

## RIVERSIDE POPULATION IN AMAZONAS AND INEQUALITIES IN ACCESS TO HEALTH

Isabela Moreira do Nascimento Domingos<sup>119</sup>

Rubén Miranda Gonçalves<sup>120</sup>

**Abstract:** This article aims to analyze the difficulties of the riverside population in the State of Amazonas regarding access to health and other problems caused by the inefficiency of basic sanitation in the region. The method developed was the hypothetical-deductive that seeks to construct or reaffirm hypotheses and conjectures under the analysis of the author Amartya Sen, recognizing facts and selecting relevant factors to demonstrate the importance of the human development of traditional peoples for the achievement of a dignified life, in regions that are more remote or difficult to reach. Bibliographical analysis, case law and the consultation of reports on the Amazon region were also used. The application of this theme makes it possible to study regional development and to rethink public policies for access to health, such as reducing social inequality and controlling epidemiological diseases.

**Key-words:** Riverside population; Right to health; Basic sanitation; Development as freedom; Inequality.

**Resumen:** Este artículo busca analizar las dificultades de la población ribereña en el Estado de Amazonas en lo que se refiere al acceso a la salud y demás problemas ocasionados por la ineficiencia de saneamiento básico en la región. El método desarrollado fue el hipotético-deductivo que busca construir o reafirmar hipótesis y conjeturas bajo el análisis del autor Amartya Sen, reconociendo hechos y seleccionando factores pertinentes para demostrar la importancia del desarrollo humano de los pueblos tradicionales para el alcance de una vida digna, principalmente, en regiones más alejadas o de difícil acceso. También se utilizó el análisis bibliográfico, jurisprudencial y la consulta de reportajes sobre la región Amazónica. La aplicación de esta temática posibilita los estudios de desarrollo regional y de repensar las

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<sup>119</sup> Master's Degree in Economic Law and Development at Pontifical Catholic University of Paraná – PUCPR (in progress – Curitiba, Paraná, Brazil). Post-Graduation in Economic Criminal Law at the Foundation of the Public Ministry of Paraná (FEMPAR). Graduated in Law at UNICURITIBA. Member of the Research Groups “Taxation and Inequality” and “Freedom as a criterion of development and its implications in the work of Amartya Sen” and (projects with support of such CNPq, Araucária Foundation and TAXPUCPR). E-mail: [isabela.mdomingos@gmail.com](mailto:isabela.mdomingos@gmail.com)

<sup>120</sup> PhD in law. Master's Degree in Administrative Law and Graduated in Law at Universidade de Santiago de Compostela. Currently is Professor in Master's Degree at Seguridad, Paz y Conflictos Internacionales and Professor in Master's Degree Program at Abogacia at Universidade Europea de Madrid. Vice President of the Instituto Iberoamericano de Estudios Jurídicos – IBEJUR. [Ruben.miranda@usc.es](mailto:Ruben.miranda@usc.es)

políticas públicas de acceso a la salud como reducción de la desigualdad social y el control de enfermedades epidemiológicas.

**Palabras clave:** Población ribereña; Derecho a la salud; Saneamiento; Desarrollo como libertad; Desigualdad.

## INTRODUCTION

The region of the State of Amazonas is recognized for its vast plant and animal diversity, since it supports the balance of global ecosystems.

Its importance goes beyond the economic potential and richness of raw materials, since its broad sociocultural diversity must be considered, in relation to the traditional peoples who possess medicinal knowledge, of sustainable and artisanal labour that were acquired during the historical process of their civilization.

Initially, the Amazon was occupied by indigenous peoples, after the colonization of the Portuguese in the eighteenth century, there was a reduction of tribes with slavery and the proliferation of diseases such as influenza, measles and tuberculosis.

With the construction of the Madeira-Mamoré railroad and the rubber cycle (late 19th and early 21st century), the Amazonian population became miscegenated and increasingly populous, intensifying land conflicts between settlers and natives, who were victims of deculturation.

With the construction of cities, public services were concentrated in the large urban centres, which contributed to the inequality in access to health, education and basic sanitation of the less well-off population.

It is evident that Brazil still has problems of sanitation and diseases from the period of colonization, with the return of diseases that have already been eradicated in developed countries through public social and sanitary policies.

According to Instituto Trata Brasil, basic sanitation is the most inefficient service in the country, mainly in the north and northeast regions. In 2017, Brazil ranked 112th in the sanitation ranking (200 countries participated), based on the study developed by that institute in partnership with the Brazilian Business Council for Sustainable Development<sup>121</sup>.

It is also verified that the contribution of investment to basic sanitation dropped significantly due to the fiscal deficit of the public accounts. On the other hand, the population

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121 TRATA BRASIL. **Estudo destaca benefícios com a expansão do saneamento no Brasil.** <<http://m.tratabrasil.org.br/estudo-destaca-beneficios-com-a-expansao-do-saneamento-no-brasil>>. Access: 15 Mai 2018.

will increase from 168.4 million to 204.8 million in the year 2035, which requires more and more government efforts for public policies on infrastructure, sewage treatment and actions aimed at the health of the population<sup>122</sup>.

The city of Ananindeua in Pará is an example of neglect, only 2% of the population has access to sewage treatment. Amazonas is also among the worst states in the collection and treatment of effluents, being the seventh worst in Brazil, being ahead only of the States of Roraima, Maranhão, Piauí, Pará, Rondônia and Amapá<sup>123</sup>.

In this sense, there is urgency in the implementation of public policies aimed at sanitation and at preventing the health of the population, since the waste and other organic and toxic materials are being dumped without treatment in the rivers and streams, directly affecting the health and well-being of the population, mainly of the riverside that need the environmental preservation for their subsistence.

The objective of this article is to analyse the public health and sanitation policies for the well-being and development of riparian communities in the State of Amazonas, as well as the problems faced by administrative interference and the lack of transfers from the federal government to the execution fundamental social policies.

## 1. THE FUNDAMENTAL HEALTH RIGHT

The right to health is a fundamental social right established by the Constitution of the Federative Republic of Brazil of 1988, whose applicability is immediate, that is, it is not conditioned to the discretion of the Public Administration.

In this way, the Right to health will have to be assured by the Public Power (Union, States and Municipalities), in the sense of being fundamental for the exercise of human life.

Thus, based on art. 196 of the Constitution, access to health must be provided by the state (broad sense), in which society may be demanded indistinctly, since federal entities have a joint and linear responsibility. Thus, they can be triggered jointly or isolated for the provision of the public health service.

The right to health should not only be seen in its formal aspect, it is necessary to provide mechanisms for its implementation and concreteness that transcends the legal-

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122 Idem.

123 MELO, Kelly. **Apenas 22% da população do Estado têm acesso à coleta de efluentes, enquanto a taxa de tratamento de esgoto não passa de 19%**. Disponível em: <<https://www.acritica.com/channels/manaus/news/amazonas-esta-entre-os-piores-estados-no-quesito-coleta-e-tratamento-de-esgotos-segundo-atlas-esgoto>>. Access: 15 May 2018.

constitutional order and unfolds in the social body through formal institutions of the State and nongovernmental entities), as well as the performance of companies and society, working in cooperation for the implementation of fundamental social rights.

In this line, the right to health is presupposed for the individual to be able to persist for other rights, whether fundamental or not, rather than providing them with well-being, according to their priorities.

The Single Health System (SUS) sought to decentralize public health management and policies in Brazil, being made in an integrated way between the Union, States and Municipalities, allowing the continuity of patient care regardless of its complexity<sup>124</sup>.

Despite the free provision of health care, what is happening is the difficulty of universalizing access, especially to the more remote communities that do not have the State apparatus for the execution of basic health, education and transportation services. The Health strategy should be designed to strengthen the capacities of citizens, such as the reach of citizenship, access to education, public spaces, promoting real conditions of freedom and expansion of operations.

It is therefore necessary to consider the development of a country beyond merely economic criteria, since the 1988 Constitution itself takes into account human development, the conditions of access, the capacities and functionalities of the agents, the exercise of citizenship and substantial freedoms, aiming at eliminating the social and regional inequalities of Brazil.

## 2. ACCESS TO HEALTH AS AN REACH OF FREEDOM IN THE THEORY OF AMARTYA SEN

Amartya Sen understands that development must eliminate issues of social inequality and poverty, so that people can have opportunities by expanding their capacities, whose deprivation impacts on the loss of personal freedom.

Individual freedoms are ways to achieve development and improve the quality of life of individuals<sup>125</sup>, so it is possible to overcome social problems at the local and even global level.

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<sup>124</sup> SOUZA, Georgia Costa de Araújo. O SUS nos seus 20 anos: reflexões num contexto de mudanças. **Saúde Soc.** São Paulo, v.19, n.3, p.509-517, 2010.

<sup>125</sup> ZOLET, Lucas Augusto da Silva. Liberdade e desenvolvimento sustentável: questões fundamentais na democracia contemporânea. **Universitas JUS**, v. 26, n. 2, p. 111-122, 2015.

Amartya Sen understands that the individual can identify the paths that are closest to what he really wants to achieve<sup>126</sup>. The process of choice must be free, so that the agent is not forced to adopt a certain choice preconceived or alien to his will<sup>127</sup>.

Individuals must have the capabilities to achieve alternative workings. Each person has a set of abilities from which they derive from a working vector. Social and economic factors (education, health, employment) are important because they support the person to survive in the world.

Capabilities are powers to do or not to do, involving accessibility to resources, these depend a lot on the skills and also on the potential talents that each individual uses to achieving a particular objective<sup>128</sup>.

Sen understands the condition of agent as the realization of goals and values that the person has reason to seek, they may be connected or not with their well-being. The condition of agent refers to the extent of the individual to seek the totality of his objectives and purposes that he considers important<sup>129</sup>.

Hence, poverty would be the loss of these basic capacities, which prevents the individual from converting into functions, that is, activities or states that the agent rationally values, which provides dignity, such as not acquiring malaria, being healthy, not starving, have a good job, a space in society<sup>130</sup>.

Substantive freedoms are those called basic ones. They can be expanded through state action or other policies (public or private) that are concerned with expanding the pre-existing capabilities of a community.

However, tyranny, poverty, and development, only by economic criteria, without concern for the environment and the people who live there, are the main causes of deprivation of liberty, creating socioeconomic barriers among individuals.

It is true that countries with democratic systems provide more conditions for access to citizens than countries considered as tyrants; however, democracy is not an infallible

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<sup>126</sup> SEN, Amartya. **A Ideia de Justiça**. Tradução Denise Bottmann, Ricardo Doninelli Mendes, São Paulo: Companhia das Letras, 2011. p. 262-264.

<sup>127</sup> In the work *The idea of Justice*, Amartya Sen differs the aspects of opportunity and process. The first is linked to the convenience of doing something (alternatives and options available to the individual) and the second is related to the circumstances and institutions that ensure the individual to be able to choose, this process can function in an inadequate manner as for example, the lack of distribution of vaccines in a certain locality, increases (SEN, Amartya, **A Ideia ...** Op. cit., pp. 262-264).

<sup>128</sup> SEN, Amartya. **Desigualdade reexaminada**. Tradução de Ricardo Doninelli Mendes. 4. ed. Rio de Janeiro/São Paulo: Record, 2017, p. 13.

<sup>129</sup> Idem.

<sup>130</sup> PINHEIRO, Maurício Mota Saboya. **As liberdades humanas como bases do desenvolvimento: uma análise conceitual da abordagem das capacidades humanas de Amartya Sen**. Brasília; Rio de Janeiro: Ipea, 2012. p. 20.

method, since even in developed countries there is a presence of social groups without the fundamental freedoms, such as the high mortality rate in Afro-descendants in the United States<sup>131</sup>.

Poverty may be tied to income, however, there are other factors that are linked to deprivation of liberty, such as chronic illness, poor housing, unemployment, poor education, are factors that prevent its reach.

It can be said that instrumental freedoms can be understood in: a) social opportunities (health care, access to education, social security, work and safety); b) political freedoms (civic rights, democracy and criticize authorities); c) transparency guarantees (honest disclosure and as the ability to trust); (d) economic facilities (access to resources, services and products for consumption, production or exchange); e) protective security that should protect agents from vulnerability and market alternation, such as benefit and income supplements<sup>132</sup>.

Sen understands the importance of public argumentation about social demands, and it is feasible for society and government to diagnose injustices, identifying problems and possible solutions in a more participatory way between public institutions and the community.

In fact, public services such as education and health are of fundamental importance for the development of humanity, which is why it must guide the state (broad sense) to guarantee these rights in order to minimize social injustice among peoples.

### 3. PUBLIC HEALTH AND SANITARY POLICIES IN THE AMAZON

The 1988 constitution in being art. 196 determined that the legal good health is a right of everyone and the duty of the State that through public social and economic policies must guarantee universal and equal access for the protection, promotion and recovery of its citizens<sup>133</sup>.

From this analysis, access to health must be submitted in continuous and favourable conditions for the effective materialization of the law. The public health service has the

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131 SEN, Amartya. **Desenvolvimento como Liberdade**. Tradução Laura Teixeira Motta, São Paulo: Companhia das Letras, 2010, p. 186.

132 Ibidem., p. 19-20.

133 HACHEM, Daniel Wunder. Direito fundamental ao serviço público adequado e capacidade econômica do cidadão: repensando a universalidade do acesso à luz da igualdade material. **A&C – Revista de Direito Administrativo & Constitucional**, Belo Horizonte, na o 14, n. 55, p. 123-158, Jan./Mar. 2014.

function of social justice and the promotion of society so that people can enjoy access to health in equal conditions, regardless of their economic conditions.

With the change from the Liberal State to the Welfare State, state intervention is no more exceptional, it is not merely aid to the hypo- and vulnerable people, but a human development policy that benefits the community.

It is verified that public policy in general needs the performance of multidisciplinary fields, such as the focus in the areas of law, economics, sociology, political science, social sciences and other areas that contribute to a better result in government action<sup>134</sup>.

According to Eugenio Parada, with public policy it is possible “acotar las discusiones políticas, diferenciar problemas y soluciones de manera específica, precisar las diferencias, vincular los temas a soluciones más amplias e o secuenciales, plantearse esfuerzos compartidos y participar de manera específica<sup>135</sup>.”

Thus, a good public policy is one that corresponds to a set of actions of the State to fulfil a goal, with the participation of the community and the private sector. Public policies of excellence allow a broad process of social participation through political discussion to overcome inequality.

Public policy must be seen as a rational choice of a decision-maker, never as a result of political bargaining that favours the personal interests of rulers and has nothing to do with the well-being of the population.

Amartya Sen stresses the need to allocate new themes in the political agenda of the State to discuss what is essential for the well-being of individuals, guaranteed tools for real conditions of choice and possession of the condition of agent<sup>136</sup>.

In this way, social injustices in Brazil are recognized as poverty, illiteracy, precariousness in the health system and difficulty of accessibility of people in situations of economic hyper sufficiency and social vulnerability.

The health system in Brazil has always been marked by inequalities and difficulties in meeting the demands of the population, favouring those who know and can sue for their rights through the Judiciary.

It is necessary for public policies to be evaluated, that is, to go beyond mere assistance criteria that develops dependence on citizens against specific political groups, and that

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<sup>134</sup> SOUZA, Celina. Políticas Públicas: uma revisão da literatura. **Sociologias**, Porto Alegre, ano 8, n. 16, jul/dez, 2006, p. 20-45.

<sup>135</sup> PARADA, Eugenio Lahera. Política y políticas públicas. In: SARAVIA, Enrique; FERRAREZI, Elisabete (Org.). **Políticas públicas**; coletânea. Brasília: ENAP, 2006. p. 68.

<sup>136</sup> SEN, Amartya. **Desenvolvimento...** *Op. cit.*, p. 33-35.

policies are evaluated, based on the results achieved, in the short, medium and long term; long term, involving those who are direct and indirect beneficiaries of its action<sup>137</sup>.

In fact, health policies need to be thought of in an integrated way with health policies, recognizing that investment in sewage treatment also affects the health and quality of life of the population and the preservation of the environment.

It is known that every dollar invested in water and sanitation saves \$ 4.5 in global health, so public health and health policies are essential to combat hygiene, cholera and hepatitis problems that have persisted since World War II, being a reality faced by countries in underdevelopment, like Africa and Brazil.

As for the Amazon, this region is recognized as the lung of the world because of its plant and animal biodiversity. It also pays attention to its economic potential and the possibilities of exploitation in a technical and prudent way.

The public policies for the Amazon area must meet the demands of the regional population, especially the riverine communities that have several difficulties regarding river access and the exercise of fundamental social rights.

### **3.1. Riverine population and the precariousness of access to health in Amazonas**

The Amazon must be seen in its plurality of conditions, due to the physical, natural or human environment, with its socio-cultural peculiarities, respecting the relation of natives to nature.

The traditional peoples of the Amazon can be identified as natives (Indians), caboclos, riverine, quilombolas and rubber tappers, with knowledge in cultivation and preservation of fauna and flora, as well as the practice of homeopathy inherited from their ancestors<sup>138</sup>.

As is well known, the resources of these communities are directed towards their own subsistence, the workforce is familiar and the technologies must provide a low impact on the environment, using medicine based on traditional and homeopathic knowledge.

These communities must be understood as subjects of rights not only in relation to the possession of lands and natural resources, but above all, of public services considered essential for a decent life, such as public sanitary, health, educational and vocational policies,

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<sup>137</sup> ZAMBAM, Neuro José; KUJAWA, Henrique Aniceto. As políticas públicas em Amartya Sen: condição de agente e liberdade social. **Revista Brasileira de Direito**, Passo Fundo, vol. 13, n. 1, p. 60-85, Jan.-Abr. 2017.

<sup>138</sup> POSEY, Darrell A. Os Kayapó e a natureza. **Ciência Hoje**, Rio de Janeiro, v. 2, n. 12, 1980. p. 148-151.



so that these peoples do not have their socio-cultural dynamics suppressed by the economic centres of power.

The riverside population is mixed because of several colonization processes, each community in the Amazon region has its own peculiarity and different ethnicity. This is demonstrated in work relations, habits and family organization<sup>139</sup>.

In addition to the lack of public services, the riverside population of Amazonas suffer from floods and it is necessary to raise their houses with stilts to save their belongings from the constant flooding caused by the increase of the level of the rivers.

The means of transport is river (rafts, canoes and boats), the river acts as roads so that floating health units can reach more isolated areas<sup>140</sup>. The riverside communities have an even greater challenge, since they suffer from lack of road access and logistical problems, for example, the Health Departments take up to three days to provide care in the most remote locations<sup>141</sup>.

What is clear is the difficulty of these populations to enjoy public guarantees and services considered essential for a dignified life. Public transport accessibility policies are lacking.

In more distant or hard-to-reach locations, there are no rural schools, so students are moved to other municipalities, facing a dangerous boat trip, and hours of walking on the dirt road.

Access to energy and clean water is restricted. The distance from the urban area implies an unfavourable economic situation, many receive social incentives as a family grant to encourage children to stay in school and avoid school drop-outs in these localities.

Precarious health conditions and lack of basic sanitation mean that the riverside population is affected by gastrointestinal diseases, mainly due to the consumption of unhealthy water.

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<sup>139</sup> LIRA, Talita de M.; CHAVES, Maria do P. R. C. .Comunidades ribeirinhas na Amazônia: organização sociocultural e política. *Interações*, Campo Grande, MS, v. 17, n. 1, p. 66-76, jan./mar. 2016.

<sup>140</sup> PORTAL DO AMAZONAS. **Ribeirinhos da Amazônia**. Disponível em: <[http://portaldoamazonas.com/wp-content/uploads/2015/03/1617135\\_390068594500664\\_2093115063253214446\\_o.jpg](http://portaldoamazonas.com/wp-content/uploads/2015/03/1617135_390068594500664_2093115063253214446_o.jpg)>. Acesso em 20 May 2018.

<sup>141</sup> GAMA, Abel Santiago Muri; FERNANDES, Tiótfreis Gomes; PARENTE, Rosana Cristina Pereira. SECOLI, Sílvia Regina. Inquérito de saúde em comunidades ribeirinhas do Amazonas, Brasil. *Cad. Saúde Pública*, vol. 34, n. 2, Rio de Janeiro, fevereiro, 2018, p. 2-15.

The health care of these people is carried out through the work provided by the Family Health Teams of Ribeirinhas (FHTR), in addition to the cost of the Basic Health Units of Fluvial (BHUF)<sup>142</sup>.

In this way, vessels are used to serve the most remote communities. The team consists of at least one doctor, one nurse and one auxiliary or nursing technician, with the possibility of specialists in dentistry for oral health and prevention, as well as other professionals of upper and medium level, with the capacity of up to 24 agents community health<sup>143</sup>.

Based on the Department of Primary Care of the Ministry of Health, it is estimated that community agents should provide care for the population for a minimum of 14 days a month and two days should be dedicated to activity of permeating education, activity registration and planning actions. The federal unitary incentive is R \$ 1,014.00 reais, the request for accreditation of the FHTR must be adequate to Administrative Rule 837/2014<sup>144</sup>.

Another problem faced by the riverside community is the Biochemical Oxygen Demand (BOD) that refers to the organic load dispensed in the rivers and streams of the State, which compromise water quality and impact on the health of the population<sup>145</sup>.

The State of Amazonas is composed of 62 Municipalities, with 4 million inhabitants, the cities with substantial index of inhabitants are: Manaus (2.120.264 million inhabitants); Coari (84,762 thousand inhabitants); Itacoatiara (99,854 thousand inhabitants); Manacapuru (96,460 thousand inhabitants); Parintins (113,832 inhabitants), Presidente Figueiredo (33,703 thousand inhabitants) and Tefé (62,662 thousand inhabitants).<sup>146</sup>

On the other hand, only 22% of urban residents have sewage collected, based on the Basic Sanitation Portal. Regarding sewage treatment, this number drops to 19%, since effluents fall on the septic tanks and contaminate the water table of the State of Amazonas<sup>147</sup>.

The National Environmental Council (CONAMA) has determined that the treatment of effluents must remove at least 60% of BOD, however, it is verified that only

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<sup>142</sup> Ministério da Saúde. **Equipes de Saúde da Família Ribeirinhas (ESFR)**. Departamento de Atenção Básica. Disponível em: <[http://dab.saude.gov.br/portaldab/ape\\_esfr.php](http://dab.saude.gov.br/portaldab/ape_esfr.php)>. Access: 20 May 2018.

<sup>143</sup> Ministério da Saúde. **Equipes de Saúde da Família Ribeirinhas (ESFR)**. Departamento de Atenção Básica. Disponível em: <[http://dab.saude.gov.br/portaldab/ape\\_esfr.php](http://dab.saude.gov.br/portaldab/ape_esfr.php)>. Access: 20 May 2018.

<sup>144</sup> Idem.

<sup>145</sup> MELO, Kelly. **Apenas 22% da população do Estado têm acesso à coleta de efluentes, enquanto a taxa de tratamento de esgoto não passa de 19%**. Disponível em: <<https://www.acritica.com/channels/manaus/news/amazonas-esta-entre-os-piores-estados-no-quesito-coleta-e-tratamento-de-esgotos-segundo-atlas-esgoto>>. Access: 15 Mai 2018.

<sup>146</sup> MELO, Kelly, loc. cit.

<sup>147</sup> PORTAL do Saneamento. **No AM, só 22% dos moradores de áreas urbanas têm o esgoto coletado**. Disponível em: <<https://www.saneamentobasico.com.br/areas-urbanas-esgoto-coletado/>>. Acesso em: 28 jun. 2018.

21% of these organic wastes are removed, contaminating the igarapés of the Amazon region, aggravating the local public health, especially in communities where there is no access to piped or potable water for consumption<sup>148</sup>.

This formality, the lack of investment by the federal government makes it impossible to reach the goal of universal sanitation in the country - a target set for 2035.

The National Association of Municipal Organs of the Environment (ANAMMA) points out that the costs and benefits of universal basic sanitation reflect a reduction in health costs, an increase in labour productivity, tourism income and other benefits for Brazil<sup>149</sup>.

The benefits of universalizing basic sanitation have a direct impact on the health of children and the elderly, solving problems of diarrhea and intestinal infections, which would save the state on hospitalization costs and hospital procedures.

## FINAL CONSIDERATIONS

Brazil is a country with great territorial extension, the population is spread by the urban centres, rural areas and also in the forests and river banks (riverside population), which contributed to the inequalities of access in the public services, mainly in the access to health.

Difficulties in implementing the Unified Health System are caused not only by insufficient resources but also by poor management of public administration, from corruption problems, over-invoicing of products and services, and the lack of trained health professionals.

Administrative inefficiency has caused a collapse in the public health system, especially in locations far from urban centres, where there is a presence of traditional peoples who face multiple problems of infrastructure and absence of the State in human development policies.

The riverside population live on the banks of the rivers in stilt houses and face difficulties with the lack of sewage treatment, water insalubrity and diseases (leptospirosis,

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148 MELO, Kelly. **Apenas 22% da população do Estado têm acesso à coleta de efluentes, enquanto a taxa de tratamento de esgoto não passa de 19%**. Disponível em: <<https://www.acritica.com/channels/manaus/news/amazonas-esta-entre-os-piores-estados-no-quesito-coleta-e-tratamento-de-esgotos-segundo-atlas-esgoto>>. Acesso em: 15 maio 2018.

149 ANAMMA. **Novo estudo mostra que universalização do saneamento básico em 20 anos traria ao país benefícios econômicos e sociais de R\$ 537 bilhões**. Disponível em: <<http://www.anamma.org.br/single-post/2017/04/13/Novo-estudo-mostra-que-universaliza%C3%A7%C3%A3o-do-saneamento-b%C3%A1sico-em-20-anos-traria-ao-pa%C3%As-benef%C3%Adcios-econ%C3%B4micos-e-sociais-de-R-537-bilh%C3%B5es>>. Acesso em: 28 jun. 2018.

hepatitis, dengue and yellow fever) due to the sewage in the sky, besides the silting of the difficult to transport and work with fishing.

As for transportation, this is mainly composed of river boats and navigation can last you days, especially when it is to have access to the most remote cities of the State of Amazonas.

As the India-born Nobel economists laureate Amartya Sen pointed out in 1998, the development of a nation should not only prioritize economic aspects, such as the expansion of industries and per capita income. The development should seek social participation, the increase of capacities and functionings, considering health as a presupposition for the reach of the other rights.

In that case, one of the main problems of the riverside population is the lack of basic sanitation, poor access to health, transportation and education. It also appears that the low level of schooling of the parents interferes with the family income, education of the children and employment opportunities, resulting in the lack of choice of having a decent life, perpetuating the social injustices caused by poor public management.

Therefore, poverty of the riverside population must be seen beyond a question of social inequality, but a deprivation of liberty associated with a lack of opportunity and ability to fight for its goals, which certainly disfavour the essential condition of the human being to live with dignity.

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