

# Brazil Health Scenario

FEBRUARY 13, 2023

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## Introduction

This report provides an overview of last year’s developments in the health sector and an outlook for 2023. Both public and supplementary health played a major role in 2022, driven by the fight against the Covid-19 pandemic. This experience strengthened the resilience of the Brazilian health system, but at the same time, highlighted budgetary, management, and coordination challenges.

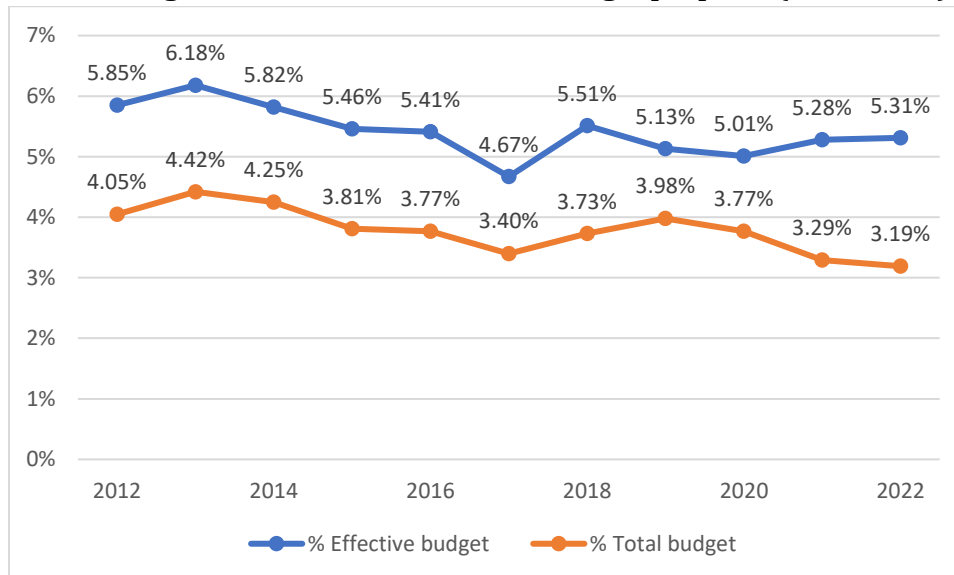
In 2023, both the Ministry of Health (MoH) and Parliament are comprised of many professionals with medical and technical backgrounds. Within the MoH, these professionals will strengthen the discussion and public policies on the Unified Health System (SUS) and access to medicines, and revisit other obsolete public health policy. The Parliament, with a mixed profile of health professionals, can advance discussions on public health rights, but also be more open to the health industry. Budgetary restrictions for both branches, however, may present challenges to incorporating new technologies policies.

## Outlook for 2023

### Budget

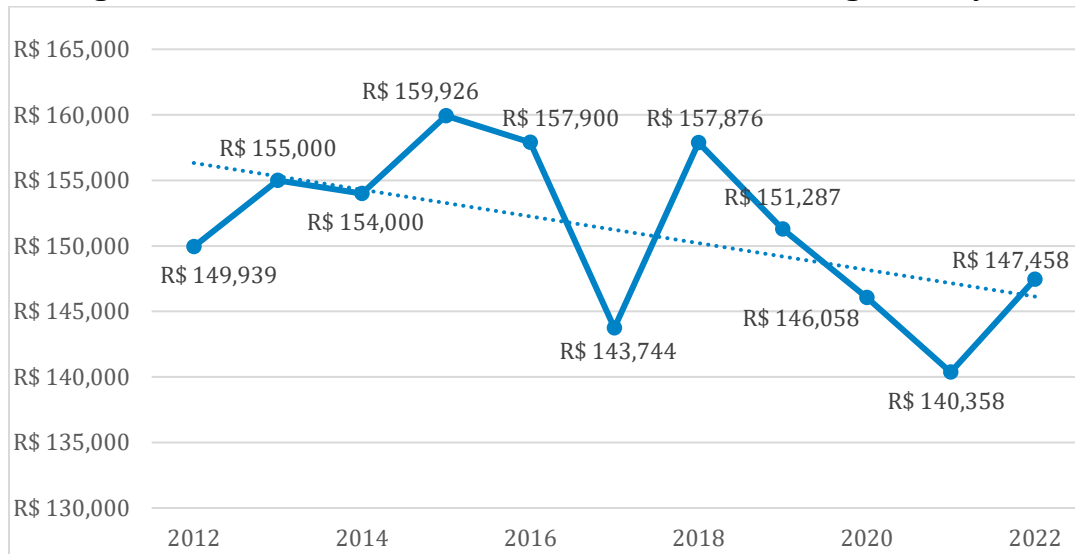
The budget for the health sector in 2023 is the lowest since 2014. The sector's primary expenses, which are focused on investments in public policies and with the Unified Health System (SUS), reached BRL 203.8 billion in 2021, at the height of the pandemic. In 2023, expenses dropped to BRL 162.9 billion, BRL 162.9 million, considering the amendment made by the budget rapporteur, Marcelo Castro (MDB/PI), which increased the health budget in more than BRL 20 billion. With values corrected for inflation, according to the National Health Council (CNS), losses could reach BRL 60 billion.

**Decreasing allocations to health in the budget proposal (2012-2022)**



Source: SIAFI, prepared by Edelman Global Advisory

### Health budget since 2012 - resources for health have not evolved significantly since 2012



Source: SIAFI, prepared by Edelman Global Advisory

The main cuts affect immunizations, whose budget fell from BRL 13.6 billion in 2022 to BRL 8.6 billion in 2023, a 47% reduction, and Indigenous Health, which had its budget reduced by BRL 1.4 billion to BRL 609 million, a reduction of 60%. The cut should also reach the primary care, the health care of the population for the prevention, control, and treatment of HIV/AIDS and other STIs (Sexually Transmitted Infections), in addition to viral hepatitis and tuberculosis.

In this lean budget, the portfolio will have the challenge of resuming consultations and elective surgeries that were postponed due to the pandemic, financing and expanding the Unified Health System (SUS), considering that states and municipalities – the largest contributors to the health budget – already no longer have the capacity to allocate additional resources.

Regarding the elective surgeries, at the beginning of February, the Secretary of Specialized Health Care, Helvécio Magalhães, said the secretary is planning a joint effort to carry out the surgeries, exams, and procedures that were postponed due to the pandemic. Today, there are no exact numbers on how many people are waiting for assistance, which is why, for the Secretary initially, the idea is to carry out an emergency action to reduce the repressed demand and, at the same time, study the reasons that lead to the backlog of surgeries, consultations, and exams.

### Expenditure Cap

President Lula – through the Transition PEC – was able to partially revise the spending cap and consequently the health budget. The floor, that is, the minimum amount to be applied, increased from BRL 149.9 billion to BRL 173.1 billion. However, the value was corrected by the change in inflation in the previous year, and not by the ministry's revenue.

The Popular Pharmacy Program in Brazil (PFPP) is one of the programs that was considered within the increase in the expenditure cap since part of its budget was cut in the first version of the Annual Budget Law Project (PLOA) for 2023. In the first half of 2022, the program underwent cuts, which led to the removal of drugs for hypertension and type 1 diabetes from the list of drugs sold by co-payment. Soon after this cut, the Ministry of Health included five new drugs in the Popular Pharmacy: four medicines for hypertension (amlodipine besylate, metoprolol succinate, spironolactone, furosemide) available for the population with no cost and one for diabetes associated with cardiovascular disease (dapagliflozin) available through the copayment model.

There were programs, however, that are in the budget and were cut, since they did not enter the increase in the spending cap:

- Mais Médicos Program, with a 31% cut
- Research, Technological Development, and Innovation in Health Program with a 65,7% cut
- Food and Nutrition for Health Program with a 63% cut
- Health Education and Training Program with a 53.5% cut
- Indigenous Health Program with a 60% cut
- Health Care Program for Riverside Populations and Remote Areas in the Amazon Region with a 55% cut.

Occasionally, these cuts represent a drop in investments and may require states and municipalities to make a greater contribution to the budget of these programs. This, in conjunction with the drop in revenue from fuel taxes and the consequent reduction in federal transfers, leads to growing budgetary pressure for sub-federal entities.



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MINISTÉRIO  
DA  
SAÚDE



Ministry of Health

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## Ministry of Health: Profiles

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### Nísia Trindade, Minister of Health



Nísia Verônica Trindade Lima, 64, was the first woman to become president of the Oswaldo Cruz Foundation (Fiocruz), a position she held until she took over the ministry. The new commander of health is a sociologist from the State University of Rio de Janeiro with a master's degree in political science and a doctorate in sociology from the University Research Institute of Rio de Janeiro. The minister was also director of Casa de Oswaldo Cruz (1998-2005), a unit of the foundation dedicated to research and memory in social sciences, history, and health. She participated in the elaboration of Fiocruz's Museum of Life. Under Trindade's command, Fiocruz was responsible for producing the first fully Brazilian vaccine against the coronavirus, a critical milestone in the fight

against Covid-19.

With a health background, Trindade will tend to be less open with the private industry while also tending to leverage dialogue in public health and rebuild technical working groups, strengthening the SUS as the major health service and the Popular Pharmacy Program of Brazil (PFPB) to improve people's access to continuous use medicines. This strengthening can happen through the resumption of health education and communications capacity building for health professionals and investing in publicity to inform the broader public (for example, the Dia D vaccination campaigns), especially through primary health – the gateway for public health users.

### Secretaries

#### Executive Secretary, Swedenberger Barbosa



Dental surgeon, Specialist in Public Health, Master's degree in Health Sciences. He is a professor at Fiocruz's Postgraduate Program in Bioethics, Applied Ethics, and Collective Health, and also a professor of a specialization course in Strategic Management in Public Policy at Unicamp. He was on the Board of Directors of the National Health Council from 1990 to 1994 and General Coordinator of the II National Conference on Human Resources in Health. He was also Secretary General of the I National Conference on Oral Health, and General Coordinator of the II National Conference on Oral Health. As Public Manager, he exercised executive functions in the Presidency of the Republic. He was Secretary of State for the Government and Chief Secretary of the Civil

House. He is currently an advisor at Fiocruz-Brasília and a professor at the School of Government (EGF).

### Secretary of Primary Care, **Nésio Fernandes de Medeiros Junior**



Sanitarian medical doctor, Specialist in Preventive and Social Medicine and Health Administration. Fernandes was Secretary of Health of Espírito Santo and Palmas as well as former president of the National Council of Health Secretaries (Conass). At Conass, Fernandes was appointed president in March 2022 and active in the meetings of the Tripartite Intermanagers Commission (CIT), a permanent forum for negotiation, articulation, and agreement between national, state, and municipal health managers in operational and budgetary aspects in the SUS. He gained prominence for his work during the Covid-19 pandemic.

### Secretary of Specialized Care, **Helvécio Magalhães**



Physician, Specialist in epidemiology and clinical medicine. During Dilma Rousseff's term, he was Secretary of Primary Care during Alexandre Padilha's term at the Ministry of Health. Magalhães also held several public positions during Fernando Pimentel's (PT) administration in Minas Gerais. He was Secretary of Planning and Health for Belo Horizonte between 2003 and 2008. He was vice-president and president of the National Council of Municipal Health Secretariats (Conasems), and since 2000 he has been a consultant for the National Supplementary Health Agency (ANS).

### Secretary of Information and Digital Health, **Ana Estela Haddad**



Graduated in Dentistry, Specialist in Pediatric Dentistry, Master's and Ph.D. in Dental Sciences. She is a professor at the Department of Orthodontics and Pediatric Dentistry at the USP School of Dentistry and at the Graduate Program in Dental Sciences at FOU SP. She was an advisor to the Minister of Education, being one of the creators and implementers of the University for All Program (PROUNI). At the Ministry of Health (MoH), she held the position of Director of Health Education Management at the Secretariat for Labor Management and Health Education (SGTES) from 2005 to 2010. In 2011, she held the position of Director of Programs and Deputy Secretary. She was vice president of the Brazilian Council of Telemedicine and Telehealth-CBTms (2014 to 2015) and Director of Institutional Relations of the Brazilian Association of Telemedicine and Telehealth (ABTms) (2017 to 2019). She is currently a member of the Advisory Committee of the University Telemedicine Network. She is married to Fernando Haddad, Minister of Finance.



### **Secretary of Health and Environment Surveillance, Ethel Maciel**



Epidemiologist, graduated in Nursing, Master's in Public Health Nursing, Ph.D. in Collective Health/Epidemiology, and Postdoctoral in Epidemiology. Between 1995 and 2008 she coordinated the Clinical Research Center at the UFES University Hospital linked to the Infectious Diseases Nucleus. She was coordinator of the Postgraduate Program in Public Health and of the Research Ethics Committee of the Center for Health Sciences at UFES and vice-rector of the Federal University of Espírito Santo from 2013 to 2020. Maciel was elected dean for the 2020-2024 quadrennium at UFES but was never nominated by President Bolsonaro.

### **Secretary of Indigenous Health, Ricardo Weibe Tapeba**



Weibe is an activist lawyer, who was coordinator of the Coordination of Organizations and Indigenous Peoples of Ceará and was a member of the National Council of Indigenous Policies. Weibe has already worked as a technical assistant and substitute regional coordinator for FUNAI's Northeast 2 Regional Coordination, working with indigenous peoples in the states of Ceará, Paraíba, Rio Grande do Norte, and Piauí. He was also part of the technical team of the Center for the Defense and Promotion of Human Rights of the Archdiocese of Fortaleza.

### **Secretary of Science, Technology and Strategic Inputs, Carlos Gadelha**



Ph.D. in Economics from the Institute of Economics UFRJ. At Fiocruz, he is the coordinator and leader of the research group on development, the industrial economic complex, and innovation in health. He is also professor and researcher at the Department of Administration and Health Planning at the Sérgio Arouca National School of Public Health, coordinator of the Professional Master's Degree in Policy and Management of Science, Technology, and Innovation in Health, and Coordinator of the Center for Strategic Studies at Fiocruz Antonio Ivo de Carvalho. Gadelha was also vice president of Production and Innovation in Health at Fiocruz. He was secretary of Regional Development Programs at the Ministry of National Integration; secretary of Science and Technology and Strategic Inputs at the Ministry of Health; and secretary of Development and Industrial Competitiveness at the Ministry of Development, Industry and Foreign Trade.

## Secretary for Work Management and Health Education, Isabela Cardoso



Professor at the Institute of Collective Health and permanent staff of the Graduate Program of the Institute of Collective Health at the Federal University of Bahia. She has a master's degree in public health and a doctorate in public administration. She has served as Director of the Instituto de Saúde Coletiva/UFBA from 2013 to 2021, was a member of the Board of Coordination of the Working Group and Health Education at ABRASCO, researcher and coordinator of the Work, Education and Management Research Line in Collective Health Institute/UFBA. She has also served as general coordinator of the Observatory of Political Analysis in Health, where she also leads the following research priorities: Hospital Management Models in the SUS, Work and Education in Health, Permanent Education in Health.

## Departments

The new structure of the Ministry of Health reconstitutes departments that acted in the previous management as coordinators, raising the level of such structures.

### STD/AIDS and Viral Hepatitis Department

The issue was addressed within the fourth level of the Ministry, in the General Coordination of Surveillance of HIV/AIDS and Viral Hepatitis (CGAHV), which was below the Department of Diseases, Chronic Conditions and Sexually Transmitted Infections (DCCI), within the Secretariat of Health Surveillance (SVS). The budget of the Ministry of Health, scheduled for 2023, shows a reduction of BRL 26 million for HIV and Hepatitis efforts and of BRL 360 million for tests and prevention supplies.



The department will be under the direction of Fábio Mesquita, a doctor specializing in public health, internationally recognized for fighting AIDS, HIV, and Hepatitis. He was part of the Ministry of Health from 2013 to 2016 and spent 12 years at the World Health Organization (WHO), pioneering work with patients with the HIV virus in the city of Santos, on the coast of São Paulo.

### Immunization Department

As announced by Trindade, the department should strengthen the National Immunization Program (PNI). In the previous administration, the PNI was a coordinating body subordinated to the Health Surveillance Secretariat of the Department of Communicable Disease Surveillance (SVS).



The department is under the management of infectious disease specialist, Éder Gatti, who holds a master's in Collective Health and a Ph.D. in Preventive Medicine from the Faculty of Medicine of USP. He is a member of the permanent advisory committee on immunizations of the São Paulo State Health Secretariat (CPAI) and, until his appointment, worked at the Emílio Ribas Institute of Infectiology, at the Butantan Institute and at the Epidemiological Surveillance Center of the State Health Secretariat from Sao Paulo.

### **Mental Health and Confronting Abusive Use of Alcohol and Other Drugs Department**

This department will be linked to the Secretariat for Specialized Care and will have some priority actions, such as the 5th National Conference on Mental Health. It is important to mention that this conference works in stages, and includes local, municipal, state, and national stages. Due to the Covid-19 pandemic, the stages were postponed several times, and the national stage was never carried out due to budgetary restrictions, which limited any efforts or progress at the state and municipal levels. Mental health should also be a priority for the government, as it was a growing issue across society during the pandemic.

## **Relationship between Ministry of Health and Technical Institutions**

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### **National Health Surveillance Agency (Anvisa)**

The relationship between the Ministry and Anvisa should be one of respect and credibility, not only due to the technical and scientific profile that the newly appointed Minister has, but also due to the credibility that the agency has acquired in recent years, vis-à-vis health regulatory entities at the national level. It is worth pointing out that in the Health Technology Assessment (HTA) process, the entity is respected.

### **National Supplementary Health Agency (ANS)**

Initially, the relationship between the MoH and the ANS tends to be noisy, and with a more rigorous look at last year's discussions about the role model. There is also the possibility that the Ministry will take a closer look and interfere in a possible review of the agency's control parameters, seeking to avoid an increase in plan prices and the consequent transfer to users. For the Ministry, the main objective is that supplementary health actually fulfills the role of supplementing and unburdening the SUS.

### **National Commission for the Incorporation of Technologies in the Unified Health System (Conitec)**

- In August 2022, a decree was published (Decree nº 11.161/2022) establishing a new organization in the plenary of Conitec, responsible for the incorporation, exclusion, and alteration of health technologies by the Unified Health System (SUS). Until then, Conitec was formed by a single plenary, after the decree, three specific committees were created: (i) for medicines; (ii) products and procedures; and (iii) clinical protocols and therapeutic guidelines.
- These new committees will now be composed of 15 individuals, 13 from institutions that already had representation in Conitec and two new members: the Brazilian Medical Association (AMB) and the Health Technology Assessment Center (NATS), which should be integrated into the Brazilian Health Technology Assessment Network (Rebrats).

- The responsibilities linked to the plenary session, as well as the issuance of reports and conclusive opinions intended to advise the Ministry of Health in the incorporation, exclusion, or alteration of technologies by the SUS, will be subdivided among the new committees.
- Conitec is a respected Commission, especially in the figure of the Director of the Department of Management and Incorporation of Health Technologies, Vânia Canuto, who has been in this position since 2018. Canuto is a public servant and has been working in this area since 2002 when she was appointed Deputy Manager of Economic Evaluation of New Technologies of the Medicines Market Regulation Chamber (CMED).

## Action Trends of the Ministry of Health

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Initially, at the Ministry of Health, Nísia Trindade stated that ordinances and technical notes that offend science, human rights, and reproductive sexual rights and that transformed several positions of the Ministry of Health into a conservative agenda will be revoked. The mental health part is also part of the list of norms that will be revoked.



It is also expected to see less openness to foreign industry and more approximation and strengthening of both national industry and public laboratories such as Oswaldo Cruz Foundation (Fiocruz), Butantan Institute, and Pharmaceutical Laboratory of the State of Pernambuco (Lafepe). This approximation is also due to the intention of strengthening the Health Economic and Industrial Complex, by encouraging Productive Development Partnerships (PDPs).



Trindade is expected to strengthen dialogue with states and municipalities, taking into account that the health budget is agreed upon on a tripartite basis. What reinforces this trend is the appointment of Nésio Fernandes, former president of Conass. Trindade is also expected to have an open dialogue with influential entities in health, such as the National Health Council (CNS). It is worth noting that the president of the CNS, Fernando Pigatto, participated with Trindade in the Technical Health Group in President Lula's transition team.

A greater debate on public health is also still expected with the strengthening of the SUS, especially in the creation and promotion of prevention policies as a pillar of the national strategy. It is hoped that this health action will contribute to unburdening the SUS with the consequent reduction in hospitalizations and unnecessary ones. In this way, we tend to see:

- Greater incentives for vaccination campaigns, not just for Covid-19, especially considering the current scenario of declining vaccination coverage and the return of neglected diseases, such as polio.
- Strengthening of Primary Health Care, promoting preventive policies, especially with regard to the Family Health Strategy (ESF) and maternal and child health.



# National Congress

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## National Congress Profile

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The composition of the Health Bench in the National Congress for 2023 follows the general composition of the Houses: with candidates more to the right than to the left. This composition can strengthen guidelines in favor of the industry and make it difficult to approve guidelines such as the anti-asylum fight that was already on the agenda in 2022. It is worth noting that in 2022, the Health Bench was predominantly left-wing parties, composed of health professionals and SUS managers.

### House of Representatives

- The Chamber House of Representatives includes names with a history of **influence in appointing positions at the National Supplementary Health Agency (ANS)**:



Ricardo Barros  
(PP/PR)



Arthur Lira (PP/AL), reelected  
the speaker of the House of  
Representatives



Eunício Oliveira  
(MDB/CE)

- There are also those elected, who have **medical backgrounds and a more conservative profile**, such as:



André Fufuca (PP/MA)



- However, it is worth considering the election of medical parliamentarians with a public health policy background, who are **focused on discussing and building public policy on social and public health rights**, and on strengthening the SUS, access to medicines, and the health industrial park:



Arlindo Chinaglia  
(PT/SP)



Jandira Feghali  
(PcdoB/RJ)



Jorge Solla  
(PT/BA)



Bruno Farias  
(Avante/MG)



Ana Paula Lima  
(PT/SC)



Carmen Zanotto  
(Cidadania/SC)

- There are parliamentarians who permeate **public health agendas, but who have a certain proximity to the industry** since they follow requests from medical and business entities:



Doutor Luizinho  
(PP/RJ), former  
president of the Social  
Security and Family  
Commission (CSSF)



Mário Heringer  
(PDT/MG)



Luciano Ducci  
(PSB/PR)



Antônio Brito  
(PSD/BA), former  
president of the Social  
Security and Family  
Commission (CSSF)

- There are also **newcomers** to the legislative branch, **former secretaries and ministers of health**, who have gained prominence in the fight against Covid-19:



Ana Pimentel  
(PT/MG)



Leo Prates  
(PDT/BA)



Daniel Soranz  
(PSD/RJ)



Ismael  
Alexandrino  
(PSD/GO)



Eduardo Pazuello  
(PL/RJ)



Beto Preto  
(PSD/PR)

## Federal Senate

- In the Federal Senate, some individuals elected **were deputies** and led attempts to approve **legislation to release the sale of health plans with lower coverage and change the elderly statute**, allowing readjustment of monthly fees after 60 years of age:



Rogério Marinho  
(PL/RN)



Hiran Gonçalves  
(PP/RR)

- There is also the re-election of parliamentarians that **dedicated their previous mandate to work on health issues**, and turned to collective health:



Otto Alencar  
(BA/PSD)



Romário  
(PL/RJ)

- Finally, there is the election of rookies in the Senate, who **can work in health due to their previous work**:



Marcos Pontes  
(PL/SP)

The former Minister of Science, Technology, and Innovation, during the most latent phases of the Covid-19 pandemic, was very active in the production of vaccines through RedeVírus MCTI, which under his management began supporting the development of 15 national vaccine strategies against Covid.



## Conclusion

Any elected president this year would have difficulties with the budgetary restriction on health, even given the small margin achieved with the expansion of the spending cap.

Even with a budget shortfalls, the current programs tend not only to be maintained but to be promoted, like the Popular Pharmacy and the PNI, above all with the justification that the promotion of these programs of prevention and maintenance of continuous care relieves the Specialized Care of the SUS. In this scenario, a break for SUS is welcome, since 2023 will be a year in which elective surgeries – which were postponed due to the Covid-19 pandemic – should be resumed in the public health system.

Health education and publicity could also be a strong aspect of this mandate – even if the Health Education and Training Program has suffered a cut of more than 50%. The objective of the prioritization of this program is to train not only health managers and consequently Primary/Basic Care employees, but also the population. This scenario is also more palpable due to the justification of promoting preventive care treatment in Primary Care, the gateway to the SUS.

