

2024 IDM Symposium Financial transfers for PHC and socio-economic deprivation in Brazil (2010-2017)



Primary Health Care and its Effects on Population Health BILL& MELINDA GATES foundation

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Overview

- a. How PHC financing is organized in Brazil
- b. Our data sources
- c. Descriptive results
- d. Scale mixtures of skew-normal (SMSN) modelling results
- e. Key takeaways





a. How PHC financing works in Brazil



a. i. PHC financing in Brazil: an overview of PHC financing composition



a. iii. PHC financing in Brazil: zoom on Federal transfers

The creation of the PAB was an innovation for federal health financing, enabling greater autonomy for municipalities in allocating federal resources.



It refers to a per capita amount to be allocated to PHC based on municipal population.

Variable Component (PAB)

- Federal financial incentives upon joining programs and strategies related to PHC.
- One of the most dynamic and predominant transfers.









b. Our data sources









b. i. Our data source for PHC financing

- Fundo Nacional de Saúde FNS (National Health Fund)
 - Information system **administered AND filled** by the MoH
 - Relates the <u>financial transfers made by the MoH</u> directly to Municipal Health Funds (for PHC, among other things)
 - Pros:
 - Almost no missing values*
 - Entries are traceable, as they include bank account numbers and transfer codes i.e.
 We have confidence that it is good quality data
 - Entries categorized <u>coherently with programatic theory/legislation</u> (e.g. Fixed PAB, Variable PAB, PMAQ, etc.) – i.e. Facilitates interpretation of findings
 - Cons:
 - **Only relates REVENUE** i.e. No information on spending
 - Only relates the part of the revenue provided by the federal level (depending on the region, that represents 40-70% of total financing available for PHC)



b. ii. Our data source for the Brazilian Deprivation Index (IBP)

- 2010 Census (Brazilian Institute of Geography and Statistics IBGE)
- Calculated based on 2010 census data for the smallest possible geographic area level: census tracts (also calculated for municipalities, used in this study)
- > It combines three variables into a single measurement:
- (1) The proportion of households with per capita income $\leq 1/2$ minimum







(2) The proportion of illiterate people aged 7 or over; It is



(3) Average proportion of people with inadequate access to: sewage, water, garbage collection and bathroom with bathtub/shower.

















c. Descriptive results

- i. Distribution of Fixed vs Variable PAB (in Brazil and in the Regions)
- ii. Composition of Variable PAB
- iii. Distribution of our data (by Region and by IBP quintile)







c. i. Distribution of Fixed vs Variable PAB

→ Overall, in Brazil, the Fixed
PAB represents, approximately,
1/3 of the total PAB











*all values corrected for inflation

c. ii. Distribution of Fixed vs Variable PAB (by Region)

Significant regional variations:

- →Northeastern region (53 million inhab) predominantly Variable PAB ≈75
- → Southeastern region (80 million inhab) greatest Fixed PAB dependency ≈ 40%
- →Centre-West (14 million inhab.) lowest (absolute) PAB transfers



c. iv. Distribution of our data



- Highly dispersed
- Extreme outliers
- IBP analysis identifies a pattern





d. Scale mixtures of skew-normal (SMSN) modelling







d. Scale mixtures of skew-normal (SMSN) modelling



 Modelling Per Capita Federal Transfers (Total PAB) with scale mixtures of skew-normal (SMSN) approach shows significance of material deprivation (IBP) as explanatory variable for PHC financing – more so than geographical region









e. Key takeaways











✓ <u>SMSN modelling allows us to study highly</u> <u>variable measures, with extreme outliers</u>

 \checkmark <u>IBP</u> is a significant covariable to employ to

understand PHC financing in Brazil, especially

due to its <u>dose-response</u> effect \rightarrow <u>high</u>

interpretability

✓ Possible pro-equity effect of PHC financing

in Brazil







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