IEPS
Instituto de Estudos
para Políticas de Saúde

Annual Report 2025

Annual Report **2025**

Quality, access, and efficiency for the present and future of SUS

IEPS
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para Políticas de Saúde

About IEPS

IEPS is a nonprofit, independent, and nonpartisan institution, created in 2019 to help strengthen Brazil's health system. Its work seeks to promote higher-quality services, broaden the population's access to health care, and strengthen an increasingly efficient public administration, one able to respond to the challenges of the present and the future.

To this end, the institute works on three coordinated fronts: scientific production with international reach, support for public management, and policy advocacy. By integrating research, implementation, and policy design, IEPS turns evidence into action and contributes to concrete changes in people's lives.

Our work is structured around three areas:

Research

Production of scientific research in health economics and public health, and initiatives to improve access to health data in Brazil.

Public Policy

Building initiatives in partnership with states and municipalities to support the implementation of health policies grounded in data and scientific evidence.

Advocacy

Influencing the design and implementation of health policies in order to strengthen SUS and protect the population's health.

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Message from the Chairman of the IEPS Board

As I write this opening letter, I look back at previous reports and at the path IEPS has traveled since its creation. The institute was born from the conviction that good public policy depends on solid evidence, qualified dialogue with decision-makers, and a permanent commitment to the public interest. That conviction lies at the heart of our mission and, in 2025, took on greater substance, with new objectives and a broader field of action attentive to the challenges of the present and the future of health in Brazil.

This report presents an organization connected to the challenges of its time, able to act on chronic problems, such as the barriers to regionalization and the impacts of underfunding, and also on emerging ones, such as climate change and online betting, factors that have made strengthening Brazil's health system even more pressing.

The projects developed over the year express the institute's commitment to producing scientific evidence that engages with the realities of health and contributes to its transformation.

The Agenda Mais SUS and the studies on the budget and parliamentary amendments helped qualify the debate on health financing. Initiatives focused on Primary Care in hard-to-reach regions, such as Afluentes and Arquipélago, show how dialogue with the territory and appreciation of its knowledge and institutions can boost access to health.

The Brazilian Health Ecosystem Observatory consolidated the institute's role in the debate on relations between the public and private health sectors, a step toward the advancement and democratization of that discussion, which is necessary to ensure a comprehensive view of health and of access to and quality of care for the population.

The dedication to mental health topics consolidated with Agora Program, with initiatives to strengthen public policies in schools and to produce evidence on the impacts of online betting. The climate and health agenda, a topic that will be increasingly central to public health and that gained, for the first time, an official space at COP30, became a new front of work.

None of this would have been possible without a qualified and committed team and the collaboration of partner organizations and public managers. I thank the researchers, professionals, associate collaborators, and visiting professionals who were part of another cycle, and I extend that thanks to our board, partners, supporters, and public managers who place their trust in the work of IEPS.

As it completes another year of work, the institute reaffirms its capacity to turn knowledge into action. More than producing diagnoses, IEPS seeks to contribute to fairer policies and to institutions better prepared to face the challenges of the present and the future.



Arminio Fraga
Chairman of the Board,
Institute for Health Policy Studies (IEPS)

Message from the Board of Directors

Miguel Lago
Executive Director

Arthur Aguillar
Director of Public Policy

Mariana Noronha
Director of Operations

Paulo Chapchap
Medical Director

Rebeca Freitas
Director of Institutional Relations

Rudi Rocha
Research Director

In 2025, IEPS advanced through an important stage of institutional maturation. More than expanding projects, consolidating partnerships, or producing new evidence, we sought to strengthen the way we plan, prioritize, and connect our different fronts of action.

This process also led us to organize our priorities, projects, and decisions in a more integrated way. The Theory of Change built in 2025 helped connect the institute's different fronts of action, research, public policy, institutional relations, communications, and operations, around a common strategy guided by impact, collaboration, and implementation capacity.

That integration was essential in a scenario where Brazil's health system must respond, at the same time, to structural challenges and emerging problems. For this reason, our work combined initiatives focused on regionalization, financing, Primary Care, the regulation of public-private relations, and the qualified use of data with agendas such as mental health, climate and health, digital transformation, the protection of children and adolescents in the digital environment, and confronting the impacts of online betting.

Over the year, we strengthened our presence with governments, universities, civil society organizations, international bodies, and institutional partners. We also expanded our implementation capacity across different territories, sharpened our policy advocacy, expanded scientific production, and consolidated communications as a strategic tool to bring evidence to ever-broader audiences.

The following pages present that path. More than recording deliverables, this report shows how each study, project, partnership, and initiative contributes to turning knowledge into action and to supporting public policies capable of improving people's lives.

This work is the result of the daily commitment of a diverse, technical, and deeply engaged team. We thank everyone who builds IEPS, our boards, supporters, partners, and public managers who walked with us through another year of work.

It is with satisfaction and transparency that we present the 2025 Annual Report.

IEPS 2025: Knowledge, Action, and Transformation in Brazilian Public Health

IEPS Publications

Health Human Resources

Radar Mais SUS Bulletin No. 4
Supply and demand in higher health education in Brazil
ACCESS HERE

Radar Mais SUS Bulletin No. 5
Trends in the provision and distribution of the health workforce in Brazil
ACCESS HERE

Health Surveillance

Radar Mais SUS Bulletin No. 3
The evolution of the arboviral diseases scenario in Brazil and the mobilization of the *Programa Saúde na Escola*
ACCESS HERE

Mental Health

Radar Mais SUS Bulletin No. 2
The supply and distribution of mental health services in Brazil between 2013 and 2023
ACCESS HERE

Health Budget

Radar Mais SUS Bulletin No. 6
Parliamentary amendments in SUS: uncertain resources for permanent expenses
ACCESS HERE

Technical Note No. 38
The SUS Budget for 2025: What can we expect?
ACCESS HERE

Primary Care

Discussion Paper No. 21
Increased use of health services among people experiencing homelessness: evidence from the Consultas na Rua initiative in Brazil
ACCESS HERE

Black Population Health

Çarê-IEPS Bulletin No. 7
Maternal Mortality
ACCESS HERE

Public-Private Relations in Health

Institutional Study No. 12
Private Management of Public Services
ACCESS HERE

Technical Note No. 37
Health insurance inflation in Brazil in comparative perspective
ACCESS HERE

Technical Note No. 39
Transition to Social Health Organizations in Public Hospitals: Evidence in the Brazilian Context
ACCESS HERE

Climate and Health

Technical Note No. 40
Access to Health in the Legal Amazon: Distances and Structural Challenges
ACCESS HERE

Technical Note No. 41
Exposure of the Brazilian Health Network to Natural Disasters
ACCESS HERE

Technical Note No. 42
Environmental racism and urban health: pollution, extreme heat, and tree cover in Metropolitan Regions
ACCESS HERE

Social Participation

Radar Mais SUS Bulletin No. 7
Social participation in the National Health Conferences
ACCESS HERE

Other publications



ACCESS HERE

DOSSIER

Brazilians' Health at Stake

Political-economic analysis of the regulation of online betting and its impacts on the health of the Brazilian population

DECEMBER 2



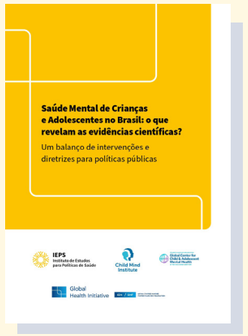
ACCESS HERE

LEGISLATION

Health Regionalization Policy

Toward a Unified SUS in the State of São Paulo

MAY 29



ACCESS HERE

REPORT

Mental Health of Children and Adolescents in Brazil: What Does the Scientific Evidence Reveal?

A Review of Interventions and Guidelines for Public Policy

MAY 25



ACCESS HERE

TECHNICAL NOTE

Health Regionalization Policy: Toward a Unified SUS in the State of São Paulo

MAY 23

Radar Político da Saúde editions



8th edition

NOVEMBER 18

ACCESS HERE



7th edition

SEPTEMBER 23

ACCESS HERE



6th edition

JULY 18

ACCESS HERE



5th edition

MAY 20

ACCESS HERE



4th edition

MARCH 19

ACCESS HERE



3rd edition

JANUARY 24

ACCESS HERE



Special Edition

Health in the National Congress in 2024

AUGUST 13

ACCESS HERE



Fact Sheet | Special Edition

Radar Político da Saúde, Health in the National Congress in 2024

ACCESS HERE

Other titles



MANUAL

From Law to Practice: How to Implement the National Policy on Psychosocial Care in School Communities

FEBRUARY 25

ACCESS HERE



REPORT

Monitoring the Implementation of the National Mental Health Policy in Schools

OCTOBER 15

ACCESS HERE

Selected Publications

Articles authored by IEPS researchers and published in high-impact scientific journals in Brazil and abroad

Building a health system resilience framework: national, state, regional, and local perspectives
Adriano Massuda, Eduardo Alves Lazzari, Marcia C. Castro, Marco Antonio Catussi Paschoalotto, Rudi Rocha

ACCESS HERE

Racial inequalities in access to healthcare services in Brazil (2019): a decomposition analysis
Rony Coelho, Matías Mrejen, Lucas Falcão, Rudi Rocha, Thomas Hone

ACCESS HERE

Healthcare utilisation among low-income individuals affected by violence in Rio de Janeiro, Brazil: a retrospective cohort study
Sophia Medeiros, Julia Guerra, Vinicius Peçanha, Joana Monteiro, Rudi Rocha, Christopher Millett, Thomas Hone

ACCESS HERE

No time to wait: resilience as a cornerstone for primary health care across Latin America and the Caribbean
Renato Tasca and others

ACCESS HERE

More doctors, better health? Consolidating evidence from Brazil's Mais Médicos program
Rudi Rocha

ACCESS HERE

Toward a Culture of Welcoming
Dayana Rosa, Filipe Asth, Priscila Borges, and Rebeca Freitas

ACCESS HERE

Coordination, regulation, and efficient use of health resources



Tripartite Inter-Managerial Commission (CIT) held at the headquarters of the Pan American Health Organization (PAHO/WHO), in Brasilia, in July 2025. *Photo: Maria Luiza Diniz/Conasems.*

Redes Program: regionalization, development, and health

The approval of the State of São Paulo's Health Regionalization Policy and the recognition of IEPS with the Walter Leser Medal of Honor and Merit in Public Health Management marked 2025 as a year of consolidation for the Redes Program. The two achievements highlighted the institute's contribution to the regionalization agenda and reaffirmed its role in building solutions to strengthen SUS.

This progress added to other strategic deliverables, such as the creation of the Regionalization Master Plan and the consolidation of the Digital Health Transformation Action Plans in Mato Grosso do Sul; the construction of macro-regional flows for the Health Care Networks of the states of Pernambuco and Mato Grosso do Sul; and the publication of a Protocol for Access to Specialized Care Examinations in Pernambuco.

Developed in partnership with the states of São Paulo, Mato Grosso do Sul, and Pernambuco, Redes works on central challenges of regionalization, focusing on three pillars: sound governance, effective bureaucracy, and inducing financing. From this approach, the program helps qualify management in the territories, strengthen coordination among federative entities, and create more consistent conditions to organize the Health Care Networks.



The **Walter Leser Medal** is an honor granted by the Government of São Paulo to individuals and entities that stand out notably and contribute to strengthening and developing the Unified Health System in the state. *Photo: Paulo Guereta/Government of the State of SP.*



São Paulo's Regionalization Policy, a milestone for the state and for IEPS

Launched in August 2025, the development of the Policy, which sets guidelines to strengthen and mature regionalization in the state, drew on the technical and strategic support of Redes, beginning in 2023.

"The Policy is born of a genuinely collaborative process that combined evidence, qualified listening, and negotiation among different levels of management. We believe these guidelines create concrete foundations for a more coordinated, effective, and fair SUS in the State of São Paulo."

AGATHA ELEONE | IEPS Program Manager



Developing regional bureaucracy

One of the main challenges to making regionalization effective lies in strengthening regional leadership, the actors essential to articulating decisions, flows, and responsibilities between states and municipalities.

Redes advanced in creating and validating a competency matrix for regional managers, objectively organizing the knowledge, behaviors, and skills needed to perform the role. The matrix was built from assessments carried out in São Paulo and Mato Grosso do Sul and was later validated in Pernambuco as well.

In São Paulo, the development of regional managers is part of the guidelines of the state's Regionalization Policy. Building this instrument represents an important step toward qualifying the regional bureaucracy and strengthening the capacity to coordinate health policies in the territories.

In Mato Grosso do Sul, the work advanced toward prioritizing an agenda to strengthen regional units, with support for defining mission, vision, values, and strategic objectives. In Pernambuco, the competency assessment process pointed to development opportunities in the dimension of innovation and technology.

Financing that induces regionalization

On this front of Redes' work, there was progress in defining criteria for allocating resources according to the needs of the territories. In Pernambuco, the program helped build criteria to prioritize state financing of actions derived from Integrated Regional Planning (PRI), based on the Guidelines, Objectives, Targets, and Indicators (DOMI) framework developed in partnership with the state and aligned with the State Health Plan.

The proposed sequential application of these criteria sought to direct resources to initiatives with greater regional relevance, feasibility of execution, and potential impact on the maturity of regionalization, forming a technical basis for defining the state counterparts that induce and strengthen the regional coordination of SUS.

This front also included training municipal leaders in Mato Grosso do Sul, through a regionalization training track for municipal secretaries, with the participation of 74 secretaries, equivalent to 93% of the state's municipalities. The experience helped strengthen municipal managers' capacity to act strategically in the regional governance of SUS and generated relevant lessons about the political and institutional challenges of regionalization.

Agenda Mais SUS

Agenda Mais SUS advanced as an integrated platform for evidence production, political monitoring, and strategic design, developed by IEPS in partnership with Umane to help strengthen Brazil's health system.

The project consolidated its work on three complementary fronts: Radar Político da Saúde, focused on tracking the agendas of the federal Executive and Legislative branches on issues strategic to health policy; Radar Mais SUS, dedicated to producing applied evidence on structuring themes of the system; and the development of the Agenda Mais SUS 2027-2030, focused on formulating proposals for the next political cycle.

With this architecture, the Agenda expanded IEPS's capacity to qualify public debate, provide technical input to managers and policymakers, and influence strategic priorities for SUS.

Radar Político da Saúde

Radar Político da Saúde consolidated as an instrument for the continuous monitoring of the agendas of the federal Executive and Legislative branches. Over the year, six bimonthly editions were published, with analyses of movements relevant to the health system and of themes strategic to the formulation of health policy.



ACCESS THE PUBLICATION


O GLOBO | Brasil — Buscar

Sobreposições ao SUS: 26% das políticas públicas sobre saúde propostas no Congresso contrariam normas já existentes

Estudo também mostra que grupos marginalizados são menos atendidos pelas proposições legislativas

The editions covered themes strategic to public health, such as changes in the leadership of the Ministry of Health, the regulation of online betting and its impacts on the population's mental health, the launch of the Programa Agora Tem Especialistas (PATE), the regulation of digital environments, and debates on the use of artificial intelligence in SUS.

One of the main milestones was the launch of the first special edition, **Radar Político da Saúde: Health in the National Congress in 2024**. The publication analyzed 1,314 health-related legislative proposals, considering theme, objective, target audience, and relationship to existing public policies.

The launch also marked the incorporation of new visual-communication formats, such as the production of a fact sheet and the debut of Mais SUS em Dados. These materials helped translate complex analyses into more accessible and visually engaging content, broadening the Agenda's reach among managers, the press, parliamentarians, and policymakers.


FOLHA DE S.PAULO

Painel

Editado por Fábio Zanini, espaço traz notícias e bastidores da política. Com Carlos Petrocilo e Gabriela Echenique

SEGUIR

CONGRESSO NACIONAL

Um terço dos projetos do Congresso na saúde duplica ou conflita com norma existente, diz instituto

Instituto de Estudo de Políticas para Saúde aponta que 16% das propostas no Senado tratam de datas simbólicas, como Dia do Sono

Headline (O Globo): "Overlaps with SUS: 26% of proposed public health policies in Congress contradict existing rules." The report also shows that marginalized groups are less served by the legislative proposals.

Headline (Folha de S.Paulo, Painel): "A third of Congress's health bills duplicate or conflict with existing rules, says institute."

In this context, the Radar also began to be used as a tool for **legislative qualification**, applied directly in initiatives such as the training on Autism Spectrum Disorder (ASD) promoted by the **Joint Parliamentary Front for the Promotion of Mental Health**.

The publication also had wide repercussion in the Brazilian press, with nearly **500 mentions** and prominence in high-visibility spaces, such as the **Painel** column of Folha de S.Paulo, edited by journalist **Fabio Zanini**, in addition to outlets such as *O Globo, Estadão, Poder360, and Agência Brasil*.

14%

of the proposals presented in 2024 were symbolic campaigns, such as "National Handwashing Day" and "National Sleep Day."

13%

of the proposals address mental health and specific diseases, but with fragmented production that converges little with SUS policies.

How do legislative proposals relate to existing public policies?

585 bills have a **direct relationship with public policies**, considering both chambers

- **235** COMPLEMENTATION
- **158** COUNTERPOSITION
- **132** INNOVATION
- **60** OVERLAP

40% were classified as complementary, generally focused on **normative adjustments** or **the targeted expansion of existing actions**

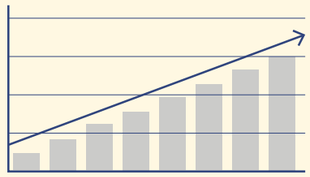
1 in 4 bills conflicts with rules already in force, such as SUS protocols or technical decisions by Conitec and Anvisa

The bills that counter public health policies concentrate on just two themes:

- **20%** SPECIALIZED CARE
- **25%** HEALTH SURVEILLANCE

Radar Mais SUS became one of the main sources of **applied evidence** for Agenda Mais SUS. **Six thematic bulletins** were published, with analyses of the supply of mental health services, the response to arboviral diseases, health training, and the SUS workforce.

Radar Mais SUS Bulletin No. 2, which analyzes the supply and distribution of mental health services in Brazil, had wide national repercussion, with more than **50 press insertions**, including coverage on G1, CNN, Folha de S.Paulo, and TV Cultura, significantly broadening the reach of the analyses and strengthening IEPS's institutional presence.



Use of antipsychotics and psychosocial care rises in SUS

Psychosocial care in SUS doubled between 2013 and 2023, rising from 13.1 million to 26.4 million. Over the same period, the use of antipsychotics also grew, while the psychosocial care network saw a reduction in psychiatric beds and an expansion of CAPS units, pointing to the prevalence in SUS of the psychosocial care model over the asylum model.

LEARN MORE



Financing and fragmentation of health in Brazil and worldwide

The coexistence of multiple sources of financing, levels of government, and institutional arrangements can hinder the coordination of public policies and affect the efficiency and equity of health systems. Since 2022, IEPS has taken part in an international study examining how fragmentation in health financing affects goals such as access, quality, and equity in universal coverage. Developed in partnership with research centers in Colombia, Mexico, India, and the United Kingdom, the project seeks to support public managers and policymakers in building solutions to improve health systems.

Among the studies developed by IEPS is an evaluation of the Programa Cuidar Melhor, an initiative of the Ceará State Health Department launched in 2021 and focused on improving the quality of public health and reducing the leading causes of avoidable death. After the initial stage of the study showed the program was not effective, the research adopted a qualitative

International research cooperation

INTERNATIONAL WORKSHOP ON HEALTH FINANCING FRAGMENTATION



Between **May 27 and 30**, IEPS held a workshop in São Paulo that brought together partners from **Brazil, Colombia, Mexico, India, and the United Kingdom** to discuss new research perspectives, strengthen international collaboration, and deepen strategies for political engagement. The program included debates on working papers, research and financing opportunities, and case studies on health spending, mergers and acquisitions in the private sector, and the impacts of public policies.

Visit from the National Institute for Health and Care Research (NIHR)

On **October 8 and 9**, IEPS hosted in São Paulo a visit from **NIHR** managers, one of the main funders of the institute's research.

The agenda aimed to follow the progress of the projects and discuss advances, achievements, impacts, and challenges of the three ongoing studies: *Health Financing for Universal Health Care in Challenging Times: Leaving No-one Behind (HFACT), Health Financing Fragmentation and Universal Health Coverage in Brazil, Colombia, Mexico and India, and Strengthening the Brazilian health system to better address racial/ethnic health inequities.*

In addition, we held a **networking** event with other Brazilian researchers also funded by NIHR, creating a space for exchanging experiences and presenting research.



approach, seeking to investigate the factors that influenced those results and to explore possible paths for improvement.

To this end, interviews were conducted with people involved in implementing the policy, such as municipal executive representatives, municipal and state health management teams, and professionals responsible for carrying out the initiative. The data collected underwent a thematic analysis aimed at identifying patterns, recurrences, and the meanings attributed by those interviewed.

Another important advance was the launch of the project's official website, which serves as a repository of information about the research developed and the dissemination activities carried out within the agenda.

Brazilian Health Ecosystem Observatory

Relations between the public and private sectors are among the most strategic themes for the future of health in Brazil, with direct effects on the population's access, the organization of SUS, the system's sustainability, and equity in health.

In 2024, IEPS took an important step on this agenda with the publication of the study The Private Sector and Public-Private Health Relations in Brazil: In Search of the Lost Assurance, which consolidated evidence on supplementary health, financing mechanisms, and interactions between the sectors, creating the foundations to qualify the debate and to create the Brazilian Health Ecosystem Observatory (OESB).

In 2025, this agenda advanced with the creation of OESB, conceived by IEPS as an independent platform focused on producing evidence, monitoring health policies involving the private sector, and qualifying the public debate on relations between the public and private health sectors. The Observatory brings together analyses and proposals aimed at strengthening transparency, regulation, and policy design, focused on a public-private interface more aligned with the principles of SUS.

OESB came to organize, under a single agenda, work fronts related to improving the delivery of services managed by nonprofit organizations, monitoring and analyzing health policies that touch the private sector, and regulating supplementary health, consolidating a permanent space for analysis and advocacy on themes decisive to the future of Brazil's health system.

One of this agenda's main contributions was the publication of **Technical Note No. 37, Health insurance inflation in Brazil in comparative perspective**. The study showed that, between 2006 and 2024, health insurance prices grew persistently above general inflation. In international comparison, Brazil is among the countries with the largest price increases in the sector, a scenario that may compromise affordability for users, pressure the sustainability of the health system, and increase demand on SUS.

Health insurance prices rise 327% in 18 years

Technical Note No. 37 gained prominence in the newspaper *O Globo*, in a report that emphasized the impact of the cumulative increase in premiums on household and business budgets. The coverage also presented the debate around the justifications the sector mobilizes to explain this movement, such as the incorporation of technologies, demographic changes, and greater use of services, as well as pointing to the possible effects of this cost increase on access to supplementary health and the pressure on SUS.



O GLOBO | Domingo, 29.6.2025 — Economia | 19

Planos de saúde acumulam alta de 327% em 18 anos

Estudo do Ieps mostra que mensalidades subiram muito acima da inflação geral no período, que avançou 170%. Incorporação de tecnologias, mudanças demográficas e reajustes autorizados explicam o aumento, que dificulta acesso aos serviços

LETICIA LOPES E JÔNATAS LEVY*

Comprometendo uma fatia cada vez maior do orçamento das famílias e das empresas, os planos de saúde acumularam uma alta de 327% entre 2006 e o ano passado, quase o dobro da inflação geral do país, medida pelo IPCA, que subiu 170% no período. Os números são de uma análise antecipada ao GLOBO pelo Instituto de Estudos de Políticas de Saúde (Ieps), com base nas estatísticas do IBGE.

O setor discorda de análises de variação de preço com base no IPCA. Operadoras e até a Agência Nacional de Saúde Suplementar (ANS) argumentam que a precificação dos planos leva em conta não só a variação dos custos de insumos e tecnologias, mas também a frequência de uso dos convênios pelos usuários. A ideia dos pesquisadores, porém, foi analisar o quanto consumidores têm desembolsado com os contratos.

— O objetivo era olhar o quanto está saindo do bolso e sendo pago por famílias e empresas ao longo do tempo comparado a outros itens da cesta de consumo — explica o economista Vinicius Peçanha, um dos autores do estudo.

Os pesquisadores concluíram que o preço dos planos foi o principal fator de pressão nos custos da cesta de saúde e cuidados pessoais acompanhada pelo IBGE. Outros serviços de saúde subiram num ritmo menor no período analisado: serviços médicos e dentários acumularam alta de 233%, enquanto os laboratoriais e hospitalares ficaram em 179%.

Além disso, o documento aponta que, nos 18 anos analisados, enquanto a inflação dos convênios disparou 327%, alimentos e bebidas ficaram 276% mais caros; a alta de educação foi de 203%; e os gastos com habitação subiram 176%. Outra constatação é que o Brasil está entre os países com maior aumento nos preços dos planos de saúde, superando a inflação geral em maior grau do que países como Alemanha, França e EUA.

IMPACTO PARA EMPRESAS

Peçanha analisa que o aumento pode ser atribuído a fatores como a incorporação de tecnologias mais caras, reajustes autorizados pelos órgãos reguladores e ineficiências regulatórias, além de mudanças demográficas e epidemiológicas que elevam a demanda por assistência médica, como o envelhecimento da população.

Ele observa que o aumento dos preços torna o acesso à saúde privada cada vez mais oneroso para as famílias, principalmente aquelas com idosos, e para as empresas. Hoje, 72% dos 52,3 milhões de usuários de planos estão em contratos coletivos empresariais:

— O Brasil tem gasto privado per capita de saúde muito mais alto do que a renda per capita, e muito disso vem do plano de saúde. As operadoras atuam numa pressão estrutural de custos, mas o aumento acelerado dos preços pode tornar o mercado proibitivo para parte da população e pressionar mais o SUS.

O IBGE apura a inflação das mensalidades de forma homogênea. Se a variação de preços for esmiuçada por tipo de plano, o percentual de 327% pode estar subdimensionado. É o que aponta Marcelo Borges, diretor executivo da Mercer Marsh, consultoria que faz a gestão de benefícios de 5 milhões de usuários de planos coletivos empresariais. Isso porque, nesses contratos, não há um teto para o reajuste anual, composto por duas variáveis. Uma delas é o perfil do contrato, ou seja, se os usuários utilizam muito ou pouco o plano, e quais coberturas são mais demandadas. A outra variável é a inflação médica da operadora, definida pela variação dos custos — como remédios, equipamentos, internações e consultas — e também pela frequência de uso dos usuários.

— O plano de saúde já representou 7% da folha de pagamento das empresas, hoje é 15%, o segundo maior custo, e a expectativa para esse ano é que seja 15,79% — afirma Borges, citando pesquisa da consultoria com base na sua carteira. — Empresas que não se dedicarem a uma melhor gestão da saúde ocupacional, com ações de prevenção e comunicação, vão usar mais, e o plano e a conta vão ficar mais caros.

O executivo pondera que nos últimos anos pesam o envelhecimento da população, os avanços nos tratamentos e a judicialização crescente, que pressionam previsões financeiras das empresas, gerando reajustes mais altos.

Bruno Sobral, diretor executivo da Federação Nacional de Saúde Suplementar (Fenasaúde), reconhece que o desembolso cada vez maior dos consumidores com os contratos "é um fenômeno mundial", impulsionado por tecnologias e medicamentos mais caros:

— A tecnologia em saúde não substitui a anterior, mas se agrega. A judicialização precisa ser trabalhada, porque desorganiza a projeção de despesas. Mas, acima de tudo, temos uma saúde suplementar e uma qualidade assistencial muito melhor do que em 2006, e isso tudo tem custo.

SEM CAPACIDADE DE PAGAR

Superintendente executivo da Associação Brasileira de Planos de Saúde (Abramge), Marcos Novais diz que influenciam na conta dos planos a variação dos preços, a incorporação de tecnologias e a frequência de uso. E avalia que o impacto vem da velocidade na incorporação dos avanços nos tratamentos ao rol da ANS e da alta expressiva nos preços de exames e medicamentos:

— Em 2006, a grande discussão era um aparelho de ressonância que custava R$ 1 mil por exame. Hoje, falamos de medicamentos que chegam a R$ 20 mil a caixa — lembra. — As terapias vêm pesando muito nos custos. De 2022 para 2023, aumentaram 41,4%.

Diferentemente dos contratos coletivos, planos individuais têm limite máximo definido anualmente pela ANS, e são cada vez menos ofertados pelas operadoras. Para 2025, por exemplo, o teto de reajuste autorizado foi de 6,06%. Por isso, muitos usuários recorrem a contratos coletivos por adesão, sem teto de revisão.

— As famílias estão ficando sem capacidade de pagar o plano. Temos clientes aposentados em que o benefício previdenciário vai quase inteiro para pagar a mensalidade, e os familiares precisam ajudar a fechar o orçamento — cita o advogado Marcos Patullo, sócio do escritório Vilhena Silva.

Cleide de Barros, farmacêutica de 57 anos, vive com a filha, Paula, de 23 anos. As duas trocaram de plano. Em 2024, o item chegou a comprometer 40% da renda familiar. Hoje, ainda é o maior gasto fixo.

— Nos últimos cinco anos, fui tendo reajustes, até que não tive como pagar mais e no ano passado precisei trocar. Quando optei por outra operadora, o valor diminuiu, mas a cobertura não era tão grande — diz.

Em nota, a ANS afirmou que "é de amplo conhecimento que em vários países os custos em saúde crescem a taxas superiores à variação média dos demais preços da economia", mas defendeu que "estimativas de comprometimento de renda não devem considerar apenas a diferença entre reajustes acumulados nos planos de saúde e a variação do índice de preços do país, mas também fatores como variação dos rendimentos do trabalho e mudanças de planos pelos beneficiários ao longo dos anos".

(*Estagiário sob supervisão de Janaina Luge)

CUSTO ELEVADO E ACESSO LIMITADO

Grupo Saúde e Cuidados Pessoais, do subgrupo Serviços de saúde e do tema Planos de Saúde
Variação em %

Evolução do número de usuários de planos de saúde

Fonte: Ieps, com base no IPCA/IBGE e ANS

CONTINUA EM 4A

IMPACTO PARA EMPRESAS

Peçanha analisa que o aumento pode ser atribuído a fatores como a incorporação de tecnologias mais caras, reajustes autorizados pelos órgãos reguladores e ineficiências regulatórias, além de mudanças demográficas e epidemiológicas que elevam a demanda por assistência médica, como o envelhecimento da população.

Ele observa que o aumento dos preços torna o acesso à saúde privada cada vez mais oneroso para as famílias, principalmente aquelas com idosos, e para as empresas. Hoje, 72% dos 52,3 milhões de usuários de planos estão em contratos coletivos empresariais:

— O Brasil tem gasto privado per capita de saúde muito mais alto do que a renda per capita, e muito disso vem do plano de saúde. As operadoras atuam numa pressão estrutural de custos, mas o aumento acelerado dos preços pode tornar o mercado proibitivo para parte da população e pressionar mais o SUS.

O IBGE apura a inflação das mensalidades de forma homogênea. Se a variação de preços for esmiuçada por tipo de plano, o percentual de 327% pode estar subdimensionado. É o que aponta Marcelo Borges, diretor executivo da Mercer Marsh, consultoria que faz a gestão de benefícios de 5 milhões de usuários de planos coletivos empresariais. Isso porque, nesses contratos, não há um teto para o reajuste anual, composto por duas variáveis. Uma delas é o perfil do contrato, ou seja, se os usuários utilizam muito ou pouco o plano, e quais coberturas são mais demandadas. A outra variável é a inflação médica da operadora, definida pela variação dos custos — como remédios, equipamentos, internações e consultas — e também pela frequência de uso dos usuários.

— O plano de saúde já representou 7% da folha de pagamento das empresas, hoje é 15%, o segundo maior custo, e a expectativa para esse ano é que seja 15,79% — afirma Borges, citando pesquisa da consultoria com base na sua carteira. — Empresas que não se dedicarem a uma melhor gestão da saúde ocupacional, com ações de prevenção e comunicação, vão usar mais, e o plano e a conta vão ficar mais caros.

O executivo pondera que nos últimos anos pesam o envelhecimento da população, os avanços nos tratamentos e a judicialização crescente, que pressionam previsões financeiras das empresas, gerando reajustes mais altos.

Bruno Sobral, diretor executivo da Federação Nacional de Saúde Suplementar (Fenasaúde), reconhece que o desembolso cada vez maior dos consumidores com os contratos "é um fenômeno mundial", impulsionado por tecnologias e medicamentos mais caros:

— A tecnologia em saúde não substitui a anterior, mas se agrega. A judicialização precisa ser trabalhada, porque desorganiza a projeção de despesas. Mas, acima de tudo, temos uma saúde suplementar e uma qualidade assistencial muito melhor do que em 2006, e isso tudo tem custo.

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(*Estagiário sob supervisão de Janaina Luge)

Social Health Organizations (OSS) were also a research topic for IEPS. **Technical Note No. 39** and **Institutional Study No. 12** analyze the effects of contracting OSS to manage public hospitals in Brazil. The studies show that adopting this model is associated, on average, with an increase in hospital admissions and relevant productivity gains, such as greater turnover and bed occupancy, with a reduction in the average length of stay.

The research gained academic and institutional projection and was presented by Rudi Rocha, IEPS Research Director, at relevant events on regulation, the sustainability of SUS, and public-private relations in health, expanding the institute's presence in strategic spaces for debate and dialogue with policymakers, specialists, and sector leaders.

Efficiency in the Management of SUS Units

Confira a participação de Rudi Rocha no seminário "Sustentabilidade do SUS", organizado pelo Ibross em parceria com o Conasems, o Tribunal de Contas da União e o Ministério da Saúde. Participaram da mesa, ao lado do diretor de pesquisa do IEPS, representantes do Hospital Israelita Albert Einstein, do TCE/GO e do Hospital do Subúrbio

WATCH HERE

Dialogue and strategic partnerships

Building the Observatory drove new strategic partnerships to strengthen the debate on the topic. IEPS strengthened its dialogue with NIHR and opened a dialogue with the National Council of Health Secretaries to begin jointly drafting regulatory proposals.

In addition, we expanded our participation in qualified oversight and governance networks through the partnership with the Association of Members of the Courts of Accounts of Brazil and the Rui Barbosa Institute. The agreement with these organizations was signed during the 4th International Congress of Courts of Accounts, held in Florianopolis, where we also supported building the panel "Contracting and quality assessment of health services: oversight challenges."

The cooperation seeks to support qualifying OSS governance and to expand the institutional capacity to monitor the transfer of health-service management in the country, through the sharing of knowledge, information, good practices, and technical materials on public-private relations in health, as well as holding joint events.

IEPS also facilitated National Council of State Health Secretaries (Conass) participation in the debate, with the council represented by **Diogo Demarchi**, State Health Secretary of Santa Catarina. This strengthened dialogue among oversight bodies, public managers, and experts on the regulatory and institutional challenges of OSS in SUS.



Technical cooperation aims to broaden dialogue among the organizations and strengthen joint initiatives of public interest on the topic.



Rafael Fonseca, IEPS representative, during a presentation in the workshop "Contracting and quality assessment of health services: oversight challenges" at the 4th CITC.



Photo: Maycon Silva/Empresa Benevides.

“Simplified” health plans: and what about SUS?

IEPS strategically followed the regulatory sandbox proposal of the National Supplementary Health Agency to test health plans with coverage restricted to elective appointments and simple exams, which mobilized public debate in early 2025.

We took part in a public consultation to submit recommendations and criticisms of the ANS proposal and presented our public position in an opinion article published in the newspaper O Globo, highlighting the harm to SUS users, the pressure on the health system, and the weakening of comprehensive care. The sandbox was later suspended by ANS.



ARTIGO

Planos ‘simplificados’ e a saúde pública

ARMINIO FRAGA, PAULO CHAPCHAP, REBECA FREITAS, RUDI ROCHA E ARTHUR AGUILLAR

A Agência Nacional de Saúde Suplementar (ANS) anunciou em fevereiro a proposta de criar um ambiente regulatório experimental (ou "sandbox" regulatório) para testar planos de saúde com cobertura restrita a consultas eletivas e exames simples. Planos que não cobrem urgência e emergência, internações nem terapias, incluindo psicoterapias e as oncológicas, dentre outras. Argumentos técnicos e jurídicos apontam para a ilegalidade da proposta e foram elencados de forma exaustiva na ação civil pública movida pelo Instituto de Defesa do Consumidor (Idec). Além disso, a proposta não reflete adoção inovadora de tecnologia como preconiza a Advocacia-Geral da União (AGU) para justificar esse tipo de teste regulatório. Em face desses questionamentos, é necessário explicitar alguns dos possíveis efeitos na vida dos cidadãos e para o SUS, caso esses planos passem a ser ofertados.

O principal argumento da ANS é a ampliação do acesso à saúde suplementar a partir da criação de um produto mais barato, que possibilitaria diagnósticos antecipados. Contudo o usuário que saiu da atenção primária do SUS para obter seu diagnóstico no setor privado precisará retornar ao sistema público para fazer uma cirurgia, uma hemodiálise ou uma fisioterapia. Nos casos de câncer, o diagnóstico nem sequer será concluído, pois não há cobertura para biópsia. De qualquer forma, o paciente carecerá de atendimento em momento de grande necessidade.

Ao retornar ao SUS, esse paciente, que pôde pagar pelo plano de saúde minimalista, repetirá toda a jornada de consultas e exames por que passou no setor privado até conseguir seu diagnóstico, perdendo o tempo em que poderia já estar em tratamento? Ou será encaminhado diretamente a um especialista que possa dar início ao tratamento, passando na frente dos que não têm condição de pagar por um plano e aguardam consultas e exames que levem ao diagnóstico?

O usuário que saiu do SUS para obter diagnóstico no setor privado precisará retornar ao sistema público

Na primeira alternativa, o usuário perde ainda mais tempo até o início do tratamento. A segunda fere frontalmente o princípio da equidade do SUS. E pode levar ao endividamento das famílias em momento de extrema vulnerabilidade, a exemplo do que ocorre nos Estados Unidos, onde há planos de saúde com características similares aos simplificados. Para os usuários que dependem exclusivamente do SUS, o resultado pode ser uma espera ainda maior por um tratamento que pode custar sua vida. Ambas as alternativas afetam a integralidade da atenção à saúde, princípio do SUS que deve garantir a assistência à saúde para além da prática curativa.

Por fim, na perspectiva dos consumidores de planos empresariais, que representam mais de 70% dos que têm plano de saúde no país, o risco é que tal mudança incentive as empresas contratantes a substituir planos de maior cobertura pelos minimalistas. Se num plano de saúde todos de um grupo contribuem para um fundo comum, e esse dinheiro é usado para ajudar quem precisa de cuidados, por que a cobertura de eventos extremos deveria ficar de fora?

Considerando o retrocesso dos mecanismos de seguro no país, diagnosticado por pesquisa do Instituto de Estudos para Políticas de Saúde (IEPS) lançada em 2024, e a simbiose entre os setores privado e público, quaisquer mudanças regulatórias aplicadas ao mercado de operadoras de planos de saúde que tenham potencial de afetar o SUS e seus usuários devem ser rigorosamente avaliadas e discutidas. Para além da ilegalidade do teste regulatório, a proposta da ANS pode desestruturar o mercado de seguros de saúde no Brasil, comprometer princípios fundamentais do SUS e colocar em risco a vida e o bem-estar de milhões de brasileiros.

Arminio Fraga é presidente do conselho do IEPS. **Paulo ChapChap** é diretor médico do IEPS. **Rebeca Freitas** é diretora de Relações Institucionais do IEPS. **Rudi Rocha** é diretor de pesquisa do IEPS e professor da FGV. e **Arthur Aguillar** é diretor de Políticas Públicas do IEPS

Article (O Globo): “’Simplified’ health plans and public health.” By Arminio Fraga, Paulo Chapchap, Rebeca Freitas, Rudi Rocha, and Arthur Aguillar.

Improvement of the Programa Agora Tem Especialistas

IEPS also followed the regulatory arrangement of the Programa Agora Tem Especialistas and presented contributions toward its improvement. Among the main advances is the work focused on the technical refinement of Public Notice No. 02/2025, from the Ministry of Health, responsible for the call for private health-plan operators to participate in the program.

The contributions resulted in the incorporation of two provisions into the Notice, which came to restrict the participation of products from operators with sales suspended by ANS or with low ratings, strengthening the safety and quality of the care offered.

The institute maintained a continuous effort of regulatory monitoring and analysis aimed at identifying gaps and proposing adjustments that contribute to defending the quality of care, the principles of SUS, and the consolidation of more robust, user-oriented policies.

As an outgrowth of this work, IEPS was invited to take part in the panel “Tax expenditure, reimbursement to SUS, and debt renegotiation,” held during the seminar “Health Plans and SUS: Evidence, Inequalities, and Policies,” promoted by the Department of Economics and Investments in Health (DESID/MS), and in the Research Workshop for Monitoring and Evaluating the Programa Agora Tem Especialistas held by the Ministry of Health.

Financing, data, and intelligence for decision-making



The Ministry of Health is responsible for the technical and budgetary planning of SUS.
Photo: Roque de Sá/Agência Senado.

The Health Budget in Brazil

Monitoring the health budget consolidated as an important front of IEPS's work in qualifying the debate on financing, transparency, and equity in SUS.

Focused on the efficiency of public-resource allocation, IEPS continued its analyses of the role of parliamentary amendments, whose expansion has increased the fragmentation of the budget and reduced the Ministry of Health's planning capacity. This dynamic can compromise the predictability needed to execute permanent policies and programs, in addition to reinforcing regional inequalities in the distribution of resources.

By producing evidence on these distortions, IEPS contributed to public and institutional debates on health financing, budgetary governance, and more efficient use of the resources available to SUS.

The SUS Budget for 2025: What can we expect?

Technical Note No. 38, The SUS Budget for 2025: What can we expect?, revealed a 30% increase in the health budget between 2022 and 2025, and pointed out that nearly half of the expansion was appropriated by parliamentary amendments.

The amount approved through congressional amendments for health care between 2015 and 2025 rose:

› FROM **R$ 8,8 bi**

› TO **R$ 26,3 bi**

LEARN MORE

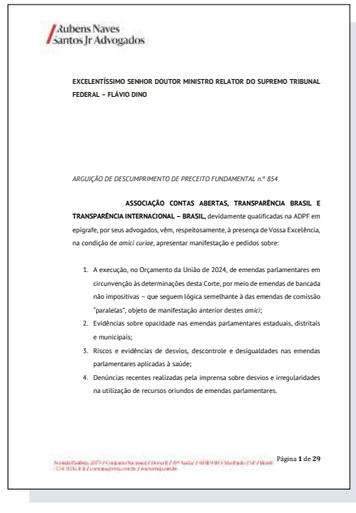
Uncertain resources for permanent expenses

The project's scientific production also investigated the frequency with which amendments are received to fund Public Health Actions and Services in Brazilian municipalities between 2021 and 2024.

Radar Mais SUS Bulletin No. 6, Parliamentary amendments in SUS: uncertain resources for permanent expenses, pointed out that in the period, from one year to the next, the resources allocated to 1,165 municipalities may have doubled or been cut almost entirely. This dynamic can harm municipalities' budget planning for policies and programs that require predictability.

ASPS are mostly related to fixed needs, such as the purchase of continuous-use medicines for distribution in SUS and the payment of health professionals' salaries.

The study was used as a technical reference by the Associacao Contas Abertas, amicus curiae in the Allegation of Breach of Fundamental Precept No. 854, reported by Justice Flavio Dino at the Federal Supreme Court. The action resulted in a decision that established rules of transparency, traceability, and governance for the execution and allocation of parliamentary amendments. The reference to the IEPS study supported the argument about inequalities in the distribution of health resources through parliamentary amendments.



Aubens Naves Santos Jr Advogados

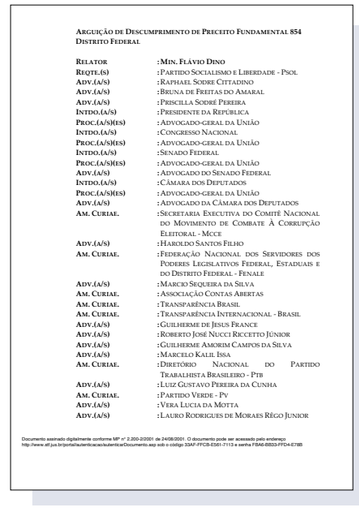
EXCELENTÍSSIMO SENHOR DOUTOR MINISTRO RELATOR DO SUPREMO TRIBUNAL FEDERAL – FLÁVIO DINO

ARGUIÇÃO DE DESCUMPRIMENTO DE PRECEITO FUNDAMENTAL n.º 854

ASSOCIAÇÃO CONTAS ABERTAS, TRANSPARÊNCIA BRASIL E TRANSPARÊNCIA INTERNACIONAL – BRASIL, devidamente qualificadas na ADPF em epígrafe, por seus advogados, vêm, respeitosamente, à presença de Vossa Excelência, na condição de *amici curiae*, apresentar manifestação e pedidos sobre:

1. A execução, no Orçamento da União de 2024, de emendas parlamentares em circunvenção às determinações desta Corte, por meio de emendas de bancada não impositivas – que seguem lógica semelhante à das emendas de comissão "paralelas", objeto de manifestação anterior destes *amici*;
2. Evidências sobre opacidade nas emendas parlamentares estaduais, distritais e municipais;
3. Riscos e evidências de desvios, descontrole e desigualdades nas emendas parlamentares aplicadas à saúde;
4. Denúncias recentes realizadas pela imprensa sobre desvios e irregularidades na utilização de recursos oriundos de emendas parlamentares.

Página **1** de **29**



ARGUIÇÃO DE DESCUMPRIMENTO DE PRECEITO FUNDAMENTAL 854
DISTRITO FEDERAL

RELATOR	: MIN. FLÁVIO DINO
REQTE.(S)	: PARTIDO SOCIALISMO E LIBERDADE - PSOL
ADV.(A/S)	: RAPHAEL SODRÉ CITTADINO
ADV.(A/S)	: BRUNA DE FREITAS DO AMARAL
ADV.(A/S)	: PRISCILLA SODRÉ PEREIRA
INTDO.(A/S)	: PRESIDENTE DA REPÚBLICA
PROC.(A/S)(ES)	: ADVOGADO-GERAL DA UNIÃO
INTDO.(A/S)	: CONGRESSO NACIONAL
PROC.(A/S)(ES)	: ADVOGADO-GERAL DA UNIÃO
INTDO.(A/S)	: SENADO FEDERAL
PROC.(A/S)(ES)	: ADVOGADO-GERAL DA UNIÃO
ADV.(A/S)	: ADVOGADO DO SENADO FEDERAL
INTDO.(A/S)	: CÂMARA DOS DEPUTADOS
PROC.(A/S)(ES)	: ADVOGADO-GERAL DA UNIÃO
ADV.(A/S)	: ADVOGADO DA CÂMARA DOS DEPUTADOS
AM. CURIAE.	: SECRETARIA EXECUTIVA DO COMITÊ NACIONAL DO MOVIMENTO DE COMBATE À CORRUPÇÃO ELEITORAL - MCCE
ADV.(A/S)	: HAROLDO SANTOS FILHO
AM. CURIAE.	: FEDERAÇÃO NACIONAL DOS SERVIDORES DOS PODERES LEGISLATIVOS FEDERAL, ESTADUAIS E DO DISTRITO FEDERAL - FENALE
ADV.(A/S)	: MARCIO SEQUEIRA DA SILVA
AM. CURIAE.	: ASSOCIAÇÃO CONTAS ABERTAS
AM. CURIAE.	: TRANSPARÊNCIA BRASIL
AM. CURIAE.	: TRANSPARÊNCIA INTERNACIONAL - BRASIL
ADV.(A/S)	: GUILHERME DE JESUS FRANCE
ADV.(A/S)	: ROBERTO JOSÉ NUCCI RICCETO JÚNIOR
ADV.(A/S)	: GUILHERME AMORIM CAMPOS DA SILVA
ADV.(A/S)	: MARCELO KALIL ISSA
AM. CURIAE.	: DIRETÓRIO NACIONAL DO PARTIDO TRABALHISTA BRASILEIRO - PTB
ADV.(A/S)	: LUIZ GUSTAVO PEREIRA DA CUNHA
AM. CURIAE.	: PARTIDO VERDE - PV
ADV.(A/S)	: VERA LUCIA DA MOTTA
ADV.(A/S)	: LAURO RODRIGUES DE MORAES RÊGO JUNIOR

Documento assinado digitalmente conforme MP nº 2.200-2/2001 de 24/08/2001. O documento pode ser acessado pelo endereço http://www.stf.jus.br/portal/autenticacao/autenticarDocumento.asp sob o código 334F-FFCB-E581-7110 e senha F5A6-8EED-FFD4-E78B

The page reproduces a facsimile of the amicus curiae petition in ADPF No. 854 (STF); the legal text of the petition is not translated here.

Budget, amendments, and equity in SUS under debate

Distributing resources to SUS strategically and efficiently is essential to ensure the health system functions properly. This theme was addressed at important events in which IEPS took an active part, contributing evidence and analyses of the impact of parliamentary amendments and resource allocation in SUS.

At the 13th GIFE Congress, held in Fortaleza from May 7 to 9, 2025, the institute took part in the panel "Deconcentrating wealth with equity in SUS: the challenges of resource allocation in health care." IEPS presented data and proposed a discussion around three axes: the weight of amendments in the health budget, the collapse of public investment, and the increase in subsidies to the private sector.



Miguel Lago, IEPS Executive Director, during the launch seminar of the Ceará Center for Public Policy Analysis, promoted by the Paulo Marcelo Martins Rodrigues Institute of Medical Sciences. *Photo: Publicity/Brain Med.*



Photo: Publicity/Brain Med.

Also in Ceará, IEPS took part in the launch seminar of the Ceará Center for Public Policy Analysis, promoted by the Paulo Marcelo Martins Rodrigues Institute of Medical Sciences. The event marked the start of a permanent platform for studies and discussions aimed at strengthening public policy and improving health management in the state.

Miguel Lago, IEPS Executive Director, took part in the panel "Efficiency of Parliamentary Amendments and the Impact on Health," sharing data and analyses of the implications of the fragmentation of public-health financing, based on the institute's research carried out over the project.

In addition, discussions on tax expenditure in health also marked the agenda of the seminar "Health Plans and SUS: Evidence, Inequalities, and Policies," promoted by DESID/MS. At the event, IEPS took part in the panel "Tax expenditure, reimbursement to SUS, and debt renegotiation," addressing fiscal challenges and discussing the financial sustainability of SUS alongside representatives of ANS and IPEA.

WATCH HERE

Health amendments in Ceará: a series of reports by Diário do Nordeste

Scientific production and participation in qualified spaces for debate opened room for IEPS's collaboration as a qualified source in a series of reports produced by the newspaper Diario do Nordeste addressing the role of parliamentary amendments in Ceará's health.

1. **How health became the main destination of federal amendments in Ceará**

The historical average shows that Ceará's parliamentarians allocate R$ 9 of every R$ 10 in transfers to the area

READ HERE

2. **As the main destination of amendments in Ceará, health faces a threat from a lack of predictability in funding**

Dependence on political arrangements makes the volume of transfers for financing the area irregular

READ HERE

3. **'Hostage to amendments': is it possible to break municipalities' dependence in funding health?**

Proposals range from revising the federative pact to new rules for using amendments to fund SUS.

READ HERE

IEPS Data

IEPS Data is an IEPS initiative aimed at broadening the access, organization, and use of health data in Brazil, supporting managers, researchers, and policymakers in producing diagnoses and in evidence-based decision-making.

Over the year, we began a process of redesigning the portal, aiming to offer a more intuitive, modern experience aligned with users' needs. Even during this redesign stage, the platform continued to be updated, with the addition of new indicators and the revision of databases already available.

The new version was designed to more clearly highlight the resources available and to make it easier to navigate among indicators, databases, and analysis tools.

In parallel, the products linked to IEPS Data were updated. FluxSUS was updated with data and visualizations on SUS outpatient flows between 2010 and 2023, expanding the capacity to analyze the use of health services in the country. The SISAB panel, developed over the year, had its launch aligned with the changes to the Ministry of Health portal, to ensure consistency and comprehensiveness of the indicators presented.

With these advances, IEPS Data reinforces its role as a tool to support public management and health-policy analysis, helping make data more accessible, integrated, and useful for strengthening SUS.

Racial and territorial inequalities and barriers to health access



Operation in the Kelson favela, in the northern zone of Rio de Janeiro.
Photo: Fernando Frazão/Agência Brasil

Urban violence and health in the favelas of Rio de Janeiro

Concluded in February 2025, the project was developed in partnership with researchers from Imperial College London and investigated innovative ways to measure urban violence and understand its impacts on the health system. Begun in 2022, the research sought to identify how episodes of violence affect the access, use, and quality of services, especially in territories marked by greater social vulnerability.

From this approach, two studies were produced showing that urban violence reduces the use of health services in vulnerabilized territories, while violence-reduction policies can broaden the population's access to care. Taken together, the results reinforce the need to integrate health, public security, and social policies in confronting inequalities.

Healthcare utilisation among low-income individuals affected by violence in Rio de Janeiro, Brazil: a retrospective cohort study

READ THE STUDY

The study analyzed monthly data from **204 clinics in Rio de Janeiro**, between 2010 and 2016, combined with georeferenced records of violence associated with police operations and clashes between factions. The results show that exposure to violence significantly reduces the use of health services, with more intense effects in low-income neighborhoods. Although no relevant impacts were identified on quality indicators, such as professional turnover or hospital admissions, the findings indicate that urban violence interrupts access to care and deepens health inequalities.

Racial equity in health

The racial equity in health agenda advanced on two complementary fronts: the conclusion of the Cátedra Çarê-IEPS cycle, with new evidence on persistent inequalities in access, outcomes, and quality of care, and the start of a new international research project on the theme.

After three years of activity, the Chair concluded its work with the publication of three studies on diabetes, maternal mortality, and avoidable causes. The studies helped qualify the public debate on racism and its impacts on the health of the Black population, by evidencing systematic inequalities across different dimensions of care.

Recognition of this scientific production led to IEPS's participation in the 3rd Symposium on Black Population Health Research, organized by the Black Population Health Research Group (Race.ID) at the University of São Paulo School of Medicine (FMUSP). The invitation strengthened dialogue with centers of excellence in the field and reaffirmed the relevance of the institute's contribution to the field of racial inequalities in health.

WATCH THE SESSION HERE

"The Impact of the Pacification Program on the Use of Health Services in the Favelas of Rio de Janeiro"

The second study evaluated the effects of the pacification program in the favelas of Rio de Janeiro, begun in 2008, on the use of health services. The analysis compared **128 clinics near pacified and non-pacified favelas**, between 2009 and 2016, and showed that the program was associated with an increase in health procedures at units near pacified areas. The results reinforce that reducing violence can lower barriers to accessing public services and highlight the importance of integrated policies to address social determinants of health in vulnerable communities.

Diabetes

Çarê-IEPS Bulletin No. 6, dedicated to mortality and hospitalizations from diabetes. The results showed that indicators related to the disease are systematically worse among the Black population, especially during the Covid-19 pandemic, and that, over the last decade, diabetes mortality rates remained consistently higher in this group.

ACCESS THE STUDY

Maternal Mortality

Çarê-IEPS Bulletin No. 7, on maternal mortality. The publication revealed that Black mothers die at twice the rate of white mothers, in a scenario associated with inequalities in access to and quality of prenatal care. The study had wide repercussion, including an interview by researcher Lucas Falcao with TV Brasil, broadening the public debate on racism in health.

ACCESS THE STUDY

Avoidable Causes

Çarê-IEPS Bulletin No. 8, which analyzes the racial dimension of mortality from avoidable causes in Brazil between 2012 and 2023. The study shows that the Black population has systematically higher avoidable-mortality rates than the white population and points to an important contradiction: although it dies more from treatable causes, this group uses fewer essential diagnostic and treatment services, such as mammography and chemotherapy.

ACCESS THE STUDY

This accumulation of knowledge and institutional articulation opened the way for a new stage of work on the agenda. IEPS began a new research project on racial inequalities in health, developed in partnership with Imperial College London and funded by the NIHR. The initiative combines evidence production, analysis of the impact of public policies on the health of the Black population, and strategies for data dissemination and public advocacy, including actions coordinated with IEPS Data.

The project has already advanced in consolidating its research and governance structure. The use of identified microdata from the municipality of Rio de Janeiro was approved by CONEP. The research on implicit bias in health began to be developed in 13 units managed by the Sirio-Libanes Institute of Social Responsibility (IRSSL), expanding the study's reach and analytical potential.

With this agenda, IEPS continues the work begun with the Cátedra Çarê-IEPS and expands its work in producing evidence on racial inequalities in health, strengthening the connection between applied research, public data, and the design of policies aimed at equity in SUS.

Primary Care: monitoring, provision, and qualification of care



Appointment carried out in Soure, on Marajó Island, during the first expedition of the Arquipélago project. *Photo: Publicity/IEPS.*

Monitoring and quality management of Primary Care

The InovAPS project, implemented in Sobral between 2023 and 2025, and Recife Monitora, developed in the Pernambuco capital since 2021, served as a technical reference for a new institutional initiative aimed at strengthening Primary Health Care in large urban centers.

The initiative integrates innovation and quality-management methodologies with technological tools for monitoring and the intelligent use of data, with the goal of supporting public management in building a Primary Care that is more effective and connected to the population's needs.

To this end, it combines continuous quality improvement, indicator monitoring, user-satisfaction assessment, territorial support for teams, health training, and mechanisms for recognizing performance.

This new cycle gained strength with the expansion of institutional partnerships, following the entry of the Devive Institute and the Maria Emilia Foundation as funders, alongside Umane, and the signing of the Technical Cooperation Agreement with Salvador, the first municipality to receive the integrated initiative.

The first steps in Salvador

In the Bahia capital, IEPS conducted a broad institutional diagnosis of Primary Care and began the process of co-creating the interventions that will be implemented over the partnership. The pilot project was designed with an emphasis on five integrated fronts: a monitoring platform, user-satisfaction assessment, action plans, and team training for continuous improvement, a structure of territorial support for units, and performance-linked incentives.

In addition, IEPS began supporting the municipality of Salvador in initiatives aimed at reducing the queues for specialized care, contributing to the construction of care and access-regulation protocols.

Continuity in Recife

In the Pernambuco capital, IEPS's work advanced in improving the Recife Monitora data platform, which brings together information on the initiative's three assessment and monitoring axes: quality assessment by teams and professionals' self-assessment, the User Satisfaction Assessment (ASU), and care-performance indicators. The IEPS team also produced materials to support care management and to strengthen the instruments for assessing Primary Care.

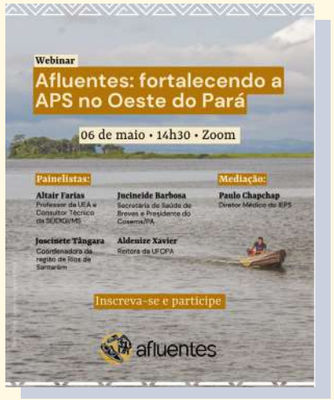
The Recife Monitora experience was shared at the 1st International Symposium on SUS Digital Transformation and at the 14th Brazilian Congress of Collective Health, broadening the initiative's visibility and its potential for dissemination.

Afluentes: Primary Care in riverside and hard-to-reach territories

Afluentes is an IEPS initiative aimed at strengthening Primary Health Care in western Para, focused on improving the prenatal and hypertension care lines. The project combines messaging technologies, expanded connectivity, and health-education strategies adapted to the cultural and territorial realities of the Amazon.

The initiative is funded by the Juntos pela Saúde program, conceived by The Brazilian Development Bank (BNDES) and managed by Institute for the Development of Social Investment (IDIS), in partnership with Umane. The project also has technical support from Projeto Saúde e Alegria and ImpulsoGov, in addition to support from the Arapyau Institute and Uma Concertação pela Amazônia.

Technical Cooperation Agreements were formalized with the six participating municipalities, and Municipal Management Committees were created to strengthen local governance and the leadership of the territories. IEPS also began taking part in the meetings of the Regional Inter-Managerial Commission (CIR) of the Lower Amazon and Tapajos, in Santarém, with the goal of sharing the project's advances and strengthening regional integration.



The webinar “Afluentes: strengthening Primary Care in western Para” marked the launch of the project and brought together academics, health managers, and third-sector representatives.

WATCH HERE

Diagnoses were also carried out on the prenatal and hypertension care lines and on the degree of digitalization of the health units. The results guided the co-creation of the interventions implemented on a pilot basis in Santarém and Belterra, forming the basis for expanding the initiative to Aveiro, Curua, Itaituba, and Oriximina from 2026 onward.

Another important milestone was a co-creation immersion in Santarém, which brought together local managers and the project’s institutional partners. The activities served to strengthen dialogue, deepen knowledge of the municipalities, their population, and their health services, and guide the implementation strategies in the territories.



Co-creation immersion of the Afluentes project brought together supporters and partners of the project and representatives of the municipalities of Aveiro, Belterra, Curuá, Oriximiná, Itaituba, and Santarém. *Photo: Tarcila Mesquita/IEPS.*

The start in Santarém and Belterra: training and messaging

The pilot implementation of Afluentes began in Santarém and Belterra, concentrating on two fronts: training the health teams and using messaging strategies to bring the population closer to the units and strengthen engagement with care.

These actions form the basis of a model for strengthening Primary Care in Amazonian contexts, articulating innovation, territorial participation, and care strategies adapted to local realities.

Practical Guides: adapting knowledge to the riverside reality

The first training sessions were held at the health units of Conquista and Curuai, located in riverside areas of Santarém, and at the Mauricia Colaco unit, in Belterra. In all, they brought together 94 health professionals, among community health agents, physicians, nurses, nutritionists, social workers, and other team members.



Training carried out at the Mauricia Colaco Basic Health Unit, in Belterra. *Photo: Denis Almeida/IEPS.*

The activities were developed based on the Practical Guides for the prenatal and hypertension care lines, prepared by the IEPS technical team from the Ministry of Health’s health protocols, to support the routine of services and strengthen the offer of care to pregnant women, postpartum women, and people with arterial hypertension. The materials bring together operational guidance, flows, checklists, and practical tools for professionals’ day-to-day work.

To support the teams’ training, pedagogical tools adapted to the Amazonian context were used, with accessible language and participatory methodologies, including games and dynamics

aimed at consolidating content and sharing strategies already developed by the local teams themselves.

The knowledge-absorption indicators showed significant results: 92.9% of professionals came to correctly identify the criteria for high gestational risk, and 92.5% demonstrated mastery of the proper technique for measuring blood pressure. Beyond the high assessment of the training methodology, with an average score of 4.9 on a scale of 5, the results point to immediate changes in professional practice: more than 97% of participants reported confidence in performing risk stratification as early as the first appointment.

Messaging: the health unit closest to the user

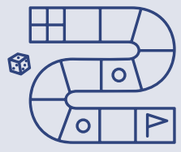
The project also implemented health-awareness and health-education actions, by sending WhatsApp messages to the populations served at the first health units that received Afluentes. The strategy was designed to bring users closer to the teams, reinforce care guidance, and support the follow-up of people who had discontinued treatment or needed to be re-engaged in the prenatal and hypertension care lines.

The messages went through a rigorous validation process with the municipal managements and local technical teams, with the goal of ensuring culturally appropriate language aligned with the needs of the territories. The accuracy of this prior alignment proved itself in practice: during implementation, the messaging strategy achieved WhatsApp interaction rates above 15%, reinforcing the hypothesis that the content developed is relevant to the population.

So that the intervention would not be limited to a one-off action, the team also developed a specific proposal for monitoring the messaging, involving not only reach and view metrics but also outcome indicators, such as effective reach, adherence rate, and, in the future, impact on the care indicators of each care line. The messages were sent by the municipal managements and developed in partnership with ImpulsoGov and Projeto Saúde e Alegria.



Training on Hypertension and Prenatal protocols carried out at the Curuai Basic Health Unit, in Santarém. *Photo: Luciana Potiguar.*



BOARD GAME

“Na Trilha da Pressao”

The game proposes an exercise to reinforce and consolidate concepts related to arterial hypertension care.



PUZZLE

“Por Dentro dos Guias Praticos”

Used to make it easier for health professionals to take ownership of the content of the Practical Guides.



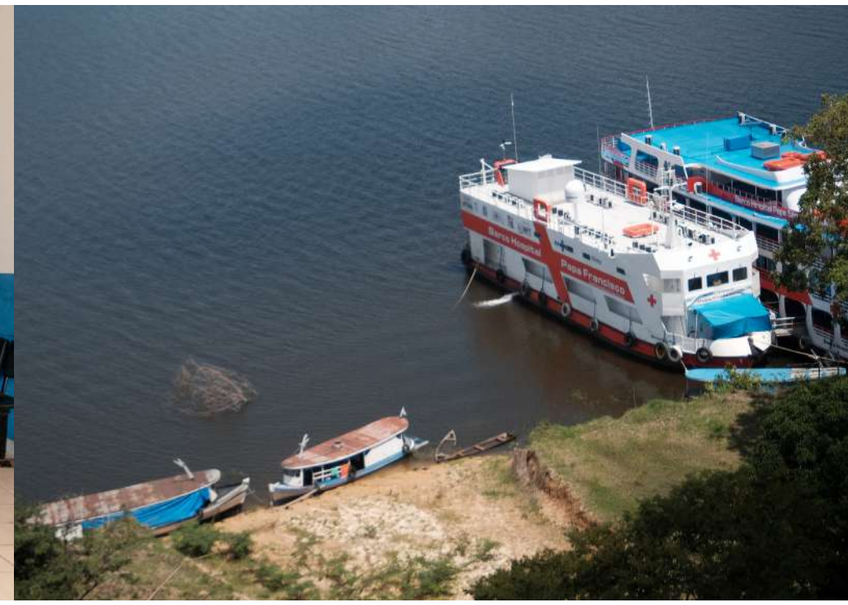
DYNAMIC

“Estacionamento de Ideias”

A moment to exchange experiences and identify solutions and strategies already used by participants in their areas of work.







Soure, on Marajó Island, in Pará.
Photos: Aryanne Almeida/IEPS.

Arquipélago: Primary Care, medical training, and professional retention

Arquipélago is an IEPS initiative, developed in partnership with the University of the State of Pará (Uepa) and the Municipality of Soure, to strengthen Primary Care in the Marajó archipelago through a strategy that integrates health, education, and territory.

The project seeks to address one of the main challenges of health in the Legal Amazon: the provision, attraction, and retention of professionals in rural and hard-to-reach regions. To this end, it brings Medicine students closer to the reality of the Amazonian SUS and strengthens the local health network through clinical, community, and training activities.

The pilot implementation included two cohorts and involved 20 Medicine students from Uepa, selected through a competitive process and prepared for a 15-day immersion experience in the municipality of Soure. During the immersions, the students took part in supervised clinical appointments, home visits, educational activities, and actions carried out in local schools, hospitals, and communities.



"It has been an extremely enriching and unique experience. It is very gratifying to see the real impact of health actions on the territory. We are all learning a great deal from each appointment and from direct contact with the community."

RHILLARY JANSEN
Student in the project's first cohort, during the immersion in Soure

The experience also deepened understanding of the social determinants of health and led most students to consider the possibility of working in interior municipalities. In the care field, the students' presence was associated with an increase in the units' output. In all, there was an increase of approximately 300 appointments at the health units that received the project's two cohorts.



Students of the Arquipélago project's first cohort. *Photo: Aryanne Almeida/IEPS.*

The lessons generated by the pilot reinforced the initiative's potential as a training strategy for the Amazonian SUS and opened the way for discussions about its expansion, consolidating a model of medical training connected to the territory and with potential to scale to other hard-to-reach regions.

The project's pilot implementation was celebrated in a certification ceremony held at Uepa, in Belém, bringing together participating students, university representatives, public managers, and initiative partners. The occasion also featured a video message from the Minister of Health, Alexandre Padilha, who congratulated the students and highlighted the importance of initiatives that strengthen medical training and broaden access to health in territories of the Legal Amazon.



The Minister of Health, Alexandre Padilha, celebrated the conclusion of the Arquipélago's first cohort in a video sent to the students who took part in the project.

WATCH HERE





Appointment carried out during the first immersion of the Arquipélago project in Soure. *Photo: Aryanne Almeida/IEPS.*

Agora Program: Mental Health Public Policy

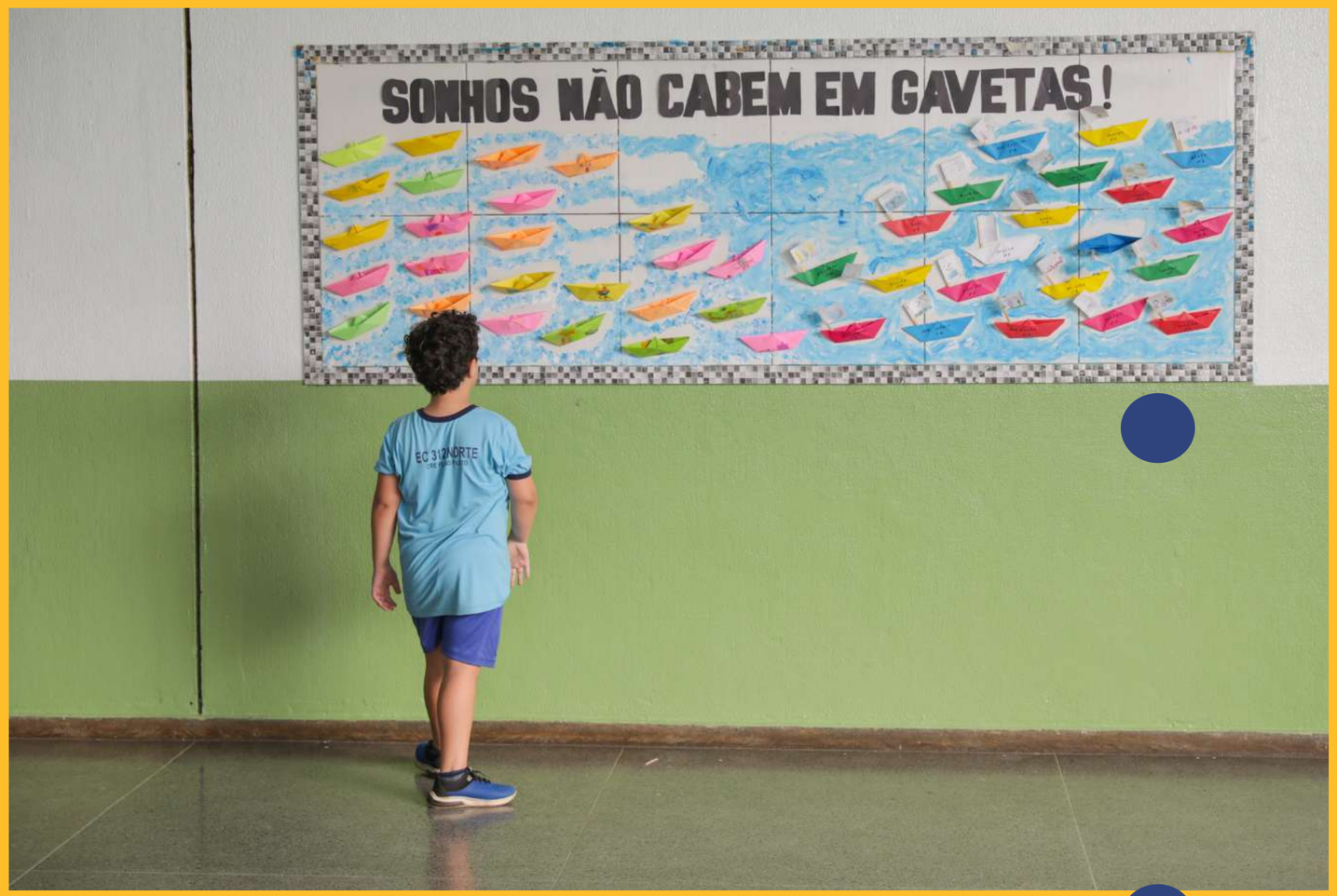


Photo: Tony Oliveira/Agência Brasília

IEPS's work on themes related to mental health policy in Brazil took on a new configuration with the creation of Agora: Mental Health Public Policy, a program that brings together projects such as the Executive Secretariat of the Joint Parliamentary Front for the Promotion of Mental Health and the initiatives focused on the mental health of children and adolescents and mental health in schools.

Drawing on the experience accumulated since 2021 and the expansion of the agenda in 2024, the program came to organize its work in an integrated way, combining research, advocacy, and policy design to confront emerging factors that negatively affect the population's mental health.

The initiatives of the Agora Program: Mental Health Public Policy have the support of the *Child Mind Institute*, Infinis, and the Betty and Jacob Lafer Institute.

Mental health in Brazilian schools

The mental-health-in-schools agenda gained political, technical, and public density over the year, with IEPS working on complementary fronts of legislative advocacy, evidence production, manager training, and support for territorial implementation.

The focus was to help qualify the regulation of the National Policy for Psychosocial Care in School Communities, broaden its uptake, and strengthen its implementation in the territories.

Through its work in the Joint Parliamentary Front for the Promotion of Mental Health, IEPS contributed to including the Policy as a learning strategy for Basic Education and Secondary Education in the new National Education Plan, which will guide Brazilian education policy through 2034. The achievement reinforces the centrality of the theme on the education agenda and broadens the political conditions for its implementation.

Another milestone was the launch of the Monitoring Report on the Implementation of the Mental Health in Schools Law, prepared by IEPS in coordination with the Parliamentary Front. The document was prepared from a consultation with the state and municipal education and health departments of the Federative Units and capitals, and identified **30 mental health projects and programs in schools** under development in the country, even in the absence of federal regulation.



The report was delivered to the Minister of Education, **Camilo Santana**, during an event in the National Congress, which included the participation of members of the Junto Jovem committee, an initiative that brings together 11 young people, aged 16 to 19, from Brazil's five regions. IEPS is a partner in coordinating the committee. Junto is promoted by the *Global Center of the Stavros Niarchos Foundation* (SNF) for Child and Adolescent Mental Health at the *Child Mind Institute*.

The growing relevance of the theme also led the FPSM to create the Mental Health and Education Coordination, broadening the scope of work to incorporate demands from the school community and other levels of education, such as universities and graduate studies. The new axis is coordinated by Representative Rafael Brito, president of the Parliamentary Front for Education and a full member of the Chamber's Education Committee.

IEPS technical contribution

The National Policy for Psychosocial Care in School Communities was established by Law No. 14,819/2024 and has drawn on IEPS's technical collaboration since its initial formulation. The support began in 2021, still during the drafting of the bill, and advanced through advocacy strategies aimed at approving and sanctioning the new policy.

State System of Psychosocial Care for Schools in Pernambuco

Pernambuco is one of the national references in implementing actions aimed at mental health in school communities, an agenda in which IEPS acts as a technical partner of the state government.

In partnership with the Pernambuco Department of Education, IEPS delivered the course **From Law to Practice: How to Implement the National Policy on Psychosocial Care in School Communities**, a training aimed at more than 50 civil servants from the state's 14 Psychosocial Care Centers. The initiative represents an important stage toward developing the State Action Plan for implementing the National Policy.

The partnership also advanced on other fronts aimed at consolidating the State System of Psychosocial Care for Schools, articulating diagnosis, intersectoral governance, training, and adaptation of methodologies to the local context.

Course sessions available online:

The importance of youth leadership in mental health public policy

The session discusses the role of young people in the design, execution, and evaluation of mental health public policy, highlighting youth as active rights-holders and agents of social transformation.

WATCH HERE

The social role of the school in promoting mental health

The event discusses the centrality of the school as a space of protection, coexistence, and bond-building, reflecting on the challenges faced amid inequalities, violence, and precarity.

WATCH HERE

Teachers' mental health

The session discusses teachers' mental health as an essential dimension for the quality of education and of care with the school community, presenting institutional strategies of support for educators.

WATCH HERE

From the reality of the 16 Regional Education Offices (GREs), IEPS prepared an institutional diagnosis that combined interviews, participatory workshops, and territorial listening. The process made it possible to identify structural challenges, priorities for action, and concrete opportunities to strengthen psychosocial care in the state's schools.

Another central advance was structuring an intersectoral governance to sustain the system's implementation. With the creation of a committee made up of representatives from the areas of Education, Health, Social Assistance, and Children and Youth, two working groups were defined with priority deliverables: the Mental Health Reception Flow for the School Community and the package of regulations needed to institutionalize the state policy.

In partnership with the *Child Mind Institute*, IEPS also began the cultural adaptation of the Psychosocial Support Protocol for Schools, based on focus groups with students, teachers, school psychologists, and teams from the Psychosocial Care Centers for Schools. This process generated input for the design of the policy's training and communication strategies.

The Pernambuco experience gained visibility with the federal government, with the Basic Education Department of the Ministry of Education and the Mental Health Department of the Ministry of Health drawing closer, opening dialogue on possibilities to scale the initiative to other territories.

IEPS also delivered the short course **In the Palm of Your Hand: Cell Phones, the Internet, and Mental Health**, aimed at training the school community to implement the new law restricting cell-phone use in schools. The activity reached more than **650 school managers simultaneously**, strengthening schools' engagement and positioning principals as key actors of the policy.

In addition, the institute took part in the **Training Cycle of the Psychosocial Care Centers for Schools**, presenting the institutional diagnosis and the proposal for the project. The activity brought together more than **70 civil servants** and helped align the deployment of the Psychosocial Care System in Pernambuco.

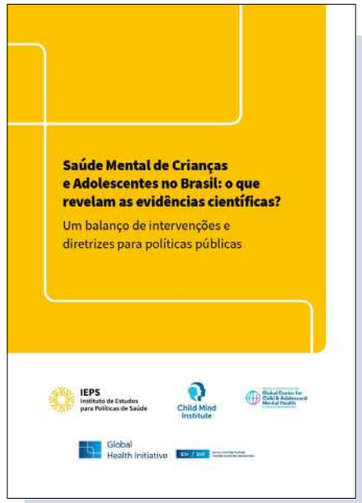
Producing evidence for public policy

Still in partnership with Pernambuco, the partnership continued with the **Pernambuco Education Assessment System (SAEPE)**, the state's main tool for monitoring education quality. For the second consecutive year, IEPS included a specific block on student well-being in the system, inspired by the international **RCADS-11** scale, aimed at identifying symptoms of anxiety and depression in children and adolescents.

The initiative generated an unprecedented dataset, with more than **234,000 responses**, of which **73,000** were from students in the final year of Secondary Education alone. This is the largest sample ever recorded for this monitoring, far exceeding the sample sizes used in similar studies.

Mental Health of Children and Adolescents in Brazil: What Does the Scientific Evidence Reveal?
A scientific translation published by IEPS that brings together recommendations, interventions with positive results, and digital interventions aimed at body image and group therapies focused on problem-solving skills and reducing suicide risk.

READ HERE



Within the cooperation with the Ministry of Health, IEPS delivered a study on the **Programa Saúde na Escola (PSE)**, focused on the mental health axis. The analysis consolidated relevant evidence to support strategic decisions, including identifying municipalities that combine a **low supply of psychologists in SUS and few mental health actions in schools**.



READ THE FULL ARTICLE

Toward a Culture of Welcoming, an article authored by IEPS researchers and published in the special edition on mental health in schools of ***Stanford Social Innovation Review Brasil***

Known as the School Health Program Law, Law 14,819/2024 seeks to confront the historical neglect in promoting the mental health of children and adolescents in Brazil and to break with practices of exclusion and silencing. Taking the law off paper and turning schools into territories of care requires more than good intentions: it demands political will, intersectoral articulation, and commitment to a new vision of society, one in which youth leadership in health treatment and in public policy is guaranteed.

Youth participation and leadership

Youth leadership was a central guideline of Agora Program on the child and adolescent mental health agenda. The partnership with the Junto Jovem committee strengthened the qualified listening of young people and their participation in debates on public policy.

One of the main milestones was the Junto Jovem National Meeting, held in October 2025 in Brasilia. For the first time, committee members gathered in person in a program that included a visit to Brazil's first Child and Adolescent Psychosocial Care Center, cultural activities, a visit to the National Congress, a meeting with parliamentarians, and a meeting with Marcelo Kimati, the Ministry of Health's Director of Mental Health.



Members of the Junto Jovem committee during the Junto Jovem National Meeting held in Brasilia. *Photo: Camila Fortes/Junto.*



"I have been in other committees and political movements, and it seemed the adults wanted us to be there, but not to speak. Here it was the opposite: they wanted us to speak."

CARLOS RAMOS DE LIMA

Indigenous youth, law student, member of the Junto Jovem committee and representative of the southern region

The meeting was also an opportunity to listen to and evaluate the experience of the young people themselves on the committee. Individual interviews, collective dynamics, and standardized questionnaires were conducted, inspired by the *Youth Programming Assessment Tool (YPAT)*, a model used by USAID to evaluate youth engagement and development. The process made it possible to identify lessons, challenges, transformations, and priorities for the next stages of the initiative.

Joint Parliamentary Front for the Promotion of Mental Health

IEPS's work alongside the Parliamentary Front for Mental Health (FPSM) helped bring technical knowledge closer to the legislative process. In its role as Executive Secretariat of the Front, the institute supported defining priorities, qualifying the public debate, and building proposals aimed at strengthening mental health policy.

This work broadened dialogue among parliamentarians, specialists, public managers, and civil society organizations, consolidating the Front as a strategic space for producing agendas, policy advocacy, and legislative qualification.

ACCESS THE FPSM'S MONTHLY BULLETINS PUBLISHED IN 2025 HERE

2nd edition of the Mental Health Legislative Agenda 2025-2026

The priorities for FPSM's work were defined in the process of preparing the **2nd edition of the Mental Health Legislative Agenda 2025-2026**, launched at an event in the Chamber of Deputies, which was livestreamed on YouTube.

WATCH HERE

The Agenda was built from training with parliamentary advisors, a planning activity with the Front's presidency, and the mobilization of members of the Advisory Council, in addition to representatives of PAHO and the Ministry of Labor and Employment. Among the priority themes included in the Agenda were online betting and the protection of children and adolescents in digital environments.



Representative Pedro Campos (PSB/PE), president of the FPSM, during the launch of the 2025-2026 Legislative Agenda.
Photo: Chico Ferreira/PSB.

The document defined the Front's work by listing goals organized into four axes: Internet and Protection of Children and Adolescents; Treatment, Monitoring, and Oversight; Social Minorities and Human Rights; and Workers' Mental Health.

ACCESS THE DOCUMENT



Dossier "Brazilians' Health at Stake"

The expansion of online betting and its effects on the population's health became one of the FPSM's main agendas. In 2025, the Front launched an advocacy strategy aimed at strengthening the sector's regulation from a public-health perspective, with the launch, in partnership with Umane, of the dossier *Brazilians' Health at Stake: Political-economic analysis of the regulation of online betting and its impacts on the health of the Brazilian population as its milestone.*

Launched during the 14th Brazilian Congress of Collective Health (Abrasco), held in Brasilia, the publication brought together unprecedented evidence to inform the legislative debate and support building regulatory responses to the health, economic, and social effects of the expansion of online betting in Brazil. The results indicate that betting and gambling may represent an annual cost of approximately **R$ 39 billion** for Brazilian society, of which approximately **R$ 31 billion** are related to health, including mental disorders, psychological distress, indebtedness, family conflicts, and loss of quality of life.



ACESSE O DOCUMENTO

R$ 39 billion

is the estimated annual cost of the impacts of betting and gambling for Brazilian society.

R$ 31 billion

approximately, are related to health.

The analysis also highlighted the mismatch between the social costs of the activity and the resources allocated to mitigating its impacts. While the sector's revenue reached R$ 6.8 billion in 2025, the estimated harm to society is nearly six times higher. In addition, although the legislation stipulates that part of the revenue be allocated to health, only 1% of net revenue is directed to the Ministry of Health, which resulted in approximately R$ 33 million effectively transferred through August 2025.

The study helped broaden the visibility of the impacts of online betting on the health of the Brazilian population and strengthen the debate on the need for regulation guided by the protection of public health. The details of the communication strategy and the public repercussion of the launch are presented in the chapter Communications, Outreach, and Institutional Engagement.



The dossier was launched during the panel "The anti-reform tide coming from Congress: analyses in light of the 24 years of the Brazilian Psychiatric Reform Law."

Contributions to the Digital ECA Bill

Faced with growing public concern about the impacts of the internet on the mental health of children and adolescents, the theme became a priority of IEPS's work in the Executive Secretariat of the FPSM.

The Front worked to accelerate the progress of the so-called Digital ECA Bill, known as the bill against "adultization." It also contributed to incorporating an amendment aimed at preventing and mitigating risks related to children's and adolescents' access to content on self-diagnosis, self-medication, self-harm, and suicide.

The measure sought to strengthen digital platforms' responsibility in protecting young people and to broaden the safeguards provided in the legislation. IEPS was invited to the presidential sanction of the law, a milestone that symbolized another legislative advance followed by the Parliamentary Front and the approval of the second law established as a priority goal of the initiative.

Emerging Agendas: new fronts of IEPS action



The 2024 flood was the greatest natural disaster in the history of Rio Grande do Sul. *Photo: Bruno Peres/Agência Brasil.*

In addition to the structuring initiatives presented in this report, IEPS devoted part of its efforts to developing and exploring agendas with the potential for growing relevance to Brazil's health system.

Two fronts stood out in this movement: incorporating the user perspective into the assessment of Primary Care, and the intersection between climate change and health. Both present opportunities for the institute's work and should gain importance in the coming years.

Users' results and experiences in Primary Care: the PaRIS study

Incorporating the user perspective into the assessment of health systems has gained international relevance as a strategy to qualify care and guide more people-centered public policy.

In this context, IEPS promoted, in partnership with the Organisation for Economic Co-operation and Development (OECD), the launch in Brazil of the **Patient-Reported Indicator Surveys (PaRIS)**, an international study that analyzes Primary Care based on the results and experiences reported by patients themselves. The launch was held in Brasilia, at the event "Patient



Miguel Lago, Francisco Gaetani, Ana Estela Haddad, Vera Schattan, and James Berson Lalane during the event's second debate panel. *Source: Soma Films/IEPS.*

Results and Experiences as an Axis of Transformation for Primary Care in Brazil," which brought together representatives of the Ministry of Health, state and municipal secretaries, Conass, Conasems, international organizations, researchers, and specialists.

The discussions addressed the potential of user-reported indicators to improve the monitoring of public policy, strengthen patient participation, and guide processes of digital transformation in health.

By promoting the debate on PaRIS in Brazil, IEPS helped bring international experiences and national challenges closer, strengthening reflection on new ways to measure the quality of Primary Care and to incorporate the user perspective into the formulation and evaluation of health policy.

Climate and Health: from COP30 to a permanent agenda

Climate change has produced increasingly evident impacts on the health of populations, especially in territories marked by social and environmental vulnerabilities and inequalities in access to public services.

Faced with this scenario, IEPS launched an exploratory agenda focused on the intersection between climate and health, seeking to identify opportunities for action aligned with its institutional mission and to understand how the production of evidence can contribute to the design of public policy in this field.

In 2025, IEPS expanded its presence in networks and strategic spaces dedicated to the theme. Highlights included support for coordinating the Health Working Group of Uma Concertação pela Amazônia and the contribution to building the Rede Saúde e Clima Brasil, an articulation that brings together civil society organizations, research institutions, and specialists committed to strengthening this agenda in the country.

These initiatives helped position the institute in a field that gained growing relevance over the year, driven by the preparation for and participation in COP30 and by the incorporation of health as a priority theme of the conference.

IEPS at COP30

The growing centrality of health in the international climate debate gained an important milestone in 2025, when COP30 came to incorporate the theme in an unprecedented way in its program. In this context, IEPS defined its participation in the event as an opportunity to strengthen strategic articulations, broaden dialogue with national and international partners, and contribute to public debate through the production and dissemination of evidence on the impacts of climate change on health.

As a founding member of the Rede Saúde e Clima Brasil, IEPS took part in the network's launch, held at the Embaixada dos Povos, with the presence of representatives of the Ministry of Health, the Special Secretariat for Indigenous Health, state departments, and partner organizations. The institute also followed the Health Day Plenary, marked by the Ministry of Health's launch of the Belém Health Action Plan.

In addition, IEPS promoted, in partnership with Uma Concertação pela Amazônia, a conversation circle that brought together around 20 organizations and specialists to discuss the challenges and prospects of the climate and health agenda in the post-COP30 period. The gathering included, among other participants, IEPS board member Marcia Castro, and helped strengthen connections among researchers, public managers, and civil society organizations committed to advancing this agenda in Brazil.



Launch of the Rede Saúde e Clima Brasil during COP30. *Photo: Joao Risi/Ministry of Health.*



Debate panel promoted in partnership with Uma Concertação pela Amazônia. *Photo: Divulgação/IEPS.*

Scientific production

As a contribution to the debate, IEPS launched three unprecedented studies on access to health in the Legal Amazon, exposure of health infrastructure to natural disasters, and environmental racism. The publications broadened the availability of evidence on the impacts of climate change and environmental inequalities on the health of the Brazilian population, reinforcing the institute's presence in a strategic agenda for the future of public policy.

Technical Note No. 40
Health in the Legal Amazon

The average travel time for chemotherapy in the Legal Amazon is about **7 times longer** than in the rest of the country. The territorial density of Primary Care teams is **8 times lower** in the region.

READ THE FULL STUDY

Technical Note No. 41
Health infrastructure and natural disasters

About **29% of health facilities** and **20% of ICU beds** are near disaster-risk areas. The study identified **2,039 facilities** located within those sectors.

READ THE FULL STUDY

Technical Note No. 42
Environmental racism and urban health

Census tracts with an entirely Black population have average exposure to pollution about **38% higher** than tracts with an entirely white population.

READ THE FULL STUDY

Communications, Outreach, and Institutional Engagement

More than disseminating research and projects, communications is a strategic dimension of IEPS's work. Its role is to broaden the reach of the evidence produced by the institute, strengthen dialogue with decision-makers, and contribute to qualifying the public debate on the challenges of Brazil's health system.

The area worked in an integrated way with IEPS's directorates to turn technical knowledge into accessible content, strengthen institutional presence, and broaden the circulation of evidence on themes that are priorities for the organization. This work involved media relations, digital-content production, event organization, and the development of communication strategies aimed at public advocacy and project communication.

Reach and Impact: IEPS Institutional Communication Statistics

views on the institute's website: **222.250**

followers on social media (Instagram and LinkedIn): **14.997**

press items citing IEPS: **2.372**

Follow us on social media

The year was marked by actions that broadened the visibility of the institute's research and projects on agendas such as mental health, online betting, health regionalization, racial inequalities, and climate and health. With this, IEPS reinforced its role as a qualified source of information and analysis for public managers, parliamentarians, researchers, journalists, and civil society organizations.

Data visualization

The Communications area consolidated a new front of work aimed at data visualization, expanding IEPS's capacity to translate evidence through charts and illustrated visual schemes.

Beyond favoring the dissemination of knowledge, incorporating data visualization strengthened the identity of the content and made the institute's digital presence more consistent, with clearer, more accessible, and more engaging content.



Infographic: "Who does Congress legislate for when it comes to health?" Most health-related legislative proposals do not target specific audiences and are aimed at the general population. When there is a specific focus, women, health professionals, and children/adolescents appear as the most cited groups. *(Congress; Chamber of Deputies; Federal Senate)*

IEPS on Flickr

Improving the audiovisual records of IEPS's initiatives represented a relevant advance in the institutional communication strategy, expanding the capacity to document and communicate its activities with greater quality and consistency.

Beyond strengthening institutional memory, the records produced help evidence the connections built with managers, health professionals, partners, and communities, reinforcing the reach, legitimacy, and impact potential of the actions carried out by the institute.

Created in late 2024, the IEPS Flickr profile came to be used more systematically in 2025 as a public archive of photographic records of the institute's strategic agendas. By the end of 2025, the platform brings together **531 photos**, organized into **13 albums**, which together drew **600 views**, consolidating a public archive of institutional memory and appreciation of the visual communication of the institute's work across different territories and spaces of advocacy.

Press

Relations with the press constitute a strategic axis of IEPS's work to qualify the public debate and strengthen health policy in Brazil. Over the year, the institute was mentioned in **2,372 journalistic pieces**, the result of actions coordinated by the Communications area and spontaneous mentions. IEPS's presence occurred in different editorial formats, including opinion articles, editorials, interviews, and special reports, and in communication outlets of national, regional, and local reach.

Highlights of the year

The Bets Dossier: the debate on online betting gained space on the public agenda

The launch of the dossier Brazilians' Health at Stake was accompanied by an integrated communication and advocacy strategy, involving media relations, social media, content production, and institutional articulation.

The strategy helped broaden the reach of the evidence produced by IEPS and position the impacts of online betting on health as a matter of public interest. The study was covered by several outlets, cited by authorities of the Executive and Legislative branches, and used to qualify the debate on the sector's regulation.

Among the outlets that covered the study were *Folha de S. Paulo, Estadão, O Globo, Agência Brasil, JOTA, Futuro da Saúde*, and various regional outlets. The dissemination also generated repercussion on the social media of journalists, parliamentarians, civil society organizations, and communication outlets.

Beyond journalistic coverage, the dossier's results were cited in public statements by authorities such as the Minister of Finance, Fernando Haddad, former Minister of Health Jose Gomes Temporao, and Senator Humberto Costa, broadening the presence of the theme in debates on the regulation of online betting and its impacts on public health.



Headline (facsimile): "Betting addiction causes an annual R$ 30 billion in health spending." (Metropoles.)



Headline (facsimile): "Harm to health associated with bets could generate a cost of R$ 30.6 billion per year."

Launch reach

- **671** press insertions, including:
- **430** pieces in online outlets
- **207** radio mentions
- **19** television mentions
- **13** pieces in print newspapers
- **2** videos on YouTube channels

IEPS at COP30

IEPS's participation in COP30 was accompanied by an integrated research and communication strategy aimed at broadening the circulation of evidence on the impacts of climate change on health and strengthening the institute's institutional presence on this emerging agenda.

The strategy's central axis was the launch of three technical notes produced by IEPS in the context of the conference, translating evidence on access to health in the Legal Amazon, exposure of health infrastructure to natural disasters, and environmental racism. The dissemination of the studies was articulated with press outlets, social-media content production, and coverage of the activities carried out during COP30.





"We will only be able to solve such problems by breaking the ontological and epistemological barrier between society and nature, understanding the theme from the concepts of planetary health and one health."

ARTHUR AGUILLAR E MARIANA NORONHA

IEPS Director of Public Policy and IEPS Director of Operations, in an article published in Nexo Políticas Públicas on the occasion of COP30



Headline (GloboNews facsimile): "Black population faces 38% more pollution and heat than white population."

Headline (Folha de S.Paulo facsimile): "A quarter of health facilities are near climate-disaster-risk areas."

The research in the Brazilian press

The technical notes produced for the COP30 context achieved wide repercussion in the national media. Technical Note No. 41, on health infrastructure and natural disasters, was launched exclusively in Folha de S.Paulo and was also featured on TV Brasil and in Jornal do Commercio.


FOLHA DE S.PAULO

PROJETO SAÚDE PÚBLICA · MUDANÇAS CLIMÁTICAS

Um quarto dos estabelecimentos de saúde está próximo a áreas de risco de desastres climáticos

Technical Note No. 42, which analyzed racial inequalities in exposure to pollution and extreme heat, was published exclusively by g1 and had repercussion in outlets such as GloboNews and CBN, with insertions on broadcasters in Brasilia, São Paulo, Recife, Florianópolis, Curitiba, Salvador, Belo Horizonte, Rio de Janeiro, Natal and Porto Alegre.

IEPS's work during the conference also generated repercussion in specialized and regional outlets, including coverage of Health Day at COP30 and the launch of the Belém Health Action Plan.

The strategy helped broaden the visibility of the climate and health agenda, strengthen IEPS's institutional positioning, and insert qualified evidence into the public debate held during the conference.

Partner channels

TechSUS column, a partnership between IEPS and JOTA

JOTA is one of the main digital-media outlets specialized in covering Brazilian public institutions. The TechSUS column publishes analyses of the main challenges of digital health in Brazil.

The telehealth policy in Brazil between achievements and challenges 15 years later ACCESS HERE
December 8 | Isis Gomes, Shivani Pandya, Maria Letícia Machado, Luísa Arantes, Juliana Paiva

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When health arrives by cell phone: lessons from the Lower Amazon for Brazil ACCESS HERE
October 6 | Isabel Opice, Gabrielle Arruda, Marta Silva

What changes, in practice, with the RNDS decree? ACCESS HERE
September 2 | Maria Letícia Machado

The interoperability challenge in SUS ACCESS HERE
August 11 | Juliana Paiva, Isis Gomes, Shivani Pandya, Luísa Bolaffi Arantes, Maria Letícia Machado

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Not just technology: lessons from Brazil for digital health worldwide ACCESS HERE
May 26 | Luísa Bolaffi Arantes, Shivani Pandya, Isis Gomes, Juliana Paiva

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From rule to practice: how digital health can enable SUS regionalization ACCESS HERE
March 31 | Crhistinne Cavalheiro Maymone Gonçalves, Agatha Eleone Borges, Beatriz Thiago Ferreira de Almeida

IEPS in Nexo Políticas Públicas

Alongside prominent third-sector organizations and research centers, we are partners of Nexo Jornal in the Nexo Políticas Públicas project, an academic-journalistic platform that brings a series of scholarly content in clear language and innovative formats.

Topic
The lack of qualified policies for autism in Brazil ACCESS HERE
February 27 | Lucas Zacari

Opinion
SUS must not forget the excluded ACCESS HERE
December 16 | Renato Tasca

Academic
How urban violence affects the use of health services among low-income people in Rio de Janeiro ACCESS HERE
December 10 | Sophia Medeiros

Opinion
“Nothing about us without us”: it is youth that builds the future of mental health in Brazil ACCESS HERE
November 25 | Daniel Nascimento, Júlio Ruan, Marina da Silva, Camila Fortes Franklin e Filipe Asth

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Opinion
Climate and health at COP30: prospects for SUS in preparing for and responding to the climate emergency ACCESS HERE
November 12 | Arthur Aguillar and Mariana Noronha

Partner channels

IEPS in Nexo Políticas Públicas

Timeline
Mental health in Pernambuco schools
October 14 | Dayana Rosa, Jéssyca Aparecida de Medeiros Bezerra, Julia Luiza Schafer, Maria Letícia Machado, Priscila Borges, Stéphanie Maximiano de Azevedo, Thaís Fernanda Ferreira Novaes, and Vinícius Peçanha
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Opinion
Where care is born: the school as a territory of mental health
October 9 | Dayana Rosa, Jéssyca Aparecida de Medeiros Bezerra, Julia Luiza Schafer, Maria Letícia Machado, Priscila Borges, Stephanie Maximiano de Azevedo, Thaís Fernanda Ferreira Novaes, and Vinícius Peçanha
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Glossary
Regionalization in SUS
August 21 | Beatriz Almeida
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Health regionalization: paths since the creation of SUS
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Opinion
"The specialist is a cyclops": why integrate Primary and Specialized Care in SUS
July 25 | Renato Tasca and Maria Inez Padula Anderson
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Opinion
Cell phones at school: what to do from here on?
July 18 | Victor Vicente and Valrei Lima
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