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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.<sup>1</sup> 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.<sup>2</sup>

We were dismayed by a recent Correspondence<sup>3</sup> 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 mortality<sup>4</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup> 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*<sup>7</sup> and *O Globo*.<sup>8</sup> 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.

We declare no competing interests.

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