Abstract

This paper describes the Brazilian health system, which includes a public sector covering almost 75% of the population and an expanding private sector offering health services to the rest of the population. The public sector is organized around the Sistema Único de Saúde (SUS) and it is financed with general taxes and social contributions collected by the three levels of government (federal, state and municipal). SUS provides health care through a decentralized network of clinics, hospitals and other establishments, as well as through contracts with private providers. SUS is also responsible for the coordination of the public sector. The private sector includes a system of insurance schemes known as Supplementary Health which is financed by employers and/or households, group medicine (companies and households), medical cooperatives, the so called Self-Administered Plans (companies) and individual insurance plans. The private sector also includes clinics, hospitals and laboratories offering services on out-of-pocket basis mostly used by the high-income population. This paper also describes the resources of the system, the stewardship activities developed by the Ministry of Health and other actors, and the most recent policy innovations implemented in Brazil, including the programs saúde da Família and Mais Saúde.

Keywords

Health system, social security, Brasil.