

Social Protection and TB

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Ministério da
Saúde



TB is a poverty related disease.

**We won't eliminate TB only
with biomedical measures.**

The End TB Strategy

Targets: 95% reduction in deaths and 90% reduction in incidence (≤ 10 cases/100,000 population) by 2035

Integrated, patient-centered TB Care and Prevention

Early diagnosis of TB including universal drug-susceptibility testing; systematic screening of contacts and high-risk groups

Treatment of all forms of TB including drug resistant TB with patient support

Collaborative TB/HIV activities and management of co-morbidities

Preventive treatment for high-risk groups and vaccination of children

Bold policies and supportive systems

Government stewardship, commitment and adequate resources for TB care and control with monitoring and evaluation

Engagement of communities, civil society organizations, and all public and private care providers

Universal health coverage policy; and regulatory framework for case notification, vital registration, drug quality and rational use, and infection control

Social protection, poverty alleviation, and actions on other determinants of TB

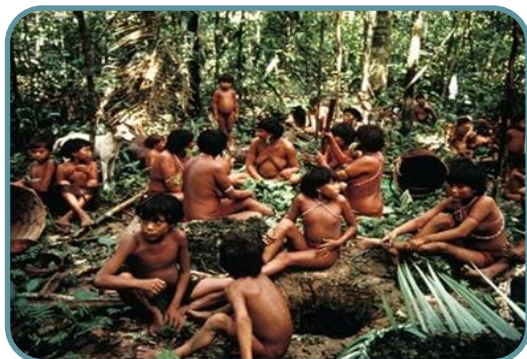
Intensified Research and Innovation

Discovery, development and rapid uptake of new tools, interventions and strategies

Operational research to optimize implementation and impact, and promote innovations

Social Determinants of TB

Brazil has a concentrated TB epidemic among vulnerable population. Relative risks:



Indigenous people: 3x



Prisoners: 28x



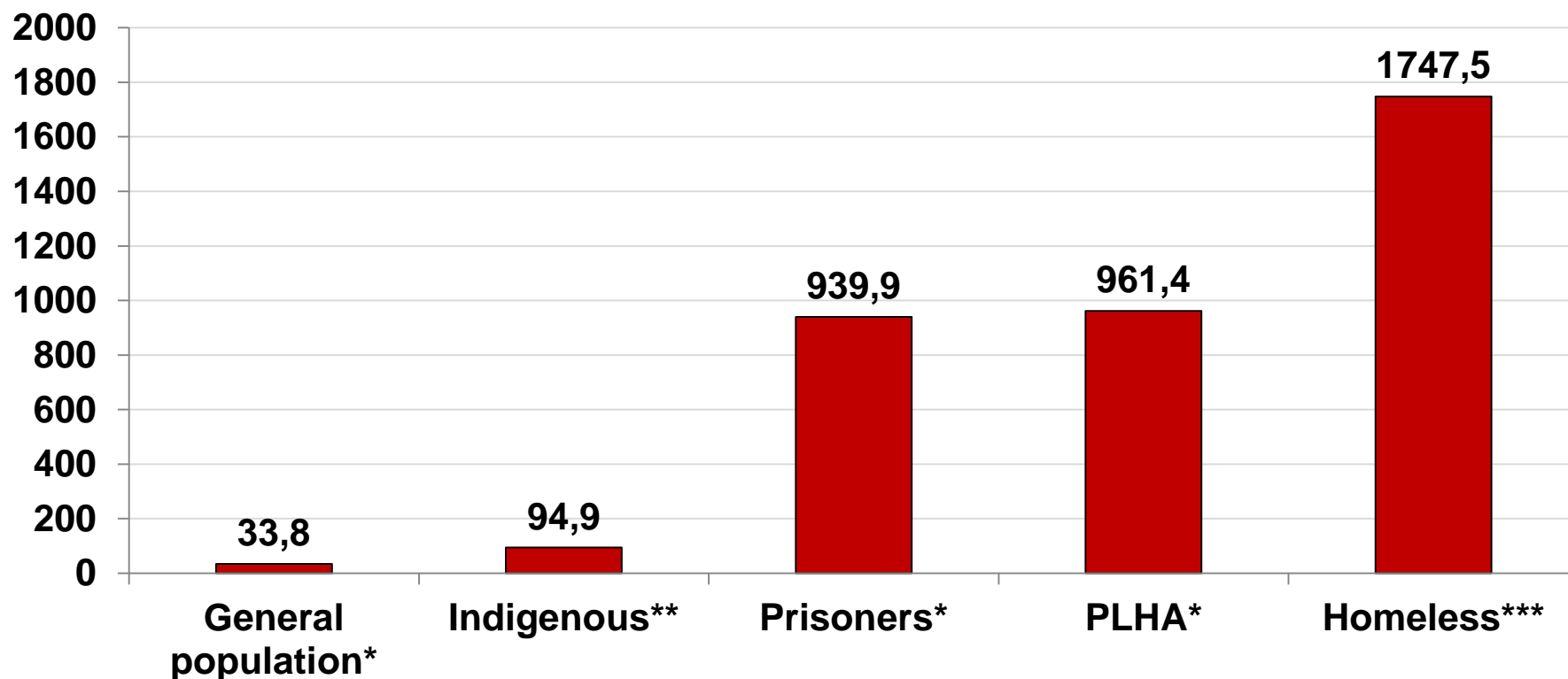
PLHA: 28x



Homeless: 52x

TB incidence rate according to Brazilian vulnerable population

Per 100,000 inhab.



Local and year of analysis:

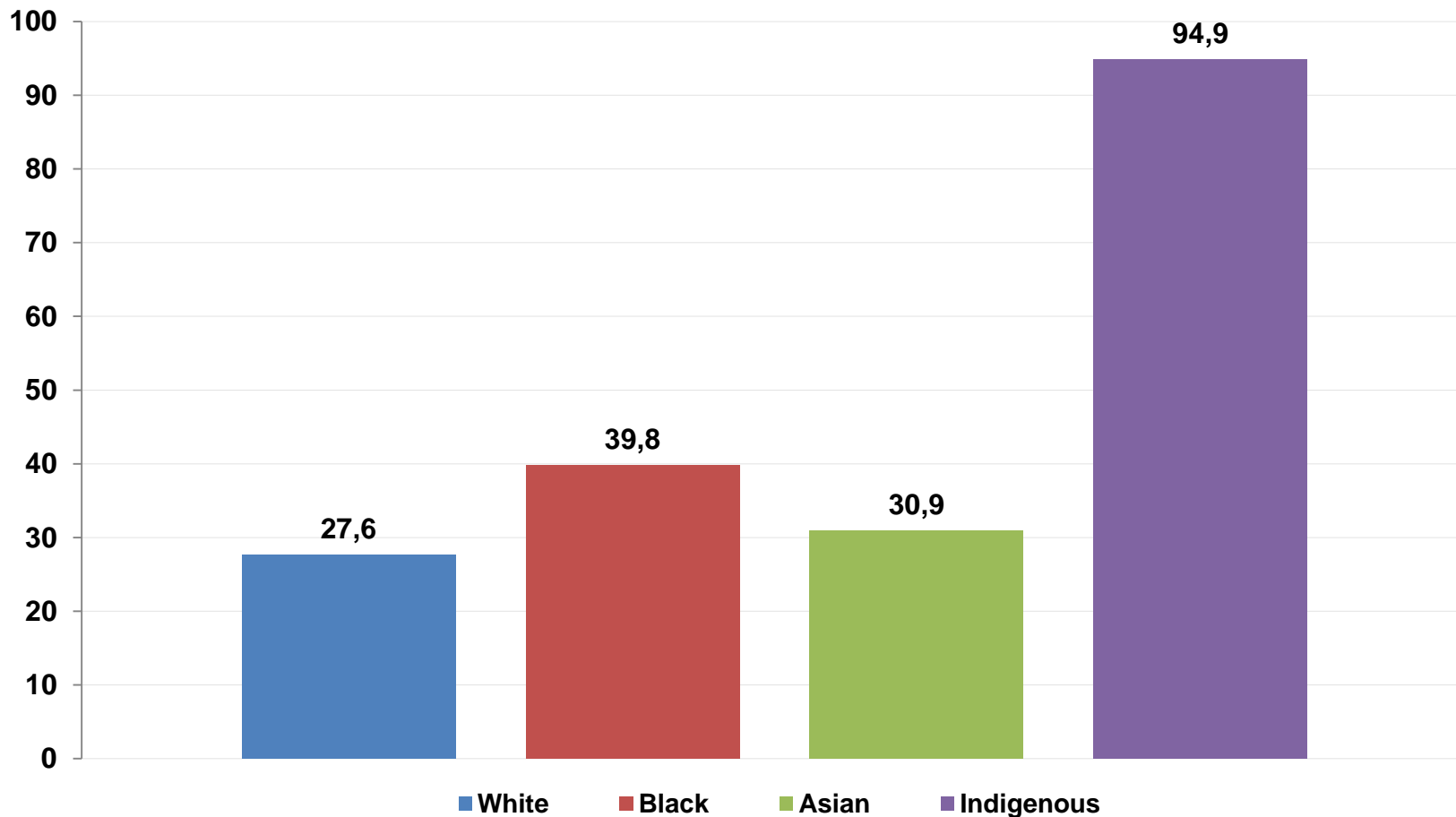
* Brazil, 2014

** Brazil, 2013

***São Paulo State, 2011

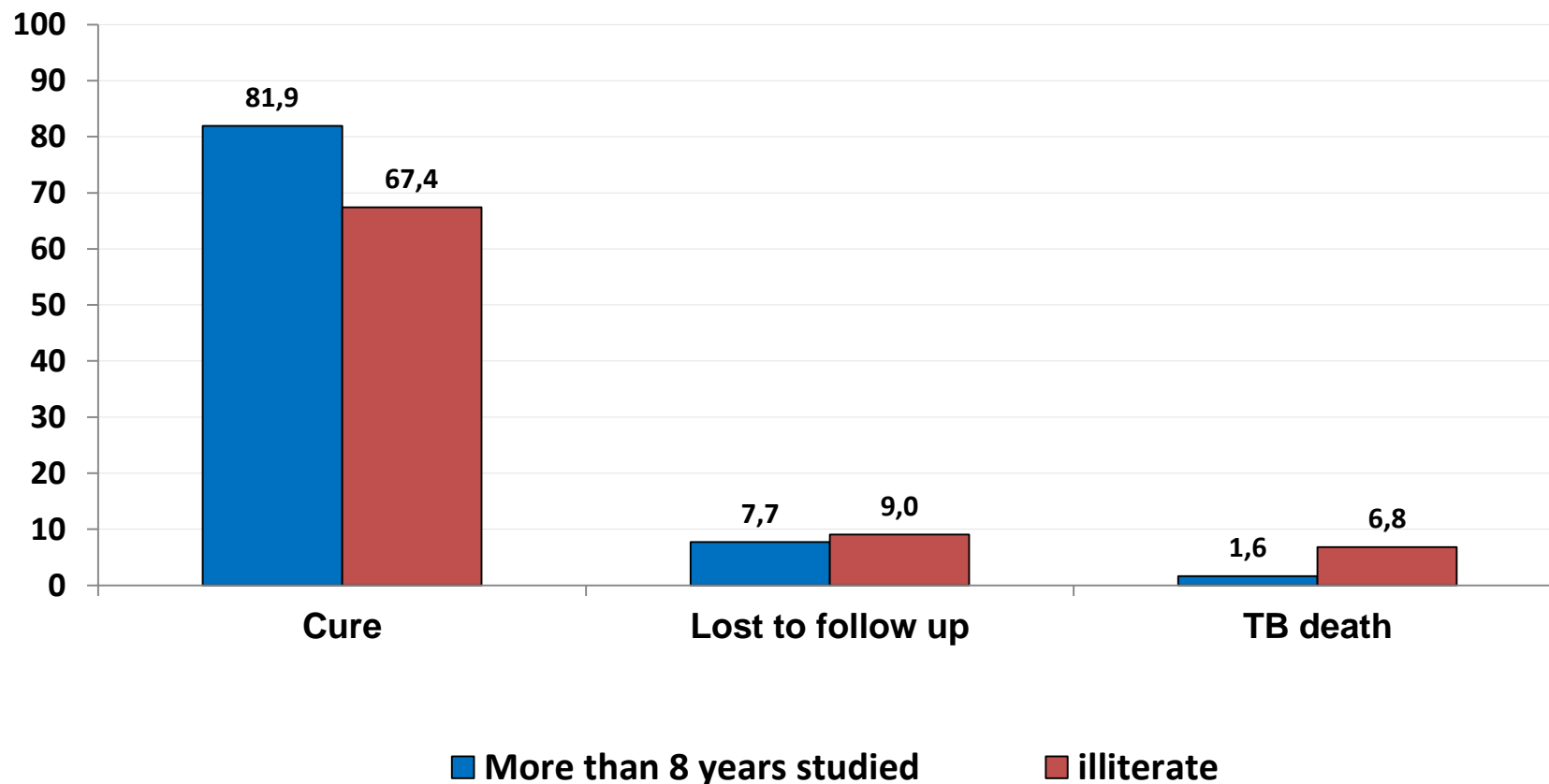
TB incidence rate according to race. Brazil, 2013

Per 100,000 inhabitants



Sources: SES; MS/Sinan/DASIS; and IBGE .

TB new cases outcomes according to years of education. Brazil, 2013



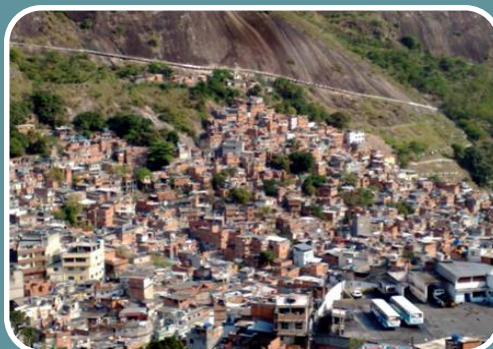
Social Protection Interventions

Social protection interventions for TB control: The Brazilian Experience

- **Public Health System (SUS):** universal access, free of charge. “Right of all, duty of the State” (Federal Constitution)
- **“Bolsa Família” Program (PBF):** benefits families in poverty and extreme poverty. Sensitive, but not specific to TB patients
 - Transfer income
 - Education and health conditionalities
 - Complementary programs
- **Unified Registry for Social Programs (Cad.Único):** instrument to collect data to identify and characterize poor families
 - 27,506,752 Brazilian families registered in the Cad.Único (around 82.4 million people registered)
 - 13,797,102 Brazilian families benefited by cash transfer (around 41.3 million people benefited)



Linkage between TB and Social Assistance Information System



2010*

23,8% of new TB cases registered in CadUnico

2011*

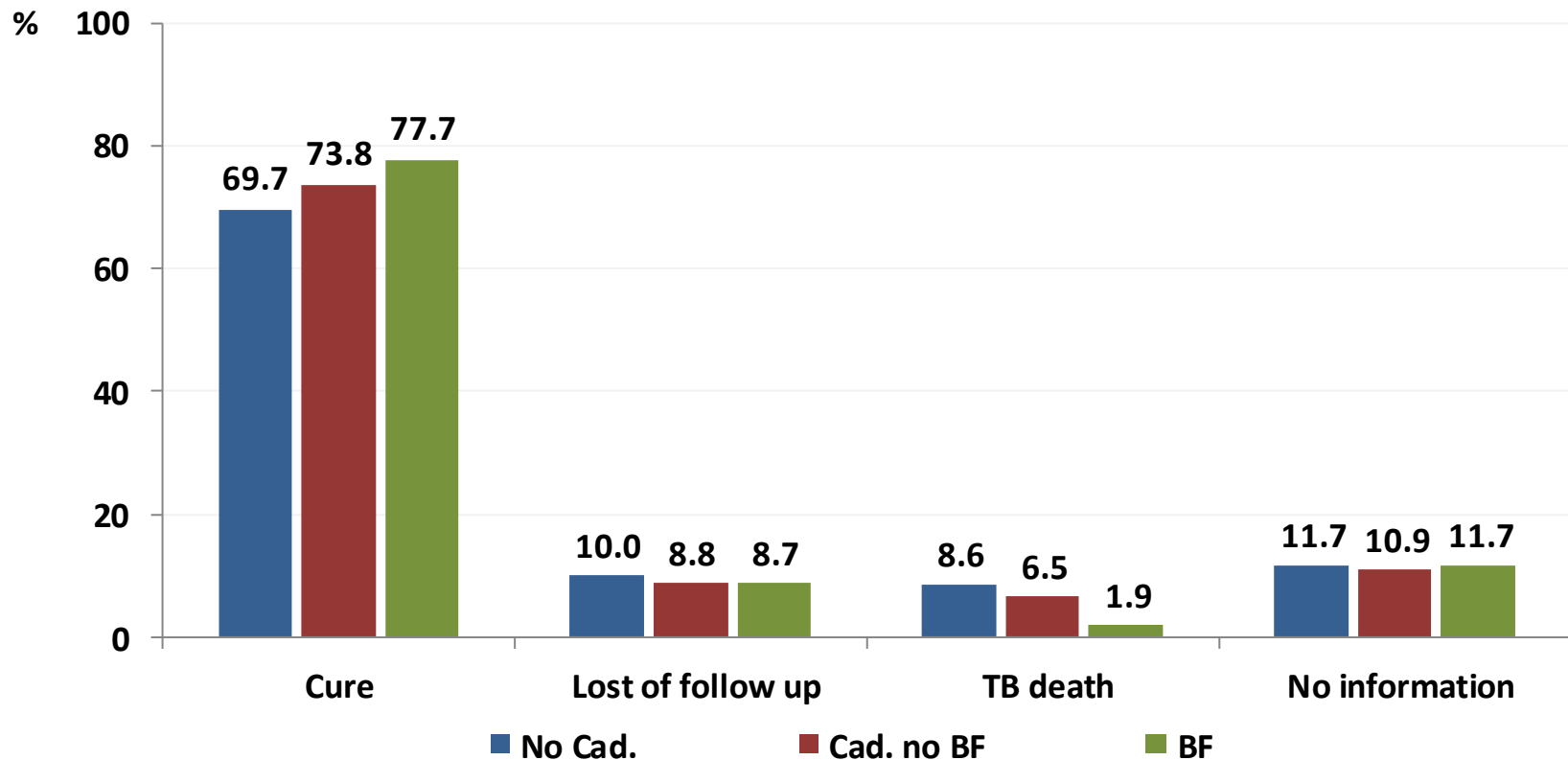
25% of new TB cases registered in CadUnico

2015

We'll perform a new linkage. More than 50% of TB cases are expected to be found

*excluding prisoners and with low coverage of homeless and indigenous people

TB new cases treatment outcome according to registration status in CadUnico. Brazil, 2010



Preliminary results of Brazilian studies analyzing Bolsa Familia and TB

Preliminary outcomes:

- 7% effectiveness of Programa Bolsa Familia (PBF) on TB cure
- 8% impact of Programa Bolsa Familia on TB incidence among Brazilian municipalities with large PBF coverage



What represents 7% of effectiveness of Programa Bolsa Familia on TB cure in Brazil?

In 2010, 1,863 TB new cases received cash transfer **after** the TB treatment. The cure rate on this population was 76.3%

If those cases receiving cash transfer **during** the treatment, the probability of cure would increase 7%, arising from 76.3% to 81.6%

Which represents to cure 5 more people out of 100 new TB cases

Some examples of social protection in Brazilian response to TB

- Standardized treatment regimens offered only by the State
- Proposal for the BRICS countries to produce and distribute TB first line drugs, free of charge, for all low and middle income countries (83 countries)
- Prioritizing most vulnerable populations, through joint actions with other related public sectors (intersectoral articulation)
- Articulation with civil society: social movement (NGOs), Parliamentary Caucus, Subcommittee on Diseases Related to Poverty, etc.
- Pursue a TB specific benefit through the inclusion of TB and other poverty related diseases in the *Bolsa Família Program* – *add specific amount of \$ to TB patients*

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