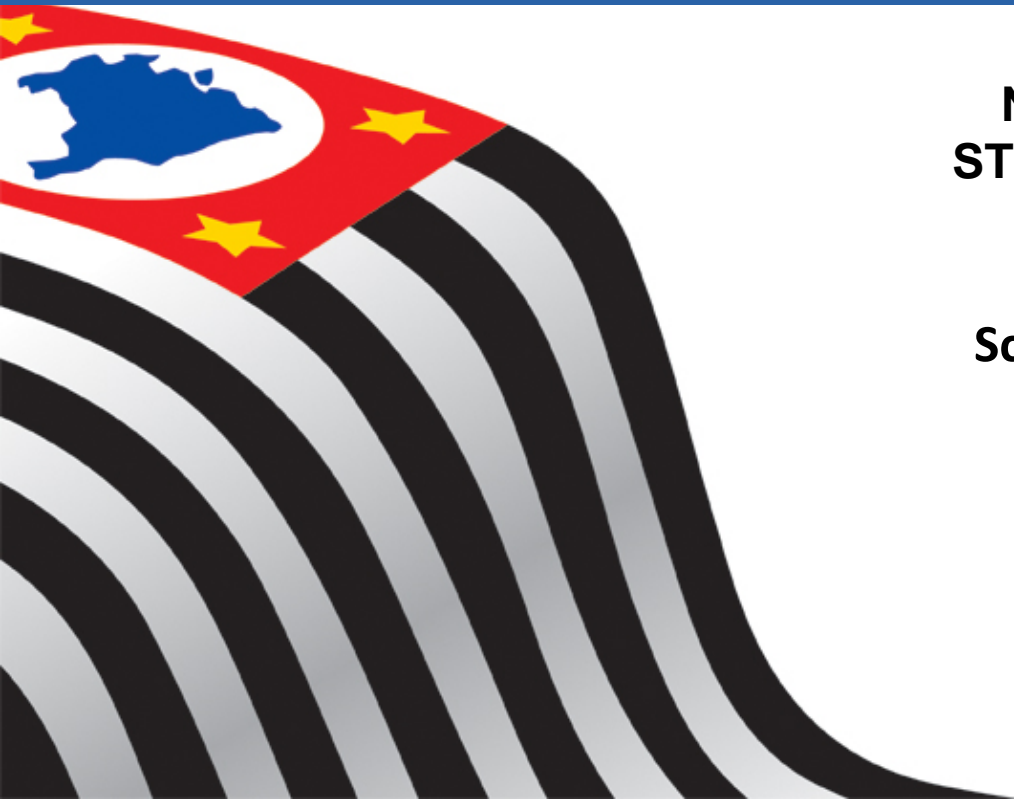


Brazil's Unified Health System

History timeline

&

São Paulo State Health Secretariat Overview



**NETHERLANDS DELEGATION'S
STUDY VISIT TO SÃO PAULO STATE**

**Sérgio Swain Muller
Science, Technology and Innovation
Coordinator**

May 18th, 2017

São Paulo State Government

Federative Republic of Brazil



- Population: 210 million people (2016 est.).
- Territorial área: 8.5 million km².
- Largest country in Latin America and 5th of the world.
- GDP Growth: -3,6% (2016).
- One major official language: Portuguese.
- Government: President System, Constitutional republic, Federal republic.
- Population concentration in major urban areas: São Paulo, Rio de Janeiro, Porto Alegre and Brasília.
- Urbanization: 40% metropolitan
- Life expectancy at birth: 73,4 yrs (2011 est.).
- Total health expenditures (2016): R\$ 112,4 billion.
- Health expenditure as % GDP: 3,8 (2014).

Source: World Bank and IBGE (Brazilian Institute of Geography and Statistics)

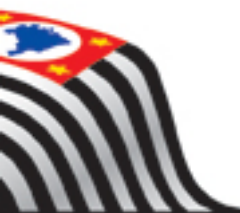
Background Brazilian National Health System (SUS)

Health System

- Portuguese colonialism (1500–1822)
- Imperial phase (1822–89)
- Old Republic (1889–1930)

16th century:

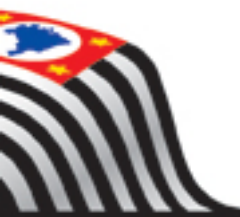
- Hospitals of the Santa Casa de Misericórdia
- Incipient health-sector organisation
- Health-related structures organised as sanitary police
- First institutions for sanitary control of ports and epidemics established during reforms (1828 and 1850)
- Sanitary Policy – Oswaldo Cruz
- Retirement and Pension Funds (Eloy Chaves Law; 1923)
- Incipient form of Social Security health care • public health X social security



Background Brazilian National Health System (SUS)

Health System

- Vargas dictatorship (1930–45)
 - Public health institutionalised through the Ministry of Education and public health
 - Social security and occupational health institutionalised through the Ministry of labour, industry, and commerce
 - Public health campaigns against yellow fever and tuberculosis
 - Pension institutes extend insurance security to most urban workers (1933–38)
- Democratic instability (1945–64)
 - First Ministry of Health (1953)
 - Laws unified social security rights of urban workers (1960)
 - Expansion of hospital care
 - Emergence of private business sector in health



Background to the Brazilian Health System

Military dictatorship (1964–85)

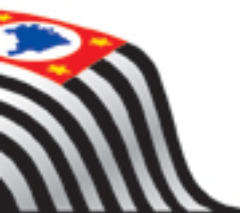
- Capitalisation of medicine by the social security system
- Health system in crisis

Democratic transition (1985–88)

- Unified and decentralised health systems (1987)
- Containment of privatisation policies
- New channels for public participation

Democracy (1988)

- Creation of the Unified Health System – UHS/SUS
- Decentralisation of the health system

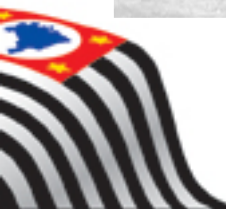


The Brazilian Health Sector Reform



8th National Health Conference:

- Health as a citizen's right ;
- Laid out the foundations of the new health system;
- Financial resource;



Brazilian National Health System (SUS)



CONSTITUTION OF THE FEDERATIVE REPUBLIC OF BRAZIL - 1988

Section II - Health

Article 196. Health is a **right of all** and a **duty of the State** and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and other hazards and at the **universal** and **equal** access to actions and services for its promotion, protection and recovery.

Source: 1988 Constitution of the Federal Republic of Brazil

Brazilian National Health System (SUS)



Section II - Health

Article 197. Health actions and services are of public importance, and it is incumbent upon the Government to provide, in accordance with the law, for their regulation, supervision and control, and they shall be carried out directly or by third parties and also by individuals or private legal entities.

Source: 1988 Constitution of the Federal Republic of Brazil

Brazilian National Health System (SUS)



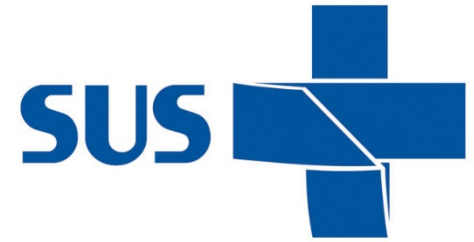
Section II - Health

Article 198. Health actions and public services integrate a regionalized and hierarchical network and constitute a single system, organized according to the following directives

- I – decentralization, with a single management in each sphere of government;
- II – full service, priority being given to preventive activities, without prejudice to assistance services;
- III – participation of the community.

Source: 1988 Constitution of the Federal Republic of Brazil

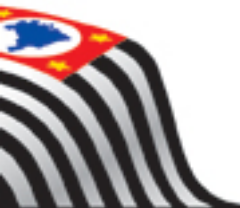
The Unified Health System – SUS



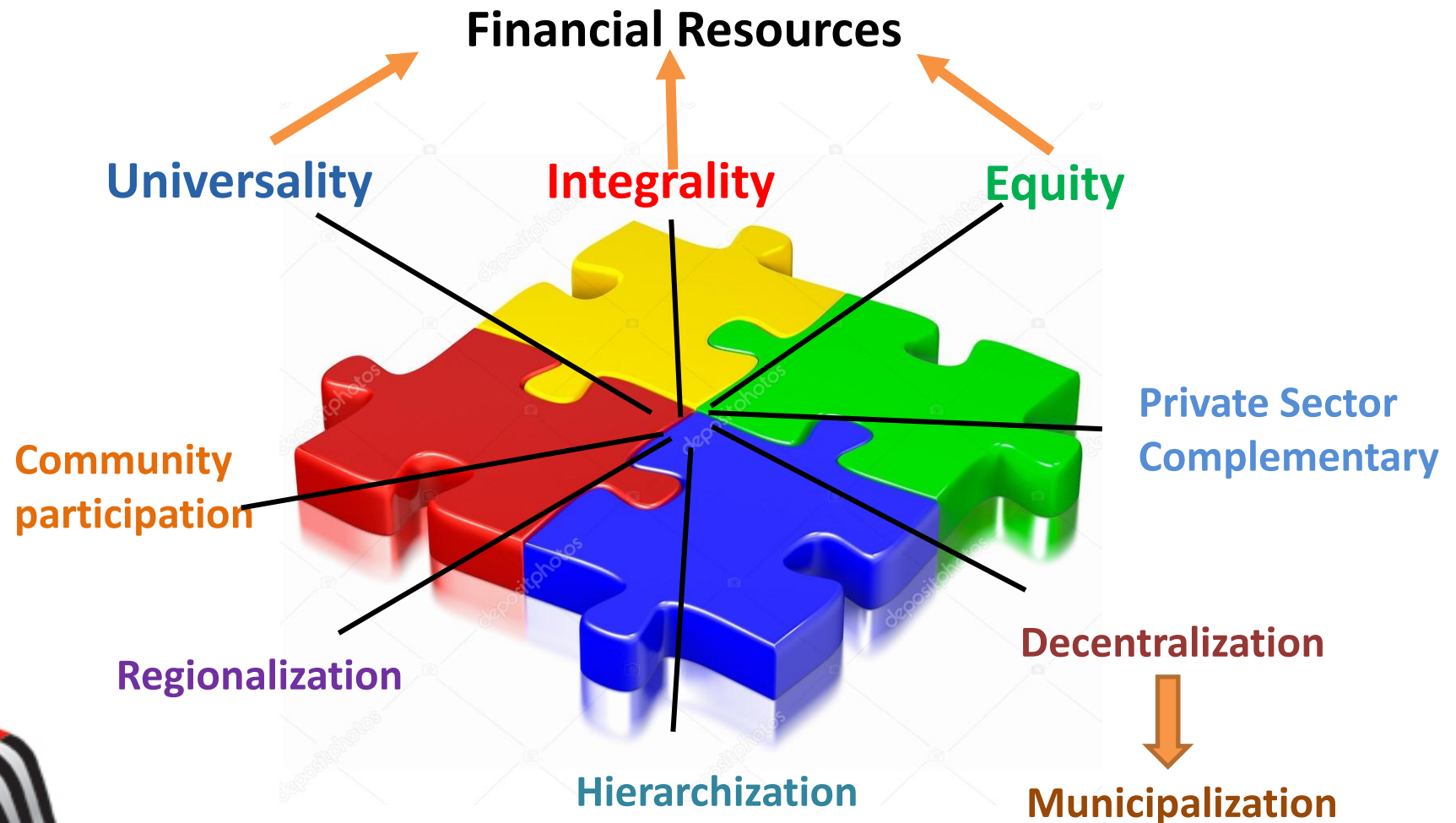
The Brazilian Unified Health System was created by:

- Law N. 8.080 (September 19, 1990): provides for the **protection, promotion of health**, the **organization and operation of the health services**, and other provisions.
- Law N. 8.142 (December 28, 1990): provides for the **community participation** in the **management of the Unified Health System (SUS)**, and **intergovernmental transfers of financial resources** to health services, and other provisions.

Source: Brazilian Ministry of Health Online Public Health Library (March 2013)

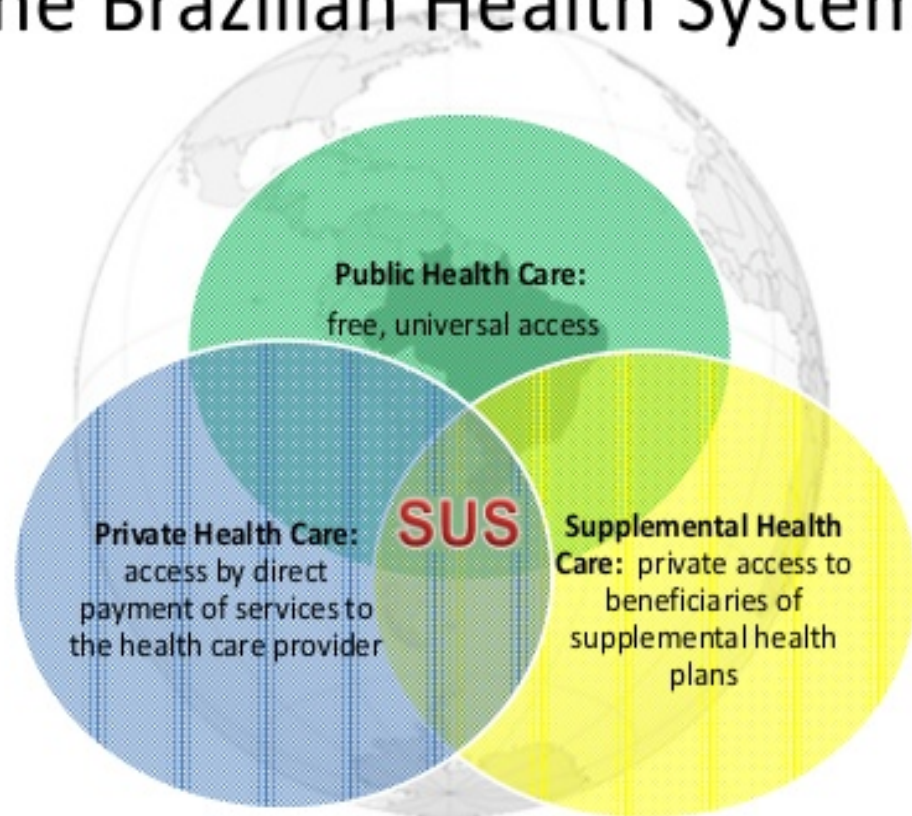


Principles of the Unified Health System (SUS):

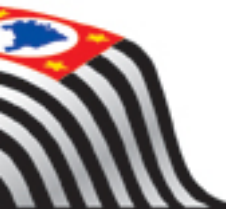


The Brazilian Health System

- Health System – SUS – public system maintained with tax revenue.
- Health insurance system – sells private health plans paid directly users (households or companies)

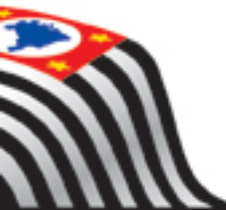
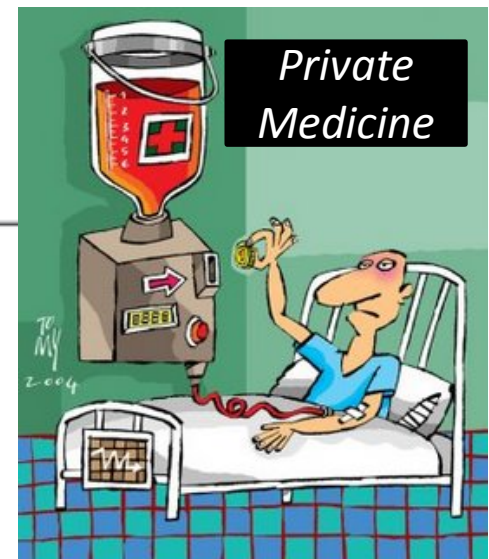


Source: Brazil's Ministry of Health: Desafios do SUS e Propostas de Superação (2008)



Brazilian Health System -SUS

- Brazil is only country with more than 100 million people who took the challenge of having a universal, free public health system.
- The private sector also participates in the system:
 - Approximately 25% of the population are covered by health insurance.
 - The health insurance companies are regulated by the government (National Supplementary Health Agency).
 - The health insurance Market is concentrated in regions of higher economic activity.



Funding for Health System

- Funding for the health system comes from:
 - Tax revenues and social contributions from the federal, state, and municipal budgets.
 - Other sources of funding are private - out-of-pocket and employer spending.

	R\$m (%)	% GDP
Taxes and social contributions	53 329 (39.05%)	3.14
Federal	27 181 (19.90%)	1.6
States	12 144 (8.89%)	0.7
Municipalities	14 003 (10.25%)	0.8
Private	83 230 (60.95%)	4.89
Family spending ^{66*}	65 325 (47.84%)	3.84
Employer company spending ^{60†}	17 905 (13.11%)	1.05
Total	136 559 (100%)‡	8.03

Table 4: Estimated health spending in 2006



In 2012 – 9.3%



Figure 5: Public spending on health by level of government

Source: Paim, J. et.al, 2011 and World Health Statistic, 2012.

Funding for Health System

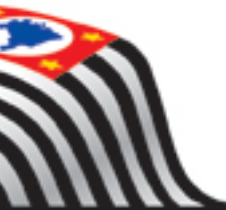
Per capita total expenditure on health at average exchange rate (US\$)

State	2000	2009
Brazil	265	734
Chile	405	802
EUA	4.703	7.960
Canada	2.089	4.519
France	2.203	4.840
Spain	1.040	3.032

General government expenditure on health as % of total expenditure on health

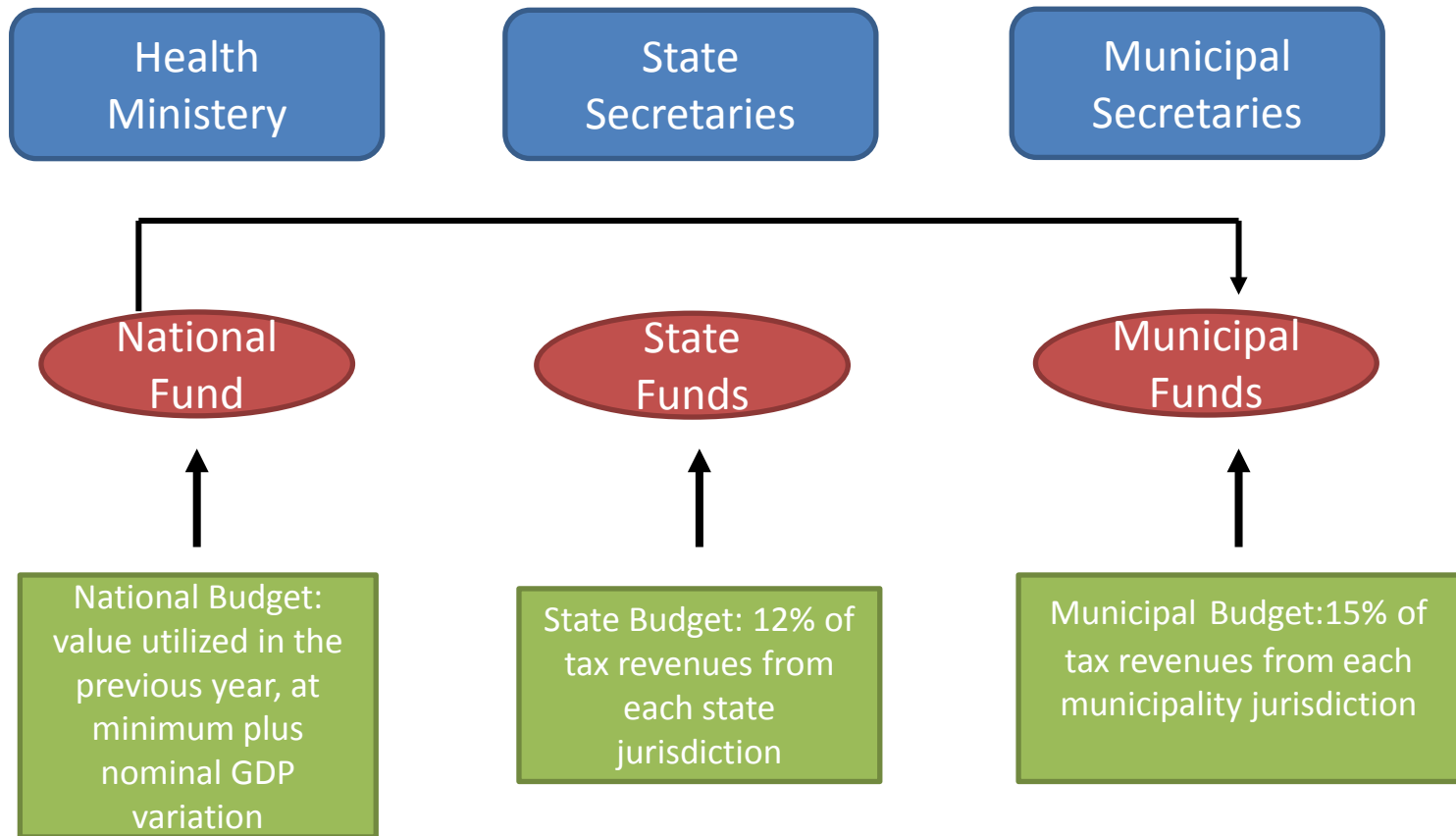
State	2000	2009
Brazil	40.3	43.6
Chile	41.6	47.6
EUA	43.2	47.7
Canada	70.4	70.6
France	79.4	77.9
Spain	71.6	73.6

Challenge of health system: increase of public funding.



SUS: Financial Resources

Minimum Financial Resources in Health (Constitution Amendment N. 29/2000)



Source: Prof. Romulo Passos, study guide (2013)

National Health Card



- The **National Health Card** meets a historical demand of public health in Brazil. The **goal** is **to identify each SUS key user** and **monitor the health care provided by the health system**, wherever the occurs, through the access of the national citizen's health database."
- Is is a modern information system instrument needes for the organization of the network of health care and SUS management

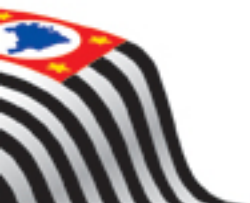
Organization and delivery of health services

The public system contemplates areas of direct care and technical support:

1- Primary care: **aims** to provide **universal access** and comprehensive health care, **coordinate** and **expand coverage** to more **complex levels of care**. It is emphasis on the reorganization of primary clinics to **focus** on **families** and **communities** and **integrate medical care** with **health promotion** and **public health actions**.



Saúde da Família



Organization and delivery of health services

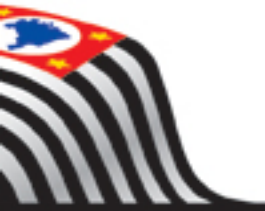
2- Care of medium and high complexity: in outpatient and inpatient forms.



Organization and delivery of health services

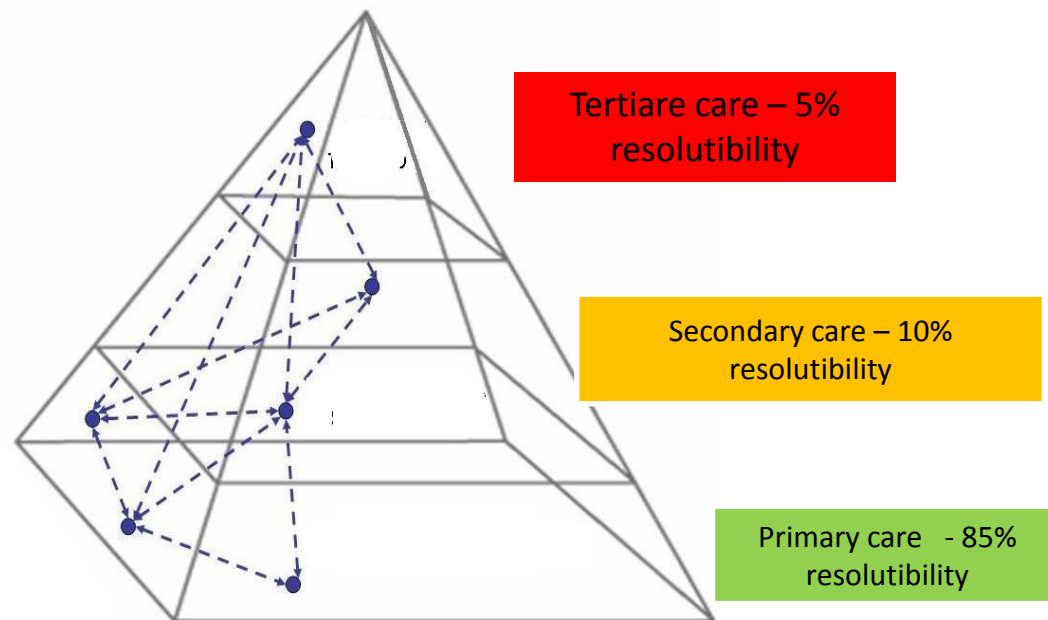
3- Pharmaceutical assistance, with **free** of charge **medications**, by component:

- ✓ Basic componente: primary care medication, including for maternal and infant care and for some cronic illnesses.
- ✓ Strategic componente: medication for **endemic illnesses** that have na economic impact (eg. Blood products, medication for the treatment of HIV/AIDS, tuberculosis and leprosy.
- ✓ Speciality componente: high cost medication for the care of special pathologies; regulated by protocols and clinical therapeutical guidelines.

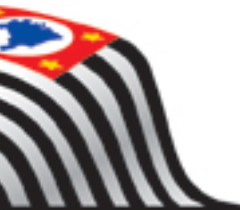


Healthcare Network

This means organizing a **regional healthcare network**, to provide services of different **levels of technical/health complexity**, ensuring that the aggregate network of services provided is technologically robust. Some services are spread out so that **many cities and towns** may use them, while others are concentrated for **economies of scale**



Political Science: Participation and Management in SUS



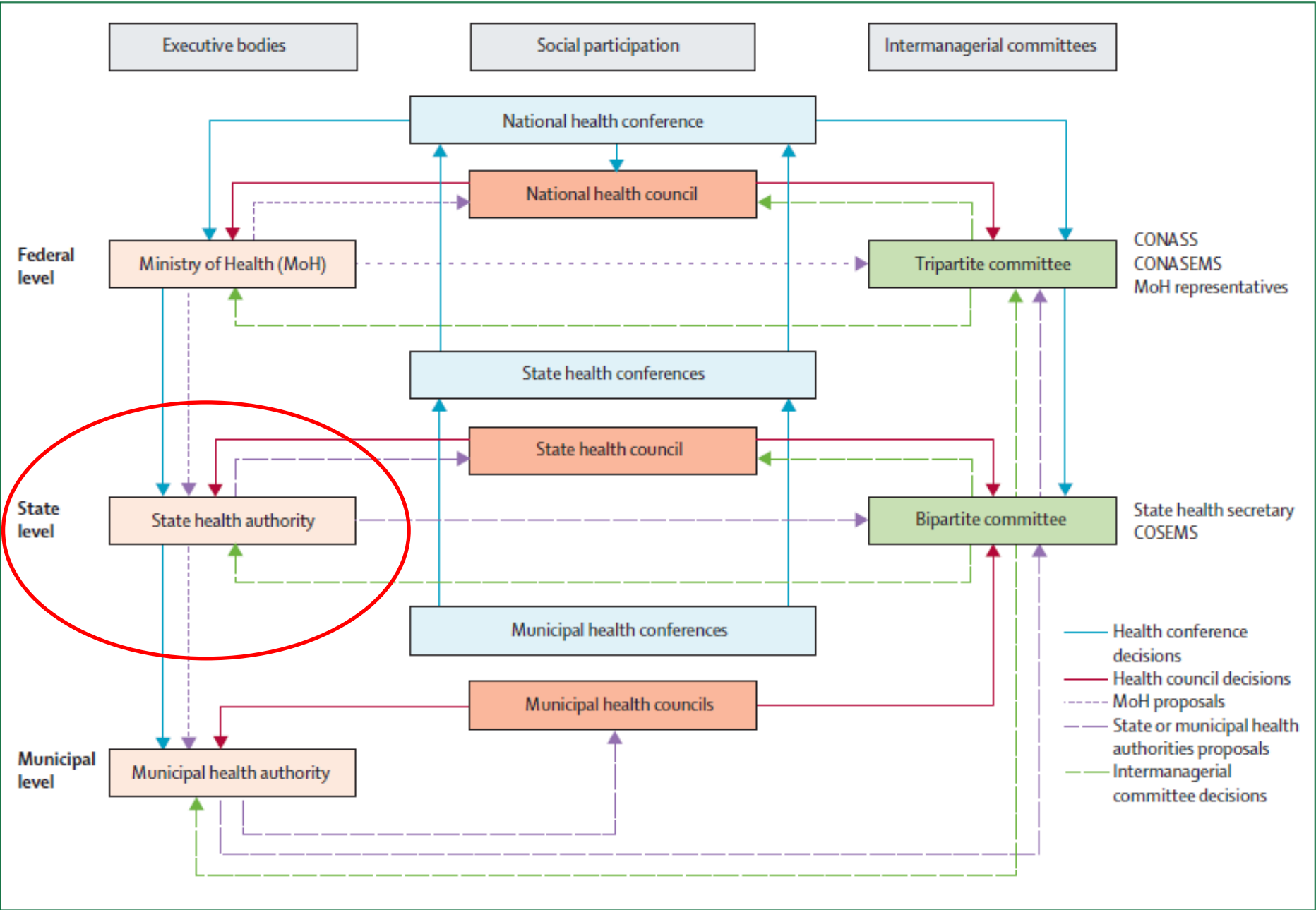


Figure 4: SUS policy-making and social participation process
 CONASS=national council of state officers. CONASEMS=national council of municipal health secretaries. CONSEMS=state council of municipal officers. Data from reference 47.
 Source: Paim, J. et.al, 2011.

São Paulo State Health Secretariat

Committees:

- Technical and Administrative Council
- State Health Council

State Health Authority

Adjunct State Health Authority

Technical
Members

Office
Advisory

Chief of Staff

State Funds

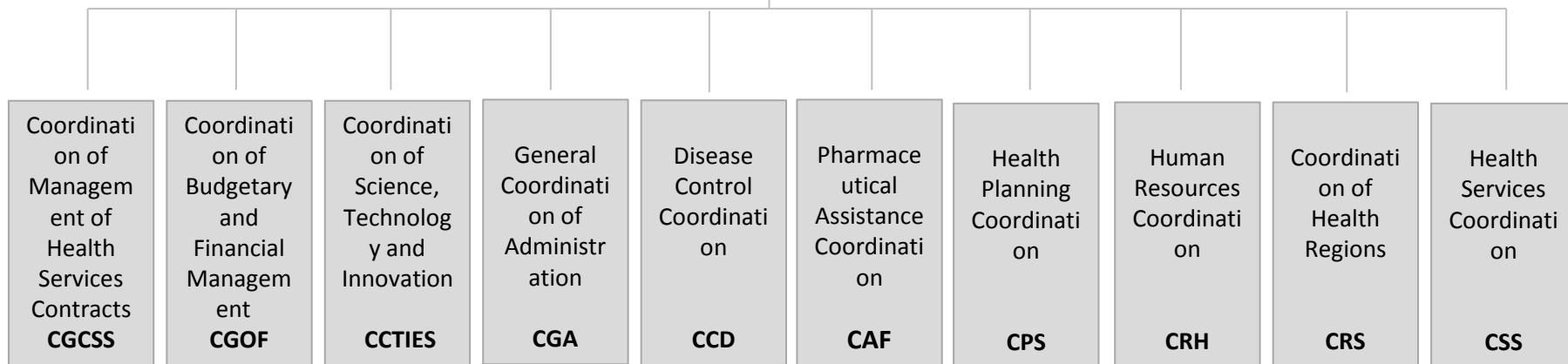
Office hour

Foundation:

- Oncocentro of SP Foundation FOSP
- The Popular Medicine Foundation FURP
- Pro Blood Blood Center Foundation

Municipalities /University Hospital:

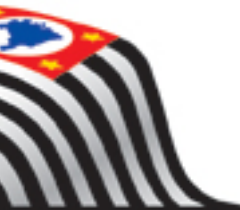
- Superintendency of Endemic Disease – SUCEN
- Hospital of the Clinics of São Paulo
- Hospital of Clinics of Ribeirão Preto
- Hospital of Clinics of Botucatu



Who we are?

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.
- the coordination and planning of actions developed by the 17 Regional Health Departments (DRS) distributed by the state,



Who we are?

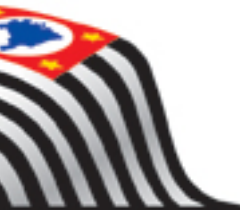
Responsible for:

➤ the management three foundations:

1-Popular Medicine (FURP) – development , manufacturing and distribution of medicines;

2-Oncocentro of São Paulo (FOSP) - proceedings in support of the SES-SP to advise cancer policy in the State;

3-Pro-Blood Blood Center of São Paulo - development of research from international benchmarks, provides blood components and haemotherapic services.

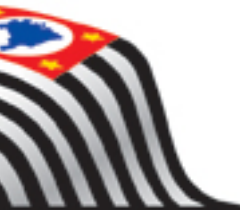




Who we are?

Responsible for:

- 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).

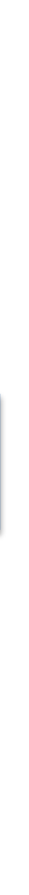


26 States, 1 Federal District, and 5.564 Cities

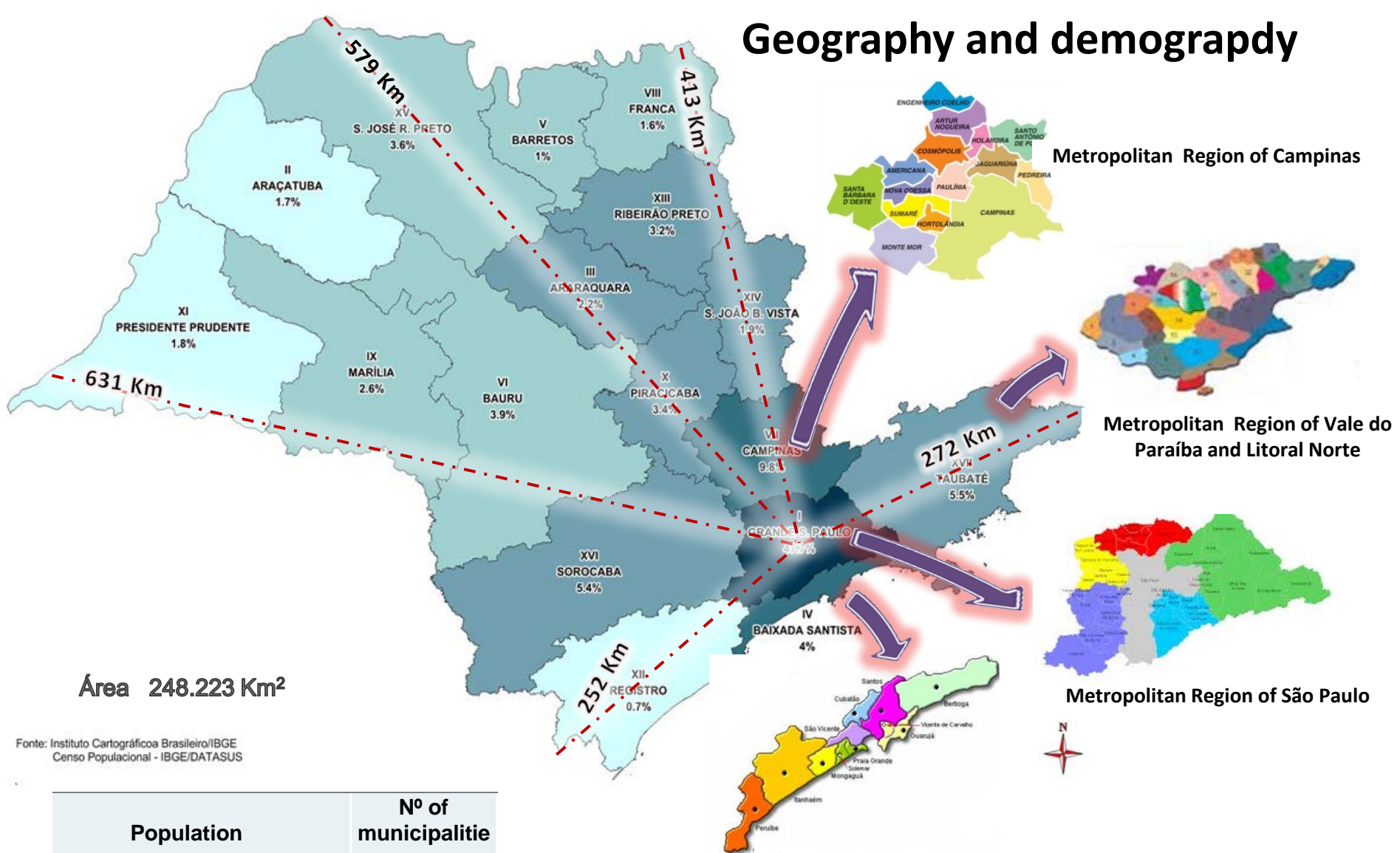
- States and Cities with political autonomy, fiscal management and no hierarchical links.

São Paulo State – 42,6 million inhabitants

- Metropolitan Population: 21 million
- São Paulo City: 11,9 million inhabitants (IBGE, 2014)



Geography and demography



Indicators - Brazil and São Paulo State

Indicators	Brazil	São Paulo State	% SPS
Area (mil km2)	8.511	248	3%
Population (millions GDP)	193,9	42,6	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%	

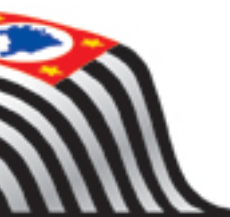
Source: CPS/Gabinete. SESSP



Indicators –São Paulo State

Indicators	São Paulo State
Literacy rate over 15yrs) (2013 est.)	96,3%
Total Fertility rate - born/1,000 woman (2012 est.)	51,9
Infant Mortality rate - deaths/1,000 live births (2013 est.)	11,5
Life expectancy at birth (2013 est.)	Total:77,2 yrs Female: 80,4 yrs Male: 73,9 yrs
Population covered by supplementary health (2014)	44,5%
Health Services (2014 est.)	66,776
Mean % of hospitalizations due to condicions that are sensitive to primary care	15,3%

Source: CPS/Gabinete. SESSP



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

Cause ICID 10	Male			Female			Total		
	death	%	rate	death	%	rate	death	%	rate
IX. Diseases of the circulatory system	42,212	28,1	207,0	37,955	31,6	176,5	80,170	29,6	191,3
II. Neoplasm	26,247	17,5	128,7	22,589	18,8	105,0	48,837	18,1	116,6
X. Diseases of the respiratory system	18,103	12,0	88,8	16,300	13,6	75,8	34,405	12,7	82,1
XX. External causes of morbidity and mortality	19,881	13,2	97,5	5,115	4,3	23,8	25,014	9,2	59,7
XI. Diseases of the digestive system	9,775	6,5	47,9	5,699	4,7	26,5	15,475	5,7	36,9
XVIII. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8,788	5,8	43,1	6,328	5,3	29,4	15,132	5,6	36,1
IV. Endocrine, nutritional and metabolic diseases	5,976	4,0	29,3	7,088	5,9	33,0	13,064	4,8	31,2
I. Certain infectious and parasitic diseases	5,901	3,9	28,9	4,329	3,6	20,1	10,231	3,8	24,4
VI. Diseases of the nervous system	3,581	2,4	17,6	4,326	3,6	20,1	7,910	2,9	18,9
XIV. Diseases of the genitourinary system	3,423	2,3	16,8	4,353	3,6	20,2	7,776	2,9	18,6
Others	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

São Paulo State SUS in numbers: capacity (2014)

- ✓ 60 outpatientes units
- ✓ 91 public hospitals (43 DA, 40 OSS, 8 municipalities/university foundations)
- ✓ 21,000 hospital beds
- ✓ 7 CAPS -outpatient to abusers drugs and mental health
- ✓ 15 Motor Physical Rehabilitation Lucy Montoro
- ✓ 17,700 hospital beds
(23,3% public health assistance)
- ✓ 2,900 intensive care beds
- ✓ 7 Research Institutes



Source: CPS/SAHE/NIS/CGCSS/CSS – SESSP 2014

São Paulo State SUS in numbers: assistance (2014)

- ✓ 742,000 hospitalizations;
(23,3% public health assistance)
- ✓ 274,300 surgeries;
(35% public hospitals)
- ✓ 441 millions procedures ;
basic outpatient procedure.
specialized procedure in the areas clinical pathology, radiology,
ultrasound, CT scans.



High Complexity – UHS/SUS



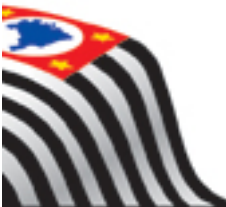
- Brazil has the largest public system of organ transplants in the world.
- About 35% of transplants are performed in the State of São Paulo.
- In absolute numbers Brazil holds the second largest kidney and liver transplant programs in the world.

Absolute number of transplants	2014	2015	2016
Cornea	4273	4749	4776
Kidney	2124	2011	2049
Liver	657	650	616
Pancreas	68	55	63
Heart	134	141	126
Lung	33	33	51

Source: Brazilian Association of Organ Transplantation, 2016.
<<http://www.abto.org.br/abtov03/Upload/file/RBT/2016/RBT2016-leitura.pdf>>

Major Public Health Policies of the State of Sao Paulo

- ☐ National Policy for Pharmaceutical Assistance
- ☐ National Policy for Pharmaceutical Drugs
- ☐ National Policy for Mental Health of Children and Teenagers
- ☐ National Policy for Integral Attention to Users of Drugs and Alcohol
- ☐ National Cancer Policy
- ☐ National Policy for Comprehensive Health Care for Women
- ☐ National Policy for Assisted Human Reproduction Comprehensive Care
- ☐ National Policy for Kidney Disease Patients
- ☐ National Policy Trauma and High Complexity Orthopedics
- ☐ National Policy for Health Emergencies
- ☐ National Policy for Small Hospitals
- ☐ National Humanization Policy: HumanizaSUS
- ☐ National Policy for Elective Surgical Procedures
- ☐ National Policy for Elective Average Complexity Surgical procedure for Outpatients and inpatients
- ☐ National Health Policy for the Afro-Brazilian Population
- ☐ Monitoring System Incentive Policy in the Framework of the National STD and AIDS
- ☐ National Policy on Science, technology and Innovation in Health
- ☐ National Policy for Reducing of Morbidity and Mortality from Accidents and Violence
- ☐ National Policy on Health Promotion – AGITA SÃO PAULO
- ☐ National Policy for Health of the Elderly

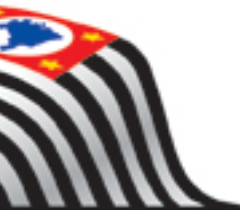


Professionals, Costs and Investment Expenditures Secretary of State for Health - Direct and Indirect Administration 2016 (amounts settled

Expenses/year	2010 (R\$)	2016 (R\$)
Professionals	3.378.215.905,18	5.057.916.252,42
Costs	9.095.056.734,41	14.258.154.132,27
Investments	552.899.321,10	503.399.982,00
Total	13.026.171.960,69	19.819.470.366,69
Health Care Expenditures per Capita by State of São Paulo	315,69	442,89

SUS Dimensions

- ☐ Largest network of human milk bank in the world.
- ☐ Largest number of human organ transplants in the world.
- ☐ 90% of vaccines are funded and offered by SUS.
- ☐ 50% of medical equipment market is managed by SUS.
- ☐ 80% investments in oncology treatments in Brazil.
- ☐ More than 90% of the total hemodialysis.





“ Despite several limitations, the SUS has managed to vastly improve access to primary and emergency care, reach universal coverage of vaccination and prenatal care, and invest heavily in the expansion of human resources and technology, including major efforts to produce the country’s most essential pharmaceutical needs”.



Thank You so much!

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