

WEEKLY REPORT



02/07/2026

BRAZIL DELAYS RELEASE OF DATA FOR DRUG PRICE ADJUSTMENT CALCULATION

The Brazilian federal government delays the release of data required to calculate the annual medicine price adjustment, according to the Drug Market Regulation Chamber (CMED). The delay involves information necessary to finalize the productivity factor, a key component in determining regulated price caps for medicines sold in Brazil. CMED states that the data are under technical review and that preliminary calculations have already been completed, but the disclosure timeline has slipped. The postponement occurs amid broader regulatory changes in Brazil's pharmaceutical pricing framework, raising concerns among industry stakeholders about transparency and predictability in the annual price readjustment process, which is central to market planning and compliance. [Read more.](#)

BRAZILIAN CONSUMER WATCHDOG WARNS NEW DRUG PRICE RULES MAY DRIVE UP MEDICINE COSTS

The Institute for Consumer Protection (Idec) criticizes the newly approved regulatory framework for setting medicine prices in Brazil, warning that the changes introduced by Resolution CMED No. 3/2025 — set to take effect in April — could lead to higher drug costs for consumers and strain public health budgets. Idec argues that the new methodology for determining the "price of entry" — the maximum initial price authorized for a medicine to enter the market — does not address key structural issues in the current pricing regime and may allow producers and retailers to justify higher prices without clear therapeutic benefit. According to Idec, the updated rules maintain reliance on a list of reference countries — including nations with vastly different economic situations — to set ceilings, potentially setting price floors that are incompatible with Brazilian purchasing power and the logic of the Unified Health System (SUS). The organization also highlights a lack of transparency, noting provisions for confidentiality in international price-sharing agreements that could weaken social oversight and hinder consumer protection in the pharmaceutical sector. [Read more.](#)

BRAZIL'S HEALTH MINISTRY OFFICIAL SAYS CURRENT PDP POLICY INSUFFICIENT TO DRIVE DEEP INNOVATION

Fernanda De Negri, Secretary of Science, Technology and Innovation in Health at the Ministry of Health, says that Brazil's traditional Productive Development Partnerships (PDPs) — a key policy instrument to expand domestic pharmaceutical production — are not sufficient to build radical innovation capacity in the national health sector. In an exclusive interview, she emphasized that while the PDP mechanism helped expand local manufacturing and technology transfer, the ministry is now prioritizing new instruments to stimulate groundbreaking research and development of novel drugs and health technologies. De Negri outlined plans for a program of radical innovation in health, involving creation of a dedicated laboratory hub and a governance process with industry participation, aimed at encouraging Brazilian capacity for discovery and development beyond incremental improvements. She noted that PDPs will continue and be refined (including to address transparency and evaluation requirements) but they should be complemented by policies to foster innovation from conception to clinical application. She also highlighted regulatory coordination efforts, including alignment with the National Commission for Health Technology Incorporation (Conitec) and implementation of legal reforms for clinical research in Brazil. [Read more.](#)

BRAZIL SEES GENERICS SURPASS 23 BILLION UNITS SOLD IN 2025

Sales of generic medicines in Brazil exceeded 23 billion units in 2025 — a record in the country's pharmaceutical market — according to data released by the Brazilian Association of Pharmaceutical Chains (Abrafarma). The figures show year-on-year growth across multiple therapeutic categories, with generics continuing to capture a significant share of primary care and chronic treatment segments due to competitive pricing and broad accessibility in retail and outpatient pharmacies. Despite the strong volume performance, analysts note that average prices for generics remain under pressure, while price regulations and reference pricing policies continue to shape manufacturers' strategies. The expansion in units sold reflects both higher demand and market penetration in smaller municipalities, where generics play a central role in public health supply chains and household medicine portfolios. [Read more.](#)

PFIZER APPOINTS RICARDO CASTELLAN AS NEW PRESIDENT OF ITS BRAZIL OPERATION

Pfizer appoints Ricardo Castellan as the new president of its Brazil operation, effective 2 February 2026. Castellan brings over 20 years of experience in the pharmaceutical and biotechnology sectors, including leadership roles across Latin America, Europe, North America, and Asia. His previous position was General Manager for Amgen in Brazil, where he led strategy and operations. The leadership change reflects Pfizer's focus on strengthening its research, innovation, and investment portfolio in Brazil, with priorities including expanding access to vaccines, oncology therapies, and treatments for rare diseases. Castellan succeeds the previous president, Alexandre Gibim, who has moved to a new leadership role in the region. [Read more.](#)

BRAZIL'S HEALTH MINISTRY APPROVES INCLUSION OF 56 ONCOLOGY MEDICINES IN ESSENTIAL MEDICINES LIST

The Ministry of Health approves the inclusion of 56 oncology medicines in the National List of Essential Medicines (RENAME) for the Unified Health System (SUS), marking the beginning of regulatory implementation of the specialized pharmaceutical care component for cancer (AF-Onco) and reorganizing the provision of cancer treatments in the public health system. The update expands the core set of therapies considered essential for cancer care within SUS, affecting funding and standardized availability of these medicines across the country. The expansion of RENAME comes as part of broader efforts to align access to high-complexity therapeutics with clinical need and health policy priorities, potentially reducing regional disparities in cancer care. Inclusion in RENAME also guides procurement and supply logistics under SUS, reinforcing the Ministry's pharmaceutical assistance strategy. [Read more.](#)

BRAZIL'S HEALTH MINISTRY NAMES NEW HEAD OF CANCER CARE DEPARTMENT AMID AF-ONCO ROLLOUT

Guacyra Magalhães Pires Bezerra is appointed director of the Department of Cancer Care within the Ministry of Health's Secretariat of Specialized Health Care (SAES), succeeding José Barreto Campello Carvalheira. Her mandate includes coordinating the National Policy for Cancer Prevention and Control and accelerating implementation of the Pharmaceutical Assistance in Oncology component (AF-Onco) of the Unified Health System (SUS), a structural reform aimed at organizing cancer treatment financing, acquisition, and distribution across the public network. Magalhães is a physician trained in internal medicine, intensive care, and clinical oncology, with experience as general director of the Hospital Regional do Agreste in Pernambuco. Her appointment, formalized in an ordinance on official Gazette, comes as AF-Onco transitions from technical design to operationalization, a phase that requires coordination among federal, state, and municipal managers and promulgation of a series of complementary regulations to fully implement cancer pharmaceutical assistance nationwide. [Read more.](#)

BRAZIL'S CANCER BURDEN REVEALS STARK DIVIDE BETWEEN PREVENTION AND LATE DIAGNOSIS

New estimates from the Brazilian National Cancer Institute (INCA) indicate that Brazil may register around 781 000 new cancer cases per year between 2026 and 2028, underscoring the disease's growing public health impact and its role as a leading cause of death. The data reveal significant regional disparities in cancer profiles and outcomes across the country, reflecting uneven access to prevention services, early diagnosis, and timely treatment. According to the estimates, cancers associated with lifestyle and aging — such as breast, prostate, colon, and rectal tumors — predominate in the South and Southeast, mirroring patterns typical of higher-income regions. In contrast, the North and Northeast report higher incidence of cancers that are largely preventable, such as cervical cancer, where low HPV vaccination coverage and limited screening contribute to late diagnosis and elevated mortality. The report also highlights ongoing concern over colorectal cancer mortality and the absence of a national organized screening program for key tumor types, reinforcing the need for equitable prevention and early detection policies. [Read more.](#)

BRAZIL'S NATIONAL CANCER INSTITUTE PROJECTS 781,000 NEW CASES ANNUALLY BETWEEN 2026 AND 2028

The Brazilian National Cancer Institute (INCA) releases its latest cancer incidence estimates for the 2026–2028 period, projecting that the country will record approximately 781 000 new cancer cases per year, reaffirming the disease's status as a leading public health challenge. When excluding non-melanoma skin cancers — which have high incidence but lower lethality — the estimated annual total remains around 518 000 cases, underscoring significant burden across populations. The report highlights notable sex-specific and regional patterns: among men, prostate, colorectal, lung, stomach and oral cavity cancers represent the most frequent types, while among women, breast, colorectal, cervical, lung and thyroid cancers predominate. Regional disparities persist, with infections-linked cancers such as cervical cancer more prevalent in the North and Northeast, and lifestyle-associated tumors (e.g., colorectal and lung) more common in the South and Southeast, reflecting differences in behavioral risk factors, access to screening and health care services. INCA emphasizes that these estimates — released on World Cancer Day — aim to guide planning and resource allocation for prevention, early diagnosis, and treatment strategies, and are aligned with methodological recommendations from international bodies like the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO). [Read more.](#)

BRAZILIAN PHARMA ASSOCIATION LAUNCHES GUIDE TO COMBAT HEALTH FAKE NEWS

Interfarma, the Brazilian Pharmaceutical Research Industry Association, launches the Guide to Combat Fake News in Health, a free and educational publication aimed at helping the public identify false health information, verify facts, and seek reliable sources. The guide explains how health misinformation spreads, highlights common signs of fake news — such as miracle-cure claims and misuse of scientific terms — and offers a simple checklist to assess content before sharing, reinforcing the importance of trustworthy information in public health. The initiative is part of a broader campaign by Interfarma to raise awareness about the risks of disinformation in the health sector, building on activities such as the Interfarma 35th Anniversary Summit and planned collaborations with scientific communicators and influencers. Public health institutions referenced in the guide include the Ministry of Health, Fiocruz and the World Health Organization (WHO), reinforcing the need for evidence-based information in decision-making. [Read more.](#)

BRAZIL'S HEALTH MINISTRY TO TRANSITION HUMAN INSULIN TO ANALOGUES AMID SUPPLY CHALLENGES

The Ministry of Health will begin a gradual transition from human insulin products (NPH and regular) to long-acting insulin analogues, such as insulin glargine, as part of its response to ongoing supply difficulties affecting insulin availability in the Unified Health System (SUS). The

plan is designed to mitigate shortages of human insulin, reinforce treatment continuity for people living with diabetes, and support expanded national production capacity. Health officials say the phased switch prioritizes patients in primary care and forms part of broader strategies to stabilize insulin supply amidst global production constraints. Analogues like glargine are widely used internationally due to their pharmacokinetic profile and are expected to offer more consistent therapeutic outcomes for many patients. [Read more.](#)

BRAZIL'S HEALTH REGULATOR APPROVES SEMAGLUTIDE TO REDUCE CARDIOVASCULAR RISK

The Brazilian Health Regulatory Agency (Anvisa) approves new therapeutic indications for semaglutide-based medications, including Wegovy and Ozempic, to reduce the risk of major cardiovascular events such as heart attack and stroke in adults with established cardiovascular disease combined with obesity or overweight. Anvisa's decision is based on clinical studies showing that, when used alongside a hypocaloric diet and increased physical activity, semaglutide significantly lowers the incidence of these serious outcomes. In addition to cardiovascular risk reduction, the regulatory approval expands Ozempic use for treating people with type 2 diabetes and chronic kidney disease, where evidence suggests a benefit in slowing renal function decline and decreasing mortality from severe cardiovascular complications. This approval reflects a broader shift in clinical practice toward multifactorial risk-reduction strategies for cardiometabolic disease in Brazil. [Read more.](#)

BRAZIL'S HEALTH REGULATOR PUBLISHES RULES FOR MEDICINAL CANNABIS PRODUCTION

The Brazilian Health Regulatory Agency (Anvisa) has published new regulations in the Official Gazette that establish a comprehensive regulatory framework for the cultivation, production, and importation of cannabis for medicinal purposes, responding to a court ruling by the Superior Court of Justice (STJ) that required clear rules for domestic production. The set of Resolutions of the Collegiate Board (RDCs) formalizes requirements for Authorization Special (AE) permits, sanitary inspections, traceability mechanisms, and security controls that will govern how licensed entities produce cannabis with therapeutic intent. Under the new framework, cultivation is restricted to plants with a maximum THC content of 0.3 %, intended exclusively for medicinal and research purposes, and only legal entities may obtain authorization once the rules take effect (six months after publication). [Read more.](#)

DRUGSTORES IN SÃO PAULO LOSE MILLIONS TO THEFT OF HIGH-VALUE WEIGHT-LOSS PENS

Pharmacies and drugstores in the state of São Paulo suffered estimated losses of R\$ 68.97 million in 2025 due to widespread thefts of weight-loss injection pens, according to a sector survey cited on Folha de S.Paulo. The analysis by Brazilian Association of Pharmaceutical Stores (Abrafarma) found nearly 59 thousand units stolen across 3,838 reported incidents, averaging roughly 11 thefts per day, with a concentration of cases in the capital region. The thefts respond to rising demand and high resale value of injectable weight-loss medications — including products structurally similar to widely discussed therapies — making them targets for organized theft and illicit resale. Pharmacies have discussed prevention measures with state security authorities as the surge in losses puts pressure on retail margins and raises concerns about public safety and controlled-medicine supply chain security. [Read more.](#)

BRAZILIAN PHARMACY E-COMMERCE WIDENS COMPETITIVE GAP BETWEEN CHAINS AND INDEPENDENTES

Digital commerce in Brazil's pharmaceutical retail sector is deepening a competitive divide between large pharmacy chains and independent drugstores, according to industry research. Data from the Brazilian Association of Pharmaceutical Chains (Abrafarma) show that between December 2024 and November 2025, e-commerce sales by its 29 member networks exceeded R\$ 20.45 billion, up nearly 55 % year-on-year, with over 150 million consumers transacting online and a digital share rising from 3 % to 18 % of total sales. While major networks

increasingly rely on integrated digital platforms, logistics and omnichannel strategies to drive growth and consumer engagement, many independent pharmacies struggle to adopt similar technologies. [Read more.](#)

BRAZIL FEDERAL GOVERNMENT ALLOCATES LARGE FIES FUNDS TO LOW-RATED MEDICAL COURSES

The Federal Government has allocated approximately R\$ 37 billion from the Higher Education Student Financing Fund (FIES) to finance medical degrees, with a significant share of these funds covering courses that received low evaluations in national quality assessments, according to reporting by Estadão. Information from national media indicates that almost half of the FIES-funded medical enrollments are at institutions whose performance in the National Medical Course Assessment (Enamed) falls below higher quality thresholds, raising concerns about the use of public financing in programs with weaker educational outcomes. The FIES, a program under the Ministry of Education (MEC) designed to facilitate access to higher education through subsidized loans that begin repayment after graduation, has expanded over recent years to finance a growing number of medical students, reflecting broader policy emphasis on addressing physician shortages. [Read more.](#)

BRAZIL HEALTH MINISTRY PROPOSES COMMISSION TO USE MEDICAL ASSESSMENT AS BASIS FOR PROFICIENCY EXAM

The Ministry of Health has defended the establishment of a joint commission with the Ministry of Education (MEC), the Federal Council of Medicine (CFM) and the Brazilian Medical Association (AMB) to discuss using results from the National Medical Education Assessment (Enamed) as the basis for a potential national proficiency exam for newly graduated physicians. The proposal responds to ongoing debate in the National Congress over strengthening mechanisms to certify entrants into medical practice amid concerns about the variable quality of medical education programs. In an interview, the Secretary of Health Workforce and Education, Felipe Proença, warned that creating a separate proficiency test could duplicate existing assessments and increase costs for graduates unless it integrates with current evaluation tools such as Enamed. A key bill under analysis in the Senate (PL 2.294/2024) would establish a national exam required for physicians to obtain professional registration, but stakeholders differ on whether the exam should be coordinated by the government, the CFM, or anchored in existing academic assessments. [Read more.](#)

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