Health-related MDGs in Brazil: policies and progress

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Diana Coutinho
Rosane Mendes
São Paulo, January 2013

Presentation Plan

A. Infant and child mortality (MDG-4)
B. Malnutrition and food insecurity (MDG-1)
C. Reproductive and sexual health (MDG-5 and 6)

A. Infant and child mortality
A. Infant and child mortality

Infant mortality rate in Brazilian Municipalities: 1991

Source: HDI-M Atlas

A. Infant and child mortality

Infant mortality rate in Brazilian Municipalities: 2010

Source: HDI-M Atlas

A. Infant and child mortality

Infant mortality in 2010 as a percentage of Infant Mortality in 1991: Brazilian Municipalities

Expected to meet the 5th Millennium Development Goal
A. Infant and child mortality

Child mortality (up to 5 years old) rate in Brazilian Municipalities: 1991

Source: HDI M Atlas

A. Infant and child mortality

Child mortality (up to 5 years old) rate in Brazilian Municipalities: 2010

Source: HDI M Atlas

A. Infant and child mortality

Child mortality (up to 5) in 2010 as a percentage of Child Mortality in 1991: Brazilian Municipalities

Expanded to meet the 4th Millennium Development Goal
Life expectancy in Brazilian Municipalities: 1991

Average annual increase in life expectancy from 1991 to 2010: Brazilian Municipalities

Life expectancy increased by more than 1 year every 2 calendar years

Life expectancy increased by more than 1 year every 2 calendar years
A. Infant and child mortality

Evolution of Infant and Child Mortality and Life Expectancy: Brazil 1991 and 2010

Inequality among socioeconomic groups also declined at a fast pace — greater equality of opportunity —

Decomposition of the drop in child mortality between sectoral social programs and socio-economic status
A. Infant and child mortality

Average annual growth rate in per capita income by tenth of the distribution: Brazil, 2001-2011

Gini Index

Evolution of income inequality
Brazil 1976-2001

Source: SAE/PR based on the PNADs from 1976 to 2011.
A. Infant and child mortality

Evolution of income inequality
Brazil 1976-2011

Source: SAE/PR based on the PNADs from 1976 to 2011.

A. Infant and child mortality

Evolution of the degree of inequality
Brazil and China: 1981-2011


A. Infant and child mortality

Brazilian progress: HDI by municipality
Brazil: 2000

Legend
- HDI = 0
- HDI = 0.700
- HDI = 0.800
- HDI = 0.900
- HDI = 1.000

Source: HDI calculation based on demographic census of 2000 and 2010 and HDI as calculated by the UNDP Human Development Report.
A. Infant and child mortality

Brazilian progress: HDI by municipality
Brasil: 2010

Legend:
- Low: ≤ 0.5
- Medium: 0.5 to 0.7
- High: ≥ 0.7


A. Infant and child mortality

HEX of Brazilian municipalities: frequency distribution, 2010

HEX of Brazilian municipalities: frequency distribution, 2010

A. Infant and child mortality

Distribution of Brazilian municipalities and countries of the World according to HDI, 2013

Source: UNDP, based on Demographic Census 2000 and 2010 and HDI as calculated by the UNDP, Human Development Report

Decomposition of the drop in child mortality between sectoral social programs and socio-economic status

Supply of basic care services for early childhood

Health:
- 34 thousand family health care teams – ESF,
- 55% of population covered,
- 260 thousand community health agents – PACS and
- 21 thousand dental care teams – ESD.

Social Assistance:
- 8 thousand one-stop-shops for social protection – CRAS,
- 91% with Program of integrated family care – PAIS,
- 98% of the brazilian municipalities with at least one
- one-stop-shop for social protection.

Education:
- 2 million children attending 46 thousand childcare centers.
- More of 20% of the 0-3 population covered.

Innovative Local Early Childhood Programs

Legislation and Institutional Advances

- Child and Adolescent Rights Statute – ECA.
- Signing the UN document "A World Fit for Children".
- Strengthening and expansion of the number of Child Guardianship Councils (Conselhos Tutelares) – present in 98% of municipalities.
- Strengthening of the State and Municipal Councils for the Protection of the Rights of Children – present in 92% of municipalities.
- Strengthening of Childhood and Adolescense Development Funds (FIA).
- National guidelines for the Integrated Care of Children and Families subjected to domestic violence.
### A. Infant and child mortality

**Major Reproductive Health Federal Programs**

- Rede Cegonha (R$1,000 per year per newborn)
- Método Canguru
- Programa Nacional de Triagem Neonatal – PNTN
- Programa Nacional de Imunização – PNI
- Programa Saúde na Escola - PSE
- Programa Nacional DST e AIDS - PN-DST/AIDS (R$6,000 per year per beneficiary)
- Estratégia Saúde da Família - PSF
- Brasil Sorridente

### B. Malnutrition

#### B. Malnutrition and food insecurity

![Graph showing reduction in malnutrition and food insecurity](image-url)

- **Situation at the end of the decade compared to the situation at the beginning:**
  - Reduction in food insecurity by 1/3 in 25 years
  - Reduction in malnutrition by 1/2 in 25 years
  - Slower than required by the ODM
  - Faster than required by the ODM

**Basic health services**

- Maternal and child health
- Nutrition
- Antenatal care
- Care for undernutrition
- Cardiac care

**Basic health services for food insecurity**

- Maternal and child health
- Nutrition
- Antenatal care
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B. Malnutrition and food insecurity

The degree of severe food insecurity in the country is already low, and much lower than the degree of extreme poverty.

<table>
<thead>
<tr>
<th>Percentage of households in a situation of food insecurity existing in the household according to condition of poverty (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Food Security</td>
</tr>
<tr>
<td>Food Insecurity</td>
</tr>
<tr>
<td>Light</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Severe</td>
</tr>
</tbody>
</table>

Source: Estimates produced based on National Household Sample Survey 2004

B. Malnutrition and food insecurity

Poverty in Brazil is a result of bad distribution, not of resource scarcity (Josué de Castro)

**Availability of resources: Brazil, 2007**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita family income (R$ per person/month)</td>
<td>533</td>
</tr>
<tr>
<td>Cost of basic food hamper (R$ per person/month)</td>
<td>88</td>
</tr>
<tr>
<td>Volume of resources necessary to feed entire population as a percentage of per capita family income (%)</td>
<td>67</td>
</tr>
</tbody>
</table>

Source: Estimates produced based on National Household Sample Survey 2007

B. Malnutrition and food insecurity

Brazil’s food production can feed the entire population with great ease (Josué de Castro)

**Food availability in Brazil**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Cost of basic food hamper (R$ per person/month)</td>
<td>88</td>
</tr>
<tr>
<td>Ratio between consumer price and producer price</td>
<td>2</td>
</tr>
<tr>
<td>Producer price of basic food hamper (R$ per person/month)</td>
<td>44</td>
</tr>
<tr>
<td>Total Population (millions)</td>
<td>182</td>
</tr>
<tr>
<td>Production value needed to feed entire population (billions of R$ per year)</td>
<td>96</td>
</tr>
<tr>
<td>Production value (billions of R$ per year)</td>
<td>157</td>
</tr>
<tr>
<td>Food production necessary to feed entire population as a percentage of agricultural production (%)</td>
<td>85</td>
</tr>
</tbody>
</table>

Source: Estimates produced based on National Household Sample Survey 2004
B. Malnutrition and food insecurity

Brazil’s food production can feed the entire population with great ease (Josué de Castro)

**Caloric content and nutritional needs in Brazil**

<table>
<thead>
<tr>
<th>Products</th>
<th>Quantity consumed (kilograms/year)</th>
<th>Caloric content (kcal/100g)</th>
<th>Percent of total (per person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice (white)</td>
<td>11.5</td>
<td>364</td>
<td>61.5</td>
</tr>
<tr>
<td>Beans (grain)</td>
<td>3.5</td>
<td>337</td>
<td>17.1</td>
</tr>
<tr>
<td>Cereals</td>
<td>26.6</td>
<td>72</td>
<td>28.3</td>
</tr>
<tr>
<td>Fruits</td>
<td>3.2</td>
<td>72</td>
<td>3.3</td>
</tr>
<tr>
<td>Cereal (grain)</td>
<td>42.7</td>
<td>364</td>
<td>227.8</td>
</tr>
<tr>
<td>Total</td>
<td>87.4</td>
<td>—</td>
<td>3384</td>
</tr>
</tbody>
</table>

Daily amount of calories necessary to feed the person: 2200
Prospective capacity of basic nutritional needs of the population: 300%

Source: Based onrouval (pest/CPTEC/INPA/ICMBio)

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B. Malnutrition and food insecurity

**What proportion of income Brazilian families dedicate to food purchase?**

Share of food spending as a percentage of total expenditure by hundreds of the per capita consumption distribution

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B. Malnutrition and food insecurity

**What proportion of Brazilian families do not have enough income to meet their nutritional needs?**

The distribution of people according to per capita family income: Brazil, 2009
B. Malnutrition and food insecurity

Over half of the malnourished children are not extremely poor

Cumulative percentage of children with inadequate weight/age ratio among the poorest hundredths of the income distribution: Brazil, 2006

Cumulative percentage of households with food insecurity among the poorest hundredths of the income distribution: Brazil, 2004

Countries with the same degree of extreme poverty as Brazil tend to show higher degrees of malnutrition.

More effective solidarity networks?
B. Malnutrition and food insecurity

Major Nutritional Federal Programs

- Programa Nacional de Suplementação de Vitamina A
- Prevenção e Controle de Distúrbios de Deficiência de Iodo – Pro-Iodo
- Iniciativa Hospital Amigo da Criança - IHAC
- Bancos de Leite Humano
- Estratégia Amamenta e Alimenta Brasil
- Programa do Leite

C. Reproductive and Sexual Health

C. Reproductive and sexual health

Percentage of 8th graders in public schools, according to their sexual experience, attitudes and information about sexually transmitted diseases and pregnancy prevention: Brazilian State Capitals, 2012
C. Reproductive and sexual health

HIV/AIDS and Other Sexually Transmitted Diseases: Brazilian Annual Budget

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Treatment (drugs)</td>
<td>R$ 770 million</td>
</tr>
<tr>
<td>Prevention (drugs)</td>
<td>R$ 96 million</td>
</tr>
<tr>
<td>Control, prevention and monitoring</td>
<td>R$ 395 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>R$1,261 million</strong></td>
</tr>
</tbody>
</table>

C. Reproductive and sexual health

Early motherhood (15 to 17 years old) in Brazilian Municipalities: 1991

C. Reproductive and sexual health

Early motherhood (15 to 17 years old) in Brazilian Municipalities: 2010

Source: HDI M Atlas