

Context and challenge: Brazil is one of 60 countries selected by the Countdown to 2015 group as a priority for child survival in the run-up to the deadline for the Millennium Development Goals. (For a more detailed explanation of Countdown to 2015, see Chapter 1, page 16.) These countries represent those with at least 50,000 child deaths or with a rate of under-five mortality of 90 deaths or more per 1,000 live births. In 2006, 74,000 children died before reaching their fifth birthday, according to the latest estimates published by UNICEF.

Although Brazil has made strong and steady progress in reducing mortality rates for children under five, there are clear geographical and ethnic disparities in death rates for infants. According to 2002 data, the aggregate infant mortality rate for the north-east region is twice as high as rates in south, south-east and central-west provinces. In Alagoas, the worst affected state in the north-east region, the infant mortality rate in 2002 was 58 per 1,000 live births, compared to a national average of around 28 per 1,000 births that year. Racial and ethnic disparities in child mortality risks are also evident, and children whose mothers are of indigenous or African descent are threatened by a much higher risk of mortality than children of European-descendent mothers.

The challenge facing Brazil, therefore, is to maintain the downward trend in overall child mortality while simultaneously adopting a strong regional and ethnic focus to health-care provision.

Approach and interventions: After pilot projects in Brazilian cities during the early 1980s, a community health worker network was created with UNICEF support as part of a

comprehensive primary-health-care initiative, the Programa Saúde da Família (Family Health Programme). Each community health worker is responsible for visiting families in the community, providing up-to-date information on health, hygiene and childcare, and monitoring and evaluating the growth and health of children under 6 years old, as well as pregnant women. Community health workers also refer residents to local health units and alert family health teams – which usually include a doctor, a nurse, a nurse technician, a social assistant and a dentist – regarding local conditions or crises. Doctors and nurses participating in the Family Health Programme receive competitive salaries to encourage them to work in poor and rural areas. Each team is responsible for around 1,000 families. The teams are jointly financing by federal, state and municipal governments.

The activities of community health workers in the Programa da Saúde include providing education on child development and protection. UNICEF equips workers with Family Information Kits that include flip charts about breastfeeding and the role of all family members in promoting healthy lives for mothers and children. More than 222,280 community health workers cover nearly 110 million people across Brazil, making this network one of the largest in the world. The network is integrated within the national system, and federal, state and municipal governments are fully responsible for funding and administering the programme throughout Brazil.

The use of field trials before implementation of the programme established that it had the potential to generate marked improvements in health. Political commitment to the network ensured its viability. Roles for the community health workers are well defined, including their designation as part

Figure 4.5

Brazil: Wide disparities in infant mortality rates between and within selected regions, by family income and by mother's ethnicity, 2002

	Infant mortality rate (per 1,000 live births)
2000	
Disparities by family income	
20 per cent richest households	15.8
20 per cent poorest households	34.9
Disparities by mother's ethnicity	
White	22.9
Afro-descendent	38
Indian	94
National Average	30.2
2002	
Regions/selected states	
Central-West	20.4
Federal District	17.5
Northeast	41.4
Alagoas	57.7
North	27.7
Southeast	20.2
Sao Paulo	17.4
South	17.9
Rio Grande do sol	15.4
National Average	28.4

Source: United Nations Children's Fund, 'The State of Brazil's Children 2006: The right to survival and development, UNICEF, Brasilia, 2005, pp. 10-11.

of local health units. Lines of referral and supervision are clear: The unit supports the health workers, and they, in turn, perform outreach for the health system in the communities. The community health workers become a central part of their local communities, and the integration of the network within national, state and municipal governments helps ensure both the sustainability of the programme and its extension into new areas of the national health system.

Results: The introduction of the community health worker programme has contributed to a reduction in infant deaths across the country since 1990. Moreover, the government has focused on the north-east region and on marginalized ethnic groups during recent years. It has also adopted a strong regional focus to child and maternal health care, and almost half of the participants who receive cash benefits from Programa da Saúde live in the north-east.