



Child and Infant Mortality in Brazil: An Assessment of the Family Health Program

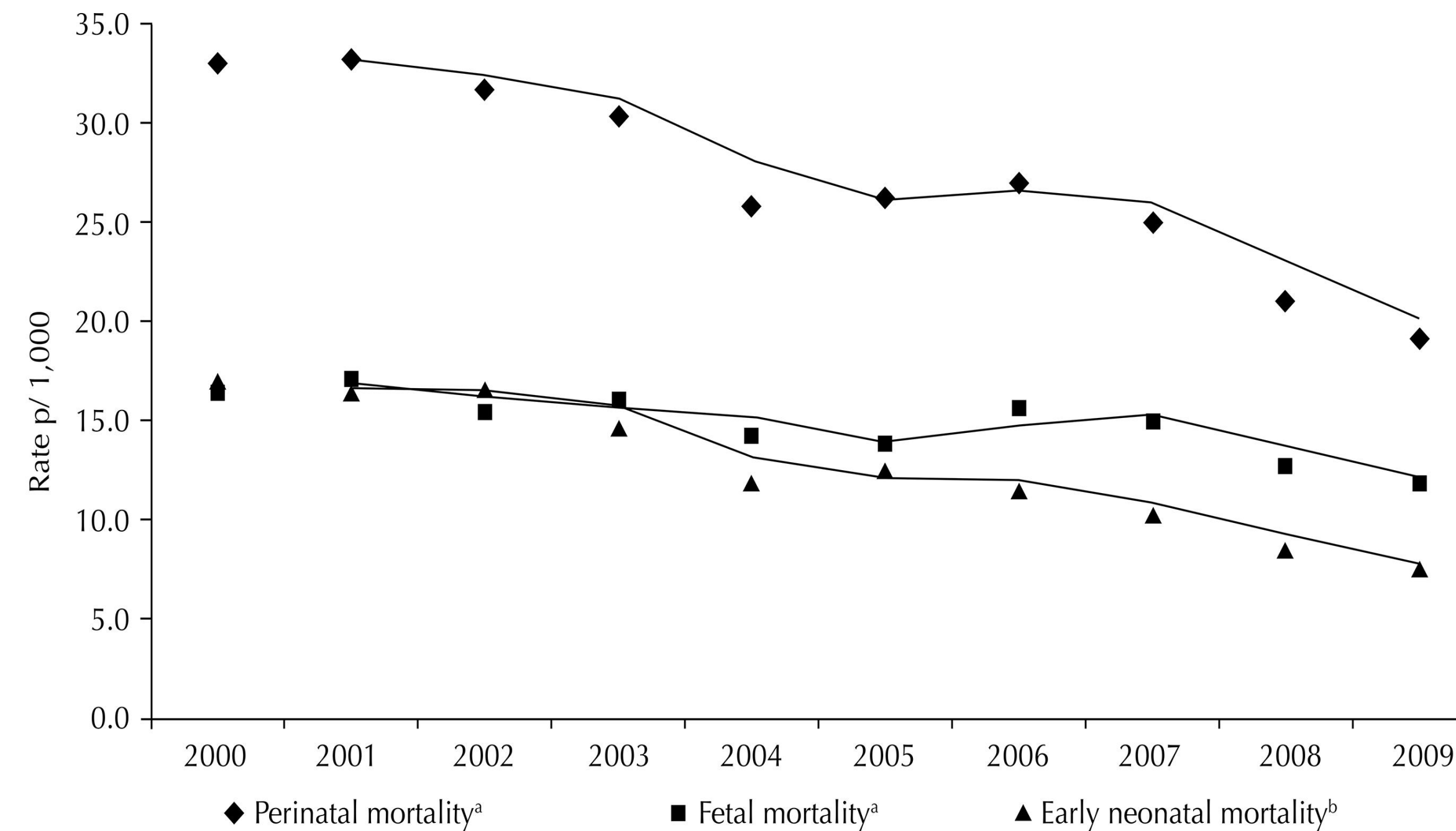
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Background:

- Establishment of the right to healthcare in the Brazilian constitution in 1988.
- The Family Health Program (FHP) was established in
- This program consists of a team of healthcare providers responsible for promoting and providing quality healthcare to all, while preventing disparities.
- With the implementation of the FHP, child and infant mortality rates have declined significantly, however, these rates are still extremely high.
- Reasons include: over medicalization of childbirth, maternal deaths, high frequency of preterm deliveries, and poor neonatal care.
- Although some of the efforts have proved effective, there is still possible room for improvement of these policies and services such as increasing access to FHP.

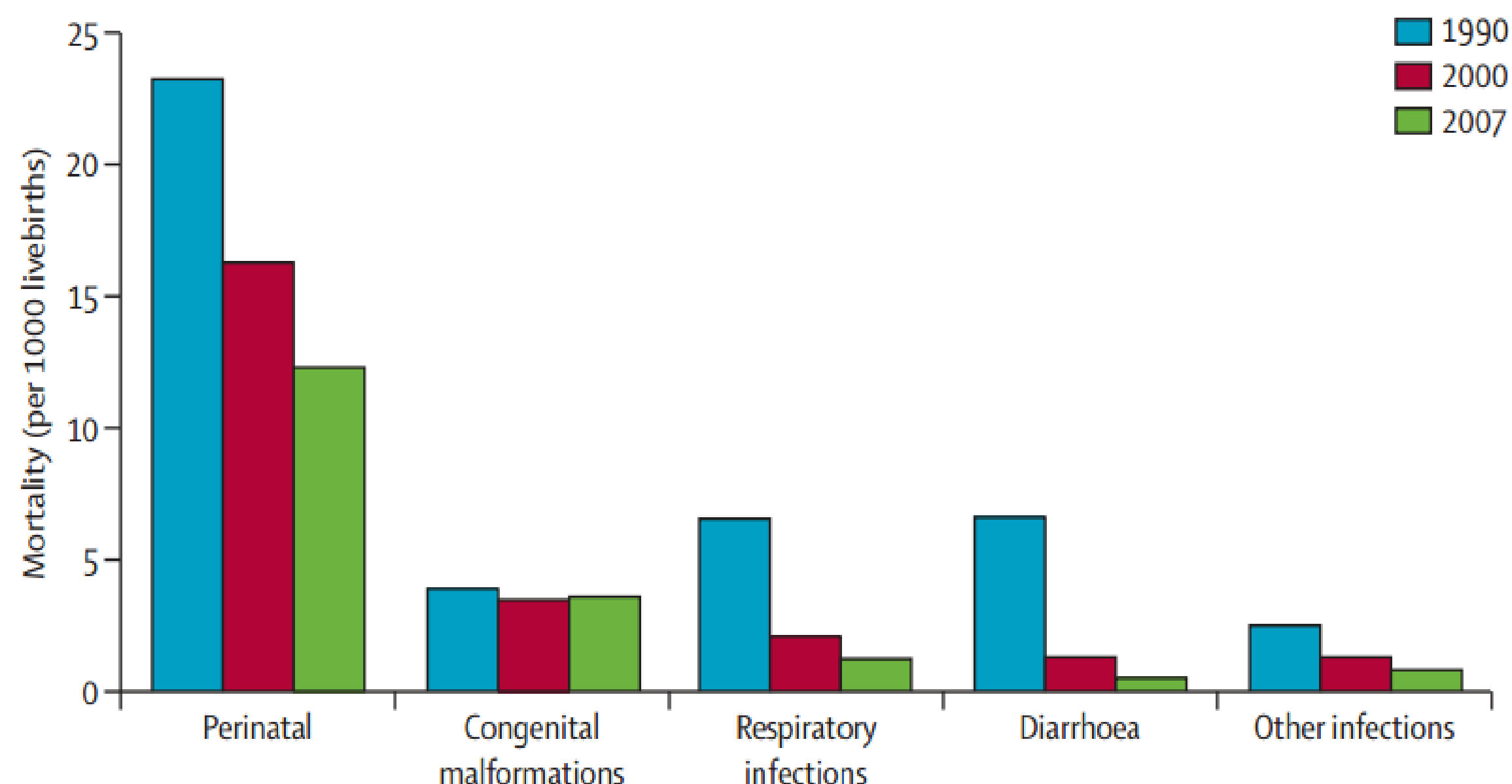


Analysis:

- Areas of disparity include: breast feeding, mother and infant immunizations, treatment of child respiratory and diarrheal infections, access to prenatal vitamins, oral rehydration, and proper delivery methods.
- Demographically rural populations, which account for approximately half of Brazil's population, do not have access to a physician.
- There is questionable reliability of the health care providers in the program because not all providers may have gone through the same training, and not all trained officials may be qualified or may have the desire to provide the highest quality of care.
- This can lead to poor efforts and healthcare delivery mistakes such as discrimination in healthcare delivery and over use of caesarian section births, when not needed.

Results:

- Since 2010, PSF now provides comprehensive health coverage to 95% of all Brazilian municipalities
- Over 55% of the population is covered by FHP.
- There has been a 13% decline in infant mortality rate
- Despite these gains, issues remain due to the hindrances of the overall effectiveness of the program.



Conclusion:

- Almost 60% of the infant deaths in Brazil are due to perinatal causes, which are primarily impacted by poor maternal health and poor healthcare services before and after delivery.
- Through observations ranging from 1990-2007, there has been a clear reduction in child and infant mortality, however the rates are still extremely high.
- Governmental limitations are responsible for the incomplete access of PSF to all Brazilian municipalities and poor services due to the lack of universal staff training.
- In order to address these challenges and achieve the UN Millennium development goals, an evaluation of the cost effectiveness of the program must be made in order to budget improvements such as access and care.

| Proximate cause of death | Percent (annual number) of infant deaths, 1995-7 | Potential interventions | Availability of population-based data at the regional level |
|--------------------------|--|--|--|
| Perinatal causes | 56.8% (73,641) | Improving antenatal care (including tetanus vaccination) | Utilization indicators: lack of antenatal care; antenatal care starting in first trimester; number of antenatal attendances Quality indicator: tetanus toxoid vaccination |
| | | Improving delivery practices and neonatal care | Utilization indicators: hospital deliveries Quality indicator: deliveries by doctors, cesarean section rate |
| | | Improving maternal nutrition | Indicators: maternal height, maternal body mass index |
| | | Preventing low birth weight | Indicator: low birth weight (hospital deliveries) |
| | | Reducing maternal smoking | No indicator available |
| | | Family planning | Indicators: adolescent pregnancies, short birth intervals |
| Congenital malformations | 11.4% (14,487) | Improving maternal folate intake | Not available |
| | | Antenatal syphilis treatment | Not available |
| | | Rubella vaccination | Not available |
| | | Alcohol avoidance | Not available |

Methods:

- This assessment utilizes various sources to analyze the effectiveness of the implementation of FHP/PSF.
- Each source uses different methods to share the results of FHP/PSF.