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## Brazil's challenges in implementing the highest attainable standard in Sexual and Reproductive Health and Rights

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This paper examines Brazil's efforts to improve women's Sexual and Reproductive Health and Rights. Brazil is making progress through the Ministry of Health and collaborative engagement with social movements. However, persistent structural barriers continue to disproportionately undermine women's sexual and reproductive rights, particularly among Black, Indigenous, and vulnerable populations.

*Cet article examine les efforts déployés par le Brésil pour améliorer la santé et les droits sexuels et reproductifs des femmes. Le Brésil progresse grâce à l'intervention du Ministère de la Santé et à la collaboration avec les mouvements sociaux. Cependant, des obstacles structurels persistants continuent de porter atteinte de manière disproportionnée aux droits sexuels et reproductifs des femmes, en particulier parmi les populations noires, autochtones et vulnérables.*

*Este documento examina los esfuerzos de Brasil por mejorar la salud y los derechos sexuales y reproductivos de las mujeres. Brasil está logrando avances a través del Ministerio de Salud y la colaboración con movimientos sociales. Sin embargo, las barreras estructurales persistentes siguen socavando de manera desproporcionada los derechos sexuales y reproductivos de las mujeres, en particular entre las poblaciones negras, indígenas y vulnerables.*

本文探讨了巴西在改善妇女性与生殖健康及权利方面的努力。通过其卫生部的工作，以及与社会运动的协同合作，巴西正在取得一定进展。然而，持续存在的结构性障碍仍在对女性的性与生殖权利造成不成比例的损害，尤其对黑人、原住民和弱势群体造成了不成比例的影响。

Brazil is one of the most unequal countries in the Americas. Some examples of those inequities are gender inequity, structural racism (in Brazil, maternal mortality rates for black and indigenous mothers are twice that of brown and white mothers)<sup>1</sup>, inequity in access to education (30% of girls don't go to school for more than 6 years)<sup>2</sup>, difficulties in access to sexual and reproductive rights and medical products, inequity in access to health services in general, sexual violence against girls and women, obstetrical violence still not recognized by medical class entities and adolescent girls' pregnancy (1,9% - approximately 5.000 thousand girls under 18 years old, a year).<sup>1</sup>

Since 2014, political and moral conservatism have increased in Brazil. Abortion rights, health care in cases of sexual violence and the prevention of sexually transmitted infections and sexual education are under attack.<sup>3</sup> There are policies for abortion that authorize the legal interruption of the pregnancy in three cases: caused by sexual violence, risk of mother's death and anencephalic babies. But many services are unstructured and the debate about sexuality and gender in public schools at all levels is being curtailed.

In September 2024, Brazil updated its maternal and children's services organization and gave it the name of 'Rede Alyne Pimentel'. Alyne Pimentel was a 22-year-old black and poor woman who was about 6 months pregnant when she died of eclampsia. Her death was internationally noted as a violation of human rights because she was treated very badly by the health services and her symptoms and complaints were disregarded. Brazil was condemned by the Committee on the Elimination of Discrimination Against Women (CEDAW) in this special case for violation of human rights. The policy takes her name because we need to face problems like structural racism and social class inequities, otherwise it will not be possible to reduce maternal mortality. Brazil has agreed on specific and quite ambitious goals: for 2027 we must reduce maternal mortality to 25%, and the government has specific goals to reduce it by 50% for the population of black women.

To achieve that, the Ministry of Health of Brazil is working with social movements that have a large participation in politics, listening to their needs and demands, and pressing the states and municipalities to plan and make specific investments to serve their populations. In May 2025, the Ministry created the National Committee to prevent maternal and child mortality, with the participation of other governmental institutions, professional associations and social movement representatives.

The Ministry of Health and its partner organization, Instituto Fernandes Figueira – FIOCRUZ, developed a strategy called "10 steps for obstetric care to reduce mothers morbimortality". Clinical specialists (midwife nurse, obstetric gynecologist) are discussing how to implement the 10 steps as a qualifying strategy to update obstetrical care in Brazil.

The 10 steps for obstetric care to reduce maternity morbidity and mortality are:<sup>4</sup>

1. Ensure quality meetings, focused on the needs of each woman, during all contacts with health services.
2. Establish actions for prophylaxis and identification of hypertensive syndromes during prenatal care.
3. Conduct timely screening for urinary tract infections.
4. Identify early signs of maternal clinical severity and ensure timely treatment.
5. Offer regular training for care teams, for prompt recognition and management of obstetric emergencies.
6. Ensure early recognition and timely, appropriate treatment of severe hypertensive syndromes during pregnancy.
7. Ensure early recognition and timely, appropriate treatment of infectious conditions during pregnancy.
8. Ensure early recognition and timely, appropriate treatment of hemorrhagic syndromes during pregnancy and postpartum.
9. Reduce rates of unnecessary cesarean sections.
10. Ensure ongoing monitoring and assistance in the postpartum period.

The Health Ministry has been working on a specific project with indigenous communities, like the Yanomami in the state of Roraima, Xavante in the state of Mato Grosso, and Quilombola communities in the Marajó archipelago, for example, to develop professional training for obstetric emergencies and sexual and reproductive rights, and training primary care nurses to introduce intrauterine devices.

Brazil has a health system with triple responsibilities, involving the Ministry of Health, the municipalities and the states. Most of the medical products are purchased at the level of the municipality and by the states. Contraceptives are mostly centrally purchased and distributed to the 27 states (for safety reasons). The government distributes oral and injectable contraceptives, preservatives and intrauterine devices. This year the subdermal contraceptive implant for adolescents and women 14 to 49 years old will be incorporated. This requires an investment of approximately 2 million US dollars in two years only to incorporate the subdermal contraceptive implant.

Brazil is also investing in valorizing and capacitating primary care nurses to insert intrauterine devices and structuring some primary care units to be the reference in long acting reversible contraceptives – LARC. We are calling this project ‘LARC Centers’, which may provide the option of vasectomy in primary care too.

Till the end of 2027, Brazil will likely have an additional 60 maternity and Birthing Centers in remote areas of the country, with federal investments for the program named PAC – Growth Acceleration Program.<sup>5</sup> As part of that, Brazil is expanding *Sala Lilás* units across primary healthcare centers and maternity hospitals, embedding survivor-centered care into national health infrastructure.

In 2023, Brazil included in the health law the *Sala Lilás* policy, a nationwide strategy for providing humanized care to women experiencing gender-based violence. This law requires all health services to have a space (named Sala Lilás - Lilac Room) dedicated to receiving and assisting women experiencing gender-based violence. In 2025, the Ministry of Health published guidelines to help the implementation of the policy.<sup>6</sup>

In the past last 5 or 6 years, Brazil is starting to suffer serious climate crises like extreme droughts in the Amazonia and floods in the south, and accidents involving mining dams especially in Minas Gerais. These events showcase that women are the first population during crises to suffer violation of their rights, especially sexual and reproductive rights. Those girls and women who suffer the most rights violations are responsible for a large part of the crisis response, including fetching drinking water over long distances, making food for the household and caring for the elderly and children. It is common that they suffer sexual violence and yet care for the men who inflicted that violence. It is urgent that Brazil develops an emergency strategy for how to guarantee women’s sexual and reproductive rights in times of crisis.

The Women’s Health Coordination unit of the Ministry of Health works to guarantee that all Brazilian women are able to exercise their rights to sexual and reproductive health and decide when and how they want to get pregnant and have children. In 2024, the national policy for women’s health has reached 20 years<sup>7</sup> and still confronts many challenges to protect all Brazilian women’s sexual and reproductive rights in Brazil, all over the country. But the progress being made is encouraging.

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