



Brazil

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Key trends

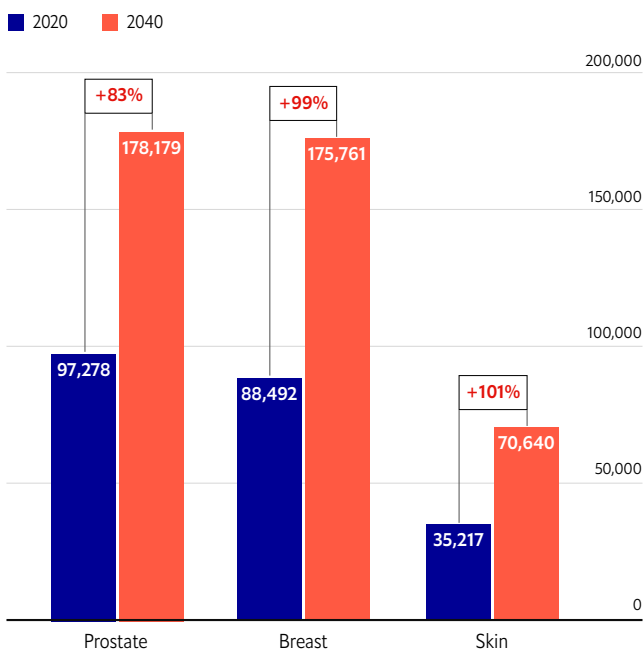
The number of those ≥ 65 years, a high-risk group for cancer, will increase by 84% by 2040.

The increasing cancer burden will pose a significant challenge to patients, health systems and wider society. Multiple efforts are needed to reduce mortality in line with SDG targets.

Population over 65 years ¹	21.3m (2022)	39.2m (2040)	↑ 84%
Total cancer incidence ²	592k (2020)	995k (2040)	↑ 68%
Total cancer mortality ²	260k (2020)	470k (2040)	↑ 81%
Probability of premature death from cancer per year in 2030 ³	5.5%	4.4% (SDG target)	Projected to miss SDG target by 25%

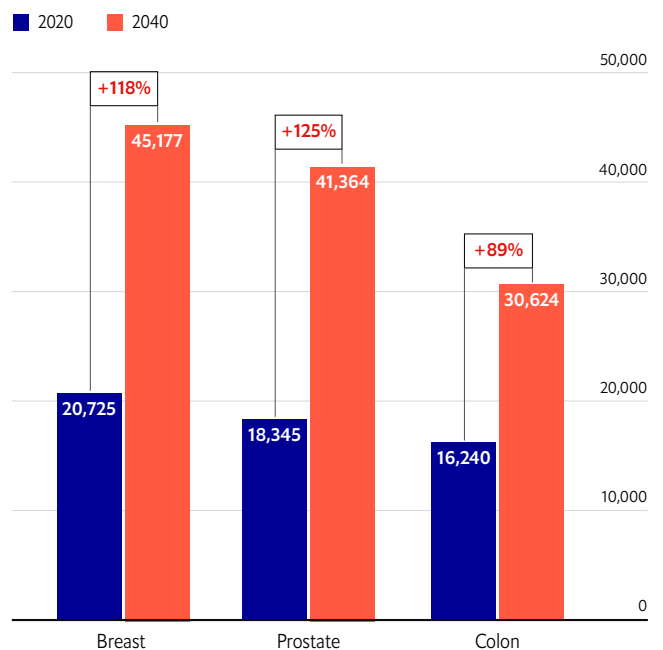
Top 3 Cancers: Incidence Projections estimates 2020 and 2040⁴

(# of people, both sexes, all ages)



Top 3 Cancers: Mortality Projections estimates 2020 and 2040⁴

(# of people, both sexes, all ages)



Policy

Legislation, guidelines and programs offer guidance on the distribution of resources and national priorities. **While up-to-date policies are a strength in Brazil's cancer control efforts, the actual implementation and distribution of resources may differ from national directives locally.** Monitoring and accountability for its implementation are key.



Early detection programme/ guidelines for 4 cancers (breast, cervix, colon, childhood)³



of MPOWER measures fully implemented and achieved³



Integrated NCD plan³



National screening program for breast cancer³



Up-to-date NCCP³



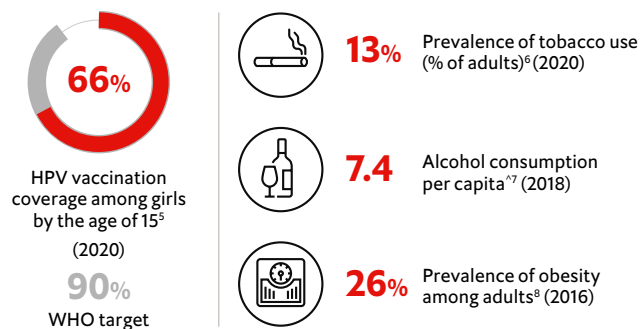
National screening program for cervical cancer³

* MPOWER: **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, and **R**aise taxes on tobacco.

Health System

Health system capacity is key to meet the rising cancer burden. Health systems require a skilled workforce with access to the right equipment to provide optimal care to patients. **Argentina will need to invest in its health workforce expertise in oncology, increase access to key diagnostic infrastructure and target cancer risk factors.**

Primary prevention & risk factors



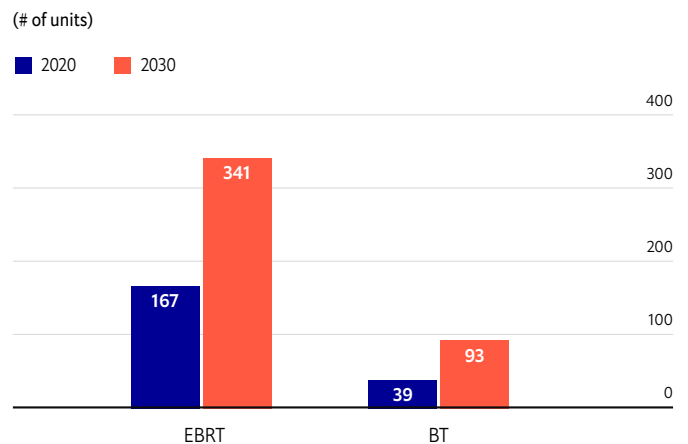
[^]Total alcohol consumption per capita (liters of pure alcohol, projected estimates, 15+ years of age)

Health workforce



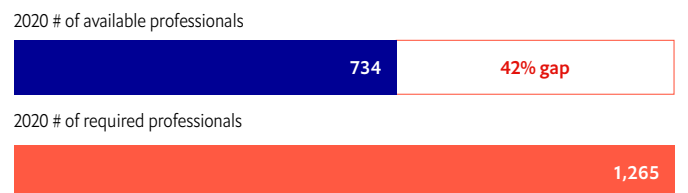
Infrastructure¹¹

Shortage of external beam radiation therapy (EBRT) and brachytherapy (BT) units to meet demand for cancer patients in 2020 and 2030



Shortage of radiation oncology professionals 2020

(vs #required to meet needs of cancer patients)



Innovation & Data

Advancements in science and technology empower stakeholders to find cost-effective solutions and discover tailored solutions to population health. **Expanding high-quality data collection and increasing coverage will provide a clear picture of the cancer burden, especially as only 22% of its population is covered by regional cancer registries.**



81%

Individuals using the Internet¹²
(2020)



1.2%

Research and development (R&D) expenditure (% of GDP)¹⁴
(2020)



220m

Number of mobile cellular subscriptions¹³
(2021)



19,104

Number of clinical trials¹⁵
(2022)

Health Financing

Resources are finite. Managing resources effectively and efficiently can better prepare countries to move toward a sustainable future. Adequately funding and investing in health is key. **Brazil must also look at streamlining processes to decrease the delays in access to medicines.**

Health Budget¹⁶

Total Health Expenditure as % of GDP

10% (2020)

10% OECD average

Total Health Expenditure per capita in USD

\$701 (2020)

\$4,245 OECD average

Government Health Expenditure as % of GDP

6% (2020)


7% OECD average


Government Health Expenditure per capita in USD


\$314 (2020)

\$3,018 OECD average

Value Assessment¹⁷

Has a systematic process to support healthcare decision-making? 

Is there an existence of a standard methodology or process guideline? 

Are there legislative and / or regulatory requirements to consider HTA results in benefit package decisions? 

Regulatory body:

Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde - CONITEC

Accessibility¹⁸



1,159 days

is the average time between a cancer treatment receiving regulatory approval to the treatment being available to patients through the public health system.

Economic Burden¹⁹



\$191 billion

Total macroeconomic cost attributable to cancers between 2020-2050.

Affordability¹⁶

Out-of-Pocket Expenditure as % of Total Health Expenditure

22% (2023)

18% OECD average

Out-of-Pocket Expenditure per Capita in USD

\$157 (2023)

\$603 OECD average

Opportunities for Improvement

1 Enhance primary prevention

By 2040, there will be almost 1 million new cases of cancer annually in Brazil. Given the high burden of cancer-related risk factors in Brazil, there is significant room for improvement when it comes to public health approaches to cancer prevention in Brazil.

2 Close the public-private gap

The likelihood of death from cancer in Brazil in 2030 is projected to miss the SDG target by 22%. To move towards this, additional effort is needed to bridge the gap in care and outcomes between the public and private systems. Cancer patients utilising SUS are almost twice as likely to die of cancer than those using the private healthcare system. Closing the gap in care and outcomes between the two-tier health systems is a must.

3 Invest in health system strengthening

There is a gap in both the current health system infrastructure and human resources available in Brazil compared to the level needed to meet the demand and needs of patients with cancer. Investment in human resources, diagnostic and treatment equipment and as well as medicines is needed to help mitigate the increasing cancer burden in Brazil.

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