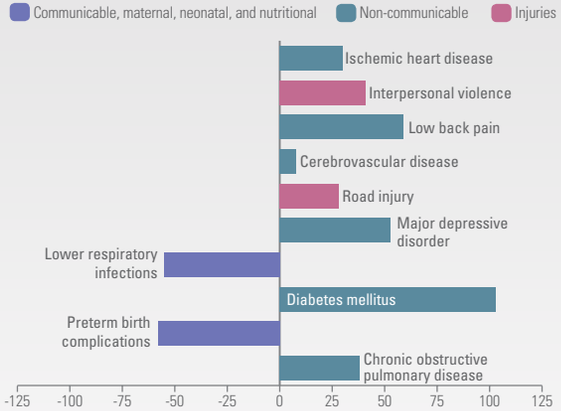
BRAZIL

Brazil recognized universal access to health care as a fundamental right in its Constitution of 1988 and created the Unified Health System (SUS) to provide free comprehensive care and essential medicines to all citizens. In parallel to the SUS, a private subsystem covers predominantly those with capacity to buy private insurance or whose employer provides health coverage – resulting in a two-tiered system. Private expenditure, of which 58% is out of pocket, represents 55% of total health expenditure. The nurse-to-physician ratio is 3.6, above the OECD average, and 36% of physicians are women. There is no national long-term plan for human resources for health, but various strategies and investments address human resources for health needs, such as geographical disparities (the density of physicians varies from 40.9 per 10 000 population in the state of Rio de Janeiro to 7.1 per 10 000 in the state of Maranhão). In June 2013, the Ministry of Health launched Mais Medicos (More Doctors), a national and international recruitment programme to fill in available positions in underserved regions at primary care level. Mechanisms for accreditation and regulation of the health workforce are in place.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	195.2; 25; 10	(2010)
Average annual rate of population change (%)	0.8	(2010-2015)
Population living in urban areas (%)	85	(2011)
Gross national income per capita (PPP int. $)	11420	(2011)
Population living on <$1 (PPP int. $) a day (%)	7.13	(2007)
Total expenditure on health as a percentage of gross domestic product (%)	8.9	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	46	(2011)
External resources for health as a percentage of total expenditure on health (%)	0.3	(2011)
Life expectancy at birth (years) [all; female; male]	74; 78; 71	(2011)
Total fertility rate (per woman)	1.8	(2010)
Neonatal mortality rate (per 1 000 live births)	10	(2011)
Infant mortality rate (per 1 000 live births)	14	(2011)
Under-five mortality rate (per 1 000 live births)	16 [14-18]	(2011)
Maternal mortality ratio (per 100 000 live births)	56 [36-85]	(2010)
Births attended by skilled health personnel (%)	98.9	(2010)
Antenatal care coverage - at least one visit (%)	97.3	(2010)
Antenatal care coverage - at least four visits (%)	90.2	(2010)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	96	(2011)
Postnatal care visit within two days of birth (%)	–	

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

Feasibility of achieving thresholds: Most likely Somewhat likely Least likely

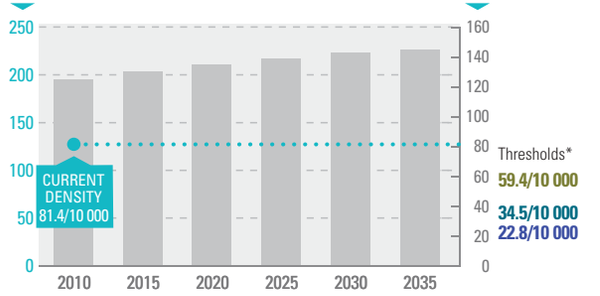
TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold

FEASIBILITY



ACCESSIBILITY

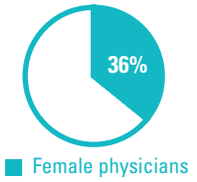
GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS
(density per 10 000 population)

SUB-NATIONAL LOW	NATIONAL AVERAGE	SUB-NATIONAL HIGH
7.1 Physicians	**17.6** Physicians	**40.9** Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **ABOVE** the OECD average (2.8:1).

3.6 Nurses **TO** **1** Physician



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:		**REGULATE:**		**LICENSE/RE-LICENSE:**	
Dentists	✓	Dentists	✓	Dentists	✓*
Midwives	✓	Midwives	✓	Midwives	✓*
Nurses	✓	Nurses	✓	Nurses	✓*
Pharmacists	✓	Pharmacists	✓	Pharmacists	✓*
Physicians	✓	Physicians	✓	Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?	✓
Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?	✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?	✓
informed by data and strategic intelligence?	✓*
addressing pre-service education?	✓
addressing geographical distribution and retention?	✓
addressing health workforce performance (e.g. competence, responsiveness and productivity)?	✓
addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?	✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?	✓*
For which period?	?
Does the strategy/plan account for the financial costs and resource requirements to implement it?	✓

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.