



Mr. Chairman,

Brazil has developed since 1999 a national health policy towards indigenous peoples that devotes great attention to their socio-cultural diversity. Their organization, customs, traditions and rights over their lands, as well as the health needs of each community, are taken into account in the efforts to provide permanent physical and mental healthcare to indigenous peoples.

The participation of indigenous representatives in the policy-making is assured not only in the design of actions but also in their implementation, review and appraisal. Decentralization, universality, equity, local participation and social control are the guiding principles for providing appropriate medical services to indigenous peoples.

These actions have been implemented through a productive partnership between federal, state, local governments and NGOs to ensure a systematic approach to healthcare for indigenous peoples. An element that has required special attention is the deployment of staff capable of working in intercultural environments. Our capacity-building programs to support the development of indigenous health agents presuppose that the provision of knowledge and techniques does not ~~to~~ replace but add to the set of traditional therapies. Our approach also favors a rational use of medicines. The most common diseases among indigenous peoples are respiratory and gastrointestinal infections, malaria, tuberculosis, sexually transmitted diseases, malnutrition and vaccine-preventable diseases.

During the panel discussions on indigenous children and youth, my delegation was very pleased to inform that the child mortality rate

among our indigenous communities dropped over 40% during the period 2000-2002. A positive development that is a result of actions aimed at providing safe drinking water and sanitation to indigenous communities.

In spite of progress, it is clear for my delegation that much remains to be done. We are striving to reduce the disparities between indigenous and non-indigenous Brazilians. The standard of health of the indigenous peoples does not differ very much from the situation of deprivation that affects the poorest sectors of our population: people who neither receive sufficient preventive health care nor have access to adequate food. There is no need to elaborate on the serious negative consequences of malnutrition throughout the course of life. Our goal of eradicating hunger is a starting point to achieve the aim of providing the highest attainable standard of health to all Brazilians, especially our indigenous peoples.

Thank you, Mr. Chairman.