

## Brazilian Government Strategies to Reach the Indigenous People

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## Brazil *within* Brazil

- Population: ~198.000.000
- Indigenous people: 817.963
  - Culture (>270 languages)
- Different bioma
  - Amazônia, Mata Atlântica
  - Caatinga
  - Cerrado
  - Pantanal
  - Pampa



## Daring Beginning

- **1978: Declaration of Alma-Ata** (Kazakhstan)
  - Absence of disease
    - Complete physical, mental and social wellbeing
    - Fundamental **Human Right**
- **1988 Constitution** (Brazil)
  - “A saúde é direito de todos e dever do Estado”
  - “Health care is a right of all and an obligation of the State”
  - Unified Health System (Sistema Único de Saúde – SUS)



## Challenges

- **No health services**
  - Voice and planning
- Health services but **no access**
  - Roads, rivers
- Access to health services and **poor results**
  - *Cold chain* (vaccines)
  - Traditional practices that promote transmission
  - Distrust the government



## The Law

- Health is a **right**
  - “Treat **differently** those with **different needs**”
    - **Most vulnerable = little access, little voice**
- Health is a **work-in-progress**
  - 1910: Indian Protective Service (SPI)
  - 1999: Law n° 9.836/99 / “**Sérgio Arouca Law**”
    - Culture, health policy and priorities
    - Transparency – decisions and funding
  - 2010: Special Indigenous People Health Secretariat (SESAI)
  - Vaccines (Hepatitis A, B)



## Special Indigenous People Health Secretariat (SESAI)

- **Decentralized**
  - 34 Sanitary Districts (DSEI)
    - 351 outposts
  - 3 Departments:
    - Budget and Management (DGESI)
    - Healthcare (DASI)
    - Sanitation and Engineering (DSESI)
- **Council with active voice**
  - 50% Indigenous people
  - 25% Public healthcare system workers
  - 25% city/state government representatives



## “Mais Médicos”/More Physicians

- **2013:** Ministry of Health of Brazil & PAHO/WHO
  - Humanitarian emergency
- **Call for Foreign and Brazilian physicians**
  - Special permission for medical practice, temporary contract
  - **Assigned to locations with little or no health services**
- **More medical schools**
- **More residency programs**
- **Medical education reforms**



## Brazilian Armed Forces

- **Transportation**
- **Trained and specialized staff**
  - **Temporary military service for physicians**
  - Career: (medical) officers, seamen, soldiers and airmen
- **Security**
  - Land theft
  - Mining, deforestation, drug trafficking
- **Broad spectrum of action**



## Improving care

- **Diagnosis and prevention**
  - 2003: Training the community
  - 2011: Viral Hepatitis Rapid Test
- **Follow-up and fibrosis evaluation**
  - Non-invasive assessment (APRI/FIB4)
- **Treatment**
  - HBV: Entecavir, Tenofovir
  - HCV: Interferon-free / DAAs



## Lessons Learned

- **Simple** may be better
  - **Decentralized Health System**
  - Look for unusual **team players and strategies**
  - **Social participation** is essential to achieve success
- **Hepatitis and Indigenous People can't wait any longer**



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