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**Statement by Dr. Eduardo Rios-Neto,
Delegation of Brazil to the Forty-third session of the Commission on
Population and Development under agenda item 6**

**The contribution of population and development issues to the theme of
the annual ministerial review in 2010**

(Check against delivery)

Mr. Chairman,

Allow me to congratulate you on chairing this very important discussion on the contribution of population and development issues to the ECOSOC Annual Ministerial Review.

I would also like to thank H. E. Ambassador Hamidon Ali, President of the ECOSOC, for his address to this Commission.

We are certain that the work of the CPD, especially in what concerns health, morbidity, mortality and development, can be of the utmost importance to implementing the internationally agreed goals and commitments in regard to gender equality and the empowerment of women, this year's theme for the Annual Ministerial Review.

As one of the countries scheduled to make a national presentation at the AMR in 2010, Brazil has the honour to address the Commission and make some comments about the contribution of health care services to gender equality and the empowerment of women based on our own national perspective.

In 1983, the Brazilian Government created the Programme of Integral Assistance to Woman's Health. The priority actions of the Programme were based on women's needs, breaking with the predominant model of maternal and child care. Principles were set out to improve the relationship of health care professionals and women with a view to ensuring women control over their reproductive health, including family planning, pregnancy, childbirth and puerperium.

Another major achievement in the institutionalization of public policies aiming at the strengthening of health care system to meet women's need was the creation of the Special Secretariat of Women's Policies in 2003. This decision enabled the Brazilian government to coordinate crosscutting issues associated with gender and women in all dimensions of life, including health.

The Brazilian national policy for sexual and reproductive rights and health is part of the Programme for Integral Attention to Woman's Health. Bearing in mind the human rights perspective, family planning is perceived as a matter of individual choice rather than a strategy for population control. Furthermore, the Brazilian Government implements sexual and reproductive rights to their full extension. The Universal Health System provides support to those who face fertility problems, including through the supply of in vitro fertilization.

In 2004 the National Pact for Reducing Maternal and Neonatal Mortality was launched with the engagement of both the State and civil society in the promotion of integrated policies and actions to promote maternal and child health. A National Commission for Monitoring and Evaluation was created under the provisions of the Pact with a view to achieving the target of annual reduction of 5% in maternal and neonatal mortality. It is noteworthy that in 2006 the UN recognized the work of the Commission as a "model of social mobilization and dialogue for the promotion of the millennium development goals".

The Policy of Comprehensive Attention to Assisted Human Reproduction, launched in 2006, aims at ensuring the right to reproduction in cases in

which special medical attention is necessary for fertilization. One year later, the Brazilian Government launched the National Policy for Family Planning with the goal of providing free birth control commodities to men and women in reproductive age. A national policy was equally created to promote natural childbirth and reduce the number of unnecessary cesareans. This policy also defined deadlines for municipal health care workers to investigate maternal deaths with greater efficiency and speed.

As a result of the many initiatives undertaken by the Brazilian Government, a slight decline in maternal mortality was registered since 1990. The ratio of maternal mortality was reduced from 140 deaths per 100 thousand live births in 1990 to 75 deaths per 100 thousand in 2007. For Brazil to achieve the goal set in MDG 5, the ratio of maternal mortality has to be reduced to 35 deaths per 100 thousand live births by 2015.

Lack of pre and neonatal assistance, early pregnancy, complications arising from unsafe illegal abortion, violence against women and the trend to the feminization of HIV/AIDS are among the challenges to a further reduction of maternal mortality in Brazil.

In this context the goal is to extend the promotion of universal coverage to all until 2015 for the provision and promotion of sexual and reproductive health services under SUS. In addition, it is necessary to revert the current trend of rising breast and uterine cancer.

Mr. Chairman,

Brazil is well known by its pioneer policy in the treatment of HIV/AIDS in its public health system. The incidence of HIV/AIDS in Brazil has started to

stabilize and to present a small declining trend in the beginning of this century. Despite this achievement, we still face the challenge posed by the feminization of sexually transmitted infections (STI), in particular the HIV/AIDS infection. The Second National Plan for Women's Policies established the fight against this trend as a top priority. In this regard, three actions have been planned: (i) promotion of coordinated policies with federative states; (ii) implementation of monitoring mechanisms to fight HIV/AIDS infections and other STIs; and (iii), free supply of male and female condoms to adults and adolescents alike. The access and development of female condoms are considered by the Brazilian Government as a major step towards the enhancement of women autonomy and empowerment in sexual relations.

Another important dimension in the promotion of gender equality and empowerment of women with serious implications to health systems is the reduction of domestic violence and other forms of violence against women. A special chapter of the Second National Plan for Women's Policies is devoted to actions inspired by this goal. A national plan to fight violence against women was designed and resulted in the approval of Federal Law 11.340, the so-called Maria da Penha Law, in 2006, which helped to rigorously enforce legal protection against domestic violence, by increasing punishment for those who perpetrate domestic violence towards women.

The country's fact sheet prepared by the UN Population Division, and distributed to Members show that fertility is predicted to decline well below the replacement level in middle and recently achieved high income countries. Some developed countries have managed to revert the declining trend of fertility below replacement level. This upward move in fertility is

assumed to be associated with the nature of welfare regimes and social policies in these countries.

As a middle-income developing country facing the challenge of below replacement and declining fertility, Brazil realizes that the implementation of gender friendly social policies aimed at the reconciliation of market work and domestic care for both men and women is a necessary condition for attaining a reasonable fertility rate. Brazil is well advanced in the regulation of paid maternity leave, but there is a need for improvement in the provision of child care, full time schools and other measures in order to facilitate this reconciliation.

Thank you