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Eliminating the Catastrophic Economic Burden of TB: Universal Health Coverage and Social Protection Opportunities
A consultation to inform the post-2015 TB Strategy and action at national level

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud

Social Protection and TB in Latin América and the Caribbean
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Social policy is understood as “those activities that have direct impact on the welfare of citizens by providing them with services or income”.
Social Protection in Health is understood to be the guarantee, by way of public policy, that society grants in order for an individual or a group of individuals to meet their health needs and demands by obtaining adequate access to services within the health system or one of the existing subsystems in the country, without paying as a restricting factor.

2 main dimensions:

- Transforming Health System
- Intersectorial work for human development and Health
Right to Health | Social Protection in Health | Universal health Coverage
A substantial part of what is known as social policy is made up of programmes designed to provide relief, higher and better personal achievement, struggle, reducing poverty and social exclusion.

The region shows the dominant presence of the so-called Conditional Cash Transfer Programs designed to meet the income needs of population living in conditions of poverty and indigence.
During the last two decades, social policies in Latin America and the Caribbean have experienced regularities and changes in their orientations and designs, which to some extent have been the result of the predominance of certain paradigms about the role of the state, as well as those features assumed by social problems in recent decades.
“The Conditional Cash Transfer Programs (CCTPs) created along and across Latin America recognize its main experiences in “Bolsa Familia” Program (Brazil) and “Opportunities” (Mexico) and those ones like “Chile Solidario”(Chile) and the increasingly massive “Families in Action” (Colombia), which are programmes aimed to tackle some serious deficits of social policy in the region, at least in terms of assistance to those sectors of population in conditions of poverty. The massive scale of these programs and their progress of placing the emphasis on trying to reduce the intergenerational transmission of poverty are two highlights of this type of experience increasingly visible and recognized”. (Repetto, Fabián, 2010:53)
“At present, the conditional cash transfer programs to be invested in human capital and capability development have broadened dramatically throughout the region becoming the main tools of poverty reduction in many of the countries of Latin America and the Caribbean”. (CEPAL, 2007/ECLAC, 2007)

They have been drawn up as a tool to improve the living conditions of the population excluded from contributory social protection systems linked to the labor market; they have been presented as a no-tax “family allowance” addressed to the most vulnerable sectors with greater difficulties of re-integration into the labor market.
The evaluations of the most significant CCT carried out programs (Bolsa Familia in Brazil and Opportunities in Mexico, tc) show that they are a contribution to improve the income of families in poverty and destitution; but still there is not enough evidence to gauge its impact on poverty reduction in the long term as well as improvement in the quality of health, education, nutrition and the development of life projects of people and families in order to overcome the situation of intergenerational reproduction of poverty.
CCTPs are based on five aspects or characteristics which back up the logic of this type of intervention or social policy:

a. They are intended for people in poverty and/or destitution.

b. The recipients are selected by using statistical tools to measure the level of poverty (Unsatisfied Basic Needs, Surveys or statistics on Household Income, Quality Life Index, Household Surveys, Standard of Living Surveys, etc.).

c. They transfer money (also called economic support, subsidy, bonus, bonus share depending on the country).

d. Recipients are required to perform some activities that become obligations or commitments (also called “co-responsibilities” or “trade-off”) linked to children’s education and health.

e. The woman in charge of the children is generally the recipient or economic support holder.
<table>
<thead>
<tr>
<th>Capital Human Investment</th>
<th>Co-responsibilities/trades-off/commitments taken on by recipients</th>
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<tbody>
<tr>
<td>Health and Nutrition</td>
<td>Periodic health controls, growth control. Complete Vaccination Programmes (immunization) for children under five years old. Pregnancy control. Perinatal care for mothers. Regular attendance at lectures on health information in some cases (not all).</td>
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<tr>
<td>Education</td>
<td>School Enrollment. School attendance between 80 and 85% of the school days and occasionally some performance assess.</td>
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TB and Social Protection

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<th>Factors that influence TB appearance</th>
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<td>Poverty and living conditions.</td>
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<td>Low and unstable income level, precarious labor insertion, overcrowding, poor ventilation and poor diet.</td>
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<tr>
<td>Health people situation.</td>
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<td>HIV infection, malnutrition, smoking, alcoholism, drugs addiction.</td>
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<td>Health services offer and health centers accessibility.</td>
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<td>Fragmentation, lack of suitable human resources – quantity and quality -, difficulties on the early detection of cases difficulties on the monitoring of cases; low disposition and possibility to design an intersectorial and interjurisdictional work.</td>
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<tr>
<td>Cultural and idiosyncratic charts.</td>
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<tr>
<td>Perceptions about body, health and sickness, life habits, language barriers, etc.</td>
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Considering poverty context as the underlying factors of TB appearance, it is very important to identify strategies of social policies that shall facilitate bonds among people and a familiar approach of living and health conditions. In this way, the Income Conditioned Transferences Programs constitutes a privileged entrance door to identify, detect and get close people and families with the different social services, among them, health.
Rank of the CCTPs in relation to TB: actions of detection and/or treatment and/or accompaniment.

The criteria considered in order to construct the three categories are as follows:

• **Group 1 - High potentiality**

It included those CCTPs based on a familiar / comprehensive approach of the difficulties and needs of families under the program.

The CCTPs consider actions of "closeness" such as familiar accompaniment, agreed participation and definition of goals of personal and familiar development, monitoring of familiar agreements, support to manage the access to benefits, services and specific actions in relation to health difficulties predominant in the target groups of the program.

These CCTPs consider also a logical social intervention based on a continuous tie with beneficiaries, in order to assess the results and improvements.

Paying particular attention to the field of health, they suggest a correlation with the health system not only for the performance and fulfillment of compensations or co-responsibilities from the beneficiaries but also for the promotion and education for health and social risk prevention.
• **Group 2 - Medium potentiality**

The group refers to those CCTPs based on compensations that include not only health checkups but also actions of health education, prevention and promotion.

Generally speaking, most of these CCTPs consider health access and control for groups made up of children, teenagers and pregnant women. These actions do not consider the whole family group; nevertheless, some of these programs include senior citizens and disabled people.

They require the performance of health compensations by the target group. They have a detailed database of people and/or family groups registered geographically.

In this group of programs, the proximity of the tie with beneficiaries is not close neither permanent as the CCTPs registered under Group 1. Consequently, the identification and approach of TB cases meet higher barriers to be detected, requiring additional operative efforts for data collection and the direct contact with the aforesaid cases.
• **Group 3 - Low potentiality**

This group includes those CCTPs that even if they consider health and education compensations, the emphasis are on actions towards strengthen the economic income and generation of alternatives of productive inclusion. On the other side, they do not present an intervention modality that implies a permanent and systematic correlation grade with beneficiaries. Similar to Group 2, the possibility to develop early warnings in relation to TB, identification and approach of TB cases from the structure of the proper TB is more difficult.
### Potentiality rank of the CCTPs
For the coordination with actions in TB

<table>
<thead>
<tr>
<th>Group</th>
<th>CCTPs</th>
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| **1° GROUP- HIGH POTENTIALITY** | MEXICO: OPPORTUNITIES  
BRASIL: BOLSA FAMILIA  
CHILE: CARING CHILE  
COLOMBIA: FAMILIES IN ACTION- JOINED NETWORK  
PANAMÁ: OPPORTUNITIES NETWORK  
PARAGUAY: TEKOPORÁ  
PERÚ: JOINED  
TRINIDAD Y TOBAGO: Targeted Conditional Cash Transfer Program |
| **2° GROUP- MEDIUM POTENTIALITY** | HONDURAS: BOND 10.000- EDUCATION, HEALTH AND NUTRITION (2010)  
BOLIVIA: BOND JUANA AZURDUY – BOND JUANCITO PINTO  
ECUADOR: HUMAN DEVELOPMENT BOND  
GUATEMALA: MY ASSURANCE BOND  
NICARAGUA: SOCIAL PROTECTION NETWORK  
REPÚBLICA DOMINICANA: SOLIDARITY PROGRAM |
| **3° GROUP- LOW POTENTIALITY** | TRINIDAD Y TOBAGO: TARGETED CONDITIONAL CASH TRANSFER PROGRAM (TCCTP)  
JAMAICA: PROGRAMME OF ADVANCEMENT THROUGH HEALTH AND EDUCATION (PATH)  
EL SALVADOR: SOLIDARITY COMMUNITIES  
BELICE: BUILDING OPPORTUNITIES FOR OUR SOCIAL TRANSFORMATION  
ARGENTINA: AUH- PORTEÑA CITIZENSHIP  
URUGUAY: FAMILIAR ALLOWANCES  
COSTA RICA: IMPROVE |
SUMMARY

- Social Protection in Health as a concept should be the basis to transform Health Systems towards Universal Health Coverage.
- Also, Social Policies should address people special needs related to health or caused by health problems.
- Conditioned Cash Transfer Programs are widely disseminated in all the region.
- Some of these Programs are able to include criteria, plans and actions to give support to families including members with TB.
Thank You