

Scaling up the health system to decrease disparities in infant and perinatal mortality: the experience of Belo Horizonte City, Brazil.

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Background

In the context of deep socioeconomic and health disparities as seen in Brazil, we present the experience of the Universal Health System in Belo Horizonte (SUS), covering 80% of the poor population in a city of 2 million inhabitants, which achieved significant results in maternal and infant mortality.

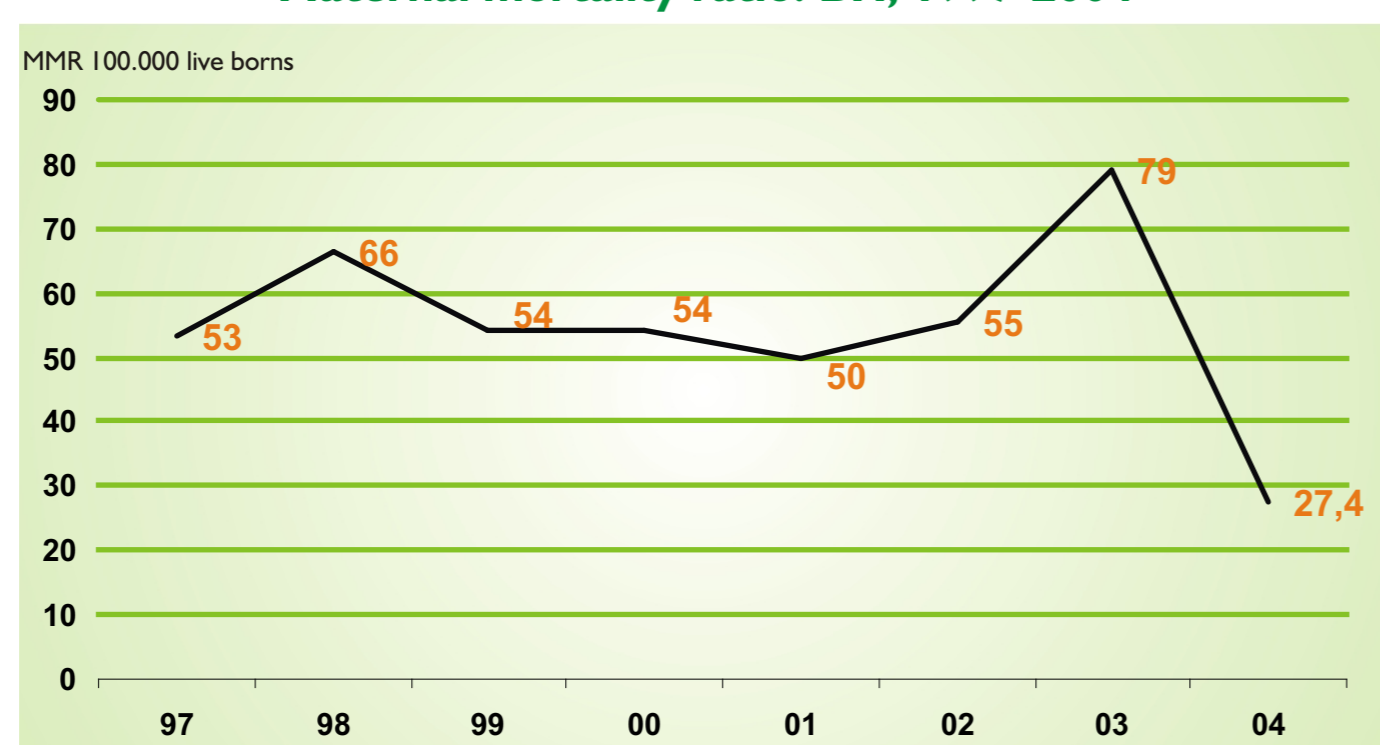
Methods

The health programs developed since 1994 are described, in addition to (as well as) the analysis of mortality trends, based on the Live Births and Deaths Information Systems and the local death surveillance.

Findings

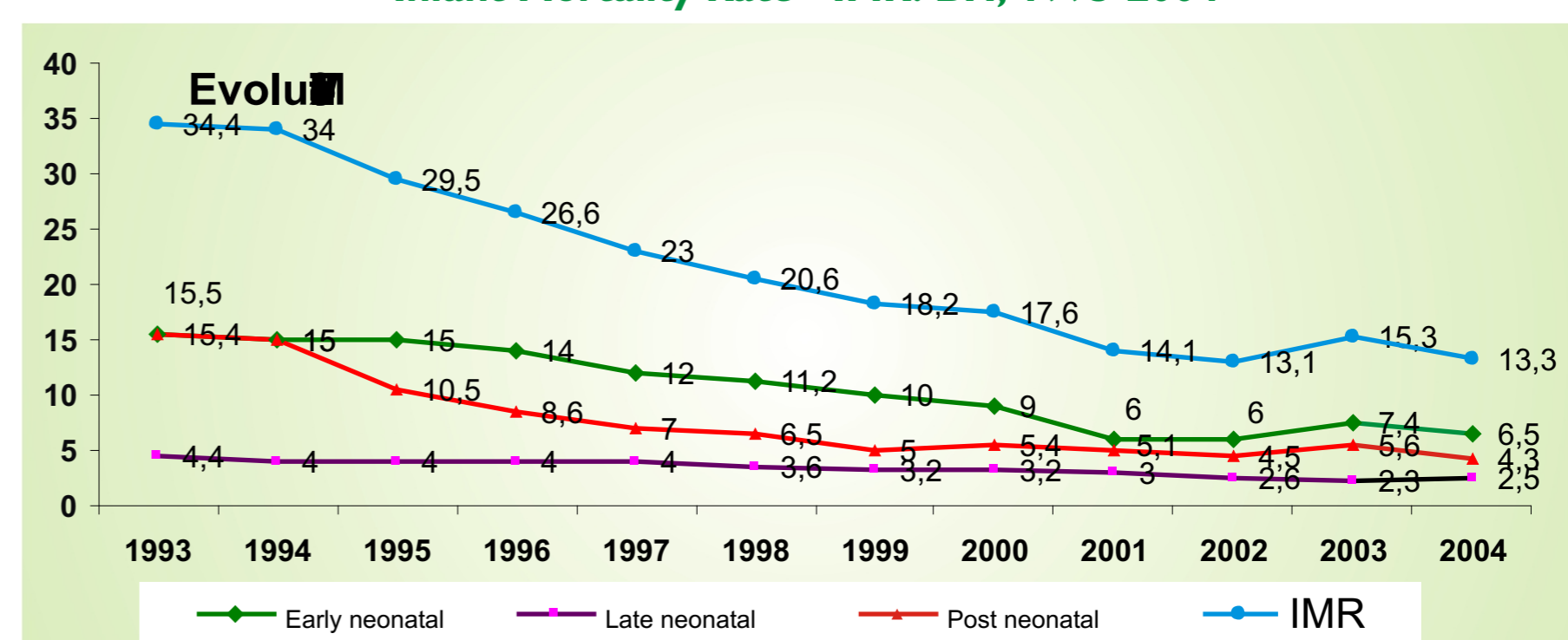
- ♦ The local government is investing approximately 20% in health care of the budget.
- ♦ Primary care (including prenatal and baby health care, immunization) is widespread, with 76% family health care coverage.
- ♦ Family planning was pioneered in 1994 as well as special programs to target breastfeeding, malnourishment and diarrhea.
- ♦ Children with asthma receive special attention, including inhalant medication, with a 75% reduction in hospital admission.
- ♦ Infant mortality decreased from 36,4 (1993) to 13,3/1000 (2004), with 70% decrease in post-neonatal mortality, with a steeper decline during 1994-1996.
- ♦ In 1993 an innovative Perinatal Commission was established to direct efforts to maternal and perinatal causes of deaths, uniting and focusing health services and social organizations.
 - › improvement in timely access to hospital During labor and hospital quality care
 - › 100% increase in hospital beds for high-risk babies
- ♦ Early neonatal mortality decreased 30% between 1999 and 2001 (9.0 to 6.0/1000), simultaneously with maternal mortality (66 to 50/100.000).
- ♦ All maternal, infant and perinatal deaths are studied in partnership with the university with medical charts review and families interview to understand the circumstances of death, providing continuous feedback to health services and polices, and pursuing further improvements.

Maternal mortality ratio. BH, 1997-2004



Source: Belo Horizonte Health Department

Infant Mortality Rate - IMR. BH, 1993-2004



Source: Belo Horizonte Health Department

Conclusion

Beyond socioeconomic factors, maternal and perinatal causes of deaths are closely related to health services, and specific efforts to improve access to quality health care for all the population - including hospital care - must be addressed.

Policy implication

This experience can be expanded to similar contexts where health system inequalities must be addressed to improve access to quality health care and decrease maternal and perinatal deaths.

