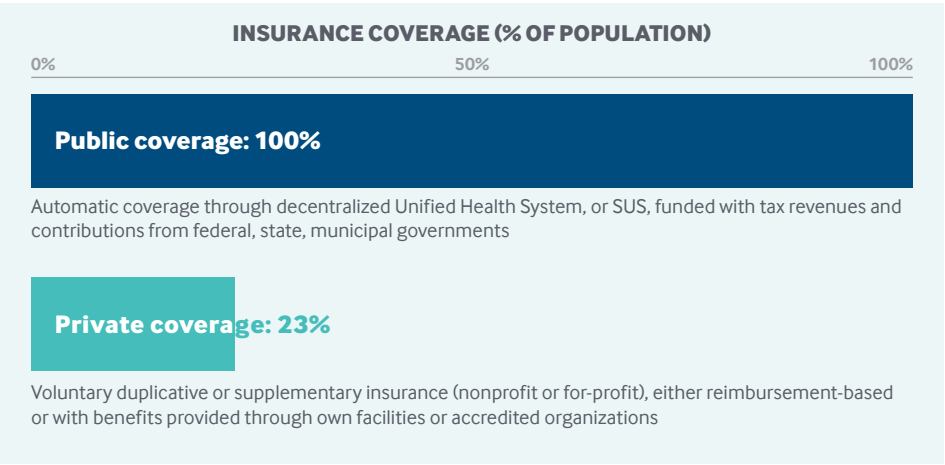
HEALTH SYSTEM OVERVIEW

# Brazil

Brazil's decentralized, universal public health system, Sistema Único de Saúde, or SUS, is funded with tax revenues and contributions from federal, state, and municipal governments. The administration and delivery of care are handled by municipalities or states. All residents and visitors, including undocumented individuals, can access free, comprehensive services, including primary, outpatient specialty, mental health, and hospital care, as well as prescription drug coverage. No application process is necessary. There is no cost-sharing for health care services. Nearly 25 percent of Brazilians, mostly middle- and higher-income residents, have private health insurance to circumvent bottlenecks in accessing care. Private health insurance costs, as well as health-related purchases, qualify as tax deductions.




## HEALTH CARE DELIVERY AND PAYMENT

**Primary care** is provided by Family Health Teams — comprising a doctor, a nurse, a nurse assistant, and community health workers — for nearly two-thirds of the population. The federal government provides capitated payments to municipalities, which hire Family Health Teams on salary, with some additional pay-for-performance payments from the federal government. In addition, some private facilities are run by health plans. *Patient cost-sharing:* None for Family Health Teams.

**Specialist facilities** range from stand-alone specialized ambulatory care facilities to polyclinics with several ambulatory specialties; most are private facilities. The federal government reimburses states or municipalities based on service volume; states/municipalities pay providers fee-for-service (FFS), based on a national fee schedule. Referrals are needed to access outpatient specialists through the public sector (SUS). *Patient cost-sharing:* None in the SUS; variable fees at private facilities.

**Hospital** capacity is mostly public; 71 percent of beds are in the SUS. Among the remaining private hospitals, most are for-profit. Federal government pays municipalities/states prospective risk-adjusted diagnosis-based payments; municipalities/states then pay hospitals FFS. Separate volume-based payments for complex procedures and high-cost drugs. *Patient cost-sharing:* None at SUS hospitals.

### DEMOGRAPHICS

**206.8M**
Total population

**9.2%**
Population age 65+

### HEALTH SYSTEM CAPACITY & UTILIZATION

**1.8**
Practicing physicians per 1,000 population

**2.8**
Average physician visits per person

**1.5**
Nurses per 1,000 population

**2.3**
Hospital beds per 1,000 population

**55**
Hospital discharges per 1,000 population

December 2020

The Commonwealth Fund

# Brazil



**Prescription drugs** are covered under SUS; as of 2017, SUS covered 869 medicines and medical products. The Farmácia Popular program offers subsidies for contraceptives as well as dyslipidemia, rhinitis, Parkinson's, osteoporosis, and glaucoma drugs. *Patient cost-sharing:* No cost-sharing for SUS-covered drugs, or for hypertension, diabetes, or asthma drugs; discounts up to 90 percent for Farmácia Popular drugs; full price for drugs not covered through SUS or Farmácia Popular.

**Mental health** care is provided at Psychosocial Care Centers with multiprofessional teams. Mental health teams are integrated with family health teams at primary care centers, emergency care units, and hospitals. Residential therapeutic services are available for patients with previous inpatient stays. Host units offer short-term residential services for vulnerable populations. *Patient cost-sharing:* None for SUS-provided services; subsidies for individuals receiving post-discharge rehabilitation; cash transfers for long-term hospitalized individuals.

**Long-term care** services covered through SUS include home care services, consisting of visits either by family health teams or multiprofessional care teams. In addition, the Ministry of Health finances long-stay beds (extended-care units) for clinically stable patients receiving rehabilitation. *Patient cost-sharing:* SUS services provided free of charge.

**Safety nets:** Three-quarters of the population rely solely on SUS, which has no out-of-pocket costs for covered benefits.

**Care coordination** in the public, regionalized health system is encouraged through incentives such as regulatory centers that coordinate patient referrals to outpatient specialized, hospital, and emergency services, as well as financial incentives, care guidelines, and care pathways for specific types of care and chronic conditions. Care coordination in the private sector remains a challenge.

## TOTAL HEALTH EXPENDITURES

Total health spending accounted for 9 percent of Brazil's GDP in 2015, with public spending representing nearly 43 percent. Out-of-pocket expenditures account for 27 percent of total health expenditures.

## RECENT REFORMS

- The federal government has promoted the unification of public sector financing for primary care, complex health services, pharmaceutical care, and health surveillance and management, with a goal to reduce bureaucracy and increase flexibility in how municipalities use financial resources at local levels.
- After a political shift in 2019, the new Ministry of Health proposed new policies to strengthen and expand access to primary care, including the creation of a new secretary dedicated to primary care; to iincrease access to family health units; to create a new efficiency-based funding model and a model for training and ensuring supply of physicians in remote areas; and to expand the use of electronic medical records.

*This overview was prepared by Adriano Massuda, Mônica Viegas Andrade, Rifat Atun, and Marcia C. Castro.*

### SPENDING

**$1,282**
Health care spending per capita (USD purchasing power parities)

**$351**
Out-of-pocket health spending per capita

### HEALTH STATUS & DISEASE BURDEN

**75.7**
Life expectancy at birth (years)

**22.3%**
Obesity prevalence

**8.1%**
Diabetes prevalence

**Data:** 2019 OECD Health Data except obesity data, which represent WHO estimates from 2016.