

Combining Conditional Cash Transfers and Primary Health Care to Reduce Childhood Mortality in Brazil

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Strategies adopted to reduce child mortality in developing countries are usually focused on interventions addressing biological causes, without considering its key underlying determinants. Conditional cash transfers (CCTs) are poverty reduction interventions that transfer money to poor households with the requirement that parents comply with specific conditions focused on improving health and education for their children.

The Brazilian CCT Programa Bolsa Família was launched in 2003. In 2012, it was already the world's largest CCT programme, enrolling 13.9 million families across all municipalities. To meet the conditions related to health, children younger than 7 years must be fully vaccinated and must comply with routine health check-ups and growth monitoring. Pregnant and lactating women must attend scheduled prenatal and postnatal visits, and attend educational activities on health and nutrition. If the family is within its catchment area, health-related conditions should be met using the facilities of the main primary health care strategy in Brazil, the Programa Saúde da Família (PSF — Family Health Programme).

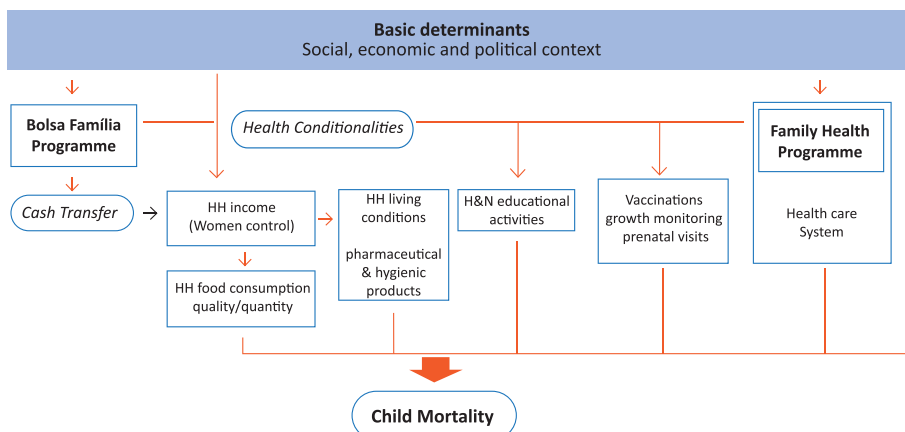
The PSF is a large-scale national programme implemented in Brazil in the last 20 years, covering currently 54.8 per cent of the population to offer free community-based health care, especially in deprived and rural areas.

Bolsa Família, in combination with the PSF, can affect child survival in different ways, as shown in the figure: an increased income can increase access to food and health-related goods such as drugs or hygienic products, and the health-related conditions of the programme can improve access to health services.

In our study we found that coverage of both Bolsa Família and the PSF were associated with a significant reduction in the under-5 mortality rate (U5MR) during the period 2004–2009 in Brazilian municipalities (Rasella et al., 2013). The effect of Bolsa Família was greatest when the programme had a high level of coverage (>32 per cent) of the total population in a municipality, and all poor eligible households were enrolled and remained in the programme for four years or more, in which case it was responsible for a 17 per cent reduction in the U5MR. The effect of the PSF was greatest when the programme reached a high level of coverage of the population in the municipality (>70 per cent) for four years or more, in which case it reduced the U5MR by 12 per cent.

The greatest impact of Bolsa Família was on the U5MR resulting from malnutrition and diarrhoea, causing a reduction of 65 per cent and 53 per cent, respectively, in municipalities with a higher level of coverage, whereas a

Framework for Childhood Mortality Reduction due to Brazil's Bolsa Família and Family Health Programme



high level of PSF coverage was associated with a reduction in the U5MR from diarrhoeal diseases (47 per cent) and infections of the lower respiratory tract (30 per cent). Greater Bolsa Família coverage increased vaccination coverage, reduced the number of pregnant women who delivered without receiving any prenatal care, and reduced rates of hospitalisations of children under 5, in particular for malnutrition and diarrhoea. When the two programmes were implemented simultaneously and with a high level of coverage in the municipality, they had a synergistic effect on reducing the U5MR.

It has to be considered that the size of cash transfer provided by Bolsa Família correlates with the level of poverty of the beneficiary family, and that the association between income and health is non-linear: even a small amount of financial aid given to extremely poor families could have a significant effect on child health. This does not necessarily mean that a small financial transfer fulfils all the main demands of poor families, but it could have large beneficial effects in relation to reducing childhood mortality levels.

Our study provides evidence that a multisectoral approach, comprising a conditional cash transfer programme acting on the social determinants of health, with a primary health care programme responding to basic health demands of the population, can substantially reduce childhood morbidity and mortality from poverty-related diseases in low- or middle-income countries.

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