

**Comité de los Derechos del Niño.**

**Observaciones finales sobre los informes periódicos segundo a cuarto  
combinados del Brasil.**

**30 de octubre de 2015**

**Health and health services**

53. The Committee takes note of the Health Information System. It also welcomes the Stork Network Programme and the More Doctors Programme, which are aimed at improving the reach and quality of health services. However, the Committee remains concerned about the lack of disaggregated data on health, as well as about the insufficient health services in rural and marginalized urban areas which disproportionately affect indigenous children, children in socioeconomically disadvantaged situations and AfroBrazilian children.

**54. The Committee draws the State party's attention to its general comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, and recommends that the State party increase investment in existing programmes aimed at improving the reach and quality of health services with a view to ensuring access to quality health services for indigenous children, Afro-Brazilian children, children living in rural areas and children living in marginalized urban areas.**

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55. The Committee welcomes the decrease in child mortality in line with Millennium Development Goal 4 and takes note of the measures taken to address infant and child mortality as well as malnutrition among indigenous children. However, the Committee is concerned that indigenous children, particularly Guaraní children, continue to have inadequate access to medical services and sanitation, in overcrowded settlements, and continue to be subjected to contaminated water and food.

**56. The Committee urges the State party to:**

**(a) Provide the Special Secretariat for Indigenous Health (SESAI) with adequate human, technical and financial resources to guarantee access to quality health services for all indigenous women and children, including those living in informal settlements;**

**(b) Strengthen its efforts to ensure that family health support units (NASF) are accessible to indigenous children;**

**(c) Allocate adequate human, technical and financial resources to the Nutritional Supervision System (SISVAN) in order to ensure that children affected by malnutrition receive adequate food and safe drinking water.**

57. The Committee is concerned about the high level of obesity among children. With reference to paragraph 21 above, it is also concerned about the vulnerability of children to unregulated advertising promoting unhealthy food.

**58. The Committee recommends that the State party take all necessary measures to address obesity among children, including by promoting healthy lifestyles and raising awareness of healthy nutrition. The Committee also recommends that the State party establish a regulatory framework for advertisements, with a view to protecting children from misleading advertising.**

### **Adolescent health**

59. The Committee welcomes the creation of the Adolescent Book, which includes information on sexual health. However, it regrets that the book has not been distributed in many schools and that education on sexual and reproductive health in schools remains inadequate. The Committee is concerned about the high and increasing rates of pregnancy, particularly among girls aged 10 to 14 years who are in socioeconomically vulnerable situations. The Committee is also concerned that the criminalization of abortion, except in cases of rape, threat to the life of the mother, or anencephalic foetus, results in many girls resorting to clandestine and unsafe abortions that put their lives and health at risk.

**60. In the light of its general comment No. 4 (2003) on adolescent health and development in the context of the Convention, the Committee recommends that the State party adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and is targeted at adolescent girls and boys, placing special attention on the prevention of early pregnancies and sexually transmitted infections. The Committee also recommends that the State party:**

**(a) Conduct awareness-raising programmes, targeting adolescents, on the negative consequences of early pregnancies, including with the involvement of teenage parents, and guarantee access to adolescent-friendly information on contraception;**

**(b) Develop and implement a policy to protect the rights of pregnant teenagers, adolescent mothers and their children and to combat discrimination against them;**

**(c) Decriminalize abortions in all circumstances and review its legislation with a view to ensuring access to safe abortion and post-abortion care services;**

**(d) Ensure that the views of the child are heard and respected in abortion decisions.**

### **Asylum-seeking and refugee children**

77. The Committee notes as positive the efforts of the State party to accept refugees, including from the Syrian Arab Republic. However, the Committee is concerned about the absence of a prioritized registration procedure for asylum cases involving children, which results in cases of unaccompanied children remaining undocumented for long periods of time. The Committee is also concerned about the lack of an overall policy for addressing the rights of migrants, including irregular migrants.

**78. The Committee recommends that the State party adopt special procedures to register unaccompanied children and ensure that the refugee status determination procedures comply with international protection standards for unaccompanied children. In this regard, the Committee recommends that the State party provide unaccompanied children with legal representation and assistance through all stages of this process. The Committee also recommends that the State party expeditiously adopt the Statelessness Bill that it has pending at its legislature and establish a human rights-compliant overall framework for ensuring the rights of migrants, including irregular migrants.**

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