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THE NETWORK OF CARE FOR PEOPLE WITH DISABILITIES IN THE AMAZON: CHALLENGES AND PERSPECTIVES FOR THE IMPLEMENTATION OF SPECIALIZED REHABILITATION CENTERS (CERS)

A REDE DE CUIDADOS À PESSOA COM DEFICIÊNCIA NA AMAZÔNIA: DESAFIOS E PERSPECTIVAS PARA A IMPLEMENTAÇÃO DE CER`S

LA RED DE ATENCIÓN A LA PERSONA CON DISCAPACIDAD EN LA AMAZONIA: DESAFÍOS Y PERSPECTIVAS PARA LA IMPLEMENTACIÓN DE LOS CER

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ABSTRACT

This article analyzes the importance of Specialized Rehabilitation Centers (CERs) in promoting comprehensive care for people with disabilities in the Northern Region of Brazil, with a focus on the state of Amazonas. Based on a qualitative, descriptive, and documentary approach, the study used secondary data from official sources and scientific literature published between 2020 and 2024. The results reveal structural and geographical inequalities that limit access to rehabilitation services in the region, especially in remote riverside, Indigenous, and rural communities. Barriers such as the concentration of CERs in capital cities, the shortage of specialized health professionals, and the lack of adequate transportation aggravate the exclusion of vulnerable populations. The discussion highlights the urgent need to expand and decentralize CERs through strategies that respect the territorial specificities of the Amazon and adhere to the principles of equity, regionalization, and comprehensiveness of the Brazilian Unified Health System (SUS). It is concluded that implementing new CERs in the region is not merely a managerial issue, but a matter of social justice and the guarantee of fundamental rights.

Keywords: People with Disabilities. Rehabilitation. Northern Region. Unified Health System. Health Access. Equity.

RESUMO

O presente artigo analisa a importância dos Centros Especializados em Reabilitação (CERs) na promoção do cuidado integral às pessoas com deficiência na Região Norte do Brasil, com ênfase no estado do Amazonas. Fundamentado em uma abordagem qualitativa, descritiva e documental, o estudo baseou-se em dados secundários provenientes de fontes oficiais e

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literatura científica publicada entre 2020 e 2024. Os resultados revelam desigualdades estruturais e geográficas que limitam o acesso aos serviços de reabilitação na região, especialmente em áreas ribeirinhas, indígenas e rurais isoladas. Barreiras como a concentração de CERs em capitais, a escassez de profissionais especializados e a ausência de transporte adequado agravam a exclusão das populações vulnerabilizadas. A discussão aponta para a urgência da expansão e interiorização dos CERs, com estratégias que considerem as especificidades territoriais da Amazônia e respeitem os princípios da equidade, regionalização e integralidade do Sistema Único de Saúde (SUS). Conclui-se que a implantação de novos CERs na região não é apenas uma questão de gestão, mas de justiça social e garantia de direitos fundamentais.

Palavras-chave: Pessoa com Deficiência. Reabilitação. Região Norte. Sistema Único de Saúde. Acesso à Saúde. Equidade.

RESUMEN

El presente artículo analiza la importancia de los Centros Especializados en Rehabilitación (CER) en la promoción del cuidado integral de las personas con discapacidad en la Región Norte de Brasil, con énfasis en el estado de Amazonas. Basado en un enfoque cualitativo, descriptivo y documental, el estudio se sustentó en datos secundarios provenientes de fuentes oficiales y literatura científica publicada entre 2020 y 2024. Los resultados revelan desigualdades estructurales y geográficas que limitan el acceso a los servicios de rehabilitación en la región, especialmente en áreas ribereñas, indígenas y rurales aisladas. Barreras como la concentración de CER en las capitales, la escasez de profesionales especializados y la falta de transporte adecuado agravan la exclusión de las poblaciones vulnerabilizadas. La discusión señala la urgencia de la expansión y descentralización de los CER, mediante estrategias que consideren las especificidades territoriales de la Amazonia y respeten los principios de equidad, regionalización e integralidad del Sistema Único de Salud (SUS). Se concluye que la implementación de nuevos CER en la región no es solo una cuestión de gestión, sino de justicia social y de garantía de derechos fundamentales.

Palabras clave: Persona con Discapacidad. Rehabilitación. Región Norte. Sistema Único de Salud. Acceso a la Salud. Equidad.

1 INTRODUCTION

The inclusion of people with disabilities in the health system is one of the greatest expressions of a country's commitment to equity and human dignity. In Brazil, this commitment is expressed through the Care Network for Persons with Disabilities (RCPD), created in 2012, and operationalized by devices such as the Specialized Rehabilitation Centers (CERs), which are configured as reference services for comprehensive care for physical, hearing, visual, and intellectual disabilities (Brasil, 2021).

According to the literature, these centers represent an important advance in the consolidation of specialized care and in the implementation of the biopsychosocial model recommended by the International Classification of Functioning, Disability, and Health – ICF (Campos *et al*., 2020).

Data from the 2022 IBGE Census indicate that more than 18.6 million Brazilians – about 8.9% of the population – have some type of disability. In the state of Amazonas, this rate is estimated at approximately 9%, a percentage that takes on even more complex contours when faced with the logistical, geographical, and structural challenges of the region (IBGE, 2023).

Studies show that the territorial extension of the state, associated with the presence of a dense tropical forest and the predominance of riverside and indigenous communities that are difficult to access, creates significant barriers to specialized health care, especially in areas outside the capital (Oliveira *et al.,* 2021).

The scientific literature highlights that the North Region has one of the lowest densities of rehabilitation care coverage in the country, not only due to the scarcity of qualified centers, but also due to the low availability of specialized human resources, such as physiotherapists, occupational therapists and speech therapists (Souza; Almeida, 2022).

Added to this is the precariousness of the logistics infrastructure: many locations are not connected by land, and river or air transport depends on adverse weather and financial conditions, making regular access to services extremely difficult. In addition, the chronic underfunding of public health, the high turnover of professionals, and the absence of effective policies to retain teams in the interior deepen the existing weaknesses in the provision of rehabilitative care (Santos *et al.,* 2021).

In this context, it becomes evident the urgency of strengthening the rehabilitation network in the Northern Region, especially in the state of Amazonas, through strategies that recognize its geographical, cultural and social particularities.

The expansion of the supply of rehabilitation services, the valorization and qualification of the workforce, the investment in assistive technologies and telehealth, and the recognition of traditional populations as subjects of rights are pointed out as viable paths for equitable and problem-solving rehabilitation (Ferreira *et al.,* 2023).

Thus, this article aims to analyze the importance of RECs in promoting the health and functionality of people with disabilities in the state of Amazonas, in addition to discussing the main challenges faced in the implementation and maintenance of these services. By shedding light on this reality, it is intended to contribute to the strengthening of public rehabilitation policies in historically invisible territories.

2 METHODOLOGY

This is a qualitative, descriptive and documentary research, with an exploratory approach, whose objective is to analyze the importance of Specialized Rehabilitation Centers (CERs) in the Northern Region of Brazil, with emphasis on the state of Amazonas. The methodological choice is justified by the need to understand the social and structural phenomena that involve access to rehabilitation services in regions with great territorial and logistical inequalities.

The data used in this study were exclusively secondary, coming from public and scientific sources. Official documents from the Ministry of Health, the Brazilian Institute of Geography and Statistics (IBGE), the National Registry of Health Establishments (CNES), as well as scientific publications extracted from the SciELO, PubMed, VHL, and Google Scholar databases were included.

Data collection was carried out between February and May 2025, using the following descriptors: "Specialized Rehabilitation Centers", "people with disabilities", "access to health in the Amazon", "North region", "specialized care in the SUS", and "public rehabilitation policies".

The following inclusion criteria were adopted: documents and articles published between 2020 and 2024, in Portuguese, English, or Spanish, that directly addressed the topic of rehabilitation in the Unified Health System (SUS), especially in the context of the CERs and the Northern Region. Opinion materials without technical or scientific basis, reports not referenced in official sources, and publications that did not deal with the theme of specialized rehabilitation at the outpatient level were excluded.

The data analysis followed an interpretative and thematic approach, seeking to identify categories such as: access to services, geographic distribution, structure of CERs, composition of professional teams and social impacts of rehabilitation in remote areas. The data were organized into analytical matrices and discussed in the light of recent scientific literature and the guidelines of the National Health Policy for Persons with Disabilities.

As this is a research based on secondary data, without direct collection with human beings or field intervention, this study is exempt from consideration by the Research Ethics Committee, as provided for in Resolution No. 510/2016 of the National Health Council.

3 RESULTS AND DISCUSSION

The Specialized Rehabilitation Centers (CERs) are medium-complexity outpatient units of the Unified Health System (SUS), integrated into the Care Network for Persons with Disabilities (RCPD), whose main objective is to ensure comprehensive and multiprofessional care for people with physical, hearing, visual and intellectual disabilities.

Each CER is classified according to the number of rehabilitation modalities it offers, and can be from type I (one modality) to type IV (four modalities), according to criteria established by Ordinance No. 793/2012 of the Ministry of Health.

These centers carry out diagnostic evaluation actions, rehabilitation therapies, concession of assistive technologies (such as orthoses, prostheses and wheelchairs), in addition to promoting articulation with other points of the health, social assistance and education network.

The performance of the CERs is guided by the biopsychosocial model of disability and the paradigm of functionality, aligned with the International Classification of Functioning, Disability and Health (ICF), and their presence in the territory aims to ensure equity in access to rehabilitation services, especially in populations in vulnerable situations (Brasil, 2021; Campos *et al.,* 2020).

The rehabilitation of people with disabilities in Brazil is, in essence, a policy that needs to combine technique, equity and humanity. However, when looking at the North Region, especially the state of Amazonas, there is a deep abyss between what is provided for in the national guidelines and what, in fact, reaches the most vulnerable populations.

The ideal model of health care for people with disabilities, as established by the National Health Policy for People with Disabilities and operationalized by the Care Network for People with Disabilities (RCPD), provides for the performance of Specialized

Rehabilitation Centers (CERs) as pillars for interdisciplinary and longitudinal care (Brasil, 2021). However, in Amazonian realities, this model is still, for many, only a distant promise.

The Amazon territory, with its vast forest, extensive rivers and isolated communities, presents geographical barriers that are not only logistical, but structural, historical and social. In many municipalities in the interior of Amazonas, there is no regular land access.

Commuting to urban centers where there is some rehabilitation service involves river trips that last days, exposes patients to physical and financial risks, and often results in treatment dropout—especially among children, the elderly, and people with severe disabilities. For many of these families, the distance between diagnosis and rehabilitation is not only measured in kilometers, but in suffering, abandonment and invisibility.

In addition, the scarcity of RECs in the region makes it impossible to have continuous and timely access to treatment. This is aggravated by the absence of effective policies for the interiorization of these services and by the concentration of units in urban centers, such as state capitals. As a result, a large part of the Amazonian population with disabilities remains unassisted or underserved, in flagrant violation of the principle of equity of the Unified Health System.

From a technical point of view, rehabilitation requires the coordinated action of multiprofessional teams — physiotherapists, occupational therapists, speech therapists, psychologists, physiatrists, among others. However, as highlighted by studies by Campos *et al.* (2020) and Ferreira *et al.* (2023), the North Region has a significant deficit of specialized professionals, especially in small municipalities, which compromises the minimum composition of the teams and the effectiveness of care. In addition, the difficulty in retaining these professionals in remote areas, added to the low professional attractiveness and the lack of structural incentives, contributes to the discontinuity of care.

It is important to emphasize that the absence of specialized rehabilitation is not only a failure in the system — it is a denial of the right to functionality, autonomy, and dignity. The impact of this neglect falls, with weight, on bodies already marked by physical, cognitive or sensory limitations. Children with cerebral palsy who do not receive early stimulation, elderly people who lose their mobility due to lack of physical therapy, people with hearing impairment without access to hearing aids or language rehabilitation — all these cases reveal a silent but deeply unfair reality.

In this scenario, the implementation of new CERs in Amazonas and throughout the North Region cannot be seen as an act of administrative expansion, but as an ethical and

constitutional commitment to human life. Implementing more centers means recognizing, in practice, that people with disabilities in the Amazon cannot continue to be penalized for living far from large centers.

It means ensuring that a baby born with a neurological condition, in a riverside community, has the same opportunities for functional development as another child in a central neighborhood of a capital city. It means, above all, transforming care into a bridge – between historical exclusion and the possibility of living with dignity.

The challenge is great, but the omission is greater. Strengthening the RECs in the Amazon is more than necessary: it cannot be postponed.

4 CONCLUSION

The rehabilitation of people with disabilities, as a human right and an essential public policy for the promotion of equity, needs to be treated as a priority in regions where inequalities deepen. The analysis of the Amazonian scenario, especially in the state of Amazonas, shows a reality marked by the scarcity of specialized services, insurmountable geographical barriers for many families, lack of trained professionals and disarticulation between the levels of care.

The Specialized Rehabilitation Centers (CERs), conceived as strategic structures for the effectiveness of comprehensive care, face challenges in the North Region that transcend health management: they involve territorial, cultural, historical and social aspects that make the absence of these services even more serious and exclusionary.

In this context, it is not only a matter of expanding the number of units, but of rethinking the way in which the Brazilian State distributes its care network, based on criteria that respect regional specificities and ensure that the place where a person is born or lives does not determine the access that he or she will have – or not – to health care. Implementing and strengthening RECs in Amazonas is more than a technical necessity; It is an ethical urgency. It is to recognize that disabled bodies, when welcomed with dignity and assisted with responsibility, are no longer defined by their limitations and become protagonists of their capacities and achievements.

Thus, the realization of the rights of people with disabilities in the North Region requires a fairer federative pact, territorialized public policies, sustainable investment and institutional commitment to life. It is necessary to see beyond logistics and structure: it is necessary to

see the human being, his pain, his potentialities and his history. Promoting access to rehabilitation in the Amazon is, above all, a civilizing choice.

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