

Brazil



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	38.6
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	86
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	75.0 (Both sexes) 78.7 (Female) 71.4 (Male)
Population (in thousands) total (2015)	207848
% Population under 15 (2015)	23
% Population over 60 (2015)	11.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	6.1
Literacy rate among adults aged >= 15 years (%) (2007-2012)	90
Gender Inequality Index rank (2014)	97
Human Development Index rank (2014)	75
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	8.32
Private expenditure on health as a percentage of total expenditure on health (2014)	53.96
General government expenditure on health as a percentage of total government expenditure (2014)	6.78
Physicians density (per 1000 population) (2013)	1.852
Nursing and midwifery personnel density (per 1000 population) (2013)	7.444
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	7.8 [5.4-10.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	15.1 [12.5-18.2]
Maternal mortality ratio (per 100 000 live births) (2015)	44 [36 - 54]
Births attended by skilled health personnel (%) (2013)	99.1
Public health and environment	
Population using safely managed sanitation services (%) (2015)	40 (Urban) 39 (Total)
Population using safely managed drinking water services (%) (2015)	97 (Urban)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Actions that impacted on the improvement of the health conditions of the population: expanding access to prenatal care, reducing morbidity and mortality from diseases preventable by vaccination and mortality from communicable diseases, decreased risk of early death in the first year of life and the maternal death, tendency to reduce risk factors for non-communicable diseases.

Overall mortality rate: 6.2 deaths per 1,000 inhabitants (2014), mainly due to cardiovascular diseases (46.2 per 100 thousand inhabitants), acute myocardial infarction (39.7), pneumonias (31.8), diabetes mellitus (26.7) and homicides (28.1). The goal of mortality for children under 5 years of the Millennium Development Goals (MDG) was reached in the 2012 (17.9 deaths per 1,000 live births).

Diseases preventable by vaccination: eradication of poliomyelitis, elimination of rubella in 2015, interruption and maintenance of the interruption of virus circulation of measles, diphtheria, tetanus, pertussis and diarrhoea from rotavirus and from Meningitis and pneumonias due to meningococci and pneumococci.

Dengue: found in all the states of the country, with 4 viral stereotypes. Reported cases: 1.649.008 (2014).

Arboviral diseases: In 2014 occurred the introduction of the Chikungunya fever virus, and in 2015 the Zika virus, which are arboviruses transmitted by Aedes aegypti, was detected. The vector is being faced with the strategy of Integrated Management of Vectors.

Yellow fever: since 1942 there is no record of urban yellow fever, but the wild cycle of transmission causing isolated outbreaks and lethality of 50% approximately.

Neglected diseases: international certification of interruption of the transmission of Chagas by *Triatoma infestans* (2006); leishmaniasis present in 21 states; prevalence of leprosy of 1.27 per 10 thousand inhabitants, new cases detected of 31,064 and detection rate from 15.32 per 100 thousand inhabitants (2014); onchocerciasis in the Yanomami area with 22 thousand people at risk; Schistosomiasis is endemic in 9 states; high burden of tuberculosis among the 22 priority countries of the WHO (2014).

HIV / AIDS: the country recommends the immediate start of antiretroviral therapy for people living with HIV, regardless of CD4.

Non-communicable diseases (NCDs): 39.3% of the adult population suffer from, at least, an ENT. Prevalence: hypertension (21.4), depression (7.6%), arthritis (6.4%), diabetes (6.2%) and disability (45.6 million people).

*Source: http://www.paho.org/salud-en-las-americas-2017/?page_t_es=informes_de_pais/brasil&lang=es.

HEALTH POLICIES AND SYSTEMS

The Brazilian Unified Health System (SUS) is established in the Brazilian Constitution and seeks the principles of universality and equity, under the guidelines of decentralization with a single command, regionalization and guarantee of social participation.

SUS coverage: SUS is a universal health coverage system. High complexity treatments (as cancer and transplants) and immunization services are 100% public. The system is used exclusively by 78.8% of the Brazilian population. The rest of the population uses the private care system and 70% of hospitalizations in the private sector are financed by the public sector.

Primary care: implemented by the family health strategy. In the period from 2000 to 2015, the proportion of the population covered by family health teams increased from 17.43% to 63.72%. Thanks to Mais Medicos program, PHC coverage reached 70% in 2017.

Access to essential medicines and vaccines: implemented by the Medicines (1998) and Pharmaceutical Assistance (2004) National Policies and through the National Immunization Program.

Health promotion: *Academia da Saúde* and *Promoção da Alimentação Adequada e Saudável (PAAS)* programs, among others, are implemented to ensure capacity and sustainability in health promotion practice.

Indigenous care: included in SUS health care policy for indigenous populations.

More Doctors Program: contributes to increasing the population's access to primary health care.

COOPERATION FOR HEALTH

Actions to strengthen national capacity and integrate public policies to the implementation of strategies and actions for access and universal health coverage, primary care, surveillance, promotion, human resources and social determinants. These actions are based in the promotion of gender, ethnic and racial equality by overcoming inequities in health, knowledge management, international cooperation and networking.

Contribution to the response to outbreaks and epidemics.

Alignment to the Sustainable Development Goals (SDG) to achieve the goals and compliance with country commitments.

Laboratório de Inovação initiative: studies for identification, analysis and dissemination of best and most innovative practices of health care and management in the subnational public and private systems.

National Voluntary Contribution (NVC): 90% of the technical cooperation in Brazil is financed by NVC through agreements signed with the national and subnational authorities and other public institutions in Brazil.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Promote the health and well-being of people	<ul style="list-style-type: none"> • Social, economic and environmental determinants • Sustainable Development related to health • Aging and health • Gender and ethnicity • Nutrition • Responses to outbreaks and crises • Diseases preventable by vaccination • Equity • Health promotion • Environmental and worker's health • Sustainable development and climate change • Emergency and disaster management
STRATEGIC PRIORITY 2: Expand access and coverage universal to health shape comprehensive and equitable, with emphasis on primary care	<ul style="list-style-type: none"> • Universal access and coverage in health • Strengthening the care model (health care networks, humanization, quality, safety, etc.) • Improvement of the financing model of the Unified Health System (SUS) • Strengthening SUS management capacity in the three spheres of government • Participation and social dialogue for health • Knowledge management in health
STRATEGIC PRIORITY 3: Develop human capabilities in qualified health	<ul style="list-style-type: none"> • Universal access and coverage in health • Training and management of human resources in health
STRATEGIC PRIORITY 4: Promote access and use rational of medicines and others health supplies	<ul style="list-style-type: none"> • Expansion of access to essential medicines and quality and effective products • National policies on access, quality and rational use of medicines and other health technologies • National blood, blood products and transplants policies • Sanitary regulation of medicines and other health technologies • Industrial complex and innovation in health • Evaluation, incorporation and management of health technologies • Health research policy and application of scientific evidence in policies and practices
STRATEGIC PRIORITY 5: Prevent and control diseases non-communicable chronic factors of risk and promote health	<ul style="list-style-type: none"> • Non-communicable diseases • Health surveillance • Chronic diseases and conditions and their respective risk and protection factors • Protection against accidents and violence • Determinants and health promotion • Health information systems
STRATEGIC PRIORITY 6: Control diseases communicable, with emphasis on unattended	<ul style="list-style-type: none"> • Alert and response to outbreaks and epidemics • Implementation of the International Health Regulations - 2005 • Surveillance, prevention and control of diseases transmitted by vectors • Surveillance, prevention and control of diseases and unattended zoonosis • Preparation, monitoring and response to emergencies and disasters

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