

Two right-leaning leaders in the COVID-19 pandemic: a retrospective assessment of Brazil and Australia

Dois líderes de direita na pandemia de COVID-19: uma avaliação retrospectiva de Brasil e Austrália

Hesley Machado Silva^{1,2} , Thomas Aechtner³ 

¹ Universidade Federal de Minas Gerais, Ibirité, Minas Gerais, Brasil

² Centro Universitário de Formiga, Formiga, Minas Gerais, Brasil

³ University of Queensland, Brisbane, Queensland, Australia

ABSTRACT

At the outset of the COVID-19 pandemic, Australia and Brazil were led by right-of-center leaders who have each been compared to Donald Trump. Nevertheless, despite their right-leaning political parallels, the pandemic responses of Australia's Scott Morrison and Brazil's Jair Bolsonaro were drastically different. Bolsonaro adopted a strategy characterized by denialism, the promotion of misinformation, and the politicization of healthcare, resulting in some of the world's worst COVID-19 outcomes. Meanwhile, Morrison largely pursued science-backed measures, including early border closures, rigorous quarantine protocols, supporting contact tracing capabilities, and implementing widespread PCR-based testing, which led to relatively low infection and death. This retrospective analysis highlights the significant impact of each right-leaning leaders' choices in navigating public health crises. This reveals that despite prevalent trends, right-of-centre politics can coincide with science-backed public health policy. It also underscores that even moderate adherence to science and responsible health policies can protect lives, regardless of political affiliation.

Keywords: COVID-19; Pandemic Response Plan; Leadership and Governance Capacity; Political Factors; Evidence-Informed Policy; Necropolitics.

RESUMO

No início da pandemia de COVID-19, Austrália e Brasil eram governados por líderes de direita comparados a Donald Trump. Apesar de convergências políticas, as respostas adotadas por Scott Morrison e Jair Bolsonaro foram marcadamente distintas. Bolsonaro implementou uma estratégia pautada no negacionismo, na disseminação de desinformação e na politização da saúde, resultando em alguns dos piores desfechos da pandemia no mundo. Morrison, por sua vez, adotou medidas amplamente fundamentadas em evidências científicas, como o fechamento precoce de fronteiras, protocolos rigorosos de quarentena, fortalecimento da capacidade de rastreamento de contatos e ampla testagem baseada em PCR, o que contribuiu para manter taxas relativamente baixas de infecção e mortalidade. A análise retrospectiva evidencia o impacto significativo das escolhas desses líderes na gestão dessa crise sanitária, demonstrando que políticas públicas de saúde baseadas em ciência podem coexistir com governos de direita e que, mesmo uma adesão moderada a evidências e práticas responsáveis, pode salvar vidas independentemente da orientação política.

Palavras-chave: COVID-19; Plano de Resposta a Pandemias; Capacidade de Liderança e Governança; Fatores Políticos; Política Informada por Evidências; Necropolítica.

INTRODUCTION

At the outset of the COVID-19 pandemic, Australia and Brazil were led by comparatively right-of-centre politicians. In Australia, Scott Morrison headed the Liberal Party and right-leaning Coalition as prime minister, while the president of Brazil, Jair Bolsonaro, captained the

Social Liberal Party. However, while Morrison can be characterized as a centre-right conservative, Bolsonaro is more accurately described as representing the far right. His rhetoric, anti-democratic behavior, and institutional attacks – particularly during the final years of his presidency – exemplify authoritarian populism^{1,2,3}.

Correspondence / Correspondência:

Hesley Machado Silva

Rua Flor de Liz, 117. Bairro: Jardim das Flores. CEP: 32410-124 – Ibirité, Minas Gerais, Brazil

E-mail: hesley@unifomg.edu.br



Bolsonaro's repeated threats to the democratic order, his endorsement of military dictatorship nostalgia, and his incitement of the January 8th, 2023, riots in Brasília, which echoed the Capitol insurrection in the United States, are widely interpreted as evidence of an attempted coup or, at a minimum, as anti-democratic sabotage. Scholars have noted that these actions distinguish Bolsonaro from traditional conservative leaders, positioning his government within the contemporary wave of far-right global authoritarianism^{1,2,3}.

Notably, both leaders of these very different countries have been compared to Donald Trump, the then-president of the United States. For instance, associations have been made between Bolsonaro and Trump's anti-establishment positioning, cultural and religiously conservative values, populist rhetoric, science-scepticism, and active use of social media^{4,5}. In Australia, the politically and religiously conservative Morrison was denounced for supporting "Trumpism", while also being likened to the USA's president; described as Trump's "mini-me"⁶. He has likewise been accused of populism, climate change denial, and right-wing opposition to climate action⁷.

Despite such parallel appraisals and the ostensive ideological commonalities between Bolsonaro and Morrison, the pandemic responses of Brazil and Australia took drastically different courses. This brief article, authored by researchers from Brazil and Australia, examines the COVID-19 strategies adopted by these right-of-centre leaders and retrospectively assesses the consequences of their actions.

RIGHT-WING LEADERSHIP AND DIVERGENT RESPONSES TO COVID-19

The Brazilian government's response to COVID-19 was characterized by a series of decisions that prioritized the denial of good practices in tackling the pandemic⁸. This denial included a refusal to adopt basic preventative health measures, such as mask-wearing and encouraging social distancing. Bolsonaro also made headlines when he personally refused to get vaccinated against SARS-CoV-2⁹. The Social Liberal Party's enthusiastic distribution of misinformation would go on to impact the health behaviours of the country's citizenry¹⁰. Such misinformation included propagating myths about masks being ineffective or even dangerous, while Bolsonaro promoted the view that pursuing herd immunity should be a key strategy when facing COVID-19. This controversial tactic, of course, was met with criticism from many public health experts around the globe, as it ignored the potential impact these decisions would have upon millions of lives¹¹. These strategies have made particular use of social media and scientific fake news to confuse the population about pandemic precautions, using a mixture of partially true and unfounded information¹².

The Brazilian government promoted the use of ineffective, unproven, and potentially harmful remedies for COVID-19, including hydroxychloroquine, ivermectin,

and nitazoxanide^{4,13,14,15}. Troublingly, a vocal segment of Brazil's medical community further advocated for these unproven regimens, likely due to political alignment with Bolsonaro and the concurrent acceptance of misinformation distributed on social media^{16,17}. This phenomenon may have contributed to higher mortality among critically ill COVID-19 patients, particularly those who were intubated, as some studies have suggested a plausible link between widespread, medically endorsed misuse of ineffective drugs and poor clinical outcomes in Brazil¹⁸. Consequently, a sizable portion of the country's medical community aligned itself alongside the Social Liberal Party, providing Bolsonaro with credibility gained from the Brazilian Federal Council of Medicine's support¹⁹. This council defended the purported medical 'freedom' and 'autonomy' of Brazil's citizens, refusing what were deemed to be severe pandemic measures, such as requiring social distancing and mandating vaccinations. By contrast, the council championed the "Physicians for Life" movement, which promoted the use of a "Covid kit" that contained drugs allegedly useful for treating COVID-19, but which lacked scientific proof of efficacy^{20,21,22}.

Altogether, the Bolsonaro government's response was centred around denialism, misinformation, with a lack of regard for both the severity of COVID-19 and its victims, as well as a radical politicization of healthcare^{12,21}. This went so far as tactically removing health ministers who countered the Social Liberal Party's COVID-19 response. For example, physicians who adhered to the World Health Organization's evidence-based pandemic advice were replaced with pundits who confirmed Bolsonaro's views on combating SARS-CoV-2²³. The results were unambiguously disastrous. While the country maintained the world's sixth largest population, in April 2021 it catastrophically reached a high of 3,016 daily deaths, and by mid-July 2021 it ranked second globally for the cumulative number of COVID-19 deaths²⁴. In mid-2023, Brazil alone accounted for 10% of the world's total COVID-19 fatalities²⁵. Even greater losses, however, would likely have occurred without the intervention of Brazil's judicial system²⁶. The Brazilian Federal Supreme Court protected the legality of such measures as COVID-19 isolation, social distancing, the use of masks, as well as the closure of schools and commercial establishments^{27,28}. This allowed local municipalities and states to implement their policies, in contradiction to federal demands. Ultimately, Brazilian districts that were ideologically aligned with the Bolsonaro government suffered from greater COVID-19 cases and deaths than did those that enacted judicially backed, scientifically supported protective measures²⁹.

These divergent responses must also be interpreted in light of the differing systems of governance in Brazil and Australia. Brazil operates under a presidentialist regime, with a strong federal structure composed of 26 states and over 5,000 municipalities, each with constitutionally guaranteed autonomy in areas such as health and education. This decentralized model was critical during the pandemic, as it allowed subnational entities – states and municipalities – to

implement evidence-based public health policies even in direct opposition to the federal government's denialist stance. Indeed, Brazil's Federal Supreme Court reaffirmed this constitutional autonomy in several rulings during the pandemic, which permitted local leaders to enforce mask mandates, lockdowns, and vaccination campaigns despite presidential resistance^{27,30}.

In contrast, Australia's parliamentary system concentrates greater executive power in the prime minister, but also enables strong coordination through mechanisms such as the National Cabinet, formed in response to the COVID-19 crisis. Although public health is primarily a state responsibility under Australian federalism, the central government played a coordinating role, and political alignment between federal and state authorities facilitated more cohesive action in many instances^{31,32}. These institutional differences help explain why, even with ideologically similar leaders, Brazil and Australia produced vastly different outcomes in pandemic management.

On the other side of the Southern Hemisphere, Australia's federal and state governments confronted the pandemic in divergent ways from their Brazilian counterparts. Though Jair Bolsonaro and Scott Morrison led right-of-centre parties, and both leaders have been compared to Donald Trump, Morrison's administration achieved dramatically different results. It is, of course, problematic to directly compare these leaders and the countries that they governed. Though Australia and Brazil spend similar proportions of their gross domestic product (GDP) on healthcare, they exhibit significant cultural, economic, historical, and sociopolitical disparities³³. Nevertheless, juxtaposing the pandemic outcomes associated with these two right-of-centre leaders is telling about how politicians, who may share some analogous right-leaning political ideologies, can make fundamentally different choices.

In contrast with Brazil, Australia experienced some of the lowest COVID-19 infection and death rates of any country in the world³⁴. Extraordinarily, in 2020, Australia became one of the few nations able to eliminate community-acquired COVID-19 cases, and it remained effectively COVID-free until mid-2021³¹. This achievement is even more remarkable when considering that Australia did not have its own national Centre for Disease Control and Prevention³⁵. Undoubtedly, these successes are partly owed to the fact that Australia is an island nation, which made border closures particularly efficacious³⁴. Yet crucial government choices also played a sizable role, including Morrison's decision to close borders relatively early, and to enforce strict 14-day quarantine protocols for those arriving in Australia³³. The prime minister established and chaired a National Cabinet, composed of ministers and state leaders from across party lines, which pursued a maximum COVID-19 suppression strategy that was further adopted by state and territory leaders³⁶. Actions taken by this council included expanding border control measures, implementing a mass PCR-based testing program, and bolstering contact tracing capabilities within the nation's health units.

Regulatory measures such as lockdowns, travel restrictions, internal state border closures, as well as social distancing and mask-wearing practices were introduced across the country by state premiers, which were supported by substantial judicial penalties for non-compliance. The federal government also provided a series of economic assistance packages for those unemployed because of COVID-19 measures, along with a wage subsidy program to assist struggling businesses. The result was an aggressive, nationwide containment strategy enacted by both Morrison's federal government and Australia's state premiers^{37,38}.

This is not to say that the government was without its shortcomings. As with Bolsonaro, several vocal members of Morrison's right-of-centre Coalition deliberately spread COVID-19 and vaccine-related misinformation³⁹. The prime minister was also blamed for being too slow to close borders and initiate lockdowns, likely because of a desire to protect businesses over containment⁴⁰. Morrison was further disparaged for politicising state COVID-19 vaccination mandates, which forbade unvaccinated citizens from entering retail and hospitality venues⁴¹. Moreover, the government was criticised for inconsistent communications, inadequately protecting aged-care communities, and enacting potentially discriminatory travel restrictions³⁵. It has also been identified that it was state leaders, not Morrison's government, who legislated vital public health measures that saved so many Australian lives³². Perhaps most significantly, however, Morrison's government was attacked for failing to procure sufficient quantities of COVID-19 vaccines, being evasive about how many doses it had available for state health service providers, as well as the Coalition's sluggish vaccine rollout⁴². Nonetheless, what is noteworthy about these latter criticisms is that they are unrelated to any government opposition to COVID-19 mandates or vaccines. Even so, the relatively successful Australian response should not obscure the fact that Morrison's government exhibited significant ideological contradictions. While supporting public health science in the context of COVID-19, his broader political platform has been associated with regressive social policies, hostility toward environmental regulation, and a pattern of undermining scientific institutions, particularly in climate-related areas. Critics have argued that his political pragmatism during the pandemic was reactive rather than visionary, and that the success of Australia's response owed more to state-level leadership, public compliance, and geographic isolation than to consistent federal guidance. As such, Morrison's administration reflects a case in which political necessity temporarily overrode ideological rigidity, rather than a model of consistent science-aligned governance^{43,44}. In fact, unlike Bolsonaro, Morrison was happy to be vaccinated, and he encouraged Australians to follow his lead⁴⁵.

Despite having propensities toward climate change denial, Morrison never peddled in COVID-19 counter-vaccine rhetoric. Indeed, in 2015, before he became prime minister, Morrison helped introduce Australia's 'No Jab No Pay' policy. This remains

amongst the world's strictest and most punitive child vaccination requirements, making Australia the only country to remove government financial entitlements for unvaccinated families^{46,47,48}. Morrison remained an avid supporter of vaccination during the pandemic, warning the public to ignore members of his own Coalition who were spreading vaccine misinformation³⁹. Therefore, even with his many failings, the result was quite a different picture of a right-leaning leader from that painted by Bolsonaro's COVID-19 actions.

LESSONS FROM THE PANDEMIC

In comparing Australia and Brazil, it is important to note that religious and sociopolitical conservatism have been correlated with both vaccine hesitancy and lower levels of trust in science^{49,50,51}. Correspondingly, political conservatism and adherence to right-leaning political ideologies have been associated with reduced trust in scientists, conspiracist ideation, greater levels of vaccine uncertainty, and lower intentions to get vaccinated against COVID-19^{52,53,54,55}. Jair Bolsonaro appears to be a political exemplar of these inclinations. Unfortunately, Brazil bore witness to the calamities that result when a government is steered by such right-leaning science scepticism and denial.

Australia, on the other hand, demonstrated another possibility. It too had a right-leaning leader throughout the pandemic, who exhibited socioreligious conservatism and pro-Trump qualities. Like other right-of-centre leaders, Morrison conveyed suspicion about climate action and "weaponised climate change" for political gain⁵⁶. Members of his own political party actively distributed COVID-19 and vaccine misinformation. Yet despite these indicators and its failings, Morrison's government still played a part in the country's world-leading pandemic response. The prime minister advocated for vaccines and lifesaving COVID-19 regulations, while state premiers enacted public health measures that resulted in comparably few deaths. The Australian case, therefore, displays that despite prevalent trends, right-of-centre politics can coincide with

science-backed public health policy. In retrospect, at the very least, Australia's COVID-19 response is emblematic of how even moderate adherence to science and responsible health policies can protect lives, regardless of political affiliation. When compared with the pandemic outcomes of Bolsonaro's regime, it also serves as a reminder that the denial of science and the politicization of healthcare can have devastating consequences.

In the case of Brazil, it is also essential to emphasize the decisive role played by the country's decentralized public health infrastructure in mitigating federal government neglect. The Sistema Único de Saúde (SUS), Brazil's universal public health system, provided a foundational institutional framework that enabled vaccination campaigns, epidemiological surveillance, and emergency care delivery – even in the absence of strong federal coordination. State and municipal health departments, empowered by the country's federal constitution and judicial protections, were instrumental in implementing mask mandates, social distancing, and lockdown policies in defiance of presidential resistance. This networked governance structure allowed for localized responses that adhered to scientific recommendations, especially in states and cities governed by science-supportive coalitions. In many instances, it was the resilience and organizational capacity of SUS professionals, along with subnational leadership, that prevented even greater losses during the peak of the pandemic. These aspects illustrate how institutional robustness and public service ethos can act as vital counterweights to authoritarian populism and anti-science governance^{57,58,59,60}.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

AUTHORS' CONTRIBUTION

HMS and TA were involved in all stages of the article's development.



REFERENCES

- Williams B. Leadership in the lands down under? A comparative print media analysis of the Morrison and Ardern government COVID-19 responses. In: McClain LC, Ahmed A, editors. *The routledge companion to gender and COVID-19*. Abingdon: Routledge; 2024. Chapter 33; p. 397-411.
- Guimarães FS, Silva IDO. Far-right populism and foreign policy identity: Jair Bolsonaro's ultra-conservatism and the new politics of alignment. *Int Aff*. 2021 Mar;97(2):345-63.
- Perkovich J. Historicizing the failed coup attempt in Brazil. *Undergrad Hist J Illinois*. 2023;3(1):5-22.
- Silva HM. The (in)competence of the Bolsonaro government in confronting coronavirus disease 2019 (COVID-19). *Infect Control Hosp Epidemiol*. 2021 Dec;43(12):1995.
- Viana N. 15 Trump tactics that Bolsonaro adopted before and after the elections to attack democracy [Internet]. São Paulo: Pública; 2022 Dec 16 [cited 2024 Jan 28]. Available from: <https://apublica.org/2022/12/15-trump-tactics-that-bolsonaro-adopted-before-and-after-the-elections-to-attack-democracy/>.
- Correia LCL, Sette C, Santos M, Magliano CAS, Toscas FS. Brazil's COVID-19 guidelines: political hijack of public health. *Lancet*. 2022 Mar-Apr;399(10331):1223.

- 7 Murphy K. Scott Morrison brings coal to question time: what fresh idiocy is this? [Internet]. Guardian. 2017 Feb 9 [cited 2024 Jan 28]. Available from: <https://www.theguardian.com/australia-news/2017/feb/09/scott-morrison-brings-coal-to-question-time-what-fresh-idiocy-is-this>.
- 8 Ricard J, Medeiros J. Using misinformation as a political weapon: COVID-19 and Bolsonaro in Brazil. *Harv Kennedy Sch Misinformation Rev*. 2020 Apr;1(2):1-8.
- 9 von Bülow M, Abers RN. Denialism and populism: two sides of a coin in Jair Bolsonaro's Brazil. *Gov Oppos*. 2024;59(4):998-1016.
- 10 Viscardi JM. Fake news, verdade e mentira sob a ótica de Jair Bolsonaro no Twitter. *Trab Linguist Apl*. 2020 mai-ago;59(2):1134-57.
- 11 Malta M, Vettore MV, Silva CMFP, Silva AB, Strathdee SA. Political neglect of COVID-19 and the public health consequences in Brazil: the high costs of science denial. *EClinicalMedicine*. 2021 May;35:100878.
- 12 Silva HM. The Brazilian scientific denialism through The American Journal of Medicine. *Am J Med*. 2021 Apr;134(4):415-6.
- 13 Silva HM. Medicines and illusions in the fight against COVID-19 in Brazil. *Ethics Med Public Health*. 2021 Mar; 16:100622.
- 14 Silva HM. Vermífugos contra o SARS-CoV-2: sociedade brasileira em risco. *Rev Port Ciênc Saúde*. 2021 jan-jul;2(1):24-36.
- 15 Silva HM. Early corticoids against COVID-19: one more risk for Brazilians' health. *Rev Getec*. 2023 Aug-Dec;13:49-56.
- 16 Ferrari IW, Grisotti M, Amorim LC, Rodrigues LZ, Ribas MT, Silva CU. "Early treatment", anti-vaccination, and denialism: who are the doctors for life in the COVID-19 pandemic context in Brazil? *Ciênc Saúde Coletiva*. 2022 Nov;27(11):4213-22.
- 17 Silva HM. Antibiotics against viruses: Brazilian doctors adrift. *Infect Control Hosp Epidemiol*. 2021 Sep;43(12):1992-3.
- 18 Silva HM A plausible hypothesis for the higher COVID-19 mortality in Brazil. *Afr Health Sci*. 2023 Dec;23(4):48-50.
- 19 Araújo ÂAS, Silva JRS. Hydroxychloroquine and COVID-19, CFM opinion: principiologia, contradictions and complexity. *Res Soc Dev*. 2021;10(5):e28610515005.
- 20 Silva H. Tratamento profilático contra a COVID-19 no Brasil, um risco inútil. *Rev Saúde.com*. 2022;18(1):2490-2.
- 21 Furlan L, Caramelli B. The regrettable story of the "Covid kit" and the "early treatment of COVID-19" in Brazil. *Lancet Reg Health Am*. 2021 Dec;4:100089.
- 22 Santos-Pinto CDB, Miranda ES, Osorio-de-Castro CGS. O "kit-covid" e o Programa Farmácia Popular do Brasil. *Cad Saúde Pública*. 2021 fev;37(2):e00348020.
- 23 Barberia LG, Gómez EJ. Political and institutional perils of Brazil's COVID-19 crisis. *Lancet*. 2020 Aug;396(10248):367-8.
- 24 Knaul FM, Touchton M, Arreola-Ornelas H, Atun R, Anyosa RJCC, Frenk J, et al. Punt politics as failure of health system stewardship: evidence from the COVID-19 pandemic response in Brazil and Mexico. *Lancet Reg Health Am*. 2021 Dec;4:100086.
- 25 Marconi C, Miranda RSN, Santos IA. As paisagens de morte e a COVID-19 nas Américas: as respostas normativas da Comissão Interamericana de Direitos Humanos em torno da vulnerabilidade-morte. *Lua Nov*. 2023 jan-abr;118:167-94.
- 26 Sarlet IW, Barbosa JF. O combate à COVID-19 e o papel do Supremo Tribunal Federal: entre direito à saúde e conflitos federativos. *Suprema*. 2022 jan-jun;2(1):87-117.
- 27 Carvalho ALB, Rocha E, Sampaio RF, Ouverney ALM. Os governos estaduais no enfrentamento da COVID-19: um novo protagonismo no federalismo brasileiro? *Saúde Debate*. 2022 mar;46(n. esp): 62-77.
- 28 Ouverney ALM, Fernandes FMB. Legislativo e Executivo na pandemia de COVID-19: a emergência de uma conjuntura crítica federativa? *Saúde Debate*. 2022 mar;46(n. esp):33-47.
- 29 Castilho M, Pero V, Razafindrakoto M, Roubaud F, Saboia J. Negacionismo e o papel dos fatores políticos para a mortalidade por COVID-19 no Brasil. *Nova Econ*. 2023 jan-mar;33(1):65-93.
- 30 Abrucio FL, Grin EJ, Franzese C, Segatto CI, Couto CG. Combate à COVID-19 sob o federalismo bolsonarista: um caso de descoordenação intergovernamental. *Rev Adm Pública*. 2020 jul-ago;54(4):663-77.
- 31 Stobart A, Duckett S. Australia's response to COVID-19. *Health Econ Policy Law*. 2022 Jan;17(1):95-106.
- 32 Duckett S. Public health management of the COVID-19 pandemic in Australia: the role of the Morrison government. *Int J Environ Res Public Health*. 2022 Aug;19(16):10400.
- 33 Holley A, Coatsworth N, Lipman J. The Australian response to the COVID-19 pandemic: a co-ordinated and effective strategy. *Anaesth Crit Care Pain Med*. 2021 Apr;40(2):100859.

- 34 Child J, Dillon R, Erasmus E, Johnson J. Collaboration in crisis: reflecting on Australia's COVID-19 response [Internet]. Nova York: McKinsey org; 2020 Dec [cited 2024 Jun 26]. Available from: https://www.mckinsey.com/industries/public-sector/our-insights/collaboration-in-crisis-reflecting-on-australias-covid-19-response#/.
- 35 Basseal JM, Bennett CM, Collignon P, Currie BJ, Durrheim DN, Leask J, et al. Key lessons from the COVID-19 public health response in Australia. *Lancet Reg Health West Pac*. 2023 Jan;30:100616.
- 36 Commonwealth of Australia. Department of the Prime Minister and Cabinet. National Cabinet. Council of Australian Governments archive [Internet]. 2020 [cited 2024 May 5]. Available from: <https://federation.gov.au/national-cabinet>.
- 37 Holley A, Coatsworth N, Lipman J. The Australian response to the COVID-19 pandemic: a co-ordinated and effective strategy. *Anaesth Crit Care Pain Med*. 2021 Apr;40(2):100859.
- 38 Moloney K, Moloney S. Australian quarantine policy: from centralization to coordination with mid-pandemic COVID-19 shifts. *Public Adm Rev*. 2020 May;80(4):671-82.
- 39 Kearsley J, Vidler A, Rose T. 'Don't listen to him': Christensen quits \$23,000 committee gig amid backlash over anti-vax comments [Internet]. 9News. 2022 Jan [cited 2024 Jun 6]. Available from: <https://www.9news.com.au/national/coronavirus-australia-news-health-minister-greg-hunt-urges-parents-to-get-their-children-vaccinated/33cfe497-51ad-42dc-981b-1e0e188a6e1f>.
- 40 Clay-Williams R, Rapport F, Braithwaite J. The Australian health system response to COVID-19 from a resilient health care perspective: what have we learned? *Public Health Res Pract*. 2020 Dec;30(4):3042025.
- 41 Brown A. PM attacks state-imposed vaccine mandates [Internet]. Canberra Times. 2021 Nov [cited 2024 Apr 10]. Available from: <https://www.canberratimes.com.au/story/7515316/pm-attacks-state-imposed-vaccine-mandates/>.
- 42 Tomazin F, Lucas C. How did Australia's vaccine rollout turn into a 'train wreck'? [Internet]. Sydney Morning Herald. 2021 Jul [cited 2024 Jan 7]. Available from: <https://www.smh.com.au/national/how-did-australia-s-vaccine-rollout-turn-into-a-train-wreck-20210729-p58dzu.html>.
- 43 Daley J. Gridlock: removing barriers to policy reform [Internet]. Australia: Grattan Institute; 2021 Jul [cited 2024 May 15]. Available from: <https://grattan.edu.au/report/gridlock/>.
- 44 Dela Rama MJ, Lester ME, Staples W. The challenges of political corruption in Australia, the proposed Commonwealth Integrity Commission Bill (2020) and the application of the APUNCAC. *Laws*. 2022;11(1):7.
- 45 Clun R, Dye J. COVID-19 vaccines begin as Prime Minister receives Pfizer immunization [Internet]. Sydney Morning Herald. 2021 Feb [cited 2024 Jan 10]. Available from: <https://www.smh.com.au/politics/federal/covid-19-vaccines-begin-as-prime-minister-receives-pfizer-immunisation-20210221-p574cw.html>.
- 46 Aechtner T. Distrust, danger, and confidence: a content analysis of the Australian vaccination-risks network blog. *Public Underst Sci*. 2021 Jan;30(1):16-35.
- 47 Attwell K, Rizzi M, McKenzie L, Carlson SJ, Roberts L, Tomkinson S, et al. COVID-19 vaccine mandates: an Australian attitudinal study. *Vaccine*. 2022 Dec;40(51):7360-9.
- 48 Wilson K, Rudge C. COVID-19 vaccine mandates: a coercive but justified public health necessity. *Univ N S W Law J*. 2023;46(2):381-425.
- 49 Constantine NA, Jerman P. Acceptance of human papillomavirus vaccination among Californian parents of daughters: a representative statewide analysis. *J Adolesc Health*. 2007 Feb;40(2):108-15.
- 50 Hornsey MJ, Harris EA, Fielding KS. The psychological roots of anti-vaccination attitudes: a 24-nation investigation. *Health Psychol*. 2018 Apr;37(4):307-15.
- 51 Plohl N, Musil B. Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science. *Psychol Health Med*. 2021 Jan;26(1):1-12.
- 52 Fridman A, Gershon R, Gneezy A. COVID-19 and vaccine hesitancy: a longitudinal study. *PLoS One*. 2021 Apr;16(4):e0250123.
- 53 Kossowska M, Szwed P, Czarnek G. Ideology shapes trust in scientists and attitudes towards vaccines during the COVID-19 pandemic. *Gr Process Intergr Relations*. 2021;24(5):720-37.
- 54 Hwang SE, Kim WH, Heo J. Socio-demographic, psychological, and experiential predictors of COVID-19 vaccine hesitancy in South Korea, October-December 2020. *Hum Vaccin Immunother*. 2022;18(1):e1983389.
- 55 Callaghan T, Moghtaderi A, Lueck JA, Hotez P, Strych U, Dor A, et al. Correlates and disparities of intention to vaccinate against COVID-19. *Soc Sci Med*. 2021 Mar;272:113638.
- 56 Murphy K. Australia's rightwing government weaponised climate change – now it has faced its reckoning [Internet]. Guardian. 2022 May [cited 2024 Jun 19]. Available from: <https://www.theguardian.com/australia-news/2022/may/22/australia-rightwing-government-weaponised-climate-change-reckoning-scott-morrison>.

- 57 Chioro A, Gomes Temporão J, Massuda A, Costa H, Castro MC, Lima NT. From Bolsonaro to Lula: the opportunity to rebuild universal healthcare in Brazil in the government transition. *Int J Health Plann Manage*. 2023 May;38(3):569-78.
- 58 Sola L, Carneiro CL, Vieira VGR. Federalism and public health governance. The role of state-level horizontal coordination during responses to COVID-19 in Brazil. *Desarrollo Econ*. 2024;64(242):58-76.
- 59 Greco D, Galvão-Castro B. Democracy restoration in Brazil, the Constitutional Guarantee of Health as a Right for All, Giving Rise to a Universal Health System (SUS) and of a National Research Ethics Commission. In: Kurihara C, Greco D, Dhali A, editors. *Ethical innovation for global health: pandemic, democracy and ethics in research*. Singapura: Springer; 2023. p. 19-37.
- 60 Silva HMS. Dangerous fanaticism in Brazil (and in the world) at the time of the COVID-19 pandemic. *Ciênc Prax*. 2025 Jan-Jun;20(35):1-13.

Received / Recebido em: 6/10/2024

Accepted / Aceito em: 9/6/2025

How to cite this article / Como citar este artigo:

Silva HM, Aechtner T. Two right-leaning leaders in the COVID-19 pandemic: a retrospective assessment of Brazil and Australia. *Rev Pan Amaz Saude*. 2025;16:e202501642. Doi: <https://doi.org/10.5123/S2176-6223202501642>