



BRAZIL

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**Statement by
H. E. Senator José Serra,
Minister of State of Health**

**21st Special Session of the General Assembly
for the review and appraisal of the implementation
of the Programme of Action of the International
Conference on Population and Development**

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Mr. President,

The purpose of this Special Session of the General Assembly is to assess the progress made and the constraints faced, at all levels, in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

The main achievement of Cairo was the legitimation of a new and broader approach to the issue of population, building upon the interrelationships between population, sustained economic growth and sustainable development.

In Cairo, a set of fifteen guiding principles, as well as a number of qualitative and quantitative goals were adopted, including universal access to comprehensive reproductive and sexual health services; reduction of infant, child and maternal mortality; prevention and treatment of sexually transmitted diseases and HIV/AIDS; poverty eradication; universal access to basic education; better management of international migration flows; gender equality, and the promotion and protection of indigenous people.

In addition to the review of Cairo, this Special Session will make recommendations for further initiatives, consistent both with the ICPD Programme of Action and the outcomes of other major United Nations conferences, as well as with the conclusions of the many expert panels, round-tables and other preparatory events recently held, particularly the Hague Forum.

Mr. President,

In practical terms, Brazil has anticipated the recommendations of Cairo with regard to reproductive health policies and rights by more than ten years. From the legal perspective, the Brazilian Constitution already embodied, since 1988, most of Cairo premises.

More recently, the implementation of the many provisions contained in the Cairo agenda required a complex effort to coordinate public policies over a wide range of areas.

The first step was the creation, in 1995, of the National Commission on Population and Development (CNPD), composed by representatives from governmental bodies, universities and NGO's, to coordinate the implementation of the ICPD Programme of Action in Brazil.

At the same time, we adopted a development strategy that focuses on the promotion of equal opportunities, increased social participation, elimination of gender and race discrimination, good governance, income redistribution and decentralization.

Clear progress has been made to that end. A broader assessment of what has been achieved and the challenges to be faced in the near future can be found in the Brazilian National Report. Let me summarize some aspects of the Programme of Action that the Brazilian Government considers of utmost importance.

The National Health System has been consolidated over the last years, particularly in the promotion of universal access to health care, decentralization, basic care innovation and greater regulation of the private sector.

This System is State financed, universal and free of charge, and provides for 75% of the outpatient and hospital care in Brazil. Every year, that accounts for more than US\$ 20 billion from federal, state and municipal budgets altogether.

The Ministry of Health plays a regulatory role in this system. In order to improve the quality of health care services, priority has been given to decentralization, through the transference of resources and responsibilities to the states and municipalities.

Some of the most successful initiatives in this area include basic and family health care programmes, national vaccination campaigns and enhanced accountability mechanisms.

The Basic Assistance Programme (PAB) involves yearly automatic transfers of US\$ 6 per inhabitant from Federal resources to the Municipal Health Fund for outpatient clinics.

In the Family Health Programme (PSF), health teams, each one involving a doctor, two nurses and community health agents, provide family health care, both at home and in medical facilities. Each team is responsible for 1,000 families and about 30 million people will benefit from this programme to the end of this year.

Thanks to nation-wide vaccination campaigns, the incidence of infectious diseases has been decreasing in Brazil throughout the last few years. A new initiative has been carried out recently: between last April and May, 70% of the Brazilian elderly were immunized or re-inoculated against flu, pneumonia, diphtheria and tetanus.

Improved accountability of national health policies has also been ensured through the participation, on an equal basis, of civil society and government representatives in both state and municipal health councils.

Mr. President,

In spite of being an extremely controversial issue in many other countries, the reproductive and sexual rights are fully recognized as basic human rights in Brazil.

The Cairo recommendations had a significant influence on the national agenda relating to reproductive and sexual health. Initiatives in this area include safe delivery and neo-natal assistance; cervical and breast cancer prevention; voluntary access to contraceptive methods; regulation of surgical male and female sterilization; assistance within the public health system for legal abortion, and adequate treatment of incomplete abortion.

The number of free pre-natal care visits in Brazil increased from 2,8 to 7,6 million from 1995 to 1998. Although this initiative has already led to a considerable reduction of infant and maternal mortality, major challenges still remain ahead in that area.

The assessment of the impact of sexual and reproductive health policies must take into account the important role that civil society and existing social accountability mechanisms play.

For instance, additional resources and further collaboration with civil society organizations will be required to meet the growing demand for access for information, counselling, services and follow-up on the full range of safe and effective contraceptive methods, including male and female condoms and emergency contraception.

Mr. President,

In 1989, the Ministry of Health launched the Adolescent Health Care Program, with the aim of promoting youth health. Among the main priorities of this programme are early motherhood, sexually transmitted diseases and HIV/AIDS, sexual violence and abuse, as well as tobacco and substance abuse, including alcohol.

A health education campaign has recently been launched, aimed at improving the access of youth to reproductive and sexual health information and counselling, complemented by mass media campaigns on TV and radio.

The Brazilian Government recognizes the importance of an increased participation of non-governmental organizations, including youth organizations, in the design, implementation and evaluation of programmes related to youth health.

Mr. President,

The Brazilian-policy for sexually transmitted ~~diseases~~ and HIV/AIDS has three major axes: prevention, assistance and epidemiological surveillance, with human rights as a cross-cutting component.

Since 1996, the Ministry of Health has been providing free and universal access to all approved anti-retroviral medications against AIDS, including **protease** inhibitors. Nowadays, about 58,000 men and women

receive these drugs. The rapid increase in the rate of female infection recently made it necessary to give special attention to women in the fight against AIDS. A number of pregnant women who are infected also use **AZT** to prevent vertical transmission.

Clearly, the most significant result of the national HIV-AIDS Programme is the decline of about 50% in mortality rates between 1994 and 1999.

Mr. President,

Brazil is a full signatory of the Convention on the Elimination of All Forms of Discrimination against Women. The Federal Constitution forbids any kind of discrimination based on race, sex and civil status.

From the point of view of gender equality, relevant legislative steps have been taken internally. In 1997, for example, the Government enforced a federal bill stipulating a minimum share of 30% of female candidates for elections at all levels.

In order to reflect the increased number of women in the labor market, a more comprehensive review of the legislation concerning the protection of women during pregnancy and *post-partum* periods has also been made.

Women's organizations played an important role in advancing the regulation of four-month maternity leave extensive to rural and domestic workers. Another major improvement towards gender equality was the prohibition of the requirement for pregnancy tests or sterilization certificates in the recruitment for work.

Mr. President,

Brazil has traditionally been an immigration country. Our migration policies have always reflected this **feature**. The Government recently adopted a comprehensive amnesty for non-documented immigrants. In 1998, the Federal Government also established the National Council for Refugees, a collective deliberative organ with the competence of defining mechanisms to implement the international Refugees Statute of 1951. The United Nations High Commissioner for Refugees has a seat in the National Council.

Innovative -approaches have ~~been designed~~ to **address** the recent phenomenon of the emigration of Brazilians. New rules currently regulate this situation, Actions have been taken in the consular area to protect around 2 million Brazilians who live abroad, including the establishment of Citizen Councils, especially designed to integrate and assist these nationals.

Mr. President,

The total indigenous population in Brazil is about 325,000 people, divided in 215 groups. The Indian Reserves where they live correspond to 10% of the Brazilian territory (near 929.209 km²).

As from this year, the Ministry of Health is in charge of providing all medical assistance and prevention treatment to the indigenous population in Brazil. The Ministry of Health, with the collaboration of non-governmental organizations, health professionals and university representatives, we are undertaking measures to unify health assistance and to create Special Sanitary Districts for the indigenous people, in a way that respects their cultural characteristics and spatial distribution.

Mr. President,

Many steps were made towards the implementation of the Cairo agenda in Brazil over the last years. However, there is still a long way to go in Brazil, as well as elsewhere.

Unfortunately, in many countries, women are still unable to exercise their rights because of legal provisions, such as those that deny access to land and credit. They also continue to suffer intolerable levels of violence at all stages of their life cycle.

The international community must press for the removal of any obstacles against the empowerment of women arising from poverty, intolerance, illiteracy, limited access to education, inadequate remuneration, patriarchal mentality and the dual burden of domestic tasks and occupational obligations.

The girl-child, in particular, should be protected against the prevalence of harmful traditional practices, as well as against cultural attitudes that, in many countries, promote sexual servitude and the low value of girls.

The international community must also adopt a humanitarian approach to the issue of the AIDS pandemics, including through the review of related intellectual and trade property rights as well as the transference of technologies to encourage local and less costly production.

As much as possible, more affordable prices should be ensured for all drugs related to HIV prevention, testing and treatment, as well as unhindered access and availability of new and existing medications to individuals living with HIV/AIDS.