**Effect of the Bolsa Familia Programme on tuberculosis treatment outcomes**

Tuberculosis is strongly influenced by social determinants and has a direct relationship with poverty and social exclusion. Janaina Oliosi and colleagues concluded that being a beneficiary of the Bolsa Familia Programme (BFP) was an independent influencing factor on the positive health outcome among people having pharmacological treatment for tuberculosis in Brazil, in terms of cure and lower treatment dropout numbers.

In fact, this finding is in line with other studies that show that cash transfer to people with tuberculosis is a beneficial factor to increase adherence to the proposed treatment, because of their social vulnerability. Furthermore, one of the requirements to be selected as a beneficiary of the BFP, created by the Brazilian Government in 2001, is the monitoring of women’s health, which also explains their increased adherence to public health services, as evidenced by Oliosi and colleagues in their Article.

In Brazil, the new End Tuberculosis Strategy after 2015, as approved by the World Health Assembly in 2014, recommends social protection strategies for tuberculosis cases. Within the scope of programmatic actions, the National Tuberculosis Control Programme works in an articulated manner with social assistance programmes. Many municipalities in the country already provide social benefits or incentives to strengthen adherence to tuberculosis treatment. Local initiatives at municipal or state levels include different incentives, such as cash for food and transportation, among others, which was not investigated by Oliosi and colleagues.

Assessment of the living conditions that caused the disease is extremely important to provide families living in poverty with social benefits, including the BFP. Health-care services should take these conditions as inclusion criteria to be a beneficiary of the BFP.

As shown by Durovni and colleagues, who analysed the effects of the BFP in Brazil and the relationship between cash transfer programmes and the outcomes of tuberculosis treatment in Rio de Janeiro, it cannot be concluded that the BFP alone is sufficient to improve the outcomes of tuberculosis treatment. In Brazil, together with cash transfer policies, highlighting the importance of public health policies implemented in recent years is vital, especially by expanding access and organisation of health services, such as the Family Health Strategy, which improve health care and promote the quality of life of people who were long unassisted. Despite public health policies, such as the Family Health Strategy, federal government grants are insufficient to meet the needs of the Brazilian Unified Health System for these activities.

We declare no competing interests.

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