialogue, consolidation of inflexible postures and, in the end, an exponential increase in differences. In this context, the decisions produced will be imposed only by acts of authority, which decreases their acceptance and generates more and more new conflicts.

However, good conflict management can generate greater awareness of the complexity of the situation faced, cognitive flexibility, real possibilities of changing views, better perception of one's own reality and the position of others, learning, contribution and

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<sup>15</sup> Some conflicts are serious and even generate violence. For a specific view of some conflicts generated by the pandemic situation itself and by the coping measures, see: IPEA, 2020.

encouragement in search of a solution; which tends to induce greater acceptance of decisions, reduce dissent and promote pacification.

The essential difference between inadequate management and good conflict management lies in two fundamental points: 1) understanding the nature of conflicts and 2) adapting conflicts to the most efficient form of management. Without understanding the conflicts, the best instrument for their management is not found; And, even understanding the conflict, one can often opt for the wrong instrument.

As the conflicts involving the management of a pandemic are complex<sup>16</sup>, the appropriate instrument for its management must enable the identification of all the divergence produced – its various actors, its different visions – enabling the participation of all in the decision-making process. The instrument capable of providing this form of management is the construction of consensus<sup>17</sup>, a method developed by Lawrence Susskind<sup>18</sup>, in which the various actors involved with the conflict are called upon to build a consensus on how to resolve it adequately, which does not mean that one seeks to reach the perfect consensus, but rather the possible consensus,

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<sup>16</sup> Complex conflicts are those that induce negotiations with multiple parties. Complexity is defined under the **subjective** aspect – involvement of several parties, transindividuality –; **informational** – a significant amount of perspectives and data –; **social** – involvement of distinct and, sometimes, historically antagonistic groups –; **procedural** – multilateral negotiation techniques, with preservation of the understandings of all those involved and; **strategic** – induce collaboration, good relationships, respectability between the parties. On conflict complexity, see: Entelman, 2002.

<sup>17</sup>Contemporary theories of consensus building, originally called *consensus building*, were born in the United States, at the center of the *Public Disputes Program* at *Harvard Law School*, and, above all, at the *Consensus Building Institute (CBI)* of the *Massachusetts Institute of Technology (MIT)*. The latter, coordinated by specialists in territorial planning, environmentalists and other *experts*, proposes and sells interventions called facilitation and mediation for extremely diverse types of conflicts. It is, at the same time, a technique and a method, but probably also a philosophy (Lautier, 2010).

<sup>18</sup> Lawrence Susskind elaborated this theory and described it in his works *Breaking Robert's rule – The new way to run your meeting build consensus* and *The consensus building handbook: a comprehensive guide to reaching agreement*. Lawrence Susskind is not a jurist or a political scientist, but an expert in urban planning. He began his activities as a consultant in the area of conflict resolution, linked to urban planning, in the early 1980s: the conflict over the expansion of Schiphol airport in the Netherlands and different conflicts linked to cases of river or sea pollution. Then, in the 1990s, the themes diversified: prevention of nuclear accidents, rights of the "Native American", prevention of AIDS, abortion, sexual misconduct of members of the clergy, regulation of the internet, and even labor conflicts (in Levi Strauss), etc. These consulting activities were carried out in a dispersed way, until Lawrence Susskind founded, in 1993, in Cambridge, the *Consensus Building Institute (CBI)*. Although he often refers to Harvard University and MIT, the CBI is legally independent and has a "not-for-profit" status. This Institute "works with leaders, lawyers, experts and communities in promoting negotiations, building consensus and resolving concrete conflicts". It aims to help and advise public agencies, local and national governments, international institutions and NGOs. In its online presentation, the CBI publishes notes entitled *How CBI helps government agencies*, where it writes, for example, "we help facilitate the policymaking process [...] and implement difficult decisions/" we help facilitate the process of making policy [...] and implementing difficult decisions", and "we help design effective public engagement strategies and mediate disputes". The language adopted is, therefore, relatively close to that of a large number of consulting firms, with the detail that the recipients are public bodies: government agencies and, mainly, municipalities (Lautier, 2010).

as long as the parties involved are really informed about all the elements that involve the conflict and sincerely demonstrate a predisposition to overcome it (Sales, 2017).

Choosing the consensus-building method to manage complex conflicts is an initiative that considerably reduces litigation, enabling the production of more democratic and transparent decisions that promote greater social acceptance and, therefore, can generate greater collective commitment to comply with pandemic control measures.

By choosing to submit the management of pandemic conflicts to the consensus-building procedure, the decision-maker also undertakes to comply with the fundamental assumptions that inform this negotiation method, which are: 1) if there are groups or organizations represented, it is necessary to make clear the responsibility, in the decision-making process, for those represented and for all parties involved in the process; 2) the parties should only start the dialogue when all those involved identify themselves, define their mission, set a work agenda and the rules that will guide the process; 3) the groups must collect information about the conflict that is accepted as reliable by the entire group, even if there are different interpretations of it; 4) the solution sought by the group must entail, for everyone in the group, a better situation than if they had not reached a solution; 5) a draft agreement should be prepared so that the representatives of the groups present can take it to their representatives and discuss the solution that will be taken; 6) the groups involved should be concerned not only with the solution, but also with its implementation (Sales; Rabelo, 2009).

In a consensus-building procedure, decisions are not imposed vertically, but constructed horizontally, such as the participation of directly or indirectly interested parties. In general terms, the process of consensus building has the same essential elements as any collective, participatory and deliberative activity, which is to arouse trust and interest, to know how to listen, cooperate, respect and seek creative and innovative solutions to complex conflicts that require, in the decision-making process, a high degree of democratic legitimacy (Almeida; Almeida, 2012).

In the management of the conflicts that arose with the outbreak of the covid-19 pandemic, public health policies need to be built and many arouse substantial disagreements between different people and groups of people, with dissent being the central characteristic of this process where various pressure groups, with divergent and conflicting understandings, try to make the safeguard of their interests prevail that, do not always coincide with the public interest to be preserved in humanitarian crises <sup>19</sup>.

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<sup>20</sup> On the cycle of formation of public policies, understanding its crises and divergences, read: Fonseca (2016).

Vertical decisions, although technically based, the more they interfere with these localized interests, the more they tend to have less acceptance and cause more conflicts. With the use of consensus building, listening to stakeholders, showing the complexity of the problems, the need to adopt difficult decisions, the urgency of cooperation and the indispensable collective effort to overcome the crisis, it is possible to produce more agreements, acceptance and compliance with the measures chosen as indispensable for the common good.

It was from the realization that the decision-making process should be shared, in order to be more efficient, that the creation of consensus-building mechanisms in the management of the crisis in Ceará was invested. The Advisory Committee with broad participation, transparency of data, scientific and thematic committees<sup>20</sup>, the opening of permanent and broad communication, including the possibility of forwarding demands from sectors for consideration by the decision-making group, mark this structure aimed at producing much more decision-making consensus than conflicts, litigation and unproductive dissent.

## **7 Consensus building and its effects on the management of the covid-19 crisis in Ceará**

On March 20, 2020, with a rapid spread of confirmed cases – about 68 (sixty-eight) – of covid-19, the first containment decree (CEARÁ, 2020c) comes into force with the provision for the adoption of social isolation measures consisting of the exceptional stoppage of the operation of activities for an initial period of 10 (ten) days<sup>21</sup> covering commerce, restaurants, bars, churches, schools and universities and several other spaces that crowded the public to try to reduce the contagion of the virus. Sanitary barriers were installed on the borders of Ceará with other states.

From this initial measure, of an emergency nature, the structuring mechanisms for managing the covid-19 crisis began to act, according to the system already described. The first material measure adopted, in view of the lack of knowledge of the virus's ability to spread and lethality, was precisely to reduce social interaction, creating rules of social isolation with the

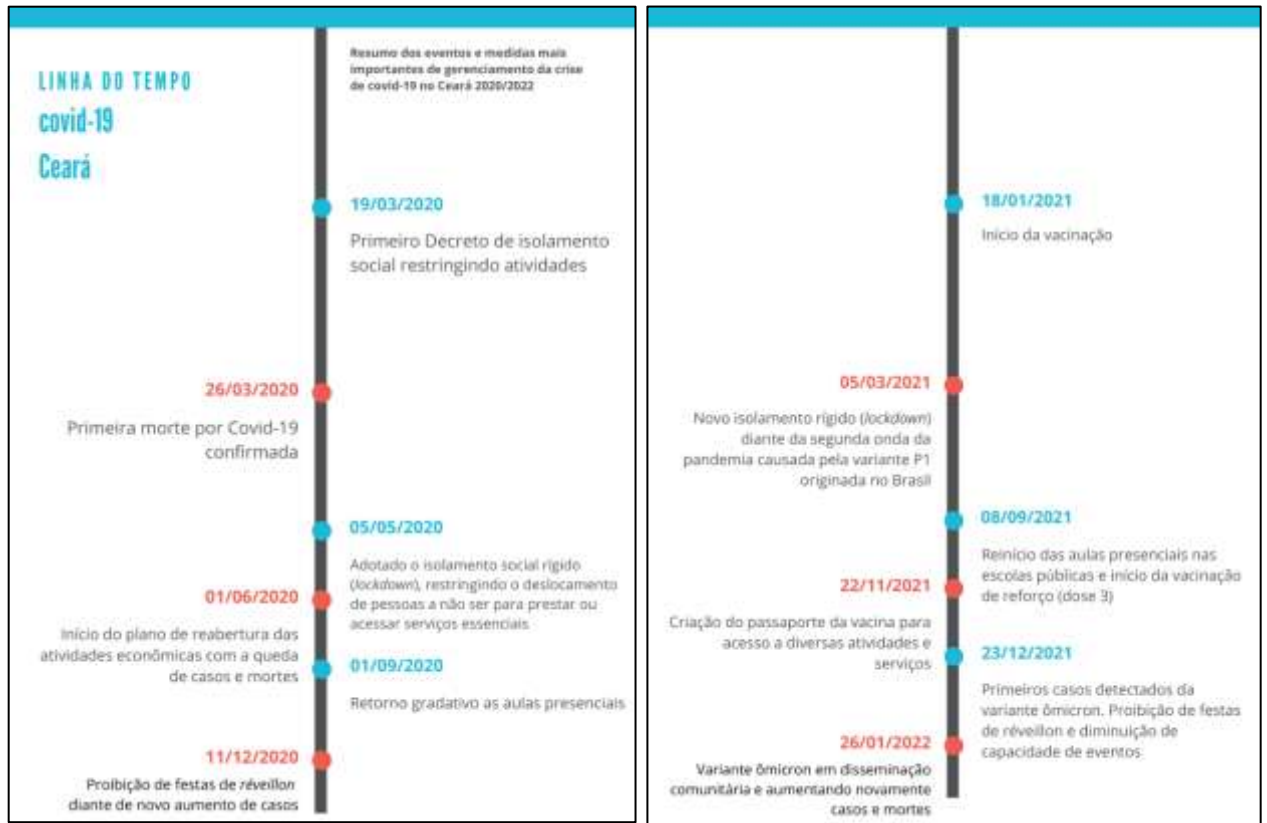
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<sup>20</sup> Sectoral groups were created for permanent dialogue with the scientific committee and the decision-making group (GEC). Three subcommittees dealt with: 1) the resumption of economic activities after the lockdown; 2) educational activities and 3) event activities; the last two are still active.

<sup>21</sup> Decree No. 33,510, of March 16, 2020, had already decreed a health emergency situation at the state level, providing for a series of measures to confront and contain the human infection caused by the new coronavirus.

determination of suspension of economic activities and remote provision of non-essential public services<sup>22</sup>.

Figure 3. Covid timeline-19



Source: Prepared by the author himself

The timeline of the covid-19 pandemic in Ceará shows that the measures that caused the greatest conflict were those that materialized in social isolation rules, especially those of strict isolation (*lockdown*), those that limited access to economic activities when these activities gradually resumed, those that restricted the movement of people (curfew, sanitary barriers for the flow of people and vehicles between municipalities, etc.), and those aimed at containing agglomerations (festive, social and religious events).

The greatest restrictions were decided at the peaks of contamination and deaths of the first two waves (May 2020 and March 2021). In the second wave, in 2021, even a crisis in the availability of medical oxygen was experienced by the population.

In all these major events, the management system remained the same: open dialogue with the various sectors affected in thematic committees, publication of monitoring data on digital

<sup>22</sup> On the adoption of more restrictive measures of freedoms in the face of the covid-19 pandemic, see: (AQUINO et al., 2020).

platforms, exposure of this data to the State Committee to Combat Covid-19, receipt of requests from various economic sectors, sharing of the decisions of the Covid Confrontation Group where the Technical Committee and other members built, by possible consensus, the content of each decree with the public policies for each phase.

However, no decision of the GEC was made by majority decision. They have always been informed by the search for the construction of the possible consensus in exhaustive meetings, guaranteeing a voice to all, members and observers. After the decisions, direct communication about their content is immediately made to society through the various channels of dissemination of information.

This horizontal and open decision-making procedure, typical of the consensus-building method, eliminated tensions within the decision-making group, allowed society to understand the complexity of the issues dealt with and facilitated the assimilation of the rules and, consequently, increased the degree of commitment of people and the efficiency of the measures.

In a study published in the journal *Science*<sup>23</sup>, where the efficiency of the responses produced by the various governments until the beginning of the second wave of the pandemic in Brazil was analyzed, the measures adopted in the state of Ceará showed, on average, better results, despite the high rate of attack suffered, which led to many cases and deaths. Here are the findings:

On average, it took 17.3 and 32.3 days to reach 50 cases and deaths, respectively. However, in four states, deaths accumulated to a count of 50 first, and in Amazonas, Ceará, and Rio de Janeiro, the difference between the time it took for cases and deaths to reach the count of 50 was 6, 1, and 3 days, respectively.

Although retrospective investigation efforts have not been scaled up in the country, a comparison of standardized rates of cases and deaths per 100,000 people shows that in 11 states, including Amazonas, Ceará, and Rio de Janeiro, the number of deaths was higher than the incidence.

Overall, the spread of Covid-19 in Brazil was rapid. At week 24 (June 7-13, 2020) and 32 (August 2-8, 2020), all states had HI <50 for cases and deaths, respectively. In nine states, including Amazonas, Amapá, Ceará, and Rio de Janeiro, the spread of deaths was faster than that of cases over several weeks. On the other hand, although Ceará also experienced a near collapse of the hospital system in late April to mid-May 2020 and had silent circulation of the virus > 1 month before the first case was officially reported, it ranked sixth in case movement (HI = 31.3), but was third-to-last in deaths (HI = 64.5). This suggests that, even with the continuous spread of the virus, local actions were successful in preventing fatality. Our findings speak to these issues, but also show that some states, such as Ceará, were resilient, while others that had comparatively more resources, such as Rio de Janeiro, were unable to contain the spread of Covid-19. (Castro et al., 2021).

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<sup>23</sup>Spatio temporal Pattern of COVI-19 in Brazil. The spread of COVID-19 in Brazil has exposed governance. Accessible in: <https://www.science.org/doi/full/10.1126/science.abh1558>

Evidently, the evaluation of the efficiency of the health crisis management measures adopted so far is not consensual. Several groups differ on the success of many of them, especially the most restrictive ones, considered by many to be totally disproportionate in terms of benefits compared to the concrete limitation of fundamental rights, especially individual freedoms.

However, an objective fact is worthy of record. The adopted system of horizontal construction of decisions on restrictive measures significantly reduced litigation. In the more than two years of crisis, no decision contained in the published decrees has been subject to judicial annulment. The judicial questions against the measures were minimal and none were accepted. This cooling of litigation demonstrates the effectiveness of using the consensus-building method as an appropriate procedure for managing conflicts arising from the covid-19 health crisis in Ceará.

Transparency in the exposure of health care and epidemiological monitoring data, direct and permanent dialogue with the various sectors affected by restrictive measures, scientific guidance guiding the decision-making process, and the search to overcome divergences, with a focus on building possible consensus, are elements directly responsible for efficient crisis management, despite the high rate of contagion and verified deaths. In addition, reducing litigation means creating an environment of cooperation capable of producing more positive results for the benefit of all.

## **8 Conclusion**

Facing a pandemic requires the management of complex conflicts that, by their very nature, have the potential to give rise to dissent with a high destructive load in the cyclical process of forming the public health policies necessary to face a serious health crisis.

The choice to open the decision-making process for managing the covid-19 crisis in Ceará, with the adoption of the consensus-building method, provided the construction of a more cooperative environment, capable of understanding the need for the restrictive measures adopted, which was decisive for the greater degree of acceptance and compliance with the restrictions.

Reported experience shows that in cases where complex multi-party conflicts must be faced, the management method that produces the best results in terms of decision-making legitimacy, transparency and problem-solving efficiency is the construction of consensus.

Despite the failure to overcome all divergences, the convergences built may be enough to, in a serious health crisis, save many lives and create hope that, beyond our dissent of any kind, humanitarian cooperation around a noble common goal is not impossible.

Data collected from evaluations on the management of the pandemic in Brazil show that the state of Ceará achieved a satisfactory performance in the management of the pandemic, reducing contagions and deaths. The description of the modeling and management of the crisis based on the horizontal decision-making method of consensus building shows a significant advance in the formulation of public policies and that may even have its use disseminated in public administration to the most diverse areas of its activity.

Thus, the broad participation of vital sectors of society, active listening to their representatives, technical basis for political decisions and collective decision-making sharing increase the acceptance and fulfillment of sensitive choices, even if they limit freedom, for the benefit of a shared social gain. The consensus-building procedure reduces litigation, increases peace, and maintains the focus on jointly confronting problems, overcoming individual, political, corporate, and sectoral economic positions, creating a possible convergence and cooperative action.

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