

# WEEKLY REPORT



06/06/2026

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## **BRAZIL HEALTH REGULATORS WARN BUDGET CUTS MAY AFFECT OVERSIGHT AND STRATEGIC PROJECTS**

The Brazilian National Supplementary Health Agency (ANS) and the Brazilian Health Regulatory Agency (Anvisa) have warned that new federal budget restrictions could impair their operational capacity and affect key regulatory activities. According to the agencies, a government decree published on May 29 reduced spending limits across federal bodies by approximately 18%, resulting in budget constraints of BRL 34.2 million for ANS and BRL 46.4 million for Anvisa. The agencies argue that the measure comes amid growing regulatory demands and may hinder the execution of strategic projects. In a joint statement issued through the Committee of Federal Regulatory Agencies (COARF), the regulators said that continued budget blockages could compromise essential activities such as inspections, market monitoring, technological modernization, and the implementation of regulatory policies. The warning follows the federal government's decision to increase the total amount of blocked budget resources in 2026 to BRL 23.7 billion as part of fiscal adjustment measures. ANS and Anvisa also reiterated support for Complementary Bill No. 73/2025, which seeks to provide greater protection for regulatory agencies against budget restrictions that could affect their institutional functions. [Read more.](#)

## **BRAZIL HEALTH PLAN LITIGATION RISES 122% IN FIVE YEARS, WITH CONSUMERS WINNING MOST CASES**

Judicial disputes involving private health insurance in Brazil have increased 122% over the past five years, highlighting growing tensions between beneficiaries and health plan operators. Data cited in a report by O Globo indicate that litigation related to supplementary health now generates estimated annual costs of BRL 4.6 billion for the sector, while consumers prevail in approximately 80% of court decisions. The trend has intensified concerns about access to treatments, coverage denials and the sustainability of the private healthcare system. According to data from the National Council of Justice – CNJ, the volume of health-plan-related lawsuits has expanded rapidly, reaching nearly 299,000 new cases in 2024, more than double the number recorded in 2020. Industry representatives argue that the growing judicialization creates financial uncertainty for operators, while consumer advocates contend that the high success rate of plaintiffs reflects persistent coverage disputes and failures to comply with contractual and regulatory obligations. The debate is expected to remain a key issue for regulators, courts and the Brazilian National Supplementary Health Agency (ANS). [Read more.](#)

## **BRAZIL COURTS INCREASINGLY APPLY INDIVIDUAL-PLAN ADJUSTMENT CAPS TO 'FALSE COLLECTIVE' HEALTH PLANS**

Brazilian courts are increasingly ruling that so-called "false collective" health insurance contracts (group plans that effectively serve a single family or a small number of beneficiaries) must follow the same annual premium adjustment limits established by the Brazilian National Supplementary Health Agency (ANS) for individual and family plans. Legal experts report a growing number of favorable decisions for consumers, with courts invalidating clauses that allow increases based on claims ratios and medical cost variations, which are typical of collective contracts. The issue has gained prominence after ANS approved a maximum 5.11% adjustment for individual and family plans, while collective contracts remain exempt from regulatory caps. According to ANS data cited in the report, small group plans with fewer than 30 beneficiaries recorded average increases of 14.24% in 2025, significantly above larger group

plans. Courts have increasingly recognized that contracts structured as collective plans but covering only family members should receive treatment similar to individual plans, including the application of ANS-adjusted rates and, in some cases, reimbursement of overcharged amounts. [Read more.](#)

### **BRAZIL HEALTH PLAN ADJUSTMENT CAP BENEFITS ONLY 14.5% OF BENEFICIARIES, STUDY SAYS**

The annual adjustment cap of 5.11% approved by the Brazilian National Supplementary Health Agency (ANS) for individual and family health plans is expected to benefit only 14.5% of health insurance beneficiaries in Brazil, according to an analysis by consulting firm All Cross. The percentage corresponds to approximately 7.7 million people covered by individual or family contracts, while the remaining 45.2 million beneficiaries are enrolled in collective plans, which are not subject to ANS adjustment limits. According to the study, the announcement may create the perception that all health plan users will receive the same level of protection against premium increases. However, most beneficiaries are covered by employer-sponsored, association-based, or other collective contracts, where annual adjustments are negotiated under different rules. ANS data cited by the company indicate that small and medium-sized group plans have recorded average increases of around 13.5% so far in 2026. The agency recently highlighted that the 5.11% cap is the lowest positive adjustment authorized since the current methodology was adopted and applies only to regulated individual and family plans. [Read more.](#)

### **BRAZIL HEALTH REGULATOR OPENS PUBLIC CONSULTATION ON DISCOUNT AND PREPAID HEALTHCARE CARDS**

The Brazilian National Supplementary Health Agency (ANS) has launched Public Call No. 4/2026 to gather information from companies offering healthcare discount cards, prepaid cards and similar services. Contributions will be accepted until August 3 and will support the agency's efforts to better understand how these products operate as ANS prepares a potential regulatory framework for the segment. The initiative seeks information on business models, ownership structures, service networks, pricing mechanisms, coverage areas and consumer profiles. According to ANS, the objective is to increase transparency, strengthen consumer protection and provide greater legal certainty in a market that has grown rapidly in recent years but remains unregulated. The public call is part of a broader regulatory process initiated by the agency following judicial recognition of its authority to oversee the sector. [Read more.](#)

### **BRAZIL SUPPLEMENTARY HEALTH SECTOR LOSES BRL 133 MILLION TO SURGICAL WASTE, STUDY FINDS**

Waste associated with surgical procedures generated losses of approximately BRL 133 million in Brazil's supplementary health sector in 2025, according to a study conducted by healthcare technology company Arvo. The analysis identified inefficiencies related to the use and management of surgical materials, including items opened but not used during procedures, inventory management failures and avoidable operational losses. The findings highlight growing concerns about healthcare spending efficiency amid rising costs faced by health insurers and healthcare providers. According to the study, operating rooms represent one of the areas with the greatest potential for cost optimization in the healthcare system. Arvo estimates that better planning, digital monitoring and inventory control could significantly reduce waste without affecting the quality or safety of patient care. Industry experts argue that improving resource management in surgical environments is becoming increasingly important as healthcare providers seek to balance financial sustainability with expanding demand for medical services. [Read more.](#)

### **BRAZIL'S PUBLIC HEALTH SYSTEM ADOPTS AI TO RECOVER REIMBURSEMENTS FROM HEALTH INSURERS**

Brazil's Unified Health System (SUS) is expanding the use of artificial intelligence to identify and charge health insurers for treatments provided to beneficiaries of private health plans in

public healthcare facilities. The initiative is being led by the Brazilian National Supplementary Health Agency (ANS), which is using AI tools to analyze large volumes of medical and administrative data, helping identify cases in which private insurers are legally required to reimburse SUS for services delivered to their customers. According to the report, the technology is expected to accelerate reimbursement proceedings and reduce the backlog of cases under review. When insurers dispute a charge, they may file an administrative challenge with ANS. If the agency upholds the reimbursement obligation and payment is not made, the debt can be transferred to the federal government's active debt registry, enabling judicial collection measures. Authorities expect AI-driven automation to improve recovery rates and strengthen the financial sustainability of Brazil's public healthcare system. [Read more.](#)

### **BRAZIL DELAYS ROLLOUT OF NATIONAL CONTROLLED PRESCRIPTION SYSTEM**

The Brazilian Health Regulatory Agency (Anvisa) has postponed the mandatory implementation of the National Prescription Control System (SNCR), extending the deadline from June 1 to September 30, 2026. The decision was unanimously approved by Anvisa's Board of Directors and is intended to allow additional technical adjustments, access improvements and stress testing before the nationwide launch of the platform. The SNCR is designed to centralize the issuance and tracking of electronic prescriptions for controlled medicines across Brazil, providing a single national system for prescription numbering and monitoring. The postponement gives physicians, pharmacies, hospitals and software providers additional time to adapt their systems and workflows. Anvisa also approved a temporary relaxation of certain digital authentication requirements during the initial access and numbering request stages, while maintaining the requirement for qualified electronic signatures when prescriptions are formally issued. [Read more.](#)

### **BRAZIL ADVANCES INTEGRATION OF CONTROLLED PRESCRIPTION SYSTEM AND EXTENDS IMPLEMENTATION DEADLINE**

The Brazilian Health Regulatory Agency (Anvisa) has begun a new phase in the implementation of the National Prescription Control System (SNCR), making technical resources available for electronic prescription software providers to integrate their platforms with the national system. As part of the transition, Anvisa will publish the SNCR application programming interface (API) documentation, enabling interoperability between the platform and electronic prescribing systems used by healthcare professionals across Brazil. The agency also extended the deadline for full implementation of the system to September 30, 2026, citing the complexity of the technological integration process and the need for additional preparation by stakeholders. The SNCR is designed to modernize and standardize the control of prescriptions for medicines subject to special regulatory control, increasing traceability and security throughout the prescription and dispensing process. According to Anvisa, physical prescription forms will remain valid and will coexist with electronic prescriptions during the transition period. The agency expects the new system to create a unified national framework for prescription monitoring while supporting the digital transformation of pharmaceutical regulation and controlled medicines management in Brazil. [Read more.](#)

### **BRAZILIAN DRUGMAKER EMS SETS LAUNCH DATE AND PRICE FOR LOCALLY PRODUCED SEMAGLUTIDE PEN**

EMS has announced that Ozivy, the first Brazilian-made synthetic semaglutide injection pen approved by the Brazilian Health Regulatory Agency – Anvisa, will be launched on June 15 with prices starting at BRL 452 per pen. The product contains the same active ingredient used in Ozempic and is expected to enter the market following the expiration of semaglutide patent protections in Brazil. EMS plans an initial distribution of approximately 500,000 units through major pharmacy chains before expanding nationwide. The company expects Ozivy to increase competition in Brazil's rapidly growing GLP-1 market, which is currently dominated by imported products. Anvisa recently established a maximum price of BRL 803.44 for the single-pen package, although the final retail price is determined by the manufacturer. EMS has previously

indicated that the product would be priced below leading competitors, aiming to expand access to semaglutide-based treatments for patients with type 2 diabetes. [Read more.](#)

### **BRAZILIAN MEDICAL STUDENTS RECRUITED BY CRIMINAL GROUPS TO SMUGGLE WEIGHT-LOSS DRUGS FROM PARAGUAY**

Brazilian medical students studying near the Paraguay border are increasingly being recruited by criminal organizations to smuggle weight-loss drugs into Brazil, according to law enforcement authorities. The scheme involves the illegal transport of tirzepatide-based products purchased in Paraguay, where prices are significantly lower than in Brazil. In a recent case, two medical students were arrested in Foz do Iguacu while attempting to cross the border carrying 200 boxes of tirzepatide concealed on their bodies and in personal belongings. Authorities say criminal networks are targeting students because they travel frequently between the two countries and attract less suspicion during inspections. The report highlights growing concerns over the illegal market for GLP-1 and related weight-loss medications following the surge in demand for products such as semaglutide and tirzepatide. According to investigators, smugglers are paid relatively small amounts to transport the drugs, while criminal organizations profit from their resale in Brazil. Health authorities warn that medicines obtained through illegal channels may bypass regulatory controls established by the Brazilian Health Regulatory Agency – Anvisa, creating risks related to product quality, storage conditions and patient safety. [Read more.](#)

### **BRAZIL ETHICS AUTHORITY STREAMLINES REVIEW PROCESS FOR MULTICENTER CLINICAL RESEARCH**

The National Research Ethics Authority (Inaep) has issued new guidelines aimed at strengthening cooperation among Research Ethics Committees (CEPs) involved in multicenter studies and simplifying ethical review procedures across Brazil. Published through Order No. 3/2026, the measure establishes parameters for the implementation of a single ethical opinion in multicenter research projects, helping harmonize procedures, avoid duplicate reviews and improve coordination among participating institutions. The initiative is part of the implementation of the National System for Ethics in Human Research (Sinep), created under Law No. 14,874/2024. The new guidelines reaffirm that local Research Ethics Committees will continue to play a significant role in protecting research participants, even when the primary ethical review is conducted by a coordinating committee. According to Inaep, the collaborative model combines centralized decision-making with regional oversight, ensuring that local realities and participant protection requirements remain incorporated into the review process. The authority also announced plans to promote national forums, technical seminars and training activities to strengthen integration among ethics committees and disseminate best practices throughout the country. [Read more.](#)

### **BRAZIL EXPANDS ACCESS TO RETINAL SCREENING WITH PURCHASE OF PORTABLE FUNDUS CAMERAS**

Brazil's Ministry of Health is expanding access to eye disease screening through the acquisition of portable fundus cameras (retinographs) for primary healthcare units across the country. The initiative is part of the New PAC Health program, which includes approximately BRL 1.8 billion in investments to modernize Basic Health Units (UBS) in more than 5,000 municipalities. The equipment will support the early detection of retinal diseases associated with diabetes, glaucoma, hypertension and age-related macular degeneration, helping prevent avoidable vision loss and blindness. The devices will be integrated into the telehealth infrastructure of Brazil's Unified Health System (SUS), enabling retinal images to be remotely evaluated by specialists in regions with limited access to ophthalmologists. According to experts from the Brazilian Diabetes Society (SBD), the strategy can significantly expand screening capacity, accelerate diagnosis and treatment, and improve outcomes for people living with diabetes, one of the leading causes of preventable blindness in Brazil. [Read more.](#)

## **BRAZIL SENATE MARKS 50 YEARS OF NEWBORN SCREENING AND CALLS FOR BROADER EARLY DIAGNOSIS**

Brazilian lawmakers, healthcare professionals and patient advocates gathered at the Federal Senate to celebrate the 50th anniversary of the “heel prick test” (newborn screening) and highlight the importance of early diagnosis for rare and genetic diseases. Speakers emphasized that the test, which is mandatory and free through Brazil’s Unified Health System – SUS, has helped prevent severe disabilities and improve outcomes for thousands of children by enabling treatment before symptoms appear. Participants also called for faster implementation of the expanded newborn screening program established under Law No. 14,154/2021, which gradually increases the number of diseases screened from six to around 50. During the ceremony, lawmakers and representatives of the Ministry of Health acknowledged ongoing challenges in expanding coverage nationwide but reaffirmed the government’s commitment to broadening access to neonatal screening in the coming years. The event also recognized the contribution of the Jô Clemente Institute, which played a key role in introducing newborn screening techniques in Brazil. [Read more.](#)

## **ABBVIE PLANS TO EXPAND PHASE 1 CLINICAL TRIALS IN BRAZIL AS PART OF R&D INVESTMENT STRATEGY**

AbbVie plans to increase the number of Phase 1 clinical trials conducted in Brazil as part of a broader strategy to invest approximately BRL 430 million in research and development activities in the country between 2026 and 2030. According to Flavio Devoto, Vice President and General Manager of AbbVie Brazil, the company sees significant potential to expand early-stage clinical research in the country, particularly in oncology, neuroscience, immunology and ophthalmology. The initiative follows recent regulatory changes aimed at strengthening Brazil’s attractiveness as a destination for clinical trials. The pharmaceutical company currently conducts around 50 clinical studies in Brazil and expects to increase that number over the coming years through partnerships with more than 200 research centers nationwide. Devoto noted that the company is seeking to broaden the geographic distribution of studies beyond major urban centers and highlighted the importance of faster regulatory processes and legal certainty to attract global R&D investments. AbbVie considers Brazil one of its key international markets and views expanded clinical research as a strategic component of its long-term growth plans in the country. [Read more.](#)

## **BRAZILIANS STILL VIEW CANCER AS FATE RATHER THAN A PREVENTABLE DISEASE, SURVEY FINDS**

More than one in four Brazilians (27%) are unaware that cancer can be prevented through lifestyle changes and risk-reduction measures, according to a nationwide survey conducted by Umame and Vital Strategies with technical support from the National Cancer Institute – INCA. The findings come as Brazil is expected to record approximately 781,000 new cancer cases annually between 2026 and 2028, highlighting persistent gaps in public awareness about prevention. The study found that while smoking and excessive sun exposure are widely recognized as cancer risk factors, the population tends to underestimate the impact of obesity, physical inactivity, alcohol consumption and diets high in ultra-processed foods. Only 48.3% of respondents identified sedentary lifestyles as a risk factor, while 54.1% associated excess weight with cancer. Researchers argue that the results underscore the need for stronger public health campaigns focused on prevention, early detection and healthy lifestyle habits. [Read more.](#)

## **BRAZIL URGED TO PLACE URINARY INCONTINENCE ON PUBLIC AGING AGENDA, EXPERTS SAY**

Urinary incontinence remains a neglected public health issue in Brazil despite affecting millions of people, particularly older adults, according to specialists interviewed by Folha de S.Paulo. Experts argue that the condition is still treated as an inevitable consequence of aging rather than a preventable and treatable medical condition, contributing to underdiagnosis and delayed care. They warn that population aging will significantly increase the number of affected

individuals in the coming decades, requiring greater attention from policymakers and healthcare providers. Specialists emphasize that urinary incontinence can lead to social isolation, anxiety, depression and reduced quality of life, while effective treatments—including pelvic floor therapy, behavioral interventions, medications and surgical options—are available for many patients. They call for broader public awareness campaigns, improved screening in Primary Health Care and the incorporation of continence care into healthy aging policies to reduce stigma and expand access to treatment. [Read more.](#)

## **BRAZIL SEES SURGE IN DEMAND FOR SMOKING CESSATION TREATMENT THROUGH SUS**

More than 2.5 million Brazilians sought treatment to quit smoking through Brazil's Unified Health System (SUS) in 2025, representing a 95% increase compared with 2022, when approximately 1.2 million tobacco-related consultations were recorded. The growth reflects the expansion of prevention and smoking cessation initiatives in Primary Health Care and comes amid growing concerns over the increasing use of electronic cigarettes among young people. The Ministry of Health also reported a significant rise in collective activities aimed at tobacco users, including educational sessions, support groups and counseling programs conducted at Basic Health Units (UBS). Between 2022 and 2025, the number of these activities increased from 61,900 to 157,100, while participation more than doubled, reaching 2.1 million people. Health authorities view the trend as evidence of greater public engagement with smoking cessation services and a strengthening of Brazil's tobacco control policies. [Read more.](#)

## **BRAZIL COURT RULES DUGSTORES CANNOT REQUIRE PERSONAL DATA TO GRANT DISCOUNTS**

A court in the state of Maranhão has ruled that pharmacies cannot require customers to provide personal data, such as their taxpayer identification number (CPF), as a condition for receiving discounts on medicines and other products. The decision found that conditioning discounts on the disclosure of personal information constitutes a form of economic coercion and may violate both Brazil's Consumer Protection Code and the General Data Protection Law (LGPD). The ruling was issued in a lawsuit involving pharmacy chain Raia Drogasil and applies nationwide while subject to appeal. The court ordered the company to make data collection genuinely optional, ensuring that consumers who refuse to provide personal information can still access advertised discounts. The ruling also requires clearer disclosure regarding the purpose, storage and sharing of collected data and imposes collective moral damages of BRL 10 million. The case is expected to intensify discussions over the use of consumer data in pharmacy loyalty programs and the balance between commercial practices and privacy rights in Brazil's healthcare retail sector. [Read more.](#)

## **BRAZIL MEDICAL DEVICE IMPORTS SURPASS USD 11 BILLION, HIGHLIGHTING CHALLENGES FOR DOMESTIC INDUSTRY**

Imports of medical devices into Brazil exceeded USD 11 billion in 2025, according to the 2026 Sector Report released by the Brazilian Medical Devices Manufacturers Association (Abimo). Industry representatives say the increase reflects not only exchange-rate factors but also structural limitations in Brazil's domestic manufacturing capacity, particularly in high-technology segments such as diagnostic equipment, hospital digitalization systems, patient monitoring devices and life-support technologies. The report indicates that domestic production currently accounts for approximately 35% of Brazil's apparent consumption of medical devices, as demand for advanced healthcare technologies continues to outpace local manufacturing capabilities. The trend has raised concerns among industry leaders about growing dependence on imported products in a sector considered strategic for healthcare delivery and national health security. [Read more.](#)

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