THE BRAZILIAN HEALTH SYSTEM AT A CROSSROAD:
PROGRESS, CHALLENGES AND THREATS TO UNIVERSAL HEALTH COVERAGE

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The Global view about Brazil:
From Euphoria to Crisis

2009

2013

2016

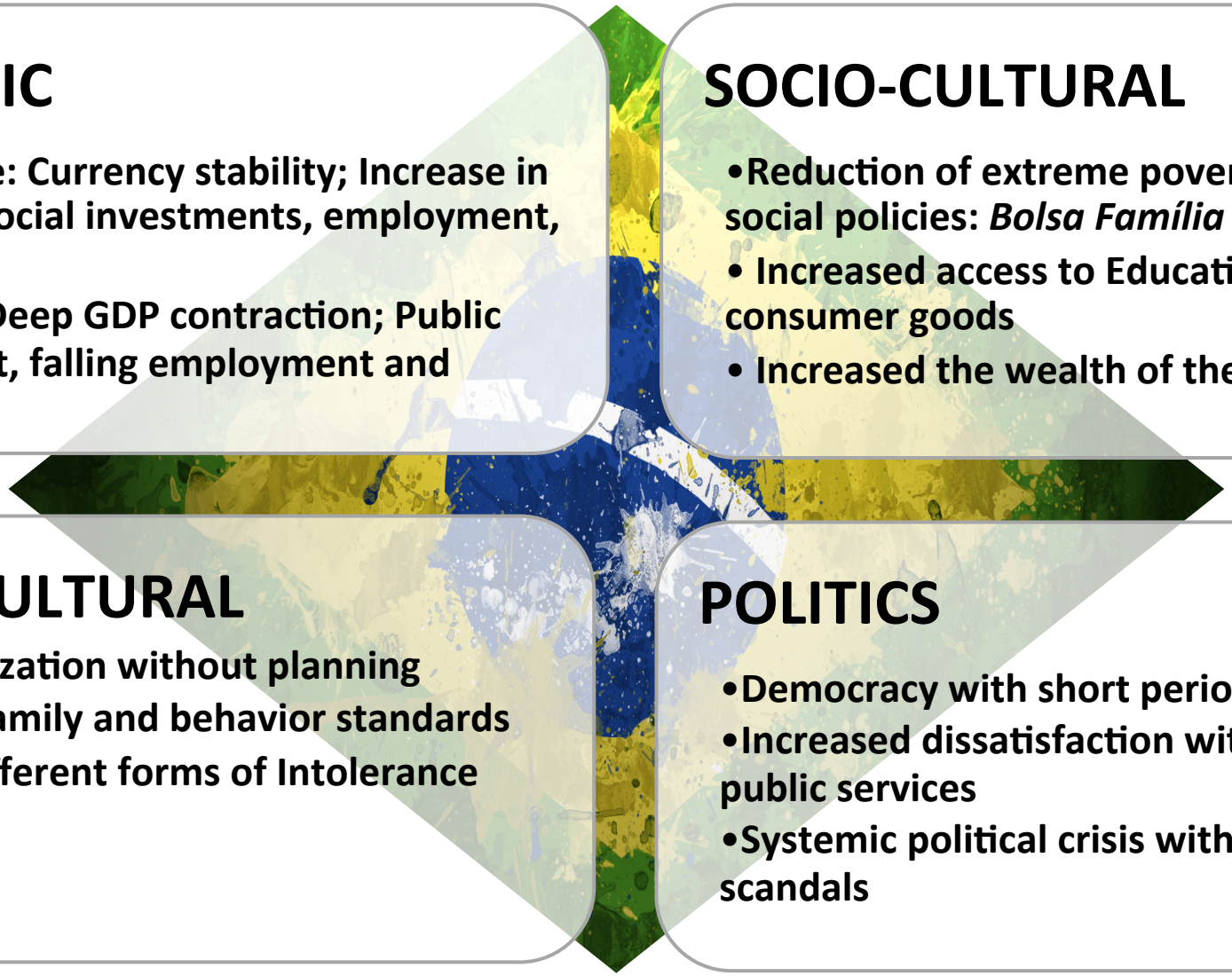
BRAZIL IN TRANSITION

ECONOMIC

- Last Decade: Currency stability; Increase in GDP; Rising social investments, employment, and income
- Last years: Deep GDP contraction; Public budget deficit, falling employment and income

SOCIO-CULTURAL

- Reduction of extreme poverty through social policies: *Bolsa Família*
- Increased access to Education and Health consumer goods
- Increased the wealth of the richest



SOCIO-CULTURAL

- Rapid urbanization without planning
- Changes in family and behavior standards
- Increased different forms of Intolerance Violence

POLITICS

- Democracy with short periods of stability
- Increased dissatisfaction with the quality of public services
- Systemic political crisis with corruption scandals

THE BRAZILIAN HEALTH SYSTEM HAS SEVERAL UNIQUE FEATURES

"The reforms defined health beyond its biomedical understanding. They included health's social determinants, education, poverty reduction, and preventive measures in the broader context of health as a human right. A hallmark of the SUS is its promotion of community participation at all administrative levels."

Sabine Kleinert, Richard Horton

THE LANCET VOL 377 MAY21,2011

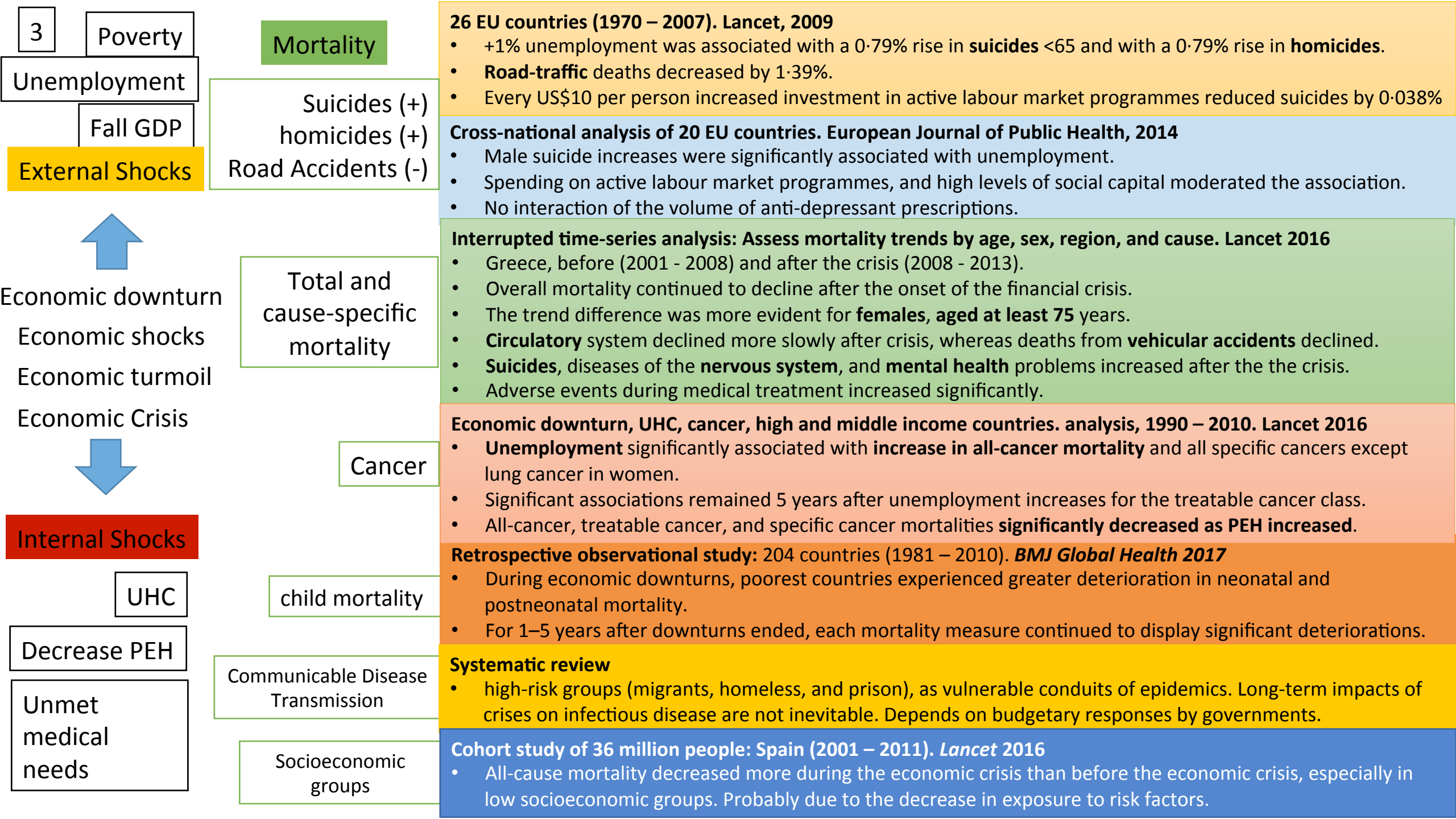
Global Health and the Brazilian Health System Reform (I)

1. UHC is a vital part of the Sustainable Development Goals (SDGs)
2. Brazil has made significant progress towards Universal Health Coverage (UHC) – SUS, 1988
3. SUS became a model for other countries on the pathway to UHC as new health polices, changes in health system governance, and expanded services have contributed to health system strengthening, with UHC at the centre.
4. Major improvements in access and coverage, better health outcomes, and reduced health inequalities.

Global Health and the Brazilian Health System Reform (II)

BUT…

1. Chronic under-financing, structural problems, and large inequalities across the health system persist, aggravated under recent economic crisis, political turmoil and government austerity.
2. Although UHC is a vital part of SDGs advances observed in Brazil in the past three decades could be reversed as the fundamental principle of universality is now in question.
3. There is value in reiterating Brazil's achievements towards UHC to warn policy makers of the harms in reversing health system strengthening efforts.
4. Brazil's struggles to preserve and advance the UHC agenda during political and economic turbulence are important lessons for other countries.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Poverty
Unemployment
Fall GDP
External Shocks
Economic downturn
Economic shocks
Economic turmoil
Economic Crisis
Internal Shocks
UHC
Decrease PEH
Unmet medical needs
Mortality
Suicides (+)
homicides (+)
Road Accidents (-)
Total and cause-specific mortality
Cancer
child mortality
Communicable Disease Transmission
Socioeconomic groups
26 EU countries (1970 – 2007). Lancet, 2009
+1% unemployment was associated with a 0·79% rise in suicides <65 and with a 0·79% rise in homicides.
Road-traffic deaths decreased by 1·39%.
Every US$10 per person increased investment in active labour market programmes reduced suicides by 0·038%
Cross-national analysis of 20 EU countries. European Journal of Public Health, 2014
Male suicide increases were significantly associated with unemployment.
Spending on active labour market programmes, and high levels of social capital moderated the association.
No interaction of the volume of anti-depressant prescriptions.
Interrupted time-series analysis: Assess mortality trends by age, sex, region, and cause. Lancet 2016
Greece, before (2001 - 2008) and after the crisis (2008 - 2013).
Overall mortality continued to decline after the onset of the financial crisis.
The trend difference was more evident for females, aged at least 75 years.
Circulatory system declined more slowly after crisis, whereas deaths from vehicular accidents declined.
Suicides, diseases of the nervous system, and mental health problems increased after the the crisis.
Adverse events during medical treatment increased significantly.
Economic downturn, UHC, cancer, high and middle income countries. analysis, 1990 – 2010. Lancet 2016
Unemployment significantly associated with increase in all-cancer mortality and all specific cancers except lung cancer in women.
Significant associations remained 5 years after unemployment increases for the treatable cancer class.
All-cancer, treatable cancer, and specific cancer mortalities significantly decreased as PEH increased.
Retrospective observational study: 204 countries (1981 – 2010). BMJ Global Health 2017
During economic downturns, poorest countries experienced greater deterioration in neonatal and postneonatal mortality.
For 1–5 years after downturns ended, each mortality measure continued to display significant deteriorations.
Systematic review
high-risk groups (migrants, homeless, and prison), as vulnerable conduits of epidemics. Long-term impacts of crises on infectious disease are not inevitable. Depends on budgetary responses by governments.
Cohort study of 36 million people: Spain (2001 – 2011). Lancet 2016
All-cause mortality decreased more during the economic crisis than before the economic crisis, especially in low socioeconomic groups. Probably due to the decrease in exposure to risk factors.

Financial crisis, austerity, and health in Europe

Marina Karanikolos, Philipa Mladovsky, Jonathan Cylus, Sarah Thomson, Sanjay Basu, David Stuckler, Johan P Mackenbach, Martin McKee

- Fiscal measures and countercyclical policies
- Cut costs
  - hospital and pharmaceutical sectors and sped up the restructuring of their hospital sectors
  - Reduced or froze the salaries of health professionals, or reduced the rate of salary increase
- Scope services:
  - some services were removed from the benefits package (eg, in-vitro fertilisation and physiotherapy),
  - benefits for low-income groups were expanded
  - decreased the extent of coverage by instituting or increasing user charges for some health services in response to the crisis.
- Charges for services
  - increase the financial burden on households and probably
  - Introduction or increases of user charges in primary or ambulatory specialist care might worsen health outcomes and lead to increased use of free but resource-intensive services— eg emergency care.
- Increased taxes on alcohol or tobacco, or both.

KEY POINTS: Brazilian Health System Reform

Result of the social pact post-democratization process

XIX & early XX

Public health

Public Health Campaigns
directed to control infectious diseases

1930 - 1980

Social security

Ministry of Health
Preventive and public health actions

Ministry of Social Assistance
HealthCare – Works by Social Security System

Constitution (1988): Right of Health

Since 1991

Universal system

SUS Unified Health System
Ministry of Health

Principles
Universality
Comprehensiveness
Equity
Guidelines
Decentralization
Regionalization
Hierarchical organization
Social participation

Private health plans
Supplementary system
Subsidized with tax abatement
Coverture - 25% coverage (5% - 50%)

CURRENT BRAZILIAN GOVERNMENT AGENDA

LIMIT GOVERNMENT SPENDING

PEC 241-55: institute "New Fiscal Regime"

REVIEW THE SUS SIZE

Health System for all is 'dream' and its advocates are 'ideologists, not technicians', says Minister of Health.
BBC-BRASIL - November 11th 2016

"POPULAR" PLANS

"will have R$ 20 or R$ 30 billion more than resources that will be put to health care."
Agencia Brasil – August 8th 2016

AUSTERITY THREATENS HEALTH COVERAGE IN BRAZIL

The Lancet, Correspondence
August 27th, 2016.

R$ 743 Bi lose - 20 YEARS
Estimate IPEA - Technical Note
Brasilia, September, 2016

SUS ACHIEVEMENTS & CHALLENGES

Improve Access, maintains regional asymmetries and inequalities

PRIMARY CARE AND PUBLIC HEALTH PROGRAMS

Primary care **8x** **in the last 15 years:** **Coverage 61%** - **40,100 teams**

335.6 mi medical appointments - **> 25%** per capita (1990 –2015)

Development of healthcare networks: **EMERGENCY, MENTAL, SPECIALIZED PROGRAMS**

<43,4% in Hospital admissions by ambulatory care sensitive conditions (1998 – 2013)

98% **of the vaccine market is** moved by the SUS

Drugs provided by **SUS** increase **53%** **550 – 844** (2010 – 2014)

MEDICINE ACCESS **94%** of hypertensive **92%** of diabetics (PNAUM, 2014)

Largest **public system** for **organ transplants** in the world

90% **oncological** and **dialysis** treatment are done by SUS

Fragmented Primary Care with other levels

Lacks of specialties on Secondary care

Health Professionals – **many specialized, lack of generalists & Inequity** on **distribution**

Technology regulation Exponential spending on purchase high-cost medicines due **judicial decisions**

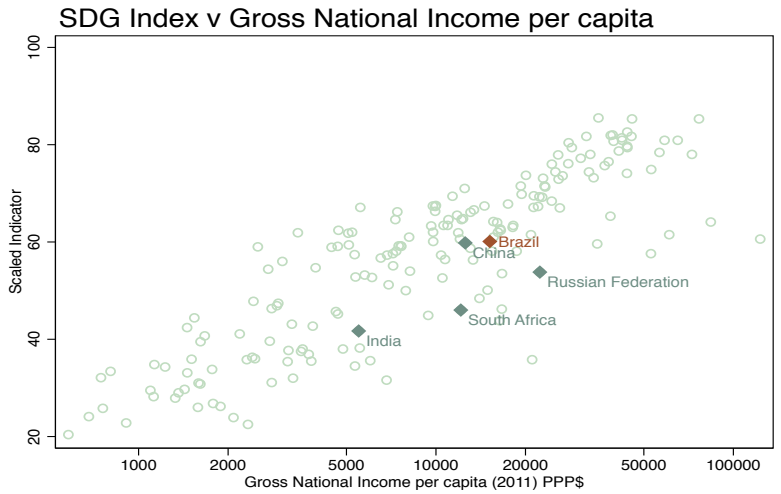
Quality in service delivery not systematically **evaluated particularly** in **Hospitals**

HIGH-COST HEALTH SERVICES

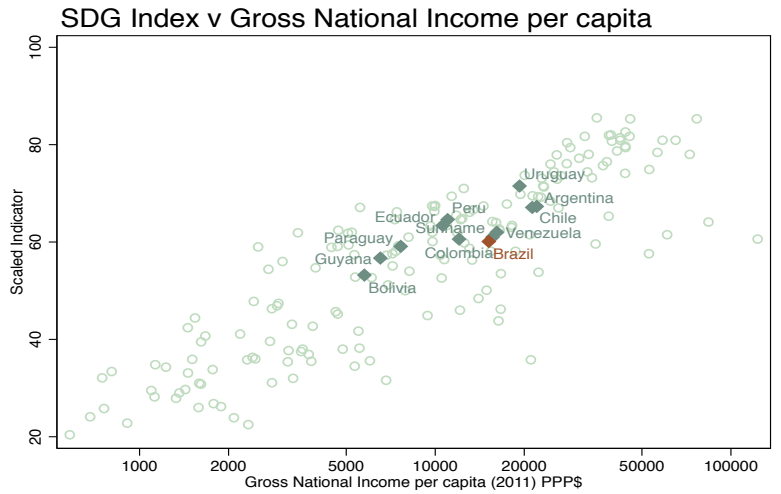
OUTCOMES: Improvements and Challenges

Primary care expansion associated with improvements in infant mortality and child health, CVD mortality and hospitalisations, and ambulatory care sensitive conditions mortality

Above BRICS countries – similar to China



Below South American countries



BELOW | **RELATIVELY LOW** | **INLINE** | **RELATIVE ABOVE** | **ABOVE**

Deaths from violence (180 out of 188)

Disaster

Malaria

overweight and obesity

HIV

Maternal Mortality

Road traffic accidents

Births to adolescent women

Under 5 & neonatal mortality

Alcohol

NCDs and suicides

TB

Smoking

Mortality from poisons and air pollution

Meeting family planning needs

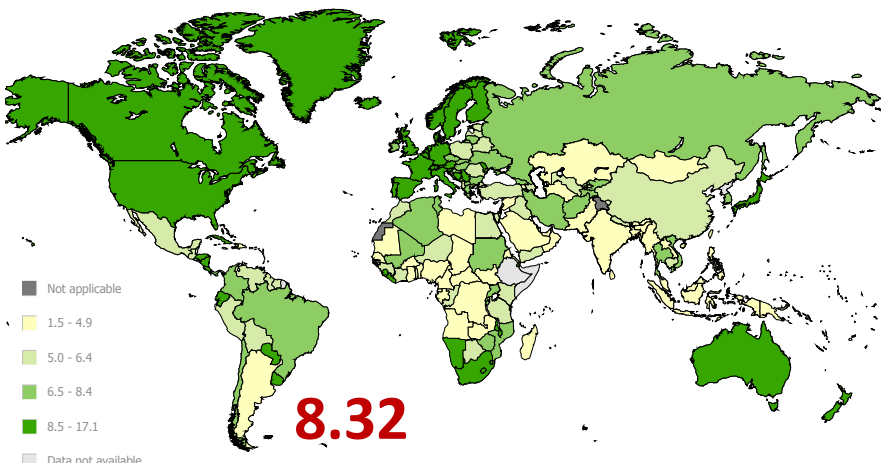
Wasting and stunting

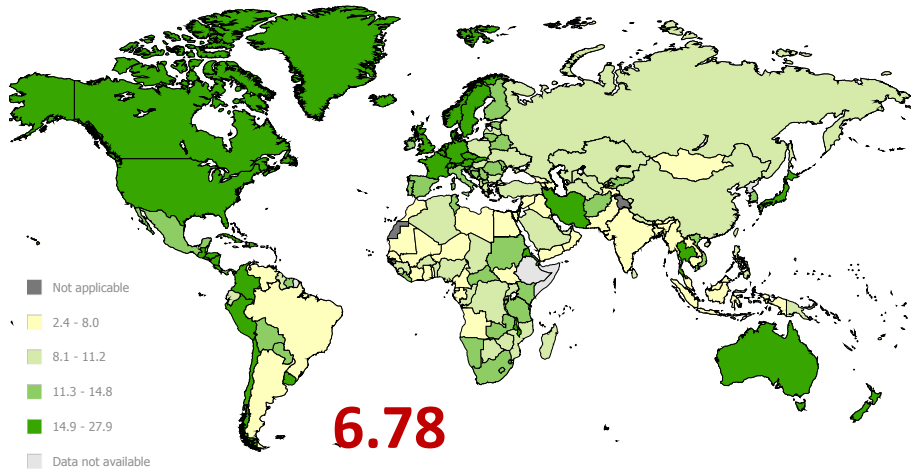
Measuring the health-related Sustainable Development Goals (THE LANCET, 2016)

CHALLENGES: Health System Financing

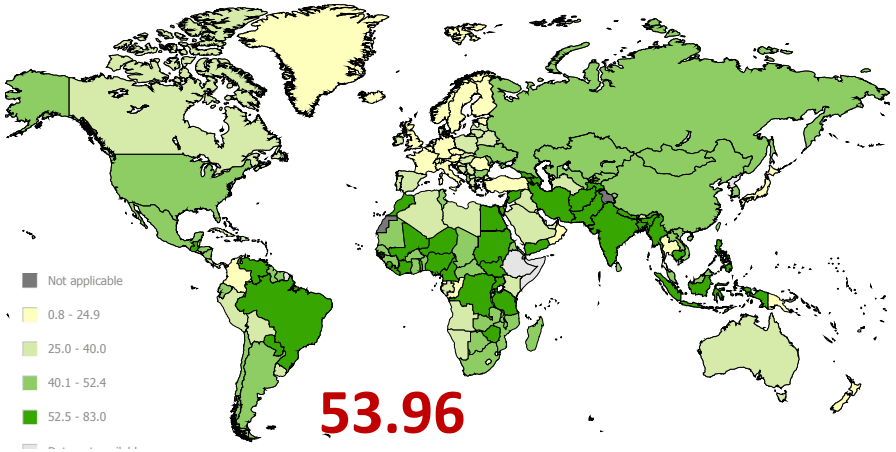
WHO, 2014

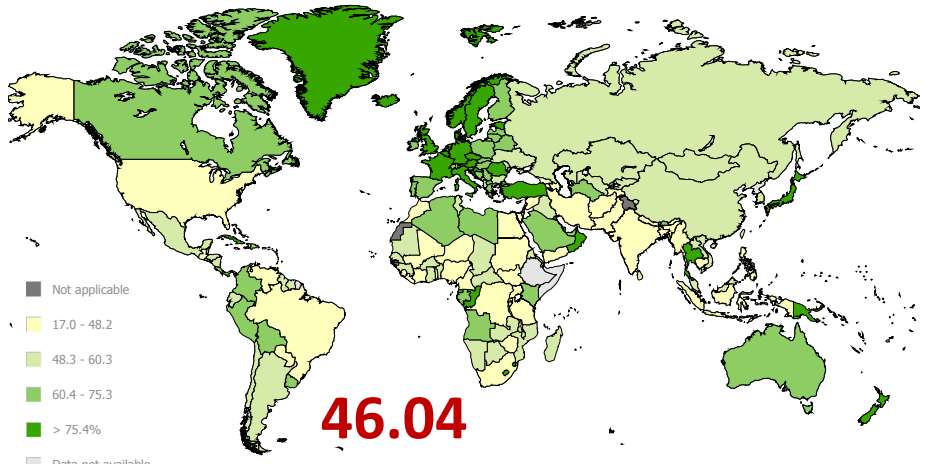
TOTAL EXPENDITURE WITH HEALTH % GDP	% GOVERNMENT EXPENDITURE WITH HEALTH





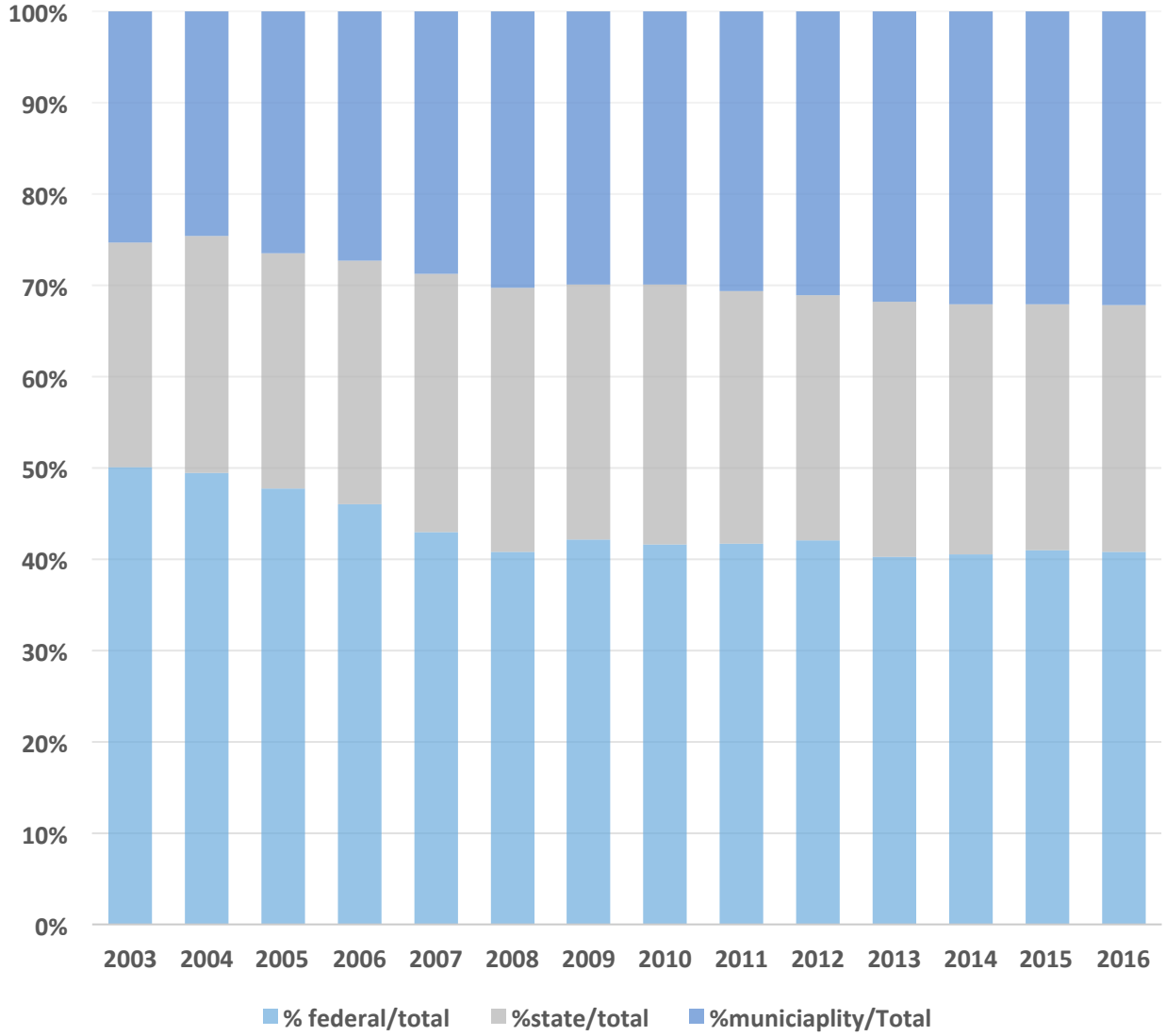
PRIVATE EXPENDITURE ON HEALTH %	PUBLIC EXPENDITURE ON HEALTH %





Clarify roles and develop **cooperation** between the **PUBLIC AND PRIVATE** sectors, to avoid **duplications** of efforts and reduce **inequities**

% of health expenditure by levels of government



Source: SIOPS/MoH

Decentralization and expansion of health facilities has burdened the municipalities

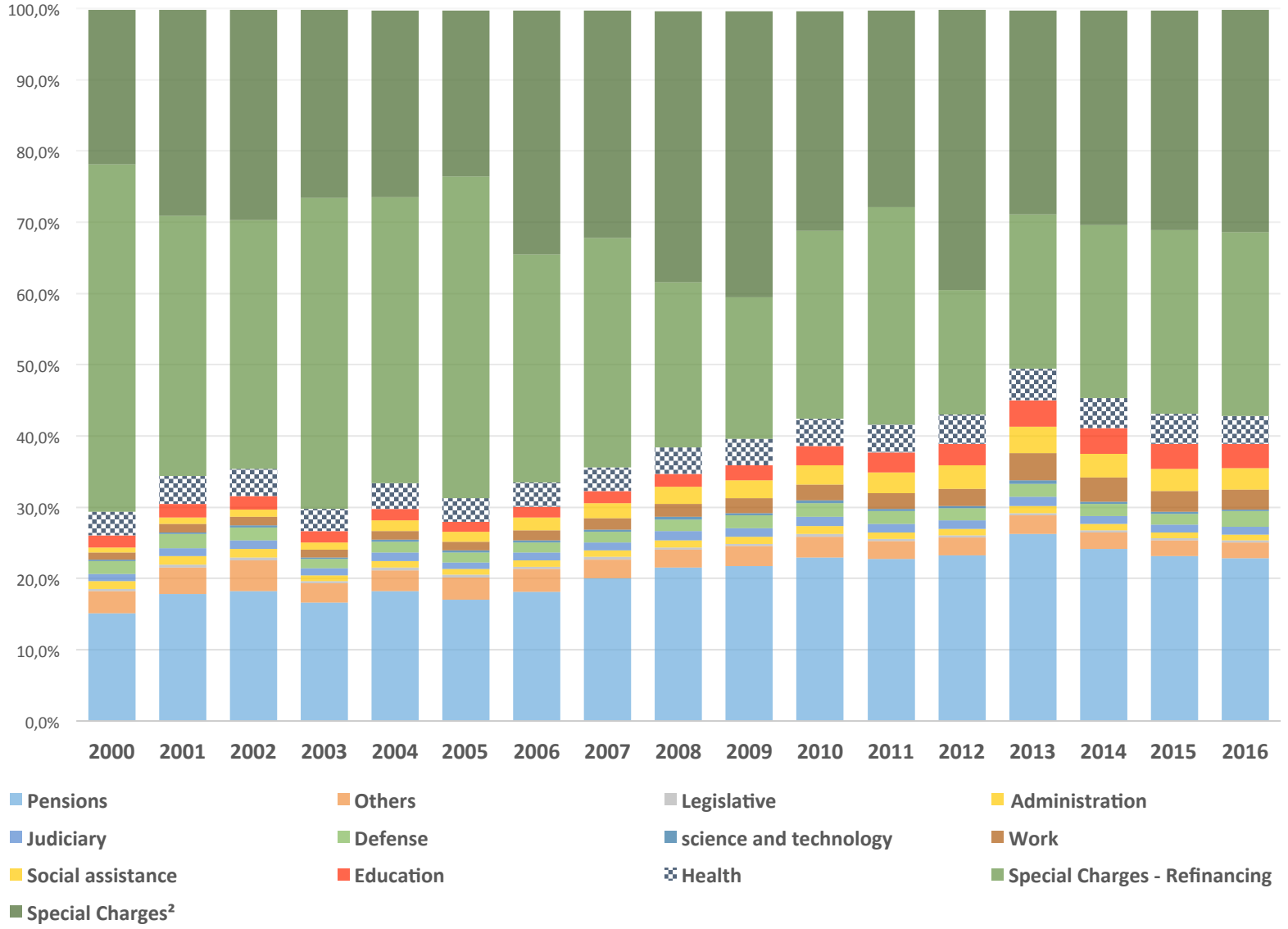
% of municipalities/total government expenditures increased from 25 – 32%

New arrangements and contracts that clearly define rules and responsibilities in health regions, with technical support, political sustainability, transparency of information and social control

% Federal Government Expenditure

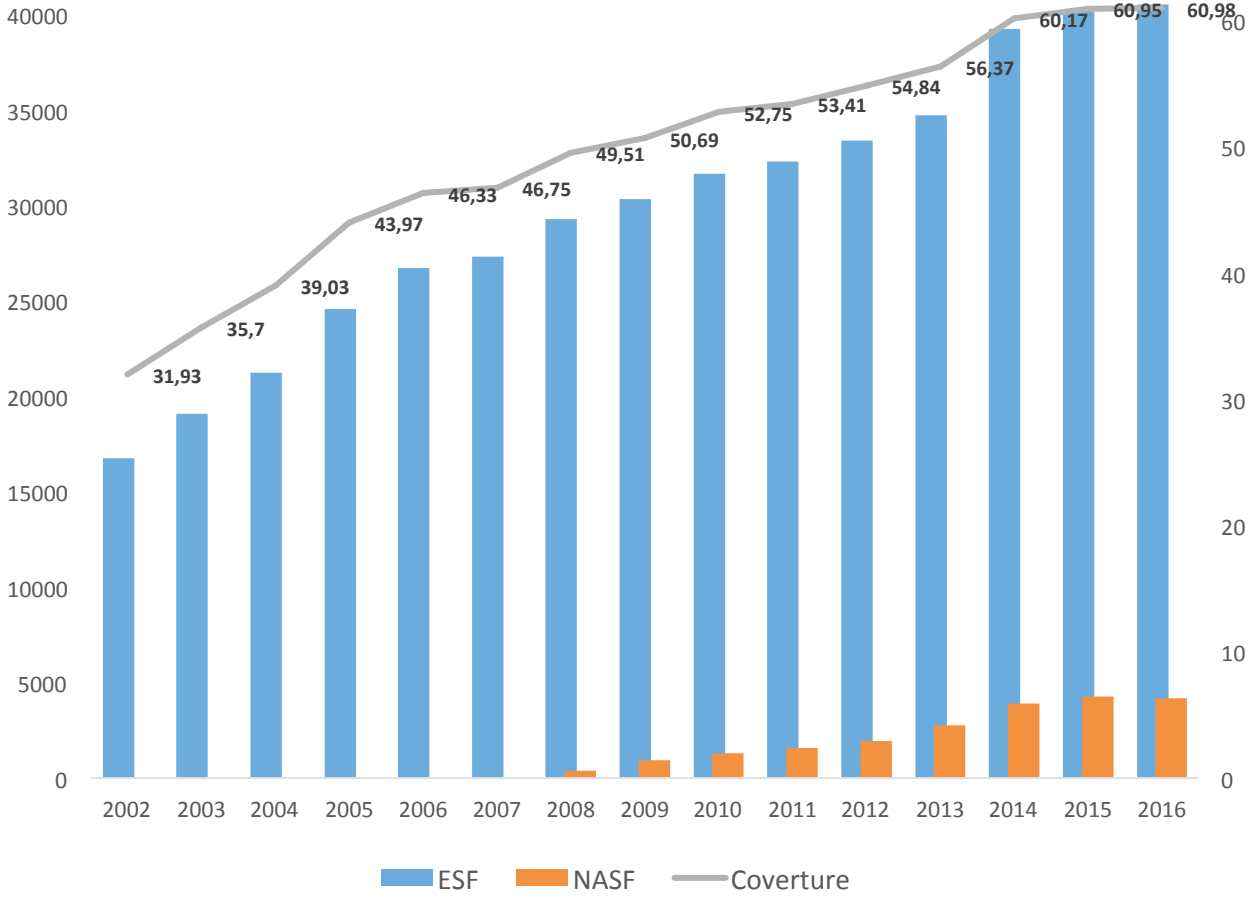
Fiscal Space
% of Federal/total government expenditures
expenditure fall from 50 – 40%

%health federal expenditures/total had variation from 3.3 to 4.5%. The most important spending is with foreign debt (50.3 – 70.5%), secondly by pension (15.2 – 26.3%)



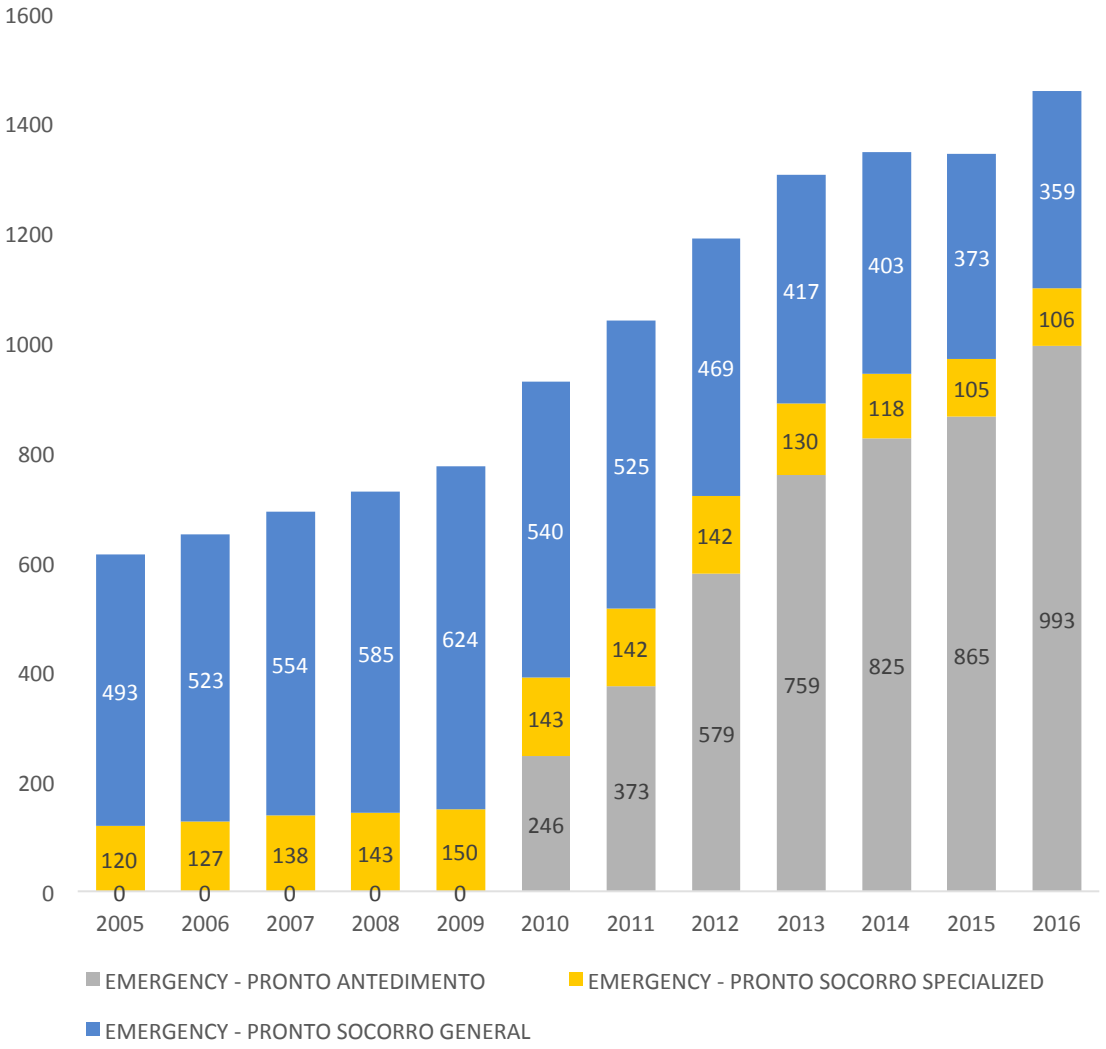
Source: SIAFI/ *Ministry of Treasury*

Expanding Access
PUBLIC: Direct (PHC + Emergency) and regulated (medical specialties and hospitals)
PRIVATE : Private health plans, insurance or out-of-pocket



Source: DAB/MoH

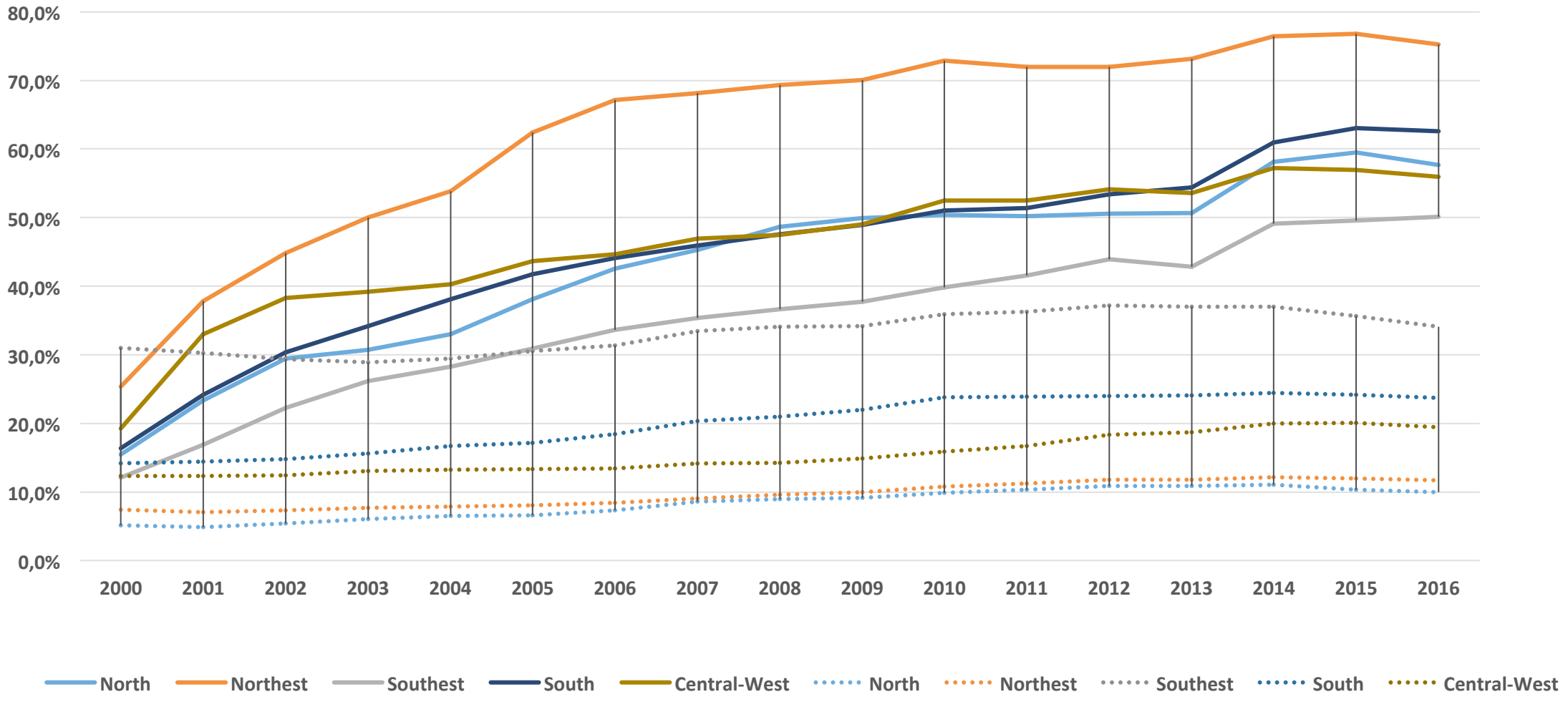
PHC: increase FHS (60% of population and 95% of municipalities), stagnation after crisis



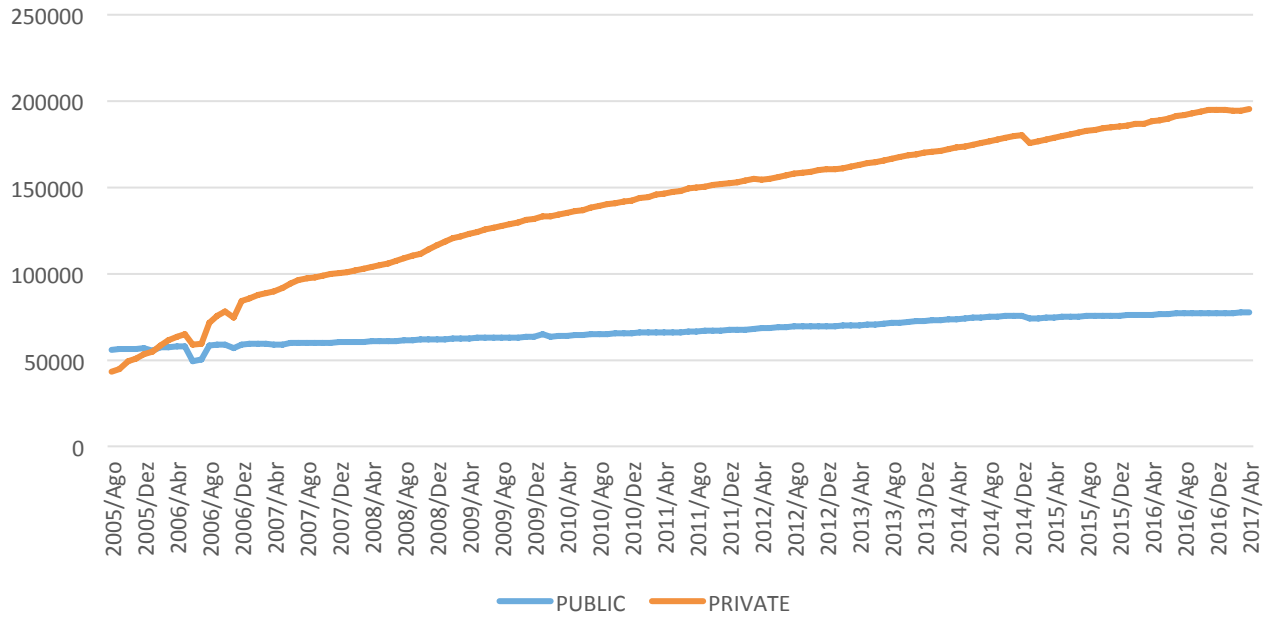
Source: CNES/MoH

Emergency: increase SAMU and UPAs

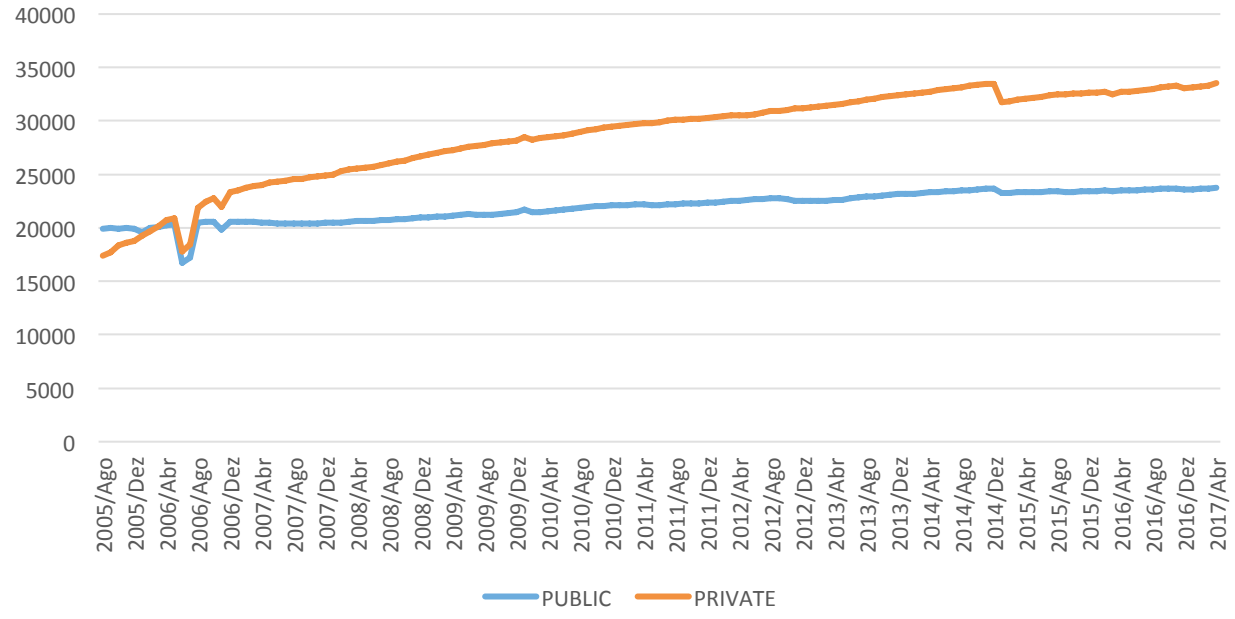
Family Health Strategy Coverage x Private insurance Coverage



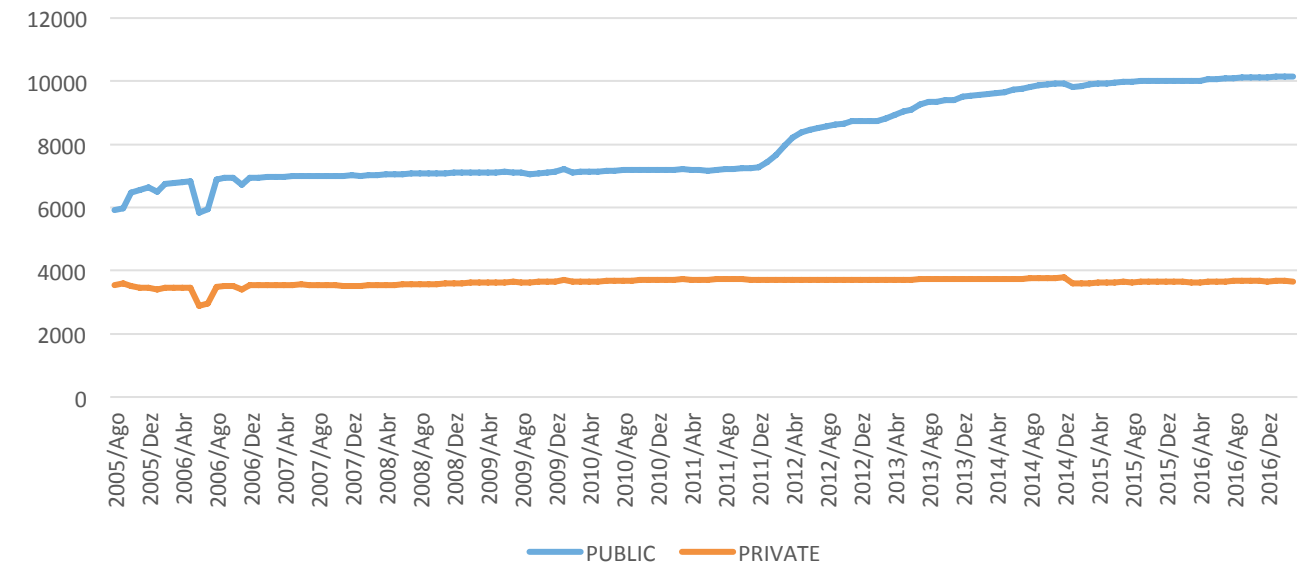
OUT-PATIENT



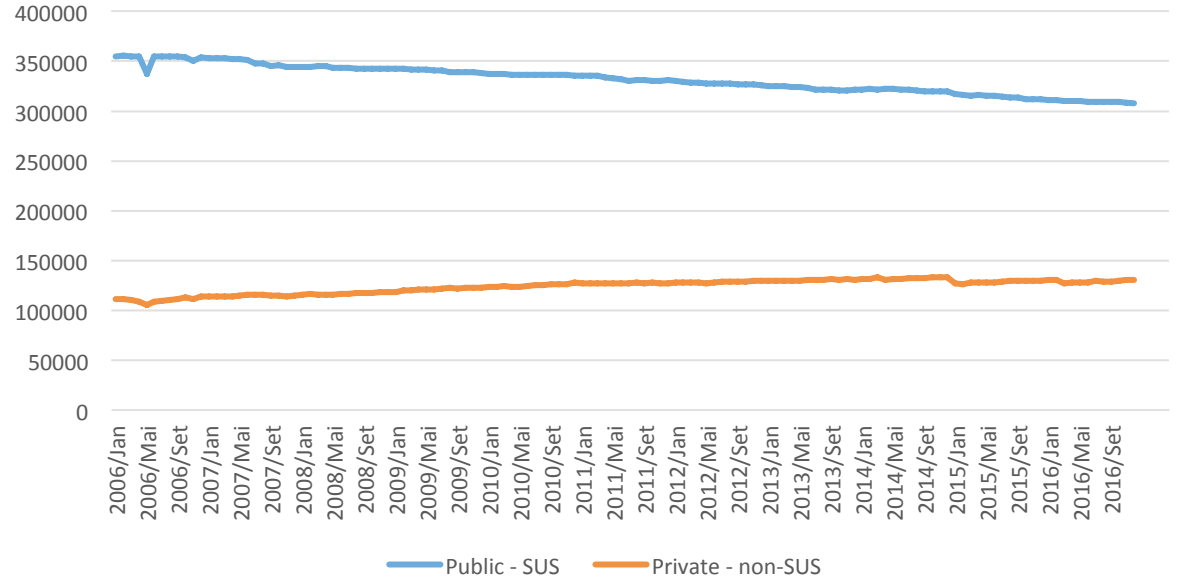
Diagnosis support



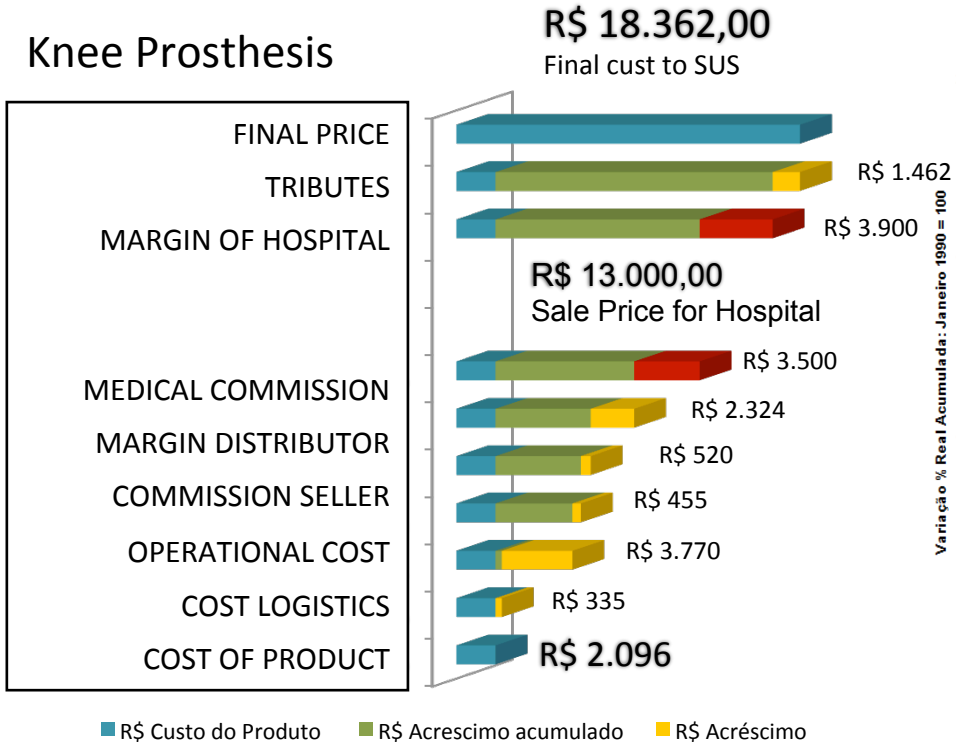
EMERGENCY

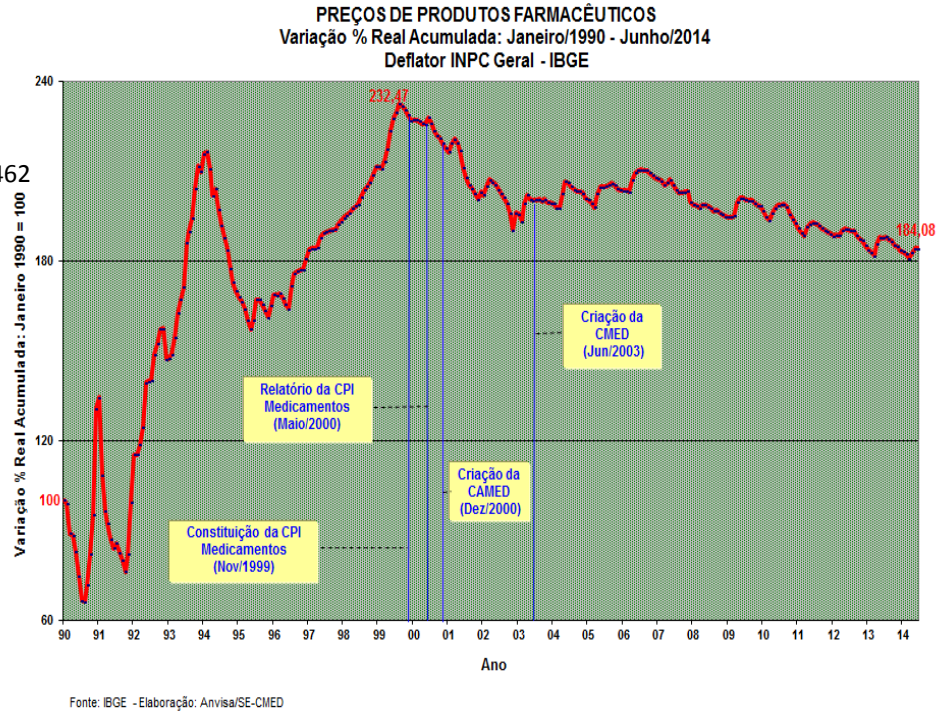


Number of Hospital Beds



Resources: Extend the price regulation of medicines to Implantable Medical Devices





The national market for medical products generated R$ 19.7 billion in 2014.

20% are implantable medical devices (DMI): R$ 4 billion

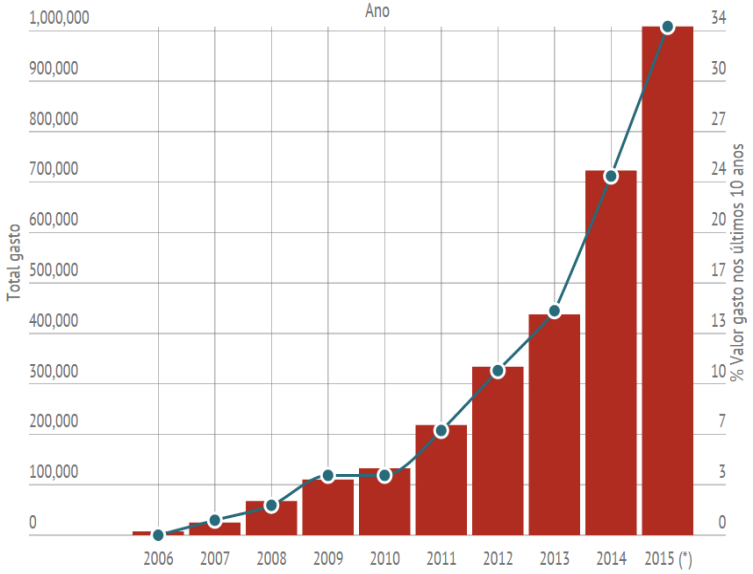
Market concentration and irregular practices in order to obtain advantages.

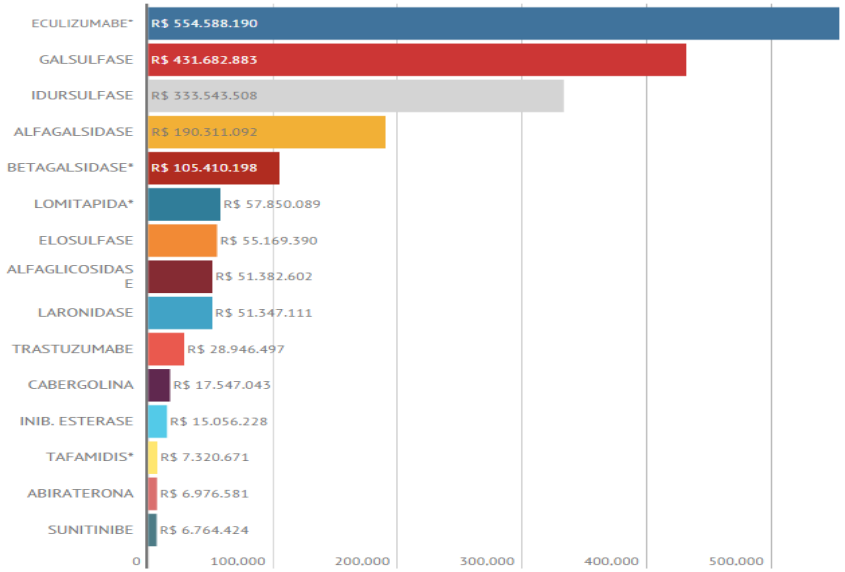
Final price is 8.7 times higher than the initial cost

Pharmaceutical price stability after the creation of CMED / ANVISA – 2003

The regulation not allowed the prices increase above the inflation rate

Resources: Improve the process of technology incorporation and increase expenses with judicial decisions





CONITEC support decision of **inclusion, exclusion or alteration** in health Technologies and definition of **guidelines**

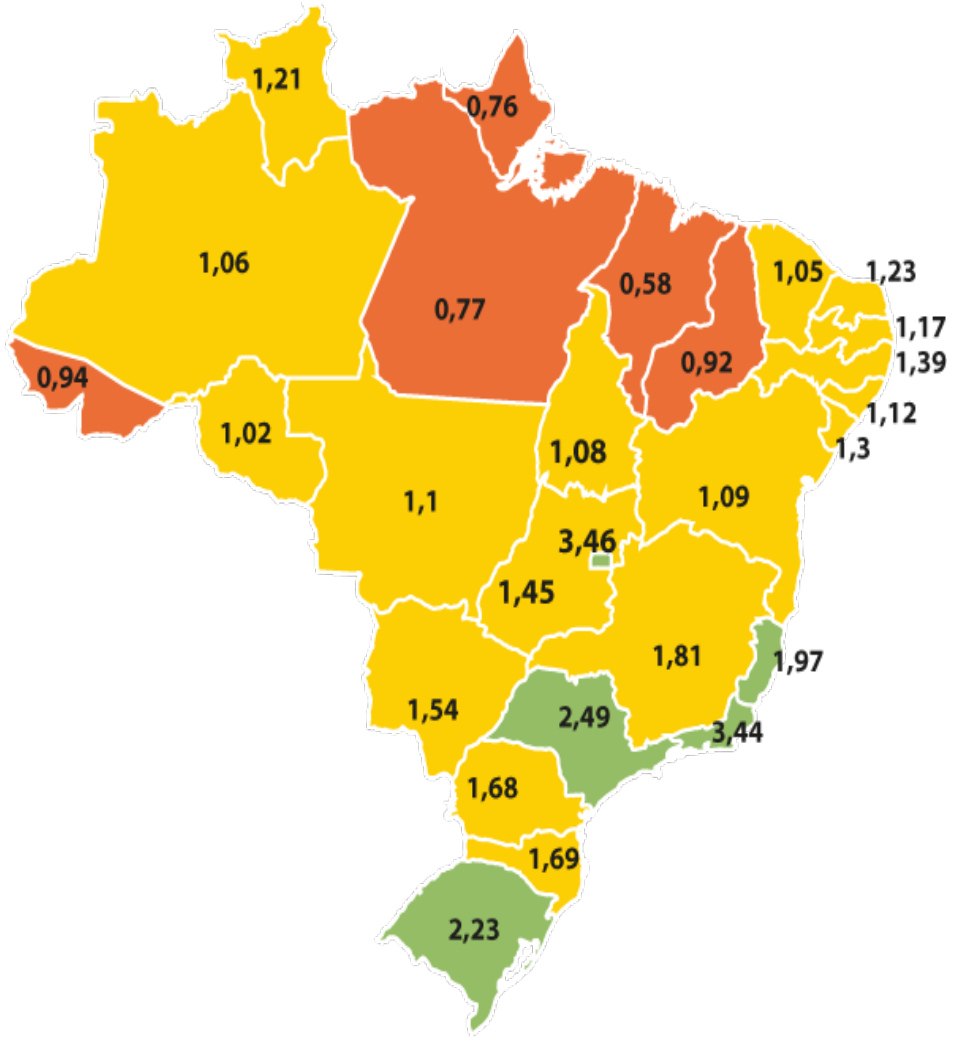
CONITEC
Comissão Nacional de Incorporação de Tecnologias no SUS

132 technologies were incorporated, **69** unincorporated. (**62%** Medicines, **38%** Products and procedures)

Exponential spending on purchase of medicines from **judicial decisions**, (biological products) not registered at ANVISA

MoH spent R$ **1.013 billion** (2015), 95% for the purchase of **22** medicines.

Resources: Connecting Health Work Force to Health System needs



Medical distribution per capita

Historical **Disconnection** between professional **training** and the health system **needs**

Inequity on **distribution** of undergraduate courses, Medical Residence Programs, Physician and Specialties

Structuring academic health networks in **partnership** between **SUS managers** and **educational** institutions

Emergency **provision** of doctors in underserved areas: More doctors program

Future Perspectives

- Brazil has an important role in regional and global leadership; its experiences could serve as example for other countries.
- The sustainability of SUS depends on maintaining the political pact post-democratization that considered health as a right of citizenship.
- Consequences of what might happen to the Brazilian Health System, progress or setbacks, may have an effect on Global Health.
- The Harvard-Brazil-PAHO cooperation aims to strengthen Brazilian Health System through research capacity building and support innovation.

1. UNIVERSAL HEALTH & SDG

FROM ALMA-ATA TO UNIVERSAL HEALTH

IMPORTANCE TO GUIDE POLICES AND HEALTH SYSTEM REFORM

Declaration of Alma-Ata September 1978

VIII - All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

POLICY

Nations Commitments
Health Policy definition

ORGANIZATION

Governance
Financing;
Resource management

ACTIONS

Healthcare services
Public Health

Universal Coverage

*Organizational mechanisms and financing sufficient to **cover** the entire population.*
Capacity of health system to meet the population's needs; Availability of infrastructure, HR, health technologies, and financing.

Universal access

No geographical, economic, sociocultural, organizational, or gender barriers preventing **anyone** from using **comprehensive health** services.

- Access is the **capacity to use** comprehensive, appropriate, timely, quality health services.
- In accordance with **needs.**
- Addresses **SDHs with a multisectoral approach.**
- Active participation of **individuals and communities.**

1. UNIVERSAL HEALTH & SDG

MILLENIUM GOALS TO SDGs

IMPORTANCE TO GUIDE HEALTH PRIORITY POLICES

PRIORITIES ASSESSMENT PERFOMANCE

SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

MDG unfinished and expanded agenda

- 3.1: **Reduce maternal mortality**
- 3.2: **End preventable newborn and child deaths**
- 3.3: **End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases**
- 3.7: **Ensure universal access to sexual and reproductive health-care services**

New SDG 3 targets

- 3.4: **Reduce mortality from NCD and promote mental health**
- 3.5: **Strengthen prevention and treatment of substance abuse**
- **3.6: Halve global deaths and injuries from road traffic accidents**
- 3.9: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

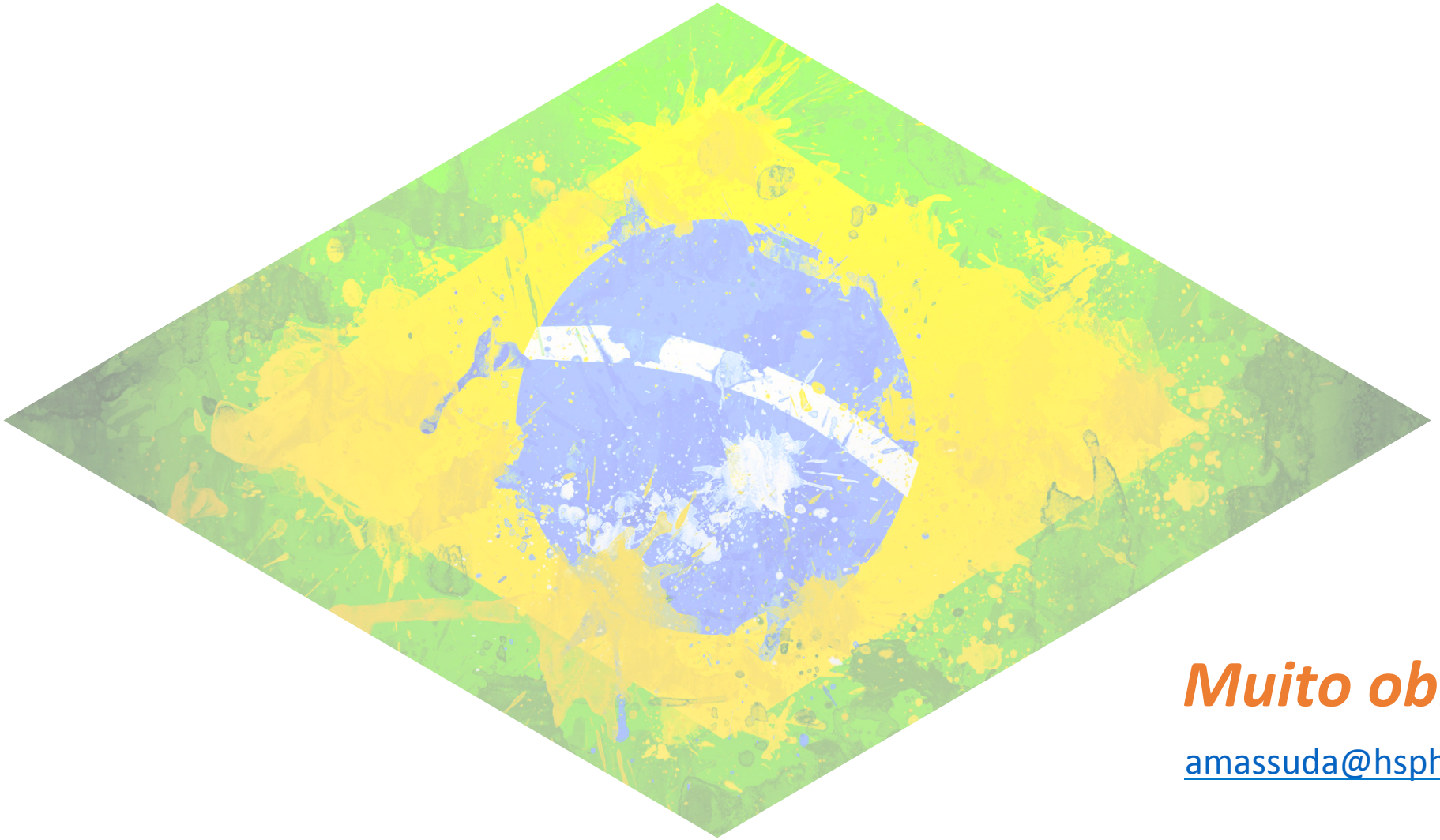
SDG3 means of Implementation targets

- 3.a: **Strengthen implementation of framework convention on tobacco control**
- **3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all**
- **3.c: Increase health financing and health workforce in developing countries**
- **3.d: Strengthen capacity for early warning, risk reduction and management of health risks**

Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

BRAZIL IS A COMPLEX COUNTRY — NOT A COUNTRY FOR BEGINNERS”

TOM JOBIM



Muito obrigado!

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