



Social protection interventions for TB control: The Brazilian Experience

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Brazil: factsheets



Surface: 8,514,877 km² (5th largest country)

States: 27

Borders: Argentina, Bolivia, Colombia, French Guyana, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela

Population (2011): 192,376,496 inhab. (5th largest population)

Urban population: 83,8%

GNP (2011):

- Total: US\$ 2,421 trillions USD (6th)

- Per capita: US\$ 12,422 USD (63rd)

Social indicators

- HDI (2011): 0,718 (84th)

- Life expectancy: 73,5 year (92nd)

- Child mortality: 19,3/thousand (106th)

- Literacy: 90,4% (94th)

Brazilian Health System – universal access, free of charge (“Right of all, duty of the State” – Federal Constitution)

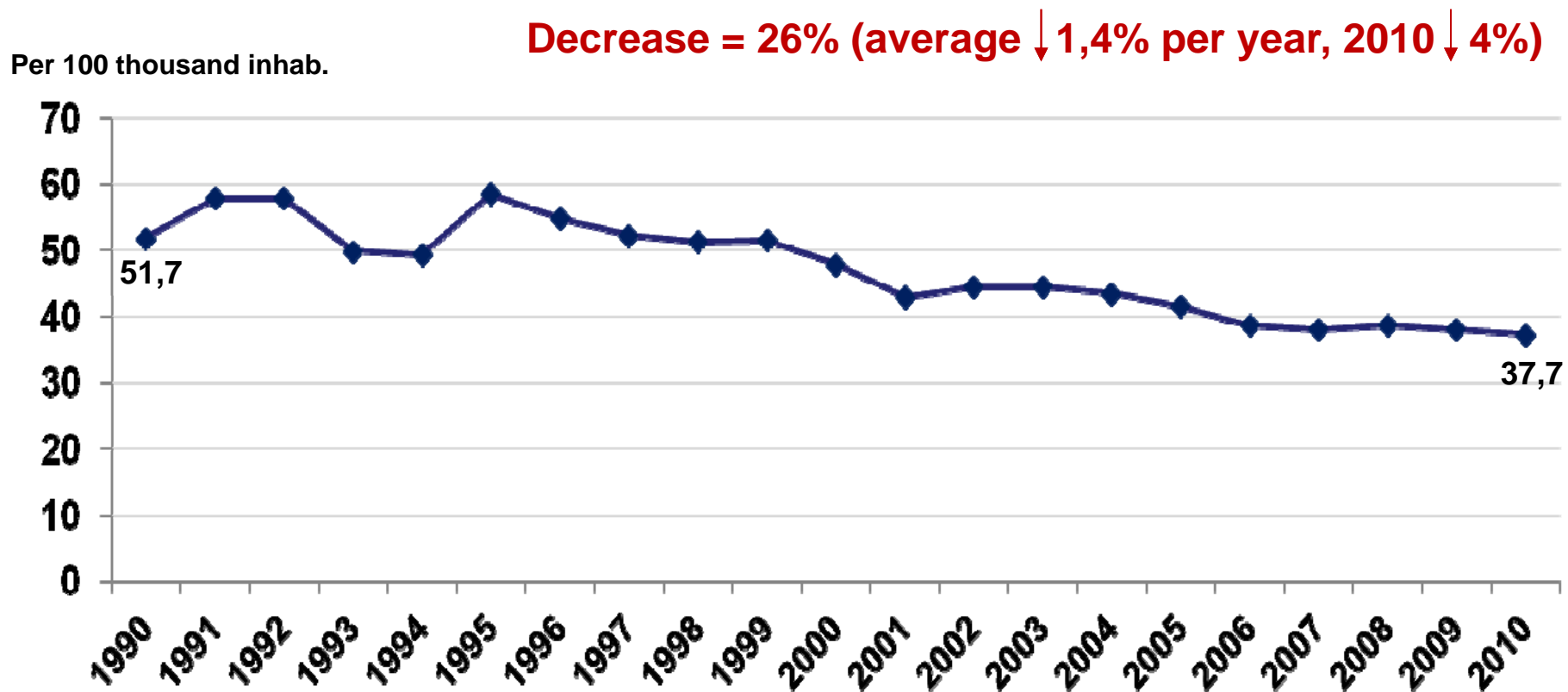
TB in Brazil: factsheets

- **71 thousand new TB cases reported in 2010**
- **4,8 thousand deaths in 2010**
- **17th country in burden of disease (one of 22 high burden countries)**
- **22nd country in TB deaths**
- **108th country in TB incidence rate**
- **4th death cause among infectious disease**
- **1st death cause among PLHA**

Epidemiological Antecedents

- **Decrease of incidence and mortality rates since mid 90's**
- **Stability of operational indicators as cure and default rates in undesirable levels**
- **One fourth of TB patients are enrolled in programs of cash transfer (below the poverty line)**
- **15% of them are enrolled in some cash transfer program (*Bolsa Familia* or *Brazil sem Miséria*)**

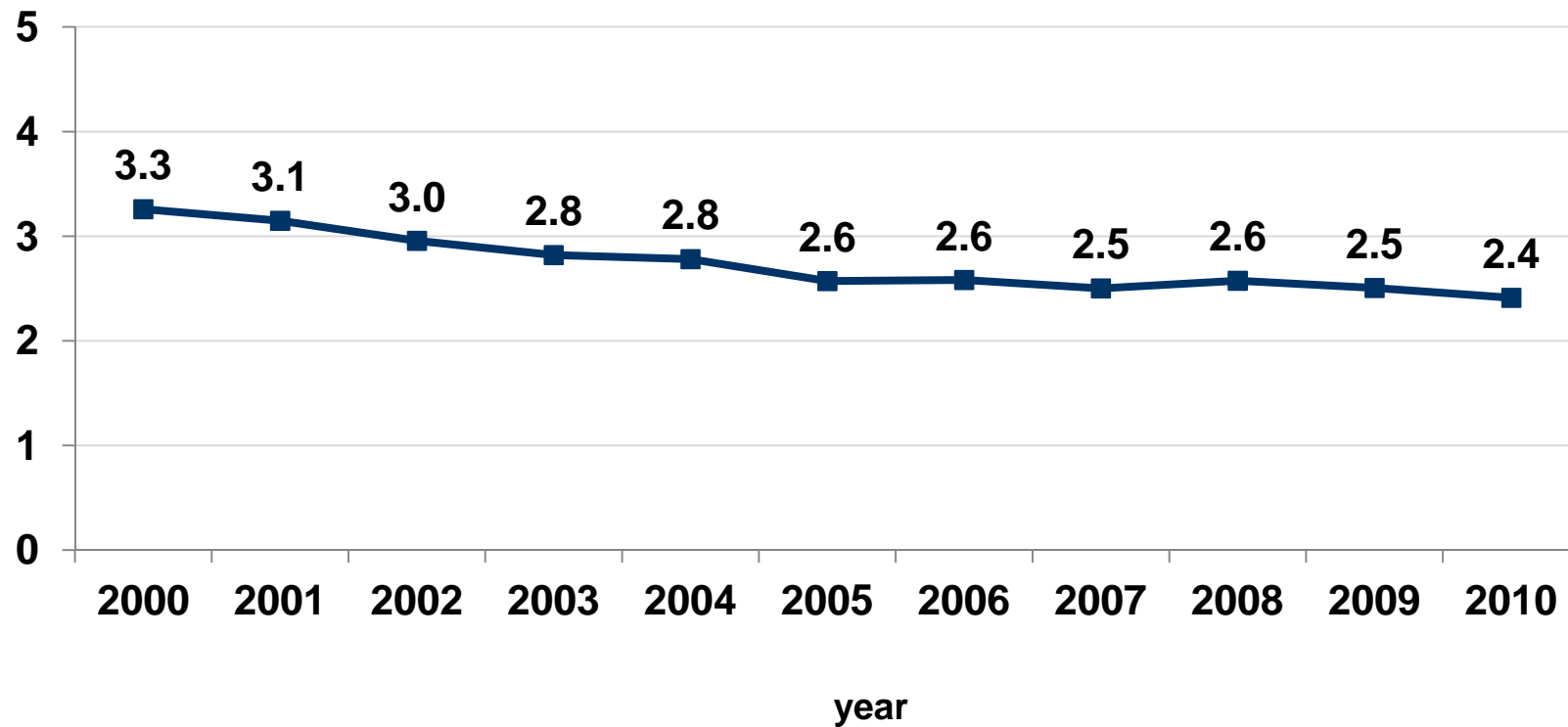
TB incidence rate. Brazil, 1990-2010.



Source: MS / SVS / SINAN.

TB mortality rate. Brazil, 2000 - 2010

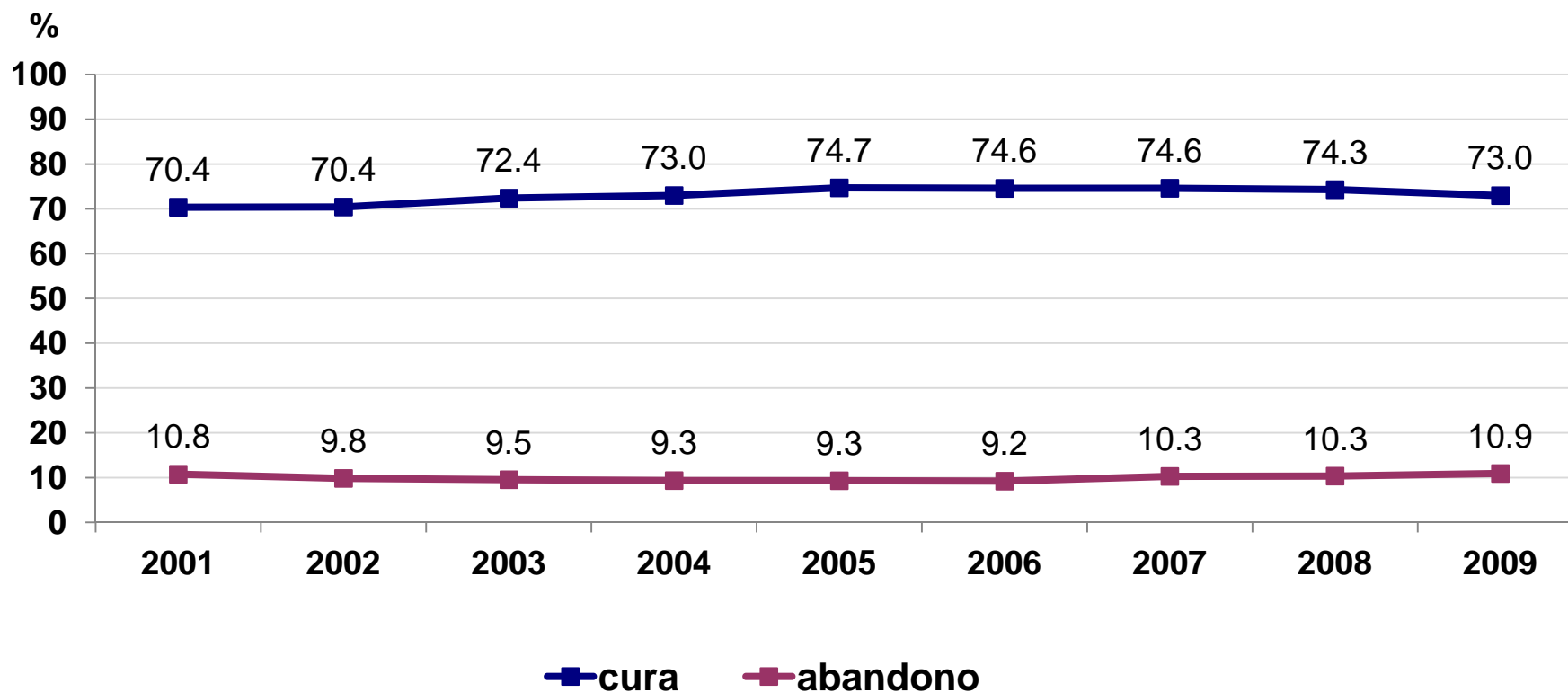
Per 100.000 inhab.



Source: Ministry of Health and Brazilian Institute of Geography and Statistics

TB cure and default rates. Brazil, 2001- 2009

Não temos de 2010?



Vulnerable Populations (RR comparing with general population)

- Afrodescendent population: 2 times*
- Indigenous population: 4 times*
- Prisoners: 25 times*
- PLHA: 30 times*
- Homeless: 67 times**

* Source: Brazilian Surveillance System (SINAN)

** Source: Adorno 2010

Something doesn't fit...

According to Styblo's rule, to control TB we should detect 70% of BK+ cases and cure, at least, 85% of them.

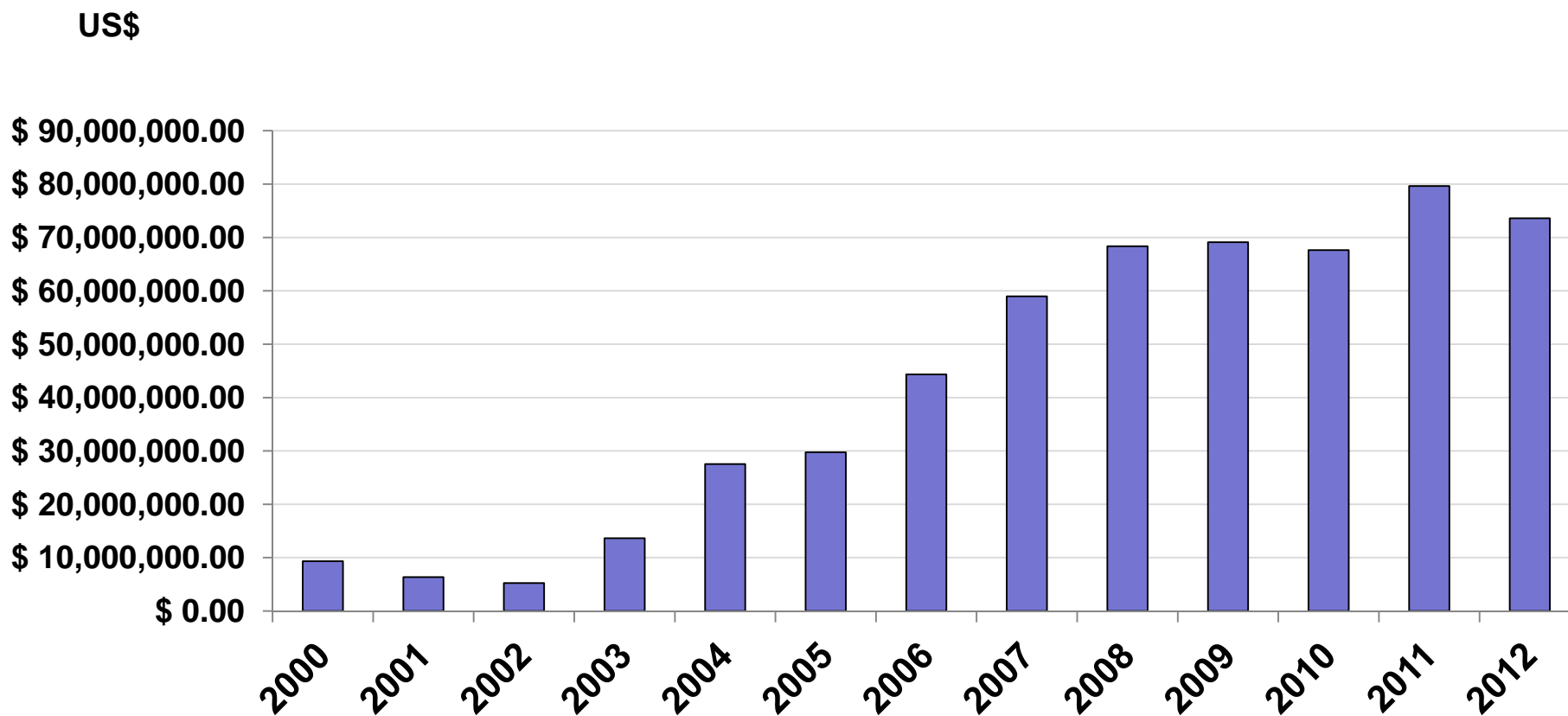
In Brazil we have a very good detection (86%), but a very low cure rate (73%). It should not be enough to reverse the endemic trend.

But the incidence and mortality rates in Brazil have been falling for consecutive 15 years...

What has happened?...

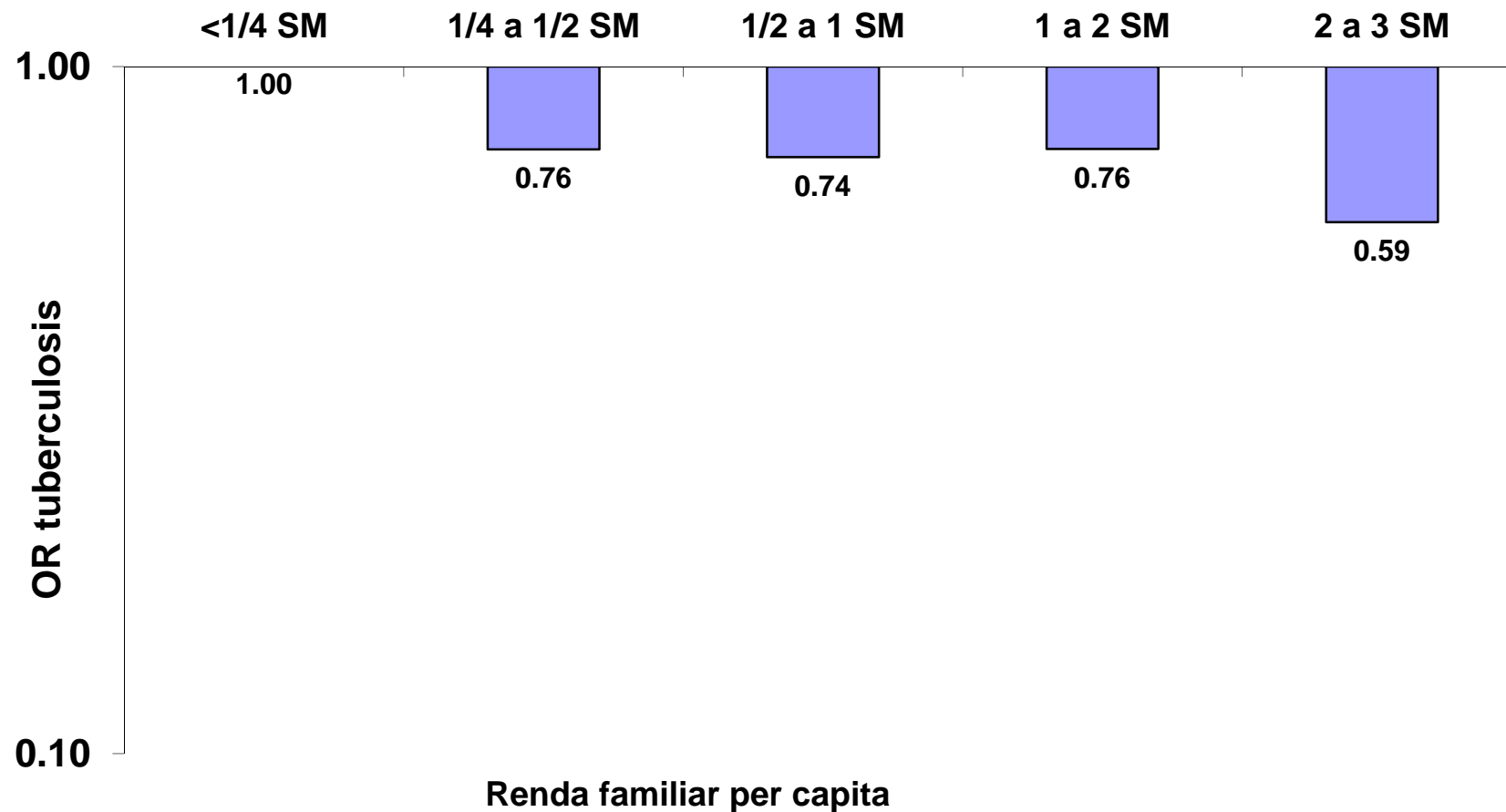
Prioritization to fight TB

Brazilian federal budget (US\$) for TB, 2000-2012*



Source: NTP Brazil. * 2012 estimate

Relationship between family income (per capita) and TB occurrence. Brazil, 2008.



Source: PNAD, 2008. SM = R\$415 (US\$ 225)

Political Commitment

Improvement of social indicators in Brazil in recent years

The evolution in the distribution of income was largely driven by economic growth and job creation.

But the big news was the transformation of social policy in the protagonist of change process, by a real increase in minimum wage and the expansion of cash transfer programs.

Some data

- In the last 16 years, the poverty in Brazil decreased 67%
- 28 million people left the poverty range since 2004
- The percentage of people with incomes equal to or greater than a minimum wage per capita (not considered poor) increased from 29% to 42%
- In the last ten years, the poorest 50% population had 69% growth in income and the 10% richest have had their income grown by 10%
- The actual expenditure per capita of the poor on food increased 14% between 2005 and 2009. The household consumption of meat has more than tripled
- The poverty decreased by 50.6% during the government of President Lula (2002 – 2010)

(continue)

Some data about Bolsa Familia Program

- The Bolsa Familia program (BFP) was responsible for one third of the reduction of extreme poverty between 1999 and 2009
- About 20% of a 50% reduction of malnutrition from 1996 to 2006 is due to the increase purchasing power of the class E, segment of the population served by the BFP
- Pregnant women benefit from the BFP have more 1.5 prenatal visits than non-beneficiaries pregnant women with the same socioeconomical profile
- Total of families included in BFP: 22,016,780
- Number of beneficiaries of BFP: 13,352,306

PLANO BRASIL SEM MISÉRIA

OBJECTIVE:

Increase incomes and improve conditions of welfare of the population. The plan is addressed to the extremely poor families and include them in an integrated menu of various programs according to their needs.

AXIS:

- Income guarantee
- Access to public services
- Productive inclusion

Political fight inside the Ministry of Health

Participation at National Health Council (the highest health forum in country)

Recommendation # 003 of March 17th 2011 National Health Council

"It is recommended that the Ministry of Health: joined with other areas of the Federal Government, with the participation and support of social movements, the National Congress and institutions from other sectors, **the creation and maintenance of social benefits for people with tuberculosis**, so as to increase treatment adherence and reduce abandon rates. "

Resolution # 444 of the National Health Council, July 6th, 2011

(...)

Decided:

(...)

11. Develop actions and strategies that consider the needs of impoverished communities, the afrodescendent population, the homeless people, prisoners and indigenous population and people living with HIV/AIDS in order to improve TB control among these populations.

(continue)

Resolution # 444 of the National Health Council, July 6th, 2011

(...)

12. To establish an intersectoral committee with the participation of civil society, to develop joint actions in order to address social determinants related to TB, especially those who have direct relationship with poverty and poor access.

(...)

I ratify the National Health Council resolution # 444 of July 6th, 2011.

**Alexandre Rocha Santos Padilha
Minister of Health**

Next steps

1. Cash transfer for TB patients living under the poverty line, linked to adherence to the treatment
2. Priority access to soup kitchens, food banks and other actions related to food security and nutrition for TB patients living in poverty
3. Priority access for TB patients living in situation of extreme poverty, to programs including production, income generation, vocational training for youth and adults, especially in cases of compulsory hospitalization
4. Active case finding in equipment designed to meet the homeless people and an emphasis on diagnosis of TB in “consultório na rua” (mobile clinic of primary care for early diagnosis and directly observed treatment)
5. Active case finding in the health districts and specific territories where indigenous people live in poverty, for early diagnosis and directly observed treatment

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Next steps (2)

6. Binding of TB control to alcohol and other drugs users, especially crack. To include specific actions for this population in the existing services
7. Submission of content on tuberculosis (symptoms, diagnosis, access and adherence to treatment) in social care equipment
8. Submission of content on income transfer programs, food security and psychosocial support in health facilities to TB patients

Visit our site for further information
www.saude.gov.br/tuberculose

Busca OK Temas mais acessados: mapa do site | fale conosco | links de interesse

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Tuberculose

> TUBERCULOSE

TOSSE POR MAIS DE 3 SEMANAS PODE SER TUBERCULOSE

A tuberculose é uma doença infecto-contagiosa causada por uma bactéria que afeta principalmente os pulmões, mas, também pode ocorrer em outros órgãos do corpo, como ossos, rins e meninges (membranas que envolvem o cérebro). [Leia mais](#)

- Histórico da doença
- Informações para viajantes
- Características Gerais

> DESTAQUES

TOSSE POR MAIS DE 3 SEMANAS PODE SER TUBERCULOSE

Conheça a nova campanha

REDE M&A TUB BRASIL

> PROGRAMA NACIONAL DE CONTROLE DA TUBERCULOSE (PNCT)

- Programa Nacional de Controle da Tuberculose
- Tuberculose no Brasil e no Mundo
- Dia Mundial da Tuberculose

> SITUAÇÃO EPIDEMIOLÓGICA

> PUBLICAÇÕES

- .. Manual de Recomendações para o Controle da Tuberculose no Brasil (Versão não diagramada)

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Ministério da Saúde

