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Permanent Mission of Brazil to the United Nations Office and other International Organizations in Geneva

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OHCHR REGISTRY

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The Permanent Mission of Brazil to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights and, pursuant to resolution 15/17, which invites States to submit information to the Office of the High Commissioner on initiatives that exemplify good or effective practices in adopting a human rights-based approach to eliminating preventable maternal mortality and morbidity, has the honour to transmit the pertinent information bellow:

"1. The right to health in Brazil is provided for in the 1988 Constitution, as a result of society's great political mobilization, and is based on the idea of health as an integral part of the Social Security System, i.e., to have health is necessary to have all basic needs met, such as education, decent living, employment, food security, leisure, transportation. This is called the wide health concept, in which health is not understood as the merely absence of disease. In this context, the Unified Health System (or SUS, from the Portuguese 'Sistema Único de Saúde') is supported by the constitutional text under the principles of universality, integrality and equity, following the guidelines of de-centralization and community participation.

2. Infra-constitutional laws and mechanisms have decidedly contributed so that SUS could rely on a normative-juridical system that guarantees the right to health in obedience to SUS principles. Law 8080/90 established the organization of the System and Law 8142/90 instituted the social control and community participation in the health system. Brazilian law guarantees, in addition, the right of people to live and freely express their sexuality.

3. Currently SUS comprises a network of more than 63 thousand ambulatory unities and around 6 thousand hospital unities, with over 440 thousand beds (considering SUS owned and associated). Per year, SUS performs around 2 million births, 12 million hospitalizations, 132 million high complexity treatments and 150 million medical appointments.

4. In the last decades, SUS has achieved much for the Brazilian population. The system entryway is called 'primary attention', or the Family Health Strategy

('Estratégia de Saúde da Família' – ESF). In 1994, 328 ESF teams were responsible for 1,1 million Brazilians. [1] In 2008, 28.100 teams covered 90,5 million people.[2]

5. The country's health indicators improved. Nowadays, 98.7% of women have at least one prenatal consultation during their pregnancies, in contrast to 85.7% in 1996.[3] Total fertility rate has gone from 2.5 children per women, for the period 1993-1996, to 1.8 children, for the period 2003-2006.[4] Life expectancy grew from 69.7 years, in 1998, to 72.3 years, in 2006.[5]

6. Brazil is internationally recognized for the excellence of its immunization programs – which distribute annually 130 million vaccination shots – and its HIV/AIDS program – which treats 184 thousand patients with free drugs distribution.[6] The country also heads the list in public financing of organ transplants, making over 14 thousand transplants a year.[7]

7. SUS makes available sexual and reproductive health services and inputs for the population, like unsafe abortion treatment and reproductive planning, making available also reversible contraceptive methods – called non-surgical – and access to voluntary surgical sterilization, besides promoting actions against the AIDS epidemic feminization and sexual and domestic violence, among others. Health services guarantee privacy, confidentiality and non-discriminatory treatment. Everyone, including teenagers, is provided with information and methods for avoiding pregnancy, HIV and other sexually transmitted diseases (STDs).[8]

8. In regard to women's health, Brazil's Health Ministry has worked in a series of initiatives that aim at guaranteeing women's human rights and avoiding avoidable maternal mortality and severe maternal morbidity, ensuring the right to life and to qualified, humane and decent treatment that respects women's rights.

9. In 2000, for example, Executive Acts ('portarias') nº 569, 570, 571 and 572 were published, creating the Prenatal and Birth Humanization Program ('Programa de Humanização no Pré-Natal e Nascimento' – PHPN), having as its main objective actions for the prevention and promotion of pregnant women's and newborns' health assistance, as well as improvement in quality and capacity of neonatal and obstetrics assistance. The PHPN established the following principle and guidelines:

a) Every pregnant woman has the right to fair and decent treatment throughout pregnancy, birth and puerperium;

b) Every pregnant woman has the right to adequate prenatal treatment;

c) Every pregnant woman has the right to know in which maternity she will be delivering and have access to the facilities;

d) Every pregnant woman has the right to labor and puerperium assistance that is decent and safe.

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[1] SUS Panel of indicators nº 4, SUS Management Monitoring and Evaluation Department, Strategic and Participative Management Secretariat, Health Ministry, Brasilia, 2008.

[2] IBID.

[3] Pesquisa Nacional de Demografia e Saúde da Mulher e da Criança – PNAD(National Demography and Women's and CHildren's Health Research), 2006.

[4] IBID.

[5] Carta de Mobilização – SUS 20 anos, Brasília, 2008.

[6] IBID.

[7] IBID.

[8] Estatuto da Criança e do Adolescente (Lei nº 8.069/1990)

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10. In 2004, the National Pact for the Reduction of Maternal and Neonatal Mortality ('Pacto Nacional pela Redução da Mortalidade Materna e Neonatal') was launched, promoting the improvement of neonatal and obstetric treatment through the mobilization and participation of public managers of all three branches of government, as well as organized civil society, in a wide social dialogue that aims, among other things, at the promotion and monitoring of Health Ministry actions for the reduction of maternal and neonatal mortality. The United Nations has considered the initiative a model for social mobilization and dialogue in the promotion of the Millennium Development Goals (MDGs).

11. Among the principles of the Pact, it should be highlighted the respect to women and children's human rights, the everyday implementation of gender, race and ethnicity mainstreaming in actions and strategies, in addition to the careful weighting of social and regional inequalities during the decision-making process.

12. In 2005, law n° 11.108/2005 was published, which guarantees parturients the right to a companion's presence during labor and immediately after it in SUS facilities.

13. In 2007, law n° 11.634/2007 was published, providing pregnant women qith the right to know and bind herself to a specific SUS maternity for her labor.

14. In 2009, the Commitment to Accelerate the Reduction of Inequalities in the Northeastern and Legal Amazon Regions ('Compromiso para Acelerar a Redução das Desigualdades na Região Nordeste e na Amazônia Legal') was launched. One of the axis of the Commitment is the reduction of child mortality, especially neonatal mortality. The Health Ministry has come up with a Plan of Action, together with states' health secretaries, in the implementation of the Commitment, which main objective is to reduce in 5% each year the numbers of neonatal and child mortality in 256 cities considered priorities. Through the Plan's actions the government also hopes to reduce maternal mortality.

15. One of the Plan's actions is the Maternities and Perinatal Networks from the Northeast and Legal Amazon Qualification Project ('Projeto de Qualificação das Maternidades e Redes Perinatais do Nordeste e da Amazônia Legal'), which has as its main objectives the improvement of the management process in the areas of work and care, as well as implementing mechanisms from the Women's Health and Children's Health Technical Areas and from the National Policy for Humanization in 26 maternities considered priorities in Northeastern and Legal Amazon states. To support the actions being developed in maternities, the health Ministry made available one institutional support agent for each health facility, with the main function of interacting and collaborating with the direction staff in the identification of problems and potentialities and in the join construction of suggestions to overcome difficulties that can help reducing maternal and child mortality.

16. Results achieved by the project in 2010 were excellent – there was considerable progress in most maternities, including the implementation of reception procedures with risk classification, 'Companion Law' enforcement, improvement in the facilities environment, qualification of health professionals and the creation and strengthening of Perinatal Forums, a space for dialogue and interaction among professionals, public managers and civil society representatives.

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17. In 2011, the Maternities and Perinatal Networks Qualification Plan Second Phase was launched, aiming at giving continuity to obstetric and neonatal assistance qualification process, based on the Health Ministry body of references. One of the initiatives to be accomplished in this second phase is the Labor and Birth Attention Best Practices Course ('Curso de Boas Práticas de Atenção ao Parto e ao Nascimento'), a partnership with the Sofia Feldman Hospital in Minas Gerais, an institution of reference in humanized birth and labor. A group of health professional from the HSF will organize theoretical and practical courses in state maternities included in the project. Other actions include health professionals' sensitivity training, in addition to their qualification in welcoming and assisting teenagers and young people, as well as strengthening Perinatal Forums.

18. One of priorities of the Brazilian government, regarding health, is the qualification of maternal and child health treatment in the country. Therefore, the Health Ministry will keep investing in initiatives that intend to ensure women's human rights and avoid avoidable maternal mortality and severe maternal morbidity, guaranteeing the right to life and qualified, humane and decent treatment that respects women's rights".

The Permanent Mission of Brazil avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.

DELEGAÇÃO DO BRASIL JUNTO À ONU
ORDEM E PROGRESSO
GENEBRA

Geneva, April 21, 2011

Office of the High Commissioner for Human Rights
Geneva