WEEKLY REPORT

10/17/2026

TCU CALLS FOR ACTION TO REDUCE LITIGATION OVER MEDICINES ALREADY INCORPORATED INTO SUS

Brazil's Federal Court of Accounts (TCU) has called on the Ministry of Health to take further measures to reduce litigation involving medicines already incorporated into the Unified Health System (SUS), following a review of the government's progress in improving the management of health-related lawsuits. In Judgment No. 2782/2026, issued on October 7, the court found that, despite institutional advances, the problem persists alongside gaps in data management and the implementation of established public policies. The TCU ordered the ministry to submit, within 60 days, information on the work of its Permanent Committee for Rationalizing Health Litigation, including its annual work plan, priority actions, meeting records, resolutions and performance indicators. The ministry must also identify which incorporated medicines and other health technologies continue to generate lawsuits, detailing the volume and value of claims, their geographical distribution, the underlying causes and the measures adopted or planned to improve regular access. The court's review identified a significant gap between formal incorporation into SUS and actual availability to patients. Of 308 active ingredients identified in judicial claims in 2025, 96, or 31.2%, were already incorporated into public health policies. A separate TCU audit found that approximately 78.33% of incorporated medicines exceeded the statutory 180-day deadline for becoming available to SUS patients. Read more.

HOUSE HEALTH COMMITTEE FACES NEARLY 50% TURNOVER IN 2027, WITH 40 PHYSICIANS ELECTED AS LAWMAKERS

Brazil's House of Representatives is expected to see substantial changes in the composition of its Health Committee in 2027, with 24 of its 49 full members as of September 2026 not returning to the committee. The turnover represents approximately 49% of its current membership. A separate analysis by Saúde Insider, based on electoral data and official biographies, identified 40 elected lawmakers with medical training among the 513 members of the House. The changes could reshape parliamentary engagement on healthcare legislation, including proposals affecting health insurance, hospitals, healthcare professionals and the medical device industry. Among the incoming lawmakers identified in the report are former Health Minister Nísia Trindade and former Anvisa director Agnelo Queiroz. The committee's new composition will be relevant to companies and associations monitoring legislative priorities, stakeholder engagement and the development of health policy during the next legislative term. Read more.

ACCESS AND HEALTHCARE MANAGEMENT ACCOUNT FOR 55.7% OF BILLS APPROVED BY HOUSE HEALTH COMMITTEE IN 2026

A survey by Saúde Insider found that Brazil's House Health Committee approved 88 bills between January 1 and October 11, 2026. Of these, 49 (55.7%) focused on patient care, access and rights, or on healthcare policies, programs and management. The first category accounted for 26 bills, while the second included 23. The committee also approved 15 proposals related to awareness campaigns and commemorative dates, and 14 establishing rules and obligations. By subject, autism, disability and inclusion accounted for 11 bills, as did cancer and oncology, while medicines, health technologies and sanitary surveillance represented seven. The survey also identified proposals addressing cross-state cancer treatment through SUS and mandatory private insurance coverage for certain medicines used to treat rare and immune-mediated

diseases. Committee approval does not mean a bill has become law, and further legislative stages may be required. The figures provide an indication of the policy issues receiving parliamentary attention and may help healthcare stakeholders prioritize legislative monitoring and engagement. Read more.

VICE PRESIDENT SAYS BRAZIL COULD BECOME AN EXPORTER OF HEALTH PRODUCTS THROUGH INDUSTRIAL POLICY

Vice President Geraldo Alckmin said Brazil could become a regional exporter of medicines, vaccines, medical supplies and equipment by strengthening its Health Economic-Industrial Complex. Speaking at an event in São Paulo on October 16, alongside Health Minister Alexandre Padilha, he argued that the country could become a hub for the development, sale and distribution of health products, particularly for Latin American markets. The government's stated target is to meet 50% of domestic demand with local production by 2026 and 70% by 2033, covering vaccines, medicines, supplies and equipment. The strategy is intended to reduce dependence on imports, strengthen the domestic industrial base and improve the resilience of the SUS. According to figures cited in the report, Brazil's health-sector trade deficit reached US$21 billion in 2023, 40% above the US$15 billion recorded in 2010. Local production was estimated to account for 42% of national consumption of medicines, vaccines, equipment and health materials in 2024, while more than 90% of active pharmaceutical ingredients used in Brazil were imported, according to government information. Alckmin also highlighted the potential contribution of tax reform, the Nova Indústria Brasil industrial policy and the Clinical Trials Law to innovation, competitiveness and the expansion of domestic production. Read more.

BRAZIL'S PARTICIPATION IN CLINICAL RESEARCH GROWS FOLLOWING NEW LEGAL FRAMEWORK

Brazil climbed from 18th place in 2025 to 12th in the global ranking of newly initiated clinical trials in the first quarter of 2026, with 51 studies registered and a 2.9% share of the global total, according to a study by the Brazilian Association of the Research-Based Pharmaceutical Industry (Interfarma) and IQVIA. The country had advanced only three positions between 2020 and the end of 2025, making the six-position jump in the first-quarter 2026 ranking a notable change. The study was presented at the BIO International Convention in San Diego. Interfarma links the improvement to Brazil's Clinical Trials Law (Law No. 14,874/2024) and its implementing rules, which allow ethical and sanitary reviews to run in parallel and establish more predictable review procedures. According to data cited by the association, ethical review timelines fell from 53 business days in November 2025 to 39 in March 2026. In the sanitary review process, Anvisa finalized 405 DDCFs in 2025, exceeding the 352 submitted during the period and clearing the reported backlog. Interfarma estimates that reaching the global top 10 could attract R$2.1 billion in direct annual investment, generate R$6.3 billion in annual economic impact and benefit 286,000 patients. These are projections, not realized outcomes. Read more.

HEALTH MINISTRY ESTABLISHES METHODOLOGY TO MAP CLINICAL RESEARCH CENTERS NATIONWIDE

Brazil's Ministry of Health has approved a methodology for mapping public and private clinical research centers across the country. The initiative will collect information on infrastructure, areas of expertise, operational capacity and geographic coverage to support public policy planning, strengthen scientific networks and reduce regional disparities. The methodology was approved on October 5, 2026, following a workshop involving research institutions, hospitals, scientific organizations, professional associations and industry representatives. Coordinated by the Ministry's Secretariat for Science, Technology and Innovation in Health, the initiative is being implemented by the Botucatu School of Medicine at São Paulo State University (Unesp), in partnership with the National Council for Scientific and Technological Development (CNPq). A public call for information from research centers is planned by the end of 2026, paving the way for a National Registry of Clinical Research Centers. The mapping is intended to document

infrastructure, specialties, operational capacity and geographic distribution across both public and private institutions. This baseline could help identify gaps outside the main research hubs, connect qualified centers with pharmaceutical sponsors and inform investment in medicines, vaccines and other health technologies for SUS. No nationwide count of centers or quantified regional gap was provided in the announcement, so the mapping itself will establish the baseline against which future expansion can be measured. Read more.

PHILANTHROPIC HOSPITALS REPORT R$20 BILLION ANNUAL DEFICIT LINKED TO SUS PAYMENT TABLE

Organizations representing philanthropic hospitals and health service providers estimate that outdated SUS reimbursement rates generate an annual deficit of R$20 billion. The groups include Santas Casas, associations serving people with disabilities and dialysis clinics. According to the entities, public reimbursement covers only 40% to 60% of the actual cost of services in some cases, putting pressure on providers that deliver care to patients referred through the public health system. The reported discrepancies include hemodialysis sessions reimbursed at R$251.57, compared with private-sector costs of up to R$1,200, and speech therapy sessions paid at R$10.90, compared with private-sector prices of up to R$250. The Ministry of Health argues that it has expanded funding through annual adjustments and additional incentives, increasing transfers from R$734 million in 2022 to R$3.5 billion in 2025. Providers, however, say these increases largely compensate for inflation without correcting the historical gap between reimbursement and actual costs. The issue is also before Brazil's Supreme Federal Court, where a decision could have broader implications for public-sector payments to contracted providers. The federal government has argued that adopting payment criteria linked to private health insurance rates could generate an annual impact of up to R$24 billion on public spending. Read more.

HEALTH MINISTER PROPOSES REPLACING BRAZIL'S DECADES-OLD SUS PAYMENT TABLE

Health Minister Alexandre Padilha said that a possible fourth term for President Luiz Inácio Lula da Silva would definitively replace the SUS payment table, the system used to reimburse hospitals and clinics for procedures provided to the public health network. According to Padilha, the existing table is no longer the payment reference for approximately 1,500 procedures, which are now remunerated under the Agora Tem Especialistas program at rates reportedly three to four times higher, with regional differences taken into account. The government argues that the traditional model is outdated because it pays for individual procedures rather than integrated care and patient outcomes. Padilha also outlined measures intended to expand access and reduce waiting times. The ministry expects to launch a national SUS waiting-list dashboard by the end of 2026, following legislation requiring states and municipalities to provide data. The minister reported nearly 15 million elective surgeries through SUS in 2025, 42% more than in 2022, and projected 16 million for 2026. He also said mobile health units had reached 4,300 municipalities and that the government had signed R$1 billion in contracts with private hospitals in 2026, covering an estimated 1.2 million procedures through a combination of services and debt or tax-credit mechanisms. Read more.

HEALTH-RELATED INFLATION EXCEEDS BRAZIL'S OVERALL IPCA BY 25.5% OVER 12 MONTHS

Brazil's health and personal care category recorded inflation of 5.75% over the 12 months through September 2026, compared with 4.58% for the country's overall Broad National Consumer Price Index (IPCA). The difference amounts to 1.17 percentage points, meaning that the health category's inflation rate was 25.5% higher than the headline index. In September alone, the category rose by 0.08%, while the overall IPCA increased by 0.82%. Health and personal care accounts for approximately 14% of the index's weighting, according to the figures published by the Brazilian Institute of Geography and Statistics (IBGE). Services were a major contributor to the increase. Medical and dental services rose 8.39% over 12 months, with prices for medical services up 7.3% and dental services up 9.77%. Health insurance prices increased

5.7%, while laboratory tests rose 5.06%. Medicine price movements varied by category: ophthalmic medicines increased 7.89%, analgesics and antipyretics rose 4.83%, and antibiotics and anti-inflammatory drugs increased 3.23%. The longer-term comparison also shows a widening gap: from January 2022 through July 2026, the overall IPCA rose 25.12%, while health and personal care increased 39.01%. Read more.

65% OF PATIENTS CANNOT AFFORD WEIGHT-LOSS INJECTIONS, REPORT FINDS

A Brace Pharma report based on research compiled from multiple sources found that 65% of patients who are eligible for weight-loss injections cannot afford to continue treatment; physicians estimated that only 28% can pay for ongoing use. The analysis included interviews with 1,067 doctors conducted by medical students in the final stage of training through IFEPEC/Febrafar. The data point to a substantial gap between clinical eligibility and the ability to sustain treatment costs. The same report found that online mentions of weight-loss injections increased 86% between the second half of 2025 and the first half of 2026. About 91.4% of online mentions reportedly involved buying without a prescription or discussing how to obtain the medicines. The affordability problem therefore intersects with concerns about treatment interruption, non-prescribed use and illegal supply. Physicians warn that intermittent use without medical supervision can lead to weight regain, while Anvisa cautions against unregistered products whose quality and safety have not been assessed. Read more.

87% OF PHYSICIANS RECOMMEND WEIGHT-LOSS INJECTIONS FOR OBESITY

A report by Brace Pharma, published by CNN Brasil, found that 87% of physicians recommend GLP-1-based injections for patients with overweight or obesity, while 15% recommend the medicines for people with type 2 diabetes. Among patients surveyed, 68% said they intended to start using the drugs and 8% said they had used them or were currently using them. Online mentions of weight-loss injections rose 86% in six months, comparing the first half of 2026 with the second half of 2025. The findings indicate high physician acceptance and consumer interest, but affordability remains a major limitation: the report estimates that 65% of eligible patients cannot sustain treatment costs and only 28% can afford continued use. It also found that 91.4% of online mentions involved purchase without prescription or discussions about obtaining the medicines. The figures are survey and social-listening measures, not national prescription or sales counts. The gap between demand and affordability raises concerns about discontinuation, unsupervised use and illegal products. Read more.

OPHTHALMOLOGY COUNCIL ISSUES GUIDANCE FOR PATIENTS USING WEIGHT-LOSS INJECTIONS

The Brazilian Council of Ophthalmology (CBO), together with the Brazilian Association of Neuro-Ophthalmology and the Brazilian Society of Retina and Vitreous, has issued guidance following Anvisa's investigation of 13 suspected cases of non-arteritic anterior ischemic optic neuropathy (NAION) in people using injectable weight-loss medicines. NAION is a rare condition that can cause sudden vision loss. The organizations emphasize that a possible association does not establish that the medicines caused the reported cases. The guidance does not recommend routinely discontinuing these medicines or conducting additional eye examinations solely to screen for NAION in all asymptomatic users. Patients who experience new visual symptoms should seek prompt ophthalmological assessment, while those with a previous history of NAION or other eye conditions should discuss individual risks with their treating physicians. The recommendations highlight the importance of pharmacovigilance and evidence-based communication as the use of GLP-1-based and other weight-loss therapies continues to expand. Read more.

ANVISA CONSULTATION ON MEDICINE SALES THROUGH MARKETPLACES EXPECTED AFTER ELECTIONS

Brazil's Health Regulatory Agency (Anvisa) is expected to submit its proposed rules for medicine sales through online marketplaces to public consultation after the 2026 elections, with November cited as the anticipated timeframe. Preparatory meetings are already underway

within the agency, and technical teams have begun working on aspects of the proposal considered less controversial. The initiative concerns the regulatory framework for medicines sold through digital platforms, an increasingly relevant issue as online commerce expands and regulators seek to define the responsibilities of the companies involved. Anvisa Director Daniel Meirelles Pereira is responsible for reporting on the matter following a selection process held in August 2026. The expected consultation will provide an opportunity for stakeholders to comment on the draft before the agency advances with the regulatory process. The timing and eventual content of the proposal will be important for pharmaceutical companies, pharmacies and digital platforms, particularly regarding the conditions under which medicines may be offered and sold online. The final requirements will depend on the text published for consultation and the subsequent regulatory decisions. Read more.

ANVISA UPDATES BRAZIL'S LIST OF COMMON DRUG NAMES

Anvisa has updated Brazil's list of Brazilian Common Denominations (DCBs), adding 24 new entries through Normative Instruction No. 473/2026. The list establishes the official names approved for active pharmaceutical ingredients and has a broader scope that includes certain inactive ingredients, vaccines, hyperimmune sera, radiopharmaceuticals, medicinal plants, homeopathic substances and biological products. The updated consolidated list is available through the agency's digital library. Standardized nomenclature supports consistent identification of pharmaceutical substances in medicine registration records, packaging, patient information leaflets, prescriptions and technical documentation. The update is therefore relevant to pharmaceutical manufacturers, regulatory affairs teams and other stakeholders responsible for product development, registration and labeling. Companies should consult the consolidated list when preparing or updating regulatory documentation to ensure that the applicable official terminology is used. Read more.

ANVISA RELEASES INSPECTION GUIDE FOR NEW BLOOD-PROCEDURE RULES

Anvisa has made available an inspection guide to support compliance with updated rules governing hemotherapy procedures. The document is intended to help regulated establishments understand the criteria that will be assessed during inspections and prepare their processes accordingly. The guidance is relevant to blood services and other institutions involved in hemotherapy, as implementation of updated requirements depends on clear operational procedures and consistent oversight. Establishments should review the guide alongside the applicable regulations and assess whether their practices and documentation need adjustment. Read more.

FIOCRUZ CAR-T LAB COULD DECENTRALIZE PRODUCTION, BUT EXPERTS URGE CAUTION

A new CAR-T laboratory at the Oswaldo Cruz Foundation (Fiocruz) could help decentralize production of advanced cell therapies in Brazil. Specialists have nevertheless urged caution regarding the operational and scientific challenges involved in expanding access to these complex treatments. CAR-T therapies require specialized infrastructure, strict quality controls and highly trained teams. The initiative could contribute to national scientific and technological capacity, but its impact on access will depend on production scale, clinical evidence, regulatory requirements, costs and integration with the healthcare system. Read more.

NATIONAL HEALTH COUNCIL DISCUSSES CHALLENGES IN EARLY BREAST CANCER DIAGNOSIS AND TREATMENT ACCESS

Brazil's National Health Council (CNS) has discussed barriers to early breast cancer diagnosis and timely treatment during its 383rd ordinary meeting, held as part of the October Pink awareness campaign. The discussion highlighted the importance of equitable access to screening, diagnostic services and treatment through the Unified Health System (SUS). According to the National Cancer Institute (INCA), Brazil is expected to record approximately 78,610 new breast cancer cases annually during the 2026–2028 period. Participants emphasized that racial and regional inequalities, delays in diagnostic testing and limited access

to healthcare facilities can contribute to late diagnosis. The Ministry of Health also presented its Oncology Pharmaceutical Assistance strategy (AF-Onco), designed to improve the organization, financing and availability of cancer medicines through SUS. The discussion reinforces the need to translate national cancer-control policies into timely access to diagnostic technologies, medicines and comprehensive care, while strengthening patient participation and monitoring of healthcare delivery. Read more.

BRAZILIAN BIOREPOSITORY COULD HELP PERSONALIZE CANCER PREVENTION THROUGH SUS

A biorepository developed at Hospital de Amor in Barretos, São Paulo, is collecting genetic, epidemiological and lifestyle data to develop cancer-risk assessment tools better suited to Brazil's population. The initiative currently includes 4,062 participants and nearly 40,000 blood-derived samples, with a target of enrolling at least 8,000 people over the next two years. Initial research focuses on breast, colorectal and cervical cancers. The study describing the biorepository was published in iScience and received funding from the São Paulo Research Foundation (FAPESP). The project aims to address a limitation in precision medicine: more than 90% of participants in major genomic studies used to assess cancer risk have European ancestry, potentially limiting the applicability of existing risk models to Brazil's genetically diverse population. Researchers intend to combine genetic and epidemiological information to develop more representative risk-prediction tools that could eventually support personalized screening and prevention strategies through SUS. Clinical validation and further research will be necessary before these tools can be incorporated into routine public healthcare. Read more.

BRAZIL QUALIFIES INTELLIGENT HOSPITAL INSTITUTE AS A SOCIAL ORGANIZATION UNDER THE MINISTRY OF HEALTH

Brazil's federal government has qualified the Brazilian Institute of Intelligent Medicine Technology (ITMI) as a social organization responsible for supporting the development of the National Network of Intelligent Hospitals and Services and High-Precision Medicine. The decision was formalized through Decree No. 13,137, signed on October 9 and published in the Federal Official Gazette on October 13, 2026. The institute was selected through a public call conducted by the Ministry of Health and is expected to support a network of intensive care units and the Institute of Emergency Technology. The initiative is part of a broader strategy to incorporate artificial intelligence, connectivity and real-time patient monitoring into SUS hospital care. A monitoring center established at the University of São Paulo's Hospital das Clínicas already follows clinical parameters in intensive care units at six Brazilian hospitals. The institute's activities will depend on a management contract with the Ministry of Health, and the decree does not specify the contract value, the number of units to be covered or an implementation timetable. The program could expand the use of digital infrastructure in public hospitals, while its operational scope and outcomes remain to be defined. Read more.

CONGRESS APPROVES MANDATORY EXAMINATION TO PRACTICE MEDICINE

Brazil's National Congress approved Provisional Measure No. 1,370/2026, making approval in the National Medical Training Assessment Examination (Enamed) a requirement for medical professional registration. The measure was approved by the House of Representatives and the Federal Senate on October 15, 2026, and sent to the President for approval. The requirement applies to students who entered medical school on or after June 19, 2026, while students already enrolled before that date and physicians whose diplomas are recognized in Brazil are exempt. The assessment will take place at three stages during medical school: at the end of the fourth semester, the eighth semester and the twelfth semester. The final score will be calculated using a weighted average, with greater weight assigned to the last examination. The test will assess the knowledge, skills and competencies established in national medical education guidelines, taking into account the needs of Brazil's Unified Health System (SUS). Results may also inform public policies and the supervision of medical schools, amid a reported 50% increase in the number of medical courses over the previous five years. Read more.

ACCOUNTABILITY FOR MEDICAL ERRORS INVOLVING AI REQUIRES BROADER DEBATE, EINSTEIN EXECUTIVE SAYS

Responsibility for medical errors involving artificial intelligence requires broader discussion involving healthcare professionals, healthcare institutions and technology companies, according to Rodrigo Gobbo, medical director of the Interventional Medicine Center at Einstein Hospital Israelita. Speaking at an event organized by Siemens Healthineers in São Paulo, Gobbo highlighted the difficulty of determining accountability when AI systems contribute to clinical decisions, particularly when multiple tools are involved. He also raised ethical concerns about collecting patient data without a clearly defined purpose. Brazil's Federal Council of Medicine (CFM) introduced Resolution No. 2,454/2026, which took effect in August and establishes rules for the use of AI in medical practice. Under the framework, AI serves as a support tool, while physicians retain responsibility for medical decisions. The discussion also highlights the importance of data protection, cybersecurity and transparency in the development and deployment of medical AI. As adoption expands, questions concerning liability, informed clinical judgment and the handling of sensitive patient information are likely to remain central to healthcare governance. Read more.

MORE HIGHLIGHTS

Anvisa opens registration for CADIFA 2026 seminar

Anvisa publishes guidance on new rules for herbal medicines

Brazil exceeds 138,000 Anvisa authorizations for medicinal cannabis

Brazil approves protocol for treating children with hemophilia A

House approves use of privately obtained health tests in SUS facilities

PAHO, SUS institutions and partners launch syndromic surveillance community of practice

WHO audits Brazilian health surveillance laboratories as part of international recognition process

BRAZIL NEWS

Flavio Bolsonaro slightly leads Lula in Brazil runoff, Quaest poll shows

Brazil candidates focus fiscal plans on voter-friendly measures before runoff

Brazil announces bill to forgive $2.5 billion in micro-entrepreneurs debt

Brazil may offer credit lines to ease impact of tax, labor reforms, minister says

Brazil's incoming right-wing Congress takes aim at judge who jailed Bolsonaro

Brazil's Bolsonaro racks up endorsements, shaping potential governing bloc

Brazil economic activity up 0.3% in August, matching forecasts