

Healthcare in Brazil

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STEN-4910-03: Odette Study Abroad to Brazil
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January 27, 2023

Abstract

Our objective in writing this paper is to give a brief overview on the Brazilian healthcare system and to briefly compare and contrast it to the Canadian healthcare system. To stay true to the context of this paper, we will not be going into too much detail as our audience is rather Canadians who will visit Brazil and seek to gain some knowledge to further be able to appreciate their stay in Brazil. The topics we will be covering include but are not limited to: an overview of the Brazilian healthcare system, both public and private, how to obtain a medical license in Brazil, and healthcare expenses in Brazil. Our reason for writing this paper is to learn and further familiarize ourselves with the Brazilian healthcare system.

Keywords: Brazil, healthcare, SUS, health coverage, government, Canada

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Healthcare in Brazil

Introduction

There has been recent interest in and discussion about the Brazilian healthcare system both domestically and abroad. With a population of over 211 million and being the largest nation in Latin America, Brazil presents tremendous access and delivery challenges. The majority of healthcare services in Brazil are supplied by the public system, which is a combination of private and public providers. The Brazilian healthcare system continues to face many difficulties, including unequal access, insufficient funding, and a scarcity of medical experts, despite efforts to increase access and quality of service. This paper will give a general review of the Brazilian healthcare system, including its background, present situation, and problems, and it will look at some potential changes to increase the efficiency and equity of the system. We will also discuss some implications for the Canadian healthcare system.

Constitution of the Federative Republic of Brazil

Article 196 of the Brazilian constitution of 1998 states that:

“Health is a right of all and a duty of the State, guaranteed through social and economic policies that aim to reduce the risk of disease and other illnesses and to provide universal and equal access to actions and services for its promotion, protection, and recovery”
(*Constituição de 1988*, 2018).

What is SUS?

Sistema Único de Saúde, abbreviated SUS, is a public (also referred to as “complimentary”) “Unified Health System” in Brazil. SUS is managed by the Ministério da Saúde (Ministry of Health), the State Health Secretary (SES) and Municipality Health Secretary (SMS). Each one of these branches has their own roles in relation to their duties in up-keeping SUS (gov.br).

In ascending order, the Municipality Health Secretary is responsible for the planning, organization and actual delivery or execution of health services. Next, the State Secretary of Health is responsible for making plans for healthcare at a state level and formulating policies for state health. And finally, the Ministry of Health is responsible for setting norms, fiscalizing, policies, monitoring actions and the overall administration. There are also public companies associated with and managed by the Ministry of Health noted in a table (see Appendix A).

SUS also has three moral ideals or “principles” behind it found on the Brazilian government website which are: universalization, equity and integrity. Firstly, they believe in healthcare for everyone regardless of sex, age, social class, occupation or ethnicity/race. Next, they believe in lowering social inequalities by investing more for those in need. Finally, they believe in people as a whole and that healthcare is interconnected with social policies so they vouch for their goals to align (gov.br).

The most common services offered by SUS include but are not limited to: regular doctor appointments, inhalations, band-aids, dressings, casts, injections, vaccines, diagnostic tests results, and dentist appointments (Pereira, 2021). SUS plays a major role in Brazilian healthcare and despite over 70% of the population relying on it, there are many critics of SUS. In 2022, 88% of SUS users rated their services as regular, bad or terrible, 9% rated it as good or great and 3% did not answer. Furthermore, 83% of people do not trust that the resources are well directed, this may or may not imply corruption, 73% believe that services are not equal for all and finally 62% believe that services are not equal for all (Tadeu, 2022). Lastly, waiting times is also a reason for critics (CNJ, 2021).

Private Healthcare and Health Coverage Plans

Aside from the public healthcare system, Brazil has a private healthcare system which is also known as the supplementary healthcare system. Private healthcare in Brazil surged in the 1960's and was regulated in 1998. It has no ties to SUS and is instead managed by ANS, the "Agência Nacional de Saúde Suplementar," or "National Supplementary Health Agency" in English (Portal da industria, 2023).

Private healthcare is offered by private healthcare clinics which are founded and operated by healthcare specialists themselves as a private small business. A specialist may open his or her own clinic, they may also have a partnership of some kind with another specialist and open a clinic together, or they may be employed and work for a private healthcare clinic. To ease access to the private healthcare system, Brazilians usually have healthcare plans or healthcare coverage plans which are sold by companies which are referred to as "operators" (Portal da industria, 2023).

There are multiple operators who sell healthcare coverage plans and although the most popular ones may vary by region, in general, they are the following: Unimed, Bradesco, Amil, NotreDame Intermédica, Porto Seguro, SulAmérica Saúde, and Allianz. Furthermore, should a patient have a need for a diagnostic test such as an x-ray or ultrasound, doctors may refer them to diagnostic centers as to not clog up hospitals since hospitals are generally for more serious healthcare needs or emergencies. Examples of healthcare diagnostic centers would be PLANI or Tomovale.

Work and Healthcare Unions in Brazil

This section will attempt to answer the topic of worker's laws and worker's unions in Brazil. How exactly does work work in Brazil and do unions exist? The short answer is that yes, unions exist. However, payment and participation in worker unions is no longer obligatory in Brazil since 2017 after the worker's reform (Agência Senado, 2019).

Firstly, in Brazil there is the concept of "formal work". This means that if you are employed by someone, you have a "carteira de trabalho" (lit. "working wallet"), or "worker's license" in English, to show that your work is legal and you have been formally employed by your employer. This means that your employer has to follow CLT laws. This will be explained in the next paragraph. However, if you are self-employed, you will instead "open your own

business” and that will be its own legal entity (your firm will have a CNPJ, “National Registry of Legal Entities”) so you don’t need a “worker’s license.” Having your own firm and legal entity, you as a healthcare worker may work as many or as few hours as you wish. Nonetheless, if you hire someone, you must still respect CLT laws (Portal da Indústria, 2022). You may also be part of a union whether you are a public or private sector worker (SBACVSP, 2022).

In Brazil there are worker’s laws that guarantee your rights but may also limit you in other aspects. It is important to understand the “Consolidação das Leis do Trabalho” or “Consolidation of Worker’s Laws” which was created in 1943. The CLT are laws that regulate norms regarding work and work relations such as a company’s rules of employment, working hours, remuneration, vacation, prior notices, licenses, termination of employment, labor safety standards, and other rules (Portal da Indústria, 2022).

In 2017, Brazil had a “reforma trabalhista” or “worker’s reform” which changed certain laws. The main changes were regarding the following: collective agreements now prevail over legislation except for fundamental rights like vacations and the “13th salary,” paying union fees is no longer obligatory, changes in minimum and maximum working/resting hours, laws regarding vacations, and working laws regarding working conditions for pregnant women (Agência Senado, 2019).

Becoming a Healthcare Worker in Brazil

Becoming a healthcare worker in Brazil is much more direct in comparison to Canada. In Canada, people who wish to be healthcare workers may only go to medical school after obtaining an undergraduate degree. However, in Brazil the medical school is considered an undergraduate degree. People who wish to become healthcare workers may apply to medical school directly after high school. In general, medical school in Brazil is a 6-year program after which you may then choose to do a residency that takes 3 years where you will pick a specific field to specialize in (Prceu, 2022).

Infant Mortality Rates

Despite the complications of Brazil’s current public healthcare system, the country has managed to improve most health metrics for the entire population, increase access to healthcare, and decrease health disparities. Life expectancy at birth skyrocketed by a whole 5.7 years from 70.2 years in 2000 to 75.9 years in 2019. The infant mortality rate also diminished from 30.3 deaths per 1,000 births to 12.4 deaths per 1,000 births during the same period. Finally, the rate of maternal mortality also dropped by 13 percentage points from 2000 to 2019 (OECD, 2021).

Financial Sustainability of Health Spending

Government Funding

The federal, state, and municipal governments of Brazil all contribute to the decentralized, universal public health system known as the Unified Health System (Sistema Único de Saúde, SUS). Each of the three levels of government hold different responsibilities in

the administration of SUS, and municipalities and states oversee the management and provision of care (*Brazil: Summary*, 2023). Similarly, all three levels of government contribute to the funding of SUS, with each level providing a minimum required contribution from their gross tax revenues (see Appendix B) (*Health Financing Profile*, n.d.).

Jair Bolsonaro, former president of Brazil, made significant budgetary reductions to the health sector, further contributing to the Brazilian economic and political public health crisis. In January 2023, Luiz Inácio Lula da Silva, known mononymously as Lula, was sworn in as Brazil's new president, and faces the difficulty of re-establishing primary care.

Private Healthcare Costs

The use of the private healthcare sector in healthcare in Brazil has increased significantly as a result of the challenges the public healthcare system faces. Today, approximately 25% of Brazilians have private health insurance. This number is extremely high when compared to other nations that provide a public health service with private medical insurance as an optional supplemental source of care (*An expat guide to healthcare*, 2020). As for private healthcare costs, the average cost of services varies from one region to another.

In São Paulo, a doctor's visit costs roughly 210 R\$ (approximately 55 CAD) for a general practitioner and 280 R\$ (around 73 CAD) for a specialist. A dental consultation, on average, costs about 150 R\$ (around 39 CAD). Without taking into account any therapy or testing, a simple surgical procedure may cost between 2,780 CAD and 5,530 CAD, and a hospital day may cost between 460 CAD and 925 CAD (*An expat guide to healthcare*, 2020). In Rio de Janeiro, a general practitioner consultation visit is commonly between 200 R\$ and 250 R\$ (52 to 65 CAD), and a specialist visit can be anywhere from around 350 R\$ to 400 R\$ (91 to 104 CAD) (*An expat guide to healthcare*, 2020).

International Health Insurance for Expats in Brazil

For expats, an international health insurance for Brazil is frequently preferable to a local health plan, as it allows individuals the freedom to choose the doctors or medical facility of their choosing, as well as the option of receiving coverage abroad (*An expat guide to healthcare*, 2020). While there are many insurance plans for expats to choose from, one of the earliest businesses to offer expatriate or global medical health insurance coverage in Brazil was Cigna Global Insurance, and they are now a top international provider (*International Health Insurance in Brazil*, 2022).

Implications for the Canadian Healthcare System

While the majority of healthcare services are offered through public hospitals and clinics in Brazil, healthcare in Canada is delivered through a combination of hospitals, community health centres, and private clinics. Given these differences, there are several implications for the Canadian healthcare system that can be taken from the Brazilian system.

First, the fact that the Canadian healthcare system is already publicly supported is advantageous for ensuring that everyone has access to healthcare. Nonetheless, Canada might take inspiration from Brazil's private-public mix and investigate forward-thinking finance approaches that might enhance poor communities' access to healthcare. Canada could also benefit from Brazil's emphasis on primary care, which is provided by family health teams and community health clinics. Long-term healthcare expenditures could be decreased, and overall health outcomes could be improved by spending money on basic care and preventative measures. Finally, Brazil has made substantial progress in using technology, such as telemedicine and electronic health records, to enhance the delivery of healthcare services. To improve healthcare access and delivery, especially in rural and remote areas, Canada could investigate comparable innovations.

Conclusion

In conclusion, the Brazilian healthcare system encounters numerous obstacles in providing its people with equitable and efficient healthcare. Despite efforts to broaden access and improve the standard of care, the system still struggles with issues like unequal access, insufficient financing, and a shortage of trained medical personnel. In this paper, we have provided an overview of the Brazilian healthcare system, outlining its history, current state, and issues. We have also looked at some potential answers to improve the system's effectiveness and fairness. We have also discussed the similarities and differences between the Brazilian and Canadian healthcare systems, as well as what can be learned from Brazil's blend of public and private healthcare and its focus on primary care. We were able to become more acquainted with the Brazilian healthcare system by writing this paper, and we hope you feel the same after reading it.

References

- Agência Senado. (2019, May 3). *Aprovada em 2017, Reforma Trabalhista Alterou Regras para flexibilizar o mercado de trabalho*. Senado Federal. Retrieved February 5, 2023, from <https://www12.senado.leg.br/noticias/materias/2019/05/02/aprovada-em-2017-reforma-trabalhista-alterou-regras-para-flexibilizar-o-mercado-de-trabalho>
- An expat guide to healthcare and health insurance in Brazil*. Expat Assure. (2020, June 26). Retrieved January 26, 2023, from <https://www.expatassure.com/brazil/>
- Brazil: Summary*. Columbia Public Health. (2023, January 10). Retrieved January 24, 2023, from [https://www.publichealth.columbia.edu/research/comparative-health-policy-library/brazil-summary#:~:text=The%20Sistema%20%C3%9Anico%20de%20Sa%C3%BAde%20\(SUS\)%20is%20Brazil's%20national%20health,federal%2C%20state%2C%20and%20municipal.](https://www.publichealth.columbia.edu/research/comparative-health-policy-library/brazil-summary#:~:text=The%20Sistema%20%C3%9Anico%20de%20Sa%C3%BAde%20(SUS)%20is%20Brazil's%20national%20health,federal%2C%20state%2C%20and%20municipal.)
- CNJ. (2021, August 31). *Tempo de espera no sus É um dos motivos para a Crescente Judicialização*. Portal CNJ. Retrieved February 5, 2023, from <https://www.cnj.jus.br/tempo-de-espera-no-sus-e-um-dos-motivos-para-a-crescente-judicializacao/>
- Constituição de 1988 • comitê de saúde CNJ-RJ • portal TRF2*. Comitê de Saúde CNJ-RJ. (2018, December 7). Retrieved February 5, 2023, from <https://www10.trf2.jus.br/comite-estadual-de-saude-rj/legislacao/constituicao-de-1988/>
- gov.br. (n.d.). *Saúde de a a Z — Ministério da saúde*. gov.br. Retrieved February 5, 2023, from <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z>
- Health Financing Profile - Brazil*. (n.d.). Retrieved January 25, 2023, from <https://documents1.worldbank.org/curated/en/638281468226148870/pdf/883440BRI0P123010final0January02014.pdf>
- International Health Insurance in Brazil*. International Citizens Insurance. (2022, May 17). Retrieved January 28, 2023, from <https://www.internationalinsurance.com/health/south-america/brazil.php>
- Laboissière, P. (2018, June 26). *Quase 90% dos Brasileiros Consideram Saúde péssima, ruim ou regular*. Agência Brasil. Retrieved February 5, 2023, from <https://agenciabrasil.ebc.com.br/saude/noticia/2018-06/para-89-dos-brasileiros-saude-e-considerada-pessima-ruim-ou-regular>
- Lacerda, N. (2023, January 5). *In four years of Bolsonaro, healthcare lost funding, quality and reach*. Peoples Dispatch. Retrieved January 29, 2023, from <https://peoplesdispatch.org/2023/01/05/in-four-years-of-bolsonaro-healthcare-lost-funding-quality-and-reach/>

OECD (2021), OECD Reviews of Health Systems: Brazil 2021, OECD Reviews of Health Systems, OECD Publishing, Paris, <https://doi.org/10.1787/146d0dea-en>.

Pereira, H. R. (2021, September 19). *Sistema único de Saúde (SUS) completa mais um ano de serviços oferecidos à População Brasileira*. Prefeitura de São Pedro da Aldeia. Retrieved February 5, 2023, from <https://pmspa.rj.gov.br/sistema-unico-de-saude-sus-completa-mais-um-ano-de-servicos-oferecidos-a-populacao-brasileira/#:~:text=Principais%20servi%C3%A7os%3A%20consultas%20m%C3%A9dicas%20e,de%20exames%20laboratoriais%20entre%20outros>

Portal da Indústria. (n.d.). *Legislação trabalhista: Entenda Tudo sobre leis Trabalhistas (CLT)*. Portal da Indústria. Retrieved February 5, 2023, from <https://www.portaldaindustria.com.br/industria-de-a-z/o-que-e-legislacao-trabalhista/>

Preceu. (2022, February 8). *Faculdade de Medicina*. USP e as Profissões. Retrieved February 5, 2023, from <https://uspprofissoes.usp.br/unidades/fm/#:~:text=O%20curso%20de%20Medicina%20tem,nos%20departamentos%20da%20pr%C3%B3pria%20Faculdade>

Saúde Suplementar: O que é e como funciona. Portal da Indústria. (n.d.). Retrieved February 5, 2023, from <https://www.portaldaindustria.com.br/industria-de-a-z/saude-suplementar-o-que-e-e-como->

SBACVSP. (2022, February 7). *O que É*. SBACVSP. Retrieved February 5, 2023, from <https://sbacvsp.com.br/quem-somos/>

SES-MG. (n.d.). *SUS. Sistema Único de Saúde (SUS) | Secretaria de Estado de Saúde de Minas Gerais*. Retrieved February 5, 2023, from <https://www.saude.mg.gov.br/sus#:~:text=Os%20principais%20servi%C3%A7os%20oferecidos%20pelas,e%20fornecimento%20de%20medica%C3%A7%C3%A3o%20b%C3%A1sica>

Tadeu, E. (2022, May 19). *Saúde no país É considerada ruim ou péssima por 43% dos usuários do sus e da Saúde Suplementar*. Saúde Digital News. Retrieved February 5, 2023, from <https://saudedigitalnews.com.br/19/05/2022/saude-no-pais-e-considerada-ruim-ou-pessima-por-43-dos-usuarios-do-sus-e-da-saude-suplementar/>

Appendix A**Public Companies Associated With and Managed by Ministry of Health**

Name	Date of foundation	Description
Fiocruz	May 25, 1900	Foundation for research and development in biological sciences.
FUNASA	April 16, 1991	National Health Foundation
ANVISA	January 26, 1999	Health Regulatory Agency
Hemobrás	December 2, 2004	Pharmaceutical company that researches and produces medication for immunodeficiencies or blood-related diseases.
Inca	January, 1937	National Cancer Institute

Appendix B**SUS Funding After the Year 2000**

	% Contribution of gross tax revenues
Federal Government	6-7%
State Governments	12%
Municipal Governments	15%