A study in Brazil shows social programs have prevented 1.4 million all-age deaths over the past two decades

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Primary health care, conditional cash transfers and social pensions have prevented 1.4 million deaths of all ages in Brazil over the past two

decades, according to a study coordinated by the Barcelona Institute for Global Health (ISGlobal). If expanded, these programs could avert an additional 1.3 million deaths and 6.6 million hospitalizations by 2030.

The COVID-19 pandemic has exacerbated poverty and social inequalities worldwide, particularly in low- and middle-income countries (LMICs). In addition, the economic consequences of the ongoing war in Ukraine and soaring inflation are expected to push even more people into poverty in the coming years. This is what we call a polycrisis: multiple crises interacting in such a way that their combined impact is greater than the sum of the parts.

In terms of public health, worsening socioeconomic conditions mean higher rates of disease and death, especially among the most vulnerable people in LMICs. But social programs can mitigate the health consequences of economic crises.

Brazil has led one of the largest welfare state expansions over the past two decades, implementing a public universal health care system along with conditional cash transfer programs (Programa Bolsa Familia) for the poorest families and social pensions (Beneficio de Prestacao Continuada) for the elderly and disabled.

Reductions in hospitalizations and deaths

In this study, ISGlobal researcher Davide Rasella and his team evaluated the combined effect of these three programs (conditional cash transfers, social pensions and primary health care) on hospitalizations and deaths over almost two decades (from 2004 to 2019). The paper, "Current and Projected Mortality and Hospitalization Rates Associated with Conditional Cash Transfer, Social Pension, and Primary Health Care Programs in Brazil, 2000-2030," was published in *JAMA Network Open*

"This is the first study to conduct a nationwide combined evaluation of cash transfers, social pensions, and primary health care for such a long period in an LMIC," says Rasella, who coordinated the study.

Using data from 2,548 Brazilian municipalities, they show that high coverage of the three programs led to reductions in overall hospitalization and mortality rates, particularly among children under five years of age and adults over 70. A total of 1.46 million deaths were averted between 2004 and 2019.

The research team then used forecasting methods to show that extending the programs to the newly poor and vulnerable could avert up to 1.3 million additional deaths by 2030.

"We clearly show that expanding these three programs is a viable strategy to mitigate the health impact of the current global polycrisis," says Daniella Cavalcanti, co-first author of the study. "On the contrary, fiscal austerity measures would only result in a large number of preventable deaths."

More information: Current and Projected Mortality and Hospitalization Rates Associated With Conditional Cash Transfer, Social Pension, and Primary Health Care Programs in Brazil, 2000-2030, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.7519

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