

# WEEKLY REPORT



05/23/2026

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## **SENATE COMMITTEE DEBATES EARLY DIAGNOSIS AND ACCESS TO THERAPIES FOR GEOGRAPHIC ATROPHY**

The Social Affairs Committee (CAS) of the Federal Senate held a public hearing to discuss the current landscape of geographic atrophy, an advanced form of age-related macular degeneration (AMD) associated with progressive and irreversible vision loss among elderly patients. Requested by Senator Dr. Hiran Gonçalves (PP-RR), the debate focused on barriers to early diagnosis, limited treatment options and challenges surrounding access to innovative therapies in Brazil. Specialists, patient representatives, and public health officials emphasized the social and economic impacts of visual impairment, including loss of autonomy, mental health deterioration, and growing healthcare demands among aging populations. During the hearing, ophthalmology specialists highlighted advances involving therapies such as avacincaptad pegol (Izervay), already approved in countries including the United States, Japan, and Australia. According to participants, the treatments demonstrated the ability to slow disease progression, although debates remain regarding their functional impact on patients' vision. Representatives from the Brazilian Health Regulatory Agency (Anvisa) stated that products remain under regulatory reassessment in Brazil after previous concerns involving clinical endpoints and evidence of visual benefit. Medical societies and patient advocacy groups defended broader technical dialogue between regulators, specialists, and civil society to accelerate access to innovative ophthalmologic therapies and improve care for retinal diseases within Brazil's healthcare system. [Read more.](#)

## **ANVISA PUBLISHES ANNUAL CLINICAL TRIAL REPORT**

The Brazilian Health Regulatory Agency (Anvisa) published its 9th Annual Clinical Trial Report, presenting data and regulatory activities related to clinical studies involving medicines and biological products conducted in Brazil during 2025. According to the agency, the document reflects changes introduced by Brazil's new clinical research framework, including Law No. 14,874/2024, Resolution RDC 945/2024 and Normative Instruction 338/2024, which established updated rules for clinical trial approvals and oversight. Anvisa stated that the report aims to increase transparency regarding the agency's role in strengthening Brazil's clinical trial environment and aligning national regulations with international standards. The document also highlights growing demand for protocol analysis, the expansion of optimized review procedures and efforts to improve predictability and efficiency in regulatory evaluations. According to the agency, clinical trials remain strategic for expanding access to innovative therapies, promoting scientific development, and increasing Brazil's participation in global pharmaceutical innovation. [Read more.](#)

## **ANVISA LAUNCHES DASHBOARD FOR DUIMP REVIEW QUEUE AND REINFORCES IMPORT FILING GUIDANCE**

The Brazilian Health Regulatory Agency (Anvisa) launched a new dashboard to monitor the review queue for Single Import Declarations (DUIMP) and reinforced guidance on the correct completion of import-related information within Brazil's new import process framework. The measure aims to increase transparency and predictability for companies importing products subject to sanitary surveillance. According to Anvisa, the dashboard allows importers to track the receipt date of DUIMPs, the current review stage at each import clearance unit and the estimated waiting time before technical analysis begins. The agency also warned about

recurring inconsistencies in the Product Catalog and DUIMP filings, including incomplete mandatory fields and errors in the "Import Purpose – Anvisa" attribute, which may lead to delays, additional technical requirements, and customs bottlenecks. The mandatory use of the DUIMP system for Anvisa-regulated imports became effective in April under Brazil's new foreign trade process modernization initiative. [Read more.](#)

### **ANVISA PUBLISHES SECOND REPORT ON GOOD CLINICAL PRACTICE INSPECTION METRICS**

The Brazilian Health Regulatory Agency (Anvisa) published the second edition of its metrics report on inspections related to Good Clinical Practices (GCP), providing updated data on regulatory oversight activities involving clinical trials conducted in Brazil. The report aims to increase transparency and improve predictability for sponsors, research centers and contract research organizations operating in the country. According to Anvisa, the document presents indicators related to inspection timelines, compliance findings, and the categorization of inspected clinical trial sites. The agency stated that the initiative is part of broader efforts to strengthen regulatory efficiency and align Brazil's clinical research environment with international standards and best practices. [Read more.](#)

### **ANVISA UPDATES REFERENCE MEDICINES LIST USED FOR GENERICS AND SIMILAR DRUGS**

The Brazilian Health Regulatory Agency (Anvisa) published a new update to the Reference Medicines List (LMR), the official database used as a benchmark for the registration and post-registration evaluation of generic and similar medicines in Brazil. The update was implemented through Normative Instruction No. 444/2026, published on May 18, and includes changes to the list of products considered reference standards for efficacy, safety, and quality in the Brazilian pharmaceutical market. According to Anvisa, reference medicines are innovative products with scientifically proven therapeutic efficacy and are used as comparators in studies required for the approval of generic and similar drugs. The agency stated that the periodic updates seek to reflect market availability, therapeutic alternatives, and regulatory needs, helping ensure consistency in pharmaceutical regulation and supporting the development of lower-cost medicines. The LMR is also consulted by healthcare professionals and pharmacists for dispensing and informational purposes. [Read more.](#)

### **ANVISA PREPARES RULES FOR SALE OF MEDICINES THROUGH MARKETPLACES**

The Brazilian Health Regulatory Agency (Anvisa) is preparing a regulatory framework for the sale of medicines through digital marketplaces, amid growing pressure from e-commerce platforms, pharmacy chains and healthcare stakeholders for clearer rules governing online pharmaceutical sales. Current Brazilian regulations allow online medicine sales only through websites operated directly by licensed pharmacies and drugstores, under sanitary rules established by Anvisa. The agency is now evaluating how marketplace models could operate while maintaining pharmaceutical supervision, product traceability, and patient safety standards. The debate has intensified as major digital platforms expand operations in the healthcare sector and seek to integrate pharmaceutical products into broader e-commerce ecosystems. Industry representatives argue that clearer regulation could modernize pharmaceutical retail and expand consumer access, while critics warn about risks involving counterfeit products, inadequate storage conditions, and reduced accountability in multi-seller environments. According to reports, Anvisa President Leandro Safatle stated that the agency intends to discuss the issue with stakeholders before defining new regulatory measures. [Read more.](#)

### **BRAZIL'S HEALTH MINISTER PRESENTS SUS PROJECTS AT WORLD HEALTH ASSEMBLY**

Health Minister Alexandre Padilha presented the Brazilian government's main healthcare initiatives during the 79th World Health Assembly of the World Health Organization (WHO) in Geneva, highlighting measures aimed at expanding and modernizing the Unified Health System

(SUS). In his speech, Padilha stated that the government is working to rebuild and strengthen Brazil's public healthcare infrastructure after years of underinvestment and operational challenges. He emphasized that healthcare has returned to the center of the federal administration's policy agenda. According to the minister, the federal government has expanded vaccination coverage, increased the number of primary healthcare teams and improved access to elective surgeries, specialized consultations, and diagnostic exams. Padilha also highlighted investments in digital health infrastructure, including telemedicine services and the implementation of electronic medical records across SUS facilities. In addition, he pointed to initiatives aimed at strengthening oncology care and expanding the Popular Pharmacy Program as part of broader efforts to improve healthcare access nationwide. During the assembly, Brazil also defended the creation of international regulatory measures targeting ultra-processed foods, particularly regarding advertising and digital marketing directed at children and adolescents. Padilha argued that stronger public healthcare systems, science-based policymaking and international cooperation are essential to improving global health resilience and addressing chronic diseases. He also mentioned Brazil's recent WHO certification for eliminating vertical HIV transmission as an example of the country's public health achievements. [Read more.](#)

### **COMMISSION APPROVES ORDINANCES FOR SUPPLY OF CANCER TREATMENTS IN SUS**

Brazil's Tripartite Intermanagerial Commission (CIT) approved a set of ordinances regulating the supply of oncology treatments within the Unified Health System (SUS), in a move aimed at improving the operational structure of pharmaceutical assistance for cancer care across the country. The measures result from negotiations involving the Ministry of Health, state health secretariats, and municipal authorities, and seek to establish clearer rules for the procurement, financing and distribution of oncology medicines incorporated into SUS. According to reports, the ordinances define the lists of cancer drugs that will be centrally acquired and establish criteria for treatment access and logistical coordination within the public healthcare system. The new framework is expected to strengthen the implementation of the Oncology Pharmaceutical Care Component (AF-Onco), created to reorganize the provision of high-cost oncology therapies and reduce disparities in access between regions. Health managers have argued that the initiative may increase predictability for local governments and improve continuity of care for cancer patients dependent on SUS. The discussions surrounding the measures also reflect broader concerns over the sustainability of oncology financing in Brazil, as demand for innovative and high-cost cancer therapies continues to grow. Public health specialists and industry representatives have increasingly debated mechanisms to accelerate access to treatments while maintaining budgetary balance and ensuring coordination among federal, state, and municipal healthcare authorities. [Read more.](#)

### **CONSINCA DISCUSSES AF-ONCO ROLLOUT AS LACK OF DEADLINES RAISES CONCERNS**

Brazil's National Cancer Institute Consultative Council (Consinca) held its first meeting of 2026 with a strong focus on the implementation of the Oncology Pharmaceutical Care Component (AF-Onco), the framework created by the Ministry of Health to reorganize access to cancer medicines within the Unified Health System (SUS). During the meeting, federal officials presented measures related to regional workshops with oncology centers, updates to state oncology plans, monitoring dashboards and new operational flows for medicine distribution and patient tracking. The discussions also addressed the revision of oncology Clinical Protocols and Therapeutic Guidelines (PCDTs) and the development of indicators for the National Cancer Prevention and Control Policy. Patient advocacy groups, medical societies, and healthcare specialists expressed concern over the absence of clear implementation deadlines for important stages of the initiative, including complementary ordinances regulating prior authorization systems, oncology reimbursement mechanisms, and centralized drug dilution centers for infusion therapies. According to Ministry of Health representatives, some pending regulations are expected to be finalized in June, while part of the newly incorporated oncology medicines may begin reaching patients from October onward. Stakeholders warned that the success of

AF-Onco will depend on coordination among federal, state, and municipal authorities, as well as the healthcare system's ability to ensure continuity of care for cancer patients within SUS. [Read more.](#)

### **STATES SEEK REIMBURSEMENT MECHANISM AMID GROWING HEALTHCARE LITIGATION DEBATE AT STF**

Brazilian state governments are pressing for the creation of reimbursement mechanisms to compensate public healthcare systems for the financial impact of health-related litigation, amid ongoing discussions at the Supreme Federal Court (STF) over the judicialization of healthcare. State representatives argue that court-ordered treatments, medicines, and procedures (particularly high-cost therapies not incorporated into the Unified Health System) have generated increasing fiscal pressure on local healthcare budgets and complicated long-term planning. According to discussions reported by Futuro da Saúde, states are advocating for clearer rules defining financial responsibilities among federal, state, and municipal authorities when judicial decisions require the provision of treatments. The debate gained momentum after recent STF rulings establishing criteria for the supply of non-incorporated medicines and the role of technical assessments in judicial decisions involving healthcare coverage. Public officials and specialists argue that the absence of standardized reimbursement procedures contributes to budget imbalances and may affect the sustainability of public healthcare policies. [Read more.](#)

### **BRAZILIAN COURT IN RIO DE JANEIRO CREATES FAST-TRACK CHANNEL FOR URGENT HEALTH LAWSUITS**

The Court of Justice of the State of Rio de Janeiro (TJRJ) created a dedicated communication channel for urgent healthcare-related lawsuits following complaints from lawyers about procedural delays, especially in severe cases and requests for preliminary injunctions. The measure was adopted after requests from the Rio de Janeiro chapter of the Brazilian Bar Association (OAB-RJ). According to reports, lawyers handling health-related cases can now contact judges directly through a dedicated email channel for urgent demands involving access to medicines, hospitalizations, surgeries, and other healthcare services. The initiative focuses on proceedings handled by the Justice 4.0 units specialized in health litigation, which had been criticized for slow case processing. [Read more.](#)

### **BRAZILIAN CONGRESS SEES SURGE IN NEURODIVERGENCE-RELATED BILLS**

The number of legislative proposals related to neurodivergence conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and giftedness increased 6.4-fold in Brazil's National Congress over the past five years, according to a survey published by Folha de S.Paulo. More than 1,400 bills are currently under discussion in the Chamber of Deputies and the Federal Senate, reflecting growing public attention to issues involving diagnosis, inclusion, healthcare access, and educational support for neurodivergent individuals. The report indicates that autism is mentioned in approximately 64% of the legislative proposals, while giftedness appears in 32%. Specialists interviewed by the newspaper warned that many of the initiatives focus on isolated measures and may fail to promote coordinated policies integrating healthcare and education systems. The increase in legislative activity follows broader trends of rising diagnoses and greater visibility of neurodivergence in Brazil and internationally, particularly among adults and historically underdiagnosed groups. [Read more.](#)

### **SENATE COMMITTEE ADVANCES NATIONAL HEALTH INDUSTRIAL STRATEGY BILL**

The Constitution and Justice Committee (CCJ) of the Federal Senate approved legislation creating the National Health Strategy for the Health Economic-Industrial Complex (ENSCEIS), a policy framework aimed at strengthening Brazil's autonomy in the production of medicines, vaccines, medical devices, and healthcare inputs. The proposal, originally introduced by Congressman Dr. Luizinho (PP-RJ), establishes guidelines to stimulate domestic manufacturing capacity, technological innovation, and strategic procurement mechanisms in the healthcare sector. The bill now moves to the Senate's Economic Affairs Committee (CAE) and Social Affairs

Committee (CAS) for further analysis. Supporters of the initiative argue that the Covid-19 pandemic exposed vulnerabilities in global healthcare supply chains and reinforced the need for Brazil to reduce dependence on imported products considered strategic for the Unified Health System (SUS). Senator Rogério Carvalho (PT-SE), the bill's rapporteur, stated that the measure could strengthen long-term industrial planning, foster partnerships between the public and private sectors and expand the country's capacity for pharmaceutical and biotechnology innovation. [Read more.](#)

### **BRAZIL TAKES UP TO EIGHT YEARS TO RESPOND TO PATENT REQUESTS, REPORT SAYS**

Brazil's patent examination system continues to face long delays, with some applications taking up to eight years to receive a final decision from the National Institute of Industrial Property (INPI), according to data highlighted by the pharmaceutical industry. The backlog particularly affects sectors dependent on technological innovation, including pharmaceuticals, biotechnology, and healthcare products, where companies argue that lengthy review periods create legal uncertainty and may discourage investment in research and development. Industry representatives and intellectual property specialists argue that delays in patent analysis affect Brazil's competitiveness and complicate long-term planning for innovative medicines and health technologies. The discussion also involves broader debates over the balance between patent protection, access to medicines and regulatory efficiency in Brazil. Although INPI has implemented measures in recent years to reduce the backlog and accelerate examinations, stakeholders say additional structural reforms and modernization efforts remain necessary to improve predictability and align the country with international intellectual property standards. [Read more.](#)

### **VALUE-BASED PAYMENT MODELS FACE LOW ADOPTION IN BRAZIL'S HEALTHCARE SECTOR**

Alternative remuneration models based on healthcare outcomes and quality indicators continue to face low adoption in Brazil's healthcare sector, despite growing discussions about sustainability and efficiency in both public and private systems. According to executives and specialists interviewed by Valor Econômico, traditional fee-for-service structures still dominate the market, while value-based healthcare arrangements remain limited to pilot projects and isolated initiatives among hospitals, insurers, and healthcare providers. Industry representatives argue that barriers to broader implementation include difficulties in data integration, limited interoperability between healthcare systems, lack of standardized quality indicators and resistance from stakeholders accustomed to conventional reimbursement models. Specialists also note that the transition toward value-based healthcare requires greater coordination between insurers, providers, and regulators, as well as investments in digital health infrastructure and patient monitoring systems. The debate has intensified amid rising healthcare costs, increased demand for chronic disease management and growing pressure for efficiency gains across Brazil's healthcare ecosystem. [Read more.](#)

### **ANS ADDS NEW PROSTATE CANCER DRUG TO MANDATORY COVERAGE LIST**

The National Supplementary Health Agency (ANS) approved the inclusion of a new medication for prostate cancer in the mandatory coverage list for private health plans in Brazil. The decision expands access to treatment for patients diagnosed with advanced stages of the disease within the supplementary healthcare system. According to ANS, the incorporation follows the agency's technical and regulatory assessment process and applies to eligible beneficiaries under private insurance plans regulated by the agency. The update is part of the periodic revision of the ANS coverage list, which defines the minimum procedures, exams, and treatments that health insurers must provide to consumers. [Read more.](#)

### **ANS UPDATES REIMBURSEMENT-TO-SUS BULLETIN WITH 2025 DATA**

The National Supplementary Health Agency (ANS) updated its bulletin on reimbursements made by private health insurers to Brazil's Unified Health System (SUS), incorporating data

through 2025. The reimbursement mechanism requires health plan operators to repay the federal government when beneficiaries receive procedures or treatments through public healthcare services that should have been covered by private insurance plans. According to ANS, the updated publication presents data on healthcare utilization by private insurance beneficiaries within SUS, the volume of charges issued to insurers and the amounts transferred to the National Health Fund. The agency stated that the reimbursement system is intended to discourage inadequate denial of coverage and strengthen the financial sustainability of the public healthcare system. The bulletin also includes indicators related to administrative proceedings, payment flows and the historical evolution of reimbursement collections. [Read more.](#)

### **ANS AND ABBVIE SIGN AGREEMENT TO EXPAND ACCESS TO ULCERATIVE COLITIS TREATMENT**

The National Supplementary Health Agency (ANS) and pharmaceutical company AbbVie signed a technical cooperation agreement aimed at expanding access to treatment for ulcerative colitis within Brazil's supplementary healthcare sector. The initiative is part of the agency's broader strategy to encourage value-based healthcare models and improve monitoring of clinical outcomes in high-cost treatments. According to ANS, the agreement involves the collection and evaluation of real-world evidence related to the use of advanced therapies for ulcerative colitis among beneficiaries of private health plans. The agency stated that the partnership may contribute to discussions on innovative payment models, healthcare sustainability, and the adoption of performance-based arrangements in the Brazilian healthcare system. The initiative also reflects increasing interest among regulators and pharmaceutical companies in mechanisms linking reimbursement to treatment effectiveness and patient outcomes. [Read more.](#)

### **TCU RULING EXPOSES INSTITUTIONAL WEAKNESSES AT BRAZIL'S HEALTH INSURANCE REGULATOR**

A recent ruling by Brazil's Federal Court of Accounts (TCU) identified structural and operational weaknesses in the National Supplementary Health Agency (ANS), raising concerns over regulatory effectiveness, governance capacity, and the sustainability of the country's private healthcare sector. According to the audit, the agency faces limitations involving budget autonomy, operational capacity, transparency, and coordination with other government bodies, which may contribute to regulatory uncertainty and affect oversight of health insurers. The TCU also highlighted deficiencies in quality-induction programs, healthcare data integration and mechanisms related to high-cost treatments and healthcare litigation. The report warned that growing judicialization and disputes over mandatory coverage create financial pressure on the supplementary health system and may indirectly impact Brazil's Unified Health System (SUS). The court recommended measures to strengthen governance, improve data transparency and enhance the agency's regulatory and supervisory capacity, while ANS stated that it views the audit as an opportunity to improve institutional performance and sector oversight. [Read more.](#)

### **CIVIL SOCIETY GROUPS PARTICIPATE IN 41% OF CONITEC PROCEEDINGS, SAYS HEALTH MINISTRY**

Civil society organizations (OSCs) participated in 41% of the processes analyzed by the National Commission for the Incorporation of Technologies in the Unified Health System (Conitec) between December 2025 and March 2026, according to data from Brazil's Ministry of Health obtained by JOTA. The numbers reflect the first months of implementation of new rules that formally included civil society representatives in Conitec's decision-making structure, with rotating seats and voting rights in discussions involving medicines, procedures, and clinical guidelines for SUS. The participation model was established following the enactment of Law No. 15.120/2025 and subsequent regulatory measures issued by the federal government. Under the new framework, eligible organizations may apply to participate in specific technology assessment processes and, once selected, contribute directly to deliberations on incorporation decisions. According to the Ministry of Health, the initiative seeks to strengthen transparency

and social participation in Health Technology Assessment (HTA), while patient groups and advocacy organizations argue that the measure increases the representation of individuals directly affected by SUS coverage decisions. [Read more.](#)

### **FIOCRUZ TO PRODUCE HIGH-COST MULTIPLE SCLEROSIS DRUG FOR SUS**

The Oswaldo Cruz Foundation (Fiocruz) will begin domestic production of a high-cost medicine used to treat multiple sclerosis for Brazil's Unified Health System (SUS), in a move aimed at expanding access and reducing dependence on imported products. The initiative is part of a Productive Development Partnership (PDP) coordinated by the Ministry of Health to strengthen the national Health Economic-Industrial Complex and increase local manufacturing capacity for strategic medicines. The agreement involves technology transfer for the production of fingolimod, a medication indicated for relapsing forms of multiple sclerosis. According to the federal government, local manufacturing may generate significant savings for SUS over the coming years while improving supply stability for patients dependent on continuous treatment. Authorities argue that the project aligns with broader industrial policy efforts focused on reducing vulnerabilities in pharmaceutical supply chains and strengthening healthcare sovereignty. The Ministry of Health also highlighted the role of partnerships between public laboratories and private companies in expanding access to innovative therapies and supporting the long-term sustainability of Brazil's public healthcare system. [Read more.](#)

### **BRAZIL ADVANCES IN CAR-T CANCER THERAPY, BUT ACCESS BARRIERS PERSIST**

Brazil is advancing in the development of CAR-T cell therapy, one of the most innovative and expensive cancer treatments currently available worldwide, but specialists warn that access remains highly restricted and many patients still die before receiving the therapy. The treatment, which genetically reprograms a patient's own immune cells to attack cancer, has shown significant results in aggressive cases of leukemia, lymphoma, and multiple myeloma. In Brazil, research centers linked to the University of São Paulo (USP), the Butantan Institute and the Ribeirão Preto Blood Center are leading efforts to develop a national CAR-T platform aimed at reducing costs and expanding future access through the Unified Health System (SUS). Despite scientific progress, specialists interviewed by g1 highlighted major logistical, regulatory, and financial obstacles limiting broader access to the therapy. Imported CAR-T treatments can cost up to BRL 4 million per patient, while national initiatives are still undergoing clinical trials and awaiting regulatory approval from the Brazilian Health Regulatory Agency (Anvisa). Researchers and patient advocates argue that delays in treatment access, combined with the rapid progression of certain blood cancers, mean that many eligible patients are unable to receive therapy in time. Discussions over financing models, domestic production capacity and incorporation into SUS have intensified as Brazil seeks to expand access to advanced oncology therapies. [Read more.](#)

### **PRIVATE SECTOR SEEKS GOVERNANCE ROLE IN BRAZIL'S HEALTH DATA INTEROPERABILITY BILL**

Representatives from Brazil's private healthcare sector are advocating changes to the bill regulating interoperability of health data between the Unified Health System (SUS) and private institutions, arguing that the industry should formally participate in the governance structure alongside the Ministry of Health. The proposal establishes rules for the National Health Data Network (RNDS), the National Health Registry (CadSUS), and the broader SUS Digital ecosystem, with the objective of creating a nationwide framework for integration of healthcare information across public and private systems. Executives and healthcare leaders interviewed during Hospitalar 2026 said the initiative could improve continuity of care, reduce duplicated procedures, and strengthen healthcare planning in Brazil. At the same time, part of the sector expressed concern over the concentration of governance authority within the federal government and the lack of clarity regarding operational responsibilities and data protection safeguards. The substitute text presented by Congresswoman Adriana Ventura (NOVO-SP) establishes that the governance of the RNDS will be coordinated by the Executive Branch, while participation mechanisms involving private companies, academia and civil society would be

regulated later. The debate reflects broader discussions over digital health infrastructure, patient data governance, and the role of private stakeholders in shaping Brazil's healthcare information systems. [Read more.](#)

### **BRAZILIAN PILOT PROJECT SEEKS TO EXPAND IUD ACCESS IN SUS**

A new pilot initiative in Brazil aims to expand access to intrauterine devices (IUDs) within the country's Unified Health System (SUS), seeking to improve reproductive healthcare and reduce barriers to long-acting contraceptive methods. The project brings together healthcare professionals and public authorities to increase the availability of the device and improve training for insertion procedures. According to the initiative's organizers, the project focuses on addressing logistical and structural challenges that still limit access to IUDs in public healthcare services, despite the method already being available in SUS. Specialists argue that broader access to long-acting reversible contraceptives may help reduce unplanned pregnancies and strengthen women's reproductive autonomy. The program also includes educational efforts targeting healthcare workers and patients. [Read more.](#)

### **BRAZILIAN WOMEN REPORT SLEEP DISRUPTION DURING MENOPAUSE DUE TO HOT FLASHES**

More than one-third of women going through menopause report sleep disruption caused by hot flashes and night sweats, according to specialists interviewed by O Globo. The symptoms, associated with hormonal fluctuations during menopause, are among the most common complaints affecting quality of life and daily functioning in middle-aged women. Experts explain that vasomotor symptoms — including sudden sensations of heat, sweating and nighttime awakenings — may significantly impair sleep quality and contribute to fatigue, mood changes, and reduced concentration. Physicians also highlight that growing awareness around menopause has increased discussions about hormonal therapy, lifestyle interventions and other therapeutic approaches aimed at improving women's health and wellbeing during the menopausal transition. [Read more.](#)

### **SENATE COMMITTEE ADVANCES GYNECOLOGICAL CANCER AWARENESS CAMPAIGN BILL**

The Human Rights Committee (CDH) of the Federal Senate approved legislation establishing the "Setembro em Flor" campaign, an annual national awareness initiative focused on gynecological cancers. The proposal seeks to increase public awareness about risk factors, prevention measures and early signs of tumors affecting the cervix, uterus, ovaries, vagina, and vulva. The bill will now move to the Senate floor for further consideration. The initiative, authored by Congresswoman Renilce Nicodemos (MDB-PA), received a favorable opinion from Senator Ivete da Silveira (MDB-SC), who highlighted the importance of early diagnosis and rapid access to specialized treatment in improving survival rates. According to the Senate discussion, gynecological cancers remain among the leading causes of cancer-related illness and death among women in Brazil, particularly in regions with limited access to preventive healthcare and screening services. Senators also emphasized regional disparities in cervical cancer mortality rates, especially in the North and Northeast regions of the country. [Read more.](#)

### **BRAZILIAN GENERIC DRUG MARKET REACHES BRL 55.7 BILLION IN 12 MONTHS**

Brazil's generic drug market generated BRL 55.7 billion in sales over the past 12 months, reinforcing the segment's growing relevance within the country's pharmaceutical industry. According to data from the Brazilian Association of Generic and Biosimilar Medicines Industries (PróGenéricos), generics continue to expand their share in both volume and revenue across the national market. The report indicates that generic medicines account for a significant portion of prescriptions dispensed in Brazil, driven by lower prices and broader access to treatments for chronic and high-prevalence diseases. Industry representatives also highlighted the role of generics in supporting healthcare affordability and reducing public and private pharmaceutical expenditures amid ongoing demand growth in the sector. [Read more.](#)

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