

ICU Volume 8 - Issue 1 - Spring 2008 - Country Focus: Brazil

The Overview of Healthcare in Brazil

National Health Policies and Plans

The national health policy is based on the Federal Constitution of 1988, which sets out the principles and directives for the delivery of healthcare in the country through the Unified Health System (SUS). Under the constitution, the activities of the federal government are to be based on multi-year plans approved by the national congress for four-year periods. The essential objectives for the health sector were improvement of the overall health situation, with emphasis on reduction of child mortality, and political-institutional reorganisation of the sector, with a view to enhancing the operative capacity of the SUS. The current plan reinforces the previous objectives and prioritizes measures to ensure access to activities and services, improve care, and consolidate the decentralisation of SUS management.

Health Sector Reform

The current legal provisions governing the operation of the health system, instituted in 1996, seek to shift responsibility for administration of the SUS to municipal governments, with technical and financial cooperation from the federal government and states. Another regionalisation initiative is the creation of health consortia, which pools the resources of several neighboring municipalities. "The Project to Strengthen and Reorganise the SUS" is an important instrument of support for regionalisation.

Public Healthcare Services

The main strategy for strengthening primary healthcare is the Family Health Program, introduced by the municipal health secretariats in collaboration with the states and the Ministry of Public Health. The federal government supplies technical support and transfers funding through Piso de Atençao Básica. Disease prevention and control activities follow guidelines established by technical experts in the Ministry of Public Health. The National Epidemiology Center (CENEPI), an agency of the National Health Foundation (FUNASA) coordinates the national epidemiological surveillance system, which provides information about and analysis of the national health situation.

Individual Healthcare Services

In 1999, 66% of the country's 7,806 hospitals,70% of its 485,000 hospital beds, and 87% of its 723 specialised hospitals belonged to the private sector. In the area of diagnostic support and therapy, 95% of the 7,318 establishments were private, and the public also operated 73% of the 41,000 ambulatory care facilities.

Hospital beds in the public sector were distributed as follows: surgery (21%), clinical medicine (30%), pediatrics (17%), obstetrics (14%), psychiatry (11%) and other areas (7%). In the same year, 43% of public hospital beds, and half the hospital admissions were in municipal establishments. Since 1999, the Ministry of Public Health has been carrying out a health surveillance project in Amazonia that includes epidemiological and environmental health surveillance, indigenous health and disease control components. With 600 million dollars (US) from a World Bank loan, efforts are being made to improve the operational infrastructure, training of human resources and research studies. An estimated 25% of the population is covered by at least one form of health insurance, and commercial operators and companies with self-managed plans offer 75% of the insurance plans.

Health Supplies

Brazil is among the largest consumer markets for pharmaceutical drugs, accounting for a 3.5 % share of the world market. To expand public access to drugs, incentives have been offered for marketing generic products, which cost an average of 40% less than brand-name products. In 2000, there were 14 industries authorised to produce generic drugs and about 200 registered generic drugs were being produced in 601 different forms. In 1998, the National Drug Policy was approved, whose purpose is to ensure safety, efficacy, and quality of drugs, as well as the promotion of rational use and access for the population to essential products. The responsibility for national production of immunobiologicals is entrusted to public laboratories; which have a long-standing tradition of producing vaccines and sera for use in official programs. The Ministry of Public Health invested some US\$ 120 million in the development of the capacity of these laboratories. In 2000, the supply of products was sufficient to meet the need for heterologous sera, such as those used in the vaccines against tuberculosis, measles, diphtheria, tetanus, whooping cough, yellow fever, and rabies. In 1999, quality control of the transfused blood consisted of 26 coordinating centers and by 44 regional centers.

Human Resources

In 1999, the country had some 237,000 physicians, 145,000 dentists, 77,000 nurses, 26,000 dietitians and 56,000 veterinarians. The national average ratio was of 14 physicians per 10,000 population. In 1999, of the 665,000 professional positions, 65 % were occupied by physicians, followed by nurses (11%), dentists (8%), pharmacists, biochemists (3.2%), physical therapists (2.8%) and by other professionals (10%). An estimated 1.4 million health sector jobs are occupied by technical and auxiliary personnel.

Health Sector Expenditure

In 1998 national health expenditure amounted to 62,000 million dollars (US), which corresponded to nearly 7.9% of GDP. Of that total, public spending accounted for 41.2 % and private expenditure accounted for 58.8%. In per capita terms, public spending is estimated at 158 dollars (US) and private expenditure at 225 dollars (US).

Technical Cooperation

Technical cooperation projects are carried out with different countries, as well as with the World Bank and UNESCO among many others. International foundations also provide direct financing for projects or individuals. Brazil is also engaged in an intense exchange with the MERCOSUR countries, aimed at establishing common health regulations.

This information has been adapted from data obtained from the Pan American Health Organization, a regional office of the World Health Organization (WHO) and the WHO.

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