

## HTA IN BRASIL: IMPACTS AND NEW DIRECTIONS

**Ana Luiza d'Ávila Viana, PhD**

Director of the Department of Science and Technology,  
Ministry of Health, Brazil

**Capital: Brasilia**

**Area: 8,514,876 Km<sup>2</sup>**

**Official Language: Portuguese**

**Population (2010): 190.7 millions**

**GDP (2010 est.): \$ 2,172 trillion (PPP Int.)**

**Human Development Index (2010): 0.699 (high, 73rd)**

**Life Expectancy at Birth (2007): 72.5 years**

**Child Mortality Rate (2007): 20.00**

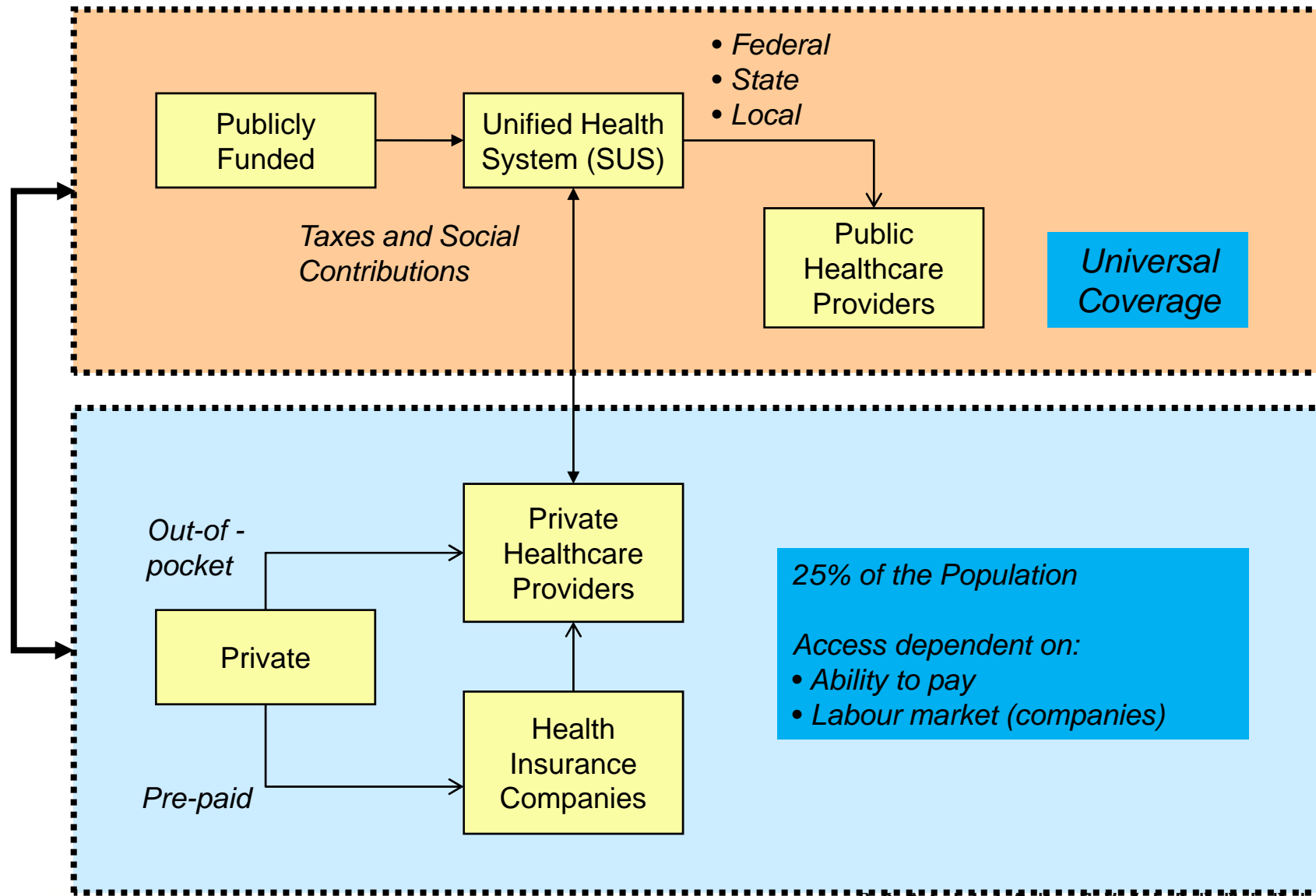
**27 States; 5,565 municipalities**

**Per Capita Government Expenditure on Health (2007):**

**\$ 348 (PPP Int.)**



# Brazil: Two-Tiered Healthcare System



Secretariat of Science,  
Technology and Strategic Inputs

Ministry of  
Health



# Unified Health System - SUS

- Universal healthcare system, adopted in 1988
- All Brazilian citizens have the right to free medical care access, from primary healthcare to high-cost/highly complex procedures.
- The SUS is one of the largest public health systems in the world
  - Offering coverage to 60-80% of the Brazilian population
  - With 52.2% of the population covered by Family Health Teams, which are present in 95.1% of the municipalities
  - Conducts 3.1 billion walk-in procedures annually, nearly 300 million medical consultations, and 2 million births
  - Includes more complex activities: 20.1 thousand transplants; 281.7 thousand heart surgeries; 9.6 million chemotherapy and radiotherapy procedures; and 11.4 million admittances
  - The quality and impact of some national programs are internationally recognized (immunization, HIV/Aids and tobacco control programs).

# HTA in SUS - Legal Frameworks

- **1990** - Law 8,080/90 – Organic Health Law
- **2004** - II CNCTIS – National Conference on Science, Technology and Innovation in Health
  - ✓ National Policy on Science, Technology and Innovation in Health (2004)
  - ✓ National Priority Agenda in Health Research (2005)
- **2009** - National Policy on Health Technologies Management (GM-2690/ November 5th, 2009)
- **2011** - Law No. 12,401/2011 - Establish new roles for the incorporation of health technologies into the SUS

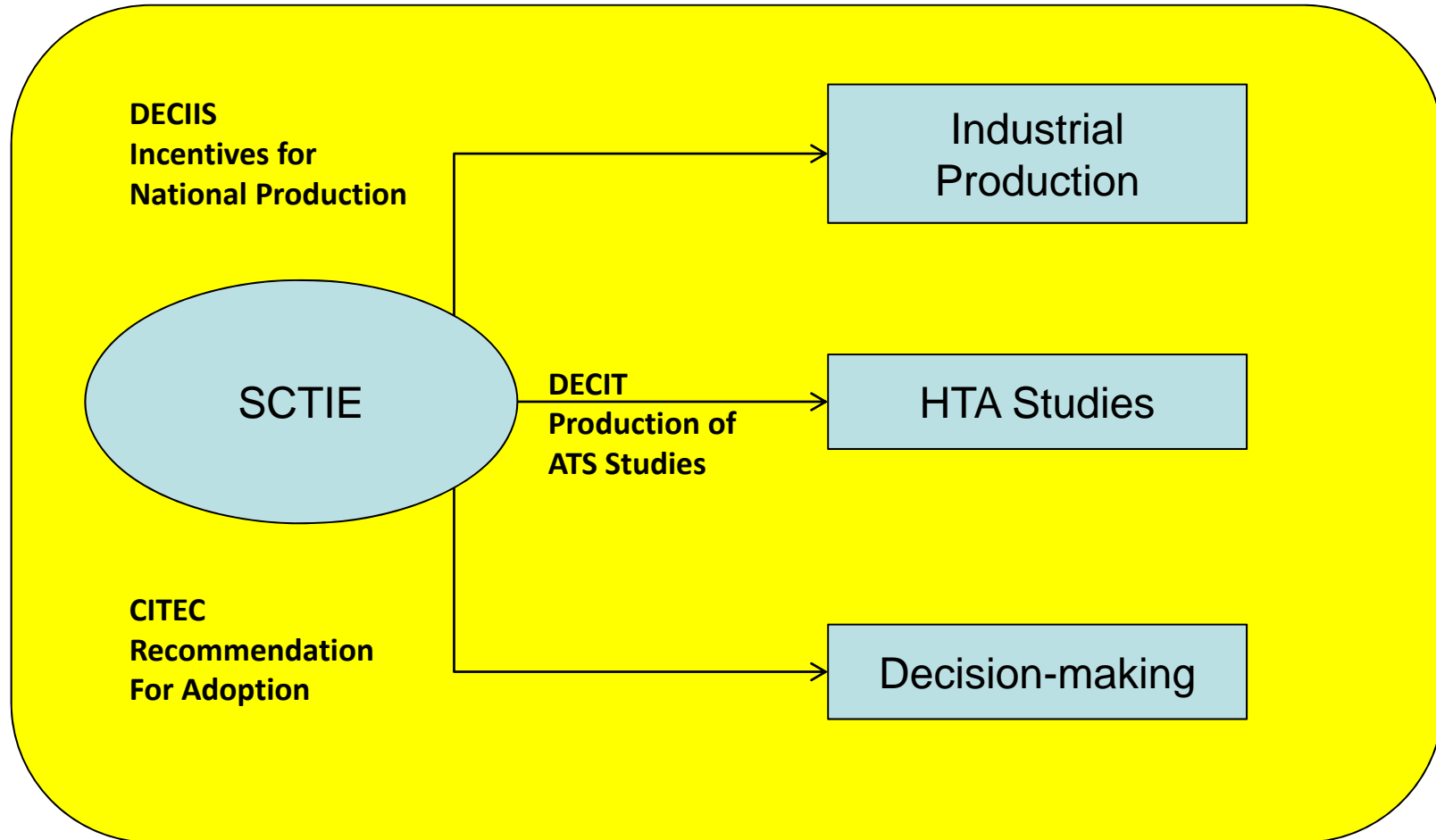
# Roles of the Main Areas Involved in Health Technology Incorporation

- **Ministry of Health (MoH)**
  - Coordinates the Commission for the Incorporation of Health Technologies (CITEC)
  - Creates lists for incorporation/exclusion of technologies in the SUS.
  - Elaborates/supports HTA studies (drugs are 90% of the demand).
  - Coordinates MoH's clinical guidelines elaboration group
  - Supports the Essencial Medicines Commission
  - Coordinates the REBRATS – 45 members
- **National Agency for Health Surveillance (Anvisa)**
  - Price-fixing of medicines on the Brazilian market (Drug Market Regulation Council- CMED);
  - Coordinates the editorial center of the Brazilian Bulletin on Health Technology Assessment (BRATS)

# Who is Who in the Brazilian Context

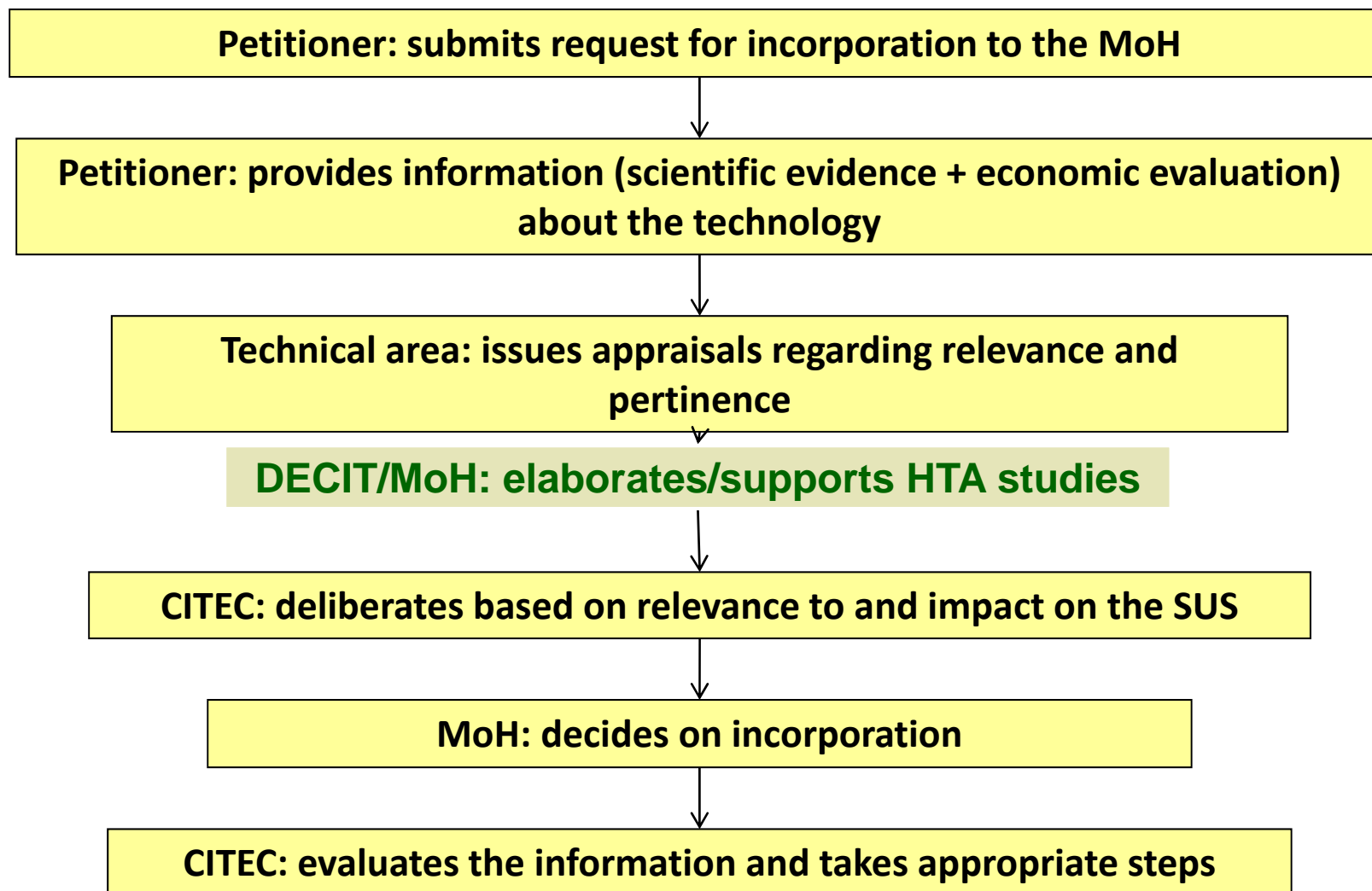
<b>Produtores</b>	<b>Incorporadores</b>
Segmentos do complexo industrial da saúde	Prestadores de serviços
<b>Reguladores / Certificadores</b>	<b>Financiadores</b>
<ul style="list-style-type: none"> <li>• Ministério da Saúde – MS</li> <li>• Ministério da Fazenda - MF</li> <li>• Agência Nacional de Vigilância Sanitária – ANVISA</li> <li>• Agência Nacional de Saúde Suplementar – ANS</li> <li>• Instituto Nacional de Metrologia, Normalização e Qualidade Industrial – INMETRO</li> <li>• Instituto Nacional de Propriedade Intelectual – INPI</li> </ul>	<p>SUS Sistema privado Cidadãos</p> <p><b>Avaliadores</b> Ministério da Saúde ANVISA Serviços Instituições de ensino Consultores independentes</p> <p><b>Instâncias decisórias</b></p> <p><b>Usuários</b></p>
<b>Gestão: MS / Sistema privado</b>	

# Role of SCTIE/MS

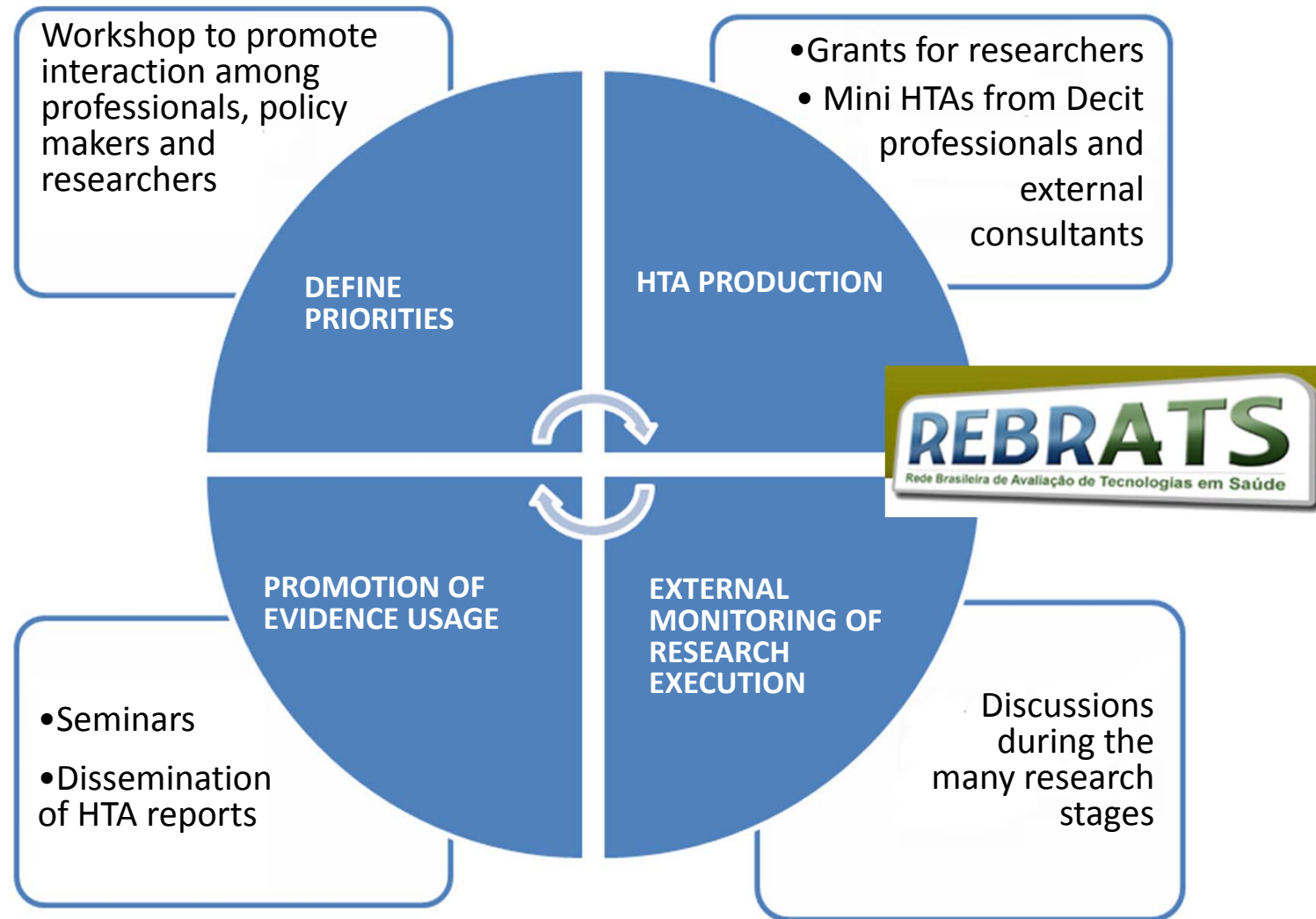




# Flow for the Incorporation of Technologies in SUS



# How HTA Studies Are Produced by the MoH?

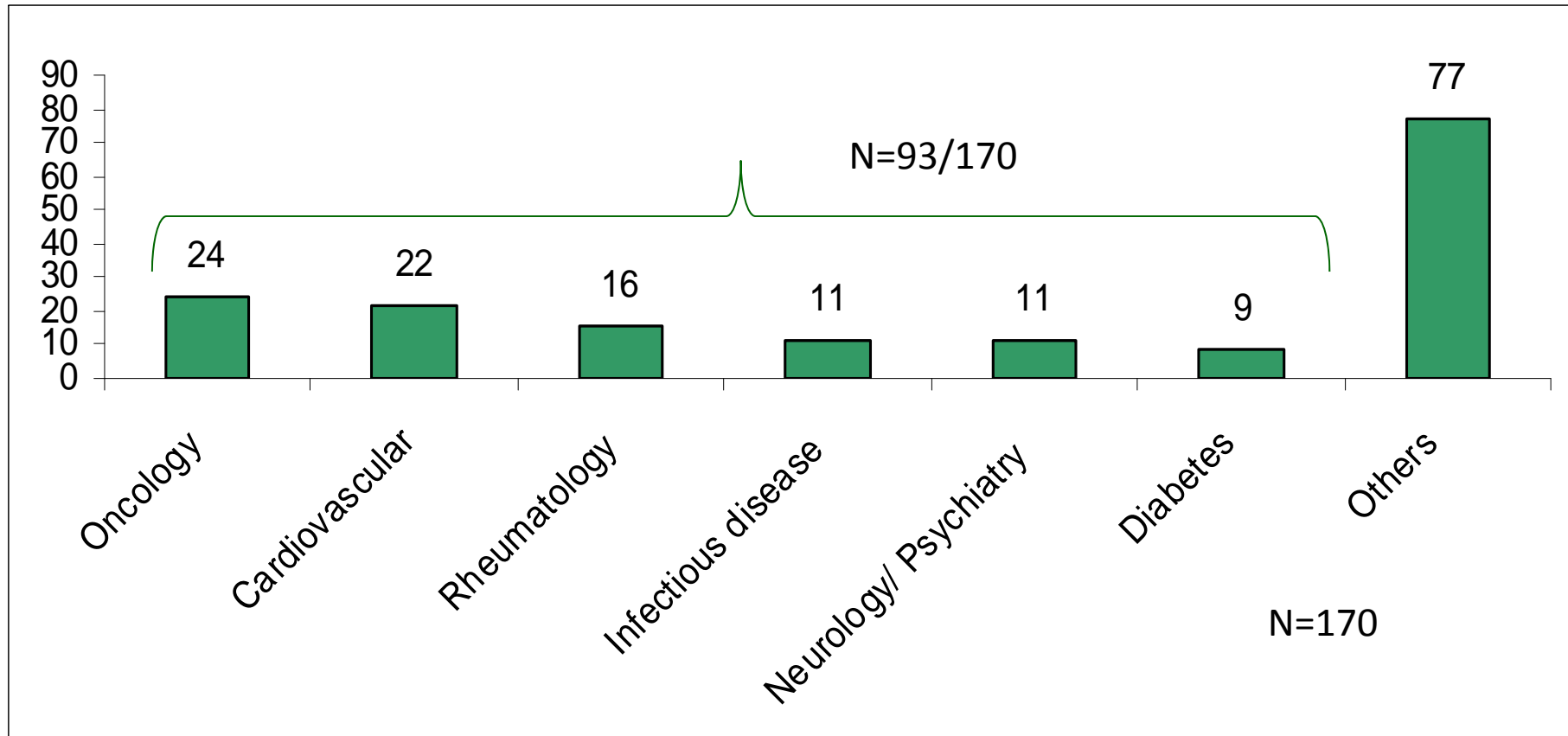


Secretariat of Science,  
**Technology and Strategic Inputs**

Ministry of  
**Health**



# Demands According to Most Requested Topics (n) 2007-2009



Source: HTA/Department of Science and Technology (DECIT), 2007-2009

## HTA Studies by Type – 2004 to 2010

HTA Studies 2004-2010		
Types	No.	%
Rapid Response Reports	168	34
Systematic Reviews	105	21
Rapid Reviews	91	19
Economic Evaluations	52	11
Technology Management	39	08
Budget Impact Analysis	5	01
Others	30	06
<b>TOTAL</b>	<b>490</b>	<b>100</b>
<b>US\$ 12 million</b>		

# Examples of Technologies Adopted in SUS Supported by HTA Studies

	<b>Phototherapy (for patients with psoriasis)</b>	<b>Meningococcal Conjugate C Vaccine</b>	<b>Rituximabe</b>	<b>Alteplase</b>
<b>Health Field</b>	Dermatology	Vaccines	Oncology	Neurology
<b>Indication</b>	Treatment of Chronic Inflammatory Dermatitis	Meningococcal Diseases	Treatment of Diffuse Large B Cell Non-Hodgkin's Lymphoma	Treatment of Ischemic Cerebral Hemorrhage
<b>Year of demand</b>	2009	2009	2007	2005
<b>Applicant</b>	Brazilian Society of Dermatology	Ezequiel Dias Foundation (FUNED)	Roche Pharmaceutical Company	UNIFESP + Boehringer Ingelheim
<b>Type of HTA study</b>	Rapid Response Report	Cost-effectiveness Evaluation	Brazilian HTA Bulletin – BRATS	Rapid Review
<b>Date of adoption</b>	08/02/2010	04/05/2010	12/07/2010	12/07/2010



## BRAZILIAN HTA NETWORK - REBRATS

REBRATS aims to produce and to disseminate priority research and studies in the HTA field, to standardize methodologies, to validate the quality of studies, and to train human resources.

Its activities also include horizon scanning and the monitoring of new educational perspectives in HTA.

All of these measures facilitate the incorporation or exclusion of technologies and assist in the decision-making process when considering whether or not to maintain existing technologies.

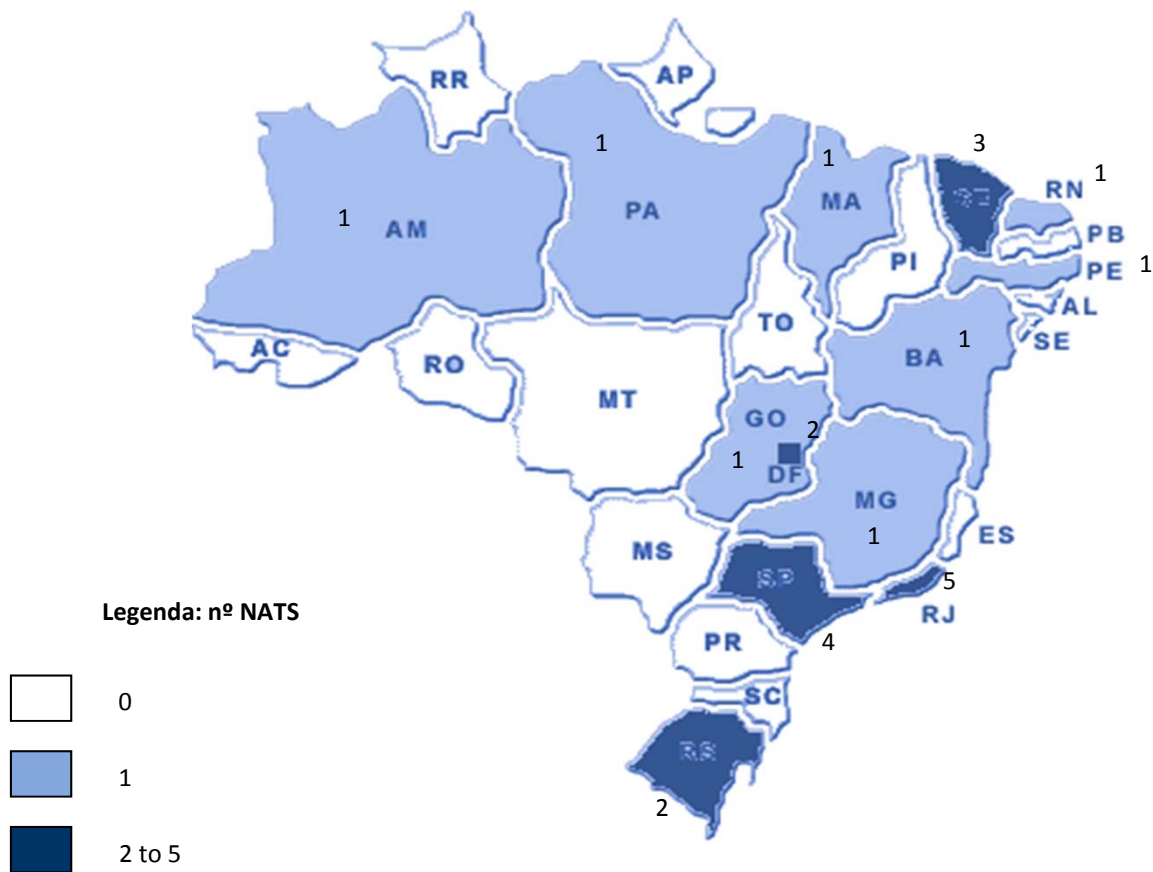
The network (44 members) consists of governmental, educational and research institutions, as well as including members from different sectors of society.

Source: Base document [www.saude.gov.br/rebrats](http://www.saude.gov.br/rebrats) - Portuguese

# REBRATS: Results After Two Years of Operation

- **Elaborating Guidelines:**
  - HTA Appraisals (Rapid Reviews)
  - Economic Evaluations (2009)
  - Systematic Reviews (in elaboration phase)
  - Budget Impact Analysis (DECIT, Anvisa and IATS - in elaboration phase)
  - Methodology for Horizon Scanning;
- **Implementation of 24 HTA Centers in teaching hospitals – 2009**
- **Electronic platform permitting access to abstracts of HTA studies**

# HTA Centers (NATS) in Teaching Hospitals (n=24)





# International Cooperation



Secretariat of Science,  
**Technology and Strategic Inputs**

Ministry of  
**Health**



# Some Challenges For The Future

- Overlap of roles and activities in the whole process
- Sustainability and autonomy of REBRATS and NATs
- Continuing education and professional training
- Extend HTA to policy makers at local and state levels
- Establish early warning of new and emerging healthcare technologies in Brazil
- Share research networks and define the areas that are strategic to improving the quality of healthcare
- Expand/integrate HTA activities to the private healthcare system
- Promote the creation of innovations that meet the needs and priorities of the healthcare policy



**THANK YOU!**

Ana Luiza d'Ávila Viana

[analuiza.avila@saude.gov.br](mailto:analuiza.avila@saude.gov.br)

55 61 3315-3197

Secretariat of Science,  
**Technology and Strategic Inputs**

Ministry of  
**Health**

