



SUS

Brazilian Health System: Context and challenges

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THE PUBLIC HEALTH SYSTEM IN BRAZIL: SUS

- ❖ Proposed by the movement for sanitary renovation
- ❖ 8th National Conference on Health - 1986
- ❖ Presented to the Parliament to be part of the Constitution of 1988, +5 million signatures
- ❖ Regulated by the bill 8080 and 8142 from 1990.
- ❖ Based on a wider concept of health

*“Constitution: Art. 196. **A saúde é direito de todos e dever do Estado**, garantido mediante políticas sociais e econômicas que visem à redução do risco de doença e de outros agravos e ao acesso universal e igualitário às ações e serviços para sua promoção, proteção e recuperação.”*

Concepts

Health as an universal right

Universal Access

Health Promotion

Protection

Recovery



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THE PUBLIC HEALTH SYSTEM IN BRAZIL: SUS

- ✓ **71,1% of Brazilian population*** somehow seeks attention in SUS
- ✓ Around **150 million people** depend exclusively on SUS
- ✓ **3,9 billion outpatient procedures** delivered only in 2016
- ✓ **Largest public organ transplantation system in the world:** 24,900 procedures in 2016
- ✓ **98% of the national vaccine market** is under the public system: 300 million doses per year for more than 20 diseases
- ✓ **1,3 billion consultations and/or procedures** in 2016



*Brazilian population in 2013: 200,4 million (Source: IBGE)

* 207 million in 2017

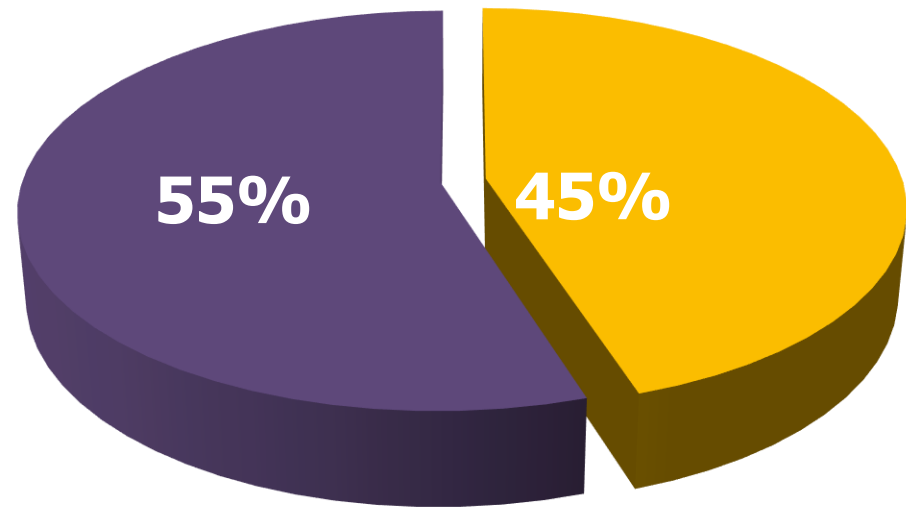


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R\$ 115,3 BILLION IN THE FEDERAL BUDGET IN 2017 FOR ACTIONS AND HEALTH PUBLIC SERVICES

- ✓ 15% of the federal budget must be used in the public health system;
- ✓ Health Sector represents 8% of the GDP;
- ✓ Public system represents 45% of all expenditure of health sector.



■ Gasto privado % PIB ■ Gasto público % PIB

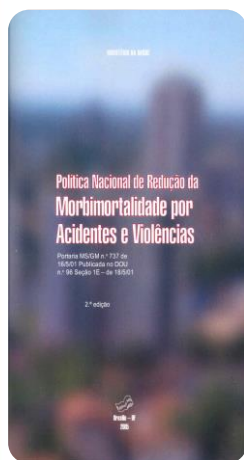
Source: 2010 to 2013 – IBGE / 2014 and 2015 – SIOPS



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HEALTH PROMOTION AND EMERGENCY SERVICES PROTOCOLS



- Promotion of healthy behavior and safety environment
- Surveillance of accidents and violence
- Research funding
- Human Resources training
- Improvement of pre-hospital care
- Victim support



- Emergency network policy
- Samu 192
- UPA 24 / 7
- SOS Emergencies
- Home delivery care
- Trauma care policy



- Permanent Educational
- Healthy nutrition
- Promotion of physical activities
- Fighting tobacco
- Permanent mobilization against alcohol and recreational drugs
- Safety and mobilization
- Promotion of the Culture of Peace, non-violence and human rights
- Promotion of sustainable development



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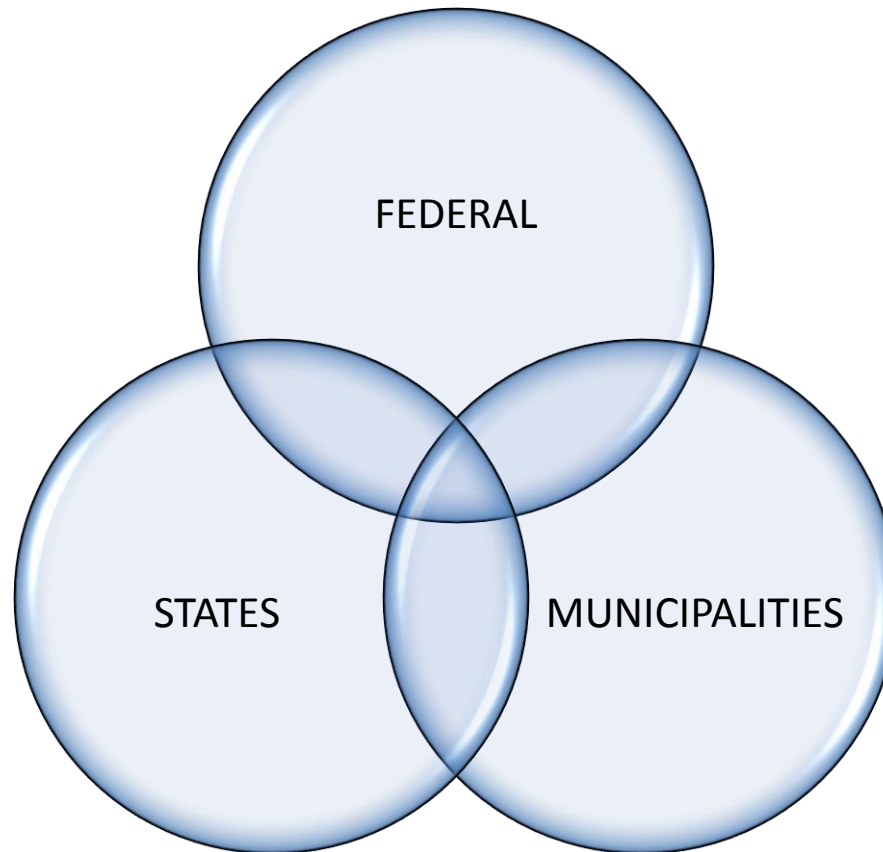


PRESIDENT MICHEL TEMER ANNOUNCED THE RENNOVATION OF THE EMERGENCY TRANSPORT FOR THE ENTIRE COUNTRY (SAMU)

- **340 ambulances were replaced**
- **19 states attended**
- **77% of the population is covered
by SAMU 192**
- **R\$ 1 billion invested in 2016**

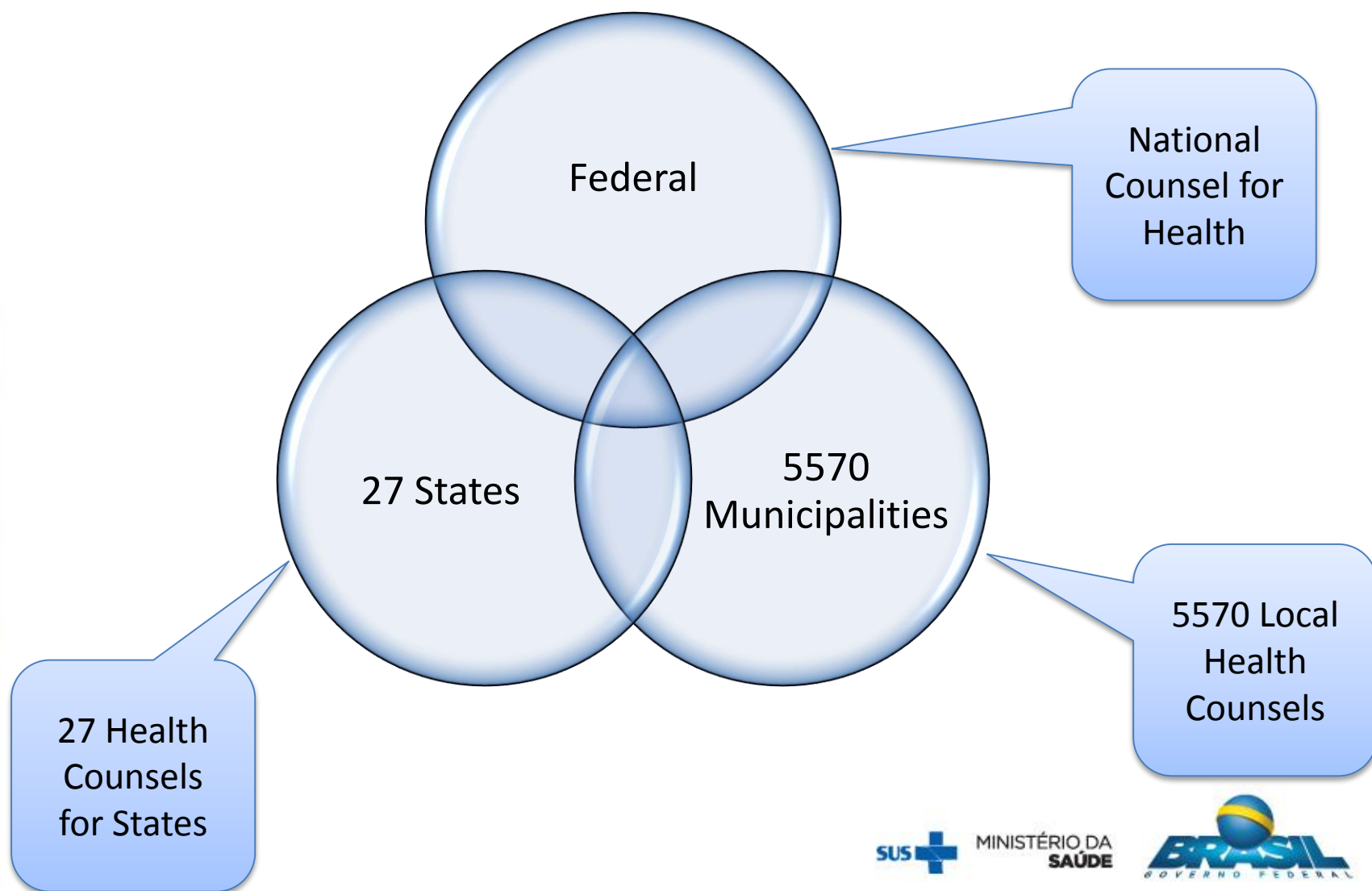


FEDERATIVE ORGANIZATION IN BRASIL

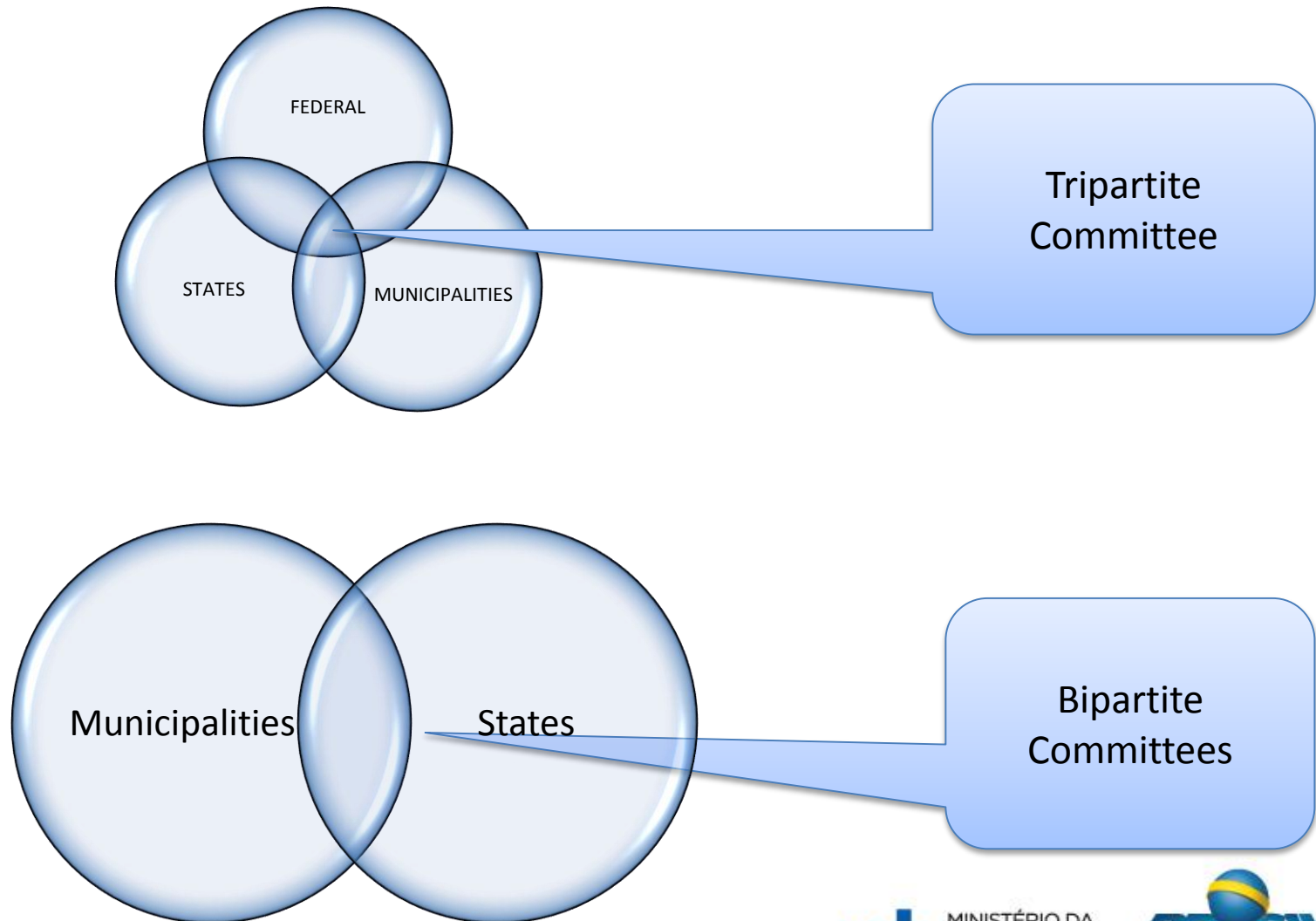


- Population of 207 millions
- 27 states
- 5.570 municipalities

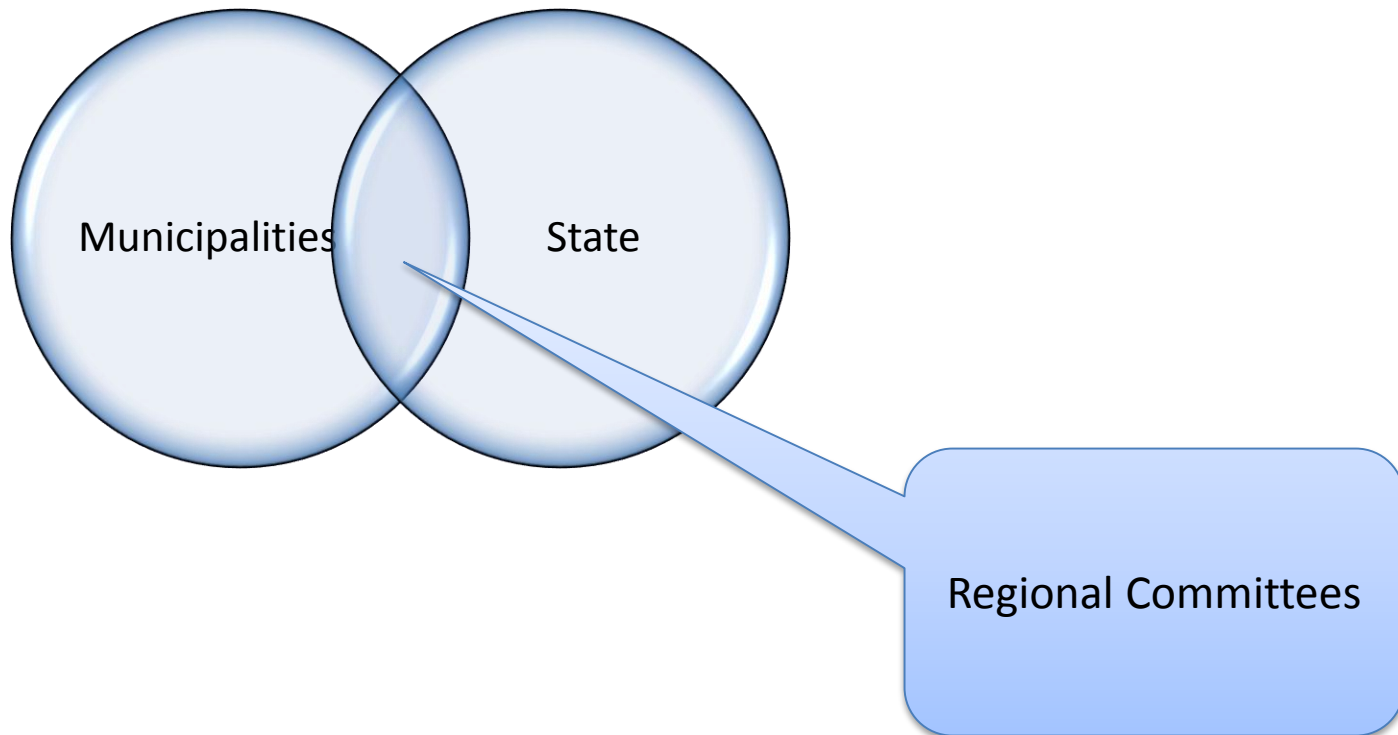
STRUCTURE OF THE MANAGEMENT OF SUS: CIVIL SOCIETY PARTICIPATION



STRUCTURE OF OPERATIONAL MANAGEMENT OF SUS



REGIONAL STRUCTURE



SUS PRINCIPLES

- ❖ UNIVERSALITY
- ❖ INTEGRALITY
- ❖ AUTONOMY AND EQUALITY WITH NO DISCRIMINATION
- ❖ EQUITY
- ❖ FEDERATIVE SOLIDARY FINANCING
- ❖ RIGHT TO INFORMATION => EPIDEMIOLOGY AS A PRIORITY
- ❖ COMMUNITY PARTICIPATION
- ❖ DECENTRALIZATION
- ❖ REGIONALIZATION WITH HIERARCHIZATION OF THE HEALTH NETWORK

ORGANIZATION OF HEALTH SERVICES

- ❖ Primary Health Care => Entry point and coordination of care
- ❖ Investing in integrality => resolutiveness
- ❖ Health Regions – connections between municipalities
- ❖ Secondary level care and tertiary care – supports the PHC => 15% of all services delivered



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STRUCTURAL CHALLENGES

- ❖ Dispute for the model of attention
- ❖ Financial impact of technological innovations
- ❖ Low rate of connectivity and informatization => large country
- ❖ Poor management of work force and health education

WEAKNESS OF WORKFORCE AND EDUCATION

- ❖ Turnover and concentration of work force in larger cities (difficult access to distant areas)
- ❖ Insufficient qualification, poor management skills and high turnover of managers in SUS
- ❖ Replacement of workforce insufficient (i.e.: delays in replacement of retirement)
- ❖ Low governance on graduation in the universities => autonomy of education system

EDUCATIONAL LEVEL PER FEDERATION LEVEL

	Federal	Estadual	Municipal	Total
Higher education	58.087 7%	207.010 25%	572.219 68%	837.316 100%
Technical level	16.427 6%	91.155 32%	175.717 62%	283.299 100%
Elementary level	12,473 2%	63.372 11%	492.960 87%	568.805 100%
Total	86.987 5%	361.537 21,5%	1.240.896 73,5%	1.689.420 100%

Fonte: CNESS/Datasus/MS



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HEALTH WORKFORCE POLICY AND EDUCATION

❖ Valorization of workplace for DISCUSSION, CREATION AND INNOVATION

- Permanent educational system => meetings, workshops among workers and managers foccusing the diversity of active methods and introduction of virtual education with innovative use of technology to promote universal access



HEALTH WORKFORCE POLICY AND EDUCATION

- Virtual environment of Learning for SUS (AVASUS) => online based system of public of public access. Offers 62 diferente courses.
- 321.270 health professional subscribed.



Priority areas: Primary Health Care ; Mental Health ; Health Legislation ; Environmental Agents and emerging diseases

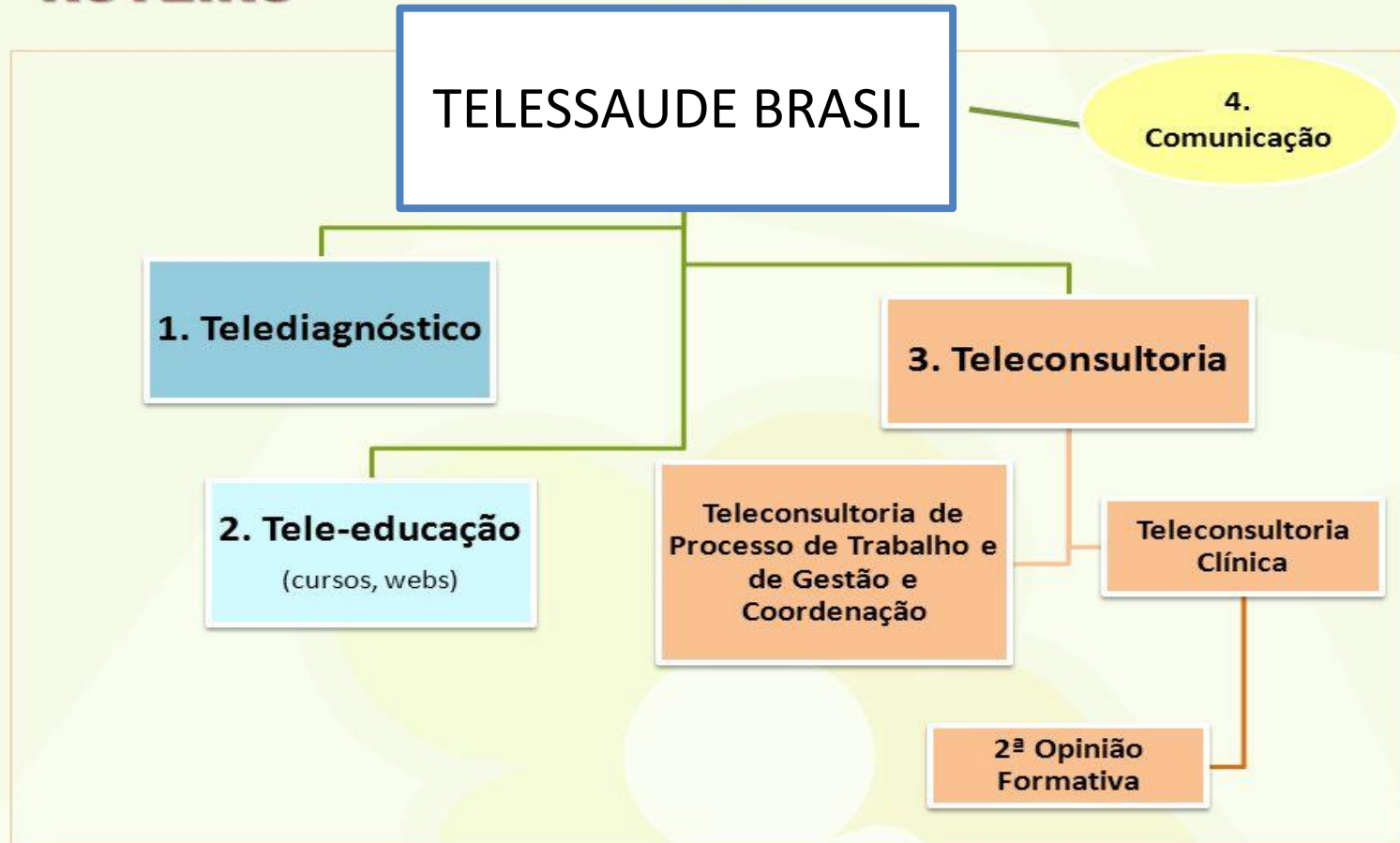
HEALTH WORKFORCE POLICY AND EDUCATION

- **Open University of SUS (UNASUS)** is an important system for virtual education. Reached the landmark of 1 million health professionals attending its classes.
- Currently offers 39 courses



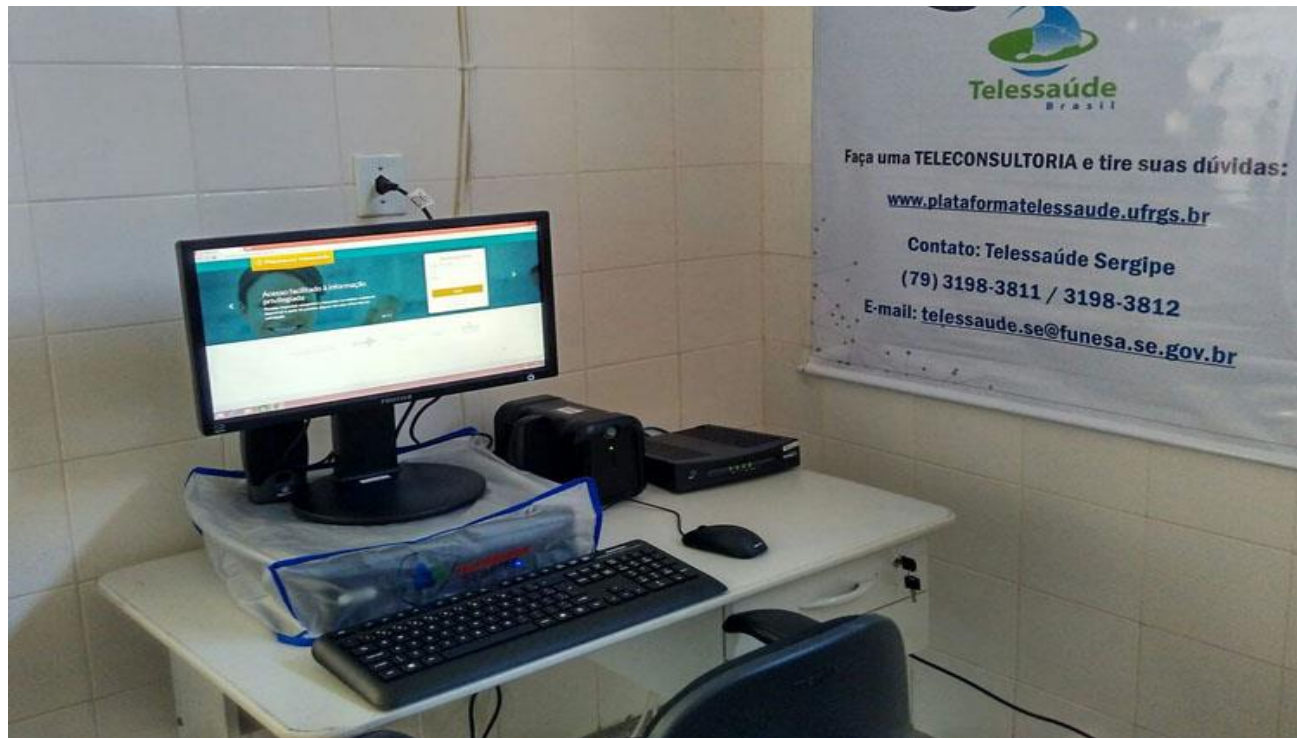
HEALTH WORKFORCE POLICY AND EDUCATION

ROTEIRO



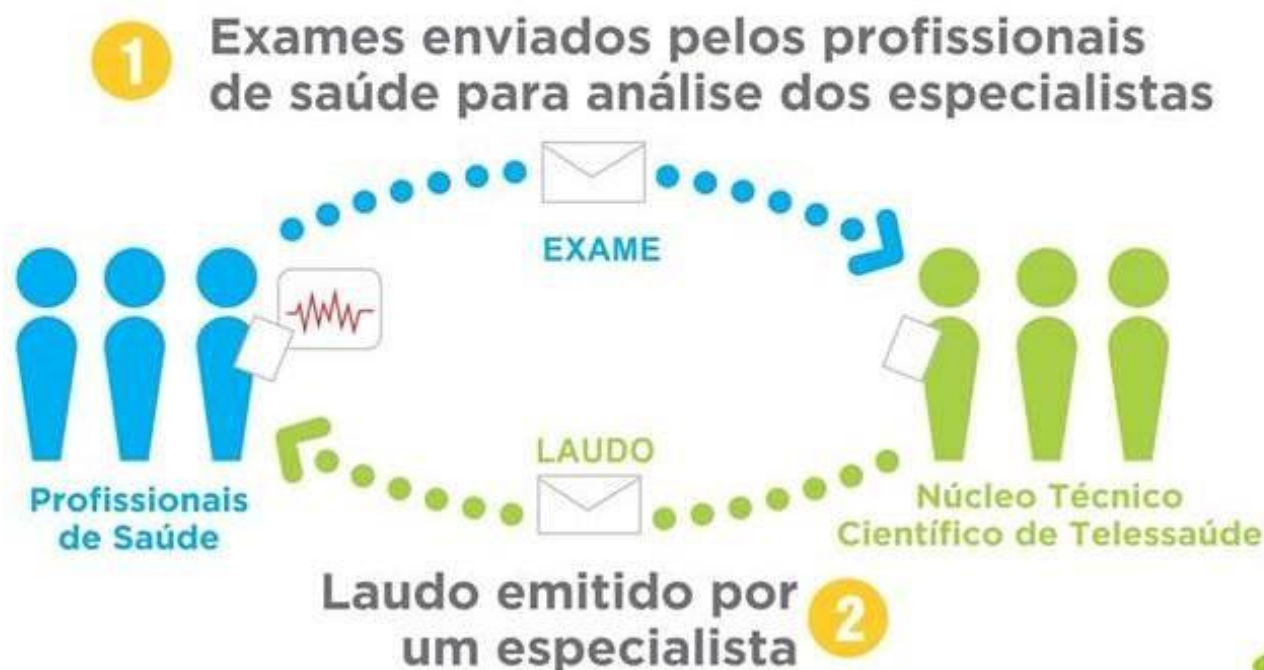
HEALTH WORKFORCE POLICY AND EDUCATION

- **Telessaude** => important to end the isolation of professionals, counts on chats, education and exchange of information among health workers. Contributes to fixation of health workers in isolated areas



HEALTH WORKFORCE POLICY AND EDUCATION

Telediagnóstico



Fonte: SGTES - Ministério da Saúde www.saude.gov.br/sgtes/telessaudebrasil



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HEALTH WORKFORCE POLICY AND EDUCATION

- Occupational health and health promotion => investing in health work places
- Fighting moral harassment with comprehensive care and training of managers



HEALTH WORKFORCE POLICY AND EDUCATION

- ❖ **Evaluation** with active participation of workers
 - Institutional goals => based on planning
 - Local goals => promotes responsabilization of all parts
- ❖ **Democracy** => Permanent Negotiation Committee and Sectorial Negotiation of Ministry of Health



HEALTH WORKFORCE POLICY AND EDUCATION

- ❖ Toddlers day care: benefit for parents working for the Ministry of Health => regarding the national policy of maternal breastfeeding.
- ❖ 114 children - 6 months to 2 years old currently attended



HEALTH WORKFORCE POLICY AND EDUCATION

- ❖ Programa de Educação pelo Trabalho para a Saúde (PET-SAÚDE): on the job training

	Grantees	Volunteers	Total
Students	1.133	1.683	2.816
Mentoring	1.024	318	1.342
Professors	1.447	203	1.650
Cordinators	105	--	105
Total	3.709	2.204	5.913

HEALTH WORKFORCE POLICY AND EDUCATION

- ❖ Trainees: Programa de Estágios de Vivências no SUS (VER-SUS):
Around 2000 trainees will attend the program this year



HEALTH WORKFORCE POLICY AND EDUCATION

- ❖ **COAPES - Contratos Organizativos de Ação Pública Ensino-Saúde**: joint initiative for the qualification of the practice in health services. Supports the commitments of educational institutions and health system.
- ❖ 19 contracts in place currently
- ❖ The Ministry of Health launched an initiative to increase these contracts in cooperation with CONASS and CONASEMS, respectively representatives of the states and municipalities



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HEALTH WORKFORCE POLICY AND EDUCATION

**Programa de Formação de Profissionais de Nível Médio para Saúde –
PROFAPS
até fev.2017**

PROFAPS	Mai/2015 à Abr./2016	Mai/2016 à Fev/2017
Formados	3.986	4.041

Fonte: Escolas Técnicas do SUS

ACS	2016 à ago./2017
Formados	528

PROGRAMA MAIS MÉDICOS

Ampliação e Melhoria da Infraestrutura

Formação para o SUS

Ampliação da Oferta na
Graduação e Residência
Médica

Mudança no Eixo dos
Locais de Formação

Reorientação da
Formação

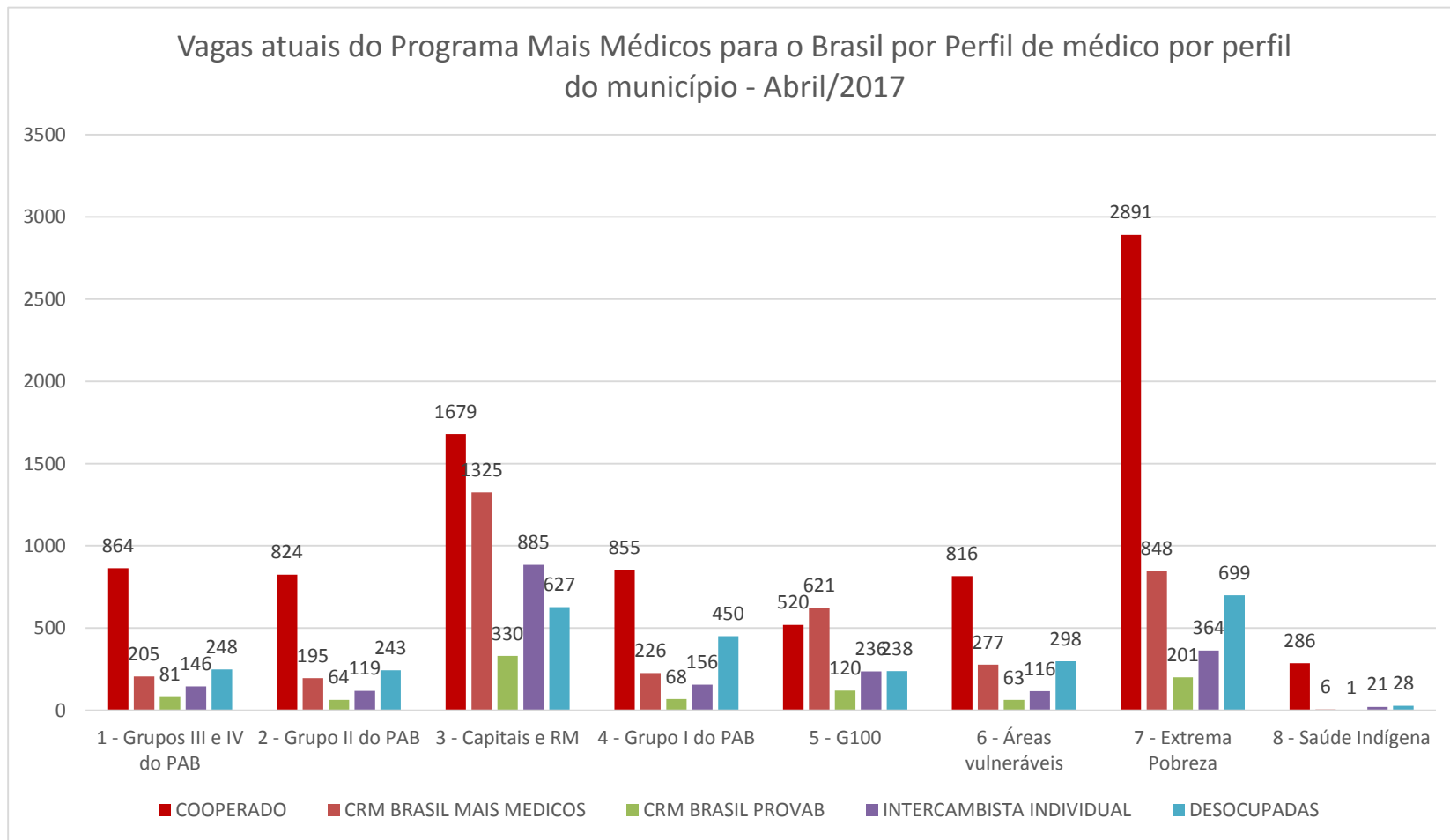
Provimento Emergencial

Editais de Chamadas
Nacional e
Internacional

Cooperação
internacional



PROGRAMA MAIS MÉDICOS



PANORAMA DOS MÉDICOS NO PROGRAMA MAIS MÉDICOS PARA O BRASIL

	2013			2014		2015			2016			2017	
CICLOS	1º CICLO	2º CICLO	3º CICLO	4º CICLO	5º CICLO	6º CICLO	7º CICLO	8º CICLO	9º CICLO	10º CICLO	12º CICLO	13º CICLO	14º CICLO
MÉDICOS COM CRM INSCRITOS	16.530	3.016	2.890	6.840	8.423	15.747	1.411	5.309	12.791	2.079	4.459	10.557	6.285
MÉDICOS INTERCAMBISTAS INSCRITOS	1.858	1.799	1.747	1.211	-	606	-	93	121	424	2390	2030	1989
VAGAS OFERTADAS	14.462	5.296	2.998	3.757	1.298	4.139	213	270	2.439	1.374	459	2.026	2.394
VAGAS OCUPADAS POR MÉDICOS COM CRM	448	163	600	201	459	3.752	213	270	1.757	954	425	1.486	-
% OCUPAÇÃO DAS VAGAS POR MÉDICOS COM CRM	3,1%	3,1%	20,0%	5,4%	35,4%	90,6%	100,0%	100,0%	72,0%	69,4%	92,59%	73,35%	-



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PROGRAMA MAIS MÉDICOS



MAIS MÉDICOS

**PARTICIPAÇÃO DE BRASILEIROS
NO PROGRAMA AUMENTA 44%**



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PROGRAMA MAIS MÉDICOS WORKFORCE

23/10/2017

PERFIL DE PROFISSIONAL	DESLIGADOS	ATIVOS
PROVAB MÉDICOS	2.138	52
COOPERADOS	9.605	9.213
CRM BRASIL	4.917	5.483
INTERCAMBISTAS BRASIL	360	2.872
INTERCAMBISTAS	246	516
TOTAL	17.266	18.136



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PROGRAMA MAIS MÉDICOS BUDGET

ANO	ORÇAMENTO	EMPENHADO	%	PAGO	%
2013*	958.414.212,00	882.627.813,79	92,09%	829.791.093,24	86,58%
2014*	2.601.713.461,00	2.589.875.610,42	99,54%	2.548.950.813,13	97,97%
2015*	2.496.800.000,00	2.489.976.132,33	99,73%	2.432.579.099,09	97,43%
2016**	2.844.000.000,00	2.835.763.514,50	99,71%	2.621.151.789,55	92,16%
2017**	3.311.560.000,00	3.042.148.193,67	91,86%	2.578.913.719,91	77,88%
TOTAL GERAL	12.212.487.673,00	11.840.391.264,71	96,95%	11.011.386.514,92	90,16%

* Programa de Trabalho 10.128.2015.20YD.0001 – PO 000A e Programa de Trabalho 10.301.2015.20AD.0001 – PO 0009

** Programa de Trabalho 10.301.2015.214U.0001 – PO's 000A, 000B, 000C, 000D



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PROGRAMA MAIS MÉDICOS



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Thank you!

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