

WEEKLY REPORT



09/19/2026

FLÁVIO BOLSONARO PROPOSES SUS PAYMENT REFORM AND UNIFIED ELECTRONIC HEALTH RECORDS

Flávio Bolsonaro's healthcare platform proposes an effective correction of the SUS payment table, arguing that current reimbursement levels have become outdated for hospitals, philanthropic institutions and clinics. The program also proposes moving toward performance-based payments and expanding the use of private-sector capacity to provide examinations and services during idle hours, with the stated aim of reducing waiting lists. The platform also calls for a unified electronic health record linked to patients' CPF and integrated with Gov.br, interoperable between public and private healthcare networks, containing information such as consultations, exams, vaccinations and prescriptions. Other proposals include expanding telehealth, strengthening primary care and preventive care for women and older people, and delivering medicines to the homes of elderly people, people with disabilities and patients with chronic diseases. The program does not specify the funding required for its healthcare proposals. [Read more.](#)

LULA PROPOSES STRENGTHENING DOMESTIC HEALTH PRODUCTION AND EXPANDING FARMÁCIA POPULAR

Luiz Inácio Lula da Silva's healthcare platform proposes strengthening domestic production of medicines, vaccines, medical devices and other strategic health technologies, through greater coordination among public institutions, companies, universities and research centers. The program calls for improvements to Partnerships for Productive Development (PDPs), expanded research into active pharmaceutical ingredients (APIs) and greater use of genomic sequencing. The proposals build on the National Strategy for the Health Economic-Industrial Complex established earlier this year. The platform also proposes maintaining free medicines under Farmácia Popular and adding laboratory tests for the diagnosis and monitoring of chronic diseases such as hypertension and diabetes. In the SUS, it calls for a digital waiting list organized according to clinical risk, a unified electronic medical record, and the use of artificial intelligence for triage, prioritization and diagnosis. In oncology, the program proposes expanding specialized cancer centers, radiotherapy and surgery capacity, updating medicines, and strengthening the national cancer teleradiology network. [Read more.](#)

BRAZIL PLANS TO OFFER GLP-1 WEIGHT-LOSS MEDICINES THROUGH THE SUS

Brazil's Ministry of Health is preparing to make GLP-1 medicines used to treat obesity available through the Unified Health System (SUS), following an announcement by President Luiz Inácio Lula da Silva. The government has not yet defined a start date or the final eligibility criteria. The Ministry says the initiative will be based on clinical evidence and a specific protocol, with the current Real-Bari study in Porto Alegre following 250 patients with severe obesity or obesity associated with other conditions. The initiative comes after the expiration of semaglutide's patent in Brazil and the registration of 14 products containing GLP-1 agonists, which has increased competition and reduced prices. However, broader SUS access still requires the applicable health-technology assessment and incorporation processes, as well as the definition of clinical protocols. Previous assessments of semaglutide for obesity have raised concerns about budget impact, making the definition of the target population, treatment criteria and procurement conditions key issues for implementation. [Read more.](#)

ANVISA AND DINAVISA FACE REGULATORY DIFFERENCES OVER PARAGUAYAN WEIGHT-LOSS PENS

The growing seizure of weight-loss pens brought from Paraguay has highlighted differences between the regulatory frameworks of Brazil and Paraguay. Paraguay's National Directorate of Health Surveillance (Dinavisa) says products registered in the country meet its sanitary requirements, while Brazil's National Health Surveillance Agency (Anvisa) maintains that a Paraguayan registration does not authorize a medicine to be marketed in Brazil. Anvisa also says that the presence and concentration of tirzepatide alone are not sufficient to demonstrate equivalence with medicines registered in Brazil. The issue comes as the two regulators strengthen cooperation. In August, Anvisa and Dinavisa signed a new agreement covering information exchange, inspections and joint efforts to combat counterfeit products and illicit circulation. Between September 3 and 10, Brazil's Federal Police reported four seizures totaling 2,352 ampoules of weight-loss medicines. The case highlights the regulatory challenges created by cross-border circulation of medicines, particularly GLP-1 products. [Read more.](#)

ANVISA HAS MORE THAN 1,000 MEDICINE REGISTRATION APPLICATIONS PENDING

The Brazilian Health Regulatory Agency (Anvisa) has 1,058 medicine registration applications pending completion of review, according to data updated through September 11. Semaglutide leads the ranking, with 16 applications awaiting a decision, followed by vonoprazan fumarate, with 15, and the combination of empagliflozin and linagliptin, with 14. The figures cover different regulatory categories and do not mean that the products have been authorized for sale. The data highlight the size of Anvisa's regulatory backlog as the agency seeks to accelerate the analysis of medicine applications. The agency has recently expanded its transparency dashboard to include pharmaceutical form and concentration, information that can help companies assess whether their applications may qualify for applicable prioritization criteria. [Read more.](#)

ANVISA DISCUSSES EXPANDING REGULATORY RELIANCE FOR MEDICINES

The Brazilian Health Regulatory Agency (Anvisa) is discussing ways to expand the use of regulatory reliance in the review of medicines and biological products. The mechanism allows the agency to use, in a structured and risk-based manner, assessments and decisions from trusted foreign regulators while maintaining Brazil's responsibility for the final regulatory decision. Anvisa has identified reliance as one of the tools to improve efficiency and reduce the backlog of medicine applications. The agency held a workshop on September 18 with regulators, industry representatives and specialists to discuss implementation challenges and opportunities for broader use of the mechanism, including in medicine registration and the granting or renewal of Certificates of Good Manufacturing Practices (CBPF). Anvisa has already expanded reliance procedures in several regulatory areas, and the discussion is part of a broader effort to increase regulatory efficiency, reduce duplication and improve predictability for the pharmaceutical sector. [Read more.](#)

ANVISA AUTHORIZES COMPASSIONATE USE OF EXPERIMENTAL TREATMENT FOR RARE DISEASE

The Brazilian Health Regulatory Agency (Anvisa) authorized the exceptional importation and use of ALN-6457, an experimental compound developed by U.S. pharmaceutical company Regeneron, for the treatment of Brazilian pilot and content creator Lito Sousa, who was diagnosed with the rare and rapidly progressive Creutzfeldt-Jakob disease. The compound is still in the preclinical stage and has not been formally tested in humans for the disease. The authorization was granted under Brazil's compassionate use mechanism, which allows patients with serious conditions and no satisfactory therapeutic alternatives to access investigational products. The case also involved an expedited operation by Anvisa and the Federal Revenue Service to clear and transport the product to the Albert Einstein Hospital in São Paulo. Because the compound's therapeutic potential decreases rapidly over time, customs procedures were completed within minutes of its arrival from the United States, and the substance was transported directly to the hospital by helicopter. The case highlights the regulatory and

logistical mechanisms available in Brazil for exceptional access to experimental therapies. [Read more.](#)

INTERNATIONAL WORKSHOP DISCUSSES HEALTH TECHNOLOGY ASSESSMENT FOR ULTRA-RARE DISEASES

Brazil's Ministry of Health, together with national and international partners, held the II International Workshop on Health Technology Assessment (HTA) for Ultra-Rare Diseases on September 16 and 17 in Rio de Janeiro. The meeting brought together specialists to discuss methodological challenges in assessing technologies for conditions with very small patient populations, including approaches to cost-effectiveness, equity and affordability. The event also presented results from the York Project, a scientific and methodological cooperation initiative between the Ministry of Health and the University of York, in collaboration with the National Institute of Cardiology. The research is developing alternative cost-effectiveness thresholds, equity factors and methods for assessing the impact of health policies. The work is expected to support the National Committee for Health Technology Incorporation (Conitec) in its assessment of medicines and procedures for the SUS. [Read more.](#)

ANS PRESIDENT SAYS HE HAS ADVISED ACQUAINTANCES TO SEEK COURT ACTION OVER COVERAGE DENIALS

Wadih Damous, president of Brazil's National Supplementary Health Agency (ANS), said he has advised friends, family members and acquaintances to seek court action when health insurers deny treatments that are included in the agency's mandatory coverage list and supported by a medical report. Damous said the recommendation reflects what he considers a limitation in the agency's current legal powers to compel insurers to provide care in a timely manner. Damous said the ANS needs additional legal authority to intervene more effectively in such cases and has been advocating changes to the legislation governing health insurance. He said he has asked the rapporteur of the bill under discussion in Congress, Representative Domingos Neto, to expand the agency's powers and increase the fines applicable to insurers. The ANS has also entered into a technical cooperation agreement with the National Council of Justice (CNJ) to develop tools for monitoring and analyzing litigation involving private health insurance. [Read more.](#)

JUDICIALIZATION OF PRIVATE HEALTHCARE APPROACHES 375,000 NEW CASES IN 2026

Judicialization of Brazil's private healthcare sector is expected to reach approximately 375,000 new cases in 2026, a 9.3% increase from 2025, if the current pace continues. More than 218,000 new cases had been filed by the end of July, with an average of 31,200 new lawsuits per month, according to data from the National Council of Justice (CNJ). About 33% of the cases were considered valid. Requests for medical and hospital treatments accounted for nearly 47% of new cases, with more than 102,000 lawsuits in 2026. Litigation involving treatment requests has increased 370% over the past five years, from around 36,000 cases in 2020 to 172,000 in 2025. Requests for medicines represented approximately 15% of new lawsuits. The article highlights the expansion of the Judiciary's Technical Support Centers (NatJus) as one possible avenue to provide greater technical support for decisions involving treatments and medicines. [Read more.](#)

HEALTH INSURERS' OPERATING PROFIT FALLS 11% IN THE SECOND QUARTER

Brazilian medical and hospital health insurers recorded R\$5.6 billion in operating profit in the second quarter of 2026, an 11% decline from the same period last year, according to the National Supplementary Health Agency (ANS). Revenue increased 8.3% to R\$201.9 billion, while the aggregate claims ratio rose 0.8 percentage point to 81.9%. The indicator was affected by non-recurring factors, including a voluntary technical provision by one of the sector's largest operators. Despite the decline in operating results, the sector recorded R\$10.9 billion in net profit in the quarter, down 12% year on year, supported in part by financial income. Insurers' financial investments totaled R\$142.4 billion at the end of June, while financial results reached

a record R\$7.5 billion for the quarter. For the first half of 2026, the sector as a whole reported R\$12.1 billion in net profit on R\$206.3 billion in revenue. [Read more.](#)

FENASAÚDE LINKS EXPANSION OF PRIVATE HEALTH COVERAGE TO COST CONTROL AND ECONOMIC GROWTH

Brazil's private health insurance market remains below the historical threshold of 25% population coverage, with 53.1 million beneficiaries and a 24.8% coverage rate as of July, according to the National Supplementary Health Agency (ANS). For Bruno Sobral, executive director of the National Supplementary Health Federation (FenaSaúde), expanding coverage will depend primarily on better cost control by insurers and sustained economic growth, given that 73% of beneficiaries are enrolled in employer-sponsored or other group plans. Sobral cited high-cost medicines and new therapies, judicialization, fraud and rising medical costs as major pressures on insurers. Health supplementary spending on judicialization exceeded R\$5 billion over the 12 months through the first quarter of 2026, while expenses per beneficiary have been growing faster than revenues. The discussion also points to the need for more efficient management, regulatory improvements and new insurance products to expand access without compromising the sustainability of coverage. [Read more.](#)

ONCOLOGY DRUGS EXPECTED TO REACH BRAZIL'S PUBLIC HEALTH SYSTEM WITHIN SIX MONTHS

The first drugs under Brazil's new Oncology Pharmaceutical Assistance Component (AF-Onco) are expected to reach patients in October, with nationwide implementation projected to be completed within six months. The Ministry of Health is currently testing the new model in eight states and the Federal District, with the pilot covering three medicines (trastuzumab emtansine, trastuzumab and dasatinib) and testing a new prior-authorization system for oncology treatments. The AF-Onco model reorganizes the financing, procurement, distribution and dispensing of oncology medicines through the Unified Health System (SUS). The Ministry has defined 23 medicines for the new framework and is also preparing to publish nine updated Clinical Protocols and Therapeutic Guidelines (PCDTs) in October. The rollout will involve centralized and decentralized procurement, as well as new monitoring and tracking systems for medicines and patients. [Read more.](#)

Cancer control requires more integrated networks and local solutions

Improving cancer care in Brazil will require more integrated healthcare networks and solutions adapted to local conditions, according to specialists participating in the first Latin American Multilateral Summit of Cities for Cancer Control, held in Porto Alegre. Discussions focused on reducing delays between suspected cancer and diagnosis, improving coordination between healthcare services and strengthening regionalized care. The Ministry of Health highlighted the need to avoid diagnoses at advanced stages and cited the Agora Tem Especialistas program as one of the initiatives aimed at shortening the diagnostic pathway. Experiences presented at the meeting showed how mapping local bottlenecks, integrating patient information and involving patients in the design of services can improve cancer care. Porto Alegre, for example, mapped 88 structural and care-related problems as part of a plan to reorganize its cancer network. The discussions also highlighted that new technologies, such as HPV DNA testing, need to be accompanied by sufficient diagnostic and treatment capacity to translate innovation into effective access for patients. [Read more.](#)

FOUR IN FIVE LUNG CANCER CASES IN SÃO PAULO ARE DIAGNOSED AT AN ADVANCED STAGE

Nearly 79% of lung cancer cases diagnosed in Brazil's public health system in São Paulo were identified at stages III or IV, according to a study of 16,038 patients diagnosed between 2000 and 2016 and followed through 2022. Stage IV accounted for 49.8% of cases and stage III for 29.1%, while only 11.6% were diagnosed at stage I and 6.8% at stage II, when treatment has greater potential for cure. The findings highlight persistent challenges in early diagnosis and access to care. More recent Ministry of Health data point to a similar pattern nationally: among

50,098 lung cancer records in the SUS with known staging from 2020 to 2026, 87.9% were at stages III or IV, although the database is continuously updated and has limitations. The Brazilian Ministry of Health is also expanding access to treatments, with three new lung cancer medicines (brigatinib, gefitinib and durvalumab) scheduled for gradual availability through the SUS from October under the new AF-Onco policy. [Read more.](#)

SÃO PAULO PROJECTED TO HAVE 340,000 DOCTORS BY 2035

São Paulo is projected to have 339,900 doctors by 2035, up 72.3% from the 197,300 physicians recorded in 2025, according to the Medical Demography in the State of São Paulo study by the University of São Paulo Medical School (FMUSP), the São Paulo Medical Association (APM) and the state Health Department. The number of doctors per 1,000 inhabitants is expected to rise from 4.28 to 7.29 over the same period. However, the growth is unevenly distributed: 50.6% of physicians are concentrated in Greater São Paulo, while 564 municipalities with fewer than 100,000 inhabitants account for 23.6% of the population but only 11.6% of doctors. The medical workforce is also becoming younger and more female. Women represented 52.2% of doctors in 2025, up from 40.3% 15 years earlier, and are projected to account for 66.6% by 2035. At the same time, general practitioners without a specialist qualification or completed residency represented 40.3% of doctors in 2025, compared with 23.3% in 2000. The study highlights the need to align medical training and specialist residency programs with changing population health needs, particularly as the state's population ages and the burden of chronic diseases increases. [Read more.](#)

TELEMEDICINE BECOMES PART OF ROUTINE HEALTHCARE IN BRAZIL

Telemedicine is increasingly being used as part of routine healthcare in Brazil, rather than only for unexpected health needs, according to a 2026 survey by Olá Doutor. 46% of respondents said they have already used telemedicine, with symptom assessment (53.4%), routine consultations (50%) and health-related questions (47.6%) among the most common uses. The findings point to the consolidation of remote care as another channel for accessing healthcare services. The survey also highlights the importance of security and transparency, including patient identity verification, medical credentials and clear information about the professional providing the consultation. Telemedicine is particularly relevant in mental health: a separate BoaConsulta survey found that 15.9% of psychiatric consultations are conducted remotely, the highest rate among the specialties analyzed. [Read more.](#)

LEAN METHODOLOGY CUTS HOSPITAL STAYS BY 25% IN BRAZIL'S PUBLIC HEALTH SYSTEM

A program inspired by Toyota's Lean production philosophy reduced the average length of hospitalization by 25% in 104 public hospitals across 20 Brazilian states and the Federal District between 2024 and 2025. The initiative also cut waiting times for care by 45% and overall hospital stays by 14%, according to data from the Support Program for the Institutional Development of the Unified Health System (Proadi-SUS). The initiative focuses on identifying and eliminating operational waste, such as delays in diagnostic tests, unnecessary movement and rework, without expanding hospital infrastructure. Coordinated by six private hospitals participating in Proadi-SUS, the program implemented 1,230 process improvements and is estimated to have freed up 2,083 hospital beds without physical expansion. The project is funded through tax incentives granted to participating private hospitals in exchange for investments in initiatives benefiting the SUS. [Read more.](#)

BRAZIL PLANS R\$9.8 BILLION TO PREPARE SUS FOR CLIMATE-RELATED HEALTH IMPACTS

Brazil's Ministry of Health plans to invest approximately R\$9.8 billion through 2035 to adapt the Unified Health System (SUS) to the growing health impacts of extreme weather events, including those associated with El Niño. The resources will support the adaptation of primary care facilities, workforce training, climate and epidemiological monitoring, and emergency structures such as field hospitals. The government is accelerating the implementation of its

Adapta-SUS initiative amid forecasts of heavy rainfall, heat waves and wildfires. The strategy includes adapting and equipping primary care units with medicines, vaccines and supplies suited to regional health risks, while also considering climate-related hazards when selecting locations for new facilities. The Ministry has launched pilot Centers for Health and Climate Information in nine cities to monitor potential epidemiological impacts. The initiative reflects growing concerns that climate change may alter the geographic distribution of diseases such as dengue and create simultaneous health emergencies across different regions. [Read more.](#)

BRAZIL INTEGRATES CHRONIC KIDNEY DISEASE CARE INTO A SINGLE SUS PATHWAY

Brazil's Ministry of Health is integrating the treatment of chronic kidney disease (CKD) into a single care pathway within the Unified Health System (SUS), covering diagnosis, monitoring and dialysis. The initiative, called Integrated Care Offering (OCI), is part of the Agora Tem Especialistas program and aims to reduce fragmentation and delays in treatment. The move comes as the number of patients receiving dialysis rose 9.2% between 2024 and 2025, reaching 170,868, according to the Brazilian Association of Dialysis and Transplant Centers (ABCDT). Diabetes accounts for about one-third of cases requiring renal replacement therapy. The Ministry estimates that the new model could increase payments to healthcare providers by 160% to 260%, while expanding access to nephrology services. The government also plans to increase the share of peritoneal dialysis from 4.55% to approximately 15% of cases and reported the opening of 62 new renal-care points between January 2025 and August 2026. The strategy is intended to improve early management of CKD and reduce progression to advanced disease and dialysis. [Read more.](#)

SEPTEMBER CAMPAIGNS HIGHLIGHT EYE HEALTH AND CORNEA DONATION

September's eye-health awareness campaigns are highlighting blindness prevention, cornea donation and the safe use of contact lenses in Brazil. According to the Brazilian Society of Ophthalmology, the country has around 1.5 million people who are blind and more than 6 million living with chronic low vision, while 60% to 80% of blindness cases could potentially be prevented through early diagnosis, corrective lenses or appropriate treatment. The campaign also draws attention to the shortage of corneas for transplantation. In Goiás alone, more than 1,800 people are waiting for a cornea, with average waiting times approaching two years. Specialists also warn that improper use of contact lenses can cause serious corneal infections and, in severe cases, lead to vision loss or the need for a transplant. [Read more.](#)

Brazil maps 95 specialized visual rehabilitation centers in the SUS

Brazil has 95 specialized centers for visual rehabilitation offering free services through the Unified Health System (SUS) to people with low vision or blindness, according to data from the Brazilian Council of Ophthalmology (CBO). The centers are distributed across all regions, with 39 in the Southeast, 31 in the Northeast, 12 in the North, nine in the South and four in the Central-West. The CBO has mapped the facilities to improve awareness and help patients and healthcare professionals identify where specialized care is available. The network is also incorporating assistive technologies and artificial intelligence, including smart canes that detect obstacles and provide voice guidance and systems that describe images and text to users. The CBO emphasizes that these technologies should complement, rather than replace, specialized ophthalmological care, while also raising concerns about potential biases in AI systems used for accessibility. [Read more.](#)

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