

4.2. Brazil

Brazil presented the topic of “Malaria Control in the Context of Decentralized Health Systems”.

Regulations for malaria control began in the 1920s when the National Public Health Department prepared the first regulations for malaria control and prophylaxis. In 1939 malaria control was transferred to the Northeast Malaria Service. This institution eradicated the recently imported *A. gambiae* from the Brazilian North-Eastern region a few years later.

In 1941 the National Malaria Service was created which was later incorporated in the “Superintendency of Campaigns”, SUCAM. In 1991 the responsibility for malaria was transferred to the “National Health Foundation”, FUNASA. During this period (1941-91) malaria had been a direct responsibility of the federal government.

The Federal Constitution of 1988 established the Unified Health System (SUS) which declared health as a human right that should be provided by the state. It claimed that the health system should be decentralized and include a unique directive in each level of the government. Basic Operational Norms (91, 93 and 96) defined the strategies and tactics to orient the system.

The main constraints to the decentralization process of endemic disease control are:

- Financing
- Assistance model, focusing on curative medicine
- Low coverage of the health services network, specially in rural areas
- Risk of de-articulation in the execution of actions

The Operational Basic Norm from 1996 and the Law 1399/99 defined the functions of each level of government: federal, state and municipal. The criteria for financing were also created. The Brazilian states were divided in three categories in the country: according to population, demographic characteristics, epidemiological profile and geographical situation. The states of the Amazonian Region, where 99.6% of all malaria cases occur comprise part of Category 1, which indicates a “higher epidemiological complexity”. Therefore, the resources coming from the federal level to these states and their municipalities are greater than those for other states in Categories 2 and 3.

In order to facilitate the operations of the malaria control plan, the National Health Foundation (FUNASA), jointly with the states established the goals, parameters and objectives for each state, so that the country has an “Agreed and Integrated Plan”. This approach includes all the malaria control activities from the collection of slides for laboratory diagnosis up to vector control and all parties involved share the overall goal, specific objectives and strategies of the integrated program.

The map (Annex 1, Figure 2) shows the epidemiological regions of Brazil according to malaria risk, based on their API.

For the implementation of the process of decentralization of the malaria control program within the RBM Initiative, the Brazilian Integrated Malaria Control Program promotes:

- Early diagnosis and treatment
- Epidemiological surveillance to prevent, identify and contain epidemics
- Monitoring of ecological, economical and social factors
- Planning and use of vector control measures in a selective way
- Guarantee of inter-sectoral actions
- Adoption of strategies in health education and social mobilization

In the Amazonian Region of Brazil, the application of this strategy will only be possible through the improvement of the diagnostic and treatment network, the improvement of local infrastructure, the decentralization of the malaria control program, the emphasis on increasing the number of personnel involved in malaria control activities at different levels (mainly at the local level) and the technical support and monitoring in the federal, state and local levels.

The probability of reaching the objective of reducing the incidence of malaria by 50% by December 2003 will depend on the degree of responsibility and the clear definition of the roles of each government level, a regular and systematic financing process, the prioritization of the Amazonian Region in the elaboration of financing levels and the agreement with this model by all government sectors involved.

In the elaboration of the “Agreed and Integrated Plan”, malaria has been the catalytic factor in all discussions about the decentralization and reorganization of the Health System. The complexity of the disease, involving aspects of treatment, diagnosis, vector control, social mobilization, education and environmental management made this broad discussion possible. This is also made possible by conducting the decentralization process, discussion of responsibilities, definition of functions and roles, local capacity development, strengthening of local coordination and sustainable financing.

As an example of this process and its achievement, the state of Amazonas, one of the states already working under this approach, received resources from the federal level and assumed all activities and responsibilities for malaria control in the state. Data from the number of positive slides showed a reduction of 25.7% for this year as compared to the same period last year. The incidence of *P. falciparum* also decreased in 15.2% in the same period.

The decentralization of the malaria control program in the Amazonian region of Brazil provides the practical application of the theoretical discussion about the state and federal government roles, giving emphasis to basic care and to the increase of coverage and equity in access.

The present malaria situation and future plans for the period 2000 to 2003, as part of the national plan *Avança Brasil* (“Go-Ahead Brazil”) are summarized as follows:

- The government has developed a plan oriented to 20 million inhabitants, in nine states of northern Brazil, called “Intensification Plan for Malaria Control in the Amazon Region of Brazil”. This plan is in agreement with the *Roll Back Malaria Initiative*.
- This plan has the support of the president of Brazil, who was present during its launching ceremony, and is also supported by the governors of all nine malaria endemic states. The Minister of Health and the Minister of the Environment were also present during the inaugural ceremony.
- The National Plan called “Avança Brasil” (Go-ahead Brazil) to be implemented from 2000 to 2003 includes the strengthening of the malaria control program in 254 high- priority municipalities. The goal is to reduce the incidence and mortality caused by malaria through early diagnosis, vector control, increasing incentives inside municipalities (in order to place malaria as a priority) and capacity building.
- Indoor spraying in urban areas with pyrethroids.
- With the decentralization of the Family Health Program and the Community Health Workers Program, primary health care will be provided at state and local levels to the population. This covers diseases such as malaria, Chagas, yellow fever and dengue. Previously, this had been the responsibility of the federal government.
- Since 1999, the decentralization process has been reinforced from the central to the state and municipal level in order to shift from a vertical to a horizontal approach to disease control of programs like malaria, Chagas, leishmaniasis, dengue and yellow fever.
- In the area of financing, 40% of the resources coming from the National Health Foundation and from state governments are designated for decentralization and horizontalization in the states where malaria is endemic. There are other endemic diseases in these states but malaria was chosen as the pathfinder.
- Although the Family Health Program and the Community Health Workers Program have specific objectives related to health, the decentralized actions are prioritized. Periodic coordination meetings are being held among the federal, state and municipal levels to assure a horizontal approach. The President of the National Health Foundation and the Minister of Health are accompanying the process as well.
- At present, Brazil finds itself in an election period therefore contracting new personnel is not allowed. This causes staffing delays affecting the implementation of the plan.
- The inter-sectoral coordination of malaria control program has been prioritized with the technical units of environment, agriculture and ecological tourism.
- NGO’s have an important role in the health of the indigenous population in the Amazonian region of Brazil, also known as “Legal Amazonian Region”.