

WEEKLY REPORT



09/26/2026

PRESIDENTIAL CANDIDATES CONVERGE ON SUS PRIORITIES BUT DIFFER ON IMPLEMENTATION

Health proposals presented by Brazil's presidential candidates for the 2026 election show broad agreement on the need to reduce waiting times in the SUS, expand access to specialized care, and strengthen primary and preventive healthcare. Improving access to exams and procedures, expanding healthcare infrastructure, strengthening vaccination, and addressing women's health and mental health also feature across the proposals, although with different levels of emphasis. The main differences are in how candidates propose to achieve these objectives. Some plans place greater emphasis on expanding public capacity and integrating different levels of care, while others propose greater use of idle capacity in the private sector, including partnerships and financial mechanisms to increase access. Digitalization and artificial intelligence are also recurring themes, but candidates differ on their proposed applications, ranging from queue management and scheduling to telemedicine and broader digital integration. There are also differences in specific targets, such as reducing waiting times, expanding the Family Health Strategy, increasing preventive care, and establishing new programs for women's health. [Read more.](#)

CMED PRESENTS FACTORY-PRICE CALCULATION MODEL UNDER TAX REFORM

The Drug Market Regulation Chamber (CMED) has presented a model for calculating the Factory Price of medicines under Brazil's new tax system. The methodology is being developed to adapt pharmaceutical price regulation to the transition toward the new consumption taxes scheduled to begin in 2027. The proposal is based on calculating the regulated price without the new taxes and subsequently applying the applicable tax components. CMED is also reviewing related methodologies and has received thousands of medicine registrations for analysis under the new framework. [Read more.](#)

MINISTRY OF HEALTH SEEKS GREATER INTEGRATION BETWEEN HTA, PRICING AND REGISTRATION

Brazil's Ministry of Health is discussing a broader integration of health technology assessment (HTA), regulatory registration, and pharmaceutical pricing as a way to accelerate patient access to new medicines. Luciene Bonan, director of the Department of Health Technology Management and Incorporation (DGITS), said the government is considering the use of HTA methodologies during the pricing process, allowing factors such as the clinical value and outcomes delivered by a technology to be considered alongside international price references. The proposal would bring the National Health Surveillance Agency (Anvisa), the Drug Market Regulation Chamber (CMED), and the National Commission for the Incorporation of Technologies into the SUS (Conitec) into closer coordination, while preserving the separate responsibilities of each institution. Bonan also argued that the time between regulatory approval and Conitec assessment should be shortened, noting that some technologies currently reach the incorporation stage years after registration. Earlier coordination could provide companies with greater predictability on issues such as procurement scale and negotiated prices, while potentially reducing reliance on litigation to secure access. The discussion also has implications for Brazil's pricing framework, as the Ministry considers moving beyond the exclusive use of international reference prices toward models that incorporate evidence on therapeutic value and outcomes. [Read more.](#)

SECRETARY OUTLINES NEW APPROACH TO INCORPORATION IN THE SUS

Brazil's Ministry of Health is preparing a new approach to the incorporation and negotiation of high-cost health technologies in the Unified Health System (SUS), according to Fernanda De Negri, Secretary of Science, Technology, and Innovation in Health. In an interview with Futuro da Saúde, De Negri detailed the role of a new Negotiation Committee created to seek better prices and commercial conditions for technologies with high costs and significant budget impact. The committee is expected to use different mechanisms, including managed access, risk-sharing agreements and, in more restricted circumstances, confidential discounts. According to De Negri, confidential pricing would be limited to exceptional cases and would be guided by parameters from the Conitec, the Ministry of Health's budgetary capacity and international economic studies. [Read more.](#)

ANS DIRECTOR PROPOSES GOVERNMENT PURCHASING MODEL FOR HIGH-COST THERAPIES COVERED BY HEALTH PLANS

Brazil's National Supplementary Health Agency (ANS) has opened discussions with the Ministry of Health on a potential partnership to enable private health insurers to access government purchasing mechanisms for high-cost medicines. ANS director Lenise Barcellos said that risk-sharing agreements and confidential pricing arrangements being considered by the government for the SUS could also be explored by private insurers, particularly as the financial impact of high-cost therapies grows in the supplementary health sector. She stressed that any such model would require careful analysis and monitoring in both systems. One model proposed by Barcellos would have the Ministry of Health purchase medicines on behalf of the country, with health insurers paying the government in advance for the treatments required by their beneficiaries. [Read more.](#)

ACCESS TO DRUGS INCORPORATED INTO THE SUS REMAINS A CHALLENGE

The incorporation of a medicine into the SUS does not necessarily guarantee that it will reach patients within the timeframe established by Brazilian regulations. Recent analysis has identified delays between the formal decision to incorporate a technology and its effective availability through the public healthcare network. The gap can involve procurement, financing, administrative procedures, coding, and distribution between federal and subnational authorities. For pharmaceutical companies, the issue reinforces the importance of monitoring not only Conitec decisions but also the implementation stage, since incorporation is only one step in the process leading to effective patient access. [Read more.](#)

CONITEC BEGINS ASSESSMENT OF OBESITY MEDICINES FOR THE SUS

The National Commission for the Incorporation of Technologies into the SUS (Conitec) has begun evaluating the potential incorporation of GLP-1 medicines for the treatment of obesity into the public healthcare system. The assessment follows a formal request from the Ministry of Health amid increasing demand for obesity treatments and declining prices in the Brazilian market. The evaluation will consider clinical effectiveness, safety, cost-effectiveness, and budget impact. The process is expected to generate discussions involving manufacturers, healthcare professionals, patient organizations, and government authorities before Conitec issues its recommendation on whether the medicines could be incorporated into the SUS. [Read more.](#)

LOWER GLP-1 PRICES DRIVE SHARP INCREASE IN SALES VOLUMES

Falling prices are accelerating the adoption of GLP-1 medicines in Brazil, with large pharmacy chains reporting substantial increases in sales volumes. In the second quarter of 2026, Pague Menos recorded a 50% decline in the average price of semaglutide alongside a 155% increase in units sold. The chain also reported a 23% reduction in the average price of higher doses of tirzepatide (Mounjaro), with a 60% increase in volume. At RD Saúde, semaglutide prices fell 22%, while sales volume increased almost 30%. GLP-1 medicines are consequently becoming a significant revenue category for Brazilian pharmacy chains. [Read more.](#)

NOVO NORDISK OFFERS WEGOVY TO THE SUS AT 59% LOWER PRICE

Novo Nordisk has offered Wegovy (semaglutide) to Brazil's Ministry of Health at a price 59% below the current commercial price, according to information presented in discussions surrounding the potential incorporation of obesity medicines into the SUS. The proposal comes as the government evaluates whether lower prices and increasing competition could make GLP-1 treatments more economically viable for public provision. The company's offer is part of a broader debate involving Conitec, which is expected to assess clinical evidence, cost-effectiveness, and budget impact before any decision on incorporation. The pricing proposal illustrates the growing importance of negotiated prices and commercial conditions in determining access to high-cost medicines within the SUS. [Read more.](#)

BILL PROPOSES TEMPORARY PATENT WAIVER FOR MOUNJARO

A bill under discussion in Brazil proposes a temporary suspension of patent protection for Mounjaro (tirzepatide), citing the potential need to expand access to obesity and diabetes treatment. The proposal would allow other manufacturers to produce the medicine during the defined period if the legal requirements for compulsory licensing or another applicable mechanism are met. The initiative enters a broader debate over intellectual property, pharmaceutical innovation, and access to high-cost medicines. Any change to patent protection would depend on the legislative process and the applicable industrial property framework, while questions surrounding manufacturing capacity, regulatory approval and pricing would also affect the practical impact of such a measure. [Read more.](#)

SUS REFORMULATES CANCER POLICY AND RESERVES R\$ 3.9 BILLION TO EXPAND TREATMENTS

Brazil's Ministry of Health has reserved R\$ 3.9 billion in the proposed 2027 budget to expand access to cancer medicines through a reformulation of pharmaceutical assistance in oncology. Under the new Oncology Pharmaceutical Assistance Component (AF-Onco), the federal government intends to directly purchase high-cost medicines instead of relying exclusively on transfers and reimbursement mechanisms involving states and hospitals. The policy is expected to make at least 23 cancer medicines available through the SUS, including treatments for breast and lung cancer and multiple myeloma. The Ministry estimates that more than 110,000 patients could benefit. Around R\$ 3 billion of the proposed amount would be allocated to direct federal purchases, while R\$ 915 million would reimburse purchases made by state health authorities. The proposal still requires approval by the National Congress, while implementation of the new purchasing model is expected to address delays between incorporation decisions and actual availability to patients. [Read more.](#)

TAX INCENTIVE FOR CANCER DONATIONS EXTENDED THROUGH 2031

Brazilian legislation has extended until 2031 the deadline for companies to deduct from corporate income tax donations made to organizations involved in cancer prevention, treatment, and research. The measure maintains a tax incentive intended to encourage private-sector funding for institutions working in oncology. The extension provides greater predictability for companies and nonprofit organizations planning long-term fundraising and healthcare projects. The mechanism is particularly relevant to cancer institutions that rely on philanthropic resources to finance patient care, research, infrastructure, and prevention initiatives. [Read more.](#)

RARE DISEASE PATIENTS FACE AN AVERAGE 5.4-YEAR DIAGNOSTIC DELAY IN BRAZIL

Patients with rare diseases in Brazil face an average interval of 5.4 years between the first symptoms and a diagnosis, according to a study cited by Roberto Giugliani, co-founder and CEO of Casa dos Raros and professor at the Federal University of Rio Grande do Sul (UFRGS). The delay is compounded by the concentration of specialists and reference centers in certain regions, with patients often moving between the SUS, private healthcare, and out-of-pocket

consultations before reaching a specialized service. One patient interviewed by Folha spent about four years seeking a diagnosis for a rare pulmonary condition and required multiple consultations, imaging tests, and a biopsy before receiving a definitive diagnosis. Access problems frequently continue after diagnosis. Families may face travel expenses, loss of income, lengthy waits for rehabilitation and difficulties obtaining high-cost medicines. When an orphan medicine is not purchased or supplied by the public system, patients may seek treatment in other states or resort to litigation and fundraising campaigns. Cheryl Berno, a lawyer specializing in economic and social law, argues that the federal government should centralize the purchase of orphan medicines to improve control and distribution. Specialists also call for strengthening and financing Brazil's Rare Disease Reference Services and creating a national network through which healthcare professionals can discuss complex cases and obtain specialist support. [Read more.](#)

BRAZIL TAKES SUS EXPERIENCE ON MENOPAUSE AND RARE DISEASES TO THE UN

Brazil has presented experiences from the SUS involving menopause care and rare diseases at the United Nations. The Ministry of Health highlighted public policies designed to expand access to diagnosis, treatment and comprehensive care in areas that have traditionally received less attention within health systems. The international presentation is part of Brazil's broader effort to share SUS policies and experiences with other countries. Menopause and rare diseases have also become increasingly relevant to discussions about public health, access to medicines and the organization of specialized care. [Read more.](#)

BRAZILIAN HEALTH MINISTER TRAVELS TO MEXICO TO DISCUSS SUS MODEL AND REGULATORY COOPERATION

Brazil's Health Minister Alexandre Padilha traveled to Mexico to share Brazilian experience with the SUS as Mexican authorities work on a healthcare model inspired by the Brazilian system. The agenda includes discussions on Farmácia Popular, the training of SUS professionals and cooperation between federal, state, and municipal governments. The visit also includes discussions on a mechanism for cooperation involving recognition of Anvisa regulatory decisions by Mexican authorities. Such an arrangement could help accelerate the registration of medicines and expand access to new health technologies in Mexico. The two countries are also expected to sign memoranda of understanding to strengthen bilateral cooperation in health. [Read more.](#)

ANVISA AND CHINA DISCUSS CLINICAL TRIAL AND HEALTH INNOVATION

Anvisa has expanded its regulatory cooperation agenda with China, with clinical trial and health innovation among the main topics discussed during the agency's participation in the DIA Beijing Forum 2026. The Brazilian regulator presented its modernization agenda and discussed the challenge of balancing regulatory agility with technical rigor, transparency, and patient safety. Anvisa also held a bilateral meeting with China's National Medical Products Administration (NMPA) to discuss opportunities for technical cooperation and regulatory exchange. The discussions are part of Brazil's broader effort to strengthen international regulatory convergence and cooperation in clinical research and innovative health technologies. [Read more.](#)

ANVISA INTRODUCES NEW CLINICAL RESEARCH FORM FOR ADVANCED THERAPIES

Anvisa will introduce a new electronic form in its Solicita system on October 5 for applications involving Clinical Development Dossiers for Advanced Therapy Products (DDCTA). The measure is intended to standardize information submitted to the agency and improve the management and assessment of clinical research involving advanced therapy products. Two new application codes will replace four existing codes: 12451 will apply to international developers and 12452 to Brazilian developers. From October 5 onward, new DDCTA requests must be submitted exclusively through the new codes, while applications already submitted will continue to be processed under the existing procedures. [Read more.](#)

HEALTH INSURANCE JUDICIALIZATION REACHES R\$ 5.2 BILLION AND TCU CALLS FOR NEW METRICS

Judicial expenses incurred by Brazilian health insurance companies reached approximately R\$ 5.2 billion in the 12 months through June 2026. The Federal Court of Accounts (TCU) is calling for more detailed metrics from the National Supplementary Health Agency (ANS) to measure the impact of litigation on insurers, including its effects on claims costs, loss ratios, and premium adjustments. The TCU has also identified limitations in the integration of data between ANS and the National Council of Justice (CNJ). The court argues that the current indicators do not provide a sufficiently detailed picture of the economic and regulatory consequences of judicialization. [Read more.](#)

ANS PREPARES NEW RULES ON HEALTH INSURANCE MARGINS

The National Supplementary Health Agency (ANS) is reviewing the regulatory framework governing financial margins and sustainability in the private health insurance sector. The discussions are taking place as the agency assesses the financial performance of insurers and seeks to strengthen mechanisms for monitoring their capacity to meet contractual and healthcare obligations. The review is part of a broader regulatory agenda involving premiums, contracts, financial sustainability, and quality of care. Changes to the rules could affect insurers' capital planning and financial management, while also influencing discussions about premium adjustments and the long-term sustainability of the supplementary health market. [Read more.](#)

PRIVATE HEALTHCARE EXPANDS IN BRAZIL'S INTERIOR REGIONS

Private healthcare providers are expanding their presence in cities outside Brazil's major metropolitan areas, driven by changes in demographics, healthcare demand, and the consolidation of regional hospital networks. The movement includes the expansion of hospitals, diagnostic services, and health insurance products in smaller and mid-sized cities. The trend is changing the competitive landscape of the supplementary health market and creating new opportunities for providers and healthcare companies. At the same time, regional expansion presents challenges involving workforce availability, infrastructure, financing, and the ability to maintain quality standards outside the country's largest urban centers. [Read more.](#)

PHARMACEUTICAL DISTRIBUTORS FACE FINANCIAL PRESSURE AS ELFA, VIVEO AND ONCOPROD RESTRUCTURE

Brazil's three largest distributors of medicines and hospital supplies (Elfa, Viveo and Oncoprod) are undergoing significant financial and corporate changes amid high interest rates, increased leverage, and pressure on margins. Elfa was sold by private-equity firm Pátria for R\$620.5 million after reporting a R\$309 million loss in the first half of 2026 and accumulating approximately R\$1.5 billion in debt following a series of acquisitions. Viveo, meanwhile, is raising nearly R\$900 million in new capital to reduce leverage, while Oncoprod is seeking to recover a R\$1.2 billion receivable from cancer-care company Oncoclínicas, which is undergoing an out-of-court restructuring. The developments illustrate the financial pressure on a distribution market that handles approximately R\$77 billion in annual purchases. According to Paulo Maia, president of the Brazilian Association of Specialized, Exceptional and Hospital Medicine Distributors (Abradimex), the average sector margin is around 8%, including tax benefits. The sector has faced pressure since 2022 as a result of high interest rates and difficulties affecting health insurers, while the tax reform is expected to create additional challenges. Part of the impact will already be felt in the transition to 2027, with more significant changes expected from 2029 as the new tax system replaces state ICMS rules. [Read more.](#)

HEALTHCARE LOGISTICS MARKET EXPECTED TO REACH US\$ 4.1 BILLION BY 2032

Brazil's healthcare logistics market is projected to reach US\$ 4.1 billion by 2032, driven by growth in pharmaceutical consumption, e-commerce, and demand for specialized logistics services. The expansion is increasing pressure on companies to maintain appropriate storage, transportation, and temperature-control standards, particularly for medicines requiring cold-

chain management. The rapid growth of GLP-1 medicines is adding another challenge because many of these products require controlled storage conditions and are increasingly being sold through digital channels. The expansion of last-mile delivery also raises questions about sanitary oversight and compliance, making logistics an increasingly relevant component of pharmaceutical market access. [Read more.](#)

BRAZIL DEVELOPS FRAMEWORK FOR ETHICAL USE OF AI IN RESEARCH

Brazil is advancing discussions on ethical standards for the use of artificial intelligence in scientific research and healthcare. Researchers and policymakers are examining issues such as transparency, accountability, protection of personal data and the validation of AI-generated results. The debate is particularly relevant as AI tools become increasingly integrated into research, diagnosis, data analysis, and clinical development. Brazilian institutions are seeking to establish principles that allow technological innovation while maintaining human oversight and protecting research participants and patients. [Read more.](#)

ANVISA OPENS REGULATORY ADVICE PROGRAM FOR INNOVATIVE MEDICINES

Anvisa has opened a selection process for innovative medicine development projects to participate in a new regulatory advice initiative. The program is designed to bring developers into earlier discussions with the regulator regarding the design of confirmatory clinical studies and the regulatory requirements that will apply to future submissions. Up to eight projects will be selected, with priority given to technologies addressing unmet medical needs, neglected diseases, domestic production, and projects involving Brazilian research institutions. The initiative is intended to increase regulatory predictability and reduce uncertainties during clinical development, while maintaining the agency's independent assessment at the marketing authorization stage. [Read more.](#)

BNDES EXPECTED TO PROVIDE R\$ 2.6 BILLION TO PHARMACEUTICAL SECTOR IN 2026

Brazil's National Bank for Economic and Social Development (BNDES) is expected to approve approximately R\$ 2.6 billion in financing for the pharmaceutical sector in 2026. The resources are expected to support investments in industrial capacity, innovation, biotechnology, and the development of active pharmaceutical ingredients (APIs). The financing is part of a broader government effort to strengthen Brazil's Health Economic-Industrial Complex and reduce strategic dependencies on imported products. BNDES has significantly increased its support for the pharmaceutical sector in recent years, with financing aimed at expanding domestic production and encouraging research and technological development. [Read more.](#)

BRAZIL STRUGGLES TO TRANSFORM BIODIVERSITY INTO PHARMACEUTICAL PRODUCTS

Brazil has one of the world's largest reserves of biodiversity and an extensive tradition of research into medicinal plants, but converting this biological wealth into commercially available pharmaceutical products remains difficult. Challenges include regulatory requirements, scientific validation, intellectual property, financing, and the complexity of developing standardized products from biological resources. Researchers and industry representatives point to the long development timelines and high costs associated with transforming plant-based compounds into medicines. The issue also involves rules governing access to genetic heritage and benefit-sharing with communities. Brazil's biodiversity therefore represents both a major scientific opportunity and a policy challenge involving research, innovation, regulation, and industrial development. [Read more.](#)

BRAZIL INCREASES INVESTMENT IN MRNA VACCINES AND THERAPIES

Brazil is expanding investments and research capacity in messenger RNA (mRNA) technologies for vaccines and therapies. The initiative involves Brazilian research institutions and government programs seeking to develop domestic technological capabilities in a field that gained strategic importance during the COVID-19 pandemic. The development of an mRNA

ecosystem could reduce dependence on imported technologies and strengthen Brazil's ability to respond to future infectious disease outbreaks. Research is also expanding beyond vaccines, with mRNA platforms being investigated for applications in oncology and other therapeutic areas. [Read more](#).

SUS TO OFFER SURGERY COMBINING TREATMENT FOR GLAUCOMA AND CATARACTS

The SUS is set to incorporate a surgical technique that allows glaucoma and cataracts to be treated during the same procedure. The measure will be included in the Clinical Protocol and Therapeutic Guidelines (PCDT) for glaucoma and is intended to provide an alternative for patients who do not achieve adequate control with medicines or who have difficulty maintaining regular treatment. The new approach includes excisional goniotomy and transluminal trabeculotomy. According to the National Commission for the Incorporation of Technologies into the SUS (Conitec), the excisional goniotomy could generate significant savings compared with the use of iStent. The Ministry of Health estimates that the incorporation could save R\$ 22.4 million in the first year and R\$ 93.2 million by the fifth year, with cumulative savings of approximately R\$ 276 million over the period. [Read more](#).

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