RIGHT TO HEALTH

PARLIAMENTARY OBSERVATORY OF THE UNIVERSAL PERIODIC REVIEW[1]

RECOMMENDATIONS TO BRAZIL

RECOMMENDATION NO.	PRELIMINARY ASSESSMENT
152. Continue efforts to develop and implement inclusive health and education policies to benefit all sectors of society (Nepal).	↑
153. Continue strengthening efforts to providing quality and accessible health facilities and services to improve the disparity in life expectancy among populations (Sri Lanka).	✗
154. Continue reinforcing the policy on effective and qualitative access to health services for vulnerable populations, especially women of African descent, who still remain the group with the highest mortality (Colombia).	↓
155. Pursue the financial and human investments in the health and hospital services with the aim of reinforcing the health system (Morocco).	↑
156. Widen health care to vulnerable groups, in particular women of minority groups (South Korea).	↓
164. Develop further the National Policy of Primary Attention and the National Education Plan 2014-2024 (Israel).	✓
200. Adopt policies and programmes to strengthen the rights of children and adolescents in the fields of education, training and health (United Arab Emirates).	✓
157. Ensure continued effectiveness of strategies to combat HIV/AIDS, particularly among youth and other specifically affected groups (Bahamas).	✓
158. Ensure access to reproductive health care, including high-quality prenatal care, and information on sexual and reproductive health, contraception, emergency contraception and safe abortions to all women, without discrimination (Switzerland).	↑
159. Ensure universal access to comprehensive sexual and reproductive health services, without discrimination and in accordance with the commitments made, among others, in the Montevideo Consensus (Uruguay).	↓
160. Continue the commitments made in terms of access to voluntary termination of pregnancy in order to ensure full respect for sexual and reproductive rights (France).	↑
161. Continue expanding access to voluntary termination of pregnancy in order to ensure full recognition of sexual and reproductive rights (Iceland).	↑
162. Reduce maternal, child and infant morbidity and mortality by promoting effective assistance measures during pregnancy and at the moment of birth (Iceland).	✓
163. Improve health care to further reduce child mortality (Islamic Republic of Iran).	✓

Caption: fulfilled ✓ in progress ↑ not fulfilled ✗ in retrogression ↓

[1] The Observatory is a government mechanism to monitor the effectiveness of the recommendations made to Brazil in order to improve our human rights situation. It is a partnership between the House of Representatives and the United Nations in Brazil (UN Brazil)

INDICATORS RELATED TO THE UNIFIED HEALTH SYSTEM (SUS)

1 - PRIMARY HEALTH CARE AND FAMILY HEALTH STRATEGY (EFS)

Constant growth trend from 2007 to the beginning of 2020 in both areas, with some small transient reductions.

Note on the year 2020: there was an important initial drop, followed by some recovery, but there is a new downward trend in recent months. The period coincides with the covid-19 pandemic.

2 - VACCINATION COVERAGE

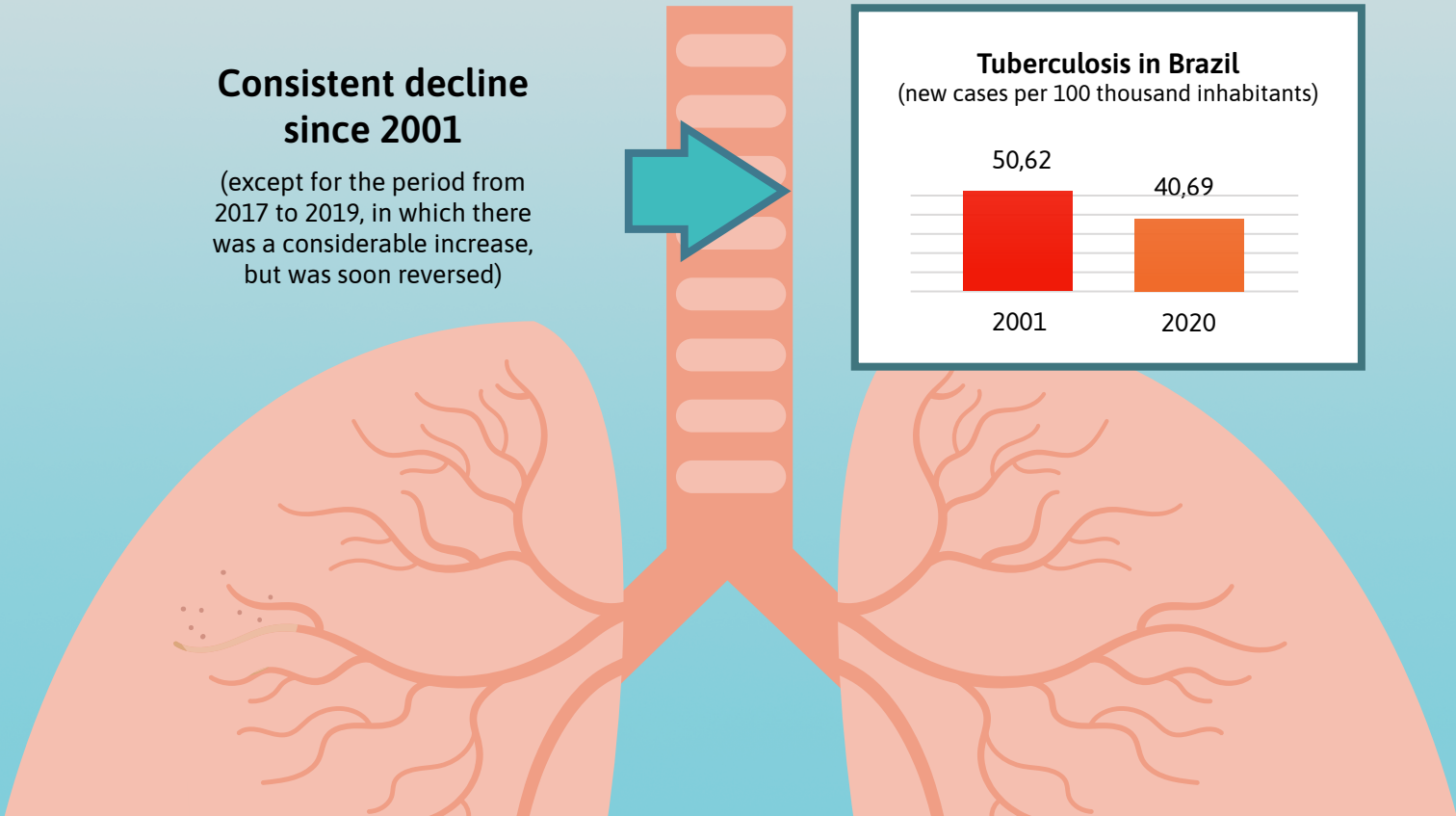
Coverage stability trend over time (between 2000 and 2020), with variations → Peaked in 2014, with a sharp decline in 2016, but was soon reversed → New downward trend starting in 2018

3 - INCIDENCE OF TUBERCULOSIS

The indicator makes it possible to assess the structural conditions of society. High rates are generally associated with low levels of socioeconomic development and unsatisfactory conditions of healthcare, diagnosis and treatment of respiratory symptoms.

Consistent decline since 2001

(except for the period from 2017 to 2019, in which there was a considerable increase, but was soon reversed)



4 - MORTALITY DUE TO CHRONIC DISEASES

Increase in the mortality rate[2] for several chronic diseases, between 2000 and 2019:

- Pulmonary disorders
- Malignant tumors
- Cardiovascular diseases
- Diabetes mellitus

This increment can be explained by the population's increase in life expectancy and improvements in their health conditions. When there is an improvement in the structural conditions of a community, people tend to die less from other causes, such as infectious and contagious diseases, and more from diseases typical of older ages.

5 - MORTALITY FROM EXTERNAL CAUSES

Traffic-accidents

There was a downward trend starting in 2014, that stayed stable until 2017. Reasons:

- improvement in the quality of vehicles and highways
- policies to control drunk-driving
- improvement in the assistance of injured people

Self-injury (suicide)

Constant increase between 2000 and 2019 across the country.

[2] Defined as the number of deaths due to a given cause per given number of inhabitants (usually, one thousand inhabitants), in a given place, in a given period.

6 - HEALTH BUDGET

Federal Constitution

Healthcare actions and services should be financed and receive contributions from the Union, the states and the municipalities

States and municipalities allocate more than 56% of SUS maintenance resources

2020
R$ 175.1 billion committed

2021
R$ 191.6 bi authorized

2022
R$ 147.5 bi scheduled

Trend to expand parliamentary amendments for the health sector

Growth of **271%** since **2016**

7 - LIFE EXPECTANCY AT BIRTH[3]

Significant disparity between the federative units (UF)

Santa Catarina – best index **80.47** years

Piauí – worst index **71.93** years

Brazil Average **76.97** years

All states showed constant growth between 2000 and 2021, indicating a consistent improvement in the population's living conditions.

[3] Average number of years of life expected for a newborn, maintaining existing mortality patterns in a given geographic area in the considered year.

MATERNAL MORTALITY[4] DUE TO BREAST AND UTERINE CANCER

MATERNAL MORTALITY

Complications related to pregnancy, childbirth and the puerperium

- Is a good indicator of health care because maternal deaths are classified as preventable in the vast majority of cases.
- Higher among indigenous women and part of women of African descent ("pretas") when compared to white and other women of African descent ("pardas").[5]
- Figures for white and some women of African descent ("pardas") are similar and stable over time.
- Data on indigenous women point to large variations.
- Data related to some women of African descent ("pretas") leaped, with an apparent abrupt reduction in 2011 (which may be related to the increase in the number of newborns with color declared as part of the population of African descent ("pretos"), and not to the reduction of maternal deaths in part of the population).

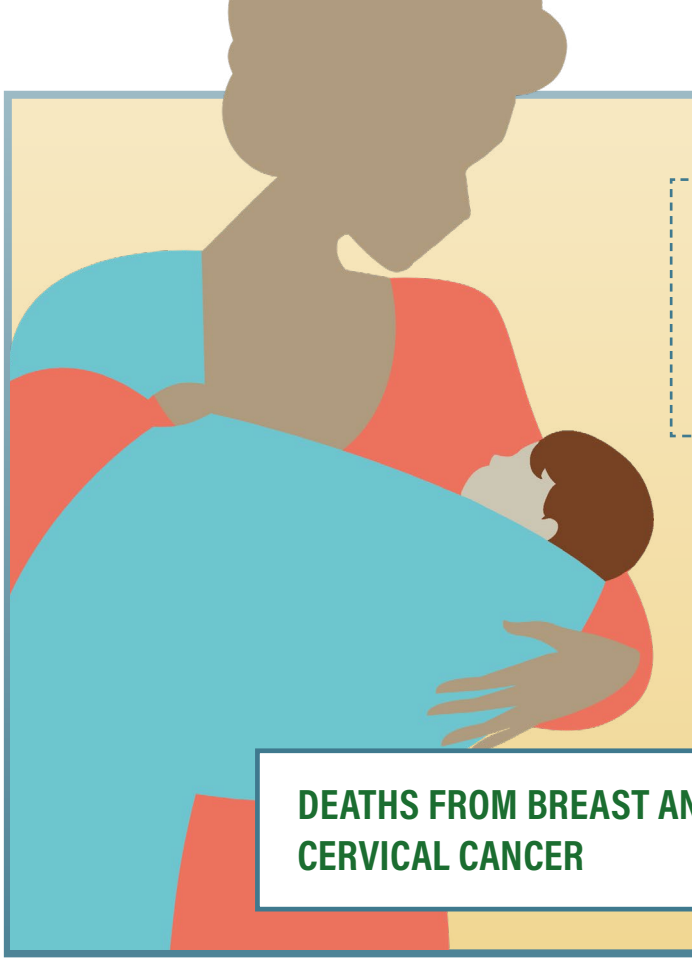
Trend of increased maternal mortality in Brazil between 2000 and 2017, with annual variations.

Peak maternal deaths recorded in 2009, with varying intensity, surpassing the mark of 70 per 100,000 live births in the country. This fact was related to the influenza A (H1N1) epidemic.

As of 2017, there seems to be a general downward trend nationally and among the regions, with the exception of the North and South.

[4] Number of maternal deaths per 100,000 live births in a given place in a given period. Available at: http://tabnet.datasus.gov.br/tabdata/livroidb/2ed/indicadores.pdf. Accessed on: 23 Nov. 2021.

[5] TRANSLATION NOTE: In Brazil, the official racial classification for data production separates people of African descent in two groups: "pretas/os" and "pardas/os". Both are used to identify people of African descent/black people, the separation was needed to better reflect the national context due to historic factors. Whenever information on people of African descent refers to only one of those two groups, it will be properly identified in parenthesis



PERINATAL MORTALITY[5]

Deaths occurring throughout the **perinatal period** per thousand total births (including live births and fetal deaths).

It is considered the most appropriate indicator for the analysis of obstetric and neonatal care and use of healthcare services.

Reduction in all Brazilian regions between 2000 and 2019, more acute in the first years of the period.

DEATHS FROM BREAST AND CERVICAL CANCER

Trend of increase in categories, by race (white, of African descent -"preta" and "parda"-, except among indigenous women), which denotes failures in healthcare provided.

INFANT MORTALITY

Rate = number of deaths of children under 1 year per thousand live births in a given place and period

The infant mortality rate reflects both the conditions of socioeconomic development and infrastructure as well as the access and quality of healthcare resources in the studied location.

Between 2010 and 2019

Significant reduction in infant mortality rates during this period in all Brazilian regions

Most significant decrease in the North and Northeast regions (highest infant mortality rates at the beginning of the evaluated period)

however

Considering only the period after 2017, there seems to be a meager upward trend, except in the North

Regarding race...

... infant mortality rates among indigenous people in the period was higher than the other groups (white, of African descent, and Asian) and has been trending upwards in recent years. This trend is reproduced both in the general calculation and among other strata, with the exception of some self-declared of African descent ("pretos").

[5] The perinatal period begins at 22 full weeks (or 154 days) of pregnancy and ends at seven full days after birth, that is, from 0 to 6 days of life (early neonatal period). Available at: http://tabnet.datasus.gov.br/tabdata/livroidb/2ed/indicadores.pdf. Acessed on: Nov.24, 2021.

HIV/AIDS

Brazil is recognized worldwide for its fight against HIV/AIDS.

BETWEEN 2013 AND 2019

Decline in the number of new cases	2013	2017	2018	2019	
	43,368 cases	38,535 cases	38,040 cases	37,308 cases	

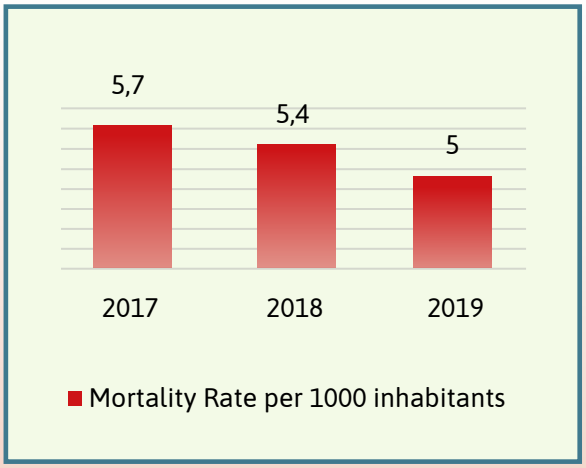
NEW CASES (2017 TO 2019)

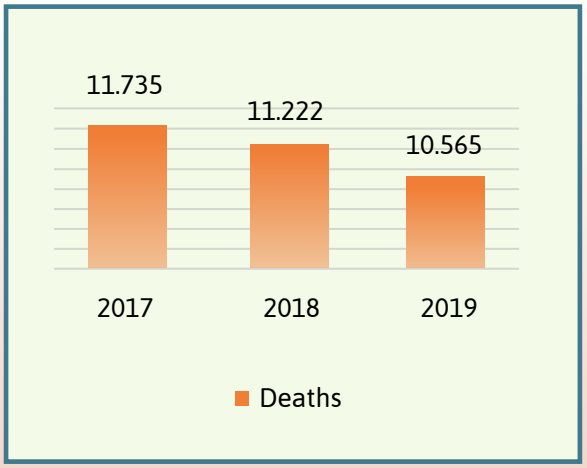
Stable in 2.3 cases in men for each case in women.

Higher concentration among people who self-declared as of African descent (specifically "pardos"), followed by white and other people of African descent (specifically "pretos"). The proportion between asians and indigenous people was very small.

Predominance among people with complete high school, followed by those with incomplete elementary school.

DROP IN MORTALITY RATE





Although, in general, there has been a decrease in the number of new cases and in the mortality rate, it is important to emphasize that these indicators cannot be properly stratified yet, considering parameters of social vulnerability, such as homelessness, refugees, people deprived of liberty, among others.

SEXUAL AND REPRODUCTIVE HEALTH

1 - PRENATAL COVERAGE

Reduction of cases of birth without prenatal appointments in Brazil

2000 - 5.27%

2019 - 1.35%

Source: Datasus/Tabnet

Denotes increased service coverage

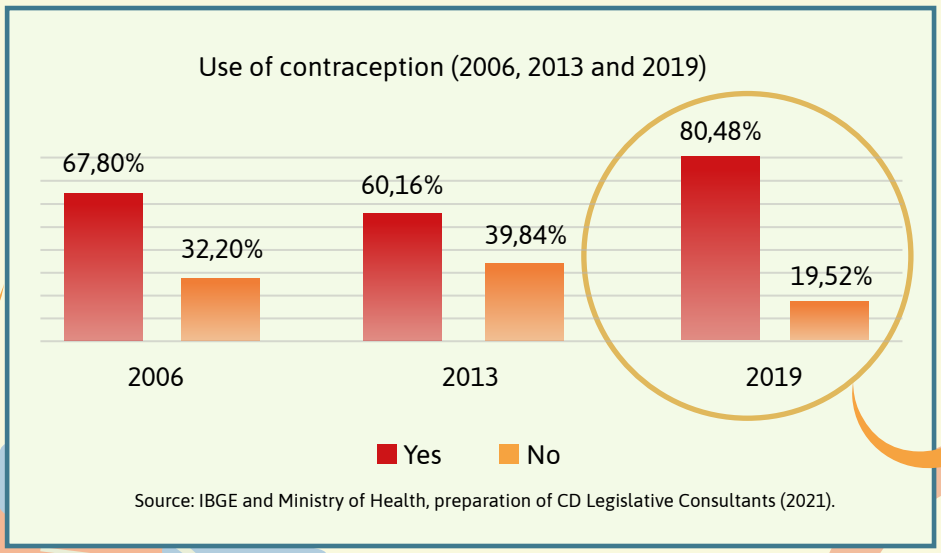
The percentage of pregnant women who had an adequate number of prenatal appointments increased steadily between 2000 and 2019.

Ideally, a low-risk pregnancy should have at least 6 appointments[6]

The percentage of short prenatal care (up to 3 appointments) has decreased in all groups, but it is significantly higher among indigenous people, mainly among women who self-declare as of African descent, showing greater vulnerability of these groups.

2 - USE OF CONTRACEPTION

Women between 15 and 49 years of age, with an active sex life, who still menstruate and use contraception in Brazil.



Source: IBGE and Ministry of Health, preparation of CD Legislative Consultants (2021).

Among women who did not use any contraception, 47% said they wanted to get pregnant or would not mind getting pregnant and 15% were pregnant at the time of the research.

[6] Consolidation Ordinane No. 1, of 2 June 2021. Available at: https://www.in.gov.br/en/web/dou/-/portaria-de-consolidacao-n-1-de-2-de-junho-de-2021-324136445. Accessed on: Nov. 26. 2021.

3 - FREQUENCY OF LEGAL TERMINATION OF PREGNANCY

Stability of the number of legal abortions in Brazil until 2017

Afterwards, a period of increase started

The trend remained, although there were regional variations, especially in the North and Southeast

In 2020: 0.04 legal abortions per thousand women between 15 and 44 years old in Brazil

The reported number is lower than the world average, including among developing countries.

This may indicate that access is still not adequate.

4 - ACCESS TO MAMMOGRAPHY AND COLPOCYTOLOGICAL TEST (PAP SMEARS)

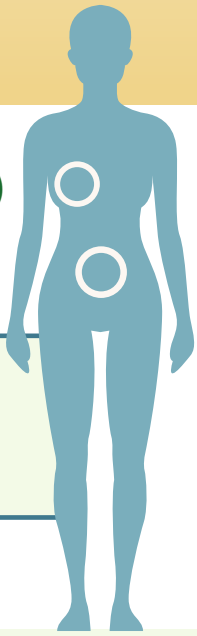
Mammography

Percentage of women who took the exam has been in constant decline since 2013 and reduced even further in 2020.

Papsmear

Constant growth, throughout Brazil, of the percentage of women who took the test, until 2020, when there was a sudden drop.

This decline can be explained by the covid-19 pandemic, which led to a reduction of most health prevention actions.



HEALTHCARE AND HOSPITAL SERVICES

NUMBER OF HEALTH PROFESSIONALS IN THE SUS

2011 — timeline — **2021**

555,584 professionals:

- More than 120,000 nurses
- 70,000 clinical physicians
- About 16,000 doctors allocated in the family health strategy
- 503 sanitary doctors

938,978 professionals:

- Around 270,000 nurses
- 111,000 clinical physicians
- 27,504 doctors allocated in the family health strategy
- 240 sanitary doctors

Although Brazil is among the countries with the highest number of health professionals in the world, there is a significant inequality among regions.

HEALTHCARE SERVICES

Between **2012** and **2021**, growth in the number of:

- Health centers and basic healthcare units (UBS)
- Emergency Healthcare Units (UPA)
- Psychosocial Healthcare Centers (CAPS)
- Specialized clinics and outpatient clinics
- Therapy and diagnosis support service units

*Dropped in 2020, resuming growth in the last year.

Probable reason: covid-19 pandemic, which required redirection of a large part of the public healthcare network

HOSPITALIZATION BEDS

Falling trend in obstetric beds, pediatric beds and beds of other specialties, that are not clinical, with stability of surgical beds and day hospitals.

Stable until 2020, when there was a sudden increase, which certainly reflects the health assistance directed to covid-19 victims.

LEARN MORE

- Full report – Right to health
- Public Hearing on 12/1/2021
- Report on the hearing
- Parliamentary Observatory of the Universal Periodic Review

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