## Committee: WHO (World Health Organization)

## Country: the Federative Republic of Brazil

## Topic 1: Non-Communicable Diseases

Non-communicable diseases (NCDs) account for a large and growing share of Brazil's burden of disease,especially in its middle-low class. They are also the main source of disease burden, with neuropsychiatric disorders being the single largest contributor. Morbidity and mortality due to NCDs are greatest in the poor population. Age-standardised mortality had a significant decrease of for the past decade. Declines were primarily for cardiovascular and chronic respiratory diseases, in association with the successful implementation of health policies that lead to decreases in smoking and the expansion of access to primary health care. Of note, however, the prevalence of diabetes and hypertension is rising in parallel with that of excess weight; these increases are associated with unfavourable changes of diet and physical activity. Brazil has implemented major policies for the prevention of NCDs, and its age-adjusted NCD mortality is falling by a steady percentage per year. However, WHO Committee of Brazil realizes the unfavourable trends for most major risk factors pose an enormous challenge and call for additional and timely action and policies, especially those of a legislative and regulatory nature and those providing cost-effective chronic care for individuals affected by NCDs.

In Brazil, major advances toward the resolution of the then reigning public health concerns were made, thus, there was an obvious improvement of communicable diseases and NCDs would be genuinely the biggest health care concern of Brazil in the 21th century. In parallel with this change in disease burden was a rapid demographic transition in Brazil that produced an age pyramid weighted more towards adults and elderly people. Greater income, more mechanisation and industrialisation, improved access to food, urbanisation, and globalisation of unhealthy habits have produced a rapid nutritional transition and have increasingly exposed the population of Brazil to a greater risk of chronic non-communicable disease. WHO Brazil believes that wide-spread of universal common sense and further improvements made from educational aspects & public healthcare system could help reach the goal of prevention of NCDs among Brazil’s middle-low class.

One of the major factor that made Brazil’s situation of NCDs different from other countries & regions is that, due to the country’s geographic and climate characteristics, Brazil is always in risk of outbreaks of either new or existing viruses & communicable diseases. Several historical events related to public health in Brazil since the Republic era, ranging from discovery of new diseases, to novel control methods of malaria, to large scale campaigns, played an important role in the past and to some extent set the context for what is observed now in the country. From the aspects of both budget-division and general direction of future researches, WHO Brazil is also facing the challenge of balancing its focus and efforts between NCDs and communicable diseases. As more than 70 percent of Brazilian population is dependant on the government’s public healthcare system, one possible solution of solving this problem of balancing could be co-operation with the Brazil government in order to reach the maximum utilization of both human and material resources.

As one of the main practitioners of WHO’s health care programs, WHO committee of Brazil will continue dedicating on working closely with the government and non- governmental charitable organizations in order to support and reach the expected goals of the WHO’s general action plan 2013-2020.

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## Topic 2 : Global Pharmaceutical Development and Universal Access to Medication

Brazil’s public healthcare system is recognized as Unified Health System (SUS), a public system which considered the universality of access to health services in all levels, the integrality of care, the equality of care – without any kind of prejudice or privileges -, the community participation, and a decentralized management.

Brazil’s complicated & mixed public health situation makes SUS a conprehensive health care system that is easily accessible for the public, including those with low incomes. Access to treatment, including pharmaceutical services, is part of the SUS implementation. One of the legal framework related to treatment is the National Medicines Policy (Decree 3.916/96), which is a long term commitment that takes into account strategies to guarantee access to quality medicines for the population.In the case of HIV/Aids epidemic, there is also the Act 9.313/96 which guarantees the integral access to treatment, including both antiretrovirals (ARV) and medicines for opportunistic infections (OI). After this act was signed there has been a considerable expansion of the number of people having access to ARV as a pillar of the aids programme.

There has also been a strong commitment of the National Aids Program as a whole since that decree. The local production of ARV by both public and private national companies has been crucial to provide government with cheaper generic version of non patented drugs in Brazil. Several challenges have emerged in order to guarantee access to medicines policies, the main one, being the increase in the cost of the treatment because of newer medicines subject to patent, not produced nationally and recommended by national guidelines to substitute or complement earlier treatment protocols.

Being determined as a middle-low income country, SUS’ focus was put onto easy & low-cost public access correctly, great positive results had been gained through this process. Brazil WHO has been actively involved in the research for vaccines and treatments against the newest viruses and communicable diseases, and will continue to work with resources to support the relatively complete pharmaceutical system and improve the country’s universal access to medication.

## Topic 3: Gender Based Inequities in Global Health

In Brazil, as far as gender distinction is concerned, reported appearance of chronic health problems as well as the self-assessed health indicated that the boys were in worse health condition than the girls. After this age group there was a tendency for differences to disappear until adulthood, when the situation changed and the women consistently considered themselves less healthy. With reference to the socio-economic inequalities, one generally finds larger differences within the women's groups.

Affected by the wide-spread STDs (sexually transmitted diseases), there are great inequities between male and female health in Brazil. STDs could usually be carried by both genders, but due to the lack of relevant education, males in Brazil are ‘taken less care of’ when it comes to STDs. HIV and other STDs were common (HIV 8%, syphilis 6.5%, chlamydial infection 8%, and gonorrhea 9.5%). HIV was significantly associated with lower education and with having an HIV-infected partner. Other STDs were significantly associated with younger age at first intercourse, heavy alcohol consumption, and marijuana use.WHO had been continuously working and will continue to cooperate with non-governmental Brazilian profitable/non-profitable organizations in order to give out a more complete system of sex-ed for both genders.

Increasing stress in Brazilian society had led to mental health issues and merged a increasing trend of suicide rate in both genders. For men, the elderly (> 65 years) had a significant reduction of 2.3% per year, while younger men (25-44 years) presented a significant increase of 8.6% from 2004 onwards. Women did not present significant trend changes according to age. Leading suicide methods were hanging and poisoning for men and women, respectively. Other analyses showed an increased suicide risk ratio for singles and foreigners. WHO Brazil is currently more focused on NCDs and STDs. Possible efforts that could be made to release this stressful trend could be working with non-governmental charitable mutual organizations as well as negotiation with the labor department to include consideration of mental health and gender equities of Brazilian citizens in a modern society.

Gender inequality is yet a painful reality in the contemporary world, including Brazil. Even today Brazilian women suffer from discrimination in their lives from many aspects, while comparing to other countries, Brazil is composed of more diversified ethics & religious groups, which has great impact on gender equities in both physical and mental health. WHO Brazil will work closely with Comission on Status of Women as well as UNESCO to promote gender equities in health issues.