



Brazil



This map is an approximation of country borders.

The Federative Republic of Brazil has a total land area of 8.5 million km². The country comprises 26 states, the Federal District, and 5,560 municipalities. These administrative divisions have special and standing commissions, shared responsibilities, as well as political, fiscal, and administrative autonomy. Brazil is a presidential federal republic. In 2010, the projected population of Brazil is estimated to be 193 252 604 inhabitants with 2 938 214 births and a crude birth rate of 15.20 per 1000 inhabitants. This is a decrease of 400 000 births as compared to in 2005. The GDP per capita in 2006 (based on year 2000 values) was R\$ 12 688.00 (around US\$ 5830), varying between R\$ 6029 (us\$ 2770) in the northeastern region and R\$ 16 912 (US\$ 7772) in the southeastern region. Brazil's Human Development Index (HDI) has also been increasing: from 0.788 in 2003 to 0.80 in 2007.

HEALTH & DEVELOPMENT

Health situation: The country is undergoing a process of epidemiological transition in which noncommunicable diseases and external causes (acts of violence) are progressively outpacing infectious and parasitic diseases. The Brazilian health system is made up of a complex network of public and private institutions that provide, finance, and manage health services; produce and distribute health inputs and research; train human resources in health; and regulate, legislate, and oversee the health system. The Unified Health System (UHS or SUS as per its acronym in Portuguese) is exclusively responsible for providing health coverage to 78.8% of the Brazilian population, and is the primary network of public health institutions that provide, finance, and manage health services. The remaining 21.2% of the population, which are covered by the Supplementary System, is also entitled to access the health services provided by the UHS. In addition to these functions, the UHS is also responsible for health surveillance, disease control, and regulation of the health sector. The Family Health Strategy is the country's primary instrument for providing basic care to the population. In 2005, the Family Health Strategy covered 73 million people (40% of the population) in 4,837 cities through 22,683 multidisciplinary health teams. Facilitating access to essential pharmaceutical drugs is part of basic care, and is provided through special financing mechanisms and government-owned "people's pharmacies" (*farmácias populares*).

Capital	Brasília
Most populous city	São Paulo
Official language	Portuguese
Land area	8,514,876,599 km²
Bordering states	Argentina Bolivia Colombia Guyana French Guyana Paraguay Peru Suriname Uruguay Venezuela
Estimated population (2008)	190,987,291
Life expectancy	72.19 years
Infant mortality	25.8 per 1,000 l.b.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • National health development is helping to support efforts at the three levels of government (Union, state, municipal) to reduce inequalities in the health field • Support for the political and technical processes needed to ensure the country achieves the Millennium Development Goals (MDGs) • Recognition of PAHO/WHO response capacity through its technical expertise and technical cooperation in health, working through its programmatic agreements and orientations • Ongoing mobilization of extrabudgetary financial resources from national, bilateral, and multilateral sources 	<ul style="list-style-type: none"> • Reform of the health sector and creation of the UHS in response to the health movement and health system reforms in different countries • Basic concepts of the UHS, such as public participation and complementarity with the Supplementary System • Ongoing development and current stage of the process of UHS definition and implementation, and its relationship to national development

PAHO/WHO TECHNICAL COOPERATION PRIORITIES, APPROACH AND MODALITIES (2008-2012)

Priorities of PAHO/WHO Technical Cooperation (2008-2012):

- 1. Health Policy Priorities.** Enhance and support the strengthening of democratic and participatory management of the Unified Health System (UHS); promote the integration of public policies with a view to improving health; strengthen Brazil's capacity for South-South cooperation.
- 2. Health Care Priorities for Social Groups and Health Problems.** Strengthen the strategies of primary care and family health; collaborate on disease prevention activities, care targeting primary risk factors and vulnerable groups, health surveillance; strengthen health promotion activities and interventions targeting the social determinants of health.
- 3. Health Sector Management Priorities.** Contribute to enhancing the agreed goals of decentralization and participatory management of the UHS; support implementation of new management models; support the development of an integrated policy of human resources for health; promote the use of knowledge and scientific evidence in support of managerial processes.

Strategic Approach to PAHO/WHO Technical Cooperation (2008-2012):

- 1. Technical Cooperation.** Technical cooperation should be intelligent, informed, and flexible; facilitate bridging gaps in knowledge and promote technology for health interventions; support the management of strategic health information; guarantee the continuity and stability of processes that contribute to development and improvement of the UHS.
- 2. PAHO/WHO Technical Cooperation for strengthening the UHS.** PAHO/WHO technical cooperation should be geared toward UHS processes and strategic projects, the intersectoral approach, primary care, and health promotion activities targeting the social determinants of health, and South-South cooperation in health.
- 3. South-South cooperation should include WHO triangular participation.**
- 4. Terms of Technical Cooperation.** The terms of technical cooperation should be progressively reoriented and adjusted to health priorities and approaches.
- 5. Strengthening PAHO/WHO Technical Cooperation with Brazil.** PAHO/WHO technical cooperation with the country will be carried out through progressive adaptation of the PAHO/WHO Work Programme in Brazil and with support of regional programs of PAHO headquarters, global WHO programmes, and PAHO/WHO specialized centers.
- 6. PAHO/WHO should help facilitate coordination with agencies of the United Nations system and other bilateral and multilateral cooperation agencies, with a view to achieving greater effectiveness of international cooperation in health.**
- 7. PAHO/WHO cooperation will work within and in compliance with Brazil's International Technical Cooperation Policy.** Technical cooperation with the smallest possible operational component; priority for the procurement of essential supplies and inputs for public health; strengthen coordination with other bilateral and multilateral cooperation agencies (e.g. through the UNDAF).

PAHO/WHO Technical Cooperation Modalities (2008-2012):

Strengthening of national capacity for managing health information; support the development of scientific and technological research, as well as the dissemination of its results; identification, systematization, appraisal, and documentation of best practices and experiences; decentralization of cooperation to strengthen the capacity of the State, municipal governments, and civil society; mobilization of resources at the national and international levels; support for enhancing health-sector dialogue and cooperation with other development sectors, including the environment, education, agriculture, labor, science and technology, and others; strengthen PAHO/WHO technical cooperation partnerships; support for promoting dialogue and consensus-building among government and civil society actors.



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ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/bra/>

Country office web site <http://www.opas.org.br/>

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