

Desafios para o Fortalecimento do SUS no Próximo Mandato Presidencial

Rudi Rocha

São Paulo – FFHC
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- Roteiro da apresentação:
 - ❶ Pano de fundo: sistemas de saúde, o caso brasileiro e o SUS.
 - ❷ Evolução de necessidades de financiamento vs restrições fiscais, perspectiva macro: tensões à frente.
 - ❸ Reflexões: desafios micro e riscos.
- Roteiro seguirá pergunta do evento: qual o futuro da saúde no Brasil e como fortalecer o SUS?

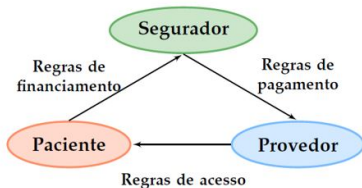


Table 15.1 Public and Private Mix in Health Care

	Public Funding	Private Funding
Public provision	National Health Service	
Private provision	Social insurance	(Regulated) private insurance

Note: Under public funding we include mandatory income-related contributions to sickness funds, whether public or private institutions, as well as tax-based contributions.

In private funding, we have both out-of-pocket payments and health insurance, which have very different properties. We depict this in the matrix, where each of the major types of organization in health care lies. The classification just uses the most important source of health expenditures' funding and mode of delivery. Each combination leads to a different set of questions.

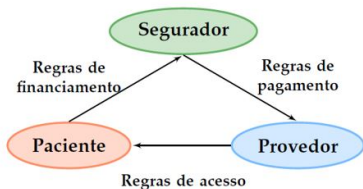


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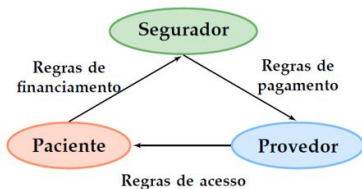


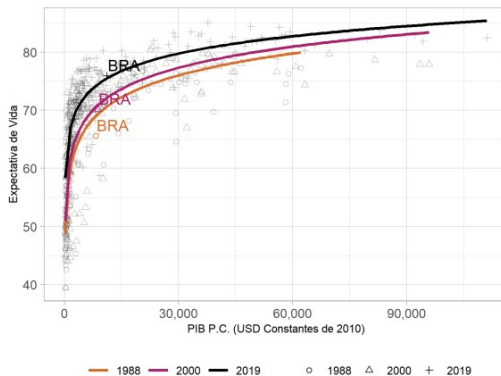
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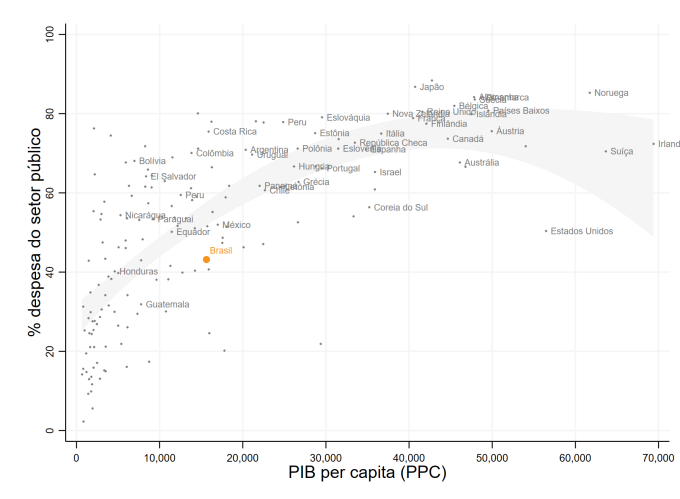
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Caso brasileiro é particularmente complicado: desigualdades e o mix público-privado. Mesmo com dificuldades, vamos seguindo...



Curvas de Preston, fonte de dados: WB e WDI (IEPS, NT 24).

Saúde no Brasil



Future and potential spending on health 2015–40: development assistance for health, and government, prepaid private, and out-of-pocket health spending in 184 countries

Global Burden of Disease Health Financing Collaborator Network*

Abstract

Background The amount of resources, particularly prepaid resources, available for health can affect access to health care and health outcomes. Although health spending tends to increase with economic development, tremendous variation exists among health financing systems. Estimates of future spending can be beneficial for policy makers and planners, and can identify financing gaps. In this study, we estimate future gross domestic product (GDP), all-sector government spending, and health spending disaggregated by source, and we compare expected future spending to potential future spending.

Methods We extracted GDP, government spending in 184 countries from 1980–2015, and health spend data from 1995–2014. We used a series of ensemble models to estimate future GDP, all-sector government spending, development assistance for health, and government, out-of-pocket, and prepaid private health spending through 2040. We used frontier analyses to identify patterns exhibited by the countries that dedicate the most funding to health, and used these frontiers to estimate potential health spending for each low-income or middle-income country. All estimates are inflation and purchasing power adjusted.

Findings We estimated that global spending on health will increase from US\$9·21 trillion in 2014 to \$24·24 trillion (uncertainty interval [UI] 20·47–29·72) in 2040. We expect per capita health spending to increase fastest in upper-middle-income countries, at 5·3% (UI 4·1–6·8) per year. This growth is driven by continued growth in GDP, government spending, and government health spending. Lower-middle income countries are expected to grow at 4·2% (3·8–4·9). High-income countries are expected to grow at 2·1% (UI 1·8–2·4) and low-income countries are expected to grow at 1·8% (1·0–2·8). Despite this growth, health spending per capita in low-income countries is expected to remain low, at \$154 (UI 133–181) per capita in 2030 and \$195 (157–258) per capita in 2040. Increases in national health spending to reach the level of the countries who spend the most on health, relative to their level of economic development, would mean \$321 (157–258) per capita was available for health in 2040 in low-income countries.

Interpretation Health spending is associated with economic development but past trends and relationships suggest that spending will remain variable, and low in some low-resource settings. Policy change could lead to increased health spending, although for the poorest countries external support might remain essential.

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Financing needs, spending projection, and the future of health in Brazil

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Abstract

In this paper we adopt a growth accounting projection model to estimate and characterize health-financing needs in Brazil as well as to assess the extent to which financing needs may diverge from spending capacity in the future. We estimate an annual increase of 0.71% in the share of projected financing needs relative to GDP, with excess growth rates being 0.74% and 0.69% for the public and private health sectors, respectively. Institutional reforms and public spending restrictions may leverage public-private segmentation in health financing throughout the next decades, thus potentially leading to losses of equity in the system. Our projections contribute to a scant empirical literature on health financing sustainability in low- and middle-income countries and shed light on the role of spending capacity and institutional constraints over the path towards universal health coverage.

KEYWORDS

fiscal constraints, health expenditures, health system sustainability, projection models

JEL CLASSIFICATION

H51, I13, I18, J11

Projeções: qual o futuro da saúde no Brasil?

ROCHA ET AL.

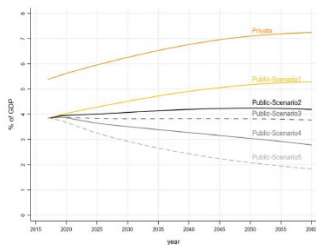
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TABLE 2 Health financing needs: Main projections

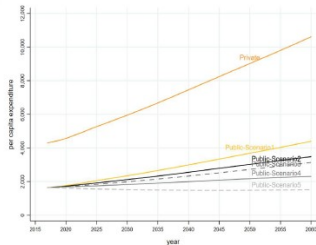
Parameters	Observed Spending (% of GDP)		Projected Needs (% of GDP)			Δ 2017–2045 (in p.p.)	Δ 2017–2060 (in p.p.)	CAGR 2017–2060
	2000	2017	2030	2045	2060			
Base scenario								
Total	8.2%	9.2%	10.8%	12.0%	12.5%	2.78	3.29	0.71%
Public	3.5%	3.9%	4.5%	5.1%	5.3%	1.21	1.44	0.74%
Private	4.7%	5.4%	6.3%	7.0%	7.2%	1.57	1.85	0.69%
Residual								
Total: -0.75	-	9.2%	9.9%	10.0%	9.4%	0.76	0.19	0.05%
Total: +0.75	-	9.2%	11.8%	14.5%	16.7%	5.22	7.45	1.39%
Cost curve								
All public	-	9.2%	10.6%	11.7%	12.2%	2.47	2.95	0.65%
All private	-	9.2%	11.2%	12.7%	13.3%	3.48	4.06	0.85%
GDP growth								
0.8% Annual	-	9.2%	10.9%	12.5%	13.2%	3.23	3.96	0.83%
2.8% Annual	-	9.2%	10.7%	11.8%	12.2%	2.61	2.99	0.65%

Note: Data on past health expenditure is available for 2000–2017. Projections are estimated annually for the period 2018–2060. Health care expenditure is expressed relative to GDP. The third and second columns from the right show, in percentage points, the difference between the projected health spending in 2045 and 2060, respectively, and the observed health spending in 2017. The last column presents the compound annual growth rate (CAGR) of health expenditure as % of GDP during the 2017–2060 period. Each of the scenarios are detailed in Table 1.

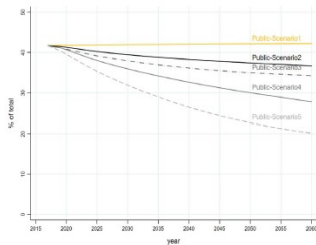
Projeções: qual o futuro da saúde no Brasil?



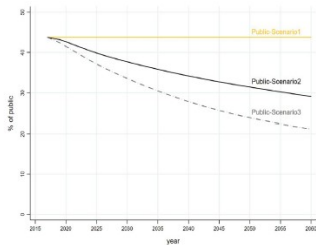
(a) Health Expenditures as % of GDP



(b) Per Capita Health Spending

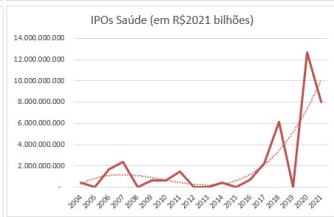
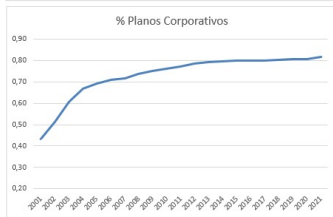
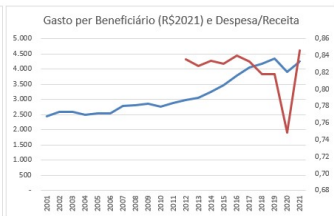
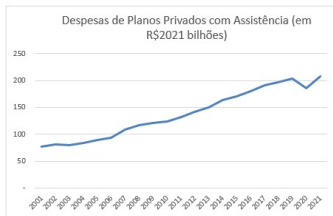


(c) Public vs. Private Composition



(d) Share of Federal Health Spending

Projeções: qual o futuro da saúde no Brasil?



Fonte: ANS e IEPS

Desafios para o Fortalecimento do SUS

- Quais são as margens para o fortalecimento do SUS?
 - Recomposição e sustentabilidade do financiamento público (federal).
 - Avanço sob restrição fiscal: eficiência.
 - Temas específicos 1/2: regionalização/coordenação vs descentralização.
 - Temas específicos 2/2: fila de espera e gargalos estruturais.
- (Des)Regulação da saúde suplementar: sérios riscos via equilíbrio geral.
- Reflexões finais:
 - Pressão de necessidades de financiamento poderá gerar/agravar tensões normativas e positivas.
 - Brasil: momento de pautar o debate é agora.