



Overview

Brazil offers all residents and visitors universal health coverage through its tax-funded Unified Health System (Sistema Único de Saúde). This health system provides a comprehensive range of services that are free at the point of contact, with the administration and delivery of care handled by individual municipalities or states. About 25 percent of the population is also covered by supplementary private insurance policies, with the vast majority of these policies provided by employers as a benefit.¹

Brazil’s Unified Health System has made significant progress over the past 30 years, particularly in terms of coverage and access to care. This has led to marked improvements in health outcomes across Brazil: from higher life expectancy to lower infant mortality. Since 2007, out-of-pocket spending on health care has decreased by nearly six percentage points.²

Despite these achievements, access to care varies between rural and urban areas, and there is a wide gap in life expectancy between socioeconomic groups. In addition, life expectancy is lower for men than for women, with gun violence being a major contributor.³ With Brazil’s elderly population growing, the lack of long-term care provision is another major concern.

Coverage and Access

Background and History

The constitution of Brazil defines health as a universal right and a responsibility of the state. The country’s Unified Health System (Sistema Único de Saúde, or SUS) was conceived during the 1980s as part of a social movement that aimed to redemocratize Brazil. The SUS was officially established in 1988 by the country’s new constitution. Previously, the national health system only assisted workers who paid social security taxes; others relied on charitable organizations for their care.⁴ Today, all residents are covered by the public health system.⁵

“It’s quite remarkable what Brazil has achieved in 30 years of SUS,” says Miguel Lago, executive director of Brazil’s Institute of Health Policy Studies, who points to the nation’s improving performance on a range of population health measures. For instance, since the SUS was set up, the infant mortality rate has fallen from 52.5 deaths for every 1,000 live births in 1990 to 12.5 deaths for every 1,000 live births in 2023.⁶ Brazil’s vaccination program now offers 15 vaccines for children, six for adolescents, and five for adults and elderly people.⁷

HEALTH SYSTEM BY THE NUMBERS

10%

Health care spending as a percent of GDP

72.4 years

Life expectancy at birth

100%

Public insurance coverage

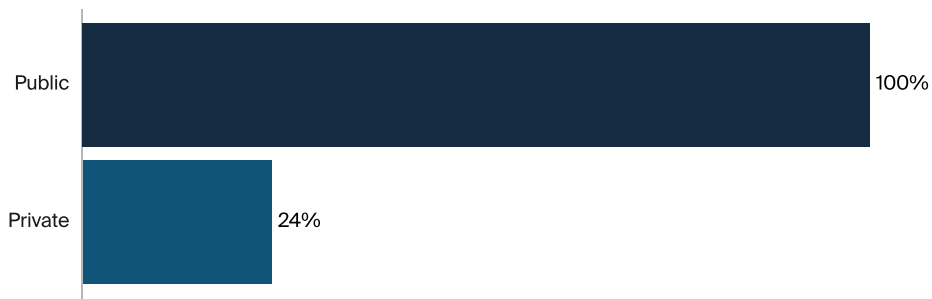
SUS is modeled on the U.K.'s National Health Service. However, in Brazil, health care is administered by individual municipalities and states — not by the central government — which can lead to inconsistent access to care and poor coordination between care settings. Some patients are forced to travel long distances to access certain treatments. Brazil also spends less on health care per capita than the U.K.⁸

The Role of Public Health Insurance

All Brazilian residents and visitors, including undocumented individuals, can obtain free, comprehensive health services, including primary care, outpatient specialty care, mental health care, hospital care, and prescription drug coverage. Eighty percent of Brazil's citizens rely solely on SUS, and, as of 2024, about a quarter of the population also have access to private health care.⁹

The SUS is financed by taxes paid by Brazilians and collected by the Federal District and the states and their municipalities. Each entity is responsible for allocating a minimum portion of collected funds to public health actions and services, which are then administered by the SUS.¹⁰

Insurance Coverage (Percentage of Population)



Source: “[Unified Health System: SUS](#)” (Sistema Único de Saúde: SUS), Ministry of Health (Ministério da Saúde), accessed November 6, 2025; OECD Data Explorer, [Healthcare coverage](#), distributed by OECD, accessed November 6, 2025.

Services Covered Under Public Health Insurance

In addition to general health care, the SUS encompasses the following services, plans, and care options:¹¹

- Preventive care
- Inpatient hospital care
- Outpatient hospital care
- Maternity care
- Primary care
- Pharmaceuticals
- Dental care
- Some eye care
- Mental health care
- Palliative care
- Some long-term care
- Rehabilitation
- Home visits
- Assistive devices.

Although the SUS provides medication for Brazilians free of charge, about 87 percent of spending on medicines and medical devices is out of pocket.¹² Medicine shortages are an important contributor to the prevalence of out-of-pocket spending (see *Pharmaceutical Spending*).¹³

The SUS covers most eye surgeries, but there are long wait lists for nonurgent eye care services.¹⁴

The SUS covers long-term care for patients in stable clinical conditions who are experiencing lasting effects from a clinical, surgical, or traumatic event.¹⁵ Despite its rapidly aging population, Brazil does not have an organized long-term care system for older adults under the SUS (see *Long-Term Care and Social Support*).¹⁶

Safety Nets

The federal government has partnered with private pharmacies through the Popular Pharmacy program to help patients get free or subsidized medicines at accredited pharmacies. Free medication is provided for asthma, diabetes, high cholesterol, hypertension, osteoporosis, rhinitis, glaucoma, and Parkinson's disease. Contraception is also free. In addition, the government covers 90 percent of the listed value of subsidized medicines.¹⁷

Other safety nets center around women's health. In 2021, 28 percent of low-income women suffered from menstrual poverty, meaning they could not afford to access the means to manage their menstrual health, such as menstrual products, sanitation and hygiene facilities, education, and awareness programs.¹⁸ In response to this issue, Brazil launched the Menstrual Dignity program in March 2023, which provides free sanitary pads to marginalized and other groups, such as homeless individuals, public school students, and those within the prison system.¹⁹

The Role of Private Health Insurance

Private health insurance is voluntary and regulated by the National Regulatory Agency for Private Health Insurance and Plans. In 2024, 24.6 percent of Brazilians had private health insurance.²⁰

There are three types of private health care plans: individual plans; collective corporate plans offered by companies to their employees; and plans offered to members of a professional association, industry-related organization, or trade group.²¹

More than 80 percent of privately insured Brazilians access their policies through their employer.²²

The Role of Government

National Level

As the national manager of the SUS, the Ministry of Health formulates, regulates, supervises, monitors, and evaluates health policies and actions, working together with the National Health Council to do so.²³ It operates within the Tripartite Interagency Commission — a national health management committee — to negotiate the National Health Plan.²⁴

State Level

State Health Department participates in formulating health policies and actions, supports municipalities in coordination with the state council, and takes part in the Bipartite Interagency Commission to approve and implement each state's health care plan.²⁵

Municipal Level

Municipal Health Department is responsible for planning, organizing, controlling, evaluating, and executing health care services in coordination with the municipal council and the state to approve and implement the municipal health plan.²⁶

Integration and Care Coordination

Brazil's Health Care Networks guide access to various health care services. These networks are designed to coordinate care and aim to see that SUS users receive care that is appropriate to their health condition.²⁷

Primary care plays an important role in coordinating care and communication within the health care network. People first seek care through their primary care teams, who can refer them to other services if needed. This coordination is carried out by various teams, including those in primary care, prisons, family health, oral health, and street clinics, with support from multiprofessional health teams.²⁸

Networks that address recurring and priority needs include the Urgent and Emergency Care Network, the Psychosocial Care Network the Care Network for People with Disabilities, and the Health Care Network for People with Chronic Diseases.²⁹

Operations and Resources

Overview of the Delivery System

Brazilians can access health care through public and private providers. A broad spectrum of health care services is structured across three main areas:³⁰

- **Primary care** is delivered at local Primary Health Care Units, which focus on prevention through routine examinations and consultations with multidisciplinary teams specializing in family, prison and oral health
- **Secondary care** provides medium-complexity services in specialized outpatient clinics and emergency units, covering areas such as pediatrics, orthopedics, cardiology, psychiatry and oncology
- **Tertiary care** provides high-complexity services in large hospitals equipped with intense care units, advanced surgical centers and cutting-edge technology, covering areas such as oncology, cardiovascular procedures, organ transplants, and high-risk births.

Primary Care

Primary care is decentralized and integrated into local communities. The Family Health Strategy, for instance, delivers a range of health services through multidisciplinary family health teams located near the populations they serve. Each team, which is made up of general practitioners, family health specialists, nurses, nursing technicians, and community health agents can reach up to 3,000 people.³¹

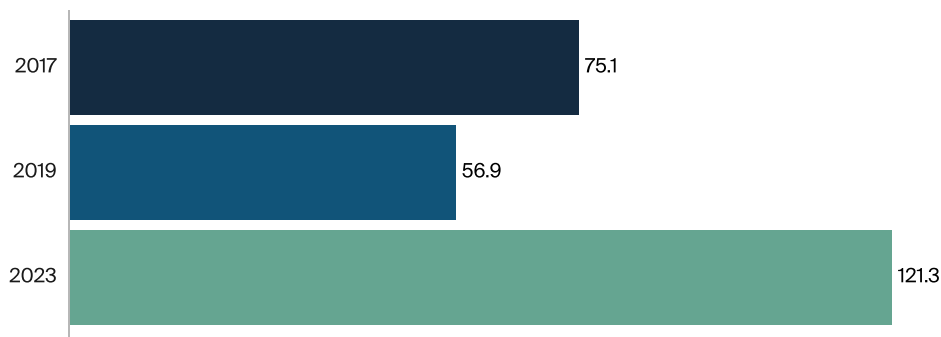
Although the Ministry of Health says it prioritizes primary care and the Family Health Strategy, it has struggled to retain primary care physicians, especially in remote parts of the country and in urban medical deserts where access to essential health care is limited or nonexistent.³²

To tackle this problem, the Ministry of Health set up Emergency Care Units (Unidade de Pronto Atendimento, or UPA) as part of its national emergency care policy. These units operate 24 hours a day, providing care for urgent and nonurgent conditions. They operate in hospital settings and elsewhere; patients can access these services through primary care, mobile emergency services, home care, and hospital care. The Ministry of Health has stated that 97 percent of patient cases are resolved directly within the UPA.³³

Brazil had 235.7 physicians for every 100,000 people in 2023, compared with an average of 280 in the Americas in 2022.³⁴ In 2023, there were 121.3 generalist medical practitioners (GPs) for every 100,000 people.³⁵ There are no data available for the percentage of primary care physicians employed publicly or privately.

The Prevent Brazil program, established in 2019, introduced a new finance model aimed at making it easier for people to access primary health care. The idea is to put patients at the heart of the health system. Municipal funding is based on three criteria: the number of people registered for care, performance on health indicators, and participation in strategic programs such as extended clinic hours or prison health teams.³⁶

Number of GPs and Specialists per 100,000 People, 2017–23



Source: The Global Health Observatory, Medical doctor: generalist medical practitioners (number), distributed by World Health Organization, accessed December 19, 2025; Note: Our calculations in this chart are based on data from World Bank Open Data, [Population, total](#), distributed by World Bank Group, accessed December 19, 2025.

Outpatient/Specialist Care

The Secretariat of Specialized Health Care is charged with ensuring quality control and evaluating specialist SUS services.³⁷ Specialized care is divided into secondary (medium complexity) care, which includes services in hospitals and outpatient clinics, and tertiary (high complexity) care, which concerns more resource-intensive care. Tertiary care is typically needed for severe or complex cases that may require highly specialist equipment or the input of multidisciplinary teams.³⁸

The More Access to Specialists Program, a strategy under Brazil's National Policy for Specialized Health Care, is tasked with expanding and enhancing the quality of and access to specialized care.³⁹ In 2024, the program invested BRL 1 billion (USD 185 million) to reduce wait times and increase the availability of consultations, exams, and other diagnostic and therapeutic procedures. By July 2024, 2,700 municipalities and 15 states, along with the Federal District, had formally agreed to participate in the program.⁴⁰

There were 57.9 specialist medical practitioners for every 100,000 people in 2023.⁴¹

Effective as of January 2024, the National Federation of Doctors set the minimum wage for doctors at BRL 19,404 (USD 3,598) for a 20-hour work week and the minimum consultation fee at BRL 238 (USD 44). These amounts are a 3.7 percent increase based on Brazil's 2023 national consumer price index.⁴²

Physician Education and the Workforce

Over the years, Brazil has strived to provide more opportunities for medical students by increasing the number of school placements. This expansion began in the 1960s, when 35 medical schools were built. Today, there are 389 medical schools in the country.⁴³

In 2023, there were 126.2 medical students for every 100,000 people, a much higher figure than the average in Mexico of 14.5 for every 100,000 people.⁴⁴ However, although the number of doctors trained in Brazil has grown over the past two decades, public institutions educated the smallest proportion of medical students ever in 2022.⁴⁵ Public schools offered less than a quarter (10,041) of available positions, while Brazil's 322 private schools offered 38,450. Even in the southeast, where nearly half the country's medical school placements are, only 15.2 percent of placements are in public institutions.⁴⁶

The above figures highlight Brazil's regional disparities, which is one of the main challenges facing the Brazilian medical education sector. The shortage of physicians in remote or marginalized areas prevents some patients from accessing care, and it also affects the educational prospects of medical students. For example, new medical schools struggle to hire qualified and experienced professors and clinical mentors. The lack of medical facilities also means that new medical schools in socioeconomically disadvantaged areas are missing out on the internship opportunities and hands-on experience crucial to a medical education.⁴⁷

The lower number of public medical schools also has an impact on low-income students who can't afford private school fees. Public medical schools offer free education and training, while tuition at private medical schools ranges from BRL 5,185 (USD 962) to BRL 15,778 (USD 2,926) per month.⁴⁸

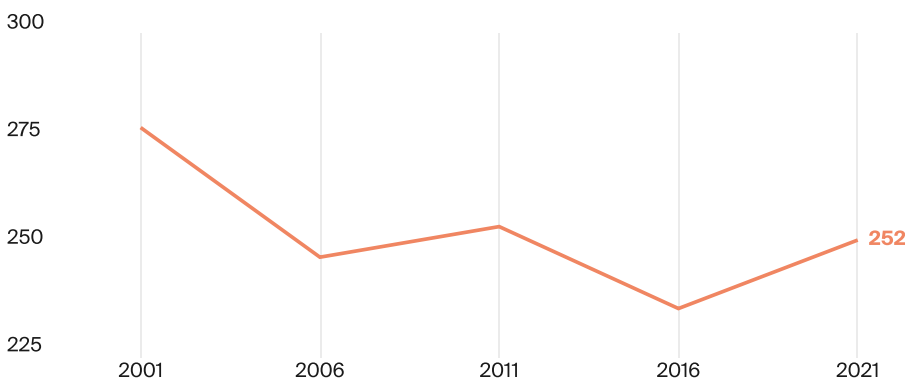
To solve these problems, Brazil has implemented several policies and strategic initiatives. One is the More Doctors for Brazil Program, which started in 2013 with the aim of increasing health care access. Since then, the program has helped to expand placements in medical courses and residency programs. Between 2010 and 2021, the number of medical schools in Brazil grew from 181 to 366 — a 102 percent increase. Although the initiative allows doctors from overseas to practice in areas of need, the program's main aim is to attract Brazilian medical professionals that are trained in Brazil.⁴⁹ There are currently no data for the rate of medical staff leaving the country to work abroad.

Hospitals

Brazil has a combination of public and private health care facilities. The Brazilian Hospitals Federation and the National Confederation of Health, Hospitals, Establishments and Services state that the country had about 7,309 hospitals in 2024. Of these, about 63 percent (4,599) were private.⁵²

The number of hospitals and hospital beds has been fairly stable since 2012, but Brazil has fewer hospital beds per capita than other upper-middle-income countries; this is an issue for a country struggling with overcrowded emergency services (see *Primary Care*). To remedy this, in 2023, the Ministry of Health increased financial support for private nonprofit hospitals (philanthropic hospitals). This initiative, backed by an annual investment of BRL 83 million (USD 15 million), created 700 more beds for the SUS.⁵³

Number of Hospital Beds per 100,000 People, 2021



Source: The Global Health Observatory, [Hospital beds \(per 10,000 population\)](#), distributed by World Health Organization, accessed November 6, 2025.

Mental Health Care

Mental health care in Brazil is provided through the Psychosocial Care Network, which delivers primary care, specialized services, crisis management, inpatient units, deinstitutionalization initiatives, and psychosocial rehabilitation programs.⁵⁷ Brazil's 2023 budget allocation included BRL 414 million (USD 77 million) for the Psychosocial Care Network; 0.3 percent of the total health care budget was allocated to therapeutic residential services and psychosocial care centers.⁵⁸

In 2020, there were 3.7 psychiatrists for every 100,000 people in Brazil, a much higher figure than the average for upper-middle-income countries globally, and 6.8 mental hospital beds for every 100,000 people, which is much lower than the average for upper-middle-income countries.⁵⁹ This disparity could be due to the country's focus on community-based care – enshrined in the 2001 Law of Psychiatric Reform and the 2002 creation of Psychosocial Mental Health Services.⁶⁰

In 2020, 1.4 patients for every 100,000 people visited a mental health hospital for outpatient care, while 4,976 patients for every 100,000 visited a community-based facility for outpatient care.⁶¹

HOSPITALS BY THE NUMBERS

In 2021, there were **252 hospital beds per 100,000 people**.⁵⁰

In 2023, there were **550 nurses and midwives per 100,000 people** (compared with an average of 671 in the Americas in 2022).⁵¹

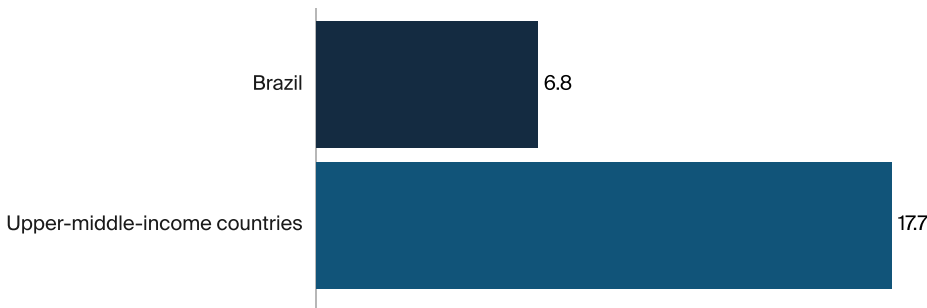
MENTAL HEALTH CARE BY THE NUMBERS

In 2020, there were **7 mental hospital beds per 100,000 people** (compared with 18 across all upper-middle-income countries).⁵⁴

There were **4 psychiatrists per 100,000 people** in 2020, higher than the average of two in upper-middle-income countries.⁵⁵

In 2020, there were **164 mental health professionals per 100,000 people**, much higher than the average of 15 in upper-middle-income countries.⁵⁶

Number of Mental Hospital Beds per 100,000 People, 2020



Source: World Health Organization, [Mental Health Atlas 2020](#) (WHO, 2021); World Health Organization, [Mental Health Atlas 2020 – Brazil Member State Profile](#) (WHO, 2021).

Long-Term Care and Social Support

The SUS does not specifically cover long-term care for older residents. This is a major weakness, particularly given that Brazil will have the world's fourth-largest elderly population by 2050. It is generally assumed that family members will provide long-term care; currently, less than 1 percent of older people live in care institutions.⁶² Just 36 percent of Brazilian municipalities have long-term care facilities.⁶³

The Better at Home program provides home care services to people of any age who are restricted to their homes or beds, require frequent care, or have complex care needs. The program is available to about 44 percent of the population, with primary health care teams caring for stable patients and specialized multidisciplinary teams caring for more complex cases. The program currently operates in 977 cities across 26 states and has been supported by BRL 5.2 billion (USD 964 million) in funding between 2011 and 2023. Since 2024, Better at Home has been integrated with the National Palliative Care Policy to support patients with serious, incurable conditions. This is a significant expansion of the palliative care services offered by the SUS.⁶⁴

Cost and Affordability

Health Care Spending Overview

In 2022, Brazil's total health care spending was USD 194 billion, a significant increase on its 2011 spending of USD 155 billion. Of this, nearly half came from the government (USD 86.8 billion) and over a quarter from out-of-pocket spending (USD 53.2 billion). Prepaid private health care made up 27.5 percent of Brazil's total health care spending (USD 53.3 billion).⁶⁵

Brazil spent 9.7 percent of its gross domestic product (GDP) on health care in 2023.⁶⁶

Health Care Spending as a Percentage of GDP, 2023



Source: The Global Health Observatory, Current health expenditure (CHE) as percentage of gross domestic product (GDP), distributed by World Health Organization, accessed December 19, 2025.

Pharmaceutical Spending

In 2021, about 2.5 percent of Brazil's government health care spending was on medicines, amounting to BRL 12.2 billion (USD 2.3 billion). This spending is the highest since 2015, when the government spent BRL 10.9 billion (USD 2 billion). Household spending on medicines has also increased significantly: from BRL 62 billion (USD 11 billion) in 2010 to BRL 168 billion (USD 31 billion) in 2021.⁶⁷

As previously mentioned, an important contributor to the prevalence of out-of-pocket spending in Brazil is medicine shortages, with one study finding that only 39.4 percent of patients had access to all their prescribed medications. Widespread shortages at community pharmacies have led patients to purchase their medications privately.⁶⁸

The Drug Market Regulation Chamber regulates drug prices across Brazil and encourages competition in the sector. In March 2025, the chamber authorized the annual adjustment of prices, capping the percentage increase to protect people from a steep rise in the cost of medicine. For 2024, the annual price adjustment was 3.8 percent, the lowest since 2018.⁶⁹

Cost Sharing and Out-of-Pocket Spending

In 2022, out-of-pocket spending accounted for 27.4 percent of total health care expenditure, a decrease of nearly six percentage points from 2007, when it accounted for 33 percent.⁷⁰ Several factors contributed to this decrease, including the strengthening of the public health care system, the growth of private health insurance, and the introduction of government programs for low-income populations. Medication accounts for 84 percent of out-of-pocket spending for the poorest 10 percent of Brazilians.⁷¹

The Institute of Health Policy Studies' Miguel Lago notes that Brazil's system is complicated to manage because of the overlapping responsibilities for health care at national, state, and local government levels. This, combined with chronic underfunding, makes it difficult to extend access to and improve the quality of care.

“We have a public health system that is universal, but people are spending money out of pocket,” Miguel Lago, executive director of Brazil’s Institute of Health Policy Studies says. In 2017, 0.18 percent of Brazil’s population was pushed below the \$1.90-a-day poverty line by household spending on health care — higher than the average of 0.08 percent for upper-middle-income countries.⁷²

There is currently no information on explicit out-of-pocket caps for beneficiaries in the Brazilian health care sector. There are also no data for how many people have been pushed below the poverty line by health care costs.

Percentage of Health Care Spending That Is Out of Pocket, 2022



Source: The Global Health Observatory, Out-of-pocket expenditure as percentage of current health expenditure (CHE) (%), distributed by World Health Organization, accessed November 6, 2025.

How Are Costs Contained?

In Brazil, health care spending must be at least 15 percent of net current revenue. Due to major fiscal concerns, the government plans to cap health and education expenditures, limiting annual growth to 2.5 percent above inflation.⁷³

Other government cost-saving measures include expanding telehealth services, improving efficiency, and reaching underserved populations. In Brazil, about 27 percent of health care institutions offered teleconsulting services in 2023, and about 14 percent provided remote patient-monitoring services.⁷⁴ Decentralized, community-based initiatives, such as the Psychosocial Care Centers, the Better at Home program, and the Family Health Strategy, allow patients to be treated by local teams or at home. These initiatives can reduce inpatient service costs and improve access to care.

Quality and Outcomes

Health Outcomes

In Brazil, life expectancy for women is seven years longer than for men: 75.8 years for women, compared with 69 years for men.⁸⁴ The gender gap is widest in those ages 15 to 34, mainly because of the higher number of deaths among men due to unnatural causes, such as homicides and accidents.⁸⁵

Interpersonal violence was the fourth highest cause of death in Brazil in 2021, responsible for 32.3 deaths for every 100,000 people (compared with 28.5 for every 100,000 people in Mexico).⁸⁶

In 2021, Brazil had 494 avoidable deaths for every 100,000 people, more than double the 237 for every 100,000 across OECD countries.⁸⁷ One reason may be COVID-19: one estimate states that Brazil had the fifth highest number of COVID-19 deaths for every 100,000 people and that the pandemic's impact reduced life expectancy in 2020 by 1.3 years.⁸⁸

Obesity affects over a quarter of Brazilian adults, 12.3 percentage points more than the average for upper-middle-income countries. Brazilian women are more likely to be obese than men; obesity rates are 31.7 percent for women and 24.3 percent for men.⁸⁹

Addressing Health Inequities

Significant disparities in access to complex health care are linked to geographic and socioeconomic factors. The difference in life expectancy between people from lower and higher economic groups in Brazil is striking — in Rio de Janeiro's favelas, people live to age 48 on average.⁹⁰ Where people live also affects their health outcomes. Brazilian adults living in rural areas are more likely to describe their health as poor than those in urban areas.⁹¹

Lack of access to care also contributes to racial disparities in health outcomes. The maternal mortality rate for Black women is much higher than for white women — between 2017 and 2022, it was nearly twice as high.⁹² On average, Brazil's Black population has less access to services than its white population does. This is partly because of the location of high-complexity health care facilities. Studies show that Black people often live in peripheral urban areas, while complex health care facilities and public transportation tend to be concentrated in central urban areas.⁹³

Brazil hopes to address this problem through regionalization — an SUS guiding principle. Its aim is to organize the health system into regions. These would be smaller than a state but bigger than a municipality, and each would provide all the necessary services for patients in an integrated manner and through all stages of care.⁹⁴

HEALTH OUTCOMES BY THE NUMBERS

Average life expectancy was **72.4 years** in 2021, the same as in upper-middle-income countries but lower than in the Americas (74.1 years).⁷⁵

The avoidable mortality rate in Brazil was **494 per 100,000 people** in 2021.⁷⁶

The top three causes of death in Brazil in 2021 were:

- COVID-19: **220 per 100,000 people**
- Ischemic heart disease: **86 per 100,000 people**
- Stroke: **64 per 100,000 people**.⁷⁷

The maternal mortality rate in Brazil was **52 per 100,000 live births** in 2023, compared with 59 per 100,000 live births across the Americas.⁷⁸

The infant mortality rate in Brazil was **13 per 1,000 live births** in 2023, compared with 12 in upper-middle-income countries.⁷⁹

In 2021, the share of the Brazilian population with mental health disorders was **19 percent** — the highest level in the Americas.⁸⁰

The suicide rate in Brazil was **9.5 per 100,000 people** in 2023, same as across upper-middle-income countries.⁸¹

Guns were responsible for **18 deaths per 100,000** in Brazil in 2023.⁸²

28 percent of adults in Brazil were affected by obesity in 2022, compared with an average of 16 percent across upper-middle-income countries.⁸³

Miguel Lago notes that regionalization has the potential to improve health care provision because many patients needing complex treatment often have to travel to state hospitals in bigger cities. “The advantage of regionalization is that you look at the territory in terms of the epidemiology, the geographic reach, the transportation system,” he says. “And you plot different regions within Brazil based on how they should be organized, so there are more complex services within reach, too.”

However, challenges have prevented regionalization from achieving its objectives. Obstacles include a lack of funds or infrastructure to develop complex care facilities, shortages of health care professionals in remote areas, and overlapping interests with private care providers in wealthy urban regions.⁹⁵ Over the past decade, the expansion of medical courses and training positions has led to more doctors per person across municipalities, but geographic concentration is still an issue.⁹⁶

In addition, Health Equity Promotion Policies are SUS programs and initiatives that promote respect for diversity and comprehensive care for populations experiencing marginalization and social inequity.⁹⁷ These policies include: The National Policy for the Integral Health of the Black Population; The National Policy for the Integral Health of Rural, Forest, and Water Populations; and The National Policy for the Integral Health for the Romani.⁹⁸

Health care for Indigenous people is a stated priority for the federal government. Seeking to provide access to quality health services for these populations, the government has implemented the Indigenous Health Subsystem, an initiative managed by the Special Secretariat for Indigenous Health under the Ministry of Health. This initiative involves 34 special Indigenous health districts across Brazil that are implementing dedicated health care activities.⁹⁹

There are currently no data for the share of the population reporting an unmet need for medical care.

Innovation and Reform

Health Care Innovation

Over a four-year period (2024 to 2028), as part of the Novo Pac (Growth Acceleration) program, the Ministry of Health plans to invest BRL 31.5 billion (USD 5.8 billion) in initiatives such as primary care, specialized care, telehealth, and preparations for health.¹⁰⁰ In 2025, with formalization completed, states and municipalities began construction on facilities including 768 basic health units, 100 psychological care centers, and 31 polyclinics.¹⁰¹

Brazil’s National Health Plan defines objectives for SUS from 2024 to 2027. Some important goals are to expand the family and oral health strategies, access to specialized care, and access to medicines and pharmaceutical services (including investing in digital solutions). As well as to reduce and control preventable diseases, with a focus on reducing inequities based on access, gender, region, and social status.¹⁰²

In February 2024, the government launched the Healthy Brazil Program, which aims to eliminate or significantly reduce the diseases and infections that disproportionately affect socially marginalized populations.¹⁰³

At the same time, the government's industrial policy, New Industry Brazil, includes initiatives to increase the domestic production of medicines, vaccines, medical equipment, and medical devices. The aim is to meet 70 percent of the nation's needs by 2033, up from 42 percent in 2024.¹⁰⁴ In September 2023, the government launched the National Strategy for the Development of the Health Economic-Industrial Complex, aiming to increase the country's capacity to produce critical medical supplies and avoid future shortages. The strategy is backed by up to BRL 42 billion (USD 7.8 billion) in public and private investment through to 2026.¹⁰⁵

Health Care Technology

Digital Health Strategy

The Brazilian government increased the budget allocated to digital health by 50.6 percent between 2013 and 2023, reaching BRL 1.08 billion (USD 200 million) in 2023.¹⁰⁶

In April 2024, as part of the My Digital SUS program, the Ministry of Health launched an initiative to strengthen Brazil's digital health infrastructure in a bid to increase efficiency and improve health care access. A total of BRL 69.6 million (USD 12.9 million) was distributed to Brazil's 26 states and Federal District, with an additional BRL 162.4 million (USD 30.1 million) going to the country's municipalities.¹⁰⁷

In 2020, the Ministry of Health launched the Digital Health Strategy for Brazil 2020–2028, aiming to organize and integrate the previous decade's efforts to improve the country's digital health access. In 2023, the Secretariat of Information and Digital Health was established to support the Ministry of Health in developing digital health policies and strategies.¹⁰⁸ Thanks to such initiatives, the country has expanded its digital health management infrastructure. In 2023:

- 88 percent of health care facilities in Brazil used electronic health records (EHRs): 85 percent of public facilities and 91 percent of private ones.
- 98 percent of health facilities used computers, and 99 percent had internet access.
- 89 percent of primary health care units used electronic systems to record patient information.
- 32 percent of all health care facilities stored patient information only in electronic format — up from 22 percent in 2013.¹⁰⁹

Electronic Health Records

Brazil's National Health Data Network is a Ministry of Health initiative that “promotes the exchange of information between the actors of the health care network in Brazil, aiming to allow the transition and continuity of care in the public and private sectors.”¹¹⁰

The first stage of the My Digital SUS Program offers participating federal entities BRL 232 million (USD 43 million) for network diagnostics and digital planning services. As of February 2024, 4,287 municipalities have joined — 77 percent of the country's total.¹¹¹ The My Digital SUS program provides:

- Access to the patient's EHR during the consultation
- Direct access to patient data by the application user
- Expansion of telehealth provision
- Evaluations of Brazilian cities' digital health maturity
- Planning for regional action based on the National Health Data Network.

As of July 2025, the National Health Data Network now contains more than 2.8 billion records, including 1.5 billion immunization records and 9 million hospitalization records.¹¹²

This profile reflects data as of January 2026. New or updated information may have become available since its release.

Notes

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