

HEALTH HUB SES/SÃO PAULO AND NETHERLANDS COOPERATION



SECRETARIA DE ESTADO DA SAÚDE DE SÃO PAULO

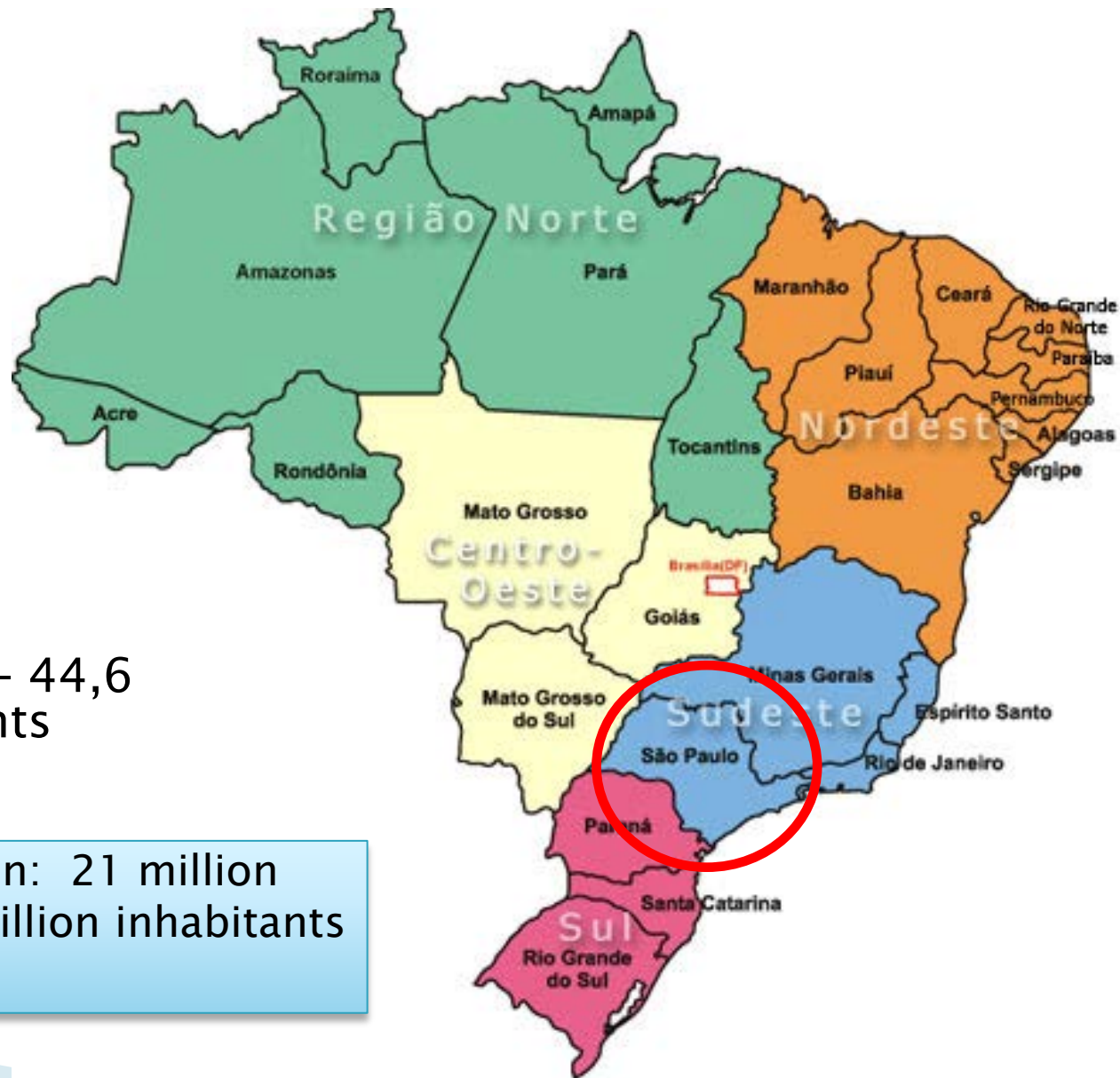
The Secretariat of Health of São Paulo – SES–SP

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SCIENCE , TECHNOLOGY AND INNOVATION COORDINATOR



Brazil – Almost 210 MILLION INHABITANTS



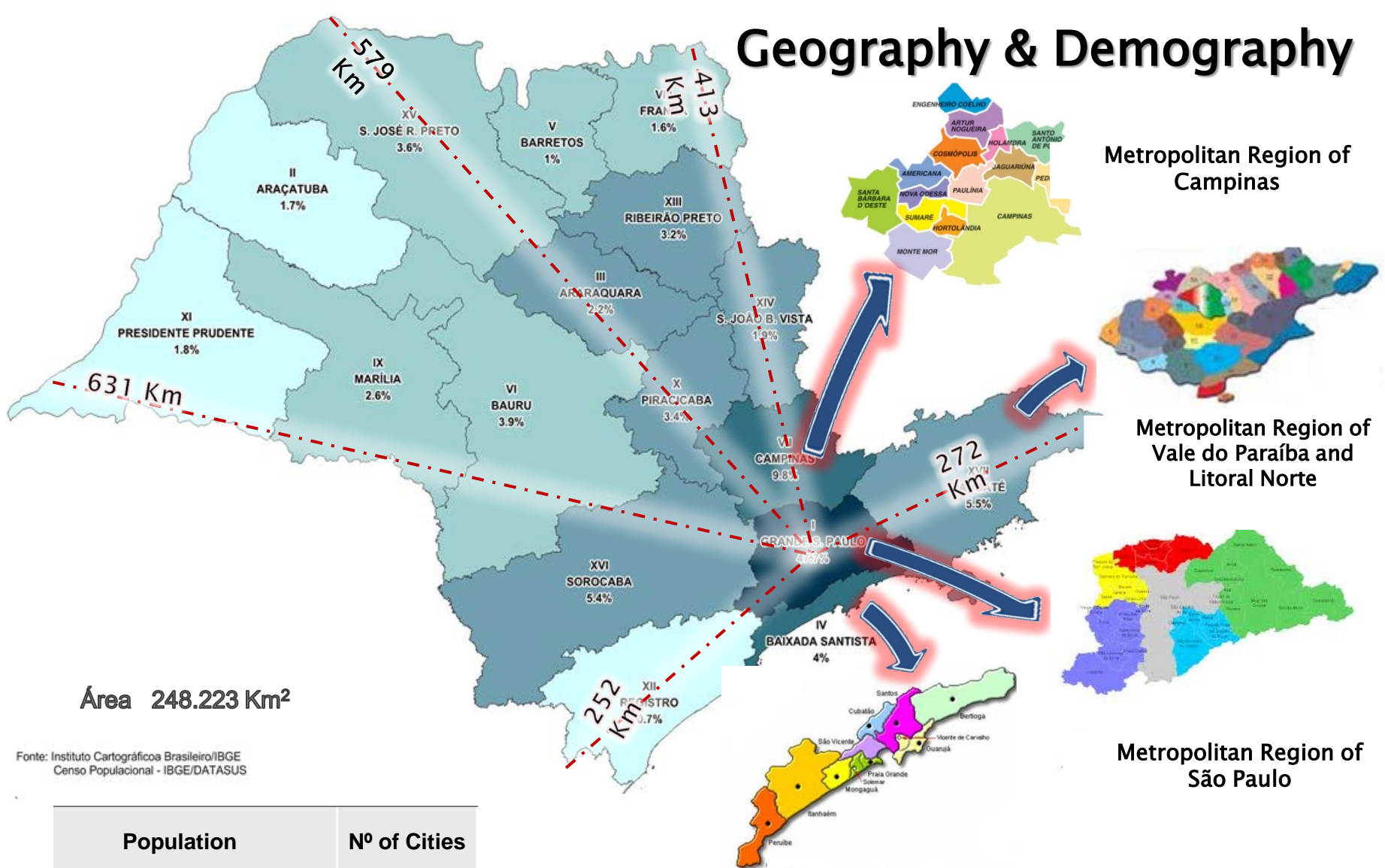
São Paulo State – 44,6
Million inhabitants

Metropolitan Population: 21 million
São Paulo City: 11.9 million inhabitants
(IBGE, 2014)

Who we are?

- ▶ The Secretariat of Health of São Paulo – SES–SP is responsible for the formulation of State Health Policy and its guidelines, guided by the principles of the Unified Health System – SUS, which has the purpose to promote health prioritizing the preventive actions, democratizing the relevant information so that people know their rights and the risks to your health.
- ▶ SES–SP is also responsible for coordination and planning of actions developed by the 17 Regional Health Departments (DRS) distributed by the state, in addition to managing three foundations: the Popular Medicine (FURP), which develops, manufactures and distributes medicines; the Oncocentro of São Paulo (FOSP), which is basically the proceedings in support of the SES–SP to advise cancer policy in the State; and the Pro–Blood Blood Center of São Paulo, and the development of research from international benchmarks, provides blood components and haemotherapic services.
- ▶ Other equally important activities also constant target SUS attention should be highlighted, such as the control of the occurrence of diseases, their increase and spread, mainly developed by epidemiological surveillance, quality control of drugs, tests, food, health and fitness facilities serving the public, operating area of health surveillance and control of endemic diseases in the state territory from the Superintendency of endemic Disease control – SUCEN. Social control and community participation in setting priorities and needs, monitoring and evaluation of the actions are guaranteed from the State Health Council (CES) and the Bipartite Commission (CIB).

Geography & Demography



Área 248.223 Km²

Fonte: Instituto Cartográfico Brasileiro/IBGE
Censo Populacional - IBGE/DATASUS

Population		Nº of Cities	
805 a	19.964	401	
20.029 a	48.949	120	
50.024 a	95.144	49	
100.840 a	765.463	72	
1.080.113 a	11.253.503	3	
Total		645	

Fonte: CPS/Gabinete.
SESSP

Some Brazil and SPS Indicators

Indicators	Brazil	São Paulo State	% SPS
Area (mil km2)	8.511	248	3%
Population (millions GDP)	193,9	41,9	22%
GDP 2011 (R\$ trillions)	4,1	1,4	33%
GDP/per capita 2011 (R\$ thousands)	21,3	32,5	52% larger
Urbanization Level (2010)	85%	96%	
Infant Mortality Rate	15,3 (2011)	11,5 (2012)	
Population with 60 years and more(%)	10,8%	11,6%	


Deaths and Net Mortality Rate (deaths /100 thousand inhab) by Sex São Paulo State – 2012

Causa(Cap CID10)	Masculino			Feminino			Total		
	Óbitos	%	Taxa	Óbitos	%	Taxa	Óbitos	%	Taxa
IX. Doenças do aparelho circulatório	42.212	28,1	207,0	37.955	31,6	176,5	80.170	29,6	191,3
II. Neoplasias (tumores)	26.247	17,5	128,7	22.589	18,8	105,0	48.837	18,1	116,6
X. Doenças do aparelho respiratório	18.103	12,0	88,8	16.300	13,6	75,8	34.405	12,7	82,1
XX. Causas externas de morbidade e mortalidade	19.881	13,2	97,5	5.115	4,3	23,8	25.014	9,2	59,7
XI. Doenças do aparelho digestivo	9.775	6,5	47,9	5.699	4,7	26,5	15.475	5,7	36,9
XVIII.Sint sinais e achad anorm ex clín e laborat	8.788	5,8	43,1	6.328	5,3	29,4	15.132	5,6	36,1
IV. Doenças endócrinas nutricionais e metabólicas	5.976	4,0	29,3	7.088	5,9	33,0	13.064	4,8	31,2
I. Algumas doenças infecciosas e parasitárias	5.901	3,9	28,9	4.329	3,6	20,1	10.231	3,8	24,4
VI. Doenças do sistema nervoso	3.581	2,4	17,6	4.326	3,6	20,1	7.910	2,9	18,9
XIV. Doenças do aparelho geniturinário	3.423	2,3	16,8	4.353	3,6	20,2	7.776	2,9	18,6
Todos os demais	6.440	4,3	31,6	5.982	5,0	27,8	12.442	4,6	29,7
Total	150.327	100,0	737,2	120.064	100,0	558,2	270.456	100,0	645,5


Why a Unified Health System in Brazil?

- ▶ Before UHS – right and access inequalities – citizens divided in to two categories
 - Social Security x “no coverage”
- ▶ The Ministry of Welfare – geria os serviços de assistência médica (hospitalar e ambulatorial) – próprios ou conveniados/contratados (rede privada) para atendimento aos trabalhadores formais
- ▶ Managed the health care services (inpatient and outpatient) – owned or agreement / contract (private network) for health service to formal workers
 - ✓ For the poorest – Charitable Hospitals
- ▶ The Ministry of Health and State Health Departments – SES – held public health actions – fighting vectors, vaccination, epidemics and endemic diseases and specific assistance actions (eg tuberculosis and leprosy, meningitis.) – Child care and prenatal

Before the Unified Health System

- **The Health Secretariat of São Paulo had in the state system:**
 - Tuberculosis , leprosy and mental health hospitals
 - Healthcare posts and centers (mainly for maternal and child health, immunization and endemic diseases)
 - Big university hospitals
 - As the State of São Paulo was the country's industrialization center – it also had large numbers of welfare services related to social security (own and contractors)
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The Unified Health System – SUS established by the Constitution (1988):

- It consists of a network of health services in the municipalities, states and the federation**
 - Allows additional participation of private health services (preferably philanthropic)**
 - Health care is free for private enterprise**
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A organização do SUS

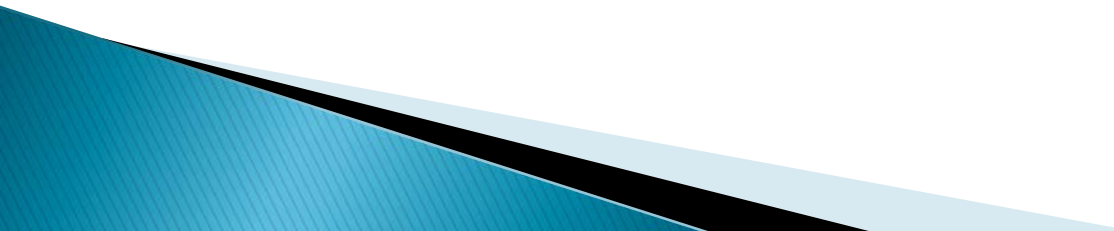
Principles:

- ▶ Universality
- ▶ Integrality
- ▶ Equity
- ▶ Social Participation

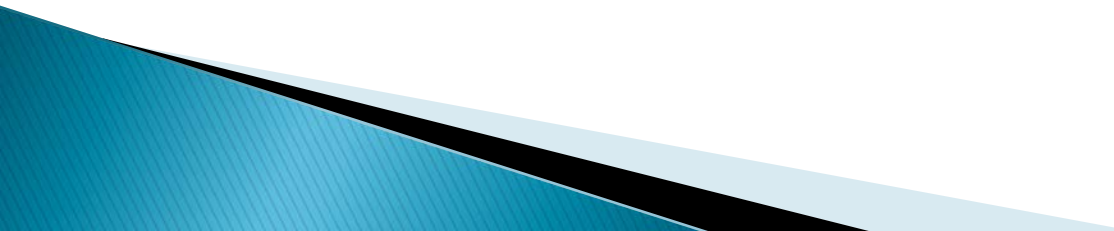
Guidelines for SUS operation

- ▶ Decentralization / Municipalization
- ▶ Regionalization
- ▶ Hierarchization

Evolution of medical care with SUS

- All of the social security health system – was transferred to the Ministry of Health (National Health manager)
 - SES / SP – received the hospitals and clinics belonging to welfare and the state became responsible for the management of the agreements / contracts with private providers
 - The state primary care units network – is municipalized and the family health program stayed under municipal management
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Health care in Brazil today – two systems

- Health System – SUS – public system maintained with public funds (government revenue)
 - Health insurance system – sells private health plans paid directly by users (households or companies)
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Unified Health System – SUS

- ▶ 210 million Brazilians (75% of the population) exclusively use SUS healthcare services and in São Paulo State 40 million paulistas (55%) also receive these services
- But the population with private health insurance also use SUS for high costly procedures, emergency and drugs
- Additionally, SUS performs the actions of public health – health surveillance, vector combat, control of epidemics and endemics for all Brazilians

SUS Financing

Participation of the 3 spheres of government:
with funding from public revenues

- ▶ Federal
 - ▶ State: minimum 12% of state revenues
 - ▶ Municipal: Minimum 15% of municipal revenues
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- Total spending on health in Brazil – about 8.4% of GDP – SUS has 45% of the total resources spent on health to meet 75% of the population; the rest is spent by the private health system plans and direct citizen spending

SUS has greatly increased access of Brazilian to the public health system

- ▶ From basic health care: vaccinations, prenatal care, early detection and treatment of common diseases (diabetes, hypertension, etc.), essential drugs, oral health. etc.
- ▶ To the high-cost procedures: hemodialysis, transplants, AIDS drugs, hepatitis C, chemotherapy and radiotherapy for cancer, etc.

High complexity – SUS

- Brazil has the largest public system of organ transplants in the world (about 40% of transplants are performed in the State of São Paulo)
- In 2013, the State made the following transplants:
- 1,483 kidney transplants,
- 52 pancreas / kidney
- 550 liver,
- 108 heart,
- 18 pancreas,
- 72 lung and
- 5.238 cornea.

The organization of Healthcare in the SUS in São Paulo

- Primary Care (primary health care)
- Basic Health Units: About 4,000 units under municipal management
- Family health model (with coverage of about 30% of the population)
- Outpatient specialized care
- State management or held by the larger municipalities
- Hospital care
- State – management of the most complex hospitals, regional service
- Municipalities – mostly small hospitals, local service.

State owned network

- ▶ 93 hospitals with 21,000 beds
- ▶ Direct administration (46); OSS (38) and municipalities/university foundations – 09
- ▶ 766,000 hospitalizations in 2013 (representing 33% of total admissions SUS) and 296,300 surgeries representing 38% of surgeries in SUS/SP
- ▶ AMES / clinics – 65 units by 2013 (39% of total production outpatient SUS/SP)
- ▶ Network Lucy – 15 by 2013.

07 INSTITUTOS DE PESQUISA

Public–private partnerships in the SUS operation

- Outpatient and hospital equipment from the state or municipal level can be operated by private non–profit organizations through a management contract.
- Transfer of financial resources (preset value) to a private entity to operate a health service, with production targets of services defined in the contract.

Current SUS challenges

- Increase in health costs– Insufficient financial resources – technological incorporation and high-cost drugs
- inefficient management model –
- Fragmentation and lack of integration between local, state and federal managers
- Proposal for creating health networks – integration between primary care and specialized and hospital references – face difficulties
- Lack of protocols and care lines
- Low system computerization – control, evaluation and regulation
- Small hospitals – scale problems and quality of care
- low quality primary care
- human resources (doctors and others) – to more remote areas and the outskirts of cities
- generalist training

Research Institutes of the Health Secretariat

MISSION

INSTITUTO ADOLFO LUTZ – To engage in actions of epidemiologic, sanitary and environmental surveillance in order to prevent, control and eliminate risks, diseases and hazards on public health. To perform specialized laboratorial activities of high complexity. To upgrade specialized human resources and to perform scientific research and technological innovations of interest in public health.

INSTITUTO BUTANTAN – The main institutional mission of Butantan Institute is to meet the demands primarily focused on public health, contributing to the state in the continuing effort to provide the population's welfare.

Production of serums and vaccines, research and dissemination of science and the professional performance of the institution. The Butantan Institute is a leading center of biomedical research, which integrates scientific and technological research, biopharmaceuticals production and technical-scientific dissemination, seeking continuous updating and integration of its resources and, thus, innovation.

INSTITUTO DANTE PAZZANESE DE CARDIOLOGIA –

Priority – assistance: Providing specialized services in Cardiology, with quality and humanization of the Brazilian Unified Health System patient.

Co-priority: Offer teaching specialty in post graduation lato and stricto sensu for physicians, with residence in Clinic, General Surgery, Pediatrics to train them in-depth knowledge of Cardiovascular Science and improvement to other health professionals.

Also promotes the research in the cardiovascular area , including the Development of New Technologies , Equipment , Procedures , Practices and drugs.

INSTITUTO LAURO DE SOUZA LIMA – Provide care and education and develop research in dermatology and related fields

FUTURE VISION – (5 years)

Become a center of excellence in care, research and interdisciplinary education in dermatology and related areas, internationally recognized.

INSTITUTO PASTEUR – “Contribute to the health surveillance through epidemiological surveillance, risk control and training and development programs related to rabies and other viral encephalitis, including laboratory activities, research and innovation, rabies control’s state program coordination, human rabies prophylaxis, and support to municipalities”

INSTITUTO DE SAÚDE – Produce scientific and technological knowledge regarding Public Health and promote it's appropriation for development of health policies, aiming to improve population's life quality, rendering consultancy and participating in human resources formation in accordance to Unified Health System (SUS): universality, integrity, equity and social participation.

Aims to be a reference for SUS in the production of technical and scientific knowledge; in health technology assessment; advising different levels of the health system's management and other sectors of government; providing training and development for health workers and disseminating information for decision making.

Instituto de Saúde is guided by ethical values such as: health protection as a right and as a public asset; excellence in the production and democratization of scientific knowledge; respect for the autonomy in the production and incorporation of knowledge and in the relationship with research subjects; respect for human diversity and transparency in all its actions.

Superintendência de Controle de Endemias – SUCEN

The SUCEN aims to promote the effective control of diseases transmitted by vectors and intermediate hosts in the State of São Paulo, conducting research and activities necessary to the advancement of scientific and technological knowledge and cooperating with the municipal governments, as executors of the local actions of control, according to constitutional provisions, as well as assisting them in control of venomous arthropods and uncomfortable and other animals involved in epidemiological chain of vector-borne diseases.

Decree Nº. 56569/2010

State Government of São Paulo created a Technology Innovation Center in each of the INSTITUTES.

- ▶ Support for Institutionalizing of Technological Innovation Centers – Partnership through the Agreement between SES and the FIA– FEA –USP

The main results of the implementation project of the Technological Innovation Centers in the seven institutes of SES are:

1. The seven established NITs and their appointed managers;
2. Managers of NITs have been trained and are active;
3. The NIT Network SES is articulated, increasing results
4. Presence of emerging innovative SES in São Paulo scene, national and international.

THANK YOU

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