Pan American Health Organization

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Indigenous Child Health from a Human Rights Perspective: The experience of Brazil

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Indigenous child health in Latin America

- **Indigenous children: one of the most severe burdens of ill health of any population group**
- **Many causes of mortality preventable, e.g. malnutrition, diarrhea, parasitic infections, and tuberculosis.**
- **Indigenous infant mortality rates consistently higher than those of the general population (e.g. 1.11 times higher in Chile; 3.09 times higher in Panama)**
- **Violation of the right to health:**

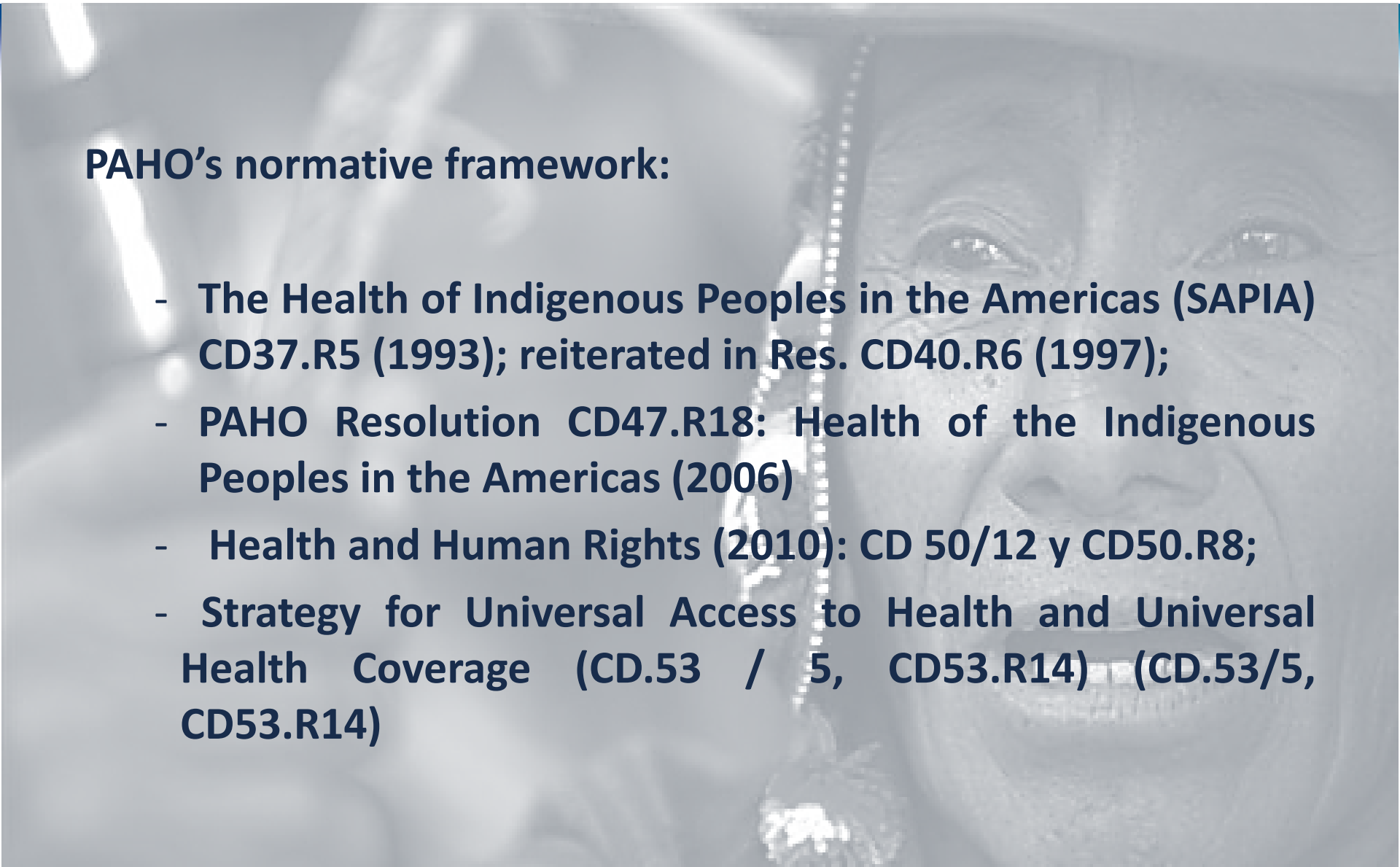
´The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition´.

Normative frameworks addressing indigenous child health

Global normative frameworks

- **United Nations General Assembly Declaration on the Rights of Indigenous Peoples (2007)**: specific reference to the rights of indigenous children;
- Convention on the Elimination of All Forms of Racial Discrimination (1965) (CERD), incl. Committee's General Recommendation No. 23, Indigenous Peoples (1997);
- Convention on the Elimination of All Forms of Discrimination against Women (1979) (CEDAW);
- International Covenant on Civil and Political Rights (1966);
- International Covenant on Economic, Social and Cultural Rights (1966)
- International Labour Organization Convention (ILO) No. 169 concerning Indigenous and Tribal Peoples in Independent Countries (1989)
- **Convention on the Rights of the Child (1990)**

Normative frameworks addressing indigenous health in Latin America



PAHO's normative framework:

- **The Health of Indigenous Peoples in the Americas (SAPIA) CD37.R5 (1993); reiterated in Res. CD40.R6 (1997);**
- **PAHO Resolution CD47.R18: Health of the Indigenous Peoples in the Americas (2006)**
- **Health and Human Rights (2010): CD 50/12 y CD50.R8;**
- **Strategy for Universal Access to Health and Universal Health Coverage (CD.53 / 5, CD53.R14) (CD.53/5, CD53.R14)**

Implementing rights-based health programmes for indigenous children

- **Normative frameworks help mandate countries to implement rights based health programmes**

- **Rights-based health policies, strategies, and programmes:**
  - aim to progressively eliminate all barriers to the enjoyment of the right to health for all members of population;
  - apply standards and principles including:, availability, affordability, **non-discrimination, accessibility**, and **participation: <u>intercultural approaches</u>**

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Meeting normative commitments: Accountability for rights based health programming

Ethnicity disaggregated data: crucial for formulation and monitoring of evidence informed policies and programmes and for accountability but scarce:

- Methodological and political complexities of making concrete concept of ´ethnicity´ in a rigorously comparable variable:
  - "an imagined community"?
  - rights dimensions of ethnicity as means of identification: subjective belief of belonging to a particular ethnicity can be "claimed by the people themselves [or] attributed to them by others."
- Need to measure the process of interventions as well as outcomes: causal relationship between rights process employed and impacts?

Tackling indigenous child health in Brazil

Context:

- Estimated population of 191 million people, with 63 million under 18
- 29.6 million people live in poverty (31% of population); 50.3% of children between 0 and 17 years old.
- Children living in rural areas are twice as vulnerable to poverty as those living in urban areas.
- 817,000 indigenous, distributed in 220 different villages, 180 languages, most in geographically inaccessible rural regions.
- In 2016, 611 recognised indigenous lands: approximately 13% of the national territory (25% of Amazon land area).

Brazilian Constitution (1988) recognizes:

- Civil, political, economic, social, and cultural rights
- Indigenous peoples´ exclusive usufruct rights to natural resources on their lands and social organization, customs, languages, creeds, and traditions.

Operationalizing a human rights agenda for indigenous child health in Brazil

- **Subsystem of Attention to Indigenous Health (est. 1999) and Special Secretariat for Indigenous Health (est.2010)**
  - Right to universal access, accompanied by respect for ethnic and cultural diversity, incl. intercultural approaches.
  - Include technical areas of Child Health and Breastfeeding; Adolescent and Youth Health

Overall social development / poverty reduction programmes

- **Fome Zero strategy (adopted in 2003):**
  - Network of federal assistance programmes to eradicate hunger and extreme poverty incl. Programa Bolsa Familia (est. 2004):
  - Conditions incl. child vaccination and school attendance
- **Third National Human Rights Programme (PNDH-3) focusing on:**
  - Poverty reduction, adequate food, health, promoting the rights of indigenous and quilombo communities to full and effective participation, amongst others.

Targeted and integrated interventions for indigenous child health

Targeted general health programme:

- ***Care Policy on Indigenous Health*** prioritizes activities based on epidemiological profile of indigenous population:
  - specifically designed to meet indigenous health needs
  - involvement of indigenous peoples in prioritization?
  - political dimensions of explicit ethnic, rather than poverty, targeting?

Integrated general health programme:

- ***Family Health Program*** (now incl. ***Mais Medicos***): Focus on impoverished populations (indigenous populations over-represented):
  - principles of territoriality, mainstreaming, decentralization, and shared responsibility
  - as not targeted, difficult to assess inclusion of principles of participation, acceptability, and accessibility relevant to indigenous populations

Child health programmes: A comfortable medium between targeted and integrated?

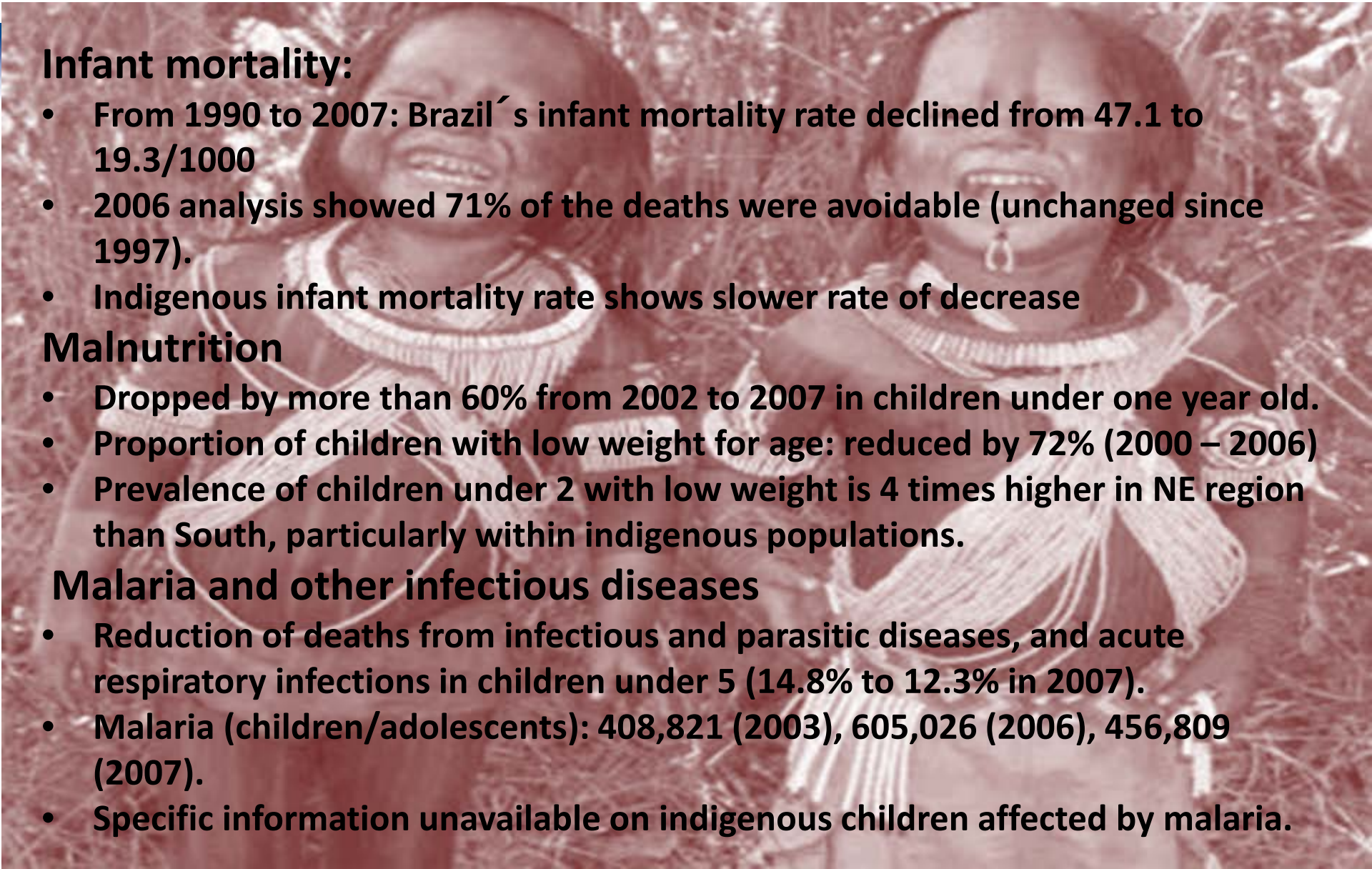
Integrated Management of Childhood Illness (IMCI):

- Aims to reduce death, illness, and disability, promote improved growth and development among children under five
- Preventive and curative elements implemented by families, communities and health facilities
- Based upon participation and interculturality: Open dialogue with community and participation in decision making promoted (improving acceptability)

Targeted childhood immunization programmes:

- National Programme for Malaria Control (est. 2003): immunization of indigenous children, access to diagnosis and early treatment.
- National indigenous immunization calendar: focus on remote indigenous communities (specific health standards, incl. principle of acceptability / culturally acceptable services)

Measuring the impact of Brazil's attention to indigenous children´s health



Infant mortality:

- From 1990 to 2007: Brazil´s infant mortality rate declined from 47.1 to 19.3/1000
- 2006 analysis showed 71% of the deaths were avoidable (unchanged since 1997).
- Indigenous infant mortality rate shows slower rate of decrease

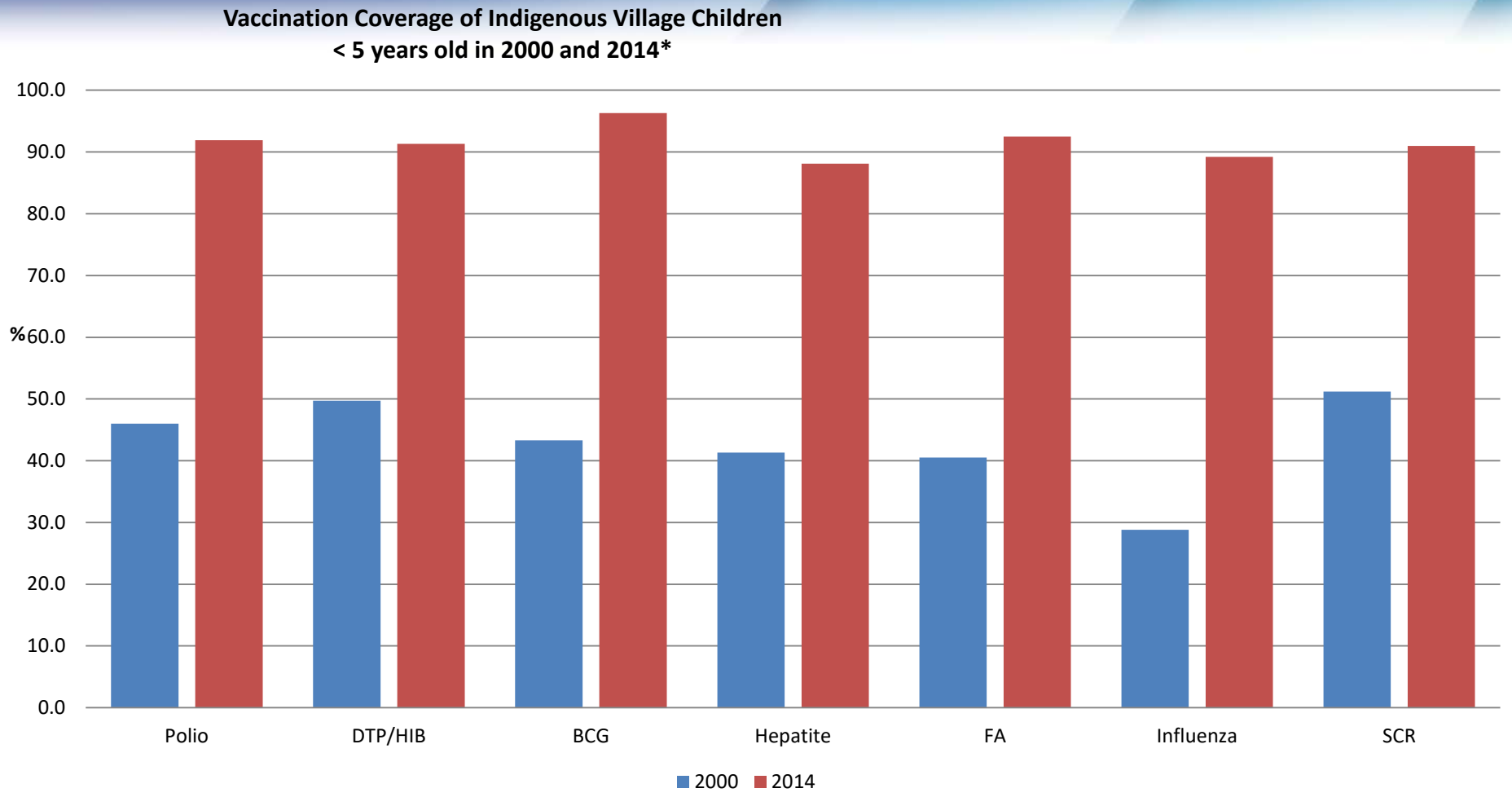
Malnutrition

- Dropped by more than 60% from 2002 to 2007 in children under one year old.
- Proportion of children with low weight for age: reduced by 72% (2000 – 2006)
- Prevalence of children under 2 with low weight is 4 times higher in NE region than South, particularly within indigenous populations.

Malaria and other infectious diseases

- Reduction of deaths from infectious and parasitic diseases, and acute respiratory infections in children under 5 (14.8% to 12.3% in 2007).
- Malaria (children/adolescents): 408,821 (2003), 605,026 (2006), 456,809 (2007).
- Specific information unavailable on indigenous children affected by malaria.

Immunization



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Reflections

Brazilian integrated and targeted interventions:

- **Show some impact upon health indicators of indigenous children but impacts not as consistent nor significant as in other populations: precise formula for success has yet to be identified**
- **Not consistent nor universally applied but many interventions respond to normative frameworks and mechanisms (esp. CRC: health of indigenous children as human rights concern)**
- **Vaccination programmes addressing indigenous children particular commitment to human rights obligations (participation/intercultural approaches): clear impacts on indigenous children's health**
- **Advances in ethnic identity data but lack of rigorous evaluations using ethnicity as stratifier for individual programmes: influence of individual program design (process) cannot be assessed**

Hope for the future?

Goal 17 of the Sustainable Development Goals (SDGs):

“enhance[d] capacity building support…to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

Urgent need for more effective and rigorous measurement methodologies in ethnicity and health to:

- **Assess impacts of human rights based health programming**
- **ensure accountability for commitments to close vast inequities affecting indigenous children´s health**

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Thank You

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