RESEARCH PROPOSAL

CHILD HEALTH, POVERTY AND THE ROLE OF SOCIAL POLICIES

DENISARD ALVES
FIPE
São Paulo-Brazil
March, 24, 2003
I. Introduction

It is now fairly widely acknowledged that investments in education, investment in sanitation, investment in health facilities, scientific development, diffusion of information and communication progress usually defined as technical progress, in general, may not only improve the chances for survival of the infant but also enhance their opportunities for escaping from poverty as adults. Infant mortality declined in Brazil in the last 30 years: in 1970 it was 117 in 2000 it was 32. Even thought infant mortality rates decrease quite a lot off the dispersion across Brazil permits rates around 70 in northeast and as low as 10 in the Santa Catarina a southeastern state of Brazil. Alves (2003) shows that reduction of illiteracy rate, improvement in sanitation and health facilities along with technical change contribute a great deal to explain the decline in infant mortality rates between these two moments in time\(^1\). With these considerations in mind, a number of poverty alleviation programs in Latin America (such as PROGRESA in Mexico, PRFA in Honduras, RPS in Nicaragua, Familias en Accion in Colombia, and PATH in Jamaica) have shifted the poverty alleviation effort towards helping families invest in their children survival and education\(^2\). These programs are based on the premise that the fundamental causes of infant mortality are factors related to demand such as low household income and/or infrequent use of health facilities

\(^1\) Alves (2003a) used 1991 and 2000 censuses data at the municipality level to form a panel to study infant mortality decline. The 2000 census data used in the study were still preliminary. Several important variables were not available at the time the study was done. However, the available data present supported evidence that education, sanitation and health facilities contribute significantly to the decline of infant mortality rates in Brazil. The study also showed that dispersion of infant mortality rates is still quite large: southeastern regions presenting numbers quite low while northeastern region presenting very high rates.
(Skoufias and Parker, 2001). As pointed out by the TR\(^3\) Skoufias and Parker (2001) conclude that “even in the programs for which rigorous impact evaluations have been undertaken it is practically impossible to distinguish whether the observed improvement in children’s health is a consequence of the cash transfers provided by the program, or whether child health is improved simply because the program provides households with micronutrient supplements and requires visits to public health facilities on a prescribed frequency”.

The TR argues, “more generally, the primary factors that determine household investments in children are yet to be determined”. And poses the question for the researchers to address: “Are they factors that contribute improve child health, such as low level of household income and education, or factors that relate to constraints on the supply side such as ease of access to information and public health facilities?”

In Brazil there are large differences in infant mortality rates across regions, and large inequalities in the distribution of income and health across and within regions. Thus, there still remain serious challenges for policy makers striving to alleviate poverty, reduce inequality and improve human capital and development in a cost-effective manner. Improved information about the determinants of infant mortality rate and child health would facilitate the development of better policies to help meet these challenges.

II. Objectives

The objective of this research proposal is to address some of these issues by examining the private and public determinants of household investments in one specific form of human capital: children’s health during their first years of life in Brazil. Malnutrition at the early

---

2 Bolsa Escola is an example of this new orientation in program goals: cash money received by the family only when the child is at school.

stages of life can lower child resistance to infections, increase child morbidity and mortality. Identifying the influence of household characteristics and community characteristics on the determination of children’s health is useful for planning effective health policy. Health planners need such information to plan and set priorities for intervention strategies to reduce infant mortality, to improve child health, and to assess the effect of interventions. Specifically, the objectives of the project are to identify:

(i) The private and public determinants of infant mortality and child health;
(ii) The extent to which the private and public determinants interact and whether interactions suggest gross substitution or complementarities.

(iii) The types of programs and interventions that are associated with improved child health and, consequently, with lower infant mortality.

Child nutrition and health are among the main commodities produced within the household. Because these commodities typically are produced under the responsibility of mothers, the human capital embodied in mothers may have significant impact on children’s health status. If better educated parents are more successful at protecting or improving their children’s health status (holding everything else constant), the cost-effectiveness of public health programs aimed at reducing infant mortality such as programs to improve child nutrition and health, can be increased by prioritizing the types of households to be targeted.

---

4 The consequences of child malnutrition during the preschool period have been studied extensively (Beaton, et al., 1993, Bhutta, et al., 1999, Bleichrodt and Born 1994, Lozoff and Wachs 2000, Pelletier, Frongillo and Habicht 1993, Pelletier, et al., 1995, Rose, Martorell and Rivera 1992, Wachs 1995). One consequence is increased mortality. It is estimated that more than half of all deaths in developing countries in children less than five years of age are due to the interaction between malnutrition and common infections such as diarrheal diseases, respiratory infections and measles. These infections kill children easily only in the presence of malnutrition, which impairs immune function and lowers resistance to infections. Rosenberg, Alves, Timmins and Evenson (2000) shows that infant mortality rates at the municipal level in Brazil are explained by low income level, education and the interaction with climate variables associated to diseases such as respiratory and hydric infections, both associated to bad housing conditions in the Brazilian cities.

Further, as discussed in detail by Barrera (1990), characteristics such as education, race and ethnic background may serve as a substitute for or complement to community programs in the sense that there may be significantly negative or positive interactions of these characteristics with public health programs. By documenting the patterns of such interactions one may draw inferences on what are the most likely channels through which parental schooling affects child health. The interaction between the type of public health program and the role of education determines which municipalities and regions of the country benefit more from the program.

III. Methodology

The project proposes to analyze the issues in three separated but complementary studies:

2. The Household Demand for Child Health: Comparisons Between a Poor and a Rich Brazilian Region

The first study will use censuses and secondary data and the third study uses primary data. The first study proposes to use census data from 1980 to 2000, in panel format, at the municipal level, attempting to provide a time and cross section wise picture of the determinants of infant mortality rates in Brazil. It is a continuation of the study of Alves (2003) expanded to include the complete 2000 census and the 1980 census. The second study will use the PPV, a standard of living survey held in 1997/98, representative of two very different Brazilian regions: the poor northeast and the rich southeast. This study will follow along the lines of the Terms of Reference of RES/IDB\(^6\) in the modeling of child health subject to income constraint and the supply of health services.

The third study is a household demand for child health for the city of São Paulo, the largest Brazilian city. There is a consumption survey for 1998 for the city. This study intends to obtain a sub-sample of the 2200 households of the 1998 survey in such a way as to have a panel of households. The new sample will cover in more details the health status of the household members. The new sample will permit a cross-section as well as an inter temporal comparison. Some of the endogeneity problems that might arise in demand analysis will be more efficiently handled if one has data from the past, which might not be endogenous when used today as instrumental variables.

In the first study child health will be seen along the last 20 years and across Brazilian municipalities. This study will provide a concise historical perspective on the major factors explaining child health, approximated by infant mortality rate at the municipio level. The idea is to attempt to formulate a model that takes into account characteristics of the population, characteristics of the municipio structure such as supply of health services, level of public utilities services, government social programs and their interaction with the municipio characteristics either through its population or through its structure to attend the public services demand by its population.

IV. Factors Explaining Infant Mortality in Brazil: 1980-2000

This study will provide, however, a regression function estimates of a model based on municipal observations, to explain infant mortality rates, such as:

\[
i_{i} = \beta_{0} + \alpha_{2} t_{2} + \alpha_{3} t_{3} + \beta_{k} X_{m} + \gamma_{h} X_{c} + d_{1} X_{c} Z_{h} + a_{i} + u_{i}
\]

where subscript \(i\) indexes municipalities, vector \(X_{i} = [x_{m} \ x_{c} \ x_{c}]\) describes three sets of characteristics of the municipality: \(x_{m}\) representing characteristics of the municipio population such as education, age distribution, migration, etc, vector \(x_{c}\) captures the characteristics of the municipio such as population density (per area and per household), proportion of household with treated running water, proportion of households with sewage disposal, proportion of households with garbage collection, climate and regional factors; \(x_{c}\)
characterizes the supply of the health services of the municipality such as physicians per habitant, hospital beds per habitants, etc. \( Z_{th} \) is a set of variables representing governmental programs to improve child health in the municipality such as breast feeding programs, nutritional supplement for children, family health, vaccination programs, etc. \( t_i \) and \( t_3 \) represent the 1991 and 2000 censuses, respectively. \( a_i \) are the unobserved heterogeneity of the municipality. They captures some unobserved factors intrinsic to the municipality that we cannot observe, but might explains dispersion in child health across municipalities. \( u_i \) is a disturbance.

One of the main objectives of this project is to study the extent to which the parameter \( \delta_i \) summarize whether there are any interactions between socioeconomic characteristics of the municipality as well as health services with health programs sponsored by government agencies. For example, suppose that \( x_m \) is the average level of education of the municipal population and \( Z_i \) denotes the availability of an information program for mothers regarding child nutrition by breast-feeding. A significantly negative value for \( \delta_i \) would then suggest that education is a substitute for such a program so that municipalities with lower average level of education derive greater benefits from the program. Other possible interaction between programs and characteristics of health services and/or other characteristics of the municipality can also be used to test additional hypothesis concerning the relation of programs and municipal characteristics.

Part one of the project will have a national dimension attempting to shed some light on the structure of child health along the last two decades in Brazil by analyzing the behavior of infant mortality rates through time and across municipalities. The study will set up the scenario for a microeconomic analysis of the demand for child health at the household level.

---

\(^7\) Municipalities, which received a large inflow of migrants from European and Asiatic populations in the beginning of the 20th, might have taken advantage of their better education and skills, reflecting in lower infant mortality rates along the years.
IV.1 Description of the Data

The data used in this study is a combination of the Census of Population 2000 and data on infant mortality and health program covering Brazilian municipios released by DATASUS. Infant mortality has declined drastically in Brazil since 1970: from 117 to 29 in 2002. Even thought infant mortality rates declined drastically in the three decades period they are still well above the ones reported by developed and developing countries. Table 1 summarizes the data for the year 2000. Infant mortality rates present a great deal of variation across Brazilian municipalities. Quite a few of them present rates well above 100. They are located in the northeast region of Brazil. The northeast region is the region where per capita income is very low and poverty is rampant. The southeastern and southern regions are the most developed regions. Per capita income is higher and infant mortality rates are among the lowest in Brazil. For some states in the southern regions infant mortality rates are similar to the ones observed for developed countries.

V. Household Model for Child Health

In the two last suggested studies, households may be assumed to choose child health $h$, leisure $l$, consumption of goods and services $c$, as if they are maximizing a household welfare function subject to the health production function constraint and budget constraint. The following utility function are assumed to characterize the preferences

$$ (2) \quad u = u(h, l, c; x_h) $$

---

8 Censo Demográfico 2000, Fundação IBGE, (2002), RJ, Brasil
9 Ministério da Saúde, Brasília: http://www.datasus.gov.Br, infant mortality is defined as the number of deaths per 1000 births up to one year after birth.
10 See Alves (2003) for a discussion of the decline of infant mortality rates in Brazil.
11 They far way from 9.4 for the US, 8.4 for Italy or even 10.7 for Cuba or the 14.8 for Costa Rica reported by Alves (2003).
12 It is important to observe that there are exceptions: some municipalities in the Northeastern region present quite low infant mortality rates.
13 Infant mortality is a consequence of poor child health. Thus, when the utility function is formulated in terms of child health bad health and, its result, infant mortality mean disutility for the household, which infant mortality representing total disutility associated with the utility of child health.
where $x_h$ is a vector of household characteristics including the education level of the household head and his spouse. Child health is generated by a production function

\[
(3) \quad h = f(y, x_i, x_h, x_c, v)
\]

where $y$ is a vector of health inputs such as nutrient intake, health care practices (immunization), disease incidence, and health services availability, $x_i$ is a vector of the characteristics of the parents such as age, race, education, etc, $x_c$ is a vector of characteristics that come from the outside of the household influenced by the outside community such as migration, religion composition and $v$ is a vector summarizing all unobservable characteristics of the population, household, and the community that affect infant mortality. In addition, it is assumed that the household choices are limited by its full income constraint

\[
(4) \quad I = (p_c c + w l + p_y y)
\]

where $p_c$, $w$, and $p_y$ are the price vectors of consumption goods, leisure and health inputs, respectively, and $I$ is full income including the value of the time endowment of the household and non-labor income. In this framework, the reduced form function for infant mortality is

\[
(5) \quad \text{imort} = f(x_i, x_h, x_c, I, p_c, w, p_y, v)
\]

whereby the particular functional form of the function $f(\cdot)$ depends on the underlying functions characterizing household preferences and the health production function.

\[\text{V.1 The Household Demand for Child Health: Comparisons Between a Poor and a Rich Brazilian Region}\]

The objective of this part of the project is to estimate household demand for child health\(^{14}\). The dependent variable, representing child health will be defined as a measurement relating child’s height to child’s age and child’s weight as presented in the IDB Call. The idea of a zero one dependent variable, also suggested by the IDB Call
will also be implemented. However, some of the interesting question related to police actions adopted in the past and in present days will not be possible to be addressed to due to data limitations. The reduced form equation presented in the call and reproduced above will be estimated. Even with data limitations to estimate the impact of specific programs to improve child’s health it still be possible to answer important questions as for instance the impact of mother’s and father’s education on child’s health. It will also be possible to ask and answer important behavioral questions related to differential reactions of poor and rich families to changes in income and in education between poor and rich Brazilian regions.

In studies like the one here proposed, it is usual to be confronted with questions of endogeneity. Some of the variables as pointed out by the IDB Call might be contaminated by endogeneity and or measurement errors and, as usual in those cases, instruments are necessary to handle the problem. In the Brazilian LSMS data, although subject to criticism household per capita income, a strong candidate to suffer from the endogeneity, can be instrumented for by the household stock of durables goods, usually resulting from past acquisitions and thus less subject to endogeneity thus uncorrelated with the disturbance but highly correlated to per capita income.

The study will be able to answer several of the questions put forward by the IDB Call. The relevance of mother’s education vis a vis father’s education, regional household behavior and the interaction between the regional variable and the relevant explanatory variable. The child variables such as order of birth, number of brothers and sisters, race, etc will be used to answer questions always raised related to the fact that parents might give better treatment to boys than to girls in their childhood years leading to better care of their health.

This part of the project will permit to understand household behavior towards child health in two very different regions of Brazil as well as to perceive how socioeconomic variables interacts among themselves to explain household demand for child health.

---

14 Children will be defined as children up to 10 years old.
V.2 Demand for Child Heath: Household Decision and the Impact of Different Government Programs

A question always raised with respect to government programs is related to the effectiveness of different programs. In Brazil different government levels have pursued several programs with the objective of raising the well being of the poor population. With the democratization of the country’s political process candidates to public offices became aware of the political importance of the large number of poor people living in very bad condition all over Brazil. In almost all Brazilian regions, there exists a large part of the population that is poor. The dispute for the votes, made political parties as well as politicians running for congress or for government to propose several programs to help the poor. They went from free milk distribution up to “Bolsa Escola” or “Renda Mínima” in disputing the political scene to see which was better to help the poor and as consequence to conquer the preference of the voters. They have been introduced in some cases by municipal governments and other cases by state governments as well as by the federal government. The city of São Paulo has been the major park for the dispute of different programs to help the poor. In the last decade different parties have the control of the city government. The state government also has changed hands several times along those years. Several programs have been introduced by different level of government to help the poor. The city of São Paulo not only has been the laboratory to experiment different programs but also is a representative sample of most of the contradictions and political struggles facing Brazilian society in present days. It cannot be representative of the problems related to the agrarian sector although it represents the place to go for most of the rural works that become unemployed in the small towns in the countryside of Brazil.

*This proposed study could only be carried out if additional funding is obtained from sources other them the IDB financing. This is so because as will be shown in the financial budget for the project to carry out survey with some 300 household in the consumption survey will require resources of the order of US 40,000.00. Thus some US$ 30,000.00 will have to be obtained from other funding sources for this study to be done.
The objective of this part of the proposal is to take advantage of the existence of a consumption survey for the year 1998 for the city of São Paulo that can be used with some additional effort to understand the impact of several programs some of biased in the direction of income supplementation others aimed to improve the health of the family as well as the health of children.

V.2.1 The Model

The model for the demand for child health\textsuperscript{15} where the definition of child involves children up to 14 years of age will follow the lines of the model already described in the second part of this proposal with some variations along the lines suggested by the study of Case, Lubostky, and Paxson (2002). These authors, studying USA Data show that the inverse relationship between family income and children’s health status persists for children of all ages and the correlation becomes progressively more negative with age. These results are contrary to those reported by West (1997) were he concludes that the negative correlation between child health and income disappears in adolescence. In this part of the study we intend to test this negative relationship between child health and income found by Case, Lubostky and Paxson using their model, which is variation of the model present by RES/IDB.

The methodology for this part of the project is to survey a sub sample constituted of the same families that were part of the 1998 consumption survey. The 1998 survey did not take health measurements of the children, however several other information related to health expenditure is part of the consumption survey questionnaire\textsuperscript{16}.

If some 300 households for which we have the 1998 questionnaires were interviewed in 2003 we would be able to obtain a panel data in which health measurement would be taken for each household member. Furthermore existing 1998 police programs already were part of the 1998 consumption survey thus it will be possible not only analyze the

\textsuperscript{15} The definition of children will cover children up to 14 years in order to analyze the health income relationship for a larger age span.

\textsuperscript{16} Alves (2001) used the information on health expenditure contained in the POF survey to analyze the impact of the presence of children and old age people on the health expenditure of the household.
impact of this programs in the status of child health in 2003 as well as the impact of new programs that were introduced from 1998 on.

V.2.1 Description of the 1998 Consumption Survey

The 1998 São Paulo Consumption Survey—“Pesquisa de Orçamentos Familiares para a Cidade de São Paulo” (POF) carried by the Fundação Pesquisa Econômicas (FIPE) as part of the São Paulo Cost of Living Index constitutes in a household consumption survey in which data are collected for some 400 consumption items. Furthermore, data are collected for the socioeconomic characteristics of each household member as well as the stock of durables and on the characteristics of the families housing conditions. The idea of this study is to obtain a sub sample of 300 observations of the 1998 survey to obtain a panel in which the 1998 and 2003 can be compared; however for the 2003 sub sample the health characteristics of the household members would be part of the survey similar to questions on health that were part of the LSMS IBGE Survey. The panel data would not be complete in terms of the health variable, however it will permit to analyze the impact of governmental programs on the health status of the population.

VI. Products

2. Child Health Demand at the Household Level Comparing the Poor Northeast to the Richer Southeast
3. The Impact of Governmental Programs on Child Health Household Demand for the City of São Paulo.

VII. References


---

17 This product will be delivered only if additional funding is obtained by FIPE.


Beaton, G.H. (1993), “Effectiveness of Vitamin A Supplementation in the Control of Young Child Morbidity and Mortality in Development Countries ” ACC/SCN


VII. Research Team

**Project Coordinator: Denisard Alves**, Professor, São Paulo University.
Alves was the project coordinator of two previous IDB Calls, one concerning the impact of geography on economic development and the other a study of the Brazilian health system from the perspective of social exclusion.

**Walter Belluzzo Jr:** Assistant Professor, São Paulo University.
Belluzzo Jr has participated in several research projects with Alves. Belluzzo master dissertation was derived from a research project coordinated by professor Alves on the willingness to pay for water use for the state of São Paulo. His PhD dissertation presented at Illinois University was also on methodological issues concerning the use of willingness to pay measurement to use in micro economic evaluation of public investment projects.

**Rodrigo Delosso Bueno:** Graduate Student, Chicago University. Bueno wrote his master dissertation at USP under the supervision of professor Alves, presented at São Paulo University. He used cointegration methods to analyze the relationship between black market price of dollar in Brazil and future exchange rate price.
**Daniel Monte:**  Graduate Student, Yale University. Presently is a second year graduate student at Yale University PhD program in economics. He has been working with professor Christopher Timmins from the Economics Department of Yale University analyzing the amenity cost of marginal climate changes using a hedonic wage analysis at the Economics Department of The Univ

**Ignez Tristão:**  Graduate Student, Maryland University. Ms Tristão is a second year graduate student at the Economics Department of Maryland University. She has worked with professor Alves in the geography project sponsored by IDB and she wrote her final undergraduate research paper on the impact of climate changes on infant mortality in Brazil.

**Camila Campos:**  Graduate Student at São Paulo University. Ms Campos is finishing her master program in economics at São Paulo University being already accepted at Yale University to start her PhD program in the 2003/4 academic year.

**Ana Carolina Giuberti:**  Graduate student in the master program in economics at São Paulo University. Ms Giuberti was professor Alves research assistant; she has worked in several of the projects coordinated by professor Alves. She has a great deal of experience in working with data banks using Stata and Eviews software’s.

**Fabiana Tito:** Under Graduate Student, São Paulo University. She has been Research Assistant to professor Alves in the last three year. She is presently writing her undergraduate research paper final, under the supervision of professor Alves, dealing with international comparisons of infant mortality rates. She also has great deal of experience in handling large data banks using Stata or Eviews.
CURRICULUM VITAE

Denisard Cnéio de Oliveira Alves

Personal

Citizenship: Brazil
Office Address: AV. Prof. Luiciano Gualberto, 908
05508-900 – São Paulo – SP – Brazil
Telephone (11) 818-5802/03 – Fax: 818-5860
 e-mail – dcoalves@usp.br

1. EDUCATION

1967 B.A. in Economics, School of Economics, São Paulo University.
1971 Master of Arts in Economics, Yale University.
1976 Ph.D. in Economics, Yale University.

2. PROFESSIONAL EXPERIENCE

1967 Teaching Assistant, Economics Department, School of Economics and Business, São Paulo University.
1974 Assistant Professor, São Paulo University
1977 Associate Professor, Economics Department, School of Economics and Business, São Paulo University
1984 Full Professor, School of Economics and Business, São Paulo University.
1971/73 Research Associate – Brookings Institution, Washington, DC, USA

1974/79 Senior Research Fellow, Fundação Instituto de Pesquisas Econômicas -FIPE, São Paulo, SP, Brazil

1978/79 Visiting Fellow, Yale University, New Haven, CT, USA

1980/81 Visiting Professor, University of Notre Dame, South Bend, IN, USA

1982/83 Manager Of the Health and Social Assistance Program of São Paulo University, São Paulo, SP, Brazil

1983/85 Finance Secretary of the City of São Paulo

1986/87 Vice-Chairman in Charge of Finance of the Banco do Estado de São Paulo S.A., São Paulo, SP, Brazil

1988/93 Senior Research Fellow at the Fundação Instituto de Pesquisas Econômicas, São Paulo, SP, Brazil

1993/94 Chairman of the Economics Department, School of Economics, Business and Accounting, São Paulo University, São Paulo, SP, Brazil

1994/98 Dean of the School of Economics, Business and Accounting, São Paulo University, São Paulo, SP, Brazil

1998/00 Chairman of the Economics Department, School of Economics, Business and Accounting, São Paulo University, São Paulo, Brazil

4. HONORS, FELLOWSHIPS

1965 Awarded a fellowship by the Associação Universitária Inter-Americana

1968 Awarded the Institute of Economics Research from São Paulo University Graduate Fellowship

1969/73 Awarded a Graduate Fellowship by the USAID
5. PUBLICATIONS


CURRICULUM VITAE

Walter Belluzzo Junior

Education

PhD in Economics - University of Illinois at Urbana-Champaign, 2001


Profissional Activities

Assistant Professor, Faculdade de Economia, Administração e Contabilidade da Universidade de São Paulo, FEARP-USP, since Fev./ 1996.

Publications

Curriculum Vitae

Rodrigo De Losso da Silveira Bueno  
Nascimento: 09/01/1972 - 29 anos  
Casado  
Address: Rua Argentina, 120  
Jd. Nova Ibiúna - Ibiúna – SP – 18150-000  
Tel.: (15) 3248 5110 (res.) / (11) 9161 3640 (cel.)  
(11) 3818 5865 (com.) / (11) 3819 4179 (com.)  
delosso@usp.br  
rdbueno@uchicago.edu

I. Education

Doctoral Graduate Student  
Instituto de Pesquisas Econômicas, IPE-FEA/USP  
São Paulo – SP  
Julho/1999 – presente

MA in Economics (Ph.D Pass)  
The University of Chicago  
Chicago – IL – EUA  
Sep./1999 – Sep./2000.

Máster Degree in Economics  
Instituto de Pesquisas Econômicas, IPE-FEA/USP  
São Paulo - SP  

Undergraduate Degree in Economics  
Faculdade de Economia, Administração e Contabilidade - USP  
São Paulo - SP  

High School  
Escola Preparatória de Cadetes do Exército  
Campinas - SP  


3. Fundamentos de Cálculo Financeiro e Aplicações [co-authors: Armênio de Souza Rangel e José Carlos de Souza Santos]. (2002);


DANIEL MONTE
Home Address:
320 York Street
New Haven, CT 06510
(203) 436-2738
Citizenship: Brazil
Birth: 08/31/1979
E-mail: daniel.monte@yale.edu

Fields of Concentration:
Microeconomic Theory
Public Finance

Comprehensive Examinations Completed:
Microeconomics and Macroeconomics, Yale University, May 2002 (Written)

Degrees:
Ph.D. Economics, Yale University, Expected May 2005
M.A. Economics, Yale University, Expected Fall 2003
M.Phil. Economics, Yale University, Expected Fall 2003
B.A. Economics, University of Sao Paulo, Dec 2000

Fellowships:
Yale University Fellowship, 2001-2005
CNPq – Brazil (National Council of Research) Scholarship, 2000

Research and Teaching Experience:
Research Assistant, Prof. Denisard C.O. Alves, University of Sao Paulo, 2001
Teaching Assistant, Econometrics -Time Series, University of Sao Paulo, 2001

Non-Academic Experience:
Trainee for BBA Creditanstalt (investment bank, Sao Paulo)
areas: Back-office of Commercial Area
Economic Support for Trading Desk

Papers and Work in Progress:
“Technology Diffusion with Knowledge Accumulation”, Yale University, 2002
"The Amenity Costs of Marginal Climate Change: A Wage-Hedonic Analysis of
Brazilian Cities," with Christopher Timmins (2003)
Ignez M. Tristao
3409 Tulane Dr# 14
Hyattsville, MD 20783, USA
Phone: 301-422.0292
tristao@econ.umd.edu

Personal

Single

Education

2001-today: University of Maryland-College Park, USA
PhD Economics
1996-1999: University of Sao Paulo, Sao Paulo, Brazil
B.A. Economics

Work Experience:

University of Maryland-College Park, USA
Research assistant in the project “An Empirical Analysis of the Social Security Disability Application, Appeal and Award Process”.
Researcher: John Rust, Sep/02 – Present

International Institute for Applied Systems Analysis (IIASA), Laxenburg, Austria
Research assistant in the project “Patents and Production Frontier between Developing Countries”
Researcher: Robert Evenson, Mar/00 – Jun/01

Economic Growth Center of Yale University, New Haven, USA
Research assistant in the following projects:

“Global Warming Impacts in the Productivity of Brazilian Agriculture”. Researchers: Robert Evenson, Denisard Alves and Christopher Timmins, Feb/00 – Jun/01

“Global Warming Impacts in Health Patterns in Brazil”. Researchers: Robert Evenson, Denisard Alves and Christopher Timmins, Feb/00 – Jun/01

“Economic Analysis of Rural Households in Philippines - Agricultural Sector Studies”
Researcher: Robert Evans, Feb/00 – Jun/01
“Analysis of Genetic Improvements in Crops for Latin America, Asia, Sub-Sahara and Middle North - East Africa”
Researcher: Robert Evenson, Feb/00 – Jun/01

Institute of Applied Research in Economics (IPEA), Rio de Janeiro, Brazil
Research assistant in the project “Nemesis”

Found. for Research in Economics (FIPE) & Inter-American Development Bank, Sao Paulo, Brazil
Research assistant in the project “Health, Development and Policies in a Warming Environment: The Brazilian Case”

Found. for Research in Economics (FIPE), Sao Paulo, Brazil
Research assistant in the project “Real and Nominal Income Convergence between Brazilian Metropolitan Regions: one Panel Data Analysis”
Researcher: Tatiane Menezes, Sep/97 – Jan/98

Institute Foundation in Business Administration (FIA-PENSA), Sao Paulo, Brazil.

Teaching Experience:

T.A. for Macroeconomics (UMDCP - Undergraduate. Professor Edward Montgomery, Sep/01 – May/02)
T.A. for Econometrics III (Univ. Sao Paulo - Undergraduate. Professor Denisard Alves, Feb/99 – Jul/99)
T.A. for Econometrics II (Univ. Sao Paulo - Undergraduate. Professor Denisard Alves, Aug/99 – Dec/99)
Monitor at the Computer Laboratory (Univ. Sao Paulo – Undergraduate. Jul/96 – Jan/98)

Scholarships/Fellowships:

Project: Analysis of the Brazilian Public Debt Financing before and after Real Plane

Project: Economic Rationality

Project: Solidarion USP – Two-year Experimental Project to Develop the Region of Candeal - BA
Project: Mathematics Fundaments Analysis of Microeconomics  

Project: Analysis of Feudalism-Capitalism Transition in Japan  

Project: Analysis of Brazilian Economy in the period 1964-1980  


Computer Skills:
Statistical packages: Stata, E-views, SPSS, TSP, Matlab and Gauss.
Computer Map and Graphics packages: MapInfo and PhotoShop.
Microsoft packages: Excel, Word, Power Point, Access and Internet Explorer.

Languages: English (good), Spanish (fair), Portuguese (native)
CAMILA DE FREITAS SOUZA CAMPOS

Home Address:
Rua Poetisa Colombina, 430
São Paulo, SP 05593-010
(55 11) 3733-1146
Citizenship: Brazil
Birth: 07/19/1979
E-mail: camilafsc@uol.com.br

Fields of Concentration:
Macroeconomics
Econometrics

Degrees:
Ph.D. Yale University, accepted fall 2003
M.A. Economics, University of Sao Paulo, Expected May 2003
B.A. Economics, University of Sao Paulo, Dec 2000

Fellowships and Awards:
CNPq –Brazil (National Council of Research) Scholarship, 2001-2003
First Place National Exam of Economic Courses- 2000

Research and Teaching Experience:
Teaching Assistant, Microeconomic Theory (Graduate Level), University of Sao Paulo, 2002
Teaching Assistant, Microeconomic Theory (Undergraduate Level), University of Sao Paulo, 2003

Dissertation:
"Phillips Curve: The Case of an Open Economy" University of Sao Paulo, 2003
Ana Carolina Giuberti

Rua Corinto, 543 – Apto 87A
05586-060 São Paulo-SP
Tel. Res. (11)3726-7451 - Cel.(11) 8119-3395
email: anagiuberti@yahoo.com.br

Brasileira, Solteira, 22 anos.

Education
Graduação em economia pela Faculdade de Economia e Administração da Universidade de São Paulo (FEA-USP) – dez/2002

Profissional Courses
Windows, Word, Excel, PowerPoint
Pacotes Econômétricos: E-Views, Stata

Languages

English
Spanish
Portuguese

Experiência Profissional

January to December, 2002 – Research Assistant, to Prof. Dr. Denisard Alves, Instituto de Pesquisa Aplicada - IPEA

Setembro a Outubro de 2002 — t G.O. Associados
Research Assistant to Professor Gesner de Oliveira

Março a Dezembro de 2002
Research Assistant to the Economics Department of São Paulo University under the supervision of professor Naércio Aquino de Menezes Filho.
Mach to December, 2001 – Fapesp to develop scientific initiation study under the supervision of professor Naercio Aquino de Menezes Filho.
Curriculum Vitae

Fabiana Ferreira de Mello Tito

A. Personal

Citizenship: Brazil
Birth date: 02/27/1981
Marital Status: Single
Address: Rua Gentil Leite Martins, 70 – Vila Mascote
Zip code: 04648-000
São Paulo - SP - Brazil
Phone: 55 11 56857128
e-mail: fabianatito@hotmail.com

B. Academic Background

Bachelor’s in Economics, University of Sao Paulo (Pass)
Period: 02/99 to 12/03

C. Academic Experience

1. Teaching Assistant while in the undergraduate school in the following courses:

   1.1 - Introduction to Econometrics I (undergrad.), Department of Economics, University of Sao Paulo, 2000;
   1.2 - Introduction to Econometrics II (undergrad.), Department of Economics, University of Sao Paulo, 2003
         (1st Semester);
   1.3 - Time Series Econometrics (undergrad.), Department of Economics, University of Sao Paulo, 2003
         (1st Semester);

D. Professional Experience

- Work at Empresa Júnior FEA-USP – Projeto Interação as instructor of Financial and Stock Exchange operates – August/99 – Jan/00;
Research Assistant at Fundação Instituto de Pesquisas Econômicas -FIPE, São Paulo, SP, Brazil – with professor Denisard Alves - FEV/2000-JULHO/2001

Research Assistant at Economic Growth Center – Yale University, New Haven, CT, USA with professor Robert Evenson and Christopher Timmins- AUG/2001-AUG/2002

- Research Assistant at Instituto de Pesquisas Econômicas Aplicadas – IPEA, São Paulo, SP, Brasil - with professor Denisard Alves SEP/2002-

**Working Papers as research assistant:**


E. Courses and Specializations:

- Designer of Maps – MapInfo – Geography Informática – 2000 – São Paulo, SP, Brazil
- Financial Market - BOVESPA- São Paulo, SP, Brazil.
- Econometric Course of Peter Phillips Fall (2001) and Spring (2002) at Yale University - Graduated Course
- Econometric Course of Donald Andrews- Fall (2001) at Yale University – Graduated Course
- SPSS
- EVIEWS
- STATA
- MS Windows and Office
- MapInfo
- English- fluent
- Portuguese- fluent
- Spanish- good