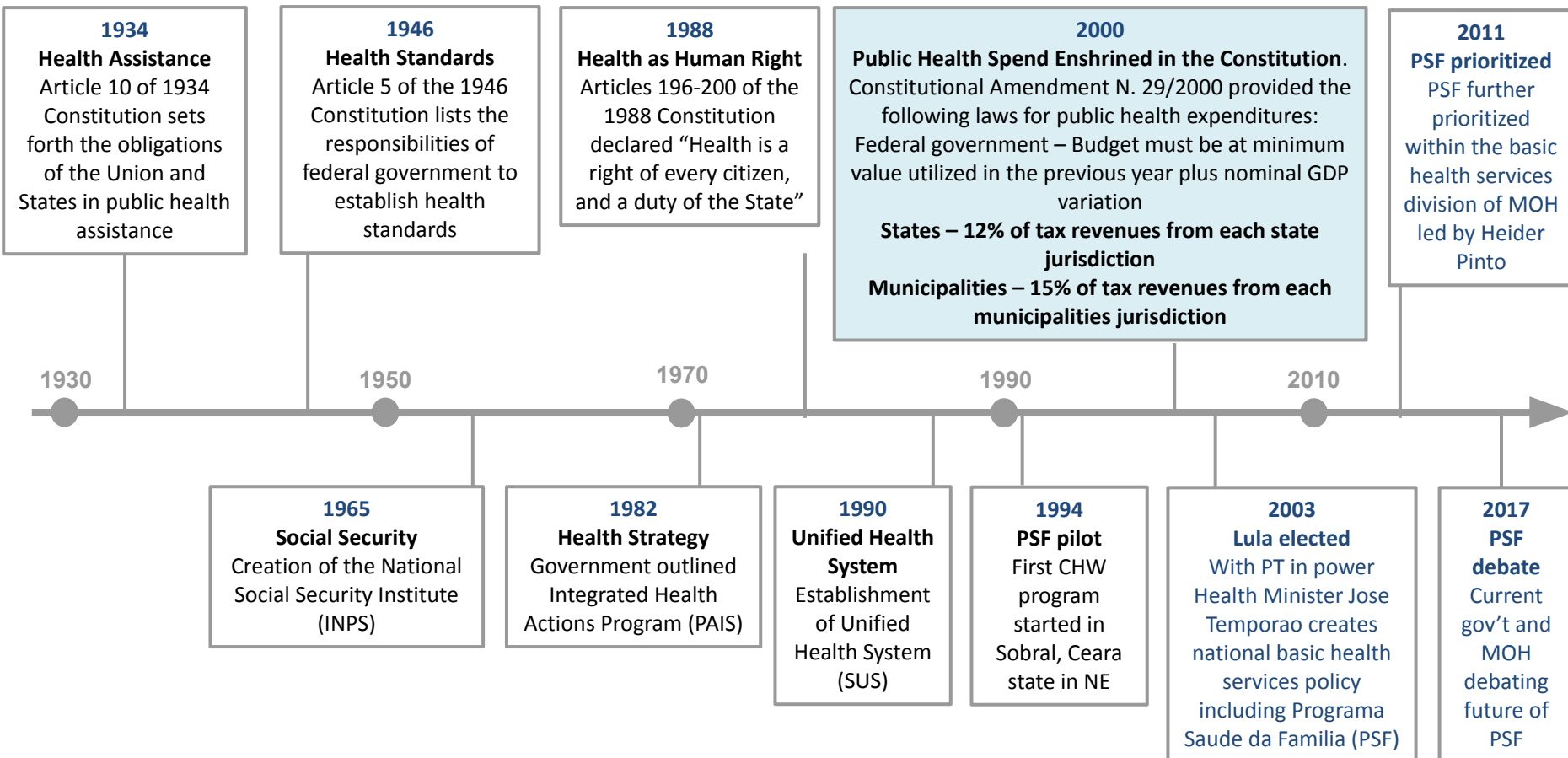


# **Financing Alliance** for **Health**

The need for community health financing  
and the financing mobilization process

Case study Brazil

# Timeline of government actions to support public health spend culminated in 2000 enshrinement in constitution

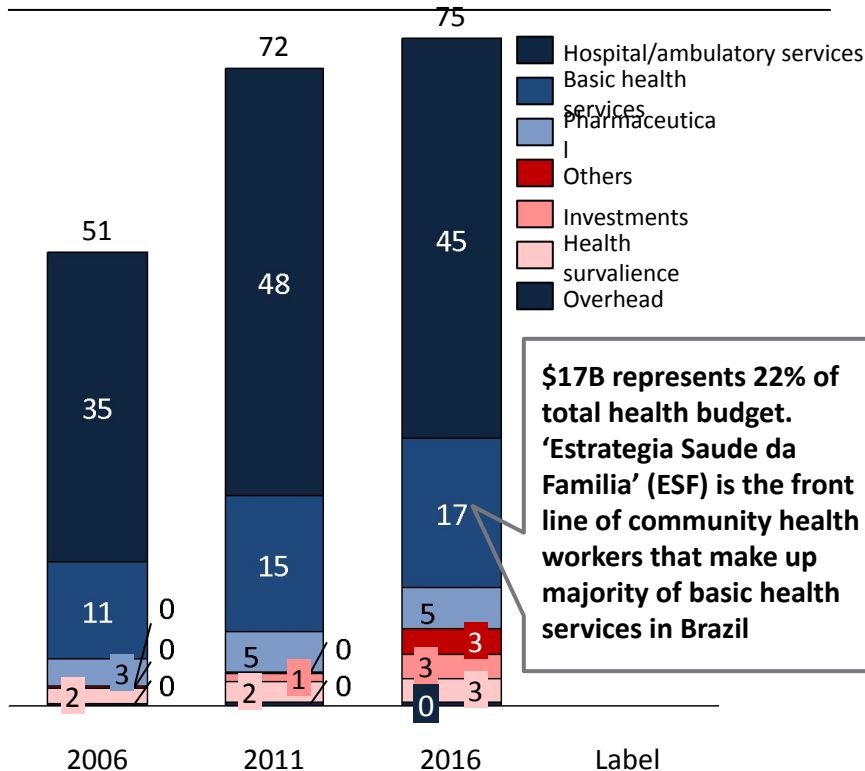


**Dedicated public health resources are enshrined in the constitution. CHW programs prioritized under PT governments 2003 - 2015**

# A fifth of national health fund expenditures goes to basic health services covering majority of population

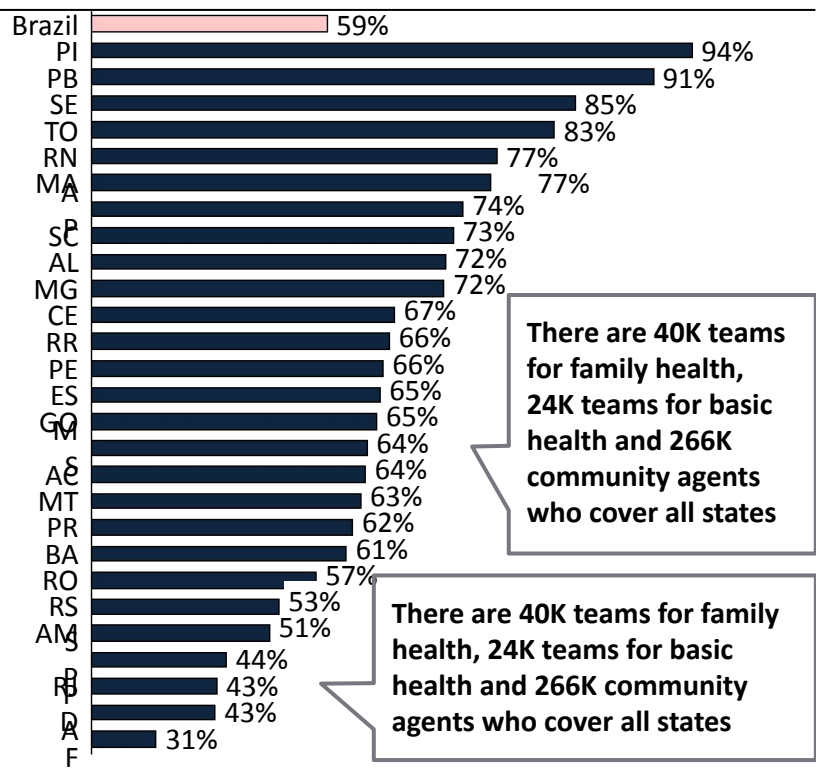
**Brazilian government spent ~R\$ 17B on basic health services in 2016 up 5% CAGR from 2006**

National health fund use by year, 2006-2016, R\$ B, Real value\*



**The most recent estimate showed ~113M Brazilians relied on basic health teams in 2011**

Est. population coverage from basic health teams by state, 2011



**'Estrategia Saude da Familia' (ESF) is 100% government funded CHW strategy which is run out of the Ministry of Health department of basic health services (DAB)**

(\* ) Gross values are adjusted for inflation using IPCA CPI data

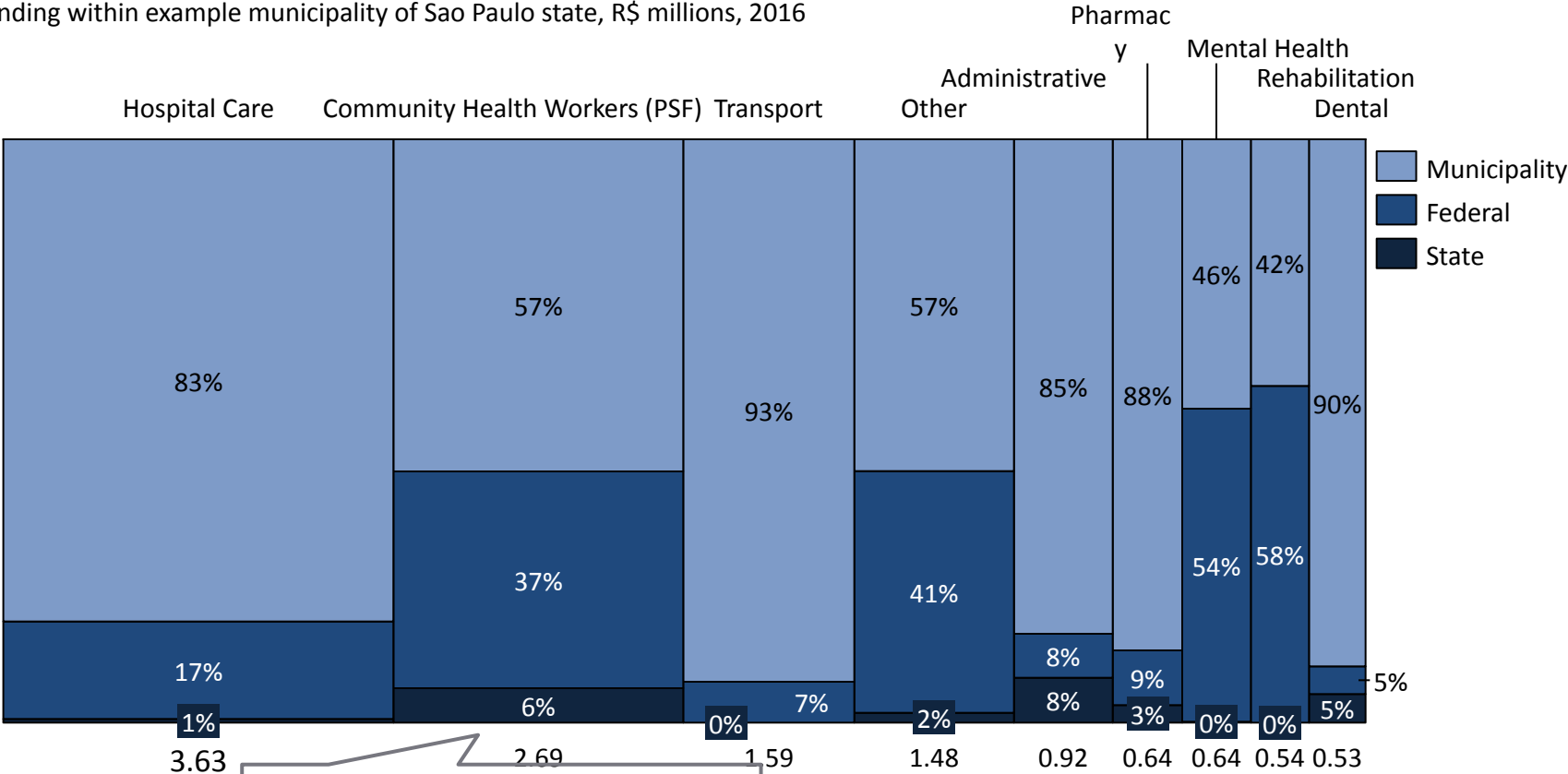
Source: Fundo Nacional da Saude: consultafns.saude.gov.br. IDSUS. IGBE. Team Analysis

# Majority of PSF funding comes government sources – largest share is from municipal taxes

**2016** **EXAMPLE MUNICIPALITY**

**PSF is second largest health related expenditure and 57% of the R\$2.7M came from municipal taxes**

Health spending within example municipality of Sao Paulo state, R\$ millions, 2016



PSF represented ~22% of health and ~5% of overall municipal budget in 2016

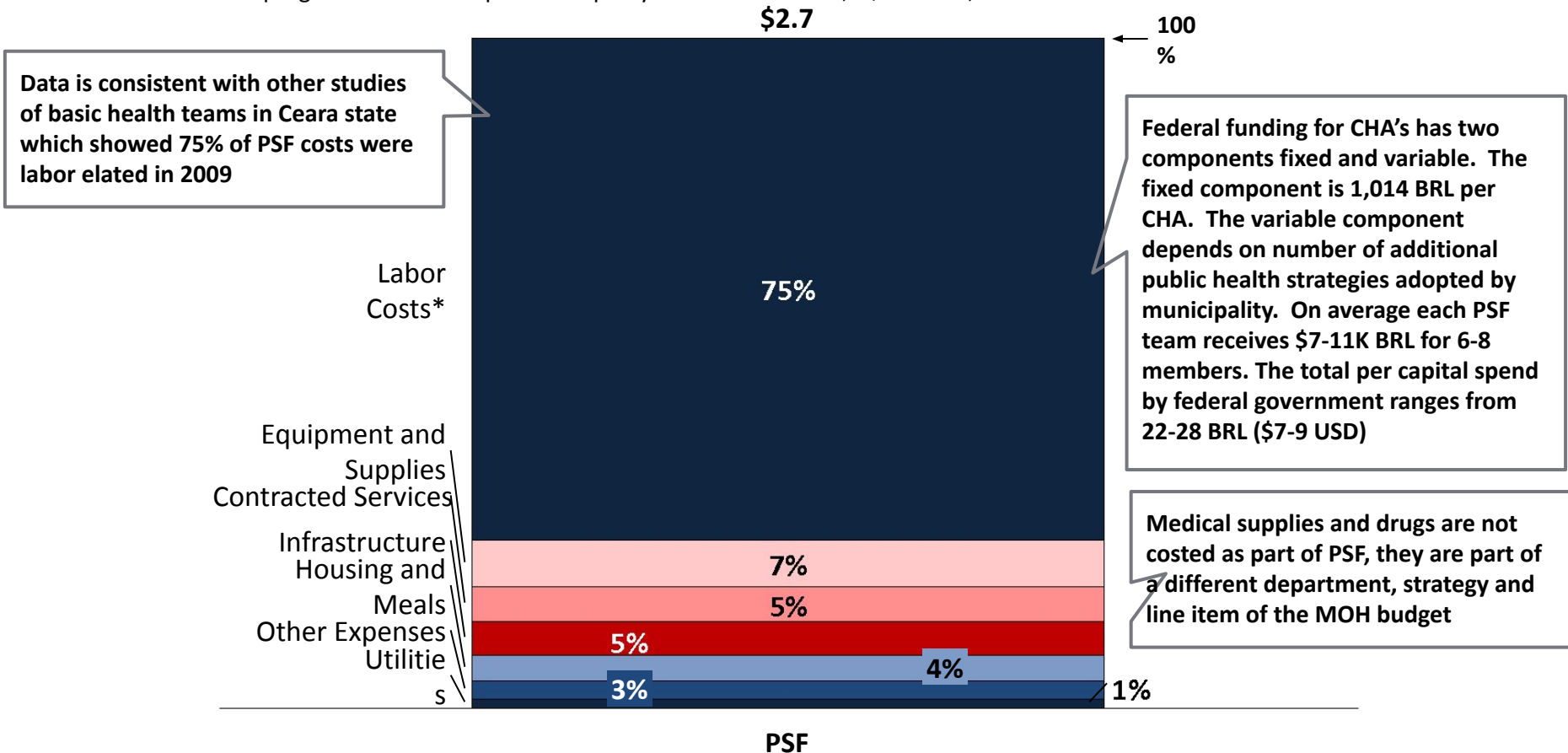
Source: Annual Budget Report for Anonymous Municipality within Sao Paulo state with population of ~15K (Relatório Balancete da Despesa- 4R Contabilidade)

# Community Health agent labor is largest cost bucket of PSF program in Brazil

2016 EXAMPLE MUNICIPALITY

## Labor costs represent ¾ of all PSF expenditures

Cost buckets for PSF program within example municipality of Sao Paulo state, R\$ millions, 2016



Data is consistent with other studies of basic health teams in Ceara state which showed 75% of PSF costs were labor elated in 2009

Federal funding for CHA's has two components fixed and variable. The fixed component is 1,014 BRL per CHA. The variable component depends on number of additional public health strategies adopted by municipality. On average each PSF team receives \$7-11K BRL for 6-8 members. The total per capital spend by federal government ranges from 22-28 BRL (\$7-9 USD)

Medical supplies and drugs are not costed as part of PSF, they are part of a different department, strategy and line item of the MOH budget

Notes: (\*) Labor costs includes all government related taxes and social program expenses required by law