

WEEKLY REPORT



10/03/2026

VOTERS IDENTIFY HEALTH AS BRAZIL'S SECOND-LARGEST PROBLEM

Health was identified as the second-largest problem facing Brazil by respondents in the 16th round of the Nexus survey conducted in partnership with BTG Pactual. Some 27% of respondents cited health among the country's main concerns, behind public security at 34% and ahead of corruption at 24%. The survey interviewed 2,000 people between September 25 and 27. Health has remained among the top three concerns in the survey's 16 rounds since March, according to the report. The finding provides a snapshot of public perceptions during the 2026 election cycle and reinforces the relevance of healthcare access, SUS performance, and health financing in the broader public policy debate. [Read more.](#)

NEXT GOVERNMENT WILL NEED TO INCREASE SUS FUNDING, EXPERTS SAY

Experts consulted by Valor Econômico say that increasing public funding for the Unified Health System (SUS) will be one of the major challenges facing Brazil's next federal government. The discussion comes as the country faces growing demand for healthcare services, an aging population and pressure on the system's ability to finance specialized care. The debate also involves the organization of healthcare delivery, regional coordination, waiting lists and the integration of health data. The National Council of State Health Secretaries (Conass) has argued for a gradual increase in federal health spending and greater federal participation in SUS financing, while experts also point to the health industrial complex as a potential driver of innovation, employment, and technological sovereignty. [Read more.](#)

PRESIDENTIAL CANDIDATES' HEALTH PROPOSALS DEPEND ON ADDITIONAL FUNDING FOR STRAINED SUS

A study by the Institute for Health Policy Studies (IEPS), conducted in partnership with Umane, found that 95% of the health proposals analyzed in the programs of six presidential candidates would require additional resources to be implemented. The analysis covered 95 proposals and found that the projected demand for healthcare funding is expected to grow faster than the current fiscal framework allows. The study also found that 83% of the proposals depend on coordination between the federal government, states, and municipalities, reflecting the decentralized structure of the SUS. The findings highlight not only the financing challenge but also the importance of defining implementation responsibilities and identifying funding sources for healthcare commitments presented during the election. [Read more.](#)

BRAZILIAN MEDICAL ASSOCIATION PRESENTS 12 HEALTH PRIORITIES TO PRESIDENTIAL CANDIDATES

The Brazilian Medical Association (AMB) has presented 12 priorities for healthcare to candidates in Brazil's 2026 presidential election. The manifesto addresses medical education, professional qualification, the strengthening of the SUS, healthcare financing, medical workforce distribution, supplementary health, science and research, and greater participation of medical organizations in public policy discussions. The association says its proposals are intended as a long-term health agenda rather than a partisan platform. Among its proposals are stronger medical residency programs, a medical proficiency examination, improved distribution and retention of physicians, greater investment in science and research, and increased public financing and management capacity for the SUS. [Read more.](#)

THREE ONCOLOGY THERAPIES BEGIN ROLLOUT ACROSS 13 CENTERS

Brazil has begun offering three oncology therapies through the Unified Health System (SUS) at 13 specialized cancer treatment centers across six states and the Federal District. The initiative is part of the pilot phase of the Oncology Pharmaceutical Assistance Component (AF-Onco), with a further 14 centers expected to receive additional therapies in the coming months. The Ministry of Health plans to make a total of 17 medicines available through the program during the initial rollout. The government expects the full range of medicines included in the initiative to become available within approximately six months, subject to procurement and industry supply capacity. The AF-Onco model involves centralized purchasing and national negotiations, and the Ministry has also been evaluating confidential discounts and outcome-based procurement strategies to reduce the cost of high-value oncology medicines. [Read more.](#)

HEALTH MINISTER FORECASTS WEIGHT-LOSS INJECTIONS IN SUS FOR MILLIONS AT ANNUAL COST OF R\$1.5 BILLION

Brazil's Health Minister Alexandre Padilha has said that weight-loss injectable medicines could be incorporated into the Unified Health System (SUS), potentially reaching millions of patients. The Ministry of Health is currently estimating an annual cost of approximately R\$1.5 billion for the initiative and has submitted the technology for assessment by the National Commission for the Incorporation of Technologies into the SUS (Conitec). The government argues that increased competition, new products, and the possibility of local production could reduce procurement prices by 80% to 90%. Any incorporation, however, will still depend on Conitec's assessment and subsequent decisions regarding the eligible population, clinical criteria, procurement model, and financing. The discussion represents a potentially significant new market for GLP-1 medicines within Brazil's public healthcare system. [Read more.](#)

BRAZIL REACHES AGREEMENT TO EXPAND IMMUNOGLOBULIN PRODUCTION

Brazil has reached an agreement to expand the domestic production and supply of immunoglobulin, a medicine used to treat immunodeficiencies, bacterial infections and certain blood cancers. Brazilian state-owned pharmaceutical company Hemobrás and China's Tiantan Bio signed a cooperation agreement covering the registration, supply and technology transfer associated with intravenous human immunoglobulin. The agreement is part of a broader effort to strengthen Brazil's capacity to produce strategic blood-derived medicines. The initiative also includes modernization of the country's blood-processing infrastructure, with the Ministry of Health reporting that new equipment could increase the capacity to store plasma for industrial use by approximately 30%. The government is also establishing new mechanisms to support the quality and efficiency of the national blood network. [Read more.](#)

MINISTRY OF HEALTH STRENGTHENS CONTROLS OVER PARLIAMENTARY AMENDMENTS ALLOCATED TO SUS

The Ministry of Health has established new rules for parliamentary amendments allocated to the Unified Health System (SUS), strengthening requirements for their indication, execution, monitoring, and accountability. From 2027, resources from collective parliamentary amendments may not be withdrawn in cash or have their designated purposes fragmented, while the execution of projects will be monitored through the InvestSUS Gestão system. The regulation establishes an eight-stage process covering the indication of resources, definition of the object and beneficiary, work plan, analysis, execution, monitoring, and accountability. The rules also introduce additional integrity requirements and restrictions related to conflicts of interest and the intermediation of beneficiaries, reinforcing the traceability of parliamentary health spending. [Read more.](#)

HEALTH PARLIAMENTARY AMENDMENT PAYMENTS SURGE AHEAD OF ELECTION CAMPAIGNS

Some 87% of parliamentary amendments allocated to health were paid during the first half of 2026, compared with 14% during the same period in 2025, according to a survey by the Institute for Health Policy Studies (IEPS). The concentration of payments in the first half of an

election year follows a broader historical pattern in Brazil, with parliamentary health funding generally accelerating ahead of electoral campaigns. The increase also highlights the growing role of parliamentary amendments in SUS financing. According to the analysis, amendments represented approximately 40% of discretionary federal health resources in 2026, compared with 20% in 2014. The shift raises questions about planning, coordination, and the alignment of geographically allocated resources with broader healthcare priorities. [Read more.](#)

ANVISA PUBLISHES IMPLEMENTATION PLAN FOR ICH E8(R1) AND E6(R3) GUIDELINES

Brazil's Health Regulatory Agency (Anvisa) has published an implementation plan for the ICH E8(R1) and E6(R3) guidelines, marking another step in the modernization of Brazil's clinical research framework. The plan establishes a gradual implementation process covering training and capacity building, dialogue with stakeholders and the incorporation of Quality by Design principles into clinical trial development. The initiative is particularly relevant to pharmaceutical companies, contract research organizations and research institutions conducting clinical trials in Brazil. The implementation of the updated ICH guidelines is expected to strengthen alignment with international Good Clinical Practice standards and introduce more risk-based approaches to clinical trial quality and oversight. [Read more.](#)

ANVISA OPENS PUBLIC CONSULTATION TO REGULATE SANDBOX FOR HEALTH INNOVATIONS

Anvisa has approved the regulatory impact analysis supporting a general framework for its regulatory sandbox and authorized a 60-day public consultation on the proposed rules. The mechanism would allow selected innovative products and services facing regulatory barriers to be tested under temporary, controlled, and supervised conditions. The proposal is intended to generate evidence that can support future regulatory decisions while improving legal certainty for innovators. The model would include defined eligibility criteria, temporary regulatory authorization, continuous monitoring, and risk-based safeguards, with the agency already conducting pilot projects involving personalized cosmetics and cannabis-related activities. [Read more.](#)

ANVISA LAUNCHES CAMPAIGN TO PROMOTE PREVENTION AND REPORTING OF MEDICATION ERRORS

Anvisa has launched a nationwide campaign on medication errors that will run throughout October, targeting healthcare professionals, patients, caregivers, and healthcare institutions. The initiative seeks to strengthen prevention, reporting and a culture of patient safety, emphasizing learning from incidents rather than assigning blame. Between December 2018 and August 2026, Anvisa received 57,911 reports of medication errors, representing 16.2% of all notifications registered during the period. Prescription errors, omitted doses, incorrect dosing and administration errors were among the most frequently reported categories. The campaign is being conducted in partnership with the Uppsala Monitoring Centre, a World Health Organization collaborating centre for medicines monitoring. [Read more.](#)

NEW RULES FOR ISSUING AND CONTROLLING MEDICAL PRESCRIPTIONS TAKE EFFECT

A new phase in Brazil's electronic prescription system began on September 30, with the SNCR expanding the options available to prescribers, pharmacies, and drugstores. The changes allow electronic issuance of prescription notifications that were previously issued only on paper, including A, B and B2 notifications, as well as prescriptions involving systemic retinoids and thalidomide. The system also expands electronic controls for special prescriptions and medicines subject to retention, including antimicrobials and GLP-1 agonists. Paper prescriptions remain valid, and implementation will be gradual. For electronically issued white prescriptions, integration with the SNCR will become mandatory from October 30, while paper prescriptions will remain an available option under the applicable rules. [Read more.](#)

LAW ESTABLISHES QUALITY ASSESSMENT REQUIREMENTS FOR HOSPITALS

Brazil has enacted Law No. 15,524, creating a National Strategy for the Control and Assessment of the Quality of Healthcare provided by private hospitals and other private healthcare establishments. The law requires health surveillance authorities to conduct quality assessments and establishes periodic disclosure of results. The national health surveillance authority will define the quality standards and qualification criteria, which must include patient safety, adequate institutional resources, patient-centered care, equity and compliance with Anvisa and National Supplementary Health Agency (ANS) rules. The law also provides for daily fines ranging from R\$5,000 to R\$500,000 for non-compliance. The standards will also apply to public healthcare establishments according to subsequent regulation. [Read more.](#)

LACK OF REGULATION FOR DISABILITY BIOPSYCHOSOCIAL ASSESSMENT REACHES SUPREME COURT

The National Association for Supporting People with Disabilities (AnaPcD) has filed Direct Action for Unconstitutionality by Omission No. 98 (ADO 98) before Brazil's Supreme Federal Court (STF), challenging the lack of national regulation for the biopsychosocial assessment of disability. The methodology considers not only medical diagnosis but also biological, psychological, and social factors, living conditions and barriers to participation. The association argues that the Brazilian Inclusion Law established a deadline for implementation of the assessment that expired in January 2018 and that Brazil still lacks a unified national model. Justice Cármen Lúcia, the rapporteur, has requested information from the authorities involved under an expedited procedure. The case could therefore place the implementation of a national assessment framework back at the center of the federal policy agenda. [Read more.](#)

MEDICAL ORGANIZATIONS CALL FOR BAN ON COMPOUNDED HORMONAL "BEAUTY CHIP" IMPLANTS

Twelve medical and scientific organizations, including the Brazilian Society of Endocrinology and Metabolism (SBEM), have called on Anvisa and other public authorities to prohibit compounded hormonal implants commonly known as "beauty chips." The groups are asking for measures addressing the manipulation, production, commercialization, distribution, advertising, and use of these implants. The organizations argue that the products are being promoted for purposes including weight loss, muscle gain, anti-aging, libido, and menopause treatment without adequate evidence of safety and efficacy. The position also distinguishes compounded implants from approved and monitored hormone therapies, placing the issue within the broader debate over evidence requirements, advertising, and regulatory oversight of compounded medicines. [Read more.](#)

CMED AND CONITEC STUDY INTEGRATED ASSESSMENTS TO REDUCE TIME TO ACCESS NEW MEDICINES

Brazil's Chamber for Regulation of the Pharmaceutical Market (CMED) and National Commission for the Incorporation of Technologies into the SUS (Conitec) are studying ways to integrate their assessments in order to reduce the time required for new medicines to reach the Brazilian market. The proposal seeks to improve coordination between health technology assessment and pharmaceutical price regulation. The initiative could reduce duplication between the two processes and create greater predictability for companies seeking market access. It also reflects a broader effort to streamline the incorporation of innovative therapies into the SUS while maintaining separate requirements for clinical evidence, cost-effectiveness, and price regulation. [Read more.](#)

CMED PUBLISHES NEW LIST OF PRODUCTS SUBJECT TO THE CAP PRICING MECHANISM

Brazil's Chamber for Regulation of the Pharmaceutical Market (CMED) has published an updated list of products subject to the CAP pricing mechanism. The CAP, or Price Cap, establishes a maximum price for medicines under specific conditions and is particularly relevant to public-sector purchases and other transactions covered by the mechanism. The updated list provides

companies, government buyers, and healthcare institutions with a reference for the prices applicable to the products included in the regime. The measure is relevant to pharmaceutical companies participating in public procurement and to institutions responsible for ensuring compliance with CMED pricing rules. [Read more.](#)

CMED PUBLISHES NINTH EDITION OF PHARMACEUTICAL MARKET STATISTICAL YEARBOOK

CMED has published the ninth edition of its Statistical Yearbook of the Pharmaceutical Market, consolidating data on Brazil's medicines industry and commercial market. The publication provides information that can be used to assess market size, sales trends, product categories, and the evolution of pharmaceutical consumption. The annual publication is an important reference for companies and policymakers monitoring the Brazilian pharmaceutical market. Beyond its role as a statistical source, the data can support strategic analysis of market concentration, product demand and the development of public policies affecting the pharmaceutical sector. [Read more.](#)

EMS ASKS FOR 108% HIGHER IMPORT TAX ON COMPETING WEIGHT-LOSS INJECTIONS

Brazilian pharmaceutical company EMS has requested a 108% increase in the import tax applicable to competing weight-loss injectable medicines imported from abroad. The request comes as the Brazilian market for GLP-1 medicines expands rapidly and competition increases among multinational companies and domestic manufacturers. The proposal adds a trade-policy dimension to the debate surrounding the weight-loss medicines market. Changes in import tariffs can affect the relative competitiveness of imported and locally manufactured products, as well as prices, investment decisions, and the development of domestic production capacity. [Read more.](#)

GOVERNMENT BLOCKS UNREGISTERED INSULIN BUT CONTRACTS LABORATORY WITHOUT ANVISA AUTHORIZATION

The federal government has blocked the use of insulin that does not have registration with Anvisa, while a separate procurement involving a laboratory without the agency's authorization has raised questions about regulatory compliance. The case has drawn attention to the rules governing the acquisition and supply of medicines by public authorities. The issue is particularly relevant because government procurement must reconcile urgent healthcare needs with regulatory requirements concerning registration, manufacturing authorization, and product quality. The case illustrates the potential legal and operational challenges involved when public purchasing decisions concern medicines that fall outside the regular regulatory framework. [Read more.](#)

ANVISA INVESTIGATES 13 CASES OF OCULAR DISEASE FOLLOWING USE OF WEIGHT-LOSS INJECTIONS

Anvisa is investigating 13 suspected cases of non-arteritic anterior ischemic optic neuropathy (NAION) among patients using GLP-1 medicines for diabetes and obesity. The notifications involve five cases associated with Ozempic, three with Wegovy, two with Wegovy FlexTouch, one with Mounjaro and two with Rybelsus. Twelve of the reports involve semaglutide and one involves tirzepatide. The agency has stressed that the notifications are still under investigation and do not establish a causal relationship between the medicines and the ocular condition. NAION is a rare condition that can cause sudden visual loss. Anvisa had previously required information about the potential adverse event to be included in the package inserts of medicines containing semaglutide. [Read more.](#)

OPHTHALMOLOGY COUNCIL ISSUES GUIDANCE AFTER ANVISA INVESTIGATES OCULAR CASES LINKED TO WEIGHT-LOSS INJECTIONS

The Brazilian Council of Ophthalmology (CBO) has issued guidance following Anvisa's investigation of 13 suspected cases of NAION among users of weight-loss injections. The council

recommends that patients experiencing visual symptoms seek ophthalmological evaluation and that users discuss appropriate monitoring with the physician responsible for prescribing the medicine. The CBO does not recommend that patients discontinue GLP-1 medicines on their own. The council emphasizes that the potential association between the medicines and ocular complications remains under investigation and that available evidence is not yet sufficient to establish a definitive causal relationship. The guidance therefore focuses on medical follow-up and early recognition of visual changes. [Read more](#).

DIGITAL PRESCRIPTIONS INCREASE 87% IN THREE YEARS

Digital prescriptions in Brazil increased 87.02% between 2022 and 2025, according to the 2026 Digital Prescription Report published by Memed. During the same period, the number of prescribed items increased by 125.66%, while the base of physicians using digital prescription systems also expanded significantly. The growth indicates that digital prescriptions are becoming part of the country's healthcare infrastructure rather than serving only as an emergency alternative to paper prescriptions. The trend is particularly relevant as Anvisa expands the National Prescription Control System (SNCR), creating new requirements and opportunities for integration between physicians, pharmacies, software providers, and regulatory authorities. [Read more](#).

COSAÚDE EVALUATES INCLUSION OF NEW TECHNOLOGIES IN THE HEALTH INSURANCE COVERAGE LIST

The National Supplementary Health Agency (ANS) held the 55th technical meeting of its Committee for the Updating of the Supplementary Health Procedures and Events List (Cosaúde) to discuss proposals for the inclusion of new technologies in the mandatory coverage list. The meeting examined technologies including cabozantinib for neuroendocrine tumors, growth hormone therapy, an endoscopic procedure, and a therapy for gallstones. The discussions form part of the technical and social participation process used to update the list of procedures and events that private health insurers are required to cover. For pharmaceutical and medical technology companies, the Cosaúde process is an important stage in the regulatory pathway for supplementary-health market access and can affect coverage, reimbursement, and commercial strategies. [Read more](#).

HEALTH PLANS BEGIN COVERING HORMONAL IUDS FOR ENDOMETRIOSIS TREATMENT

Private health insurance plans in Brazil are now required to cover hormonal intrauterine devices (IUDs/SIUs) for patients with endometriosis under specific clinical conditions. The change took effect on October 1 following an update to the ANS list of mandatory procedures and events, and includes both the device and the implantation procedure. Coverage applies when combined oral contraceptives are contraindicated or the patient does not adhere to them, in accordance with the applicable utilization guideline. The measure expands mandatory coverage for endometriosis treatment and provides a new therapeutic option for beneficiaries, while also establishing clearer parameters for insurers when evaluating requests for the procedure. [Read more](#).

MORE HIGHLIGHTS

[Conasems issues guidance on SUS procedure table following new Ministry of Health regulation](#)

[Anvisa and Hong Kong health authority sign memorandum to expand cooperation](#)

[Anvisa creates new portal page consolidating product inspection information](#)

[Anvisa approves diabetes injection combining insulin and semaglutide](#)

[Anvisa notifies Mercado Livre over medicine sales](#)

[Alibaba sells empty weight-loss injection packaging, raising counterfeiting concerns](#)

[Seven in ten women aged 20 to 29 with breast cancer in SUS are diagnosed at an advanced stage](#)

[Perimenopause changes increase cardiovascular risk in women](#)

[Declining ratio between births and deaths may increase pressure on Brazil's healthcare system](#)

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