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## **INTERVIEW ABOUT CHILD MORTALITY AND COVID-19 PANDEMIC**

**Unlike maternal mortality, Brazil has achieved the targets for infant mortality in the Millennium Development Goals (MDGs). After 2015, a lot happened in the country, such as Constitutional Amendment 95, the shrinking of social policies, public health emergencies of international interest such as Zika and Covid-19, the country's return to the hunger map, among others. As of 2023, compensatory public policies are expected to resume. Given this complex scenario, what are the expectations for achieving the targets of the Sustainable Development Goals (SDGs) in relation to child deaths?**

Analysis of the infant mortality rate (IMR) in Brazil from 2010 to 2021 shows a downward trend, with an annual rate of decline of 2.1% per year. In the period from 2016 to 2021, the annual rate of decline fell to 1.5% per year. However, when infant deaths are analyzed separately from live births (LB), infant deaths had a higher rate of decline from 2016 to 2021 (3.1%) than from 2010 to 2015 (1.2%), despite the unfavorable context and the problems of Covid-19. LB showed stability in the first period (2010-2015), but decreased by 1.6% in the second (2016-2021). Therefore, the lower rate of decline in IMR in the period from 2016 to 2021 is likely due to the decline in fertility among Brazilian women. If the decline in infant deaths continues at the same rate of decrease, or even greater with the resumption of social policies, and the annual number of LBs reaches a level of stability, we can expect to reach the targets.

**In its bulletin on the years 2015 and 2016, Abrasco revealed an increase in the infant mortality rate in all Brazilian regions except the South. What happened then?**

In the two periods considered in this analysis, the behavior of IMR was similar in all regions, with higher rates of decrease in IMR in the first period (2010-2015) than in the second (2016-2021). With regard to regional inequalities in infant mortality, from 2016 to 2021, the North continues to have the highest rates (around 15 per 1000 LB), while the South has the lowest ones, around 9 per 1000 LB. The increase in 2015 seems to be a one-off, since from 2016 to 2021, all regions showed a decrease in the IMR, with annual rates of decline of 1% in the North, 1.5% in the Southeast, South and Midwest, and 2.0% in the Northeast.

**How did the government manage the health crisis in the face of the Covid-related health emergency and what were its implications for the health of women, children and the population in general?**

The Covid-19 pandemic in Brazil has highlighted the vulnerabilities of the health system and the fragility of Brazilian public policies for dealing with the emergency. Testing all suspected cases was one of the recommendations of the World Health Organization (WHO) to control the spread of the epidemic. However, months after the Covid-19 epidemic arrived in Brazil, supplies of diagnostic tests were still unavailable in public health services. The scarcity of Covid-19 diagnostic tests in public health services and the Ministry of Health (MoH) patient management protocol, with mandatory testing only for severe acute respiratory cases, prevented the tracing of cases and the isolation of those infected, resulting in the spread of the disease. In addition, the federal government strategies were focused on minimizing the severity of Covid-19 and using drugs that have been proven to be ineffective. False and contradictory messages from Brazilian government politicians diverged from and competed with the guidelines and good practices recommended for controlling the epidemic (SZWARCOWALD et al. Covid-19 mortality in Brazil, 2020-21: consequences of the pandemic inadequate management. Arch Public Health. 2022).

In Brazil, the Covid-19 mortality rate was 14.8 (/10,000) in the years 2020-2021. Mortality rates increase with age and show a decreasing gradient with increasing education, with a mortality rate among illiterate people of 38.8/10,000, three times higher than individuals with higher education. In terms of proportional mortality, deaths from Covid-19 accounted for 19.1% of all deaths, with the highest proportions in the 40-59 age group. The average number of years lost due to Covid-19 was 19 years. The peak of deaths from Covid-

19 occurred in March 2021, reaching almost 4,000 deaths per day from Covid-19, a number higher than the average number of deaths per day from all causes in 2019. With regard to infant mortality, there was no significant increase related to Covid-19. In 2020-21, the IMR was 11.7 per 1000 LB, with only 0.2 attributed to Covid-19.

Maternal mortality was the most affected. In an as yet unpublished study, maternal mortality ratios (MMR) per 100,000 live births (LB) were estimated by states, separately by Covid-19 and for all other causes, according to state and Major Regions. In the years 2020-2021, the total MMR exceeded 100/100,000 LB in several states in the North, Northeast and Midwest regions, as well as in the state of Rio de Janeiro, critical values that had not been reached for several years. In Roraima, the total MMR reached 210 per 100,000 LB. Maternal mortality due to Covid-19 explained 37.4% of all maternal deaths in Brazil, but reached proportions higher than 50% in Rondônia (61.9%), Roraima (55.2%), Tocantins (51.6%), Rio Grande do Norte (51.1%), Paraná (51.3%) and Mato Grosso (50.4%).

**One aspect of the Covid-19 pandemic that has not yet been discussed enough is the orphanhood of children and adolescents and its implications for them, their families and society. You recently published an article with collaborators on this issue. What were the most relevant results?**

Regarding the number of orphans due to Covid-19, we estimate that 40,830 children under the age of 18 lost their mothers during the pandemic, with an orphan rate of 7.5/10,000 children aged 0-17. It is recognized that the death of a parent, particularly the mother, is linked to adverse outcomes throughout life and has serious consequences for the well-being of the family, profoundly affecting family structure and dynamics. In addition, if the parent contributed to the household income, their death can change the family standard of living with negative consequences for the orphaned children.

**What interventions could contribute to achieving a consistent reduction in infant morbidity and mortality and which ones should be a priority?**

Despite the decrease in IMR in Brazil, regional and socioeconomic inequalities remain. Information related to the consequences of the Covid-19 pandemic shows that low-income families were the most affected and have the greatest difficulty in recovering their income and/or finding work or employment, experiencing food insecurity and hunger. The resumption of the socioeconomic development process and various health programs, such as

the Family Health Strategy and the universalization of childhood immunization, combined with income transfer programs, could contribute to greater equity in children's health conditions. However, due to the high rates of maternal mortality found in some states, prenatal, childbirth and postpartum care should be given special attention, in order to better understand the care provided during pregnancy and childbirth, which was highly affected by Covid-19.