

GARD - Country Initiatives

BRAZIL

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GARD - Brazil

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

- Pop. 180 million
- Area 8,511,965 sq km
- GDP per capita \$7,762
- Life expect. 70 years
- Child mortality 36/1000
- Health exp. per capita \$611,
7% of GDP

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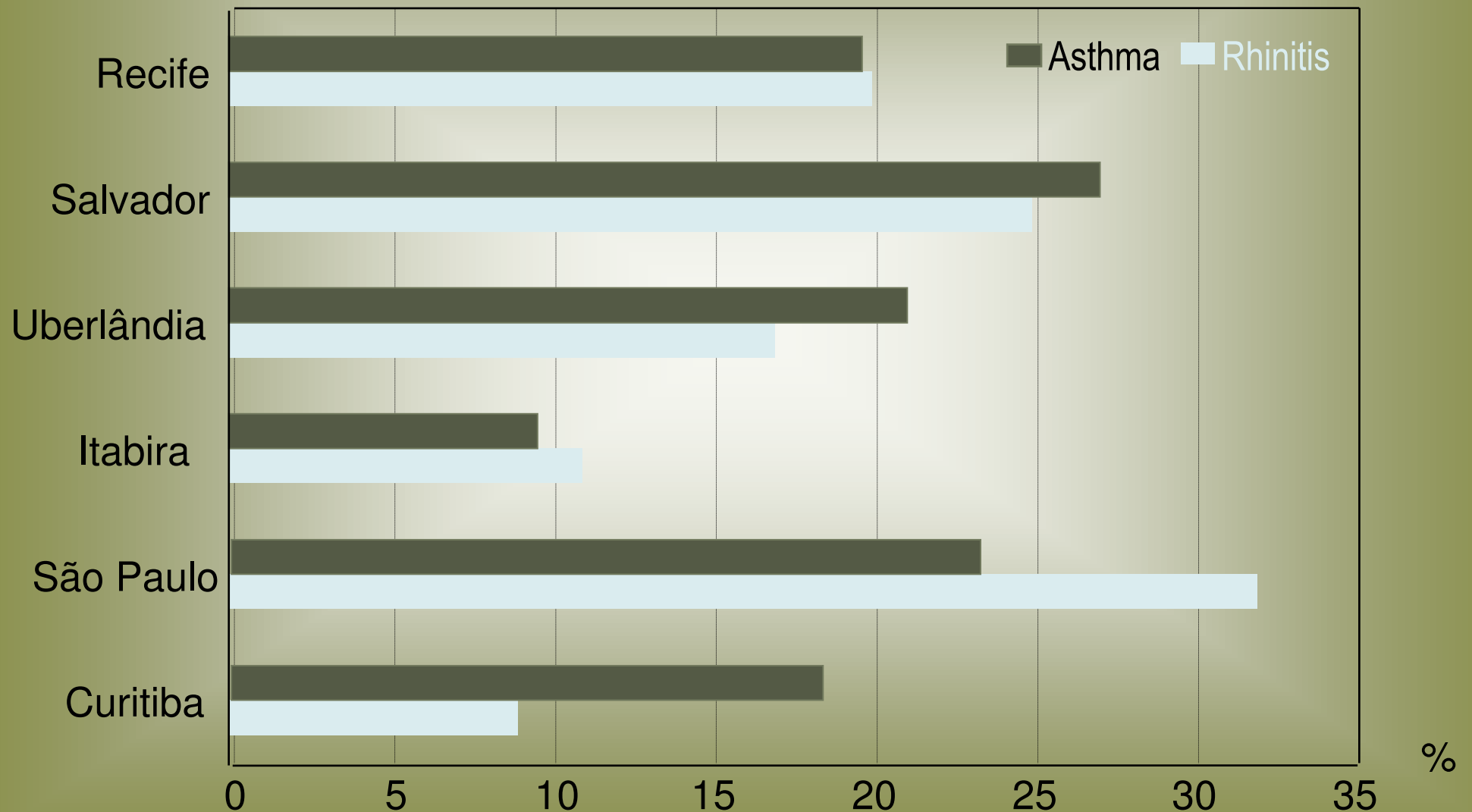
obstacles and advantages



- Poverty / unemployment
- Limited education
- Poor transportation system
- Inadequate health care
 - Low wages
 - Poor facilities
 - Unsatisfactory training

- Universal coverage of PHS
- National health database
- Primary care priority
- Growing family health program
- Qualified reference and research centres
- Active NGOs
- National telecommunication networks

Prevalence of Asthma and Rhinitis Brazil - ISAAC Phase I, 13 -14 years old



Solé et al, 2002.

GARD - Brazil countrywide approach

- Asthma/Rhinitis:

Prevalence may be > 20%

4th. cause of hospitalizations

Over 2,000 deaths a year

- COPD:

Prevalence of 14.9% (S. Paulo)

5th. cause of death

- Meeting of national CRD leaders to discuss GARD proposal in Rio, 2005

- GARD Brazil Working group:
AA Cruz (asthma and rhinitis)
JR Jardim (COPD)
PA Camargos (pediatrics)
ML Barreto (epidemiology)

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Ministry of Health and WHO

Preliminary contacts

- GARD Working group have consulted for Ministries of Health, Education and National Research Council
- GARD Working group offered advisory collaboration
- Meeting with Head of Primary Health Department scheduled

Recent actions, Brazilian Ministry

- Ban on tobacco advertisement
- Free pharmaceutical assistance to severe asthma/rhinitis, 2002
- Publication of Asthma/Rhinitis Guidelines, 2005
- Free medication for asthma/rhinitis in primary care, 2006

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role of primary health care

Primary Care, a Priority in Brazil

- A Family Medicine approach recently developed already covers 45% of population

Guidance and means

- The Asthma and Rhinitis Guidelines was developed for the primary care professional

Decentralization of management

- each city may control its health budget in agreement with Ministry of Health
- example: Salvador (Pop. 2.5 million) will receive US\$ 1.2 million specifically for asthma and rhinitis medication in primary care in 2006

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role of NGOs

Tradition of NGOs

- Hospital care
- Health professional associations

New perspectives for NGOs

- Patient associations
- “Problem based” NGOs

CRD NGOs and Ministry of Health

- Medical associations:
Pulmonary, Allergy, Pediatrics
- ARIA, GOLD
- Patient associations:
asthma, COPD

Collaboration for the Asthma and Rhinitis Guideline and training

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successful experiences in CRD control

Various local asthma programs

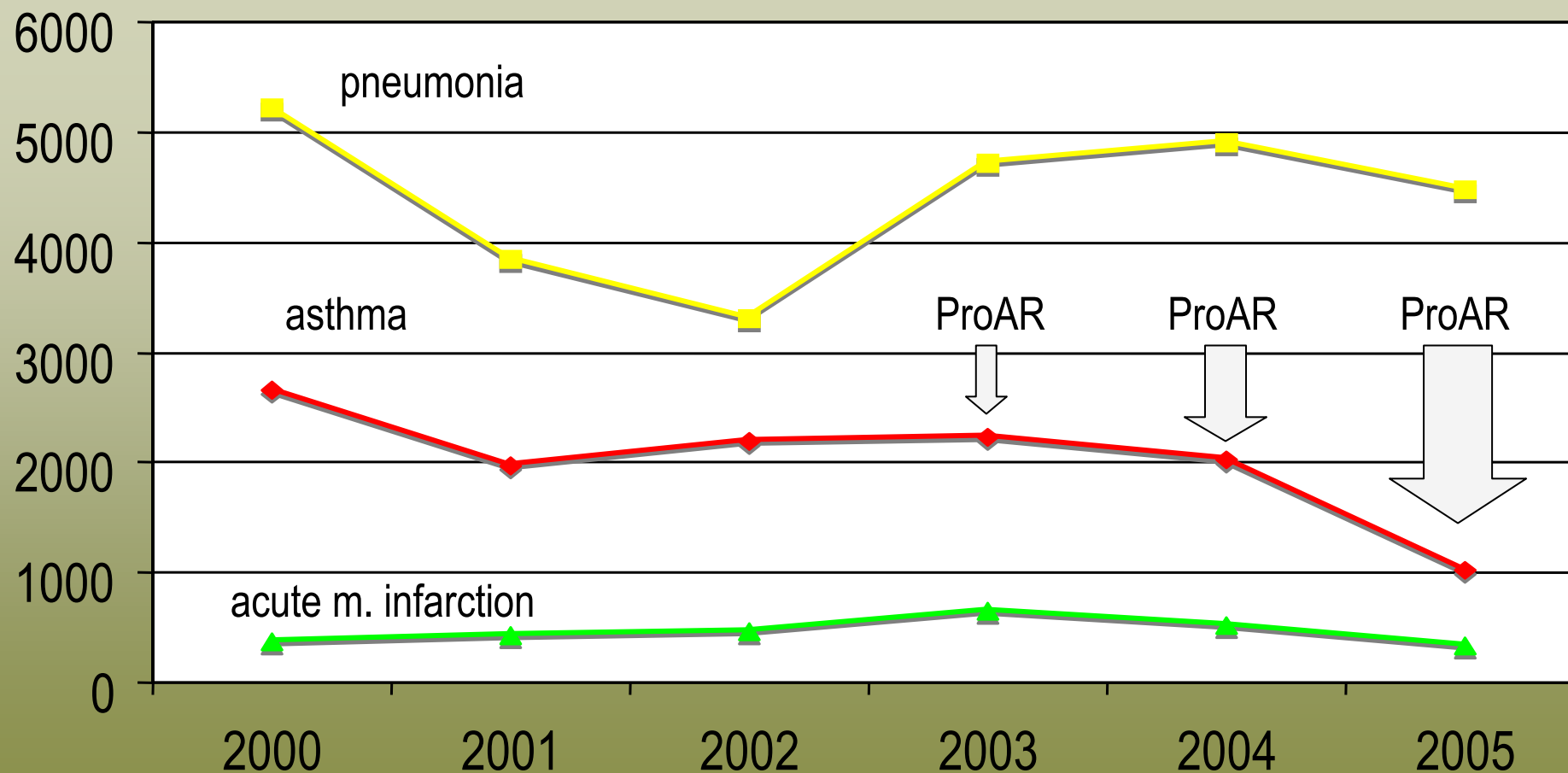
- Care by specialists, education and ... medication?
- Some city programs with free medication available in multiple facilities, from 1997 (as in Belo Horizonte)

A research project intervention in Salvador City (ProAR) focusing on severe asthmatics (n=1405):

- reduction of admissions by 90%
- reduction of family expenses with asthma by 86%
- reduction of public expenses with asthma by US\$566.00 per patient/year

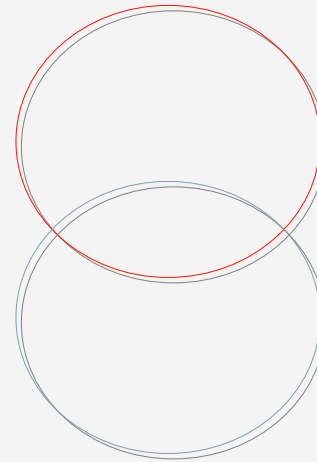
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hospitalizations in public health system, Salvador



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Global Alliance against
Chronic Respiratory Diseases



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