A Study on Poverty Governance Strategies for the Elderly in Developing Countries—Taking Brazil as an Example

Sai-Yu ZHANG
School of Marxism, Minjiang University, FuZhou, Fujian, China
zsy8zwx@126.com

Keywords: Developing countries; Elderly poverty management; Revelation.

Abstract. Population aging is intensifying, and the governance of poverty among the elderly has become a common global problem. As the largest developing country in the western hemisphere, Brazil is also actively exploring ways to deal with the aged poverty in the face of its severe poverty problem in the elderly. We will vigorously develop social assistance and pensions, implement the sustainable welfare provision plan and rural social welfare plan, and actively improve the medical security system. It focuses on giving full play to the government's functions in the governance of the elderly poverty in rural areas, continuously promoting the institutionalization and synergy of the governance of the elderly poverty in rural areas, and enhancing the medical access of rural residents, which has important reference significance for the policy selection and governance practice of the elderly poverty governance in developing countries.

Introduction

Since the Second World War, developing countries have carried out poverty control actions successively, and gradually formed planned and organized poverty control strategies. Brazil is the largest developing country in the western hemisphere, one of the fastest growing countries in the world and one of the most unequal countries in Latin America. Absolute poverty still accounts for a large proportion of the population. As Samuelson once described it, "Brazil is not so much an underdeveloped country as a highly unbalanced one."[1] Since the mid-1980s, Brazil has embarked on extensive economic reforms, achieved positive economic growth, improved social inequality and achieved significant results in poverty control. The poverty problem in Brazil has certain similarities with that in China. The problems encountered in the poverty governance process and the strategies adopted by Brazil will exert positive influences on the poverty governance of the aged rural residents in China.

Poverty among the Elderly in Brazil

In order to get rid of poverty and backwardness, since the 1960s, the "development pole" strategy, "real plan," "zero hunger plan" and "no poverty plan" have been implemented successively. The economy has achieved rapid growth and the poverty population has been greatly reduced. In November 2014, the institute of applied economics pointed out that between 2003 and 2013, the number of poor people in Brazil decreased by 53.6 percent and absolute poverty by 60 percent. In recent years, Brazil's economy has been slowed by rising inflation, high debt and political instability. According to the international monetary fund (IMF), "Brazil's economy grew by minus 3.8 percent in 2015 and is expected to grow by only minus 3.3 percent in 2016, which means that Brazil has negative growth for two consecutive years."

More people are entitled to pensions, nutrition has been improved, life expectancy has increased and the population is ageing. Brazil's population has doubled in the past three decades, while the number of retirees has increased 11-fold. In 2017, the world bank redefined international poverty standards. Brazil's ranks of poor have ballooned from 8.9m under the old standard to 45.5m, or 22% of the population.[3] Due to the economic recession and aging population, the number of people living below the absolute poverty line rose from 10.1 million in 2012 to 10.5 million in 2013, worsening poverty among the elderly.
The main factors that cause poverty among the aged in Brazil include: first, the inadequacy of social security system. In order to narrow the poverty gap, Brazil established a social security system, but it failed to effectively contribute to the governance of poverty among the elderly. On the one hand, Brazil's urban and rural social security is serious dualism, low coverage. From 1990 to 2006, the coverage of rural social security was 19%. Coverage in the urban formal sector is as high as 84.8 percent. Meanwhile, Brazil's social security system is unequal, favoring the privileged in particular. The huge gap in pension payments exacerbates the gap between the rich and the poor. On the other hand, due to the unreasonable regulation of the social security system, frequent occurrence of fraudulent behaviors and inadequate social security management and supervision, the social security resources are seriously wasted, the social security resources are not optimized allocation, and the maximum effectiveness cannot be exerted in the governance of old age poverty. Second, the land problem is serious. High concentration of rural land and unreasonable land ownership result in high concentration of social wealth in the hands of a few people. According to the Brazilian bureau of geographical statistics, 1% of landowners account for 44% of all cultivated land. And low land use, with large landowners seizing land for profit, has left many farmers hungry and pushed many rural Brazilians into poverty.

The Main Measures of Poverty Control for the Aged in Brazil

Develop Social Assistance and Pensions

Social assistance in Brazil is widely praised as an important driver to promote poverty management, reduce poverty among the elderly and improve inequality. At present, Brazil has established a relatively independent social security system, and its relief forms have been constantly innovated and developed. This system reflects the policy foundation based on civil rights and state responsibilities, including social assistance based on civil rights and social insurance of payment type. One is the implementation of continuous welfare provision (BPC). The program, known as the social assistance pension plan, provides government-led, non-contributory social assistance subsidies to rural elderly and disabled people. The scheme, which benefits people aged 70 and over, the disabled and those with a household income of less than a quarter of the minimum wage, has given a big boost to poverty among the elderly. Second, we will implement rural social welfare plans (PSR). To enlarge the coverage of social insurance programs, rural informal workers in social welfare programs will be engaged in agricultural benefit object, women aged 55 and above and men aged 60 years and older, can prove once engaged in informal employment in mining, agriculture, or fishing, to social insurance and pay more than ten years and, you are eligible for a month a pension equivalent to the minimum wage.

Although there are many differences between BPC and PSR, there are similarities in terms of payment levels, beneficiaries and financing channels. Both programs have expanded coverage of elderly households in rural and urban Brazil, which has one of the highest pension coverage rates for middle-aged and elderly people in Latin America. Is to poor old people can effectively promote poverty reduction, provide cash because these two transfers can be Shared in the family internal implementation, which greatly reduced the impact of the economic transformation of poor families, to stimulate the economic development of rural areas, as these plans continue to advance, to poor governance and alleviate the effect of old age poverty will be further strengthened.

Improve the Medical Care System

In order to solve the existing medical problems, Brazil decided to establish a "unified medical system" with free medical care for all people, supplemented by individual medical insurance [4]. The system follows the concept of "zoning and grading." Residents generally seek community health stations first to see a doctor, according to their own conditions, and then choose secondary or tertiary hospitals. To optimize the allocation of health care resources, Brazil's ministry of health has set clear guidelines on what types and doses of drugs people of different ages should be injected
with. In order to improve the management level of "unified medical system," a four-level medical information network at the federal, state, regional and municipal levels has been set up, and the "national medical card" magnetic card system has been used, which is helpful for relevant departments to timely and accurately understand the number of patients, drug demands and doctors' working conditions of hospitals at all levels. Audit regulators can also monitor money more easily and prevent and monitor pandemics more effectively. In order to reduce the burden of medical care for ordinary people, the Brazilian ministry of health, in collaboration with municipal governments and charitable organizations, has successively established a large number of low-cost pharmacies with drug prices as low as 40-85% of the market price in major cities across the country, and actively promoted the use of a large number of domestic generic drugs. At the same time, the rural family health plan, which is managed and operated by the federal and state governments, has been specially implemented to continuously improve rural medical and health services [5]. The program enables access to medical services for farmers to reach at least 90 percent.

Although Brazil's "unified health system" still exist many problems, the current medical system also needs reform, but the system is running to nowadays, benefit the population is as high as 90%, the people feel the real sense of "get," this is given priority to with "unified health system," individual medical insurance to supplement the medical system, basic to achieve the goal of universal access basic medical services, the vast majority of the old basic don't have to worry about because of sickness poor or Chinese due to illness, providing free medical level, the Brazil in the top in the world.

The Reference Value of Brazil's Poverty Governance Policy for the Aged to Other Developing Countries

Give Full Play to the Government's Role in Managing Poverty among the Elderly in Rural Areas

Effective government is one that can govern and is good at governing. The government is playing a very important role in the policy making, fund raising and organization implementation of the rural elderly poverty control. Brazil's government in the implementation of continuous welfare provide programs (BPC), the rural social welfare programs (PSR) and health care in the development of Brazil, better realize the government financial support, the responsibility of the administrative management, system design and functional regression, on fund-raising, given the strong financial support, make the plan implement smoothly; To fulfill their administrative responsibilities, we will implement system construction, management, fund management, and supervision and management. In terms of system development, the government has actively carried out error correction and exerted the maximum effectiveness of the system. For a long time, in the development of rural medical care and rural pension security, the government's functions and responsibilities are not clear, the financial input is seriously insufficient, the administrative management is inefficient, the supervision and management is absent, and the system construction is insufficient, which leads to the poor governance level of rural elderly. Therefore, in the process of rural poverty governance, we should pay more attention to it, give full play to the government's role in poverty governance, increase financial support for rural poverty governance, improve the administrative management and supervision system, and accelerate the improvement of relevant systems. In recent years, due to the worsening fiscal deficit in Brazil, the long-term fiscal imbalance has affected the implementation of poverty control plan for the elderly. Therefore, the Chinese government should proceed from the national conditions, scientifically and reasonably anchor the functional boundary, and carry out the governance of rural old age poverty according to its capability.
Promote the Institutionalization and Synergy of Poverty Management for the Elderly in Rural Areas

To promote the coordination and integration of poverty control projects, optimize the top-level design of poverty control for the aged in rural areas, strengthen the institutionalization construction of poverty control, and strive to achieve a benign system cycle, which is one of the necessary ways to fight against poverty in China. The inclusion of BPC and PSR into the constitution reflects the issues based on civil rights. These two programs are more institutional than Brazil's family subsidy program. These plans in the elderly poverty governance contribution, the reason is not only in the implementation level, but also in the planning and design of the plan itself and target positioning, therefore, poverty governance forward-looking and institutionalization is very important. Brazil's poverty plan represents, to a large extent, several independent actions, and this integration is reflected in both horizontal and vertical dimensions. In terms of horizontal integration, Brazil's federal programs include continuous welfare delivery (BPC), rural social welfare (PSR) and "unified health care system," which provide effective direct transfer payments and become an important means to deal with poverty and vulnerability. Vertically, consolidation involves almost all actions at the federal, state, city, district, and manor levels. At the same time, it is also very important to coordinate the poverty control plans. Look from the surface, to implement the plan seems to be relatively independent of Brazil, in fact, Brazil's basic social security program by Brazil's social assistance center (CRAS) provide prevention poor social services, while more complex issues need to social security ministry responsible for Brazil, with the expansion of the scope of social assistance pension plan and execution progress continues to advance, its validity will continue to improve. Our country should absorb the valuable experience in the poverty management practice of Brazil and India, continue to promote the institutionalized construction of the rural elderly poverty management, promote the integration and coordination of various poverty management plans, can receive considerable results.

Improve the Rural Medical Security System and Increase Access to Medical Care for Rural Residents

To improve the equity, accessibility and operability of medical security, and to promote the sharing of medical resources are important conditions for improving the governance level of rural elderly poverty. Brazil has established a "unified health care system" that provides free health care to all, reaching up to 90% of the population. Moreover, there is almost no other health insurance system in urban and rural areas in Brazil, which is surprisingly fair and accessible. China is a large country with a large population, and the poor population is mainly in rural areas. The poverty of the elderly in rural areas is serious. Urban and rural medical security is seriously dual, rural medical security level is low, medical equipment is backward, medical staff is extremely short. Actively learn from India and Brazil's health care development experience, to strengthen the construction of the integration of urban and rural medical security, expand the rural health care coverage, pushing the fairness and accessibility of medical security system and operability, and build a guard against the rural elderly poverty due to illness and prevent Chinese safety net due to illness, really reflect the goal and the pursuit of "sharing".

Acknowledgements

This work is supported by the Annual General Project of National Social Science Fund in 2019. Research on Innovation of Poverty Governance Model for Rural Elderly after Poverty Relief (project no: 19BKS195).
References


[2] Brazil's economic growth or from negative to positive development road is still bumpy [EB/OL]. China financial news. www.financialnews.com.cn/hq/yw/201701/t20170114_111203.HTML.

