

FISC-SAÚDE – HEALTH PERFORMANCE INDICATORS

The purpose of the Systemic Health Monitoring Report (FiscSaúde) is to evaluate governmental performance in Health. This report summarizes the FiscSaúde chapter that evaluates the Brazilian healthcare system through indicators, with basis on the “Health Care Quality Indicators Project” model from the Organization for Economic Cooperation and Development, which enables an international comparison between the Brazilian system and the systems of other countries. Below are some conclusions regarding (1) the structure of the healthcare system, (2) the performance of the healthcare system (3) the status of the healthcare system.

1. STRUCTURE OF THE HEALTHCARE SYSTEM

Workforce: Brazil shows a low physician per capita rate, the fifth lowest number among 37 countries according to OECD data, severe disparities in the distribution of physicians among states and between main cities and lesser cities. There are also differences between the public and private healthcare systems in Brazil. For every 1000 healthcare plan beneficiaries, there are 7.60 healthcare units available, whereas for citizens who require the publicly funded healthcare system (known as SUS – or Unified Healthcare System) this rating drops to 1.95.

Beds: There was a reduction in the beds/1000 citizens ratio, which in 1995 was 3.22, whereas in 2010 it was 2.63, the eight smallest among 40 countries according to OECD data, where the average is 4.57.

Funding: Brazil showed the lowest expending in healthcare per capita when compared to other countries (46% of public and private resources on health, in contrast with 73% of other members of OECD).

Public expending per capita on healthcare is very unequal among states. The three states with the greatest public expending per capita in 2010, accounting for the three spheres, were: Roraima (R\$ 876), Acre (R\$ 863) and Tocantins (R\$ 816). The smallest amounts came from Pará (R\$ 397), Maranhão (R\$ 436) and Bahia (R\$ 476).

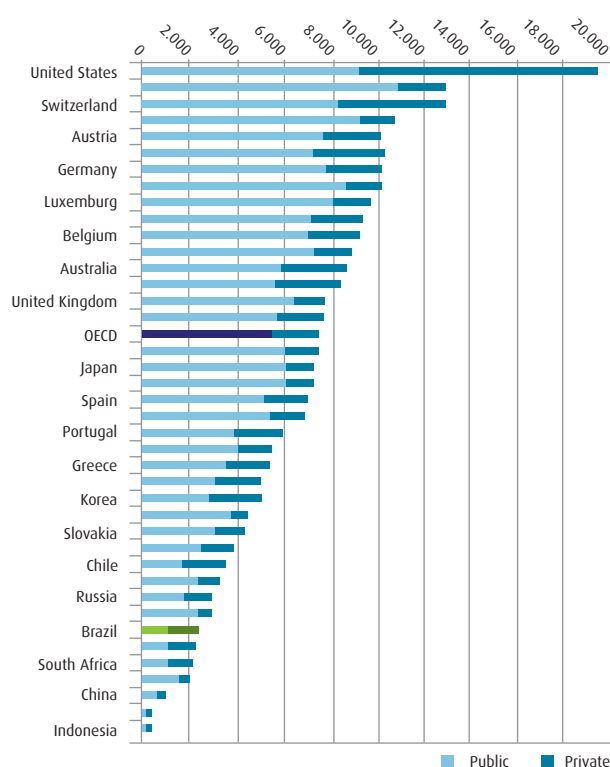
2. PERFORMANCE OF THE HEALTHCARE SYSTEM

Medical Appointments: Brazil recorded 4 medical appointments per capita in 2010, the fourth smallest number among 29 countries according to data from OECD. Great disparities were found between private healthcare plans (5.4 appointments/user) and the aforementioned SUS (3.6 appointments/user). There are disparities among the regions of the country as well. Accounting only for the SUS users, there were 4.8 appointments per user in the Southeast of Brazil, whereas in the North and Northeast there were 2.5 and 2.7 appointments.

Hospital Admissions

Brazil presented 89.26 hospital admissions per 1000 citizens, the third lowest number among 36 countries according to data from OECD. There are big

Total expending in Healthcare per capita in R\$ - Public and Private



Source: OCDE Health Data, 2013. Purchasing Power Parity

disparities between private healthcare plan users with coverage to inpatient treatment and the population dependent on SUS. The former group presented 137 admissions per 1000 citizens, which is close to OECD average number, whereas the latter was as low as 75.8.

The Brazilian States also reported significant inequality. While there were 49.36 admissions in Sergipe per 1000 SUS-dependent citizens, in Paraná there were 95.45. The average number of admissions per 1000 citizens in Southern Brazil States was 85.63, while in Northeast Brazil there were 65.89.

Medicine Price-Factor: In an international comparison between countries regarding the 50 most sold active ingredients in financial terms in 2010, Brazil had a higher price than the international average for 43 of them, and for 23 of them Brazil had the highest price of all countries being surveyed. Six out of the ten most sold medicines in Brazil have the highest price-factor among the countries surveyed.

3. HEALTHCARE STATUS

Life Expectancy at Birth: The life expectancy for Brazilians in 2011 was 74 years, with a great disparity between Brazilian States. While Brasília and Santa Catarina present a life expectancy rate at 76 years, close to the average rating of OECD members (79.5 years), Alagoas has a life expectancy rate of 68.4 years, almost a decade less.

Mortality by Cause Groups: Diseases affecting the respiratory tract were responsible for the highest number of deaths in Brazil among the cause groups. Neoplasms represented the second group with highest number of deaths, but presented the biggest growth between 2000 and 2010: 33%. External causes (homicide, suicide, traffic accidents, drowning, etc.) are the third largest group with the highest number of deaths, and presented a 21% growth in that decade. When comparing countries with OECD data, Brazil has a high mortality rate to external causes, being the third highest among 34 countries.

Premature Mortality: In 2010, Brazil had a total 7253 years lost per 100,000 citizens; 10,153 among men and 4,434 among women. That rate is higher than the rate for OECD countries: 4,689 for men and 2,419 for women.

Between states, there are also great disparities. Santa Catarina reported the smallest number of years lost (YPLL): 5,255, whereas Maranhão almost doubled that number: 10,366. External causes were responsible for the most years of potential life lost: 39% of the total YPLL.

Prevalence of Diabetes: Brazil has the fourth highest number of diabetics in the world - 13.4 million people are bearers of the disease. It is estimated that Brazil has around 6.1 million undiagnosed citizens.

CONCLUSION

Although the Brazilian healthcare system has improved significantly in the last few years, as demonstrated by several indicators, Brazil is still distant from the standards seen in the developed countries that are members of OECD, and presented big inequalities among the regions of the country.

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