

MINISTRY OF HEALTH OF BRAZIL
Executive Secretariat

MORE HEALTH

A RIGHT FOR EVERYONE

2008-2011

Serie C. Projects, Programs and Reports



Brasília – DF
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HEALTH AND NATIONAL DEVELOPMENT: STRATEGIC DIRECTIONS

Health constitutes a basic social right for the Brazilian population citizenship conditions. A country can only be designated as “developed” whether its citizens are healthy, which depends on the organization and functioning of the health system, as well as on general lifestyle conditions associated with the current development model. It is not sufficient to have a dynamic economy with ascending rates of growth and increasing participation in the international trade whether the model of development does not contemplate social inclusion, reversion of iniquities among people and regions, policies to eradicate poverty, and society participation and organization so as to define the course of intended expansions.

From this general perspective, health measures are inserted in the President’s Luis Inácio Lula da Silva government development policy, which are focused on aligning economical growth with development and social equity. The movement for democratization of Brazil has established in the Federal Constitution of 1988 an important set of social rights, having health as a duty of the State and a right of the population. Such perception was a milestone in the current historical process for acceptance of a social protection system in the country. During the recent period, Brazil has advanced from social inclusion’s point of view and social inequalities attenuation being recognized by the most diverse and independent school of thoughts.

The Unified Health System (SUS) constitutes a unique social project within the set of developing countries, which principles of universality, integrality and equity are consolidated in the 1988 Federal Constitution, thus, providing a sense to the actions proposed. Yet, historical and structural difficulties of implementing a project of such extent, SUS, in fact, already occupies an important space in society and in the citizenship rights’ standpoint, such space that goes far beyond rhetoric and intentions.

With reference to the highlighted examples of SUS coverage and impact, the following achieved milestones in the recent period can be cited, bearing in mind that over 70% of the Brazilian population exclusively depends on SUS services:

- 87 million Brazilians are assisted by 27,000 Family Health Teams (ESF), i.e., covering 92% of municipalities and having it as the basis for a new model of healthcare assistance;
- Nearly 110 million people are assisted by Community Health Agents (ACS) which coverage reaches 95% of Brazilian municipalities;
- In 2006, SUS carried out 2.3 billion ambulatory procedures, more than 300 million medical appointments and 2 million deliveries;
- Regarding to the more complex procedures, SUS carried out: 11,000 transplants, 215,000 cardiac surgeries, 9 million chemotherapy and radiotherapy procedures and 11,3 million hospitalizations;
- The quality and impact of some national health programs are highly and internationally recognized, as for example, the immunization, AIDS and tobaccoism programs, achieving positive results that may not be reached elsewhere in the world;
- SUS constitutes a remarkable example of a federative democratic pact, in which measures are agreed in formal scenarios with participation of the three spheres of the government, having already a disseminated practice of control and social participation that constitutes a model for other initiatives in course on public policies in the country.

In the economic field, health can still be seen from yearther perspective. The international experience reveals that health configures a complex of productive activities of goods and services that allows launching key segments of the contemporary society, based on knowledge and innovation. International estimations available that were presented in

the Global Forum for Health Research in 2006 indicate that health responds for 20% of the world's, public or private, expense with Research and Technological Development (P&D), representing an amount, in current terms, of US\$135 billion, stating a clear picture that it is one of the most dynamic fields in the world.

Health has, thus, two dimensions that are associated with a new challenge for the development of Brazil. It is part of the social policy and the social protection system and source of wealth generation for the country. The right to health articulates itself with a set of highly dynamic economic activities that can relate virtuously in a pattern of development that seeks economic growth and equity as complementary goals.

Based on this view, the understanding of measures that are directed to health promotion, prevention and care as a burden that only deteriorates the public budget reveals itself as limited so as to think that health, as a constituent part of a development strategy, and as a front for expansion to a new pattern of development committed to social welfare. Health contributes both to the rights of citizenship and for the generation of investments, innovations, income, employment and revenue for the Brazilian State. In economic terms, the productive health chain, encompassing industrial activities and services, represents between 7% and 8% of GDP, involving nearly R\$ 160 billion, and constitutes an important source of tax revenue. It employs directly, with formal skilled jobs, about 10% of the labor force and is an area where public investments in research and development are the most expressive of the country. In terms of direct and indirect jobs, throughout the productive chain, the set of those activities represents nearly 9 million workers that are inserted, predominantly, in intensive knowledge activities.

Notwithstanding, there is an imbalance between the direction of a universal system conformation, that holds an outstanding potential in terms of development, and the concrete process of SUS consolidation. Among the major gaps so that health becomes one of the pillars of the national strategy for development, the following must be highlighted:

- The reduced health articulation with other public policies, featuring an isolation of government measures towards the needs of the population for quality of life, which depends on the convergence of a broad set of policies.
- The presence of a significant access inequity observed in many diseases and disorders, involving, for example, difficulties to cover the number of people with hypertension and diabetes, the prenatal monitoring on pregnant women, wider scope in providing information, prevention and treatment for different types of cancer and to meet all the needs in the fields of transmitted diseases, largely neglected by the global efforts of research and production.
- The supply of goods and services remains highly uneven in its territorial distribution, reproducing the personal and regional inequality that describes the Brazilian development. "Blanks" are observed, as far as assistance is concerned, within metropolitan regions, less dynamic and poorer sub-regions across the country, and in macro-regions, in which the North and Northeast regions are clearly in lack of appropriate conditions of supply and access.
- The imbalance between the assistance development and productive base and health innovation. From the moment SUS began its consolidation with the promulgation of the 1988 Constitution and Law No 8,080 in 1990, the industrial health productive base was deteriorating. This regression is evidenced by the explosion of trade deficit from the early 90's, with a growth of over seven times in real terms, reaching a level greater than US\$ 5 billion, concentrated on products with greater added value of knowledge and innovation, which represents a serious vulnerability of social policy.
- The movement for decentralization and municipalization of health measures, although strong and of high relevance, occurs in a fragmented manner, losing a regional view of the country. Therefore, there is still a lot to be done in terms of SUS organization progress as a federative network, regionalized and hierarchical, in order to overcome the situation of supply inequality and bring greater systemic efficiency to implemented measures.
- The predominance of a bureaucratic management model, according to which the inefficient control of means occurs at the expenses of results and health care quality. This bureaucratic model prevails throughout the system organization, featuring both the relationship among Union, States and Municipalities up to the management model of health units.

- The SUS underfunding, evidenced by either the expenditure per capita (6% Canada, 11% Spain, 56% Mexico, as some examples) or simple indicators, but undeniable, as the price of medical appointment (R\$10) or a cardiac surgery.
- The poorness of employment and low investment in human resources qualification constitute a significant deficiency that undermines system performance, which encompasses from the federal level up to the edge of the system, where strategic basic healthcare programs - such as Family Health Strategy (ESF) - are clearly weakened. Such question interferes either in the quality of promotion, prevention and attention measures or in its own conformation of health policy as a State stable policy.

The recognition of this framework and the commitment to intervene and overcome such reality configure the largest sense of this strategy. The Program “More Health: A Right for Everyone” aims to take advantage from the potentiality that is offered by the sector as one of the vital links to a new pattern of Brazilian development, facing the enormous challenges that are still present. The program, as introduced to the Brazilian society, includes 73 measures and 165 objectives totaling R\$ 89.4 billion, of which R\$ 65.1 billion sponsored by the Pluriannual Plan (PPA)¹ and R\$ 24.3 billion for the expansion of its measures. This set of initiatives can consolidate a strategic perception that health constitutes a front for expansion that links the economic development to the social one. It is inserted, therefore, in a perspective opened by the government of President Lula upon launching a national development strategy signaled by the formulation and presentation of the Economic Growth Acceleration Program (PAC)² to the Brazilian society.

The program aims, from a wider standpoint, to deepen and update the major SUS creation goals, in a contemporary context, by adding new challenges and dimensions so that the objectives of universality, equity and integrity can be achieved.

Based on this reference, the Program More Health: A Right for Everyone sets the following strategic directions that guide the axles of intervention, the measures adopted, the objectives and investments forecast which structure this document.

1. To advance in the implementation of constitutional principles towards the consolidation of a universal, fair and complete health system, based upon a set of concrete measures that is organized in axles that allow association of economic development with social one, involving capital investment, workers and health professionals.
2. To consolidate the Promotion of Health measures and the intersectoriality in the center of the strategy, as a result of health measures articulation with the new guidelines of the Brazilian development pattern, linking growth, equity and sustainability with a new model of attention focused on quality of life as a national and federative policy of the government.
3. To prioritize, in all axles of intervention, the objectives and targets of the Pact for Health³, within the scope of the Pact for Life⁴, namely: health of the elderly, mental health, worker’s health and disabled person; control of uterine and breast cancer; reduction of maternal and infant mortality; strengthening the capacity for response to public health emergencies of national relevance and the occurrence of diseases, with emphasis on dengue, leprosy, tuberculosis, malaria and influenza, in addition to the Health Promotion and the strengthening of Basic Healthcare, being dealt with specific axles of this program.

¹ PPA stands for Pyear Plurianual and can be defined as the plan and budget for the government’s four year term.

² Economic Growth Acceleration Program (PAC): Federal Government Program that encompasses a set of economic policies, planned for the following four year term, and its main objective is to accelerate Brazil economic growth.

³ Pact for Health is a set of institutional reforms of SUS agreed among the three managerial spheres (Union, States and Municipalities) with the objective of promoting innovation in the processes and managerial tools, aiming at reaching higher efficiency and quality of responses of the Unified Health System.

⁴ Pact for Life is constituted by a set of health commitments and priorities in healthcare which are defined by the three managerial spheres.

4. To deepen the strategy of regionalization, social participation and federative relationship, following the guidelines adopted by the Pact for Health, seeking a decisive increase on the systemic and organizational efficiency in health and reiterating the central role of the Federal Government in the organization of integrated and regionalized health networks within the Brazilian territory.
5. To strengthen the Productive Complex and of Health Innovation, by associating the deepening of the Unified Health System goals with the necessary changes on the productive structure of the country, making it compatible with a new pattern of health consumption and new technological patterns that are more appropriate to health needs.
6. To provide a significant leap in the quality and efficiency of the producers of goods and services and of health management, so as to associate managerial flexibility with the compromise of achievement of targets, by introducing mechanisms for accountability, monitoring and evaluation, and with a clear prioritization of health professionals in terms of qualification and establishment of appropriate work relationships.
7. To equate SUS underfunded situation, involving prevailing legislation regulation (EC 29)⁵ and participation of adequate and stable public revenue on health funding, according to the constitutional precepts that ensure the Brazilian population universal, equal and integral care.

In summary, the strategy adopted in this program articulates the deepening of the Brazilian Health Reform with a new pattern of development committed to growth, welfare and equity. The improvement of Brazilian citizen health conditions is the major strategic objective. The set of measures and concrete actions aim for the improvement of the population quality of life, which contributes to SUS to be definitely perceived as a Brazilian society heritage.

⁵ EC 29: Constitutional Amendment no. 29.

AXLES OF INTERVENTION: DIRECTIONS, MEASURES AND PRIORITY OBJECTIVES

The measures presented are structured by axles that allow them to articulate the economic dimension and the social dimension of health. All axles converge for the construction of a universal health system that is associated with a pattern of national development turned to the citizens' quality of life in its multiple dimensions.

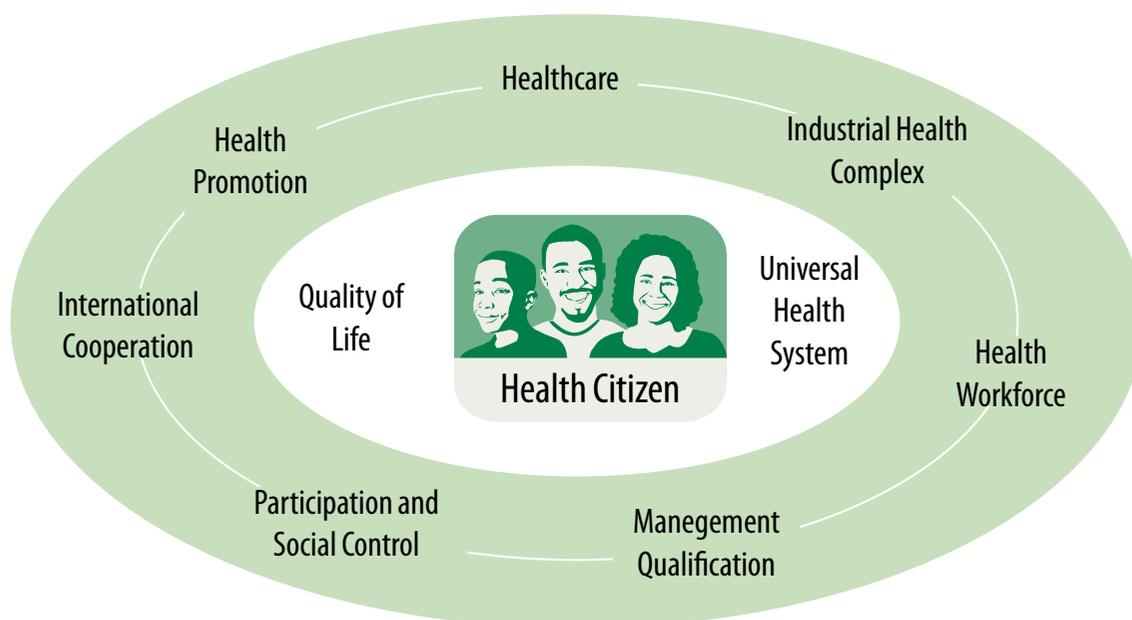
From this perspective, the Program More Health: A Right for everyone assumes the premise that it is necessary a great articulation of the Federal Government among States and Municipalities for the Health Promotion, through convergence of a wide set of economic and social policies (Axle 1). The axle promotion contains the program axles, once it articulates health and development tie, being necessary a constant presence in all fields of intervention. As a result, measures specifically turned to promotion are included here, leaving aside those linked to prevention, assistance, production and innovation to specific fields of intervention.

In the productive sphere, the adopted perspective for SUS advance requires, at one end, an expressive expansion of the Healthcare system, involving basic assistance and the medium and high complexity measures, regulation and qualification of supplementary health and integration between measures turned to monitoring, prevention and health vigilance (Axle 2). At yearther end, it becomes essencial the advance of the industrial complex and health innovation , thus providing the country a productive base and knowledge, guaranteeing capacity of internal supply that allows complete assistance to the health needs of the population (Axle 3).

To provide support to the extension of health measures to the brazilian society associated with the axles herein mentioned, two major sets of intervention are required as strategic keys for the system. Firstly, it is essential for the success of the strategy, a huge investment on health workforce, based on their qualification, expansion and adjustment along with the shape of the labor contracts (Axle 4). Secondly, SUS must undergo a management innovation process that guarantees accuracy, efficiency and effectiveness of measures and optimization of resources applied, by establishing compromises, previously agreed among all involved, (Axle 5), deepening, therefore, participation and social control (Axle 6). Lastly, this program turns to the international dimension, inserting health on theBrazilian foreign policy, as a result of its key importance for the measures of cooperation among countries (Axle 7).

The intended measures for each axle are described below by measures and physical and financial objectives, constituting the base for monitoring and evaluation system of its implementation.

The picture describes the intervention axles convergence for the construction of a universal health system and for a development pattern centered in the quality of life of the brazilian citizens.



HEALTH PROMOTION



Axle 1 – Health Promotion

The 1988 Constitution¹ (Article 196) defines “Health is a right for everyone and duty of the State, guaranteed by social and economic policies.” There is, thus, a clear perception that the quality of life results from the convergence of a broad range of policies - from sanitation, housing, education and culture up to policies aimed to generation of income and employment.

This intersectoriality of measures related to health concretely manifests in localities and institutional environments where people live, conditioning, thus, their quality of life. In this program, the search for intersector measures, which have high complementarity and synergy, will be mainly focused on municipalities (healthy municipalities), schools and workplaces.

As a result of the deployment of such perception, a socioeconomic environment that conditions a healthy society is also associated with the dissemination of practices and behaviors “health promoters”, allowing it to consolidate a perception that health is the result of a broad social process in which medical assistance is only one part of its components.

Directions

- Mobilize society and the State towards a major articulated and intersectoral effort for an action converged to the social determinants of health and the people’s awareness towards practices and healthy behaviors.

Measures

- 1.1. Propose the Board of Social Policies, coordinated by the Chief of Staff Minister, the articulation of government programs that have relevant impact on health and quality of life.
- 1.2. Implement in 1,000 municipalities promotion and monitoring measures for pregnant women and children from zero to five years old, as from criteria previously set by the Board of Social Policies (Healthy Little Brazilians²).
- 1.3. Expand Family Planning measures.
- 1.4. Stimulate breastfeeding.
- 1.5. Implement the Health Program in Schools in conjunction with the Ministry of Education benefiting at least 26 million students of public schools.
- 1.6. Establish communication and education programs for the promotion of inhabitants that reduces the risk of diseases.
- 1.7. Promote legal measures review that may be capable of reducing the impact of health risks that are caused by the consumption of products potentially harmful to health.
- 1.8. Strengthen and expand the National Network of Integral Assistance to Worker’s Health.
- 1.9. Implement the strategy of healthy working environments, as part of a larger strategy of healthy municipalities in conjunction with the Ministry of Labor “ Companies Promoters of Health “.
- 1.10. Strengthen and expand measures for promotion of Integral Assistance to the Health of the Elderly.
- 1.11. Promote measures to confront health inequities and inequalities (for population groups of blacks, quilombos, GLBTT, gypsies, prostitutes, homeless population, among others).

Total Amount for the Axle Health Promotion for 11 Measures and 32 Objectives: R\$ 2.2 billion

Pluriannual Plan³: R\$ 0.5 billion

Expansion: R\$ 1.7 billion

¹ BRASIL. Senado Federal. *Constituição da República Federativa do Brasil*. Brasília, 1988.

² Health program directed to the national development of health from pregnancy to the first childhood.

³ Pluriannual Plan (PPA) stands for the bill of budgetary directives and the budget proposals set forth in the Brazilian Federal Constitution.

Axle 1 – Health Promotion – Measures and Resources: Consolidated

R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	PPA	Expansion	2008	2009	2010	2011
1.1 - Propose the Board of Social Policies, coordinated by the Chief of Staff Minister, the articulation of government programs that have relevant impact on health and quality of life.	-	-	-	-	-	-	-
1.2 - Implement in 1,000 municipalities promotion and monitoring measures for pregnant women and children from zero to five years old, as from criteria previously set by the Board of Social Policies (Healthy Little Brazilians).	199,201,020	-	199,201,020	23,550,255	43,550,255	57,460,255	74,640,255
1.3 - Expand Family Planning measures.	745,035,176	70,500,000	674,535,176	46,675,856	137,436,452	179,831,686	310,591,182
1.4 - Stimulate breastfeeding.	3,182,524	600,000	2,582,524	430,421	538,026	645,631	968,446
1.5 - Implement the Health Program in Schools in conjunction with the Ministry of Education benefiting at least 26 million students of public schools.	844,088,062	276,710,890	567,377,172	94,562,862	118,203,578	141,844,293	212,766,440
1.6 - Establish communication and education programs for the promotion of inhabitants that reduces the risk of diseases.	101,094,361	61,900,000	39,194,361	6,532,393	8,165,492	9,788,590	14,697,885

1.7 - Promote legal measures review that may be capable of reducing the impact of health risks that are caused by the consumption of products potentially harmful to health.	-	-	-	-	-	-	-
1.8 - Strengthen and expand the National Network of Integral Assistance to Worker's Health.	136,963,636	23,000,000	113,963,636	11,874,609	23,742,424	29,829,343	48,517,260
1.9 - Implement the strategy of healthy working environments, as part of a larger strategy of healthy municipalities in conjunction with the Ministry of Labor " Companies Promoters of Health " .	11,900,000	11,900,000	-	-	-	-	-
1.10 - Strengthen and expand measures for promotion of Integral Assistance to the Health of the Elderly.	137,668,592	61,970,000	75,698,592	12,616,432	15,770,540	18,924,648	28,386,972
1.11 - Promote measures to confront health inequities and inequalities (for population groups of blacks, quilombos, GLBTT, gypsies, prostitutes, homeless population, among others).	27,000,000	24,500,000	2,500,000	541,758	593,712	650,770	713,760
Total	2,206,133,371	531,080,890	1,675,052,481	196,784,586	348,000,479	438,985,216	691,282,200

Axle 1 – Health Promotion – Physical and Financial Objectives – Detailed

Measure 1.1 - Propose the Board of Social Policies, coordinated by the Chief of Staff Minister, the articulation of government programs that have relevant impact on health and quality of life.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.1.1 - Take advantage of synergies and essential complementarities for the improvement of Brazilian living conditions, by including health in a government policy associated with economic and social development.	-	-	-	-
Total		Non-budgeted Measure		

Measure 1.2 - Implement in 1,000 municipalities promotion and monitoring measures for pregnant women and children from zero to five years old, as from criteria previously set by the Board of Social Policies (Healthy Little Brazilians).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.2.1 - Implement in 1,000 municipalities, until 2011, the policy "Healthy Little Brazilians: first steps to national development - management and first childhood," as from incentives and criteria established by the Board of Social Policy.	1,000 municipalities	199,201,020	-	199,201,020
Total		199,201,020	-	199,201,020

Measure 1.3 - Expand Family Planning measures.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.3.1 - Expand the purchase and distribution of contraceptives methods (oral and injectable contraceptives; IUD, diaphragm, condoms) and emergency anticonceptive, ensuring coverage for more than 10 million women at childbearing age, totaling 21 million women assisted by SUS, until 2011, at the average cost of R\$ 21 per woman/year.	21 million women	547,808,035	-	547,808,035
1.3.2 - Extend the contraceptives distribution through the expansion of the network "Brazil Popular Drugstore Program" and the Program "Here There is a Drugstore", until 2011. Total Resources R\$ 237,057,405.	1.3 million people	Resources assured in the Program "Here There is a drugstore"		
1.3.3 - Expand the number of carried out vasectomies, from 20,000/year to 31,000 in 2008 and 20% increase/year until 2011 at a cost of R\$ 219 per procedure.	54,000 Vasectomies/year	36,738,496	17,500,000	19,238,496
1.3.4 - Expand the number of carried out tubal ligation from 50,000/year to 51,000 in 2008 and 10% increase/year until 2011 at a cost of R\$ 266 per procedure.	70,000 Tubal ligation/year	62,782,286	53,000,000	9,782,286
1.3.5 - Train 1,300 professionals (doctors and nurses) in 500 maternity hospitals of reference in the Country by 2011, so as to ensure adequate information on Family Planning immediately after delivery, at the average cost of R\$ 800/professional.	1,300 professionals	1,043,444	-	1,043,444

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.3.6 - Produce 6.52 million booklets, until 2011, at the average cost of R\$ 0.15/unit, on sexual, reproductive rights and contraceptive methods for users, adolescents, adults and basic health care professionals.	6.52 million booklets	3,912,915	-	3,912,915
1.3.7 - Implement Centers for Assisted Reproduction in 5 universities until 2011.	5 centers	92,750,000	-	92,750,000
Total	-	745,035,176	70,500,000	674,535,176

Measure 1.4 - Stimulate breastfeeding.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.4.1 - Expand by 15% year the number of human milk banks, rising from 190 to 304 in 2011 at the average cost of R\$ 30,000/unit, and create the Latin American Reference Center for Human Milk Pasteurization.	304 milk bank	3,182,524	600,000	2,582,524
Total		3,182,524	600,000	2,582,524

Measure 1.5 - Implement the Health Program in Schools in conjunction with the Ministry of Education benefiting at least 26 million students of public schools.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.5.1 - Implement financial incentive of R\$ 7,800/team year for the Family Health Teams so as to carry out clinical and nutritional evaluation, early hypertension detection, oral health evaluation and psychosocial evaluation in 17,472,000 students of public schools, until 2011.	18,260 ESF	305,970,352	-	305,970,352
1.5.2 - Carry out Ophthalmologic appointment with nearly 30% of the public education network students (or 4.3 million students/year) as part of the Brazil Ophthalmologic Program at the cost of R\$ 14.29 / appointment.	17,323,200 students	247,548,528	247,548,528	0
1.5.3 - Provide 1,682,000 glasses under the Ophthalmologic Program at the average cost of R\$ 15.55.	1,682,000 glasses	26,162,362	26,162,362	0
1.5.4 - Carry out 1,630,381 appointments with otolaryngologist at the unit cost of R\$ 7.55.	1,630,381 appointments	12,309,377	-	12,309,377
1.5.5 - Carry out 1,630,381 evaluations with audiologists at a unit cost of R\$ 30.00.	1,630,381 evaluations	48,911,432	-	48,911,432
1.5.6 - Provide 78,053 auditive prosthesis at the unit cost of R\$ 775.00.	78,053 prosthesis	60,490,518	-	60,490,518
1.5.7 - Provide 180,000 bilateral auditive prosthesis at the unit cost of R\$ 750.00.	180,000 bilateral prosthesis	134,999,997	-	134,999,997

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.5.8 - Promote physical activity and encourage healthy eating in inhabitants at schools at least once a year, through the Family Health teams in 3,500 municipalities.	3,500 municipalities	-	-	-
1.5.9 - Promote education on sexual health, reproductive health and early pregnancy prevention and STDs in 74,890 schools in 3,500 municipalities, for students of technical, high and elementary schools, through workshops and kits distribution.	3,500 municipalities	4,304,305	3,000,000	1,304,305
1.5.10 - Promote education on alcohol, tobacco and other drugs use prevention in 56,550 schools of 3,500 municipalities, for technical, elementary and high school students, through workshops and distribution of instructional materials,	3,500 municipalities	3,391,193	-	3,391,193
Total	-	844,088,062	276,710,890	567,377,172

Medida 1.6 - Estabelecer programas de educação e comunicação para a promoção de hábitos que reduzam os riscos de doenças.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.6.1 - create the National Mobilization Day for Health Promotion and Quality of Life in 2008, carrying out annual campaigns through media and production of educational material including the six priorities of Health Promotion: Physical Activity, Healthy eating, Tobaccoism, alcoholism, violence and Environment. - Combat the abusive use of alcohol, amphetamines and other drugs. - Encourage healthy eating practice, regulation of industrialized products by the content of salt and trans fat, advertising infant/children's food regulation etc.	2 annual campaigns	52,485,751	15,900,000	36,585,751
1.6.2 - Expand the Project "You Practice Health" covering 1,000 municipalities, including all capitals.	1,000 municipalities	48,608,610	46,000,000	2,608,610
1.6.3 - Expand transit accidents prevention measures in 80% of municipalities with more than 100,000 inhabitants with projects to reduce morbimortality by traffic accidents. Total resources R\$ 49,200,000.	214 municipalities	DPVAT Resources / Ministry of Cities		
Total	-	101,094,361	61,900,000	39,194,361

Measure 1.7 - Promote legal measures review that may be capable of reducing the impact of health risks that are caused by the consumption of products potentially harmful to health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.7.1 - approve legislation extending the ban on tobacco consumption at public places. <ul style="list-style-type: none"> Ban alcoholic beverage sales on roads and gas stations. Regulate alcoholic beverages advertising, such as beers and coolers. 	-	-	-	-
Total	Non budgeted measure			

Measure 1.8 - Strengthen and expand the National Network of Integral Assistance to Worker's Health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.8.1 - Implement 140 new Centers of Reference in Workers' health, rising from 150 centers to 290, in 2011, at the average cost of R\$ 50,000 for installation and R\$ 30,000 monthly for maintenance.	290 centers	108,431,967	23,000,000	85,431,967
1.8.2 - Implement 326 new Sentinel Worker's Health Services, rising from 500 services to 826, until 2011, at the average cost of R\$ 30,000/year.	826 services	24,455,716	-	24,455,716
1.8.3 - Implement in 163 Municipalities Worker's Health Sentinel at a cost of R\$ 10,000/years, until 2011.	163 municipalities	4,075,953	-	4,075,953
Total		136,963,636	23,000,000	113,963,636

Measure 1.9 - Implement the strategy of healthy working environments, as part of a larger strategy of healthy municipalities in conjunction with the Ministry of Labor " Companies Promoters of Health ".

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.9.1 - Change 10,000 companies in "Health Promoters Companies" until 2011, according to the objectives agreed in the context of the healthy municipalities strategy.	10,000 companies	11,900,000	11,900,000	-
Total		11,900,000	11,900,000	-

Measure 1.10 - Strengthen and expand measures for promotion of Integral Assistance to the Health of the Elderly.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.10.1 - Qualify 65,800 people as elderly caregivers, until 2011, and 28,000 elderly families' people who are linked to the Domicile Hospitalization Program, and 37,800 potential caregivers for the labor market at the average cost of R\$ 188.00/ caregiver.	65,800 caregivers	12,402,479	8,470,000	3,932,479

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.10.2 – Duplicate the number of elderly ophthalmologic consultations, reaching 5.4 million consultations until 2011, and provide 2.68 million bifocal and monofocal glasses at the average unit cost of R\$ 15.50 until 2011.	2.68 million glasses	120,465,119	51,500,000	68,965,119
1.10.3 – Distribute 10 million Elderly Health notepads containing health conditions, diseases prevention, risks and disorders, at the unit cost of R\$ 0.48 and distribute 163,000 issues of the Basic Aging Healthcare and Elderly Health booklet to the Health Community Agents until 2011 at the unit cost of R\$ 0.22.	10 million notepads, 163,000 booklets	4,800,994	2,000,000	2,800,994
Total	-	137,668,592	61,970,000	75,698,592

Measure 1.11 - Promote measures to confront health inequities and inequalities (for population groups of blacks, quilombos, GLBTT, gypsies, prostitutes, homeless population, among others).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
1.11.1 – Qualify 5,000 social movements leaders with regards to the determinants and the health rights and implement and support 27 State teams in all municipalities with more than 100,000 inhabitants for planning and implementation of measures to reduce inequities.	5,000 leaders 27 teams	27,000,000	24,500,000	2,500,000
Total		27,000,000	24,500,000	2,500,000

HEALTH CARE



Axle 2 – Health Care

Healthcare, from a broad perspective, lead us to a wide range of measures that involves promotion, prevention and health services at different levels of complexity, encompassing Health Vigilance and assistance provided by SUS and Supplementary Health. Two major sets of issues characterize the context of this axle.

On one end, personal and territorial inequality that mark the Brazilian society is expressed in an important way with reference to Health Care, because there is in the country a reproductive supply structure of inequalities and creation of access restraints. This puts the Brazilian society on the dilemma of how to associate expansion of the healthcare network with a development model that aims at attenuating the strong existing inequities.

On yearther end, the important process of decentralization, concomitant and associated with the redemocratization of Brazil, occurred in a fragmented way. The national manager, as a result of the State's own crisis, no longer exert his capacity of induction in order to facilitate the structuring of regionalized and hierarchical networks so as to be compatible with local development with a national, regional and territorial view of SUS conformation in a federative structure of the Brazilian State organization.

Directions

- Integrate the measures of promotion, prevention and assistance on a wide perspective of healthcare, recovering the Federal Manager induction role so as to articulate the organization of networks of health with a view on a development model focused on equity in its personal and territorial dimension.
- Implement a vigorous investment program so as to alter the configuration of networks of healthcare in the national scenario in order to overcome the access limitations and contribute to its own integration in the national scenario.
- Prioritize in all measures the objectives of the Pact for Health that refer to the health of the elderly, control of uterine and breast cancer, reduction of infant and maternal mortality, strengthening the capacity of response to emergencies of public health of national relevance for reducing the occurrence of diseases, involving the control of illnesses such as dengue, leprosy, tuberculosis, malaria and influenza.
- Implement integrated action aiming at assisting the populations at situations of risk, such as indigenous, quilombos and those from land settlements.

Measures

- 2.1. Qualify and expand basic healthcare services network ensuring, in partnership with States and Municipalities, the expansion and financial sustainability for the family health strategy covering SUS users in an integrated manner with social projects of the Federal Government.
- 2.2. Expand and structure the Mobile Emergency Medical Assistance Service (SAMU) providing coverage to the entire Brazilian population. .
- 2.3. Expand the population's access to medicines provided by SUS.
- 2.4. Reduce the population's expenditures with medicines by encouraging the use of generic ones.
- 2.5. Expand the Brazil Popular Drugstore Program Network¹.
- 2.6. Expand the Program "Here There is a Popular Drugstore"² by increasing the number of accredited drugstores and the number of medicines available.
- 2.7. Ensure the availability of medicines in drugstores being sold in unit doses.
- 2.8. Regulate the dispensing of exceptional high cost medicines – Draft Law no. 219/2007.
- 2.9. Implement the National Policy for Domiciliary Hospitalization.
- 2.10. Implement measures directed towards Men's Health Care.
- 2.11. Widen the access to medicines, diagnosis and therapeutic procedures for hypertension and diabetes control.
- 2.12. Introduce new vaccines in the basic vaccine calendar.
- 2.13. Support the domestic production of condoms by Xapurí/AC factory for the prevention and control of STDs / AIDS.

¹ Federal Government Program that aims at expanding the population's access to essential medicines.

² Program for accreditation of private drugstores in the government drugstore program.

- 2.14. Implement the National Network of Rapid Response Units (URR)³ so as to assist public health emergencies with national units and units in all states and the Federal Capital.
- 2.15. Forward to the National Congress in 2008, draft law contemplating the portability, compensation and implementation of the “ensured fund”, assuring proper conditions of competition that are beneficial to the consumer and for the functioning of supplementary health market.
- 2.16. Implement in Integrated Territories of Health Care (TEIAS) support and reference units for the Basic Health-care, expanding coverage and measure resolution of the Family Health Teams and configure the Care Center Network with the Family Health Support Centers (NASF), Psychosocial Care Centers (CAPS), Center for Dental Specialties - (CEOs), Immediate Care and Diagnosis Support Units - (UPAs).
- 2.17. Expand supply and access to services of the national network for specialized ambulatory and hospital health-care, in a decentralized and regionalized manner.
- 2.18. Conclude unfinished constructions and build, expand, equip and reform health units, which meet the criteria of rationality and efficiency, reducing inequalities and regional locations.
- 2.19. Reduce waiting list for prosthesis and orthosis.
- 2.20. Structure and strengthen the National System for Transplantation, aiming at expanding the number of donors and shortening the waiting time for transplants.
- 2.21. Expand the supply of intensive therapy units, enlarging the access to critical patients.
- 2.22. Review the amounts paid by SUS to medium and high complexity procedures and increase states and municipalities financial ceilings so as to reduce regional inequalities.
- 2.23. Modernize the National Network of Public Health Laboratories.
- 2.24. Implement the National Network for Storage of Health Critical Resources (vaccines, insecticides, medicines and diagnosis kits).
- 2.25. Reduce morbimortality caused by endemic diseases.
- 2.26. Support commitments agreed with managers and civil society so as to reduce maternal and neonatal mortality at least 5% per year.
- 2.27. Improve cordiality and implement practices of humanization at SUS network.
- 2.28. Implement quality program in the supplementary health sector.

Total Amount of Axle Healthcare for 27 measures and 85 Objectives: R\$ 80.4 billion

Pluriannual Plan: R\$ 60.1 billion

Expansion: R\$ 20.3 billion

³ Federal Program that aims to turn more efficient tprevention and control of diseases that represent severe risks to the health of population.

Axle 2 – HealthCare – Measures and Resources consolidated

R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
2.1 - Qualify and expand basic healthcare services network ensuring, in partnership with States and Municipalities, the expansion and financial sustainability for the family health strategy covering SUS users in an integrated manner with social projects of the Federal Government.	26,413,904,408	20,992,000,000	5,421,904,408	553,252,854	1,124,776,883	1,460,303,156	2,283,571,514
2.2 - Expand and structure the Mobile Emergency Medical Assistance Service (SAMU) providing coverage to the entire Brazilian population.	2,135,210,200	1,917,000,000	218,210,200	-	45,460,458	61,389,803	111,359,939
2.3 - Expand the population's access to medicines provided by SUS.	3,645,640,646	2,928,000,000	717,640,646	-	160,927,210	218,828,037	337,885,399
2.4 - Reduce the population's expenditures with medicines by encouraging the use of generic ones.	117,391,304	-	117,391,304	19,565,217	24,456,522	29,347,826	44,021,739
2.5 - Expand the Brazil Popular Drugstore Program Network.	97,822,863	-	97,822,863	16,303,811	20,379,763	24,455,716	36,683,574
2.6 - Expand the Program "Here There is a Popular Drugstore" by increasing the number of accredited drugstores and the number of medicines available.	1,738,898,580	1,300,000,000	438,898,580	18,804,348	23,505,435	28,206,522	42,309,783

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
2.7 - Ensure the availability of medicines in drugstores being sold in unit doses.	13,695,201	-	13,695,201	2,282,533	2,853,167	3,423,800	5,135,700
2.8 - Regulate the dispensing of exceptional high cost medicines – Draft Law no. 219/2007.	-	-	-	-	-	-	-
2.9 - Implement the National Policy for Domiciliary Hospitalization.	252,148,499	8,700,000	243,448,499	33,574,750	50,718,437	62,178,125	96,977,187
2.10 - Implement measures directed towards Men's Health Care.	195,905,888	160,651,401	35,254,487	8,125,748	6,782,185	8,138,622	12,207,933
2.11 - Widen the access to medicines, diagnosis and therapeutic procedures for hypertension and diabetes control.	1,341,024,909	1,005,784,000	335,240,909	55,873,485	69,841,856	83,810,227	125,715,341
2.12 - Introduce new vaccines in the basic vaccine calendar.	460,743,000	70,000,000	390,743,000	-	-	-	390,743,000
2.13 - Support the domestic production of condoms by the Xapuri/AC factory for the prevention and control of STDs / AIDS.	82,641,467	21,600,000	61,041,467	10,173,578	12,716,972	15,260,367	22,890,550
2.14 - Implement the National Network of Rapid Response Units (URR) so as to assist public health emergencies with national unit and units in all states and state capitals.	15,482,000	5,482,000	10,000,000	2,500,000	2,500,000	2,500,000	2,500,000

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
2.15 - Forward to the National Congress in 2008 draft law contemplating the portability, compensation and implementation of the “ensurer fund”, assuring proper conditions of competition that are beneficial to the consumer and for the functioning of the supplementary health market.	-	-	-	-	-	-	-
2.16 - Implement in Integrated Territories of Health Care (TEIAS) support and reference units for Basic Healthcare, expanding coverage and measure resolution of the Family Health Teams and configure the Care Center Network with the Family Health Support Centers (NASF), Psychosocial Care Centers (CAPS), Center for Dental Specialties - (CEOs), Immediate Care and Diagnosis Support Units - (UPAs).	3,502,737,391	1,914,864,000	1,587,873,391	121,834,783	320,318,957	436,433,287	709,286,365
2.17 - Expand supply and access to services of the national network for specialized ambulatory and hospital healthcare, in a decentralized and regionalized manner.	20,170,921,012	15,417,000,000	4,753,921,012	570,401,339	1,118.454,378	1,307,306,860	1,757,758,436

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
2.18 - Conclude unfinished constructions and build, expand, equip and reform health units, which meet the criteria of rationality and efficiency, reducing inequalities and regional locations.	3,362,782,609	2,495,000,000	867,782,609	144,630,435	180,788,043	216,945,652	325,418,478
2.19 - Reduce waiting list for prosthesis and orthosis.	670,200,000	-	670,200,000	120,234,375	159,162,352	179,158,436	211,644,837
2.20 - Structure and strengthen the National System for Transplantation, aiming at expanding the number of donors and shortening the waiting time for transplants.	2,900,722,926	2,400,000,000	500,722,926	83,904,148	104,579,640	125,273,504	186,965,634
2.21 - Expand the supply of intensive therapy units, enlarging the access to critical patients.	3,597,118,727	2,912,000,000	685,118,727	114,186,455	142,733,068	171,279,682	256,919,523
2.22 - Review the amounts paid by SUS to medium and high complexity procedures and increase states and municipalities financial ceilings so as to reduce regional inequalities.	5,402,534,522	2,400,000,000	3,002,534,522	1,584,952,929	530,036,928	475,313,216	412,231,449
2.23 - Modernize the National Network of Public Health Laboratories.	81,226,364	68,527,000	12,699,364	2,116,561	2,645,701	3,174,841	4,762,262

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
2.24 - Implement the National Network for Storage of Health Critical Resources (vaccines, insecticides, medicines and diagnosis kits).	76,521,524	20,000,000	56,521,524	11,086,921	21,358,651	21,630,381	2,445,572
2.25 - Reduce morbimortality caused by endemic diseases.	4,000,000,000	4,000,000,000	-	-	-	-	-
2.26 - Support commitments agreed with managers and civil society so as to reduce maternal and neonatal mortality at least 5% per year.	42,450,000	4,200,000	38,250,000	8,422,079	9,133,856	9,915,550	10,778,515
2.27 - Improve cordiality and implement practices of humanization at SUS network.	76,158,696	57,800,000	18,358,696	3,059,783	3,824,728	4,589,674	6,884,511
2.28 - Implement quality program in the supplementary health sector.	15,000,000	-	15,000,000	-	3,800,000	6,800,000	4,400,000
Total	80,408,886,456	60,098,608,401	20,310,278,055	3,565,432,165	4,209,687,735	5,032,482,335	7,502,675,819

Eixo 2 – Atenção à Saúde – Detalhamento das Metas Físicas e Financeiras

Measure 2.1 - Qualify and expand basic healthcare services network ensuring, in partnership with States and Municipalities, the expansion and financial sustainability for the family health strategy covering SUS users in an integrated manner with social projects of the Federal Government.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.1.1 – Increase the number of Family health teams from 27,000 in 2007 to 40,000 until 2011, which means increase coverage from 47% to 70% of the population.	40,000 teams	10,490,000,000	10,490,000,000	-
2.1.2 – Increase the federal resources for the Family Health Teams by 39% until 2011, enhancing team cost from R\$ 5,400/month to R\$ 7,520/month	R\$ 7,520 monthly/team	2,543,394,446	-	2,543,394,446
2.1.3 – Increase the Smiling Brazil Program, by increasing the number of Dental Health Teams from 16,500 in 2007 to 24,000 up to 2011, which means enlarging its coverage from 41% to 70% of the population.	24,000 teams	2,000,000,000	2,000,000,000	-
2.1.4 – Increase the federal resources for Dental Health Teams' expenditures (Smiling Brazil Program) by 28% until 2011, enhancing team cost from R\$ 1,915/month to 2,443 /month.	R\$ 2,443 monthly/team	489,114,317	-	489,114,317
2.1.5 – Increase the number of Health Community Agents from 225,000 in 2007 to 240,000 until 2011, which means widening the coverage from 59% to 70% of the population.	240,000 agents	6,450,000,000	6,450,000,000	-
2.1.6 – Increase, the federal resources for the Health Community Agents expenditures by 34% until 2011, from R\$ 532/month to R\$ 714/month for each agent.	R\$ 714 monthly/agents	1,400,000,000	1,400,000,000	-
2.1.7 – Integrate the family health strategy with social programs (PRONASCI, Cultural points, Quilombos, Citizenship Territories and CRAS) in 2,748 municipalities, increasing the number of teams from 10,150 to 12,450 that will receive 50% additional of the transferred amount.	12,450 teams	1,510,294,180	-	1,510,294,180
2.1.8 – Construct 7,655 basic health modules with priority to metropolitan regions and “blank” assistances (cities with less than 1 health unit per 20,000 inhabitants) at the average cost of R\$ 200,000 until 2011.	7,655 units	1,531,101,465	652,000,000	879,101,465
Total	-	26,413,904,408	20,992,000,000	5,421,904,408

Measure 2.2 - Expand and structure the Mobile Emergency Medical Assistance Service (SAMU) providing coverage to the entire Brazilian population.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.2.1 – Purchase and maintenance of 4,176 ambulances, 10 helicopters and 14 ambulance boats until 2011.	180 million people	2,135,210,200	1,917,000,000	218,210,200
Total	-	2,135,210,200	1,917,000,000	218,210,200

Measure 2.3 - Expand the population's access to medicines provided by SUS.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.3.1 – Gradually increase, as from 2008, the financial per capita amount of the Basic Pharmaceutical Assistance, currently at R\$ 3.75 (plus R\$ 2.00) to R\$ 5.28 (plus R\$ 3.52) in 2011, for 189 million Brazilians.	R\$ 5.28 per inhabitant/year	3,645,640,646	2,928,000,000	717,640,646
Total	-	3,645,640,646	2,928,000,000	717,640,646

Measure 2.4 - Reduce the population's expenditures with medicines by encouraging the use of generic ones.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.4.1 – Increase participation of generic medicines in the market to 25% in revenue, and to 33% in pharmaceutical units until 2011, through campaigns that stimulate prescriptions and dispensation directed to nearly 50,000 drugstores and 111,000 physicians and consumers.	25% do market in revenue	42,391,304	-	42,391,304
2.4.2 – Foment through REQBIO – Brazilian Public Center of Bioequivalence Network, generic medicines bioequivalence tests so as to provide registration of 1,100 new medicines up to 2011.	1,100 new registers	75,000,000	-	75,000,000
Total	-	117,391,304	-	117,391,304

Measure 2.5 - Expand Brazil Popular Drugstore Program Network.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.5.1 – Increase the number of drugstores in Brazil Popular Drugstore Program, from 300 to 500 until 2011.	500 drugstores	97,822,863	-	97,822,863
Total	-	97,822,863	-	97,822,863

Measure 2.6 - Expand the Program “Here There is a Popular Drugstore” by increasing the number of accredited drugstores and the number of medicines available.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.6.1 – Increase the number of accredited drugstores from 5,000 to 19,400 until 2011.	19,400 drugstores	1,412,826,087	1,300,000,000	112,826,087
2.6.2 – Increase the number of medicines in the program from the current nine to 16 until 2010: 2008 = 11, 2009 = 13 and 2010 = 16.	16 medicines	326,076,211	-	326,076,211
Total	-	1,738,898,580	1,300,000,000	438,898,580

Measure 2.7 - Ensure the availability of medicines in drugstores being sold in unit doses.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.7.1 – Propose law to turn mandatory registration of medicines for sales by unit doses so as to increase the number of registrations from 500 in 2007 to 9,500 by 2011, conditioning the accreditation of drugstores in the Program Here There is a Popular Drugstore to sell medicines by unit doses and establish a legal mechanism that guarantees priority to these drugs, as far as public purchases are concerned.	-	-	-	-
2.7.2 – Develop and advertise campaigns to stimulate purchase of medicines by unit doses.	6 campaigns	13,695,201	-	13,695,201
Total	-	13,695,201	-	13,695,201

Measure 2.8 - Regulate the dispensing of exceptional high cost medicines – Draft law No. 219/2007.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.8.1 – Sanctioned Law by 2008.	Sanctioned law	-	-	-
Total		Non budgeted measure		

Measure 2.9 - Implement the National Policy for Domiciliary Hospitalization.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.9.1 – Implement 500 domiciliary hospitalization teams so as to cover 50 million people at an average cost per team of R\$ 21,500/month (including oxigenotherapy) until 2011.	500 teams	227,144,688	-	227,144,688
2.9.2 – Provide infrastructure for implementation and functioning of 500 domiciliary hospitalization, teams at an average cost of R\$ 50,000 per team until 2011.	500 teams	25,003,811	8,700,000	16,303,811
Total	-	252,148,499	8,700,000	243,448,499

Measure 2.10 - Implement measures directed towards Men's Health Care.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.10.1 – Insert man's health in the contents of 32,000 physicians' specialization from the Family Health Teams (80% of total) and in the e-learning through Telehealth so as to diagnose pathologies and male genital cancers.	32,000 qualified physicians	Costs included in the Telehealth Program		
2.10.2 – Support implementation of man's health care policy in the State and state capitals Secretaries as from agreements in the Intermanagerial Tripartite Comissions through fund transferring of R\$ 50,000 per secretary until 2011.	53 secretaries	2,700,000	-	2,700,000
2.10.3 – Launch the Man's Health Week Promotion in 2008.	Media Campaign	5,000,000	5,000,000	-
2.10.4 – Distribute 26.1 million booklets containing information on prevention, diagnosis, treatment of cancer and promotion of man's health at a cost of R\$ 0.09 per unit until 2011.	26.1 million booklets	2,347,826	-	2,347,826
2.10.5 – Increase by 20% year the number of consultations for diagnosis of male genital pathologies and prostate, seminal vesicle, urethra, testicular and penis cancer, i.e., from 121,400 to 252,000 consultations/year, in 2011.	252,000 consultations	15,377,607	11,023,120	4,354,487
2.10.6 – Increase by 20% per year the number of prostate ultrasonographies for prevention, screening and diagnosis of malignant neoplasias, , i.e., going from 80,000 in 2007 to 242,000 in 2011.	166,000 exams	1,268,281	1,268,281	-
2.10.7 – Increase by 10% per year the number of male genital organs pathologies and cancers surgeries, i.e., from 112,000 in 2006 to nearly 164,000 consultations/year in 2011, at an average cost of R\$ 320.00.	180,000 cirurgies	169,212,174	143,360,000	25,852,174
Total	-	195,905,888	160,651,401	35,254,487

Measure 2.11 - Widen the access to medicines, diagnosis and therapeutic procedures for hypertension and diabetes control.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.11.1 – Qualify physicians and nurses of 40,000 Family Health Teams until 2011 so as to widen collect, early diagnose and appropriate treatment of patients with hypertension and diabetes, extending diabetics monitoring from 1.5 million to 3 million (from a total estimated in 6.1 million) and hypertension monitoring from 7 million to 14 million (from a total estimated in 17.7 million) at a cost of R\$ 2,280 per training course (30 professionals).	80,000 professionals	6,080,000	6,080,000	-
2.11.2 – Expand the early diagnose of diabetic retinopathy so as to prevent blindness, carrying out an annual retina mapping for 2.5 million diabetics, at an average cost of R\$ 24.24 until 2011.	2.5 million de exams/year	191,959,323	129,204,000	62,755,323
2.11.3 – Expand coverage of supplementary exams for diagnosis and monitoring of diabetes and hypertension, from 51 million exams/year to 96.7 million, at an average cost of R\$ 4,00 until 2011.	87.5 million exams/year	1,141,078,040	870,500,000	270,578,040
2.11.4 – Distribute monofilament diabetic kits to the 42.400 basic units, until 2011, so as to evaluate sensitiveness of diabetic feet aiming at reducing amputations, at a cost of R\$ 45.00.	42,400 kits	1,907,546	-	1,907,546
2.11.5 – Provide assistance to 100% insulin-dependant patients, currently estimated in 600,000 people at SUS network services, with monitoring and treatment resources (reagents strips, lancets and syringe).	600,000 patients	Resources secured by the “Here There is a Popular Drugstore” Program		
Total	-	1,341,024,909	1,005,784,000	335,240,909

Measure 2.12 - Introduce new vaccines in the basic vaccine calendar.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.12.1 – Increase the target population for measles vaccines. Supply of 80 million double viral doses in 2008.	80 million doses	70,800,000	70,000,000	800,000
2.12.2 – Introduce a new vaccine in the national immunization calendar, with 11.1 million annual doses of the conjugated vaccine against Meningococcus C, as from 2011.	11.1 million doses	389,943,000	-	389,943,000
2.12.3 - Introduce a new vaccine in the national immunization calendar, with 15.8 million annual doses against pneumococcal infections, as from 2011.	15.8 million doses	-	-	-
Total	-	460,743,000	70,000,000	390,743,000

Measure 2.13 - Support the domestic production of condoms by Xapuri/AC factory for the prevention and control of STDs / AIDS.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.13.1 – Acquire 517 million units of condoms until 2011 from the Xapuri/AC factory , including subsidies for continuing improvement on production process and development of health interest new technologies.	517 million condoms	82,641,467	21,600,000	61,041,467
Total	-	82,641,467	21,600,000	61,041,467

2.14 - Implement the National Network of Rapid Response Units (URR) so as to assist public health emergencies with a national unit in all states and the Federal Capital.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.14.1 – Implement 55 States and Capitals Rapid Response Units and one unit to assist the Mercosur area until 2011.	55 URRs	5,482,000	5,482,000	-
2.14.2 – Implement one National Unit for Rapid Response.	1 UNRR	10,000,000	-	10,000,000
Total	-	15,482,000	5,482,000	10,000,000

Measure 2.15 - Forward to the National Congress in 2008, draft law contemplating the portability, compensation and implementation of the “ensured fund”, assuring proper conditions of competition that are beneficial to the consumer and for the functioning of the supplementary health market.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.15.1 – Facilitate maturation period portability in private health plans by eliminating the need to be bound by new deadlines when patients change health plan operators.	-	-	-	-
2.15.2 – Create a reserve fund, with operators’ originated resources, for associated’s health assistance maintenance. To be used by the operator that assumes managerial control of a third part that is under financial problems. This fund aims at providing users some quality services and financial relief.	-	-	-	-
2.15.3 – Establish new methods for reimbursement to SUS, based on a per capita amount, with amendments in law 9,656/98, art. 32.	-	-	-	-
Total		Non budgeted measure		

Measure 2.16 - Implement in Integrated Territories of Health Care (TEIAS) support and reference units for the Basic Healthcare, expanding coverage and measure resolution of the Family Health Teams and configure the Care Center Network with the Family Health Support Centers (NASF), Psychosocial Care Centers (CAPS), Center for Dental Specialties - (CEOs), Immediate Care and Diagnosis Support Units - (UPAs).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.16.1 – Finance maintenance of 400 new Dental Specialties Centers (CEOS) a year, as from 2008, rising from 550 in 2008 to 950 in 2011.	950 CEOS	450,000,000	450,000,000	-
2.16.2 – Finance maintenance of 430 new Psychosocial Care Centers (CAPS) a year, as from 2008, rising from 1,411, in 2008, to 1,841 in 2011 at an average cost of R\$ 180,000 per CAPS/year.	1,841 CAPS	1,185,120,000	1,185,120,000	-
2.16.3 – Finance 50% of the cost for maintenance of 33 new units for Immediate Assistance and Diagnosis Support (UPAS) a year, in cities with more than 200,000 inhabitants by 2011, at an estimated cost of R\$ 180,000/month for the Ministry of Health	132 UPAs	704,347,826	-	704,347,826
2.16.4 – Construction of 132 UPAs until 2011 at an unit average cost of R\$ 2 million.	132 UPAs	260,869,565	-	260,869,565
2.16.5 – Finance maintenance of 1,500 Family Health Support Centers (NASF) until 2011 at an estimated cost of R\$ 240,000 per NASF/year.	1,500 NASF	902,400,000	279,744,000	622,656,000
Total	-	3,502,737,391	1,914,864,000	1,587,873,391

Measure 2.17 - Expand supply and access to services of the national network for specialized ambulatory and hospital healthcare, in a decentralized and regionalized manner.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.17.1 - Introduce regulatory mechanisms for high cost oncology medicines.	3 Protocols	45,652,174	-	45,652,174
2.17.2 – Acquire megavoltage radiotherapy equipments at a cost of R\$ 2 million each.	24 Equipaments	46,956,522	-	46,956,522
2.17.3 - Implement 20 new Oncology High Complexity Care Centers (CACONs) until 2011, at an average cost of R\$ 6 million per CACON.	20 CACONs	120,000,000	48,000,000	72,000,000
2.17.4 – Create INCA ⁴ Macro-regional Techno-Scientific Centers at an average cost of R\$19,130 million until 2011.	3 Macroregionals Centers	57,391,304	-	57,391,304
2.17.5 – Build the new Integrated Campus of National Institute of Cancer at Rio de Janeiro City (first phase R\$ 102.5 million).	1 ^a Phase Concluded	102,500,000	5,000,000	97,500,000
2.17.6 – Extend the access to oncology services by qualifying and maintaining more 40 CACONs until 2011, at an unit annual cost of R\$ 5 million.	40 CACONs	795,625,955	-	795,625,955

⁴ National Institute of Cancer

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.17.7 – Extend access and qualify diagnostic and therapeutics procedures for uterine cancer control (cytopathological exams), widening coverage from 35% to 50%, and breast (mammographies) to 60% until 2011.	20.5 million cytopathological exams in women aged between 25 and 59 years and 7 million mammographies exams in women between 50 and 69 years old.	32,607,621	-	32,607,621
2.17.8 – Restructure 300 hemodialysis services by replacing 2,608 hemodialysis machines, equivalent to 65% of the current number of machines, until 2011 at an average cost of R\$ 45,000 per machine.	2,608 machines	117,387,436	-	117,387,436
2.17.9 - Qualify renal substitutive therapy services by qualifying 366 units in 2011, according to new criteria, ranging from 569 services currently qualified to 935.	935 services	6,668,000,000	5,200,000,000	1,468,000,000
2.17.10 – Extend access to cardiology services by qualifying, according to new criteria, 155 more units until 2011, ranging from 187 qualified services to 342.	342 services	5,916,000,000	4,800,000,000	1,116,000,000
2.17.11 – Extend access and qualify neurosurgery services by qualifying, according to new criteria, the current 230 units until 2011.	230 units	1,400,000,000	1,048,000,000	352,000,000
2.17.12 – Extend access and qualify Orthopedic trauma services by qualifying, according to new criteria, 186 units until 2011, ranging from 82 units to 268.	268 units	2,560,000,000	2,080,000,000	480,000,000
2.17.13 – Qualify ophthalmology services, by qualifying 80% of the current network, according to new criteria, which is equivalent to 640 services until 2011.	640 services	1,600,000,000	1,600,000,000	-
2.17.14 – Extend the access and qualify hearing health services by qualifying, according to new criteria 13 units until 2011, i.e., ranging from 113 units to 126.	126 units	708,800,000	636,000,000	72,800,000
Total	-	20,170,921,012	15,417,000,000	4,753,921,012

Measure 2.18 - Conclude the unfinished constructions and build, expand, reform and equip health units, which meet the criteria of rationality and efficiency, reducing local and regional inequalities.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.18.1 – Conclude unfinished constructions, and build, extend, reform and equip 60 health units per year until 2011, with emphasis to the set of priority hospitals that respect the principles of rationality and efficiency in supply and the regionalization strategy: INTO; Sarah Network, Queimados/RJ; Andaraí Hospital/RJ; Santo Antônio do Descoberto/GO; Health Quarteirão/SP, among others.	244 hospitals and units of health	2,636,003,559	2,312,385,232	323,618,327
2.18.2 – Strengthen philanthropic hospital network through physical recovering and technological update in medium complexity of 65 units per year, at an average cost of R\$ 2 million per unit until 2011.	260 hospitals	521,739,130	-	521,739,130
2.18.3 – Strengthen the teaching hospital network by reforming and providing equipments to 140 teaching hospitals (at an average cost of R\$ 1,465,000) until 2011.	140 hospitals	205,039,919	182,614,768	22,425,151
Total	-	3,362,782,609	2,495,000,000	867,782,609

Measure 2.19 - Reduce waiting list for prosthesis and orthosis.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.19.1 – Assist 1,042,000 people with physical (614,000), auditive (168,000) and visual disability (260,000) that are currently on SUS waiting list, until 2011. <ul style="list-style-type: none"> Physically Disabled people at an average cost of R\$ 519,50 (total cost R\$ 319,000,000); Hearing disabled at an average cost of R\$ 1,512 (total cost R\$ 254,000,000); Visual disabled at an average cost of R\$ 374 (total cost R\$ 97,200,000). 	1,042,000 people	670,200,000	-	670,200,000
Total	-	670,200,000	-	670,200,000

Measure 2.20 - Structure and strengthen the National Transplant System, aiming at expanding the number of donors and shortening the waiting time for transplants.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.20.1 – Increase the number of carried out transplants by 4,611 more people per year until 2011, ranging from 11,180 to 15,791.	15,791 annual SUS transplants	2,761,290,465	2,340,000,000	421,290,465
2.20.2 – Structure 13 tissue, bone, skin, umbilical cord, heart valve banks until 2011.	13 banks	70,432,462	-	70,432,462

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.20.3 – Duplicate the number of registered donors in the Bone Marrow Donors Bank (REDOME), from 460,000 to 920,000 until 2011 (involves expenditures in donor genetic identification – R\$ 150 per capita) through campaigns and active search for donors.	920,000 donors	69,000,000	60,000,000	9,000,000
Total	-	2,900,722,926	2,400,000,000	500,722,926

Measure 2.21 - Expand the supply of intensive therapy units, enlarging the access to critical patients.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.21.1 – Invest in 3,163 new hospitalization rooms for intensive and semi-intensive therapies until 2011 at the average cost of R\$ 83,000/room.	3.163 ITU rooms	262,523,958	-	262,523,958
2.21.2 – Qualify 6,370 new hospitalization rooms for intensive and semi-intensive therapy units, ranging from 12,167 SUS rooms to 18,537 until 2011.	18,537 ITU room	3,334,594,770	2,912,000,000	422,594,770
Total	-	3,597,118,727	2,912,000,000	685,118,727

Measure 2.22 - Review the amounts paid by SUS to medium and high complexity procedures and increase states and municipalities financial ceilings so as to reduce regional inequalities.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.22.1 – Recalculate the amount of procedures according to SUS Table and increase the financial ceilings of states and municipalities.	-	5,402,534,522	2,400,000,000	3,002,534,522
Total	-	5,402,534,522	2,400,000,000	3,002,534,522

Medida 2.23 - Modernizar a Rede Nacional de Laboratórios de Saúde Pública.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.23.1. – Modernize physical structure of 75% of central laboratories and of public health reference laboratories until 2011; implement 24 anatomopathology units until 2011 and implement 47 molecular biology units until 2011.	23 central laboratories 24 anatomopathology units 47 molecular biology units	81,226,364	68,527,000	12,699,364
Total	-	81,226,364	68,527,000	12,699,364

Measure 2.24 - Implement the National Critical Health Resources Storage Network (vaccines, insecticides, medicines and diagnosis kits).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.24.1 – Build a National Critical Health Resources Storage Unit until 2010.	1 storage unit	50,000,000	-	50,000,000
2.24.2 – Build, reform and equip 30 Critical Health Resources Storage centers (regional and state units) until 2011.	30 storage units	26,521,524	20,000,000	6,521,524
Total		76,521,524	20,000,000	56,521,524

Measure 2.25 - Reduce morbimortality due to endemic diseases.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.25.1 – Reduce dengue incidence by 30% in relation to 2006, in Fortaleza, Recife, Salvador, Sao Luis and Rio de Janeiro metropolitan areas until 2011, aiming at guaranteeing regularity and quality in water supply (estimated resources are in PAC sanitation – R\$ 1,930 billion).	-	-	-	-
2.25.2 – Reduce in 80% the number of deaths due to dengue, diminishing from 136 deaths in 2007 to less than 28 in 2011.	< 28 deaths	-	-	-
2.25.3 – Reduce in 25% the incidence of leprosy in minor under 15 years old, i.e., from 4,600 cases in 2006 to 3,450 in 2011. The major measures are the expansion of early diagnosis by qualifying family health teams and expanding the coverage of the second dose of BCG vaccine given at school age.	< 3,450 cases	-	-	-
2.25.4 – Reduce the incidence of tuberculosis, from 80,000 cases in 2007 to 70,000 in 2011, by expanding the effective diagnosis and treatment in 11 metropolitan regions.	< 70,000 cases	-	-	-
2.25.5 – Reduce in 40% the incidence of Malaria, from 603,000 cases in 2005 to 361,800 until 2011, through the expansion of access to diagnosis and treatment provided by Family Health Teams and intensification of malaria control measures in the Legal Amazon.	< 361,800 cases	-	-	-
Total	-	4,000,000,000	4,000,000,000	-

Measure 2.26 - Support commitments agreed with managers and civil society so as to reduce maternal and neonatal mortality at least 5% per year.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.26.1 – Qualify 2,000 professional workers per year who work in the urgency and emergency units in the 500 maternities (more than 20 deliveries per day) in 78 municipalities with more than 100,000 inhabitants, at a cost of R\$ 800,00 per professional until 2011.	2,000 professionals year	6,400,000	-	6,400,000
2.26.2 – Support the organization of epidemiological vigilance for maternal death through implementation and expansion of maternal death committees and qualification of its members, by expanding from 748 to 1,000 municipalities until 2011	1,000 municipalities	25,200,000	3,000,000	22,200,000
2.26.3 – Expand women and adolescent health care network in violence situation, from 138 to 275 municipalities with more than 100,000 inhabitants until 2011.	275 municipalities	6,850,000	1,200,000	5,650,000
2.26.4 – Create a professional training center, per region, for urgent and emergency obstetric and neonatal assistance, until 2011.	5 centers	4,000,000	-	4,000,000
Total	-	42,450,000	4,200,000	38,250,000

Medida 2.27 - Melhorar o acolhimento e implantar práticas de humanização na rede SUS.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.27.1 – Support SUS humanization services, ranging from 80 to 240 per year until 2011 in a technical manner.	240 services	30,950,000	30,950,000	-
2.27.2 – Support implementation of Acceptance with Risk Classification in 50 % of SUS emergency services.	70 specialized emergency units 250 general emergency units	25,000,000	25,000,000	-
2.27.3 – Qualify 347 reference maternities in the 27 Brazil states in the Woman's Friend Maternity Program, with physical fitting to guarantee the presence of an accompany person, implementing clinical health care and qualifying protocols for 2,000 professionals that work in urgencies and emergencies centers until 2011.	347 maternitiess	20,208,696	1,850,000	18,358,696
Total	-	76,158,696	57,800,000	18,358,696

Measure 2.28 - Implement quality program in the supplementary health sector.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
2.28.1 – Accredite operators so as to guarantee quality in the assistance provided to individual or collective health insurance users, including service providers qualification.	<ul style="list-style-type: none"> – Formulation and negotiation with IDB (Inter-American Development Bank). – Elaboration, pact and methodology testing. – 90% of users in accredited operators. 	12,600,000		12,600,000
2.28.2 – Stimulate and disseminate the use of clinical protocols that guarantees efficient assistance to users and the rational use of health technologies.	<ul style="list-style-type: none"> – Formulation and negotiation with IDB (Inter-American Development Bank). – Definition of diffusion strategies and monitoring of the use of protocols. – Establishment of AMB agreement. – Priority ranking. – First 175 protocols divulged and monitored. 	2,400,000	-	2,400,000
Total	-	15,000,000	-	15,000,000

HEALTH INDUSTRIAL COMPLEX



Axle 3 - Health Industrial Complex

The last decade of the previous century, in which neoliberal policies were predominant, led the Brazilian health industrial structure to a great fragility. All industries that are part of the health industrial complex lost international competitiveness. The accumulated deficit has grown approximately US\$ 700 million a year, at the end of the 80's, in other words, it overcame US\$ 5 billion a year, especially for those products of greatest knowledge and technology density, such as medicines, medical electronic equipment, new materials (prosthesis and orthosis), hemoderivates, vaccines and diagnosis reagents.

The loss of competitiveness in health brings the risk of reinforcing a perverse insertion in the country, making the Industrial complex extremely dependant on strategic sectors be it from the technological standpoint or the needs of healthcare. Such fragility leads to a situation of vulnerability of the national health policy, which may be extremely harmful to population welfare.

In light of the critical situation associated with the productive fragility and the innovation of health industrial production in the country, the current strategic guideline presents the following directions.

Directions

- Reduce Brazilian social policy vulnerability through the strengthening of the Industrial Complex and of Innovation in Health, associating the deepening of the Unified Health System objectives with the necessary changes on the productive and innovation structure of the country, turning it compatible with a new pattern of health consumption and new technological ones.
- Increase competitiveness in innovations of companies and producers of public and private health industries, turning them capable of facing global competition, promoting a vigorous replacement process of import of goods and health resources of greater knowledge density that meet health needs.

Measures

- 3.1. Implement the National Program for Strategic Production of the Health Industrial Complex, aiming health needs, articulating promotion for innovation and the governmental purchase policy, through partnership with the MDIC¹ / BNDES², the MCT³, units of the federation and the Ministry of Health.
- 3.2. Invest in the Government Laboratories Network of Medicine by structuring the public production and strategic pharmaceutical technology transfer to the country, including antiretrovirals nationalization and at least 50% of local insulin demand.
- 3.3. Invest in public producers of vaccines, thus providing the country technological and competitive qualification in new immunobiologicals, notably vaccines against pneumococcus, meningococcus, double viral (measles / rubella), heptavalent, rotavirus, influenza and meningitis and dengue.
- 3.4. Foment productive capacity and innovation in the private national medicine, equipment and material industries, in partnership with BNDES and FINEP⁴.
- 3.5. Regulate and amend the purchase legislation so as to allow the strategic use of the State purchasing power for innovative products that are extremely essential to health.
- 3.6. Foment technological networks directed to the regulation and the quality of health products, including for this purpose test laboratories and health products certification.
- 3.7. Foment projects involving bordering issues, with emphasis on the development of products and processes with impact on industry and health service (in cooperation with MCT so as to articulate innovation and purchase power).
- 3.8. Consolidate the National Network of Science and Technology in Health through the institutional expansion of Oswaldo Cruz Foundation (Fiocruz) for the less developed regions of the country, according to the regionalization strategy for the development of C & T in Health.

¹ Ministry of Development, Industry and Foreign Trade.

² The Brazilian Development Bank.

³ Ministry of Science and Technology.

⁴ Public company which objective is to finance studies and projects.

- 3.9. Implement the Technological Development Center in Health at Fiocruz Foundation.
- 3.10. Promote and modernize the National System for Health Vigilance so as to ensure quality and efficiency of the production process and national innovation, guaranteeing regulatory harmonization in relation to imports, in line with quality and safety warranty of health products.
- 3.11. Foment creation and expansion of two clinical research networks directed to SUS priorities.
- 3.12. Foment creation of two toxicology centers so as to assist the industry demand on SUS priority items.
- 3.13. Foment creation of a high performance Biotery network in the country (in cooperation with the Ministry of Science and Technology).
- 3.14. Conclude investments on Hemobrás enabling the country dominance of plasma industrial retailing technology and increase the degree of self-sufficiency in hemoderivate.

Total Value of axle Health Industrial Complex for 14 measures and 15 Objectives: R\$ 2 billion

Pluriannual Plan: R\$ 1.2 billion

Expansion: R\$ 0.8 billion

Axle 3 – Health Industrial Complex – Measures and Resources – Consolidated

Em R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
3.1 - Implement the National Program for Strategic Production of the Health Industrial Complex, aiming health needs, articulating promotion for innovation and the governmental purchase policy, through partnership with the MDIC / BNDES, the MCT, units of the federation and the Ministry of Health.	-	-	-	-	-	-	-
3.2 - Invest in the Government Laboratories Network of Medicine by structuring the public production and strategic pharmaceutical technology transfer to the country, including antiretrovirals nationalization and at least 50% of local insulin demand.	551,043,478	388,000,000	163,043,478	27,173,913	33,967,391	40,760,870	61,141,304
3.3 - Invest in public producers of vaccines, thus providing the country technological and competitive qualification in new immunobiologicals, notably vaccines against pneumococcus, meningo C, double viral (measles / rubella), heptavalent, rotavirus, influenza and meningitis and dengue.	215,652,174	50,000,000	165,652,174	27,608,696	34,510,870	41,413,043	62,119,565

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
3.4 - Foment productive capacity and innovation in the private national medicine, equipment and material industries, in partnership with BNDES and FINEP.	-	-	-	-	-	-	-
3.5 - Regulate and amend the purchase legislation so as to allow the strategic use of the State purchasing power for innovative products that are extremely essential to health.	-	-	-	-	-	-	-
3.6 - Foment technological networks directed to the regulation and the quality of health products, including for this purpose test laboratories and health products certification.	72,000,000	-	72,000,000	18,000,000	18,000,000	18,000,000	18,000,000
3.7 - Foment projects involving bordering issues, with emphasis on the development of products and processes with impact on industry and health service (in cooperation with MCT so as to articulate innovation and purchase power).	747,213,000	507,213,000	240,000,000	30,000,000	60,000,000	65,640,000	84,360,000
3.8 - Consolidate the National Network of Science and Technology in Health through the institutional expansion of Oswaldo Cruz Foundation (Fiocruz) for the less developed regions of the country, according to the regionalization strategy for the development of C & T in Health.	76,000,000	-	76,000,000	19,000,000	19,000,000	19,000,000	19,000,000

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
3.9 - Implement the Technological Development Center in Health at Fiocruz Foundation.	70,000,000	52,000,000	18,000,000	4,500,000	4,500,000	4,500,000	4,500,000
3.10 - Promote and modernize the National System for Health Vigilance so as to ensure quality and efficiency of the production process and national innovation, guaranteeing regulatory harmonization in relation to imports, in line with quality and safety warranty of health products.	-	-	-	-	-	-	-
3.11 - Foment creation and expansion of two clinical research networks directed to SUS priorities.	35,000,000	-	35,000,000	8,750,000	8,750,000	8,750,000	8,750,000
3.12 - Foment creation of two toxicology centers so as to assist the industry demand on SUS priority items.	35,000,000	-	35,000,000	8,750,000	8,750,000	8,750,000	8,750,000
3.13 - Foment creation of a high performance Biotery network in the country (in cooperation with the Ministry of Science and Technology).	50,000,000	-	50,000,000	12,500,000	12,500,000	12,500,000	12,500,000
3.14 - Conclude investments on Hemobrás enabling the country dominance of plasma industrial retailing technology and increase the degree of self-sufficiency in hemoderivate.	162,000,000	162,000,000	-	-	-	-	-
Total	2,013,908,652	1,159,213,000	854,695,652	156,282,609	199,978,261	219,313,913	279,120,869

Axle 3 – Health Industry Complex - Physical and Financial Objectives – Detailed

Measure 3.1 - Implement the National Program for Strategic Production of the Health Industrial Complex, aiming health needs, articulating promotion for innovation and the governmental purchase policy, through partnership with the MDIC⁵/ BNDES⁶, the MCT⁷, units of the federation and the Ministry of Health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.1.1 – Reduce health policy vulnerability, by increasing productive capacity of essential health products with high levels of innovation, mainly involving pharmaceuticals and medicines, equipments and medical materials, vaccines and diagnosis reagents with resources of R\$ 30 billion.	20% Reduction in health commercial deficit and increase local production by 7% year	-	-	-
Total		Resources from BNDES		

Measure 3.2 - Invest in the Government Laboratories Network of Medicine by structuring the public production and strategic pharmaceutical technology transfer to the country, including antiretrovirals nationalization and at least 50% of local insulin demand.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.2.1 – Increase by 50% the number of medicines produced by 19 official laboratories (measured in pharmaceutical units) until 2011.	-	551,043,478	388,000,000	163,043,478
Total	-	551,043,478	388,000,000	163,043,478

Measure 3.3 - Invest in public producers of vaccines, thus providing the country technological and competitive qualification in new imunobiologicals, notably vaccines against pneumococcus, meningo C, double viral (measles / rubella), heptavalent, rotavirus, influenza and meningitis and dengue.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.3.1 - Assist 80% of the National Program of Immunization (PNI) needs, involving dominance of PNI vaccines technological cycle, and generation of 2,000 direct and indirect jobs.	80% of PNI	215,652,174	50,000,000	165,652,174
Total	-	215,652,174	50,000,000	165,652,174

Measure 3.4 - Foment productive capacity and innovation in the private national medicine, equipment and material industries, in partnership with BNDES and FINEP.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.4.1 - Replace by national production 25% of SUS equipment and material demands until 2011.	-	-	-	-
Total		Resources from BNDES and productive sector		

⁵ Ministry of Development, Industry and Foreign Trade.

⁶ The Brazilian Development Bank.

⁷ Ministry of Science and Technology

Measure 3.5 - Regulate and amend the purchase legislation so as to allow the strategic use of the State purchasing power for innovative products that are extremely essential to health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.5.1 - Reduce the national health policy vulnerability, by increasing country's productive and innovation capacity for all strategic health products.	-	-	-	-
3.5.2 - Eliminate the advantages for imported products acquisition so as to stimulate the national production in accordance with the standards set by the National Health System.	-	-	-	-
Total		Non budgeted measure		

Measure 3.6 - Foment technological networks directed to the regulation and the quality of health products, including for this purpose test laboratories and health products certification.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.6.1 - Improve the quality of health industrial products, according to SUS standards for evaluation and technological incorporation, by supporting two technology networks until 2011.	2 networks	72,000,000	-	72,000,000
Total	-	72,000,000	-	72,000,000

Measure 3.7 - Foment projects involving bordering issues, with emphasis on the development of products and processes with impact on industry and health service (in cooperation with MCT so as to articulate innovation and purchase power).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.7.1 - Strengthen the installed capacity for health research in the country, involving dominance of techniques and border knowledge with high expectations of absorption by the health industry and services (cell therapy, monoclonal antibodies, pharmacogenomics etc).	-	747,213,000	507,213,000	240,000,000
Total	-	747,213,000	507,213,000	240,000,000

Measure 3.8 - Consolidate the National Network of Science and Technology in Health through the institutional expansion of Oswaldo Cruz Foundation (Fiocruz) for the less developed regions of the country, according to the regionalization strategy for the development of C & T in Health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.8.1 - Structure five new FIOCRUZ regional reference units until 2011 (RO, PI, CE, MS, PR).	5 units	76,000,000	-	76,000,000
Total	-	76,000,000	-	76,000,000

Measure 3.9 - Implement the Technological Development Center in Health at Fiocruz Foundation.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.9.1 – Provide the country a technological health services platform capable of assisting demand of scientific and technological institutions and companies.	1 center	70,000,000	52,000,000	18,000,000
Total	-	70,000,000	52,000,000	18,000,000

Measure 3.10 - Promote and modernize the National System for Health Vigilance so as to ensure quality and efficiency of the production process and national innovation, guaranteeing regulatory harmonization in relation to imports, in line with quality and safety warranty of health products.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.10.1 – Adequate and improve the national production, permitting competitiveness gains and enabling innovation viability until 2010.	-	-	-	-
Total	Non budgeted measure			

Measure 3.11 Foment creation and expansion of two clinical research networks directed to SUS priorities.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.11.1 – Improve evaluation patterns and SUS technology incorporation until 2011, and implement/expand two networks for clinical researches by 2011.	2 networks	35,000,000	-	35,000,000
Total	-	35,000,000	-	35,000,000

Measure 3.12 - Foment creation of two toxicology centers so as to assist the industry demand on SUS priority items.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.12.1 – Assist 100% of the health industry demand turned to SUS priorities and 100% of scientific institutions demand and implement two centers of toxicology.	2 centers	35,000,000	-	35,000,000
Total	-	35,000,000	-	35,000,000

Measure 3.13 - Foment creation of a high performance Biotery network in the country (in cooperation with the Ministry of Science and Technology).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.13.1 - Three bioterias capable of elevating the assistance to the demand of C&T institutions and companies until 2011 and implement bioterias network.	3 bioterias	50,000,000	-	50,000,000
Total	-	50,000,000	-	50,000,000

Measure 3.14 - Conclude investments on Hemobrás enabling the country dominance of plasma industrial retailing technology and increase the degree of self-sufficiency in hemoderivate.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
3.14.1 – Factory concluded by 2010: <ul style="list-style-type: none"> • assist 100% of demand for Factor IX as from the second year of production; • Assist 30% of demand for Factor VIII as from the fifth year of production; • Assist 100% of projected demand (above current) for immunoglobuline, as from the fifth year of production; • Assist 100% of SUS demand for Albumine in 2015. 	Concluded manufacturer	162,000,000	162,000,000	-
Total	-	162,000,000	162,000,000	-

THE WORKFORCE IN HEALTH



Axle 4 - The Work Force in Health

Health has an interpersonal dimension as far as care is concerned, that will never be allowed its automation. The more machines we have, there will be no care production without health workers, because most important than curing is to take care of those who suffer any kind of disorder. Even the machinery and technology incorporation rather than dispensing it, it paradoxically incorporates more workers.

This is a sector where employment has grown in recent years, a trend that will continue in the future, especially for the population ageing and consequent demand for more health services. It is a huge contingent of more qualified workforce than the average for the sector, deeply composed of women and extremely diversified, incorporating from community agents to specialists.

It is foreseen a serious shortage of health workers in the world, and Brazil holds comfortable position by not exporting workforce, as it occurs in poorest countries. Figures relatively balanced do not hide the clear regional inequalities, thus, motivation and professional qualification policies are necessary in remote and poor areas, for which is proposed the Telehealth in conjunction with the Ministry of Defense.

The use of technical workers opens good perspectives for the rational use of more skilled works with better remuneration. Brazil has also amassed a social debt and a liability of precarious work, in addition to large differentials of inter-professional remuneration.

The solutions for such problems had been dealt with under pressure motivated by cyclical crisis, without apparent distributive rationale. A large divorce among the moment of training, professional practices and social needs is a characteristic of the whole world, that here is similarly repeated, for which is proposed a linkage between teaching, professional practice and the incentive to value the family health strategy. Similarly the qualification of thousands of workers engaged in SUS managerial positions will productive and creatively improve their management, today performed not in a systematic manner.

Directions

- Expand and improve the workforce in health, characterizing it as an essential investment on SUS perspective of growth.

Measures

- 4.1. Provide Telehealth access to all Family Health Teams in remote areas and urban peripheries, aiming permanent professional education and remote support to diagnosis and treatment measures, allowing greater resolution and quality of assistance provided.
- 4.2. Establish with the Ministry of Defense an integrated measure to supply medical, dentists and health professionals' deficiency in less developed areas of the country and aiming at guaranteeing fast and efficient response capacity to health emergencies.
- 4.3. Qualify and adequate health professional training in cooperation with selected family health teams by using the community environment and health centers by providing scholarships so that the Family Health Teams assume the prominent role of teaching.
- 4.4. Provide specialization to graduate professionals of the Family Health teams through the Open University for Permanent Health Education.
- 4.5. Train undergraduate professionals in Health Strategic technical areas - Training Program for Health Undergraduate Professionals (Profaps).
- 4.6. Implement the National Qualification Program for SUS Managers and Executive-Officers.
- 4.7. Create the School of Health Government in Brasília.
- 4.8. Restructure health workforce in the federal sphere by creating specific careers for the Ministry of Health.

Total Amount of Axle The Work Force in Health for 8 measures and 9 Objectives: R\$ 2.5 billion

Pluriannual Plan: R\$ 1.7 billion

Expansion: R\$ 0.8 billion

Axle 4 - The Work Force in Health - Measures and Resources – Consolidated

Em R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
4.1 - Provide Telehealth access to all Family Health Teams in remote areas and urban peripheries, aiming permanent professional education and remote support to diagnosis and treatment measures, allowing greater resolution and quality of assistance provided.	83,478,261	60,000,000	23,478,261	3,913,043	4,891,304	5,869,565	8,804,348
4.2 - Establish with the Ministry of Defense an integrated measure to supply medical, dentists and health professionals' deficiency in less developed areas of the country and aiming at guaranteeing fast and efficient response capacity to health emergencies.	346,000,000	346,000,000	-	-	-	-	-
4.3 - Qualify and adequate health professional training in cooperation with selected family health teams by using the community environment and health centers by providing scholarships so that the Family Health Teams assume the prominent role of teaching.	74,976,557	40,000,000	34,976,557	5,829,426	7,286,783	8,744,139	13,116,209
4.4 - Provide specialization to graduate professionals of the Family Health teams through the Open University for Permanent Health Education.	260,860,969	-	260,860,969	30,476,828	54,346,035	67,659,242	108,378,863

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
4.5 - Train undergraduate professionals in Health Strategic technical areas - Training Program for Health Undergraduate Professionals (Profaps).	625,548,558	120,000,000	505,548,558	60,258,093	105,322,616	130,899,139	209,068,709
4.6 - Implement the National Qualification Program for SUS Managers and Executive-Officers.	180,000,000	180,000,000	-	-	-	-	-
4.7 - Create the School of Health Government in Brasília.	20,500,000	20,500,000	-	-	-	-	-
4.8 - Restructure health workforce in the federal sphere by creating specific careers for the Ministry of Health.	967,680,000	967,680,000	-	-	-	-	-
Total	2,559,044,343	1,734,180,000	824,864,343	100,477,391	171,846,738	213,172,086	339,368,129

Axle 4 – The Work Force in Health - Physical and Financial Objectives – Detailed

Measure 4.1 - Provide Telehealth access to all Family Health Teams in remote areas and urban peripheries, aiming permanent professional education and remote support to diagnosis and treatment measures, allowing greater resolution and quality of assistance provided.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.1.1 – Provide to 70% of the Family Health teams access to Telehealth, totaling 27,800 teams until 2011.	27,800 teams	83,477,487	60,000,000	23,477,487
Total		83,477,487	60,000,000	23,477,487

Measure 4.2 - Establish with the Ministry of Defense an integrated measure to supply medical, dentists and health professionals' deficiency in less developed areas of the country and aiming at guaranteeing fast and efficient response capacity to health emergencies.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.2.1 – Introduce a National Emergency Force in 1,000 municipalities with 2,000 physicians, 1,000 nurses and 1,000 dentists until 2011.	1,000 municipalities	326,000,000	326,000,000	-
4.2.2 – Establish health infra-structure articulated measures so as to support assistance in localities and population under imminent risks, notably in the Amazon region and borders.	1,000 municipalities	20,000,000	20,000,000	-
Total	-	346,000,000	346,000,000	-

Measure 4.3 - Qualify and adequate health professional training in cooperation with selected family health teams by using the community environment and health centers by providing scholarships so that the Family Health Teams assume the prominent role of teaching.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.3.1 - Provide scholarships for professionals, teachers and students, totaling more than 20,000 scholarships until 2011. <ul style="list-style-type: none"> • Provide scholarships to PSF professionals (preceptor), (1,422 scholarships). • Provide scholarships to teachers/tutors (474 scholarships). • Provide scholarships to university students (14,322 scholarships). 	16,118 scholarships	74,976,557	40,000,000	34,976,557
Total	-	74,976,557	40,000,000	34,976,557

Measure 4.4 - Provide specialization to graduate professionals of the Family Health teams through the Open University for Permanent Health Education.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.4.1 - Provide specialization to 52,172 graduate professionals of the Family Health Teams, 65% of total.	52,172 professionals	260,860,969	-	260,860,969
Total	-	260,860,969	-	260,860,969

Measure 4.5 - Train undergraduate professionals in Health Strategic technical areas - Training Program for Health Undergraduate Professionals (Profaps).

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.5.1 - Provide training to professionals of the following areas: Radiology, Clinic Patology, and Citotechnic, Hemotherapy, equipment maintenance, dental Hygiene – THD / Dental Assistant, dental prosthesis, Health Community Agent – Basic training, Health Vigilance, Nursing, Elderly Caregivers.	260,000 professionals	625,548,558	120,000,000	505,548,558
Total	-	625,548,558	120,000,000	505,548,558

Measure 4.6 - Implement the National Qualification Program for SUS Managers and Executive-Officers.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.6.1 – Provide professional training to those who run management positions at SUS federal, state and municipal areas.	110,000 professionals	180,000,000	180,000,000	-
Total	-	180,000,000	180,000,000	-

Measure 4.7 - Create the School of Health Government in Brasília,

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.7.1 – Full operation until 2011.	1 school	20,500,000	20,500,000	-
Total	-	20,500,000	20,500,000	-

Measure 4.8 - Restructure health workforce in the federal sphere by creating specific careers for the Ministry of Health.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
4.8.1 - Carry out public recruitment to reorganize the work force of the Ministry of Health as from July 2008, hiring 5,000 civil servants until 2011.	5,000 civil servants	967,680,000	967,680,000	-
Total	-	967,680,000	967,680,000	-

MANAGEMENT QUALIFICATION



Axle 5 - Management Qualification

The SUS democratic and participatory management model constitutes a significant gain for the Brazilian society that has given institutional stability and legitimacy to SUS. Notwithstanding the above, it is still necessary to advance as much as possible in the systemic management and in the context of an agreed regionalization strategy related to commitments, as in the change of the management model of the health units, so as to provide them with greater flexibility, and in return the compromise with results.

The systemic arrangement still faces many difficulties to be effective. There are some difficulties for the consolidating and qualifying decentralization in the public health administration field, which may be related to a number of factors: lack of resources for the sector; persistence of inequities regarding the access to health services among municipalities, even persistence in dismantling institutional planning, programming and evaluation practices,; fragmentation of health information system, among others.

The public nature of the system must be compatible with its modernization to best meet population requirements. It cannot be left aside the struggle for modernization and State efficiency for those segments that, indeed, question SUS as a public resource. It is urgent that the health movement takes the banner of the State modernization so as to make it stronger and more efficient.

Directions

- To strengthen, deepen and improve the decentralized Unified Health System management and widen responsibilities of the three spheres of government as far as health results are concerned, having as central instruments the Pact in Defense of SUS, the Pact for Life, the Management Pact and the processes of tripartite and bipartite intermanagerial agreement.
- Establish new management models to ensure SUS principles, and enable health institutions to operate with greater efficiency and quality, associating commitments with results.

Measures

- 5.1. Develop integrated system of planning, information, monitoring, control and evaluation of health measures focused on federal resources transferring, opening spaces to the establishment of award mechanisms as from contracted goals and achieved results.
- 5.2. Strengthen the National SUS Auditing System (SNA), federal and state components, and implement the municipal SNA component.
- 5.3. Implement Regulatory Complexes as a strategy to ensure equitable access to health services by reducing waiting lines in SUS health services.
- 5.4. Modernize philanthropic hospitals administration by management contracts.
- 5.5. Approve the supplementary amendment draft law and ordinary laws that are needed to implement the model of Public Foundation of private rights at federal public hospitals.

Total Amount of Axle Management Qualification for 5 Measures and 11 Objectives: R\$ 1.9 billion

Pluriannual Plan: R\$ 1.3 billion

Expansion: R\$ 0.6 billion

Axle 5 – Management Qualification - Measures and Resources – Consolidated

Em R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
5.1 - Develop integrated system of planning, information, monitoring, control and evaluation of health measures focused on federal resources transferring, opening spaces to the establishment of award mechanisms as from contracted goals and achieved results.	391,586,957	65,500,000	326,086,957	-	67,934,783	91,739,130	166,413,043
5.2 - Strengthen the National SUS Auditing System (SNA), federal and state components, and implement the municipal SNA component.	43,500,000	40,000,000	3,500,000	758,461	831,197	911,078	999,264
5.3 - Implement Regulatory Complexes as a strategy to ensure equitable access to health services by reducing waiting lines in SUS health services.	701,673,943	593,050,000	108,623,943	18,103,990	22,629,988	27,155,986	40,733,978
5.4 - Modernize philanthropic hospitals administration by management contracts.	806,223,913	640,800,000	165,423,913	27,570,652	34,463,315	41,355,978	62.033,967
5.5 - Approve the supplementary amendment draft law and ordinary laws that are needed to implement the model of Public Foundation of private rights at federal public hospitals.	-	-	-	-	-	-	-
Total	1,942,984,813	1,339,350,000	603,634,813	46,433,103	125,859,283	161,162,172	270,180,253

Axle 5 – Management Qualification - Physical and Financial Objectives – Detailed

Measure 5.1 - Develop integrated system of planning, information, monitoring, control and evaluation of health measures focused on federal resources transferring, opening spaces to the establishment of award mechanisms as from contracted goals and achieved results.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.1.1 - Establish with the 27 states performance contracts, having five financing groups as the base (Basic Healthcare, Medium and High Complexity, Management, Health Vigilance and Pharmaceutical Assistance).	27 States with contract	-	-	-
5.1.2 - Create mechanisms (fund) and criteria that allow awards based on work evaluation of those municipalities that reach or overcome their targets.	-	326,086,957	-	326,086,957
5.1.3 – Develop IT systems for SUS monitoring and management evaluation.	-	65,500,000	65,500,000	-
5.1.4 – Sanction Social Liability Law until 2008.	-	-	-	-
Total	-	391,586,957	65,500,000	326,086,957

Measure 5.2 - Strengthen the National SUS Auditing System (SNA), federal and state components, and implement the municipal SNA component.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.2.1 – Implement SUS auditing System – in 27 states, in municipalities with more than 100,000 inhabitants and state capitals, providing equipments to DENASUS ¹ decentralized units and strengthening the necessary human resources.	302 units	43,500,000	40,000,000	3,500,000
Total	-	43,500,000	40,000,000	3,500,000

Measure 5.3 - Implement Regulatory Complexes as a strategy to ensure equitable access to health services by reducing waiting lines in SUS health services.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.3.1 – Implement 302 regulatory complexes, being one in each state and in municipalities with more than 100,000 inhabitants for consultation scheduling, hospitalizations and specialized exams until 2011 at the average cost of R\$ 246,000.	302 regulatory complexes	74,197,595	62,711,298	11,486,297
5.3.2 – Systematize public health units so as to enable integration with regulatory complexes (60,000 units, 55,000 in effect and 5,000 new Family Health units) at the average cost of R\$ 4,000 per unit until 2011.	60,000 units	240,168,898	202,989,104	37,179,794

¹ SUS Auditing National Department

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.3.3 – Expand the National Health Card (CNS), by nationally unifying the several existing bases, covering 100 million people, 80% of SUS users until 2011.	100 million inhabitantitantes	283,584,045	239,683,288	43,900,757
5.3.4 – Participate in maintenance functioning of the regulatory complexes at an average cost of R\$ 343,000.	302 regulatory complexes	103,723,405	87,666,310	16,057,095
Total	-	701,673,943	593,050,000	108,623,943

Measure 5.4 - Modernize philanthropic hospitals administration by management contracts.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.4.1 – Establish management contracts with 54% of SUS chain of philanthropic hospitals, i.e., from 600 contracted hospitals to 966 in 2011. This implies in payments of proportional incentives to equivalent production at an annual average of R\$ 267,000 per hospital.	966 hospitals	806,223,913	640,800,000	165,423,913
Total	-	806,223,913	640,800,000	165,423,913

Measure 5.5 - Approve the supplementary amendment draft law and ordinary laws that are needed to implement the model of Public Foundation of private rights at federal public hospitals.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
5.5.1 – Implement in all public federal hospitals the State Foundation model.	9 hospitals	-	-	-
Total	Non budgeted measure			

PARTICIPATION AND SOCIAL CONTROL



Axle 6 – Participation and Social Control

The popular achievements in Brazil has presented emblematic trajectory as for the social mobilization in defense of health rights. The 80's represented the institutionalization moment of innovative practices for the sector, based on the health conception of social production and a right, that were consolidated in the 90's in Conferences and Health Councils.

The 8th National Health Conference, in 1986, became a milestone because it discussed the deepening of great issues that subsidized the National Constituent Assembly culminating with the community's participation insertion in the Federal Constitution as one of the Unified Health System guidelines established by Article 198, whose item III ensures such participation.

The last National Health Conferences, from 9th to 12th, reaffirmed as extremely crucial the implementation and strengthening of existing social control mechanisms.

The 12th National Health¹ Conference assures the need for

Stimulating and strengthening social mobilization and citizen participation in different organized sectors of society, with application of legal acts available, aiming at becoming effective and strengthening Social Control in public policies formulation, regulation and implementation, according to desired changes for the construction of SUS that we long to have.

In this process, some of the proposals raised in the Conferences should be highlighted and valued as challenges to SUS social control consolidation and strengthening .

- Assurance of effective implementation of State and Municipal Health Councils, guaranteeing them infrastructure and support for their strengthening and full operation;
- Consolidation of deliberative and monitoring pattern of Health Councils, with parity composition among users and other segments;
- Reaffirmation of popular participation and social control in building the health care model, requiring participation of social movements which are considered strategic subjects for the participatory management;
- Enhancement of current social participation channels, creation and expansion of new dialogue channels between users and health system, and customers assistance mechanisms, such as ombudsman and others.

Directions

- Strengthen participation and social control in all spheres and agents that are part of SUS, strengthening political chains that guarantee health measures sustainability.

Measures

- 6.1. Provide Health Councils with infrastructure and logistical support so as to develop its social control role.
- 6.2. Support permanent agents and advisers' education for social control and participatory action.
- 6.3. Implement SUS Ombudsman National System.
- 6.4. Expand dissemination and the use by the population of the Bill of Health User's Rights and implement the User's Rights for Health Service website.

Total Amount of Axle Participation and Social Control for 4 Measures and 5 Objectives: R\$ 296 million

Pluriannual Plan: R\$ 267 million

Expansion: R\$ 29 million

¹ CONFERÊNCIA NACIONAL DE SAÚDE, 12., 2003, Brasília. *Conferência Sergio Arouca: relatório final*. Brasília: Ministério da Saúde, 2004.

Axle 6 – Participation and Social Control- Measures and Resources – Consolidated

Em R\$ 1.00

Measures	Recursos para 2008/2011			Recursos Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
6.1 - Provide Health Councils with infrastructure and logistical support so as to develop its social control role.	28,000,000	28,000,000	-	-	-	-	-
6.2 - Support permanent agents and advisers' education for social control and participatory action.	107,260,870	104,000,000	3,260,870	543,478	679,348	815,217	1,222,826
6.3 - Implement SUS Ombudsman National System.	159,840,000	135,000,000	24,840,000	5,382,903	5,899,124	6,466,051	7,091,921
6.4 - Expand dissemination and the use by the population of the Bill of Health User's Rights and implement the User's Rights for Health Service website.	1,350,000	-	1,350,000	625,739	219,380	240,901	263,980
Total	296,450,870	267,000,000	29,450,870	6,552,121	6,797,852	7,522,170	8,578,727

Axle 6 – Participation and Social Control - Physical and Financial Objectives – Detailed

Measure 6.1 - Provide Health Councils with infrastructure and logistical support so as to develop its social control role.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
6.1.1 – Support structuring of 27 State Councils and municipal councils of 5,562 municipalities.	5,589 concils	28,000,000	28,000,000	-
Total	-	28,000,000	28,000,000	-

Measure 6.2 - Support permanent agents and advisers' education for social control and participatory action.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
6.2.1 – Carry out 700 courses and seminars, training 270,000 social disseminators and train 100,000 IT and Health information counselors until 2011.	270,000 social disseminators and 100,000 counselors.	107,260,870	104,000,000	3,260,870
Total	-	107,260,870	104,000,000	3,260,870

Measure 6.3 - Implement SUS Ombudsman National System.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
6.3.1 – Implements SUS Ombudsman in: 27 states, 40 municipalities with more than 100,000 inhabitants, 7 public hospitals, 27 university hospitals, 3 federal institutes and provide bases for 10 million assistances to SUS users via 0800 (Toll free number).	104 unit 10 million assistances year	159,840,000	135,000,000	24,840,000
Total	-	159,840,000	135,000,000	24,840,000

Measure 6.4 - Expand dissemination and the use by the population of the Bill of Health User's Rights and implement the User's Rights for Health Service website

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
6.4.1 – Distribute the Bill of Health Users' rights to Health, Education and Social Control Institutions, in 100% of the municipalities.	5,562 municipalities	924,261	-	924,261
6.4.2 – Implement website in 2008.	1 website	425,739	-	425,739
Total	-	1,350,000	-	1,350,000

INTERNATIONAL COOPERATION



Axle 7 - International Cooperation

Brazil has historically participated in the international health scenario since the creation of the first international organism- The International Sanitary Bureau (1902) and, later, led, in a conference in San Francisco (1945), the proposal for creation of the World Health Organization. Many prominent Health professionals carried out important international missions, adding knowledge and measures of great importance, including the description of Chagas disease, the production of the yellow fever vaccine, studies on major endemic and more recently, the development of the Unified Health System (SUS) and the successful approach against AIDS.

Currently, the active partnership between the Ministries of Health and External Relations, Brazil has effectively expanded its participation in foreign health policy, cooperating for the construction of an international agenda of the country. The central point of health measures in foreign policy is the cooperation for development of health systems, aiming to strengthen the country's presence in the international scenario, based on the challenge recently launched by President Lula.

With the real emergency of an effective multi-polar world, it is important that Brazil carries out an effort to create a Latin American political center, given its geographical proximities and common cultural roots with countries of the region, so as to jointly act at an international level, as well as reinforce, based on linguistic identity, economic, scientific, educational and cultural ties with countries of the Community of Portuguese Language Countries (CPLP).

Within this context, Brazil contributes to the sustainable development of health systems with measures of cooperation along with structuring institutions, which includes: health public schools, health technical schools, institutes of public health and centers for production of resources (immunobiological and medicines). The promotion of measures of support and foment to centers of documentation, information and technical and scientific communication and collaborative networks also fall within this initiative. With this, it is expected to develop one of the most potential areas in order to contribute with the Brazilian foreign policy, which is focused on cooperation, strengthening, at the same time regional blocks and solidarity ties with the sister nations.

Directions

- Strengthen Brazil's presence in the international Health area scenario, in conjunction with the Ministry of External Relations, expanding its presence in organisms and health programs of the United Nations and cooperating with the development of health systems in South American countries, especially with those in Mercosur area, Central America, CPLP and Africa.

Measures

- 7.1. Contribute to the development of structures of health systems in countries of Central and South America, CPLP and other African nations.
- 7.2. Support in large-scale training of health technicians in CPLP countries, through Brazil's own specific experience with the Nursing Workers Qualification Project (Profae).
- 7.3. Insert the Health Program at Boarder (SIS-boarder) aiming at strengthening the South American integration.
- 7.4. Support implementation of CTI Pan-Amazon Network.

Total Amount of Axle International Cooperation for 4 measures and 8 Objectives: R\$ 58 million

Pluriannual Plan: R\$ 15 million

Expansion: R\$ 43 million

Axle 7 – International Cooperation - Measures and Resources – Consolidated

Em R\$ 1.00

Measures	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed (PPA)	Expansion	2008	2009	2010	2011
7.1 - Contribute to the development of structures of health systems in countries of Central and South America, CPLP and other African nations.	42,100,000	-	42,100,000	8,683,333	9,604,167	10,525,000	13,287,500
7.2 - Support in large-scale training of health technicians in CPLP countries, through Brazil's own specific experience with the Nursing Workers Qualification Project (Profae).	1,000,000	-	1,000,000	166,667	208,333	250,000	375,000
7.3 - Insert the Health Program at Boarder (SIS-boarder) aiming at strengthening the South American integration.	15,000,000	15,000,000	-	-	-	-	-
7.4 - Support implementation of the CTI Pan-Amazon Network.	-	-	-	-	-	-	-
Total	58,100,000	15,000,000	43,100,000	8,850,000	9,812,500	10,775,000	13,662,500

Axle 7 – International Cooperation - Physical and Financial Objectives – Detailed

Measure 7.1 - Contribute to the development of structures of health systems in countries of Central and South America, CPLP and other African nations

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
7.1.1 – Support 20 National Institutes of Public Health (INSP); support 25 Public Health Schools (ESP) and support 50 Technical Schools.	20 INSP 25 ESP 50 Schools	20,000,000	-	20,000,000
7.1.2 – Open a Fiocruz branch in the African Union.	Open a Branch	2,100,000		2,100,000
7.1.3 – Open an Antiretroviral Factory in Mocambique	Open Manufacturer	20,000,000	-	20,000,000
7.1.4 – Provide technical cooperation to treatment and rehabilitation to victims of land mines, by Into, notably in Angola.	Technical cooperation	-	-	-
7.1.5 – Technical cooperation with the Government of Cuba for the production of pegylated interferon.	Technical cooperation	-	-	-
Total	-	42,100,000	-	42,100,000

Measure 7.2 - Support in large-scale training of health technicians in CPLP countries, through Brazil's own specific experience with the Nursing Workers Qualification Project (Profae).

Objective (s)	Physical Objective until 2011	Meta Financeira 2008/2011		
		Total	PPA	Expansion
7.2.1 – Provide support to five countries (Angola, San Tome, Guinea-Bissau, Mocambique, Cape Verde) through technical cooperation for training professionals in teaching so as to supply decentralized courses, such as nursing assistant and Health Community Agents.	5 countries	1,000,000	-	1,000,000
Total	-	1,000,000	-	1,000,000

Measure 7.3 - Insert the Health Program at Boarder (SIS-boarder) aiming at strengthening the South American integration.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
7.3.1 – Establish agreement with at least seven countries of the region strengthening the regional block.	7 agreements	-	-	-
7.3.2 – Improve Health Services in 121 municipalities located at the Brazilian borders.	121 municipalities	15,000,000	15,000,000	-
Total	-	15,000,000	15,000,000	-

Measure 7.4 - Support implementation of the CTI Pan-Amazon Network.

Objective (s)	Physical Objective until 2011	Financial Objective 2008/2011		
		Total	PPA	Expansion
Support the implementation of the Pan-Amazon Network for Science, Technology and Innovation (CTI).	1 network	-	-	-
Total	Non budgeted measure			

TOTAL RESOURCES CONSOLIDATED BY AXLES ESTIMATION OF EMPLOYMENT GENERATION



Total Resources Consolidated by Axles

Axles	Resources 2008/2011			Resources for Expansion			
	Total	Confirmed	Expansion	2008	2009	2010	2011
Axle 1 – Health Promotion	2,206,133,371	531,080,890	1,675,052,481	196,784,586	348,000,479	438,985,216	691,282,200
Axle 2 – Healthcare	80,408,886,456	60,098,608,401	20,310,278,055	3,565,432,165	4,209,687,735	5,032,482,335	7,502,675,819
Axle 3 – Health Industrial Complex	2,013,908,652	1,159,213,000	854,695,652	156,282,609	199,978,261	219,313,913	279,120,869
Axle 4 – Work Force in Health	2,559,044,343	1,734,180,000	824,864,343	100,477,391	171,846,738	213,172,086	339,368,129
Axle 5 – Management Training	1,942,984,813	1,339,350,000	603,634,813	46,433,103	125,859,283	161,162,172	270,180,253
Axle 6 – Participation and Social Control	296,450,870	267,000,000	29,450,870	6,552,121	6,797,852	7,522,170	8,578,727
Axle 7 – International Cooperation	58,100,000	15,000,000	43,100,000	8,805,000	9,812,500	10,775,000	13,662,500
Total	89,485,508,505	65,144,432,291	24,341,076,214	4,080,811,975	5,071,982,847	6,083,412,892	9,104,868,497

Estimation of Employment Generation

Segment of Activity	Estimation 2008 to 2011		
	Direct Jobs	Indirect Jobs	Total
Promotion and Healthcare	850,776	1,701,551	2,552,327
Complementary Health	13,751	27,502	41,253
Industrial Complex*	193,352	435,425	628,777
Total Saúde	1,057,879	2,164,478	3,222,357

Source: RAIS, TEM, 31/12/2005

* Industrial complex includes commercial wholesalers and retailers.

SANITATION – PAC NATIONAL HEALTH FOUNDATION



Sanitation - PAC - Funasa

In Brazil, the inadequate sanitation supply still causes a huge impact on health and environment, contributing to the incidence and prevalence of several diseases, such as diarrhea, typhoid fever, schistosomiasis, malaria, dengue fever, Chagas disease, helminthiasis, hepatitis A, among others. The situation is more critical in small municipalities (less than 50,000 inhabitants), where it can be verified, according to IBGE/2000 Population Census, a network of water distribution that only covers 57.5% of domiciles, and appropriate sanitation solution system in 33.9% of domiciles, percentages that are below the national average, which represents, respectively, 75.8% and 59.2%.

The Ministry of Health, through the National Health Foundation (Funasa), will financially support States, the Federal District and Municipalities for the implementation of sanitation programs turned to Health Promotion and control and prevention of diseases, benefiting: municipalities with population below 50,000 inhabitants, rural areas, indigenous people and Quilombos and areas of relevant epidemiological interest. In the period 2007-2010, it will be invested R\$ 4.0 billion in the implementation of constructions and services of potable water system, sanitation system, environmental management and urban drainage, urban solid waste and domicile sanitation. Such actions, in addition to being part of the “More Health: Right for Everyone” program, are also included in the social and Urban Infrastructure component, subgroup of the Economic Growth Acceleration Program - PAC of the Federal Government.

Interventions will be selected based on epidemiological indicators, information and sanitation coverage, benefiting strategic areas from a health standpoint. Funasa’s proposal is structured in five axes.

1. Sanitation in Special Areas – involves water supply and appropriate solution for the sanitation system of indigenous population and residents of remaining quilombos areas. R\$ 370.0 million investment is envisaged.

2. Sanitation in Areas of Relevant Epidemiological Interest – involves improving programs for living conditions at rural areas, in endemic Chagas disease regions, benefiting 606 municipalities which are classified as high risk for the disease transmission, according to the Secretary of Health Vigilance (SVS); and environmental management program and urban drainage so as to control malaria in 30 municipalities classified as high risk for the disease transmission and selected by criteria of greater absolute number of cases in each selected state. R\$ 400 million will be invested in this component.

3. Sanitation in Municipalities up to 50,000 inhabitants – involves water supply programs, sanitation and domicile sanitation, benefiting 1,000 Brazilian municipalities with running water that states the highest rates of infant mortality (triennial average 2003-2005), and other 326 municipalities by criteria of sanitation coverage. Moreover, 500 municipalities will be benefited among those selected by criteria of the highest rates of infant mortality with sanitation and domicile sanitation measures. Investments will reach R\$ 2.81 billion.

4. Rural Sanitation - involves water supply and appropriate solution for the waste in rural communities with less than 2,500 inhabitants, prioritizing interventions in rural schools, “Water in School “, projects of agrarian reform and citizenship territories of the Ministry of Agrarian Development (MDA). R\$ 300,0 million will be invested.

5. Complementary Measures of Sanitation– notably for the implementation of regional water quality control laboratories for human consumption and support to recycling of material with R\$ 120,0 million investments to be allocated.

The set of measures, to be financed by the Ministry of Health, through Funasa/MS, may benefit nearly 2,500 Brazilian municipalities, in which it may be observed high incidence and prevalence of diseases related to inadequate sanitation.

Axle 1 - Sanitation in Special Areas**Measures**

- 1.1. Sanitation in indigenous areas
- 1.2. Sanitation in remaining Quilombo areas.

Axle 2 - Sanitation in areas of Relevant Epidemiological Interests**Measures**

- 2.1. Housing Improvement in epidemic area of Chagas' disease
- 2.2. Environmental management and urban drainage in municipalities with high incidence of malaria

Axle 3 - Sanitation in municipalities up to 50,000 inhabitants**Measures**

- 3.1. Water supply
- 3.2. Sanitation system
- 3.3. Solid wastes

Axle 4 - Rural Sanitation**Measures**

- 4.1. Water supply and appropriate sanitation solution

Axle 5 - Complementary measures of sanitation**Measures**

- 5.1. Support to the quality control of water for human consumption
- 5.2. Support to recycling of material

PAC Total Amount – Funasa: R\$ 4 Billion

Sanitation – PAC – Funasa – Resources Consolidated

Axles	Resource 2007–2010	
	Total	Confirmed
Axle 1 – Sanitation in special areas	370,000,000	370,000,000
Axle 2 – Sanitation in areas of relevant epidemiological interest	400,000,000	400,000,000
Axle 3 – Sanitation in municipalities with up to 50,000 inhabitants	2,810,000,000	2,810,000,000
Axle 4 – Rural sanitation I	300,000,000	300,000,000
Axle 5 – Complementary measures of sanitation	120,000,000	120,000,000
Total	4,000,000,000	4,000,000,000

Axle 1 – Sanitation in Special Áreas – Physical and Financial Objectives - Detailed

Measure 1.1 – Sanitation in indigenous areas.			
Objective (s)	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
1.1.1 – Increase from 62% to 90% the water supply coverage to those populations currently living in villages.	402,000 people	-	-
1.1.2 – Increase from 34% to 70% the water supply coverage in indigenous villages.	2,600 villages	-	-
1.1.3 – Increase from 30% to 50% coverage with appropriate solution for wastes at indigenous community.	1,870 villages	-	-
Total	-	200,000,000	200,000,000

Measure 1.2 – Sanitation in remaining Quilombo areas.			
Objective (s)	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
1.2.1 – Implement sanitation services, water supply and appropriate solution for wastes in remaining quilombo communities.	380,000 communities covered 45,000 families assisted	-	-
Total	-	170,000,000	170,000,000

Axle 1 – Sanitation in Special Áreas – Measures and Resources - Consolidated

Measures	Resource 2007/2010	
	Total	Confirmed PPA
1.1.1 – Sanitation in Indigenous areas.	200,000,000	200,000,000
1.1.2 – Sanitation in quilombo remaining areas.	170,000,000	170,000,000
Total	370,000,000	370,000,000

***Axle 2 - Sanitation in areas of Relevant Epidemiological Interests
- Physical and Financial Objectives - Detailed***

Measure 2.1 – Housing Improvement in endemic area of Chagas’ disease.			
Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
2.1.1 – Implement measures of restoration and reconstruction in endemic areas of Chagas Disease which are specified as high risks for transmission.	622 municipalities covered 35,000 families assisted	280,000,000	280,000,000
Total	-	280,000,000	280,000,000

Measure 2.2 – Environmental management and urban drainage in municipalities with high incidence of malaria.			
Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
2.2.1 – Implement Environmental management and urban drainage measures in 30 municipalities, selected by criteria of highest number of absolute cases per units of the federation in endemic malaria area.	100,000 families assisted	120,000,000	120,000,000
Total		120,000,000	120,000,000

Axle 2 – Sanitation in areas of Relevant Epidemiological Interests – Measures and Resources - Consolidated

Measures	Resource 2007/2010	
	Total	Confirmed (PPA)
2.1 – Housing Improvement in endemic area of Chagas’ disease.	280,000,000	280,000,000
2.2 - Environmental management and urban drainage in municipalities with high incidence of malaria.	120,000,000	120,000,000
Total	400,000,000	400,000,000

***Axle 3 - Sanitation in municipalities up to 50,000 inhabitants
– Physical and Financial Objectives – Detailed***

Measure 3.1 – Water Supply.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
3.1.1 – Expand water supply network in 1,386 municipalities, prioritizing those with the highest rates of infant mortality, assisting, thus, nearly 3.4 million people.	850,000 families assisted	1,100,000,000	1,100,000,000
Total	-	1,100,000,000	1,100,000,000

Measure 3.2 – Sanitation system.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
3.2.1 – Expand sewage system supply, including treatment, in 500 municipalities, prioritizing those with highest rates of infant mortality, assisting, thus, 2.5 million people.	635,000 families assisted	1,525,000,000	1,525,000,000
Total	-	1,525,000,000	1,525,000,000

Measure 3.3 – Solid urban wastes.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
3.3.1 – Expand supply of solid urban waste collection, including treatment and final appropriate disposal, in eight municipalities, assisting, thus, 50,000 people.	12,500 families assisted	5,000,000	5,000,000
Total	-	5,000,000	5,000,000

Measure 3.4 – House Sanitation.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
3.4.1 – Implement measures on house sanitation, sanitary modules, in 500 municipalities, prioritizing those with the highest rates of infant mortality, assisting, thus, 250,000 people.	60,000 families assisted	180,000,000	180,000,000
Total	-	180,000,000	180,000,000

Axle 3 – Sanitation in municipalities up to 50,000 inhabitants – Measures and Resources - Consolidated

Measures	Resource 2007/2010	
	Total	Confirmed (PPA)
3.1 – Water Supply.	1,100,000,000	1,100,000,000
3.2 – Sanitation system.	1,525,000,000	1,525,000,000
3.3 – Solid Urban Wastes.	5,000,000	5,000,000
3.4 – House Sanitation.	180,000,000	180,000,000
Total	2,810,000,000	2,810,000,000

Axel 4 – Rural Sanitation – Physical and Financial Objectives

Measure 4.1 –Water supply and appropriate sewage solution.			
Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
4.1.1- Implement in partnership with states and municipalities water supply and appropriate sewage solution measures in rural communities up to 2,500 inhabitants, prioritizing rural settlements.	75,000 families assisted 1,000 rural schools covered	300,000,000	300,000,000
Total	-	300,000,000	300,000,000

Axel 4 – Rural Sanitation – Measures and Resources - Consolidated

Measures	Resource 2007/2010	
	Total	Confirmed (PPA)
4.1- Water supply and appropriate sewage solution.	300,000,000	300,000,000
Total	300,000,000	300,000,000

Axle 5 - Complementary measures of sanitation – Physical and Financial Objectives – Detailed

Measure 5.1 – Support to the quality control of water for human consumption.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
5.1.1- Implement quality control of water for human consumption.	25 implemented regional laboratories	-	-
5.1.2 - Implement mobile (laboratories) for quality control of water for human consumption.	10 mobile units implemented	-	-
Total	-	70,000,000	70,000,000

Measure 5.2. – Support to recycling of material.

Objectives	Physical Objective until 2010	Financial Objective 2007/2010	
		Total	PPA
5.2.1- Support recycling material collectors cooperative.	210 cooperatives supported	-	-
Total	-	50,000,000	50,000,000

Axle 5 – Complementary Sanitation Measures- Measures and Resources – Consolidated

Measures	Resource 2007/2010	
	Total	Confirmed (PPA)
5.1 - Support to the quality control of water for human consumption.	70,000,000	70,000,000
5.2 - Support to recycling of material.	50,000,000	50,000,000
Total	120,000,000	120,000,000

