WEEKLY REPORT

11/14/2026

CENSUS REVEALS THE PHARMACEUTICAL INDUSTRY'S PRIORITIES

The first Pharmaceutical Industry Census, conducted by Sindusfarma in partnership with Datafolha, surveyed 168 companies representing 89% of Brazil's pharmaceutical market. The findings point to a new investment cycle: 66% of companies plan to invest in research and development over the next three years, 69% intend to acquire technological equipment, 54% expect to invest in production machinery and 51% plan investments in factories and facilities. Portfolio expansion is also a priority, with 85% of companies expecting to broaden their therapeutic offerings over the next five years. The average projected annual compound revenue growth rate is 13% during this period. Digital transformation is another important component of the industry's plans. Among companies with manufacturing facilities in Brazil, 52% intend to use artificial intelligence to predict equipment failures, 49% plan to digitalize quality control and 48% expect to apply AI to demand and production forecasting. However, 91% report challenges in adopting digital technologies, with implementation costs cited by 66%. In clinical research, 65% plan to increase investments over the next five years, particularly in oncology, central nervous system disorders and rare diseases. The average time for ethical and regulatory approval of clinical trials is 10.1 months, while 51% identify lengthy approval processes as a major obstacle to conducting research in Brazil. Read more.

48% OF PHARMACEUTICAL COMPANIES RELY ON IMPORTED INPUTS, SINDUSFARMA CENSUS FINDS

The census conducted by Sindusfarma in partnership with Datafolha found that 48% of pharmaceutical companies operating in Brazil depend on imports for more than 80% of their active pharmaceutical ingredients (APIs). The average dependence on imported APIs reaches 72.6%, exposing manufacturers to exchange-rate fluctuations, rising freight costs and disruptions in international supply chains, particularly because suppliers are concentrated in countries such as China and India. The vulnerability is also intensified by Brazil's medicine price regulation, which limits companies' ability to pass unexpected increases in production costs on to the market. The findings reinforce the need for a strategic industrial policy focused on strengthening domestic production of critical inputs. Sindusfarma argues that Brazil does not need to manufacture every API locally, but should prioritize strategic products for the SUS, inputs with higher risks of supply disruption and those for which domestic production can be economically and technologically viable. Read more.

BRAZIL'S CHALLENGE IN 2027 IS TO TURN MARKET POTENTIAL INTO TECHNOLOGICAL PROGRESS, SAYS REGINALDO ARCURI

Reginaldo Arcuri, executive president of Grupo FarmaBrasil, says the main challenge for Brazil's pharmaceutical industry in 2027 will be to transform the country's large consumer market and growing industrial capacity into technological development and innovation. He argues that the next government should maintain policies supporting domestic production, research and development, and industrial competitiveness. The association's member companies obtained more than R$6.4 billion in financing from the Brazilian Development Bank (BNDES) and the Funding Authority for Studies and Projects (Finep) between 2023 and July 2026. According to Arcuri, these investments need to be supported by stable financing mechanisms, regulatory predictability and long-term coordination between government, companies and research institutions. Read more.

DIGITAL SALES ACCOUNT FOR UP TO 46.6% OF PHARMACY RETAIL

Digital channels are becoming increasingly important in Brazil's pharmacy retail market, accounting for up to 46.6% of gross retail revenue at some major chains, according to third-quarter 2026 results from Panvel, RD Saúde and Pague Menos. Panvel reported R$792.4 million in digital sales, representing 46.6% of its gross retail revenue. RD Saúde recorded R$3.8 billion in digital revenue, up 27% year over year, equivalent to 29.4% of retail sales, while Pague Menos generated approximately R$1.1 billion through digital channels, a 32.8% increase and 24% of total sales. GLP-1 medicines have contributed to online growth: a Serasa Experian study found that online orders for these products increased 149.3% in the first half of 2026 compared with the same period of 2025, exceeding R$2.3 billion in total value. However, the companies report that digital expansion goes beyond weight-loss medicines, with continued growth in other product categories. Read more.

CHEAPER WEIGHT-LOSS INJECTIONS PROMISED BY LULA ARE CURRENTLY APPROVED ONLY FOR DIABETES, POTENTIALLY LIMITING SUS ACCESS

The availability of lower-cost semaglutide products has increased competition in Brazil, but their regulatory indications may create an obstacle to government procurement for obesity treatment. Most of the recently approved alternatives have registration with Anvisa for type 2 diabetes, while their use for obesity would be considered off-label. Although off-label prescribing may be permitted in clinical practice, the lack of an obesity indication can complicate public procurement and incorporation into the SUS. Anvisa is reviewing two new registration applications for semaglutide specifically for obesity, after the Ministry of Health requested priority in the assessment process. The agency approved that priority request on October 26, although no deadline has been established for the decisions. Read more.

MINISTRY OF HEALTH BEGINS PROCESS TO INCORPORATE VACCINE NOT REGISTERED WITH ANVISA

The Ministry of Health has initiated the process of incorporating a whole-cell hexavalent vaccine into the SUS, despite the product not yet having registration with the National Health Surveillance Agency (Anvisa). The vaccine is intended for children aged two to six months and protects against diphtheria, tetanus, pertussis, hepatitis B, Haemophilus influenzae type B and polio. The National Immunization Program (PNI) proposed purchasing the product through the Pan American Health Organization's Revolving Fund, estimating savings of R$26.31 per vaccinated child and approximately R$50 million in the first year. The proposal received a preliminary favorable assessment from Conitec and was referred for public consultation. However, the absence of registration with Anvisa, as well as with major international regulatory agencies such as the FDA and EMA, generated questions during the commission's discussions.. The Ministry argues that the use of an international procurement mechanism allows the technology to be assessed under the applicable legal framework. Read more.

SCIENTIFIC EVIDENCE AND TECHNOLOGY SHOULD GUIDE JUDICIAL DECISIONS ON HEALTHCARE

The president of the National Council of Justice (CNJ) and the Supreme Federal Court (STF), Justice Edson Fachin, emphasized that scientific evidence, technological advances and institutional responsibility must play a central role in judicial decisions involving healthcare. His remarks followed the first National Meeting of Judicial Technical Support Centers (NatJus), held on November 4, and the Fifth National Congress of the Judiciary Forum for Health (Fonajus), held on November 5 and 6 in Rio de Janeiro. Both events brought together judges, healthcare professionals, public administrators and representatives of the justice system to discuss the growing challenges of healthcare litigation. The discussions focused on evidence-based medicine, technical support for judicial decisions and the need to improve coordination between the healthcare and judicial systems. Fachin said the meetings should contribute to more qualified decisions and stronger institutional cooperation. Read more.

NATIONAL HEALTH COUNCIL HIGHLIGHTS CHALLENGES IN ACCESS TO RARE DISEASE TREATMENTS AT JUDICIAL CONGRESS

The National Health Council (CNS) participated in the Fifth National Congress of the Judiciary Forum for Health (Fonajus), held in Rio de Janeiro, where representatives of the healthcare and judicial sectors discussed the challenges of healthcare litigation and access to innovative treatments. A panel dedicated to rare diseases addressed the high costs of medicines, the difficulties of incorporating new technologies and the need to ensure the sustainability of both public and private healthcare systems. CNS representative Priscila Torres argued that patients' rights must be protected and that treatment interruptions following judicial decisions require individualized assessment. Ministry of Health representatives highlighted the limitations of clinical evidence for some innovative therapies, uncertainties regarding long-term benefits and the high prices that complicate their availability through the SUS. Participants also discussed the importance of strengthening clinical research, improving regulatory and assessment processes, and considering patients' real-world needs alongside cost-effectiveness criteria. The debate brought together representatives of the Ministry of Health, Anvisa, the National Supplementary Health Agency (ANS) and the pharmaceutical industry. The CNS emphasized that judicialization should not replace effective public policies, while calling for stronger financing, better access negotiations and greater coordination among institutions to ensure equitable access to treatments for rare diseases. Read more.

FORUM DISCUSSES ACCESS TO TREATMENTS FOR RARE DISEASES THROUGH THE SUS

The Neuroraras Forum, organized by the Association of People with Multiple Sclerosis and Rare Diseases (Apemigos), brought together patients, healthcare professionals and policymakers in Brasília to discuss barriers to diagnosis, treatment and access to medicines through the SUS. Participants highlighted that patients often face challenges extending far beyond receiving a diagnosis, including limited access to high-efficacy technologies, specialized follow-up and treatments capable of slowing disease progression. Apemigos president Ana Paula Morais stressed that access to appropriate therapies can preserve quality of life and reduce the consequences of disease progression. Marcela Mustefaga, co-founder of the Brazilian Neuromyelitis Optica Association, highlighted the lack of a specific Clinical Protocol and Therapeutic Guidelines (PCDT) for neuromyelitis optica, which she said creates obstacles to the assessment and incorporation of new treatments by Conitec. The discussion also emphasized the need for earlier diagnosis, better training for healthcare professionals and stronger coordination between health, education and social assistance policies. Read more.

ONCOLOGISTS DEVELOP FRAMEWORK TO PRIORITIZE CANCER MEDICINES THAT ARE EFFECTIVE FOR PATIENTS

The Brazilian Society of Clinical Oncology (SBOC) has developed an annual prioritization index to help identify cancer medicines that should receive greater attention in discussions about incorporation into the SUS and coverage by private health plans. Launched in 2024 and updated annually, the framework considers clinical benefit, the quality of scientific evidence, medical recommendations, unmet needs, cost-effectiveness and budget impact. The initiative responds to the growing number of new oncology medicines entering the market, often at high prices and with limited evidence of meaningful improvements in survival or quality of life. A study cited by the society examined 106 initial cancer drug approvals by the US Food and Drug Administration between 2018 and 2025. Of these, 58% were based on studies without a comparison group; among 43 approvals supported by randomized phase 3 trials, only 23% demonstrated an overall survival benefit and 14% showed improved quality of life. The index is designed to guide SBOC's advocacy priorities rather than automatically exclude medicines from consideration. The society also expects the framework to support discussions with Conitec and the ANS's Cosaúde committee, helping to make decisions on coverage and incorporation more transparent and better aligned with the actual benefits delivered to patients. Read more.

EXPERTS CALL FOR CONTINUOUS CANCER SCREENING THROUGH THE SUS IN HOUSE HEARING

Experts, public health officials and patient advocacy organizations defended the adoption of organized and continuous cancer screening through the SUS during a public hearing at the House of Representatives' Health Committee. The discussion focused particularly on breast and cervical cancer, with participants arguing that the current model, which largely depends on patients seeking examinations themselves, should be replaced by a system that actively identifies and invites eligible women for screening and follows them throughout the care pathway. According to representatives of the National Cancer Institute (INCA), only 31% of women in the recommended age group undergo cervical cancer screening, while mammography coverage reaches 24%, far below the estimated 70% threshold needed to significantly reduce mortality. The low coverage contributes to late diagnosis, with approximately 40% of breast cancer cases and 50% of cervical cancer cases identified at advanced stages. Participants also highlighted the need to improve access to technologies already incorporated into the SUS, expand active patient outreach through primary care teams and strengthen funding for prevention, diagnosis and treatment. Femama president Joana Jeker emphasized that the challenge is not limited to incorporating new technologies, but also ensuring that existing ones effectively reach patients. Read more.

PROSTATE CANCER: EIGHT IN TEN DIAGNOSED PATIENTS TAKE MORE THAN 60 DAYS TO BEGIN TREATMENT THROUGH THE SUS

A survey by the Cancer Foundation found that 78.1% of men who arrived at SUS hospitals with a confirmed prostate cancer diagnosis but had not yet started treatment waited more than 60 days to begin care. The analysis, published in the Foundation's info.oncollect bulletin, examined more than 440,000 cancer cases recorded between 2004 and 2023 in Brazil's Hospital Cancer Registries. Among patients who arrived at hospitals without a confirmed diagnosis, 48.2% also experienced delays exceeding 60 days. The figures highlight persistent difficulties in ensuring timely access to oncology treatment and compliance with the legal deadline established by Law No. 12,732/2012. The Foundation cautions that the dataset covers years both before and after the law was enacted and therefore does not measure noncompliance exclusively in the period when the legislation was in force. Specialists point to fragmented care pathways, delays in specialist consultations, preoperative assessments and access to radiotherapy as factors that can extend waiting times. The findings reinforce the need to improve coordination between diagnostic services and treatment facilities, monitor waiting times and strengthen the regional organization of oncology networks. Read more.

HEALTH MINISTRY ADOPTS NEW GUIDELINES FOR COLORECTAL CANCER SCREENING

The Ministry of Health has approved the Brazilian Guidelines for Colorectal Cancer Screening, developed by the National Cancer Institute (INCA), establishing a national reference for prevention, early detection, diagnosis, treatment and patient monitoring within the SUS. The guidelines were approved through a ministerial ordinance published in late October and are based on scientific evidence intended to support healthcare professionals and public health managers in organizing care. Colorectal cancer is among the most common cancers worldwide, with estimates of approximately 1.14 million new cases among men and 929,000 among women in 2025. The projected number of cases increased between 2022 and 2025, reinforcing the importance of structured prevention and early detection strategies. The guidelines can be used as educational material for healthcare professionals, administrative guidance for managers and a reference for defining clinical conduct, including in judicial disputes involving access to care. Their implementation will require organization of screening services, adequate diagnostic capacity and coordination between primary care and specialized services. The publication represents an important step toward establishing more consistent national practices and strengthening the SUS response to colorectal cancer. Read more.

SMALL SUS HOSPITALS NEED IMPROVEMENTS, AUDIT FINDS

An audit by the Federal Court of Accounts (TCU) identified structural and operational weaknesses among small hospitals that provide services through the SUS, highlighting problems involving integration with regional healthcare networks, service capacity and patient safety. The inspection examined 1,449 hospitals and found that only 29.8% of the establishments assessed had both the minimum equipment and healthcare professionals available around the clock. The broader analysis covered 2,091 small hospitals in 1,934 municipalities, demonstrating the importance of these facilities in regions where access to larger hospitals and specialized services may be limited. The TCU found that the current National Policy for Small Hospitals is formally in force but has not been operationalized effectively, with no new admissions since 2011 and no active federal mechanisms for systematic monitoring, qualification or evaluation. The Court ordered the Ministry of Health to prepare, within 180 days, an action plan to support a review of the policy and develop updated guidelines for these facilities. The audit recommends that hospitals be assessed according to their actual role in regional healthcare networks rather than applying a uniform model based only on the number of beds. Read more.

NEW HEALTH PAC EXPECTS R$3.37 BILLION IN SAVINGS THROUGH STANDARDIZED PROJECTS AND LARGE-SCALE PROCUREMENT

The Ministry of Health estimates that the New Growth Acceleration Program (Novo PAC Saúde) will generate R$3.37 billion in savings through standardized infrastructure projects and large-scale procurement of equipment and vehicles. Acting Health Minister Adriano Massuda presented the figures during the National School of Public Administration's (Enap) Innovation Week, highlighting the importance of improving public spending efficiency while addressing the long-term financing challenges facing the SUS. Approximately R$1.3 billion in savings is expected from standardized construction projects, which avoid the need for individual states and municipalities to finance separate designs. An additional R$2.07 billion is projected through centralized procurement of equipment and vehicles. The Ministry also reported approximately R$1 billion in savings during 2025 and 2026 through improved contract management, inventory control and centralized purchasing, including a 92% reduction in losses of supplies. The strategy is intended to increase the purchasing power of public authorities, reduce duplication and accelerate infrastructure investments. The government also highlighted the growing pressure on the SUS from population aging, chronic diseases, climate-related emergencies and regional inequalities. The results will depend on effective implementation, coordination among government levels and the ability of local health systems to put new facilities and equipment into operation. Read more.

A POSSIBLE MINISTRY OF LONGEVITY PUTS CHALLENGES IN ELDERLY CARE THROUGH THE SUS IN FOCUS

The possibility of creating a Ministry of Longevity has brought renewed attention to the challenges of caring for Brazil's rapidly aging population. President Luiz Inácio Lula da Silva has indicated that policies for older people will receive greater priority in his next term, while the government discusses establishing a dedicated institutional structure to coordinate initiatives involving healthcare, social assistance, housing and accessibility. The debate comes as Brazil reaches 36.6 million people aged 60 or older in 2026, a number projected to increase to 61.5 million over the next two decades. According to the Ministry of Health, 81.4% of this population depends exclusively on the SUS. Specialists argue that the main challenge is not necessarily creating another government structure, but ensuring that existing policies receive adequate funding and are effectively implemented. The National Policy for the Health of Older Persons, established in 2006, is approaching its 20th anniversary but still faces gaps in primary care, specialized services and long-term care. Only 37.2% of primary healthcare units conducted multidimensional assessments of older patients in 2024. Experts also highlight the shortage and unequal distribution of geriatricians, limited home-care services and insufficient support for family caregivers. Read more.

HEALTH PLANS HAVE REPORTED QUARTERLY OPERATING PROFITS SINCE 2023, BUT SECTOR WARNS ABOUT RISING COSTS

Brazil's medical and hospital health insurance sector has recorded consecutive quarterly operating profits since the fourth quarter of 2023, according to data from the National Supplementary Health Agency (ANS). In the second quarter of 2026, operating profit reached R$2.3 billion, the highest result for the April-to-June period since 2020. The improvement reflects a recovery following the financial pressure experienced after the pandemic, supported in part by a reduction in the claims ratio, which fell from 88.8% in the first half of 2022 to 81.9% in the same period of 2026. More than half of the operators also reported positive results, although financial performance continues to vary according to company size and business model. Despite the improved operating figures, industry representatives warn that the sector remains exposed to rising healthcare costs, particularly those associated with new technologies, high-cost medicines, expanded mandatory coverage and population aging. FenaSaúde also reported that net profit in the first half of 2026 declined 12.2% year over year, reaching R$10.9 billion. Consumer organizations, meanwhile, argue that the financial results indicate a stable market and reinforce the need to ensure that economic recovery benefits beneficiaries. Read more.

INDIVIDUAL HEALTH PLANS LOSE 256,000 BENEFICIARIES IN ONE YEAR, WHILE EMPLOYER-SPONSORED PLANS GAIN 735,000

Brazil's medical and hospital health insurance market grew by 0.83% between September 2025 and September 2026, reaching approximately 53.11 million beneficiary contracts, according to an analysis by Saúde Insider based on ANS data. However, the expansion was driven primarily by employer-sponsored plans, which added 734,567 contracts, a 1.92% increase, reaching 38.99 million beneficiaries. Individual and family plans moved in the opposite direction, losing 255,833 contracts, a decline of 2.99%. Collective membership plans also recorded a reduction of 38,079 contracts. The trend reinforces the predominance of employer-sponsored coverage, which already represents approximately 84% of the medical and hospital insurance market. The geographic distribution of the changes also reveals significant differences: individual plans declined in 24 of Brazil's 27 states, while employer-sponsored plans expanded in 22. Read more.

ANS APPROVES RESTRUCTURING THAT REDUCES RESOURCES ALLOCATED TO THE PRESIDENCY AND STRENGTHENS TECHNICAL AREAS

The National Supplementary Health Agency (ANS) has approved an internal restructuring that reduces by 9.9% the resources allocated to commissioned positions within the agency's presidency while increasing resources for the Directorate of Sector Development (Dides) by 14.1%. Approved by the agency's Collegiate Board on November 6, the reorganization is intended to strengthen technical functions and improve the distribution of institutional resources without increasing overall expenditure. ANS President Wadih Damous described the measure as the first stage of a broader institutional review aimed at improving the agency's technical capacity and responsiveness. The changes also include the creation of a digital governance management unit and a General Management Office for Sector Quality and Innovation within Dides, as well as the transfer of the Citizen Information Service to the Ombudsman's Office. The restructuring comes amid concerns raised by the Federal Court of Accounts (TCU) regarding the agency's governance, inspection capacity and data integration. The TCU reported that pending first-instance inspection cases increased from 14,118 in December 2020 to 46,018 in August 2025. The reorganization therefore seeks to reinforce the technical structure responsible for monitoring operators, improving sector performance and supporting regulatory decisions. Its implementation will be relevant to the agency's capacity to address challenges involving healthcare quality, reimbursement to the SUS, oversight and the growing complexity of the supplementary health market. Read more.

MORE HIGHLIGHTS

CNJ records more than 7,400 agreements and seeks to prevent lawsuits against health plans

Oncology Clinical Research Hub brings together government, academia and biotechnology sector in Porto Alegre

Anvisa registers two new semaglutide-based weight-loss injections

Anvisa orders recall of batches of ingredients used in weight-loss injections

Anvisa approves immunotherapy that extended survival to 25 months in lung cancer study

Theft increases costs across the medicines supply chain

BRAZIL NEWS

Government rules out postponing tax reform

Government to submit bill postponing final CBS payment by one month

Brazil's Bolsonaro shrugs off fugitive label, eyes future Brazil presidential bid

Brazil unveils fiscal package worth up to $10.8 billion for next year

Brazil plans measures for 2027 fiscal savings, source says

Brazil's Lula plays it safe with first post-election fiscal plan

Brazil inflation remains above goal despite softer-than-expected October reading

Brazil central bank chief says it will keep fighting inflation with tight policy

Brazil electoral court fines Meta, sees no deliberate election bias

Brazil to send energy minister to Venezuela amid Petrobras interest