

EARLY CHILDHOOD IN MARÉ:
Impacts of Armed Violence on the
Health and Immunization of
Children up to 6 Years of Age



TECHNICAL SHEET

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Presentation

This publication brings together the main findings of a territorial study that seeks to identify how armed violence in the Maré favela complex impacts access to health and immunization for children up to six years old living in this territory. The study analyzes data collected in 2025, through the intersection of race and territory, to drive public policy transformations in early childhood health that are attentive and adaptable to the specificities of favelas and urban peripheries.

The initiative to investigate these issues arises from a partnership established between the **United Nations Children's Fund (UNICEF)**, the United Nations agency responsible for defending and protecting the rights of children and adolescents, and **Redes da Maré**, a community-based organization that has, for decades, pursued the mission of weaving the necessary networks to make effective the rights of the population of the 15 favelas that form Maré, in Rio de Janeiro. Having already worked together in previous projects — such as *Criando Rede in the favelas of Maré*¹ during the COVID-19 pandemic - with this publication, we renew our commitment to building pathways of protection for children living in Maré's favelas and to informing the creation of public policies that can benefit children in other places facing similar challenges.

This partnership provides a perspective on the concrete challenges of global childhood agendas from local realities. From within the Maré favela complex, we investigate the intricate socio-territorial configurations that act as barriers to the full exercise of social rights, especially the right to health.

1• The CRIAndo Rede project in the favelas of Maré was an important partnership between UNICEF, Luta pela Paz, Redes da Maré, and Observatório de Favelas, aimed at strengthening the social protection network and public policies focused on vulnerable children, adolescents, and youth in the territory, in the context of the pandemic. See: <https://www.unicef.org/brazil/projeto-criando-rede-nas-favelas-da-mare>

International commitments and Brazilian constitutional principles advocate the foundations of comprehensive protection and the absolute priority for children and adolescents. Even so, factors remain that hinder the expansion of health conditions for early childhood in favela territories and urban peripheries. Based on local knowledge, the study seeks to map bottlenecks and identify solutions to support strategies for achieving global goals in comprehensive and preventive health through the confrontation of barriers to access and health burdens affecting children.

The global health goals of the World Health Organization (WHO) are integrated into the Sustainable Development Goals (SDGs), especially SDG 3 — Good Health and Well-being, which aims to ensure healthy lives and promote well-being for all, at all ages, by 2030. These goals encompass areas such as the reduction of maternal and child mortality, combating epidemics, and disease prevention, among others. For this, vaccination stands out as one of the most effective public health strategies to protect population well-being and ensure collective safety through the control of preventable diseases.

In Brazil, the National Immunization Program (PNI) — one of the most comprehensive and successful in the world — ensures that children across the country have free access to essential immunobiologicals. However, maintaining this international benchmark has faced serious challenges over the last decade, marked by the progressive decline in vaccination coverage and the resurgence of previously controlled diseases.

Especially since the COVID-19 pandemic, worldwide efforts have been made to combat mis-information, vaccine hesitancy, and logistical challenges of distribution. Yet one determining factor for vaccine reach remains little understood: armed violence — manifested both through the constant coexistence with armed groups that exert territorial control and through non-protective public security policies that generate events such as shootings and territorial interventions associated with possible human rights violations, including those of children and adolescents.

The partnership between UNICEF and Redes da Maré seeks to fill this gap by analyzing the impacts of armed violence on the health

of the population of Maré, with emphasis on the immunization of children living in the region. We demonstrate how public security policy operates as a social determinant of health, as it feeds and perpetuates armed violence in peripheral territories, directly and indirectly affecting the population's health and child development. Thus, the right to health, care, and integral development of children in early childhood remains conditioned by a context of violence from which the State cannot exempt itself.

We hope this study drives effective transformations of this scenario, both by supporting institutional changes from policymakers and decision-makers responsible for health and, above all, public security policies in Rio de Janeiro, and by strengthening community mobilization, which has historically been the driving force behind significant achievements that address the real demands of Maré's population.

2

A territorial study on access, barriers, and health conditions of children (0 to 6 years old) in the Maré favela complex

To investigate the elements of armed violence that shape the health conditions of early childhood in Maré, it is first necessary to look at the social, political, cultural, and economic factors that give it context. With attention to these components, a territorial-based methodology is then designed to encompass the complex network of individuals, relationships, and social structures that constitute the territory.

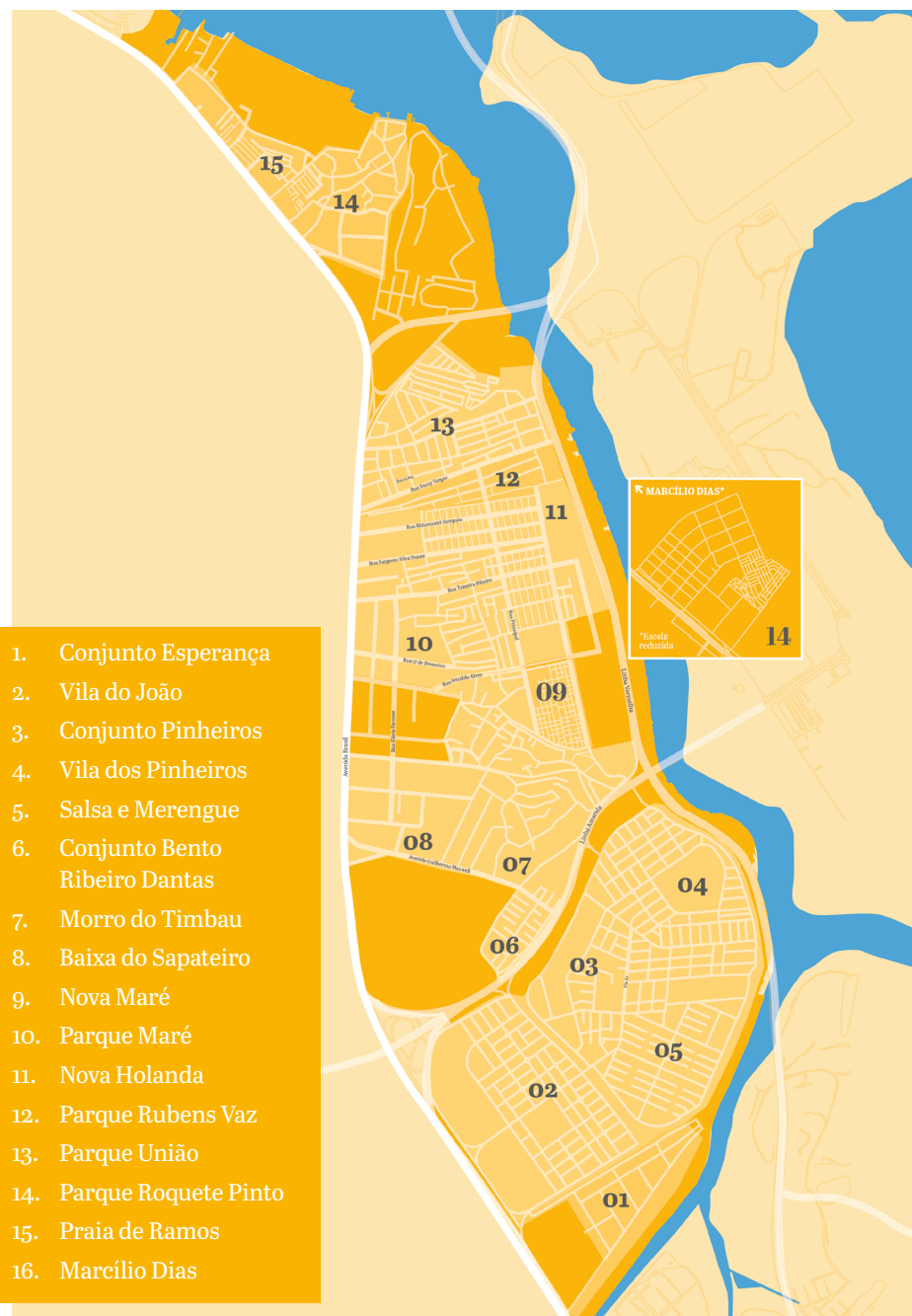
2.1

Territorial Contextualization of the Maré Favela Complex

Maré is one of the largest favela complexes in Brazil. Comprising 15 favelas with nearly 125,000 inhabitants, it is the third most populous neighborhood in Rio de Janeiro's North Zone and the third in population density, with an average of 29,000 inhabitants per km² (IBGE, 2022).

Maré is located between the city's main expressways — Avenida Brasil and the Yellow and Red Lines. Its urban formation began in the 1940s, during the construction of Avenida Brasil, which encouraged settlement along the highway. Its growth intensified especially from the 1980s on-ward, with a series of housing measures promoted by municipal, state, and federal authorities that relocated favelas from central areas of the city. This process resulted in a diverse population whose identity was built through social struggles and intense community mobilization. Therefore, it is a territory marked by resistance and reinvention, with singularities that are not always considered in the formulation of public policies (NÓBREGA Jr et al., 2012).

Map 1: The Maré Favela Complex



The Maré Population Census (Redes da Maré, 2019) indicates a predominantly young population, with more than half of its residents under 30 years old and 12.4% between 0 and 6 years old. There are about **15,000 children living their early childhood in Maré**. In addition, its demographic composition is mostly female, representing 51% of the population, and racially composed mainly of Black and Brown people, who together made up more than 62% of residents².

With a large proportion of households headed by women, data from the Early Childhood in the Favelas of Maré diagnosis (Redes da Maré, 2023a) indicate that in 94% of cases, mothers or grandmothers are the main caregivers of children, and in more than half of the families (51%), the woman is also the main economic provider. This configuration reveals the centrality of women’s labor and caregiving while also exposing the burden on women in contexts of social vulnerability.

Regarding public services in Maré, the historical mobilization of its residents over recent decades has led to the achievement and expansion of essential services such as water supply, electricity, and sewage systems, as well as social facilities. More recently, important community mobilizations have expanded the public education network, currently totaling 49 public schools (45 municipal and 4 state), with a total of 19,537 students enrolled.

As for healthcare services, there are currently six primary care units in Maré: two Municipal Health Centers and four Family Clinics. The territory also includes a Child and Youth Psychosocial Care Center (CAPSi), aimed at supporting children and adolescents with severe and persistent psychological distress, including cases related

2 • For the total number of inhabitants, we used data from the IBGE and the breakdown by neighborhoods produced by the Pereira Passos Municipal Institute of Urbanism (IPP) as references. For the detailed characterization of the population profile, given the unavailability of census data disaggregated by neighborhood for variables such as age, race, and color, we relied on data collected by the Maré Census (2019), developed by Redes da Maré, even though these are not the most up-to-date.

3 • Research conducted by Redes da Maré aimed at understanding living conditions, access to rights and services, as well as the main needs of families with children aged 0 to 6, supporting the development of the Participatory Plan for Early Childhood in Maré in 2024.

to alcohol and other drug use. Since 2007, an Emergency Care Unit (UPA) has been located in Vila do João to provide urgent and emergency care, but it does not serve all Maré residents.

Despite these important social facilities, community surveys conducted by Redes da Maré (2024a) indicate an insufficient number of health teams under the parameters of the National Primary Care Policy (PNAB) and the chronic underfunding of the local network and system. This scenario leads to team and management overload, deterioration of facilities, and low population coverage.

Central to this study is the deficit of public services addressing the specific social needs of early childhood. According to the Early Childhood in Maré diagnosis (Redes da Maré, 2023a), there are significant gaps in the number of daycare centers and the lack of vacancies in the early childhood education network to meet the real demand of this population, in addition to fragile access to the social protection network. Considering that social assistance policies reach more effectively the most vulnerable families, health services — due to their universal coverage — are those that have the greatest contact with children in early childhood and their families.

Armed violence and its social implications for children, adolescents, families, communities, and public services

In Maré, various issues of inequality and social injustice affecting favelas and urban peripheries throughout Brazil are manifested in emblematic ways. The territory has long faced gaps in access to public policies, while coexisting with the presence of armed groups and being the target of a non-protective model of public security policy, often associated with rights violations — including those of children and adolescents.

Territorial Organization Oriented by Armed Violence

Currently, the territory of Maré is controlled by three armed groups — two associated with retail drug trafficking and one linked to militias. In addition to being affected by disputes and the violent logic of spatial control imposed by these groups, Maré is also the target of recurrent interventions by state security agents, resulting in intense armed confrontations as a direct consequence of a non-protective public security policy.

For definition purposes, “armed groups” are understood as groups composed of non-state armed actors connected to illicit trade networks that exert influence over part of the daily life of the population. They are among those responsible for rights violations in the region, imposing rules, restricting freedoms, and using violence as an instrument of power and control.

Interventions carried out by public security agents — involving police forces at various levels of government — are known as “police operations.” Based on a non-protective model of public security, police operations resort to armed confrontations as a recurring operational tool in these territories, perpetuating and intensifying armed violence in the area and being also associated with rights violations against children, adolescents, families, and communities.

The overall data on armed violence in Maré are alarming. According to monitoring conducted by Redes da Maré within the scope of the *Eyes on Maré*⁴ project, between 2016 and 2024 there were 215 police operations and 123

4 • The project Eyes on Maré publishes periodic bulletins that allow for continuous analysis of episodes of armed violence and human rights violations in Maré. See, for example, Redes da Maré 2023b, 2025a, 2025b. More information can be found at: <https://www.redesdamare.org.br/br/info/22/de-olho-na-mare>

confrontations between armed groups, resulting in 1,036 recorded rights violations, including illegal detention, physical violence, torture, theft of belongings, property damage, temporary disappearance, verbal violence, psychological violence, and home or commercial property invasions.

A non-protective model of public security generates significant impacts on the population and especially affects children and adolescents. In 2024 alone, there were 42 police operations with shootouts and other dynamics that led to school closures for 37 days, affecting thousands of children and adolescents. In 90% of the police operations carried out that year, armored vehicles circulated near health units, creating both a concrete and symbolic barrier to the population's access to these services (Redes da Maré, 2025a).

Regarding the armed groups, although in 2024 no episodes of armed confrontations between them were recorded, 158 shooting⁵ incidents and seven deaths attributed to these groups were registered (Redes da Maré, 2025b). Therefore, the actions of the different armed groups maintain a pattern of lethality and spread fear throughout the territory, revealing the role of these actors within the context of armed violence in Maré.

In addition to being alarming, these data demonstrate the participation of state security forces' operations and actions in armed violence, especially in their impacts on children, adolescents, families, and professionals from health units, schools, and other public services. Similar data can be found in the report Education Under Siege: Schools in Greater Rio Affected by Armed Violence (UNICEF, 2025). In the study conducted by UNICEF, Instituto Fogo Cruzado, GENI-UFF, and CERES/UERJ,

5 • As explained in the Right to Public Security Bulletin (Redes da Maré, 2025b), gunfire occurring outside the context of confrontations between armed groups is generally fired into the air or motivated by reasons other than armed conflict.

shootouts involving the police represent a significant portion of the total number of armed confrontations occurring around schools. This pattern, associated with possible rights violations and high lethality, has direct (and negative) effects on the daily lives of children and on the public spaces they attend.

The recurrent violation of rights and the high lethality rates — especially among Black adolescents and youth from areas such as Maré are only possible when accompanied by narratives that stigmatize the territory and its residents. The notion that the favela is a space of violence, disorder, criminality, and marginality not only disregards the existing social, cultural, and political diversity but also legitimizes segregation practices and control policies that reinforce inequality.

The downgrading of citizenship status normalizes low public investment in these neighborhoods and the use of violent repression measures. In this sense, favelas and peripheries not only suffer from the fragility of rights but are systematically treated as spaces of exception, where constitutional guarantees are suspended in the name of a supposed public order.

Security forces must be seen as part of a system that guarantees rights — especially those of children and adolescents. Furthermore, they should implement practices of community integration and coordinated work with essential services. **The community experience of Redes da Maré high-lights that no regular community policing is carried out in the territory, despite the presence of a Military Police Battalion in the region**⁶. Activities tend to be limited to police operations, without the implementation of measures for the ostensive preservation of public order aimed

6 • Historically, the establishment of a Military Police Battalion was intended to serve as a community-based unit in Maré, but today it has no interaction with the territory. This has been compounded by the removal of community posts and the intensification of “militarized bases” at the main entrances to Maré. Far from being a security policy aimed at preventing crime and promoting rights, this form of police presence is much more concerned with monitoring, controlling, and punishing this territory and its residents to protect the city from a space that is persistently viewed as violent.

at safeguarding the population and public spaces, as occurs in other neighborhoods of the city where a “proximity” approach with residents is practiced.

Armed confrontations directly affect daily mobility, interrupt the operation of essential services, and endanger residents’ lives. Daily life in Maré is drastically suspended when commerce, transportation, health units, schools, and other public and private services have their activities halted.

Amid this devastating scenario, **children are directly affected—not only in terms of risks to life and physical integrity but also through consequences that directly impact their life perspectives — their present and their future.** The effects are strongly felt in education, with school interruptions that directly affect students’ performance and retention (CESeC, 2019b).

In Maré, between 2016 and 2023, schools remained closed for 146 days due to armed violence. This corresponds to 73% of a school year lost, in addition to compromising access to school meals and to essential stimuli for child development. The impacts on health also directly affect Maré’s children, in terms of access to healthcare and immunization. In 2024 alone, there were 30 days without service in health units, representing about 8,715 missed appointments, an average of 290 appointments per police operation (Redes da Maré, 2025b).

2.2 About the Methodology

To understand the barriers and challenges faced by families with children aged 0 to 6 in accessing healthcare, especially immunization, considering the impact of armed violence in the Maré territory, a combination of quantitative and qualitative methods was applied. Among the methods used were the articulation of longitudinal databases, document analysis, focus groups, participant observation, and a bibliographic review of reference studies on armed violence and health policy strategies in favela territories. This multimethod survey draws on the

community-based organizational structure of Redes da Maré, focused on the strengthening and access to rights built over more than two decades of activity.

Quantitative data were systematized through the crossreferencing of two databases on child vaccination and police operation records, with the objective of identifying possible correlations in 2024 and the first half of 2025⁷:

National Immunization Program Information System (SI-PNI): Data on child vaccination in Maré for 2024 and the first half of 2025 were obtained from the Coordination of Primary Care of the Programmatic Area 3.1 (CAP 3.1) of the Municipal Health Secretariat of Rio de Janeiro, considering both the number of vaccine doses administered for early childhood and the number of vaccinated children aged 0 to 6 years.

Eyes on Maré: Records of police operations and their effects on the functioning of Maré’s health units during the same period were extracted. Eyes on Maré is a study carried out by Redes da Maré that, since 2016, has documented and systematized information about incidents of violence and rights violations, especially those perpetrated by state agents in Maré, generating a continuously updated database on these occurrences and their impacts on the territory.

Regarding **qualitative data**, participatory approaches were combined to build a multidimensional understanding of access conditions and subjective perceptions of the impacts of violence on early childhood health. Specifically:

Six focus groups were held between March and August 2025 to identify the challenges faced by families and health professionals in the daily context of armed violence. Of these, one group brought together Community Health Agents (ACS) from Maré’s six health units, and five groups gathered women responsible for children in early childhood (mothers, pregnant women, aunts, and grandmothers) residing within the territorial coverage area

7 • This time frame was defined by considering the current year and the year prior to the completion of the research, which was concluded in September 2025.

of each health unit, in order to encompass different locations and reach users from the 15 favelas of Maré⁸. The mobilization process was supported by the health units to ensure diversity among participants' profiles⁹.

Reports were collected based on the experience and practical knowledge accumulated by professionals working in the sociolegal and psychosocial assistance shifts of Redes da Maré during police operations, aiming to gather data on care practices and service and safety protocols.

To provide sociopolitical depth and grounding to the analysis of the primary data, the following were used as **secondary sources**:

Previous studies by Redes da Maré, such as the diagnosis *Early Childhood in Maré (2023)*, the bulletin *The Right to Public Security in Maré (2024)*, and the *Vaccination Survey (2025)*;

Official databases such as DATASUS and the already mentioned records of the National Immunization Program Information System (SI-PNI);

Bibliographic review through a collective analysis process, including weekly meetings of the research team dedicated to discussing partial findings, reviewing systematized materials, and, when necessary, reformulating methodological aspects.

The triangulation of quantitative, qualitative, and secondary data enabled the integration of information regarding vaccination coverage, health service infrastructure, and the frequency of service interruptions caused by police operations. It also allowed for the exploration of the perceptions of social actors (families, professionals, and community leaders) through specific analytical categories such as access to healthcare services, impacts of violence, prejudice and discrimination, quality and humanization of care, mental health, and psychological support.

8 • Groups (i) in Nova Maré, (ii) in Parque União and Rubens Vaz, (iii) in Vila do João and Vila do Pinheiro, (iv) in Morro do Timbau and Baixa do Sapateiro, (v) in Roquete Pinto and Praia de Ramos.

9 • Of the 43 participants in the focus groups, 32 identified themselves as Black or Brown. Of the at least 42 children related to these women (mothers, two grandmothers, and one aunt) whose ages were provided, 33 are between 0 and 6 years old.

3

Impacts of armed violence on early childhood health and immunization

A fundamental correlation to be verified consists of considering the disruptive effect of armed violence on the functioning of the territory's primary healthcare units. This makes it possible to identify more precisely the challenges faced by families living in Maré in accessing healthcare for their children aged 0 to 6, especially immunization provided under the vaccination schedule of the Unified Health System (SUS). The direct effect of interrupting or hindering the regular functioning that these units can offer daily is understood as a significantly concrete factor that generates both direct and indirect harm to collective health. Moreover, by quantifying these interruptions or disruptions in the operation of the units in terms of unadministered vaccinations or unvaccinated children, it becomes possible to objectively infer the extent of such harm, thereby determining its role as a social determinant of health.

This is the argumentative path that will be presented in the following sections, based on quantitative data collected on child vaccination and records of police operations in 2024 and the first half of 2025.

Immunization of Children as a Top Priority for Collective Health

Vaccination is globally recognized as one of the most important and cost-effective public health interventions, responsible for the significant reduction of child mortality and the control of potentially lethal infectious diseases (PLOTKIN, 2014; ANDRE et al., 2008). The World Health Organization (WHO) estimates that, each year, between 2 and 3 million deaths are pre-vented through immunization programs worldwide (WHO, 2023).

In Brazil, the National Immunization Program (PNI), created in 1973, is considered one of the most comprehensive and

successful in the world, both for its universal and free vaccine provision and for its logistical capacity to distribute vaccines across a continental and complex territory. Internationally recognized, the PNI has been responsible for historic achievements such as the eradication of smallpox, the elimination of poliomyelitis in 1994, and the drastic reduction of diseases like measles and rubella (DOMINGUES; TEIXEIRA, 2013; HOMMA et al., 2023). The consolidation of this program, which stands as an international reference, reinforces the principle of equity in health in Brazil, ensuring that children in different regions of the country have free access to essential immunobiologicals.

However, sustaining this exemplary system has faced serious challenges over the past decade, marked by the progressive decline in vaccination coverage. The overlap of factors — including misinformation, vaccine hesitancy, logistical disorganization, and, in Maré's case, the direct impacts of armed violence — has created critical gaps in collective protection. The reduction in routinely administered vaccine doses results in dozens of children not being vaccinated in a timely manner, accumulating susceptible individuals and increasing the risk of outbreaks in communities and large cities.

The global emergence of the COVID-19 pandemic was accompanied by an overwhelming influx of information — and much misinformation — which hindered access to reliable sources and undermined public confidence in vaccines. This context fueled anti-vaccine narratives and deepened hesitancy, with consequences that went beyond COVID-19 immunizations, affecting even routine childhood vaccination coverage worldwide.

The global decline in vaccination coverage has created an alarming scenario that led the World Health Organization to declare vaccine hesitancy as one of the ten greatest threats to global health in 2019 (WHO, 2019).

In Brazil, childhood vaccination coverage has declined over the past ten years, and in 2023, no state reached the target coverage for the four main vaccines administered in the first year of life (IQC, 2025). As a result, diseases once eradicated in Brazil have reemerged, such as measles, whose 2018–2019 epidemic resulted in more than 20,000 cases and dozens of deaths concentrated in areas of low vaccination coverage. Diseases such as pertussis, diphtheria, and neonatal tetanus remain concrete threats in contexts of low coverage, especially among socially vulnerable populations (ORENSTEIN & AHMED, 2017).

Vaccination delay prolongs the period during which children remain vulnerable to severe infections. The childhood vaccination schedule, from pregnancy to the completion of six years of age, includes vaccines against poliomyelitis, measles, mumps, rubella, pertussis, Haemophilus influenzae type b, pneumococcus, meningococcus, COVID-19, and influenza. Each of these vaccines represents a crucial barrier for children against potentially lethal or highly disabling diseases (WATT et al., 2009; BRYCE et al., 2005; O'BRIEN et al., 2009).

Non-adherence to the vaccination schedule has immediate and long-term repercussions, compromising not only the health of the child — full subjects of rights — but also that of the entire community. After all, a central aspect of vaccination, especially in areas facing basic sanitation challenges such as Maré itself, is the role of herd immunity.

Collective protection occurs when a sufficient proportion of the population is immunized, reducing the circulation of infectious agents and indirectly protecting those who cannot be vaccinated — such as newborns, immunosuppressed individuals, or children with medical contra-indications. Studies show that measles outbreaks, for instance, occur precisely when vaccination coverage drops below 95%, even in communities where most families adhere to the vaccination schedule (FINE et al., 2011; PLANS et al., 2014).

In other words, when vaccination coverage falls, the threshold required for herd immunity is no longer reached, opening the way for outbreaks and epidemics. **The absence of vaccination in a single child, therefore, is not limited to an individual risk: it weakens the protective fabric of the community. Especially in areas of high population density and intense movement, such as Maré, the breakdown of herd immunity multiplies vulnerability.**

3.1 How did armed violence impact the vaccination of children in early childhood in 2024 and 2025?

First, the study sought to identify whether there was a decrease in the dispensing of vaccines and in the number of vaccinated children in the territory on days of police operations. For this purpose, vaccination records were examined for every day of 2024 and the first half of 2025, in order to obtain an average number of vaccines administered and children vaccinated on regular days, compared to days when police operations occurred in at least one favela of the territory.

With the due consideration that a police operation does not necessarily imply the closure of all health units in Maré — since the territory is extensive and, as previously shown, has heterogeneous characteristics regarding the presence of armed groups and other internal dynamics — the analysis of the data also sought to understand whether, even with partial or full operation of health units on the day of an operation, there would still be a difference in the number of vaccines administered and children immunized. Thus, beyond a simple correlation between a potential drop in vaccination coverage due to the closure of health units, the study sought to identify whether, in the occurrence of an operation, the vaccination of children in early childhood would be affected by various, sometimes indirect, factors related to the atmosphere of apprehension caused by armed violence.

a. Vaccination Overview 2024 and 2025

Table 1 presents the vaccination indicators for 2024 and the first half of 2025, by health unit in Maré, based on: (i) the total number of doses administered; (ii) how many of those doses were applied to children up to 6 years old; and (iii) the total number of children aged 6 or younger who were vaccinated. Considering that, especially in the first year of life, children receive more than one vaccine dose per month and, therefore, several vaccines within the same year or semester, the number of children — corresponding to the total number of distinct vaccinated children in the period — will always be lower than the total number of doses administered.

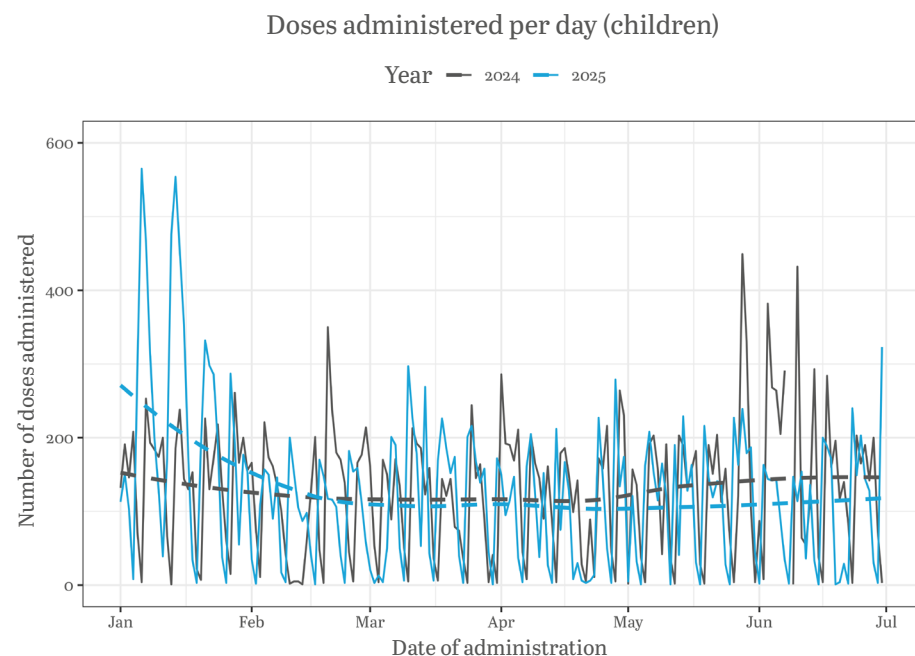
Table 1 - Vaccination Overview 2024–2025 in Maré for Children up to 6 Years Old

Year	Health Unit	Total Doses Administered	Total Doses Administered to Children (up to 6 years)	Total Children Vaccinated (up to 6 years)
2024	Adib Jatene	13.897	12.238	2.037
	Américo Veloso	4.883	4.063	867
	Augusto Boal	8.418	7.338	1217
	Diniz	8.064	7.130	1.184
	Jeremias	9.684	8.255	1.467
	Vila do João	10.318	8.969	1.544
	Total	55.264	47.993	7.903
2025 (until June 30)	Adib Jatene	6.638	5.349	1.005
	Américo Veloso	2.509	1.774	409
	Augusto Boal	4.631	3.647	702
	Diniz	3.994	3.241	656
	Jeremias	6.401	5.029	1.032
	Vila do João	4.794	3.953	885
	Total	28.967	22.993	4.589

Source: Data obtained by SI-PNI from the Rio de Janeiro Municipal Health Department, CAP 3.1

Although this study does not intend to develop a comparative annual assessment, the reading of Table 1 points to regularity in the administration of vaccines during the time periods targeted by the research, taking the total numbers for 2024 as a parameter to project vaccinations through the end of 2025. Table 2 allows for a joint reading of the first semesters of 2024 and 2025, where the dashed lines correspond to the moving average of the number of doses administered per day in each year. Thus, we consider that 2025 would potentially end by reaching amounts comparable to 2024 in the dispensing of vaccines to children in Maré.

Table 2 -
Comparison of the Number of Doses Administered (and Moving Averages) Between the First Semesters of 2024 and 2025 in Maré



Source: Data obtained from SI-PNI via SMS Rio de Janeiro, CAP 3.1.

Comparison of doses administered and children vaccinated on days with and without police operations

To identify the relationship between police operations and vaccination coverage, aggregated data were analyzed by cross-referencing the number of vaccine doses administered to children aged 6 or younger across all health units with records of police operations in at least one of the 15 favelas of Maré, for the years 2024 and 2025.

An analysis attentive to different degrees of risk

To determine the levels of variation in the average number of vaccine doses administered on days of police operations, four categories of days were considered, each represented by a color indicating the level of risk for accessing the territory's health units. This categorization was inspired by the methodology of the Safer Access to Essential Public Services (AMS)¹⁰ program (ICRC, 2018), developed from the safety protocols of the International Committee of the Red Cross (ICRC), based on its extensive experience working in contexts of conflict and armed violence:

- Closed Service (red level indicates high risk) – days when an operation occurred in one or more favelas in Maré and at least one health unit was “in red” (completely closed).

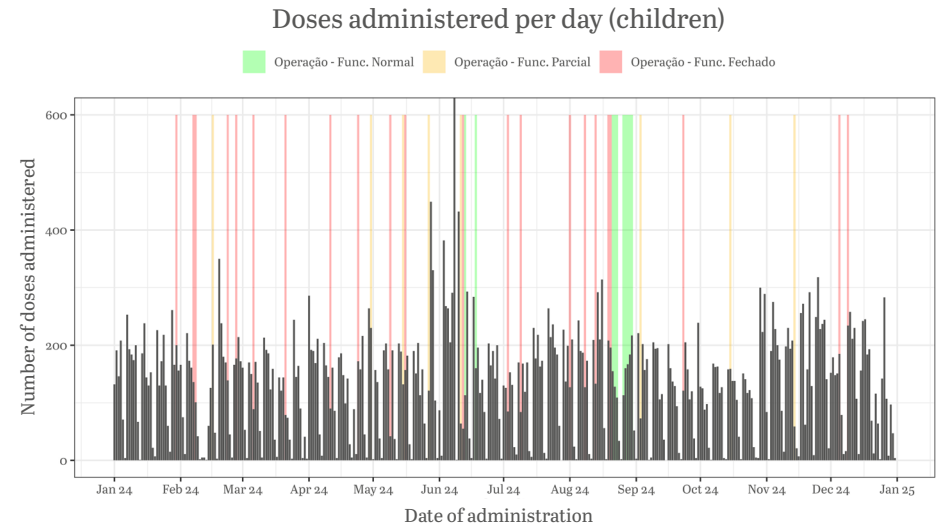
10 • Rio de Janeiro joined the Acesso Mais Seguro program in 2010, with health units indicating preventive measures according to risk classification: Green Level (low risk), requiring no specific mitigation actions; Yellow Level (medium risk), risk of gunfire in the area—external activities are to be suspended, and all staff perform indoor activities; Orange Level (high risk), risk of gunfire in the surroundings—the guidance is to close service units and temporarily cancel external and internal activities; Red Level (critical risk), risk of gunfire in front of the unit—the guidance is to close service units and cancel all external and internal activities. Updates are made directly on the panel of the General Undersecretariat of the Municipal Health Department, available at: https://subpav.org/aps/publico/acesso_mais_seguro/ (Accessed on Sept. 30, 2025).

- Partial Operation (yellow level indicates medium risk) – days when an operation occurred in one or more favelas in Maré and at least one unit was “in yellow” (closed for external activities but maintain-ing internal operations).
- Normal Operation (green level indicates low risk) – days when an operation occurred in one or more favelas in Maré and no unit closed or suspended external activities.
- Regular Day (no color) – days without any police operation in the territory.

In Tables 3 and 4, the gray lines indicate the number of vaccines administered each day¹¹, showing variations that are regular in some cases — which may reflect vaccination schedules as well as differences between weekdays and weekends — and erratic in others, suggesting the occurrence of atypical events. The colored bands indicate, over time, the days marked with red, yellow, and green risk levels resulting from police operations in Maré.

Table 3 -

Doses administered to children (0–6 years old) per day in 2025, considering clinic operating conditions on days of police operations

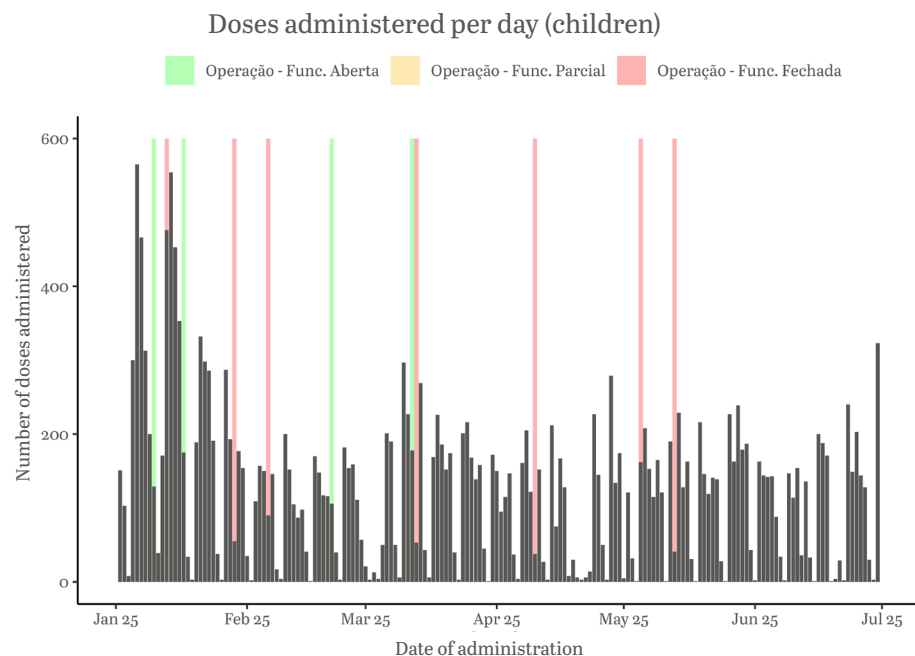


Clinic	Operating Condition	2025				
		Number of Days	Doses Administered		Children Vaccinated	
			Total	Average per Day	Total	Average per Day
All	Closed (Red)	7	148	21.1	71	10.1
	Partial (Yellow)	0	175	-	71	-
	Open (Green)	4	307	76.8	130	32.5
	Weekend	52	1512	29.1	719	13.8
	Leap Day	0				
	Regular Day	118	20851	176.7	8853	75.0

Fonte: Dados de doses administradas obtidos pelo SI-PNI a partir da SMS do Rio de Janeiro, CAP 3.1. Dados de ocorrência de operações e situações das unidades de saúde obtidos pela Redes da Maré.

11 • The days in Tables 3 and 4 were classified according to the indicated color categories, based on the occurrence of at least one clinic in each operating status during police operations. To present these data in the form of a histogram, weekend records were kept (even without appointments), allowing for a chronological analysis.

Table 4 -
Doses administered to children (0 to 6 years old) per day in the first semester of 2025, considering the operating status of clinics on days of police operations



In Tables 3 and 4, **it is possible to observe significant drops in vaccination on days of police operations in the territory**, even on days when health units remain open, including vaccination rooms (green and yellow bands). An important point for reading the graphs is that days classified as red reflect situations in which at least one clinic was closed, despite other clinics remaining operational. Therefore, the graphs may show relatively high numbers of vaccines administered on days marked in red (the same applies to yellow days).

In 2024, there were 42 recorded operations, totaling 43 days of impact on the territory¹². On the 221 days with no operation in Maré, the average number of doses administered per day was 187.3, and the average number of children vaccinated was 89. On days with police operations, when at least one unit closed completely, the average number of doses administered dropped to 20, while the number of children vaccinated fell to 9 — **a reduction of over 90% in vaccinated children per day, and nearly 90% in doses administered**. This represents an average reduction of 167.3 doses and 80 unvaccinated children per day. In other words, police operations directly impact local vaccination coverage, interrupting access to immunization and increasing the risk of health vulnerability in the community.

This finding alone already points to a highly challenging scenario that could be attributed to the closure of health units and vaccination rooms. However, as indicated, on yellow or green days — when clinics remain fully or partially open — there is also a significant drop in the number of doses administered and in child immunization in Maré. This suggests **an indirect or diffuse effect of operations on vaccination rates, as families find themselves unable to reach health units, even when they remain fully operational**.

On yellow days, still in 2024, health units administered an average of 70.9 vaccines to about 32 children, reflecting a 62% decrease in doses and a 64% decrease in vaccinated children. Surprisingly, this number is even lower on days when there was an operation somewhere in the territory but no health unit closed, i.e., green days, when operations

Clinic	Operating Status	2024				
		Number of Days	Doses Administered		Children Vaccinated	
			Total	Average per Day	Total	Average per Day
Todas	Fechado (Vermelha)	22	440	20.0	196	8.9
	Parcial (Amarela)	13	567	43.6	248	19.1
	Aberta (Verde)	8	406	50.8	185	23.1
	Final de Semana	101	5004	49.5	2523	25.0
	Dia bissexto	1	172	172.0	78	78.0
	Dia Regular	221	41404	187.3	19498	88.2

Source: Data on doses administered obtained by SI-PNI from the Rio de Janeiro Municipal Health Department, CAP 3.1. Data on the occurrence of operations and situations in health units obtained by Redes da Maré.

12 • The 16th operation lasted more than 24 hours; thus, although 42 operations took place during the year, 43 days of impact on services and the lives of Maré residents were recorded.

occurred in isolated areas without disrupting public services. On these days, there was an 82% drop in both the number of doses and vaccinated children.

In the first semester of 2025, the scenario is quite similar, showing that this is not an isolated situation but rather a daily reality in the territory. On 118 “regular” days — with no operation — the average number of doses administered per day was 176.7, and the average number of children vaccinated was 76. On days with police operations in which at least one unit closed completely, the average number of doses administered dropped to 21.1, while the number of children vaccinated fell to 11 — **a reduction of 85% in children vaccinated per day and over 85% in doses administered.** This corresponds to an average reduction of 155.6 doses and 65 unvaccinated children.

Regarding green days in 2025, when all units remained open despite police operations in some favela of Maré, the reduction was also significant. The number of vaccinated children dropped from 76 to 34 — a 55% decrease — and the number of doses administered fell from 176.7 to 70.8 — a 59% reduction in vaccines dispensed that day. There was only one yellow-risk day, based on the operating condition of one of the health units, which does not allow for comparative analysis but still indicates a reduced vaccination rate among children aged 0 to 6 compared to regular days.

The data presented in this section demonstrate that the non-protective public security model practiced in Rio de Janeiro imposes significant barriers to healthcare and immunization for early childhood. On one hand, police operations not only directly interrupt the functioning of health units but can also hinder long-term progress toward national vaccination coverage targets in urban areas affected by armed violence. On the other hand, these same police operations present less explicit obstacles, represented by the pervasive atmosphere of fear and tension that restricts residents’ and professionals’ mobility and access to health units to vaccinate their children, even when these remain open. Thus, in addition to the direct impacts of operations, these indirect effects further hinder the protection of early childhood in Maré.

Calculation Transparency: How did we estimate the number of vaccines not administered and children not vaccinated?

We calculated the number of missed doses for 2024 using, as a projection, the vaccination rates from regular days in the same year. For this, we used the rate of vaccine doses administered on days when clinics were closed and the rate of doses administered on days when clinics operated normally, excluding weekends.

We then calculated the difference between these two rates (difference = rate during regular operation – rate during red-level operation), that is, we calculated the average rate of doses that could have been administered (or added) on days when police operations took place and clinics were closed. This difference represents the rate of missed doses.

Next, we multiplied this average rate of missed doses by the number of days on which police operations occurred and clinics were closed or partially compromised (red or yellow days). This gave us the total number of missed doses.

We applied the same calculation to estimate the number of children who were not vaccinated, after extracting the identified data from the clinics’ database. We aggregated each vaccine dose administered per child, after identification, and calculated the average number of vaccinated children in 2024, and so forth, as previously described.

b. Highlight on the Family Clinic Located in the Area with the Highest Number of Police Operations

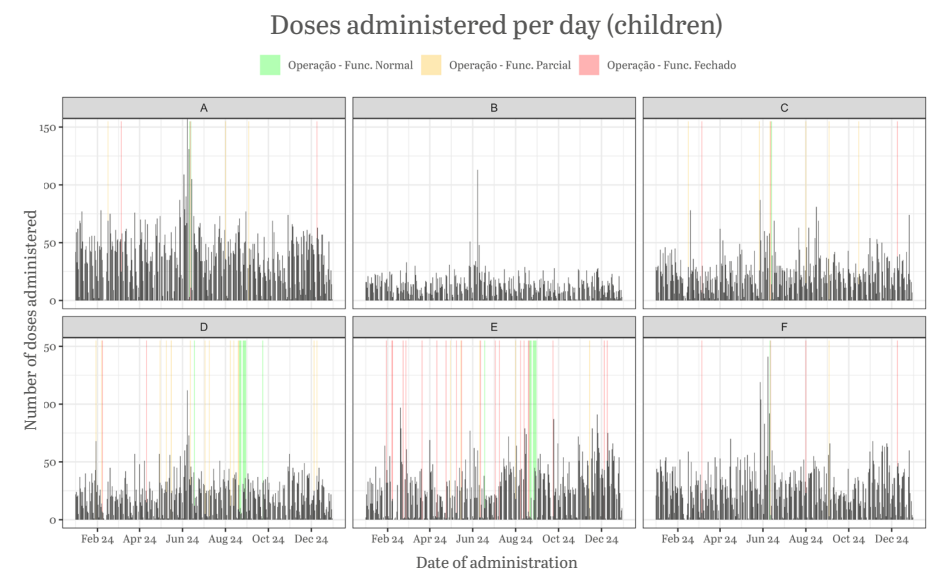
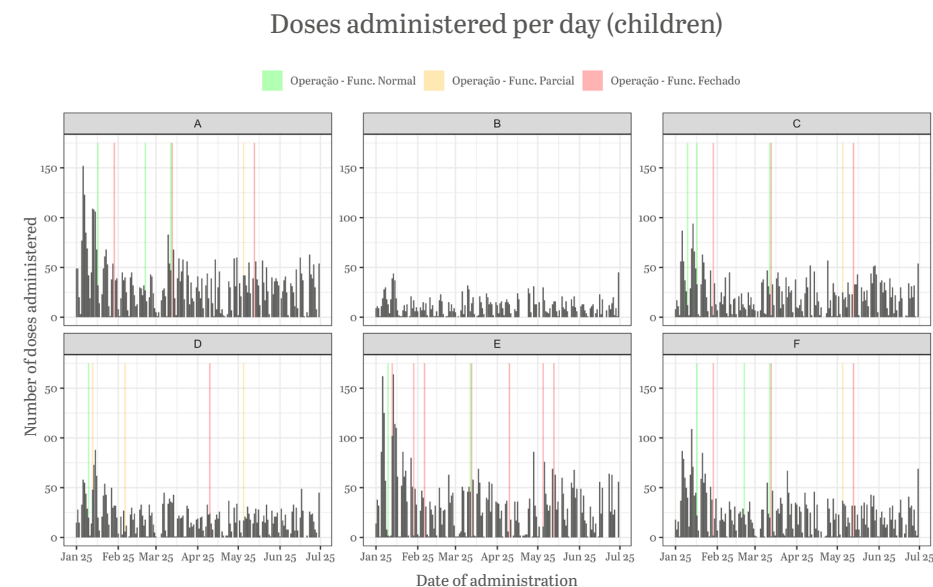
Breaking down the data by health unit in Maré makes it possible to identify a sharp disparity regarding the Family Clinic¹³ that experienced the highest number of total closures (or “red status”) on days of police operations across the entire Maré complex. This disparity results from its location in the area that had the greatest number of police operations during the analyzed period.

Of the 22 days in 2024 when at least one unit in Maré was closed due to a police operation, this particular clinic was closed on 20 of those days. In the first half of 2025, there were 7 days of interrupted operation in the same unit as a result of police actions.

As shown in Table 5, the impact on child vaccination is evident. Both the number of doses administered and the number of children vaccinated drop by two-thirds on days when the clinic is classified as red and therefore closed. This demonstrates that even when the health unit must close at some point during a high-risk day, the teams still strive to provide service upon reopening, managing to vaccinate a small number of children. Thus, this underscores the insecurity faced by both professionals and children across all Maré health units — though it is particularly pronounced in this clinic and surrounding area.

¹³ To avoid generating stigmatization or negative repercussions for health units in Maré, which is absolutely not the purpose of this research, this clinic will not be identified by name. The aim, however, is to highlight the disproportionality with which a single unit can be affected by armed violence, in order to demonstrate the direct correlation between the focus of public security operations in a given area and the resulting harm to the functioning of the health policy in that same area.

Table 5 - Comparative impacts of armed violence on the operation of Maré health units (doses administered per day in 2025 for each unit, considering operation status on days of police action)



Clinic	Operation Status	2024					2025				
		Days	Doses Administered		Children Vaccinated		Days	Doses Administered		Children Vaccinated	
			Total	Average per Day	Total	Average per Day		Total	Average per Day	Total	Average per Day
SMS Jeremias	Closed (Red)	20	214	10,7	107	5,4	7	116	16,6	51	7,3
	Partial (Yellow)	5	49	9,8	23	4,6	0	-	-	-	-
	Open (Green)	9	176	19,6	78	8,7	2	48	-	22	-
	Weekend	104	628	6,0	326	3,1	52	158	3,0	90	1,7
	Leap Day	1	40	-	22	-	0	-	-	-	-
	Regular Day	227	7148	31,5	3418	15,1	120	4707	39,2	2016	16,8

Source: Data on doses administered obtained by SI-PNI from the Rio de Janeiro Municipal Health Department, CAP 3.1. Data on the occurrence of operations and the status of health units obtained by Redes da Maré.

Still regarding the fact that this unit's location is the most affected by police operations in 2024 and 2025, it is telling that this area also has the highest Black population in Maré — an average of 65% identifying as Black or Brown, according to the Maré Population Census (Redes da Maré, 2019). In other words, this is the area that simultaneously suffers the most from the frequency and intensity of police operations and from the closure of its primary health care unit.

This racial factor is highly relevant when examining which citizens are most affected by armed violence—not only as direct targets of police lethality (CESeC, 2024b), but also through its diffuse and long-term effects on access to health care and immunization, and therefore on life expectancy and quality of life. Consequently, **in line with widely documented data in public health that point to health deficits among the Black population (Ministry of Health, 2021), in Maré this population also appears to be disproportionately affected by canceled appointments, interrupted treatments, and discontinuities in general health care.**

It is essential to emphasize that transforming this troubling scenario — faced by all health units in Maré — requires strategic public planning and the integration of sectoral policies, so they do not undermine one another. Specifically, public security policy must be aligned with other social policies that safeguard the rights of Maré's residents, especially considering the constitutionally guaranteed absolute priority of children.

3.2 How Maré's social actors view the impacts of armed violence on access to health care and child-hood immunization

Armed violence must be understood as a determinant of health. Armed confrontations and violent incursions, based on a non-protective public security model, have become one of the main barriers preventing residents from accessing health care. Effective service, proper guidance, and continuous follow-up are all compromised, undermining the guarantee of rights for children, adolescents, families, and the community.

- **On the centrality of public security as a barrier to health access**

One of the most direct impacts of police operations on the right to health, as previously shown, **is the total or partial suspension of basic health services** such as vaccination and access to medication. In the focus groups conducted, residents and community health agents repeatedly confirmed that police operations and armed confrontations directly affect access to health units, resulting in irregular appointments, interrupted treatments, disrupted child nutrition, and harm to families' physical and emotional well-being.

As also indicated, even when health units remain open — or after the end of an operation and the resumption of services — residents report avoiding leaving their homes due to fear, trauma, feelings of insecurity, or concern for their children's safety, as illustrated below:

“I’ve missed appointments because of police operations. When that happens, you lose your appointment... To reschedule, it’s not easy, you have to wait all over again to get a new one. I’ve even missed a hospital appointment outside because of it. When there’s an operation, how can you leave? I don’t even step outside because I can’t run. So I just stay home.” [focus group with caregivers]

“I missed my doctor’s appointment because there was an operation that day. I said, ‘I’m not going out.’ I couldn’t leave the kids alone just to go.” [focus group with caregivers]

In this context, the population experiences **inconsistent access to health services due to armed violence resulting from police operations**, leading to frequent cancellations of appointments, tests, and procedures — especially harmful to pregnant women, small children, and people with chronic or ongoing treatments.

For health professionals, rescheduling appointments causes overload in the days following operations and often leads to user dropouts, ultimately weakening bonds between residents and health services. These disruptions affect both the capacity and quality of care and **take a toll on the emotional and psychological well-being of health workers** who face insecurity in their daily practice.

“I notice people come in more frightened, especially right after an operation. Even small noises make them anxious — ‘What’s going on? Is something happening?’ They get scared but still come because they know if they give up, it’ll take months to reschedule. They don’t give up, but they arrive tense and worried.” [focus group with CHAs]

“Some of my coworkers have become hypertensive because of the operations... I got hypertension myself, and another colleague told me, ‘I did too, remember when that happened back then?’” [focus group with CHAs]

Institutionally, these effects disrupt service regularity and **hinder the implementation of comprehensive, preventive, and community-based public health policies**. They stem from high staff turnover, chronic structural deficits, and infrastructure shortcomings typical of favelas and peripheral urban areas— manifesting in service precariousness and shortages of medication and essential supplies.

Regarding **child health specifically**, access in Maré continues to face persistent challenges. On one hand, according to the Early Childhood in Maré report, the vast majority of young children possess a Child Health Booklet (reported by 96.7% of families), which indicates access to important institutional tools — especially for vaccination, since 92% of families reported using it for that purpose (Redes da Maré, 2023a). However, possession of the booklet does not necessarily mean full access to the health system, as 64.6% still reported difficulties accessing services and facilities in the territory. Thus, formal or registered access does not eliminate concrete barriers such as mobility, quality of care, and service availability.

This point was reinforced in the focus groups: participants noted that during the first year of life, children usually receive frequent follow-up at health posts. **Over time, however, they observed a decline in the number of appointments and routine checkups for older children and adolescents**. In such cases, families reported resorting to hospitals or emergency units, which undermines continuity of care.

“Usually, when they’re babies, up to a year old, the clinic is more attentive because there are regular check-ups. But after that, through adolescence, health care becomes a bit neglected.” [focus group with caregivers]

Regarding the specific **harm to child immunization**, difficulties in obtaining proper follow-up and guidance, stemming from the challenges faced by health units and professionals in a territory marked by instability caused by armed violence have, in some cases, resulted in significant delays in vaccination schedules, sometimes lasting for years:

“Look, I have a son with a health condition, and he couldn’t get his vaccines here, and no one ever told me where he could take them. Then, when I went to [a health unit in the] Pedreira [favela complex], they said they’d contact the local clinic here, and before I even got home, there were people waiting at my door. They told me to go to Rocha Maia for the vaccines. There, they guided me, but my son went years with delayed vaccines, some he never got because he was past the age. He couldn’t take vaccines with live viruses because of his condition, so he couldn’t get them just anywhere, but no one at Rocha Maia ever gave me guidance. He went years... Some vaccines he still hasn’t taken to this day.” [focus group with caregivers]

“And I’ve noticed that the greater the socioeconomic vulnerability, the more issues I find with vaccination cards. The ones with the biggest problems, with cards full of overdue vaccines, are always the most vulnerable patients. It’s no coincidence.” [focus group with CHAs]

All of this leads to another recurring theme in the testimonies: the feeling that health services in Maré face greater challenges compared to those in other parts of the city, as a result of the broader context of armed violence, which worsens the quality of health care in the territory. Statements like the one below were unanimous across all focus groups, reinforcing **the perception of social exclusion, racial discrimination, and urban inequality** in access to social rights for favela residents:

“That used to happen a lot at the family clinic. They wouldn’t even want to touch us. It was common, not even examining us. Just like the police come in here. Because this is a place of Black favela residents. [...] Why bring care to this place? It’s already marginalized. How are they going to treat people here with kindness? With quality? I’m not saying all professionals are like that. On the contrary, there are people like [a doctor from one of the clinics] who are really good. But that kind of mindset still affects many professionals.” [focus group with caregivers]

- **On the illness and deterioration of physical and mental health caused by armed violence**

It is well established that living amid frequent episodes of armed violence generates fear and exposes both residents and health professionals to constant risk. The effects of living under fear and tension manifest in both objective and subjective ways (Costa et al., 2022).

In Maré, the Building Bridges study (Redes da Maré, 2019) identified significant effects of violence on residents’ health: 20% of participants described ways in which they believed the violent context in the territory affected their physical health, and 31% their mental and emotional health. The main issues cited were high blood pressure (30% of reports) and osteoarticular diseases, such as back problems (23%), for physical health; and depressive episodes (26%) and anxiety (25.5%) for mental health.

Among residents who had directly experienced violent situations, such as being caught in gunfire, reports of health impacts were even more frequent. In this group, 44% stated that their mental health had been harmed, with 12% mentioning suicidal thoughts and 30% reporting thoughts about death. Physical effects were also noted: 29% reported damage to their physical health, including difficulty sleeping (4.4%), loss of appetite (33%), nausea and stomach discomfort (28%), as well as chills and digestive problems (21.5%).

These data align with the experiences of social actors engaged in confronting state violence in the territory. Professionals from Redes da Maré, who routinely conduct active searches to document human rights violations after police operations (under the Eyes on Maré Project), observe the emotional and physical marks of these events both on residents and on the health workers serving in Maré.

The collected testimonies show that **police operations deeply affect childhood as well, generating anxiety, nervousness, and hindering learning processes**. Mothers, in particular, shared how daily violence extends beyond the physical realm, **impacting children’s holistic development** and reverberating across other areas of life:

“About that, I think there should be a psychological support group at school, especially on days of operations. Things are calmer now, compared to before, but sometimes there were heavy operations, lots of shooting, running, bodies around, kids saw all that, and the next day everyone went to school as if nothing happened, everything back to normal, you know? We have a group where we talk about our experiences, we let it out. Sometimes police enter my house, wake my kids up at the door yelling. It’s traumatic.” [focus group with caregivers]

For participants, psychological care is seen as an essential part of health — not limited to clinical diagnoses but necessary to cope with everyday conditions in the territory. This reinforces findings from the Early Childhood in the Favelas of Maré Report (Redes da Maré, 2023a), which showed that children in Maré are exposed to intergenerational trauma, especially in areas most affected by armed confrontations. More than 10% of children aged 0 to 6 have already witnessed police violence in six favelas of the territory. However, none of Maré’s 15 favelas are free from this reality. As for the impacts of violence on children, data show that 62.0% of caregivers report that children become frightened, 8.6% aggressive, 24.4% restless, and 16.3% show signs of sadness.

At schools, according to the same study, education professionals report that students frequently express fear and distress, display

behavioral changes, and have difficulty concentrating — especially after shootouts. During playtime, many children show tension, reenact violent behaviors, and actively talk about such experiences. Additionally, the loss of school days due to operations — when schools, like health units, are forced to suspend activities — further worsens developmental setbacks.

Early childhood represents a crucial period for promoting both physical and mental health, as this is when children develop psychomotor, cognitive, and socioemotional skills that shape abilities throughout life (Vascovi et al., 2022). Within this context, it is vital to understand how structural social issues intersect with different life stages — from pregnancy and prenatal care, often interrupted by territorial instability — to the everyday unpredictability of violence and insecurity, all of which heighten the risk of adverse perinatal outcomes.

- **On the intersectional intensification of barriers to health care access**

Manifestations of violence cannot be analyzed in isolation, as they are directly linked to the structural violence that permeates Brazilian society and sustains deep inequalities. This form of violence, often normalized, affects people’s living conditions and has roots in the country’s historical, political, economic, social, and cultural formation. Its impact is particularly evident in urban areas marked by neglect and stigma, such as Rio de Janeiro’s favelas (Minayo, 2013).

From this perspective, the accounts gathered indicate that the lack of coordination between public security policy and other sectoral policies in the territory creates mismatches that exacerbate inequalities and deepen rights violations, from direct exposure to urban violence to interrupted medical appointments and delayed vaccination.

During the focus groups conducted for this research, participants’ testimonies revealed how race and territory intertwine in health care experiences. Although racism is not always expressed

explicitly, it appears indirectly, combined with prejudices related to body, territory, and social status, resulting in poorer quality of care. Participants emphasized that access to health services in the territory is marked by inequality and discontinuity, especially in the follow-up of pregnant women, children, and people with specific health conditions.

Gender is also a central factor, reflected in differing access patterns between men and women. Studies show that women in Maré are more likely to experience illness than men (Redes da Maré, 2019; 2022). Particularly for mothers, **their social position, often bearing both economic responsibility and daily caregiving duties, further increases their vulnerability to health deterioration.** Beyond the demands of pregnancy, these women face the additional burden of ensuring their children's survival and protection, especially in early childhood. This accumulation of roles heightens emotional strain and health risks, creating a cycle of vulnerabilities that begins in pregnancy and extends through their children's early years.

Given that Maré is a territory predominantly composed of Black and Brown women, it is essential to analyze the processes of illness and mental suffering through both racial and gender lenses (Passos, 2023). In the focus groups, several women shared how everyday violence affects their bodies and worsens preexisting conditions:

"[...] I'm on medication for high blood pressure; my minimum pressure is already high. I try, I really try to control it, but I can't, and no one has figured out why yet. Sometimes I feel it in my body, I can tell my blood pressure's rising, you know? Because of everything we go through in the community, sometimes I feel bad, I try to calm myself — 'it's okay, it'll be fine.'" [focus group with caregivers]

Faced with these challenges, professionals also shared the strategies they have adopted to reach the populations most affected by interruptions in health care due to the territorial conditions discussed:

"The strategy we've been using is to literally take the medical kit and go to people's homes. The nurse, the doctor, they do childcare visits at home, prenatal care at home. If the patient doesn't come, we go to her. That's the strategy we're using a lot, like for vaccines, we go to the patient's house, take the cooler, ice packs, everything, and vaccinate there. That's the best strategy we have now. No one will go without prenatal care; we'll make sure of that." [focus group with CHAs]

A protective model of public security must take into account the intersecting vulnerabilities through which children, adolescents, and mothers are further marginalized by gender and racial markers. Girls and women on one hand, and Black and Brown people on the other, tend to be the primary victims of multiple forms of violence, including the impacts of armed violence.

Black Bodies, Enclosed Territories

"Institutional racism" refers to the systematic reproduction of practices, norms, and routines within public and private institutions that perpetuate inequalities in access to rights and patterns of rights violations against a group defined by race or ethnicity. It is the manifestation, within institutions, of "structural racism", a term used to describe the historical persistence of discriminatory practices, violations of rights, and violence against racial and ethnic groups embedded in a society's system of values and power structures. For key scholars in the Humanities in Brazil, the country's colonial past is renewed through neocolonial dynamics of oppression and segregation against Black and peripheral populations in the 21st century (Almeida, 2019).

Sueli Carneiro (2023) argues that racism should be understood as a social organization technology that determines which lives will have their rights guaranteed, creating a logic of invisibility for the needs of Black and favela populations, while reinforcing stigmas that justify their marginalization. In the specific context of favelas, this logic operates as a technology of power that legitimizes violence and the precarization of life, what Achille Mbembe (2008) calls “**necropolitics**”: the decision over who may live and who must die.

In favelas and peripheral urban areas, where the population is predominantly Black (classified as Black or Brown according to IBGE), social, territorial, and racial injustices overlap in an “intersectional pattern.” As highlighted by Black feminist thought, when racism combines with violence and State neglect, we face “lethal intersections” that produce particularly severe and often **fatal consequences** for marginalized groups, especially Black men and women (Collins, 2024).

The context of armed violence in Maré exposes the institutionalized processes of rights violations and violence that have historically victimized Black populations. Recognizing these patterns is a fundamental step toward reversing such practices — particularly in the areas of public security and health.

4

Final Considerations: violence, racism, and delayed vaccination

The Maré territory has a long history of community engagement and strong action by local civil society organizations. These territorial networks, however, coexist with recurrent violations of rights and violence against children, adolescents, families, and professionals in basic public services, particularly under the impact of armed violence. The findings of this territorial study point to significant ways in which armed violence constitutes a major barrier to health access and child, adolescent, maternal, and prenatal immunization in Maré.

Residents live under a context of armed violence that produces continuous rights violations and victimization, including of children and adolescents. The presence of armed groups establishes a coercive and threatening environment in which access to services and rights cannot be fully guaranteed. Meanwhile, public security policies, rather than following a human-rights-based approach are primarily characterized by police operations that intensify high-frequency, high-lethality armed confrontations. Even the presence of battalions and police bases fails to ensure the sense of safety and trust expected by the population.

The high rates of lethal violence against Black adolescents and youth involving state security forces, alongside the recurrence of police operations in predominantly Black and poor areas, suggest a pattern of institutional racism aggravated by poverty. In this scenario, institutional racism also manifests in the barriers faced by children in early childhood to access health services and vaccination.

The systematic use of rights-violating and victimizing practices in the same territory, such as Maré, underscores the urgent need for protective public security models, in coordination with public services like health care, capable of guaranteeing social rights. Underfunding, low prioritization, and high staff turnover in these areas reproduce patterns of institutional racism through

which historically marginalized groups remain excluded from opportunities for recognition, inclusion, and upward mobility.

Preventable deaths, delayed medical care, and psychological trauma multiply amid police operations, **evidencing that public security policy functions as a social determinant of health.**

Thus, analyzing health access in Maré means acknowledging the absence of institutional neutrality: **armed violence and racial selectivity act as tangible barriers to citizenship.** The daily experiences of children in early childhood show that life in the favela is marked by violence and by the continuous denial of care and comprehensive protection.

Recognizing the intersections between violence, racism, and delayed vaccination in this context is crucial for shaping public policies that not only ensure formal access to healthcare but also confront the structural conditions that turn this right into a privilege. It is essential to overcome the artificial opposition between the priorities of sectoral policies and the different levels of government responsible for them that lead to State failures in guaranteeing one fundamental right at the expense of another.

In Maré, the phenomenon of non-immunization cannot be interpreted solely as vaccine hesitancy. On the contrary, testimonies from residents and health professionals show that most families value vaccines and recognize their importance, differing from global contexts in which vaccine refusal is associated with misinformation or anti-vaccine movements (Larson et al., 2014). The main obstacles lie in maintaining consistent connections between families and health units and in ensuring effective access to vaccines, factors directly aggravated by armed violence, particularly police operations that disrupt the functioning of health units, restrict mobility, and instill fear in the population.

The consequences of non-immunization and delayed vaccination in Maré are multiple and interconnected: they increase epidemiological risks, compromise child and maternal health, impose economic burdens on both the public health system (SUS) and families, and reinforce structural inequalities. Beyond collective and individual health damage, when access to healthcare

is systematically interrupted by violence, a symbolic effect of abandonment emerges—mothers and caregivers feel that their children’s lives are worth less than others’, reinforcing social stigma. For many families, the inability to vaccinate their children represents not only a biological risk but also the confirmation of inequality and State violence.

5

Recommendations for Public Policies

No situation in which armed violence endangers the right to health and threatens the lives of children and adolescents can be normalized or tolerated. Its effects impact not only service users but also managers, professionals, and families, compromising the comprehensiveness and continuity of care. All forms of violence must be addressed through a zero-tolerance policy. UNICEF and Redes de Desenvolvimento da Maré present below a set of recommendations and concrete actions to overcome the challenge of protecting the healthcare network from the impacts of armed violence.

1. Address and reduce armed violence and its effects on children, adolescents, families, and health professionals

Children, adolescents, parents, and health professionals face the effects of armed violence daily. Territorial control by armed groups creates an environment of domination, coercion, and rights violations - particularly affecting childhood and adolescence. On the other hand, violent incursions by security forces have generated intense armed confrontations. Shootouts endanger residents’ lives in the Maré favelas and hinder access to basic services. Ensuring accessibility to health units is essential for guaranteeing rights, especially for children and adolescents. The use of armed confrontation in territorial interventions by security forces should be an exception, particularly when it fails to reduce the influence of criminal organizations and contributes to the population’s sense of insecurity.

No level of armed violence that compromises children's and adolescents' access to health should be tolerated. Primary Health Care (PHC) plays a central role in preventing and responding to violence, through early identification, welcoming, reporting, continuous monitoring, and intersectoral coordination, and is therefore essential to protecting children and adolescents and ensuring their full development.

2. Expand vaccination opportunities in intersectoral spaces through a combined care system

Expanding vaccine delivery in intersectoral spaces strengthens the reach of PHC and the SUS, reduces access barriers, and responds to vulnerabilities that increase the risk of delayed vaccination. Vaccination in schools leverages the school routine; in Social Assistance Reference Centers (CRAS), it aligns with the monitoring of socially vulnerable families; and in Specialized Social Assistance Centers (CREAS), it integrates with services for children and adolescents exposed to violence and rights violations.

It is recommended to implement combined care models, including the Vaccination in Schools strategy aligned with the Health at School Program (PSE), community SUS hubs, mobile teams, and home visits to ensure vaccination in areas where armed violence limits access to the health network.

The use of health intelligence tools, such as the GeoVacina platform developed by the Superintendence of Health Surveillance in collaboration with the Epidemiological Intelligence Center (CIE), has strengthened the active search for children with delayed vaccinations in Family Clinics and Municipal Health Centers and should be expanded and consolidated. Strengthening PHC is essential to integrate these strategies into the daily routine of territories, ensuring that vaccination is linked to the ongoing care provided by family health teams.

To increase the impact of these efforts, it is crucial to strengthen and value the work of Community Health Agents (ACS), who, through direct contact with families, identify vaccination delays,

coordinate referrals, and translate data from the platform into concrete territorial action.

The strengthening of PHC, intersectoral coordination, combined care models, ACS engagement, and the use of GeoVacina together form a robust set of strategies to expand vaccination coverage and confront the challenges posed by social inequalities and armed violence in major urban centers.

3. Create and strengthen permanent shared governance bodies across the three federal levels: security, justice, and the protection network, including health, ensuring the operation of the health system in territories affected by armed violence

The interdependence between security and health must be acknowledged. Health units must be protected spaces, and for that, urgent coordination between security and health authorities is needed so that actions in one sphere do not compromise the functioning of the other. The State has the capacity to significantly reduce the use of operations that provoke armed confrontations without undermining the fight against criminal groups.

Governments and the justice system should create and maintain coordination spaces between security forces and child protection sectors, such as health. These spaces should design and monitor indicators of the impact of police operations and armed territorial control on the functioning of health units, the mental health and lives of health teams, and on access to and use of health services, programs, and policies in the territories. Intersectoral work should also aim to promote a broader and more protective notion of public security.

4. Incorporate the impact of armed violence on children, adolescents, families, and service professionals into the planning and execution of health policies

Armed violence is not solely a matter of public security; it requires an intersectoral response from the protection network. The health sector must understand the issue from both programmatic and

management perspectives to adapt its practices to this reality and to participate in the broader debate for its resolution.

It is recommended that the Ministry of Health incorporate armed violence, transversally and structurally, into the federal Annual Health Program (PAS) and into the Agreed Programming processes with states and municipalities. This inclusion should guide national planning, technical and financial support to federative entities, and the strengthening of care networks in affected territories, recognizing armed violence as a social determinant of health that compromises service provision and continuity.

Within the PAS framework, it is proposed to establish guidelines for intersectoral coordination, information production and monitoring, and the promotion of plans, programs, and policies aimed at preventing, mitigating, and addressing the impacts of armed violence. The goal is to make this one of the SUS's strategic priorities, spanning primary care, mental health, and surveillance, and anchoring planning, financing, and monitoring decisions to ensure specific and sustainable responses in territories affected by armed violence.

5. Implement and expand resilience protocols in services and communities

Armed violence imposes on children, adolescents, families, and health professionals a routine of disruptive and violent events. Armed confrontations and large-scale police operations affect community access to and use of services. While overcoming this situation is urgent, it will not happen immediately. Resilience protocols and safety measures mitigate risks and reduce harm. These programs must consider the characteristics of each territory, avoid stigmatizing local populations, and respect their specificities. Furthermore, responses must recognize and prioritize early childhood and the Black population, who suffer disproportionate impacts and require affirmative and anti-racist approaches. A simple yet effective measure is the mandatory presence of ambulances during police operations.

6. Design and implement an integrated model for community and service repair de serviços e da comunidade

Reparation for children, adolescents, families, and professionals for the damages suffered must be the focus of programs, plans, and policies at the municipal, state, and federal levels, ensuring access to justice, health, social assistance, and financial compensation. Early childhood and the Black population should receive priority attention and affirmative measures, considering the differentiated impact of armed violence. All levels of government should develop anti-racist action and reparation plans for public services and affected communities. Health departments must include reparative measures for users, staff, and structures, such as rescheduling canceled appointments, conducting active outreach to families who missed care, providing psychosocial support to users and professionals, and organizing the SISREG system to ensure continuity of care.

As a municipal reference, it is recommended to implement the Psychosocial Care Program for Victims of Armed Violence (Law No. 8.464/2024, Art. 1), ensuring comprehensive, ongoing, and differentiated care for affected children, adolescents, and Black individuals, through coordination between health, social assistance, education, and community networks, strengthening protection, psychosocial follow-up, and mitigation of the impacts of violence.

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