

# Brazil



## Health systems

Economic classification: **Upper Middle Income**

### Health systems summary

Brazil has a universal, publicly funded healthcare system that is known as the Sistema Único de Saúde (SUS). SUS is funded by taxes and contributions from government (at a federal, state and municipal level). The private sector, however, currently serves approximately 25% of the population, as many individuals have the option to purchase insurance plans via their employer or choose to purchase individually (with many receiving tax relief on these payments).

It is widely reported that there is great disparity in treatment availability and quality between public and private healthcare, and so it seems that those that can afford private healthcare purchase it. As a result, out of pocket expenditure in Brazil is relatively high.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Insurance

## Perceived barriers to treatment



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## Summary of stakeholder feedback

It appears that although obesity is considered a public health priority in Brazil, there is little government action. Obesity is commonly seen as a lifestyle issue and treatment options are limited.

In the public system it appears that only bariatric surgery is covered, meaning that comprehensive treatment and management is only available in the private sector. Private care, however, is unaffordable for most of the Brazilian population, so only the wealthiest can afford obesity-related treatments. Associação Brasileira para o Estudo da Obesidade are currently working towards the approval of obesity medications through the SUS healthcare scheme, which will hopefully make them more affordable. One stakeholder reported that obesity medication is difficult to get privately too, with private insurers rarely funding it.

While a national strategy on NCDs exists, stakeholders were unclear whether there is an accompanying implementation guide. There are also clinical guidelines for obesity treatment, but rate of uptake is reportedly low. In the public system it appears that patients need to have a BMI  $\geq 35$  kg/m<sup>2</sup> with comorbidities (or  $\geq 40$  kg/m<sup>2</sup> without) to qualify for bariatric treatment but even then, there is a long waiting list. Treatment is said to be particularly difficult to access in the rural areas.

Overall, there are inadequate numbers of trained health professionals in specialties relevant to obesity, with there being little to no specialist training available. It was noted that although there are increasing numbers of physicians, they do not have specific obesity training and so qualify ill-equipped to treat and manage obesity.

*Based on interviews/survey returns from 5 stakeholders*

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