RESTART

Private hospitals start a campaign to raise public awareness of the importance of returning to elective treatments

Interview

Federal Deputy Eduardo Costa (PTB-PA) - “The hospital economic sector, right now, needs to be prioritized”

Economic impact on health

Hospitals cannot enter the ICU

Traceability system

ensures more agility and efficiency in the processing of hospital articles
14ª CONVENÇÃO BRASILEIRA DE HOSPITAIS
RIO DE JANEIRO

QUALIFICAÇÃO E ACRÉDITAÇÃO DOS HOSPITAIS PARA A MELHORIA DO SETOR

@ CONVENCAOFBH.COM.BR
@ CONVENCAO@FBH.COM.BR

REALIZAÇÃO

PROMOÇÃO

ORGANIZAÇÃO
What to do with the post-pandemic workforce?

Everything we are experiencing in 2020 will go down in history. This is the most challenging scenario the world has ever faced today. The experience of dealing with an unknown enemy and having to adapt to a new relationship model, which redesigned all the existing business formats and redefined population behaviors, is unique and will certainly leave a legacy.

The crisis helps us to see more clearly the capacity of each one, our business, the institutions we represent, how we were and how we need to be. This moment has provided immense learning, which requires us to be more prepared and adapt to changes, and to adapt services and companies for a new time and for unpredictable scenarios.

Maintaining a business in our segment, in Brazil, requires a lot of breath to survive and succeed. Our sector creates thousands of jobs, is the one that most pays taxes in our country and the one that has the greatest social responsibility: taking care of people’s lives.

However, over the past few years, maintaining the survival of small and medium-sized private hospitals, which account for about 70% of all establishments in the country, has been a Herculean challenge. The epidemic of the new coronavirus, in fact, is only deepening a crisis that began much earlier.

Between 2010 and 2019, Brazil followed the closure of more than 2,000 private hospitals. In this period, the sector saw the loss of more than 30,000 beds and the dismissal of thousands of professionals.

The temporary suspension of elective procedures, due to the coronavirus epidemic, has severely impacted the revenues of hundreds of hospitals, which are now in danger of closing if no action is taken by the Brazilian State.

Here, I return to the initial topic of our debate. How to discuss the future of the workforce without mentioning job offers? And how to debate about creating more jobs without presenting economic solutions?
In a survey conducted with FBH associates, we found that the loss of revenue from hospitals, in this period of suspension of the elected procedures, varied between 30% and 40%. We still have hospitals across the country that are operating with only 30% of their operational capacity. Facing such an impacting scenario, how can we debate the future of the post-pandemic workforce without introducing to the discussion the conditions for ensuring the maintenance of existing jobs?

For FBH, it is imperative to discuss the financial health of hospitals. In this sense, there are countless fronts on which the Federation has been acting to claim assistance for the development of the sector. This can be seen in the debates to review the amounts paid to the procedures by the SUS table, which have been out of date for decades.

Such debate also involves the review of the national tax policy, since the Hospital Sector is severely taxed. And now, more than ever, there is also the need to create special credit lines that can help the management of these establishments.

It is worth noting that the private sector accounts for approximately 95% of the tax collection in the Health Sector. In the hospital network, more than 1.3 million jobs are created.\(^2\)

We are sure that there is a lot of opportunity and several possibilities for expansion in the different aspects of the Health Sector. I know that this impact caused by the coronavirus in the sector was huge; we lost many beds, hospitals and lives, in addition to leaving a huge debt in most establishments. But now, we need to look forward and put our country on the road. It is necessary to put the Health Sector Laws to a vote and listen to what we (and, in particular, the FBH, which has over 50 years of expertise and continues to fight for the development of the category) have learned and built.

The Health Sector needs solutions and, mainly, financial support for the survival and development of the entire system. The reality is that we are, in many regions, with less than ideal bed numbers; so development is needed, and there are many opportunities. But how to invest with this reality? The segment needs incentives to continue creating jobs.

So, what to do with this post-pandemic workforce? Invest and expand hospital capacity, as there are still many places that need beds, establishments and health care services; and generate tax and fiscal incentives for the sector to develop and provide solutions not only for the health labor market, but also to provide more dignified, professional and humane attention to all Brazilians.

We must believe in the capacity that our people have; for sure, the Brazilians, as they are warriors, creative and entrepreneurs, will retake the economy and generate opportunity for all. However, the first step is for the Chamber and the Senate to fulfill their role, as there are already many projects in progress, and there are several demands from the FBH with the Ministries of Health and Economy for special attention to our hospitals, which are responsible for many other health enterprises and businesses.

Adélvânio Francisco Morato
President of FBH

References


A SIMPRO reafirma seu compromisso de levar informação de qualidade e de forma imparcial, promovendo sustentabilidade e eficiência ao setor de Saúde Suplementar. Para tanto, implementa metodologias específicas e trabalho contínuo no aperfeiçoamento de sua base de dados, gerando soluções compatíveis aos mais diversos cenários.

O setor está amadurecendo em gestão e necessita de ferramentas adequadas para melhores resultados. Os produtos SIMPRO dão esta segurança, independente do modelo adotado para a auditoria de contas médicas em sua empresa.

**Sua Ferramenta de Busca na TUSS**

Visando simplificar o seu dia a dia, a SIMPRO disponibiliza o Portal TUSS, uma nova ferramenta web para consulta de produtos na tabela TUSS (da ANS – Agência Nacional de Saúde Suplementar).

Pesquite de forma simples e rápida, e obtenha informações detalhadas da TUSS e ANVISA.

Acesse em [www.portaltuss.com.br](http://www.portaltuss.com.br)

**Publicação impressa de circulação bimestral, contendo banco de dados de produtos para saúde.**

**Apresenta informações precisas de mais de 500 empresas e seus respectivos produtos com a finalidade de embasar negociações, cláusulas de contratos, processos de auditoria de contas médicas e faturamento hospitalar.**

Sistema eletrônico com atualização semanal, composto por banco de dados, com mais de 120 mil itens entre materiais e medicamentos.

Permite que o usuário realize seu faturamento, cotação ou análise de conta médica diretamente no VideoFarma ou ainda que exporte o banco de dados para seu próprio sistema de gestão.
The year 2020 projected a new era, establishing new guidelines and trajectory around the world. We ended the first term with the loss of thousands of lives and the relentless struggle for solutions that would provide the best care for patients, in addition to the search for studies and experiments to cure the coronavirus, which are still being tested worldwide.

Currently, hospitals, which face the biggest crisis of recent times, are dealing with the challenge of fighting not only for their survival, but also for the sector, which maintains an entire chain functioning and is responsible for the maintenance of thousands of lives. In addition to working in care and health promotion, aiming to maintain their structures, train their teams and improve procedures and processes, hospital managers are dealing with a crisis never imagined before, and seek to design a restructuring scenario for the survival of the business of the sector. It was necessary to face the difficulties and everything we are experiencing to overcome the obstacles we have been facing so far.

It is not possible to continue following the same steps and achieve different results; we need to build new paths aiming new results. We certainly won a lot too. The lessons learnt will be maintained, along with deep reflection and a new look at solutions and innovations we never thought before.

Revista Visão Hospitalar reinvented itself and brought together all its team expertise to present, in this scenario, new paths and share experiences that would contribute to the dialogue between health managers and provide solutions to help in the decision-making. In this edition we continue to closely follow the backstage of politics and its effects on the Health Sector. We interviewed Deputy Eduardo Costa, a physician and political leader who holds a prominent position as a full member of seven Commissions in the Chamber and who emphasized the prioritization of the hospital economic sector. We also present an update on the coronavirus scenario and the main news in the segment.

Information is the best way to build effective solutions aimed at improving the sector. Together, we will act to increasingly promote the development of Health.
SUMMARY

TAX VISION 16
LEGAL VISION 18
CRISIS MANAGEMENT 20
HOSPITAL INFECTION 21
COMMUNICATION MANAGEMENT 22
HOSPITAL SAFETY 26
INTEROPERABILITY 28
INTERVIEW - YUSSIF MERE ALI JR (AHESP) 30
PLANNING AND MANAGEMENT 34
TECHNOLOGY AND HEALTH 35
PURCHASE MANAGEMENT 36
STARTUPS 37
DIGITAL PRESCRIPTION 38
PRIMARY CARE 40
GYNECOLOGY 42
CARDIOLOGY 44
ALTERNATIVE THERAPIES 47
PSYCHIATRY 48
DIAGNOSTIC MEDICINE 50
HEALTH MARKET 52
COMPLIANCE 54
QUALIFICATION 56
PREVENTION 58
CORONAVIRUS MONITORING 60
GENETICS 61
HOSPITALS DEFENSE ACTIVITIES 62
MENTAL HEALTH 64
ACCREDITATION 66
SCIENCE AND HEALTH 67
STUDY AND RESEARCH 68
ETHICS AND HEALTH 70
INTEGRATIVE MEDICINE 74
TECHNOLOGY 76
TELEMEDICINE 78
KIDNEY TREATMENT 80
HAPPENS IN THE CONGRESS 82
EVENT CALENDAR 84
ECONOMIC INDEX WORKSHEET 86
Aumente a produtividade da sua CME com o CMEXX - Sistema de Rastreabilidade e Gestão de CME.

CME com controle manual é coisa do passado! O CMEXX facilita a vida da enfermeira e aumenta a eficiência da CME. Digitalize seus processos, ganhe tempo e reduza riscos.

Saiba mais: cmexx.com.br
Trained orthopedic doctor, José Eduardo Pereira da Costa, better known as Eduardo Costa (PTB-PA), is one of those examples that have enabled a renewal in the Federal Chamber. In his first term in the House, the leadership from Paraná emerges as one of the most active parliamentarians of this legislature, with a volume of proposals and participations in Special Commissions beyond significant. The deputy occupies prominent positions as a full member of seven Commissions, in addition to a Council in the Federal Chamber. In this period of epidemic, he presented 23 proposals focused at combating Covid-19.

Among the projects, one has deserved special mention for responding urgently to the request of thousands of private hospitals, which are in danger of closing their doors due to the Covid-19 pandemic. LP 2.894/2020 establishes financial support for small and medium-sized hospitals, through the creation of a special credit line and the reduction of interest charges on financing.

“The hospital sector, as we know, has been severely affected, and like all companies in the country, it also faces financial problems in its activities. We hope that, with his analysis and approval, it [Law Project] can help the sector to go through this very difficult period”, states Eduardo Costa.

In this interview, the parliamentarian spoke about the countless difficulties faced by hospitals in the country’s private network and highlighted the efforts of the National Congress to approve measures to ensure support and immediate aid to establishments. He also recognized the important role of entities representing the hospital sector, such as the Brazilian Hospitals Federation (FBH), to strengthen the segment.

“Throughout this challenging period, I have followed the performance of the representative entities, which have gone to great lengths to strengthen the hospital economic sector, with whom, as a federal deputy, I have been twinning in the struggles for better conditions for the sector.”

Eduardo Costa defends the expansion of public-private partnerships in the assistance provided to the population, especially
through the contracting of private beds for care in the Unified Health System (SUS). “The Brazilian State cannot be omitted; the private hospital sector is complementary to the Unified Health System and, therefore, is essential to serve the population at this time of pandemic. Our duty is to guarantee mechanisms to safeguard the functioning of private health providers.” Read the full interview:

VISÃO HOSPITALAR - Even before the arrival of the Covid-19 epidemic, Brazil had already been registering (according to data extracted from the "Scenario of Hospitals in Brazil 2019") the systematic closure of hospital units over the past ten years. During this period, hundreds of private hospitals closed their doors. How do you see this problem?

Dep. Eduardo Costa (PTB-PA) – The private hospital segment, from 2010 to 2019, has been going through continuous crises, losing 34.768 beds and 560 hospitals in this period, a reduction of 11.6% in the number of hospitals and 11.8% in the number of beds in relation to January 2010, according to data from the "Scenario of Hospitals in Brazil 2019". We recorded that the vast majority of closed hospitals, 69.9%, were small, with up to 100 beds, located in small municipalities in the country. And that 49.2% of these hospitals served the SUS. On the other hand, there was an increase in public hospitals of over 355 units, an increase of 17.1% in the qualitative of hospitals, and an increase of 9.200 beds in public hospitals, representing an increase of 6.6% in beds. The reduction of private hospitals and the opening of public units did not represent advances for SUS, as the management of the new public units was delegated, through program contracts, to social health organizations. This management measure, in many cases, led to the precariousness of both care and health management and SUS workers.

VISÃO HOSPITALAR – What are the biggest challenges private hospitals are facing?

Dep. Eduardo Costa (PTB-PA) – There are many challenges and difficulties faced by private hospitals, with and without profit, which work to provide health care to the population in general, providing complementary services to SUS. Among the biggest difficulties are the high costs of social charges, which have a significant weight for the sector, as it is labor intensive; the outdated values of the SUS Chart, which are insignificant; and the difficulties of negotiating with supplementary health. However, throughout this challenging period, I have followed the performance of the sector’s representative entities, which have spared no efforts to strengthen the hospital economic sector, with whom, as a federal deputy, I have been twinning in the struggles for better conditions for the sector.

VISÃO HOSPITALAR – How has the Covid-19 epidemic, which started about four months ago, intensified this financial crisis in the private hospital sector? What was the impact of the suspension of elective procedures?

Dep. Eduardo Costa (PTB-PA) – With the health crisis caused by the coronavirus, hospitals had to suspend elective operations, as the risk of contagion was clear and all energy was used to fight the pandemic in the country. As a result, of course, there was a drop in hospital revenues, causing financial repercussions in the entire healthcare network. So far, according to data from the National Health Confederation (CNSaúde), this impact already shows a reduction of more than 16% in the net revenue of hospitals due to the decrease in demand for elective surgeries (with higher added value and shorter duration) and increase in care for patients with Covid-19 (longer hospital stay).

This impact is amplified when one also considers the increases of more than 14% in labor costs (overtime), which represent the highest cost of hospital units, and the increase in the prices of priority inputs to fight the disease, causing a 15% increase in total input costs. The hospital economic sector, at this moment, needs to be prioritized in the policies of economic recovery by the Federal Government, as it is labor intensive, and, in this sense, the measures must avoid the expansion of the layoffs that are already occurring more intensely in other sectors as well.

VISÃO HOSPITALAR – You are the author of LP 2.894/2020, which establishes financial support for small and medium-sized hospitals, through the creation of a credit line and the reduction of interest charges. What is expected as a result of this program?

Dep. Eduardo Costa (PTB-PA) – This project proposes the creation of a program for the granting of credit lines for small and medium-sized private hospitals,
with and without profit, which also includes the reduction of interest rates on financing. This proposal aims to finance working capital, payroll and investments, especially in hospital beds and Intensive Care Units (ICUs), to ensure better service to the population in this period of health emergency that affects the entire country. The hospital sector, as we know, has been severely affected, and like all companies in the country, it also faces financial problems in its activities. We hope that, with the analysis and approval, it can help the sector to go through this difficult period.

VISÃO HOSPITALAR – In this moment of health crisis, how has the supplementary network been demonstrating its importance for the Brazilian health system? Is it possible to further integrate public-private partnerships in the Health Sector? What is missing?

Dep. Eduardo Costa (PTB-PA) – We believe so. The pandemic has showed us the importance of the private network for the national health system. It is a real drill for future partnerships between the spheres of government, whether federal, municipal or state. There is a need to expand the discussion with the Ministry of Health on the number of beds contracted from the private sector, as well as on updating the values of the services provided by the segment. Hospital services are essential for the population, in this pandemic moment, to help the sector. I also presented suggestions to the Federal Government for measures to temporarily suspend taxes and financial contributions and payroll tax relief for the segment, as a way of creating better conditions for the operation of companies in the sector. The Brazilian State cannot omit; the hospital economic sector is complementary to the Unified Health System and is essential to serve the population in this pandemic moment. Our duty is to guarantee mechanisms to safeguard the functioning of private health providers.

VISÃO HOSPITALAR – You are in your first term as federal deputy, but you already occupy prominent positions as a full member of seven Commissions, in addition to a Council in the Federal Chamber. In this period of epidemic, you presented 23 proposals aimed at combating Covid-19. To what do you attribute such acting?

Dep. Eduardo Costa (PTB-PA) – The moment demands greater efforts on the part of the parliamentarians, who in any way stopped their activities. On the contrary, the pandemic, unprecedented in our generation, demanded new and urgent actions to protect against the health crisis, which caused social and economic crises, both for citizens and for companies. And we are succeeding through the remote voting that takes place weekly in the Chamber and in the Federal Senate.

VISÃO HOSPITALAR – You are the author of LP 3.243/2020, which proposes the creation of the National Price Portal for emergency purchases by public administrations in this period of epidemic. How have you monitored budgetary executions in this period in which thousands of city halls have a Public Calamity Decree? What motivated you in creating this proposition?

Dep. Eduardo Costa (PTB-PA) – As a federal deputy, and alongside every citizen, I am a supervisor of the State and its actions. With the pandemic, emergency situations, such as hiring and purchasing by federal entities, were authorized with no bidding. And, with that, several complaints also appeared, as we see in the press. Our intention was not only to centralize and reference purchases and values, but also to help, with this Bill, municipalities and states to buy faster and more efficiently supplies and materials needed to fight the coronavirus. It is worth noticing that this proposal is the collective authorship of my party, and is headed by, as author, deputy Marcelo Dziedrick (PTB-RS), who gave us the opportunity to co-author a proposal that meets the desires of society and federative entities.

VISÃO HOSPITALAR – Much has been discussed about the inheritances that this pandemic will leave. Do you believe that the Brazilian health system could be even more strengthened? What are the legacies that this crisis may leave?

Dep. Eduardo Costa (PTB-PA) – I believe so. In one way or another, we will learn a lot in this period, be it in the management of people and materials, or in service to people, with an improvement in all sanitary and health protocols. We are sorry for the loss of health professionals who died in the exercise of their duties. They will not be forgotten. And it is for them and for the entire population that hospitals in the country will continue their mission to protect and save lives. We will go through this pandemic and we will come out stronger and united, for sure.
Private hospitals start a campaign to raise public awareness of the importance of returning to elective treatments

“Stay at home” and the fear of contracting Covid-19 removed patients from health centers and greatly reduced the amount of diagnoses and follow-up carried out in different specialties. The suspension of elective procedures by the ANS was also decisive for the emptying of hospitals.
The pandemic caused by the new coronavirus has caused unprecedented damage to the country’s health and economic organization, as well as to the psychological state of the Brazilian population. Since the first deaths were registered, just over three months ago, Brazil, due to its territorial extension, experiences different epidemiological scenarios, with equally different results for the various strategies adopted to control the epidemic. However, one image has been the same over that time: hospitals and private health centers, which do not directly act in confronting Covid-19, empty. Without patients, much less authorization to perform surgery, hundreds of them were operating with only 30% of their full operational capacity.

This emptying occurred basically for two reasons. The first was the guidance of the National Supplementary Health Agency (ANS) for the elective procedures to be temporarily suspended. The strategy was to safeguard beds, especially in the Intensive Care Unit (ICU), for patients with Covid-19, and to avoid crowding in health centers. The second reason concerns the population’s fear, which, coupled with the necessary guidelines for social isolation, as well as the excess of information in the media, the circulation of fake news and the weight of the number of victims affected by the disease, ended up generating fear in the patient of exposing and contracting Covid-19, either in attendance at the hospital, or when traveling to the unit.

The consequences of this emptying directly impact the health indicators of the Brazilian population, since they affect the marked decrease in the number of diagnoses and treatment of serious diseases, such as cancer and heart disease, for example. But they also leave severe marks on the economy of healthcare facilities, which, once left to their own devices, can bankrupt them. According to estimates by the Brazilian Hospitals Federation (FBH), the economic impacts caused by the emptying of units affect hospitals’ revenues by 30% to 40%, a volume that corresponds to elective procedures, such as surgery, for example.

According to estimates by the Brazilian Hospitals Federation (FBH), the economic impacts caused by the emptying of units affect hospitals’ revenues by 30% to 40%, a volume that corresponds to elective procedures, such as surgery, for example.

According to him, it is essential that the activities of the Health Sector are resumed in full, especially because the network is already properly prepared to resume care in other specialties, with protocols that guarantee safety to patients and health professionals. “For this reason, FBH is leading a major mobilization with its associates and other partner entities in the sector, to make the population aware of the necessary return to health care routines with their doctor or hospital. In this period in which the elective procedures were suspended, the country suffered bad indicators for serious diseases”, adds Morato.

ASSISTANCE IMPACTS

The poor health indicators that Brazil has been registering in this period of the Covid-19 epidemic reach several areas and significantly concern specialists. “Several people have stayed at home and some illnesses have shown an increased incidence, as well as, unfortunately, suicides and home aggressions. There has also been a growing number of cases of sudden deaths attributed to those with coronary insufficiency or with a predisposition to thromboembolic events or strokes”, warned the president of the Brazilian Medical Association (AMB),
Lincoln Lopes Ferreira, during the Technical Meeting promoted by the Chamber of Deputies, on June 23rd, to deal with the matter.

One of the areas of medicine most impacted by the epidemic was Cardiology. Figures from the Brazilian Society of Interventional Cardiology show that there was a fall of 50.3% in March and 73% in April in the total of coronary angioplasties performed in the country. The data compares the attendance of those months in the years 2019 and 2020. Also in this same period (between the months of March and April), the country registered a 31% increase in deaths from cardiovascular diseases (in total, these deaths jumped from 14,938, in 2019, to 19,573, in 2020).1

According to the survey, they are among the states that most accounted for an increase in the number of deaths from cardiovascular diseases: Amazonas, with an increase of 94%; Pernambuco (85%), São Paulo (70%); Ceará (63%); Espírito Santo (45%); Alagoas (43%); Rio Grande do Norte (35%); and Pará (34%). In all, 23 Federative Units recorded an increase in deaths from cardiac causes.

The impacts on cancer treatments are also irreversible. According to a study carried out by the Brazilian Societies of Pathologies and Oncology Surgery, it is estimated that, in the country, 50,000 people have stopped being diagnosed with cancer since the beginning of the pandemic. The entities warn that in April alone, about 70% of scheduled cancer surgeries were postponed.

In the fight against cancer, early diagnosis is essential to increase the chances of a successful treatment. However, with the fear that has taken part of the population and of exposing themselves and being contaminated, specialists have noticed a reduction in the demand for consultations and conducting screening tests to identify the disease. It is worth mentioning that, according to the National Cancer Institute (Inca), Brazil should add about 625,000 new cases of cancer this year.

There are also reports of considerable impacts in other areas of care, such as diagnostic medicine, which has been registering a drop in the search for routine laboratory tests. In Belo Horizonte, the capital of Minas Gerais and the second largest health market in the country in terms of number of establishments, this drop has already reached 80% in some laboratories, according to the Sociedade Mineira de Cardiologia. Among these procedures are tests of dosage and concentration of glycohemoglobin, recommended two to three times a year, especially for diabetics.

"We do not know the size of the enemy, which is the coronavirus, nor the extent of it, neither how long it will remain. All of our private or philanthropic institutions had a patient reduction of more than 50%. This emptying in hospitals, laboratories and clinics has several reasons. First, for 'stay at home'. Presidential and state decrees prohibited elective procedures, which is correct, there is nothing wrong with that. Now, we have to start doing the recovery gradually, following the existing protocols and creating new ones. I remember that, at the beginning of this pandemic, using corticosteroids was considered crazy. Today it seems to me that it is a drug used with great success in advanced stages of pathology. So, see that things are changing over time", emphasizes federal deputy Pedro Westphalen (PP-RS).

Figures from the Brazilian Society of Interventional Cardiology show that there was a fall of 50.3% in March and 73% in April in the total of coronary angioplasties performed in the country. The data compares the attendance of those months in the years 2019 and 2020. Also in this same period (between the months of March and April), the country registered a 31% increase in deaths from cardiovascular diseases (in total, these deaths jumped from 14,938, in 2019, to 19,573, in 2020).
According to a study carried out by the Brazilian Societies of Pathologies and Oncology Surgery, it is estimated that, in the country, 50,000 people have stopped being diagnosed with cancer since the beginning of the pandemic. The entities warn that in April alone, about 70% of scheduled cancer surgeries were postponed.

AWARENESS

In the coming months, several entities representing supplementary health in the country will be focused on demystifying the fear of Covid-19 and making the Brazilian population aware of the importance of resuming medical care routines, especially for patients who are already under treatment.

According to Morato, the FBH has been debating the proposal with parliamentarians and with hospital administrations across the country. “What we want is to promote a campaign that involves representatives from all segments, the National Congress, the Ministry of Health, to raise awareness among the population about the security of care, since they are scared. People need to trust the safety of our hospitals, and, at this critical moment, a campaign will go a long way towards reassuring,” he concludes.

1. The data are part of the new Transparency Portal module, developed by the National Association of Natural Personnel Registrars (Arpen-Brasil), in partnership with the Brazilian Society of Cardiology (SBC).
The tribute role and the fight against Covid-19

Father Antônio Vieira, in the “Sermon of St. Anthony”, teaches that salt has two functions: preserving healthy food and preventing it from spoiling and corrupting itself. Likewise, the tax must be designed, regulated, and applied in the same way to allow the taxpayer to properly comply with the tax obligation, without being weighed to the point of corrupting it. It is, with no doubt, a principle to be observed by all those involved in tax matters.

In times of economic and financial crisis resulting from the Covid-19 pandemic, with unthinkable social isolation in these times, the legislator and the tax administration must, more than ever, pay attention to this principle, inherent to the principle of preserving the company and the individual.

In this sense, on the one hand, measures have already been studied and taken in order to relieve the taxpayer, with a reduction in the tax burden, the institution of the possibility of an extraordinary transaction, the extension of the maturity of taxes, the postponement of the maximum date for compliance with ancillary obligations, facilitations on other procedural issues, etc. We will discuss some of these measures below, and it is likely that, as already reported, others will come until this crisis is over. Taxpayers, on the other hand, strongly feeling the effects of this crisis, are seeking the Judiciary to obtain postponement of taxes, without penalties, and, in some cases, have been successful in obtaining preliminary measures.

Below, we will indicate some of the most important tax measures adopted to combat the Covid-19 crisis at the federal level, which will certainly be followed by others. States are also taking similar steps. Regarding the reduction of the federal tax burden, three important measures were taken.

The first action aims to reduce the cost of credit and stimulate the economy. It consists of the reduction to zero of the Tax Rates on Financial Transactions related to credit operations (IOF-Credit), for credit operations contracted in the period between March 4th and March 7th, 2020. Such a reduction benefits loans made in any form; discount operation, including the sale to credit sales factoring companies; advances to depositors; limit excesses; financing for the acquisition of non-residential properties; as well as renewals, extensions, renovations, debt consolidation. The reduction applies to operations contracted in the period indicated above, regardless of the maturity date.

The second measure is the temporary reduction of contributions from third parties of the “S” System, applicable for the period between March 1st and June 30th, 2020. This is an action that seeks to relieve the tax burden of the entrepreneur in the second quarter of 2020, due to the economic difficulties caused by the Covid-19 pandemic. The rates decreased, in general, by half, so that contributions to the Social Service of Industry (Sesi) were reduced from 1.5% to 0.75%; the National Service for Industrial Learning (Senai), from 1.0% to 0.5%; the National Cooperative Learning Service (Sescoop), from 2.5% to 1.25%; and so on.

The third measure is the exemption from the tax burden of items for medical and hospital use, such as ethyl alcohol, disinfectants, antiseptic gel, clothing and protective accessories, plastic, electrodiagnostic devices, etc. This exemption was made possible by the temporary reduction, and valid until September 30th, 2020 of the Import Tax (II) rate to zero, and exemption from the Tax on Industrialized Products (IPI).

In addition, the Federal Revenue of Brazil (RFB) extended, until August and October 2020, the maturity of social contributions related to the competencies of March and April 2020, respectively. This postponement covers social security contributions on the payroll - employer’s quota, environmental risk at work and the insured individual taxpayer - the Rural Worker Assistance of the agroindustry Fund (Funrural), the rural producer,
and the employer, the social security contribution of the domestic employer, the contributions to the Social Integration Program/Public Employee's Heritage Training Program (PIS/Pasep) and the Social Security Financing Contribution on Gross Revenue (CPRB), also known as Folha's Exemption Contribution. For companies opting for Simples, the maximum payment dates for March, April and May 2020 were also postponed to October, November, and December this year.

Not less important, the postponement of the maturity date of ancillary obligations, which allows the entrepreneurs, as far as possible, to focus all their forces on the income generating activity of their business, to plan their team’s vacations to coincide with the quarantine period, (when your establishment is physically closed), or even gather data, information, and proof to fulfill such obligations. In this sense, the Federal Revenue of Brazil has extended the due date for the presentation of the Digital Tax Bookkeeping Generator Program of Contributions levied on Revenue (EFD-Contribuições) and the Debts and Credits Declaration of Federal Tax (DCTF), from March, April and May of 2020, to the 10th and 15th working days of July, respectively. Likewise, the date for filing the Individual Income Tax Declaration (IRPF), the Final Declaration of Estate and Definitive Exit was extended to June 30th, 2020, including the dates of payment of the balance of income tax or quota.

Under the new tax transaction rules, and in order to make it possible to overcome the effects from the crisis caused by the Covid-19 pandemic, the Attorney General’s Office of the National Treasury (PGFN) introduced new conditions for special installment of debts entered in the active debt, including those already in installments. The installment payment can be made in up to 84 months for taxpayers in general (seven years), and in up to 100 months (a little more than eight years) for individuals, micro and small companies, with the down payment corresponding to 1% of the debts, which is equivalent to the first three installments. The first installment will expire on the last business day of June 2020. The term for joining this extraordinary transaction, originally up to March 25th, has been extended to the final effective date of Provisional Measure (MP) 899/2019.

Several procedural measures, within the scope of the Federal Revenue of Brazil (RFB) and the Attorney General’s Office of the National Treasury (PGFN), have been adopted and will certainly be important in overcoming this crisis, such as, in the sphere of the RFB, the extension of the validity period of negative certificates, valid on March 23rd, 2020, for 90 days; the suspension of deadlines until the end of May involving electronic billing subpoenas, fine mesh notifications related to the Individual Income Tax Declaration, procedure for deleting installments due to default, among others; and, under the PGFN, 90 days deadlines related to protests of active debt certificates suspension, the beginning of procedures for the exclusion of taxpayers from installments managed by PGFN for default, among others.

As it turns out, several actions are being taken with the scope of accommodating the federal tax legislation and its application to the difficulties created by the Covid-19 pandemic. It can be said that they are timid, that they are not enough, but not that the legislator and the tax administration have been inert. There may also be specific situations that require intervention by the Judiciary, with a view to protect the particular sector or taxpayer, allowing the preservation of the company, as a source of wealth, jobs and taxes, which must be examined on a case-by-case basis. The evolution of the pandemic, with new quarantine extensions and the respective effects on the economy, will be the thermometer so that, eventually, the need for more salt is recognized, that is, to maximize the measures already adopted and to introduce others, which should be implemented immediately.

**Antonio Carlos de Almeida Amendola**

is a lawyer, graduated in Law from the Pontifical Catholic University of São Paulo (PUC/SP), with a master’s degree in Master of Laws (LL.M) from Cornell University (United States) and in Economic and Financial Law by the University of São Paulo (USP). He is a member of the São Paulo Lawyers Association (AASP).
Changes in labor standards due to the Covid-19 pandemic

The subject of making labor standards more flexible has long been the subject of academic discussions and in the labor legal environment. Over time, there has been enormous concern and refutation on the part of jurists for its adoption, mainly due to constitutional or infraconstitutional legal precepts.

Law No. 13,979/2020 regulated the public health emergency, including predicting quarantine because of Covid-19, and, after epidemic recognition by the World Health Organization (WHO), the National Congress approved the Decree Legislative nº 6, of March 20th, 2020, decreeing a state of public calamity, having as a corollary, under the guidance of the Ministry of Health, the decree, by the states, the Federal District and the municipalities, of horizontal social isolation, ensuring the provision of essential services to the population.
Companies and workers suffered a severe blow, but the prophylactic measures adopted were necessary to combat the ferocious enemy, coronavirus, resulting in the cessation of business and labor activities, mainly affecting the universe of 35.9 million formal workers, as well as like informal workers, totaling 38.806 million, according to data from the Brazilian Institute of Geography and Statistics (IBGE), before the epidemic crisis.

To mitigate the consequences, three Provisional Measures (MPs) were issued: 927, 928 and 936, the first two of which refer to teleworking (homeoffice), the anticipation of holidays, the hours bank, among other measures; and the last instituted the Emergency Employment and Income Maintenance Program, which ensures the payment of the emergency employment and income benefit, given the reduction in working hours or the temporary suspension of the employment contract.

Several manifestations took place in critical opposition, mainly in relation to MP 936, by jurists and, notably, the National Association of Labor Magistrates (Anamatra) and the National Association of Labor Attorneys (ANPT), which are pertinent, especially due to the fact that the rule in question violates the provisions of the Federal Constitution, especially the provisions of art. 7, items VI (wage reducibility), XIII (reduced working hours), XXVI (recognition of collective labor agreements), in addition to items III (unions are responsible for defending the collective or individual rights and interests of the categories) and IV (mandatory participation of unions in collective bargaining), both of art. 8th of the Major Letter.

The unconstitutionality of MP 936 provisions resulted in the judicialization, before the Federal Supreme Court (STF), of two Direct Actions of Unconstitutionality (ADIs), namely, 6363 (Rede Sustentabilidade Party) and 6370 (PT, PSOL and PCdoB), Minister Ricardo Lewandowski granted a preliminary injunction, making it mandatory, by the precautionary decision, to notify the workers union, in the case of entering into individual agreements, either in the case of a reduction in the working day or in the temporary suspension of the employment contract. However, this decision did not prevail by the majority of the ministers of the STF, because, in the sessions held, respectively, on April 16th and 17th, 2020, for seven to three, it was decided that the rules established in MP 936 prevail on behalf of the state disaster resulting from Covid-19.

We ask the following question: whether or not to make labor standards more flexible in the period of public calamity? Strictly speaking, considering the precepts already mentioned in the Federal Constitution, we could easily say that the reduction in wages due to the reduction of working hours and the non-intervention of workers’ unions in negotiations between employers and employees are blatantly unconstitutional.

So far, it seems we have reached the number of 3 million unemployed, which will probably increase in the next following months, considerably aggravating the situation, which was no longer encouraging, with a crash and the closing of companies without precedents, hence the current state requires immediate measures and responses. The flexibilization of labor standards is necessary for the maintenance of jobs and the guarantee of the perception of wages and income by workers; otherwise, we will be helping to create chaos, with unpredictable results.

Claudinor Barbiero is a professor of Labor Law at Universidade Presbiteriana Mackenzie - Campus Campinas
When we say that there are those who learn lessons from love and there are those who learn from pain, we mean that, usually, people make decisions and assess only when they are negatively impacted and, in the business world, this maxim is also present. The arrival of Covid-19 in Brazil put us in a crisis never seen before because it is a pandemic; the last similar one happened 100 years ago.

The question that remains is: were companies prepared to deal with this situation, which forced most of them to adopt procedures that, perhaps, had never been tested? The big issue is that many of them do not prepare for uncertainty as they should.

In a survey conducted during a virtual meeting to discuss crisis management plans, to which 170 respondents participated, 40% pointed out that their company did not have a formalized Business Continuity Plan (BCP), that is, what needed to be on the agenda of the executives are not present and, worse, the crisis is expected to happen to define a plan. However, 80% said they had a crisis committee, an answer incompatible with the previous data. These groups may have been created because of the coronavirus.

Another curious fact was the question asked about the company having gone through a rupture scenario in the last two years. The majority (62%) replied that they did not. Now, we had a crisis caused by the truck drivers’ strike, which impacted the supply of various items, including fuel, food, and medical supplies. In addition, we had WannaCry, the biggest ransomware attack in history, which affected hospitals, factories, airlines, and public agencies, totaling 230,000 affected computers in 150 countries.

This means that the actions end up being defined with the imminence of a crisis or according to its evolution. For example, when asked if the company was prepared to react to the coronavirus crisis and with what actions, 89% pointed to the home office, that is, it was the measure with the most adherence, but, possibly, it had not been tested, but adopted according to market decisions. Thus, there was a risk of not working, of not having enough equipment, or even of employees not having the Internet with the necessary specifications to access the companies’ systems.

The fact is that acting only during an ongoing crisis can lead to slowness and significant losses. Having a list of shares only at this point does not mean having a Business Continuity Plan. Decision making ends up being based on reactive measures and responses to the given scenario, and not prior planning.

We are not saying that the company should not redirect the course during the crisis. But, with a prior plan, it can have an initial guide on how to organize itself in situations of crisis and rupture. Therefore, here is an analysis of what we are experiencing now, which is an extreme situation, and what measures should be taken. One should not wait for the next problem to arrive before deciding. The Continuity and Crisis Management Plans need to be placed on the executive agenda and, more importantly, they need to be carried out.

One should not wait for the next problem to arrive before deciding. The Continuity and Crisis Management Plans need to be placed on the executive agenda and, more importantly, they need to be carried out.

Daniela Coelho is associate director of Risks and Performance at ICTS Protiviti, a company specialized in solutions for risk management, compliance, internal audit, investigation, protection, and data privacy.
In the Agroindustrial District of Anápolis, in the state of Goiás, Health Surveillance stopped the operation of a packaging factory after eight employees tested positive for Covid-19, in addition to others considered suspects. This, however, is not the first case of factories or industries closing in the country due to the spread of the new coronavirus among employees. In early April, the National Agency of Petroleum, Natural Gas and Biofuels (ANP) and the Public Ministry of Labor of the State of Espírito Santo (MPT-ES) also confirmed that tests by 34 employees on an oil platform were positive for Covid-19.

Such cases reinforce the need for industries and companies, which continue to function in this period of epidemic, to adopt stricter security protocols to prevent an outbreak of the disease among their collaborators, which must go beyond the distance between people and the adoption of health individual protection equipment (IPE). It is also necessary to take care of the environment, that is, to adopt measures that prevent contamination of the physical space by the new coronavirus.

At Allonda, an engineering company focused on sustainable solutions, the decontamination and disinfection service for industries represented 12% of all new demands that came up during the month of April. "To help contain and, at the same time, maintain the required sanitary standards, the moment requires a deeper work of decontamination and disinfection to eliminate or reduce to acceptable standards all microorganisms in the place, including the coronavirus", says the Company CEO, Leo Cesar Melo. He explains that the cleaning work is to remove dirt and even some allergens or microorganisms from surfaces, which already contributes to the reduction of intoxications, infections, and other illnesses. However, only the combination of regular cleaning with the decontamination and disinfection service can guarantee more safety. "Whether for the prevention of Covid-19 or other respiratory problems in any environment of your company", reinforces Melo.

Allonda’s CEO also explains that it is necessary to apply the right products, according to the need and specificity of each location. "That is, that they offer the expected result and cause the least possible impact on the productivity of the industries", explains Melo, who warns that the random use of chemicals, in addition to not guaranteeing the elimination of all harmful microorganisms, it may offer other types of health risk to employees. "The ideal is that it is a work done by a specialized team", he concludes.

The frequency with which companies must repeat this combination can vary according to the size of the company and the number of employees in operation.

"To help contain and, at the same time, maintain the required sanitary standards, the moment requires a deeper work of decontamination and disinfection to eliminate or reduce to acceptable standards all microorganisms in the place, including the coronavirus", Leo Cesar Melo, Allonda’s CEO.
Three reasons for companies to make the press a friendly ally in times of crisis

In times of crisis, such as the one we are experiencing now, the first thing that many small or medium-sized companies do is to reduce their marketing budget - often by cutting the services of the press office. Some executives claim lack of funds, others lack time to dedicate themselves, and there are still those who believe that if the market is not favorable, the work will not bring positive results.

Before understanding this behavior, it is important to highlight how large companies deal with the communication and marketing department. For this group, communication represents one of the biggest investments, and these leaders have the expertise of communication professionals in key meetings. After all, it is essential to be aware of the company’s business decisions and strategies for communication to have an impact, sustain the credibility of other actions and maintain a high reputation.

Returning to small and medium companies, it just does not make sense to bring the communications company, which knows the client’s business well, if it is determined to succumb to the crisis, in a “kamikaze” attitude. In no way, ceasing to exist publicly is the best decision in difficult times - this includes those who decide to just manage their own social media, believing that, in this way, they keep the gear moving.

If there are doubts, here are three reasons for having a press office as an ally:

1) Reputation is something that is built and must be preserved at all costs. There are people who summarize the work of the press office as a “free advertisement”, since press releases articles on numerous communication vehicles at no additional cost to the client. But you must be careful because this is a mistake. If the content of what is being advertised is questionable or poorly written, the brand’s reputation will be poorly assessed. Another key point: ads sell what you want to anyone who is interested, but they are not tied to credibility.

2) In times of crisis, news consumption increases. Recent data from the North American agency Horowitz Research reveal that news consumption has grown a lot in general, on the most varied platforms. Not only are people more attuned to what is happening globally, they are also more engaged and focused on local news. Among Americans, 58% said they are getting more information than before, for example. And the big surprise was a 53% increase in the interest of people between 18 and 49 years old for news in general - since they were never part of the main group (> 50 years old). Another fact that draws attention is that 23% of internet subscribers have already sought information to increase consumption. Although we still do not have consolidated data in Brazil, people’s behavior follows a pattern. That is, being in the media in a positive way, bringing quality information, is a very proactive way to combat opportunistic messages and fake news, in addition to staying on the side of your target audience, understanding their doubts, anxieties and needs. This relationship that is established between the brand and its “admirers”
should never be relativized or interrupted. Nobody lets a “friendship” end because the world is going through a crisis.

3) The work of a press office streamlines relationships. When the different audiences of interest of a company or institution are studied, whether internal or external customers, suppliers, partners, in short, the entire network of stakeholders that surround each business that is being touched on at the moment, success is definitely linked to the way how the communication takes place between the brand and these components. The role of the press officer is precisely to understand who these audiences are and how the company must communicate with them in order to establish a relationship of trust, increase their credibility and engagement, and achieve their goals - which, in the medium or long term, also includes increasing sales, attracting more patients to clinics or new associates to class organizations, more students to schools...

Obviously, anyone who wants to sell must invest in advertising. But if the company wants to establish a partner relationship with its customers, bringing them close, knowing their needs and expectations, it must not give up a good job of press relations. Much less in difficult times, when it disappears from the media that was regularly visited, it allows margins to think that the company is not solid enough to face a storm.

Heloísa Paiva is a journalist and director of Press Página Projetos de Comunicação, a company that has served more than 120 clients from different segments of the economy in 19 years of experience.
Traceability system ensures more agility and efficiency in the processing of hospital articles

Technology developed by Bioxxi, CMEXX helps the hospital to optimize production in the operating room and increase the surgical capacity of the establishment, since it modernizes the processing and sterilization of articles, replacing manual and time-consuming activities with a single digital beep.

Bioxxi, a leader Brazilian company in health products sterilization, has just launched a technology previously exclusive to the customers of its base. CMEXX is a Traceability and Management System that has transformed the Materials and Sterilization Centers (CMEs), being a strategic ally for increasing the hospital’s productivity and revenues.

Implementing technologies that enable productive and profitable gains has been a major challenge for the Brazilian hospital chain. And this challenge was even more evident in the last few months, when the establishments were directly and indirectly affected by the new coronavirus pandemic. The impact with the closing of thousands of operating rooms has denoted the importance that this service sector represents for the hospitals’ economic survival.

A survey carried out by the Brazilian Hospitals Federation (FBH), an entity that represents more than 4,000 establishments in the country’s private network, found that the drop in billing of hospitals, especially small and medium-sized ones, which represent 70% of the entire network of the country, reached 40% in this period. The main explanation was the suspension of elective procedures.

A CME Traceability and Management System, such as CMEXX, helps the hospital to increase its surgical capacity, since it significantly decreases the reprocessing time, optimizing the hospital’s arsenal and decreasing the surgical setup.

A CME Traceability and Management System, such as CMEXX, helps the hospital to increase its surgical capacity, since it significantly decreases the reprocessing time, optimizing the hospital’s arsenal and decreasing the surgical setup.

The main benefit of CMEXX is its low cost, easy handling and high production impact that it provides to the hospital service chain. With a small investment, CMEXX modernizes the entire operation of CME, by digitizing processes that required time and physical effort, and which, for years, were carried out with heaps of paper and pen. In addition, the technology provides a significant operational gain in the management of operating rooms, by allowing the optimization of time, canceling errors or waste and minimizing delays in surgeries due to the lack of CME material.
MODERNIZATION IN THE SERVICE OF PROFITABILITY

Faced with such importance that the surgical center assumes for the financial sustainability of the hospital, and with a repressed demand for these procedures, the great challenge imposed on hospital management to resume care will be to ensure, on the one hand, total safety and good practices performance in the procedures, in view of the infections possibility by Covid-19. However, on the other hand, it also becomes imperative to seek strategies that enable productive and managerial gains in the operating rooms.

"Before, you had to write down in notebook blocks every time an article was brought to CME. Today, with a single beep, in addition to downloading the article, I can view important information such as the useful life of that material, for example. This generates savings in operating costs, since, with the system, I have greater control over the inventory of medical and hospital articles at the unit”, explains Agenor Lima, coordinator and technical responsible for CME at Santa Group, one of the largest hospital complexes in the Federal District, with a volume of more than 2,000 surgeries per month.

Regarding the productivity gains of employees working at CME, he also draws attention to the managerial benefits of the tool. “With CMEXX, I can verify the productivity of each employee. I can even see in which part of the gear he is working best to establish strategies to take advantage of each person’s potential”, he adds.

For hospitals with limited arsenal, the system makes it a lot easier, since it reduces the reprocessing time, increasing the material turnover. “CMEXX helped me a lot, because traceability made working in the operating room easier. With a beep we were able to identify each instrument, which box it belongs to, which patient it was used in, which reprocessing cycles it went through, etc. In addition, the system manages the reprocessing capacity of each material, increasing patient safety,” explains Evelin Aires, coordinator of the Surgical Center at Hospital Municipal Moacyr do Carmo.

THE FUTURE OF CMES

Great technologies are created not only to meet operational objectives. They help to improve the lives of people who are directly in contact, by providing more safety and quality to the result of the work, without needing greater effort. CMEXX signals the future of CMES, by proposing a managerial intelligence that allows reducing physical effort, saving time, efficiency, safety and productivity.

With the CMEXX, QR Code readers are replacing stacks of notebooks and pens. With an optical reader, with a single beep, it is possible for the professional to have access to the identity of the material that will be sterilized again: its history of use, reprocessing, who used it, in which patient, when and where, among other things. This monitoring of the production chain brings more security and makes it possible to increase the employee’s efficiency and productivity.

The work is lighter and more transparent, since the guarantee of traceability allows the verification of all stages of the process, and, with this, the immediate identification of failures. The result is also safer, since the possibility of human errors becomes almost none. The entire process guarantees the application of good conduct practices, as provided for in hospital protocols. Finally, who wins is the employee and the hospital, since the system’s agility allows operational time to be saved, which can be dedicated to other tasks. A single beep replaces minutes of manually filling out spreadsheets.

“..."The system makes life very easy for both the nurse and the technician. In the manual method, the collaborator needs to write in a notebook, and, in the hustle and bustle of everyday life, it can leave space for human flaws. Making a simple query in the manual method is very complicated and sometimes it is not even possible. In addition to traceability, CMEXX generates very useful management reports, such as the number of cycles that occurred in a given period, the occupation of machinery, the inventory of materials, etc. Nowadays, I don’t know how a CME can operate without CMEXX”, explains Luzivânia do Nascimento, a nurse at CME of Hospital Pro Criança Jutta Batista.
Safety in the hospital environment in the “new” normal

Bruno Marques is leader of Ecolab’s Healthcare Division in Brazil.

We are living in an unprecedented moment in this century. The pandemic caused by SARS-CoV-2 highlighted the importance of strict disinfection and cleaning protocols in hospitals, environments that have always valued the safety of their employees and patients. This attention to avoid the proliferation of the Covid-19 virus requires immediate measures and priority on the agenda of hospital managers.

While fighting the new coronavirus, the safety of healthcare professionals must be a priority. Care for the teams on the front lines is essential in this period and, without them, it would be impossible to attend the population safely and care for patients. Within this context, of course, is the proper use of personal safety equipment and hand washing, but looking at disinfection products and services for different hospital spaces, such as common areas, procedural areas and hospitalized patients, kitchens and laundries, is essential for an effective prevention.

Contamination in the workplace is, in fact, worrying. According to a survey carried out in May by the Ministry of Health (MH), more than 31,700 health professionals were infected by the virus. Regarding suspected cases, the Ministry of Health has almost 200 thousand doctors, nurses, health agents and other professionals working in the hospital segment. The question that we, leaders in cleaning and hygiene products and hospital managers, have is: what is possible to do to avoid this situation?
Firstly, hand hygiene, if performed regularly and in the correct way, contributes significantly to the reduction of contamination by viruses and bacteria. Another extremely important factor is that the cleaning of surfaces must be effective since areas constantly touched need to undergo adequate and frequent cleaning. The use of a disinfectant product, which has action to fight viruses, fungi, and bacteria, is also essential. Another important point is that the application must have a quick effect and be effective, in addition to providing security to the hospital cleaning team, including during the hygiene procedure. It is necessary to remember that the products must be properly registered with the National Health Surveillance Agency (Anvisa).

Hygiene protocols are of a huge importance in the investments that are being made in hospitals during the pandemic. The proper use of products, the assertive strategy in the prevention processes, the population’s awareness of the disease and the appropriate guidance for employees, as well as the supply of the necessary materials for the assistance, allow a safer and prepared place for this moment.

Although urgent, it is necessary to reflect on whether the actions put into practice are, in fact, effective; whether the products used to clean the premises are adequate; and what are the levels of possible contamination of professionals. After this study, it is necessary to understand what can be improved and what should be reviewed. Do not be afraid to talk to other managers and count on professional help.

Regarding the future, it is still not possible to know what the world will be like after the pandemic. However, we are moving towards keeping the hygiene and cleaning protocols even more rigorous compared to the period before the virus. Health professionals and the population in general will be more concerned with their safety, seeking to understand whether the places they attend present have effective solutions and protocols to prevent the spread of diseases. We need to prepare for this “new normal”, invest in new technologies and innovations, study strategies, services and products so that they are aligned with the projects under development, and those that, in the future, may be applied. Hygiene and cleanliness will also be crucial in the post-pandemic world and for customer and consumer loyalty.

“Regarding the future, it is still not possible to know what the world will be like after the pandemic. However, we are moving towards keeping the hygiene and cleaning protocols even more rigorous compared to the period before the virus.”
Covid-19: technology contributes efficiently to assist medical entities

Alexandre Grandi is director, in Latin America, of the Health and Life Sciences Industries at Cognizant.

Collaboration between actors in the health chain can occur not only in terms of governance and alliances, but also through the more intrinsic connection with technology. Interoperability and data exchange initiatives should create the infrastructure that would enable the availability of clinical data - while, of course, respecting all privacy requirements - for a wider audience. This would provide a better understanding of the population’s health and, consequently, more effectiveness in treatments and therapies.

Investments made now, during the pandemic, with telehealth, artificial intelligence and machine learning are creating significant benefits in terms of health outcomes and improving the sector’s competitiveness. Manufacturers of medical devices, for example, can use their workforce, which operated 100% in the field, to, from now on, remotely analyze how their equipment installed in hospitals, clinics and laboratories is working.

This same workforce, through digital channels, can monitor clinical conditions of patients in home care (of course, with the patient’s permission), such as cardiac arrhythmias. It can also warn the patient that their device is low on energy or predict that it is close to a failure/stop in its operation, and, thus, alert the maintenance teams to preventive intervention in order not to cause unavailability of the service that depends on such device/equipment.

The pandemic is directing consumers to digital health channels, and social detachment - imposed by the pandemic and recommended by the health authorities of governments in many countries - required organizations to implement digital technologies, such as telehealth, so that the relationship with their patients could continue, even if remotely. To meet this demand for digital channels, many organizations have had to resize (or sometimes create from scratch) their patient care centers. Such centers had to add the health professional in the service menu, for remote medical appointments, with high availability (many, in 24x7).

The pandemic came to accelerate the digital transformation agenda that many health organizations already had underway or in planning. Now, it is essential that such plans and actions meet not only the immediate needs that health professionals, collaborators, governments, regulatory bodies, patients and families are presenting, but also prepare for the changes that are yet to come as a result in the post-pandemic.

Virtual healthcare, data science and digital interoperability can help the healthcare ecosystem to remain effective in a pandemic. Only through these new models is it possible to enable remote and online engagement, collaboration and interaction of health professionals who are miles away. It is also possible to analyze patient data and laboratory results that identify health professionals with a high number of high-risk patients, and for them to generate more appropriate care plans.

Another possibility is to create regionalized analytical models in real time to understand the impacts on the use of medicines and hospital supplies, such as personal protective equipment (PPE) for teams that are on the front lines in the fight against Covid-19.
In the post-pandemic, I believe a relevant portion of the demands for remote services will remain, but probably not entirely, as it is today in the midst of the pandemic. Therefore, companies need to be prepared to deal with a reduction in this demand in the future, so that they do not have an unnecessary operating cost later. Your operating model must be ready to deal with this elasticity.

Finally, looking at a medium-term horizon, the pharmaceutical industry will be able to rethink the strategies for launching its products in the face of changes in the market, in the business model, in regulations and in the expectations of consumers arising from the pandemic.

The pandemic came to accelerate the digital transformation agenda that many health organizations already had underway or in planning. Now, it is essential that such plans and actions meet not only the immediate needs that health professionals, collaborators, governments, regulatory bodies, patients and families are presenting, but also prepare for the changes that are yet to come as a result in the post-pandemic.
“Our biggest challenge is to take health seriously in this country”

DOCTOR YUSSIF ALI MERE JR.

Doctor Yussif Ali Mere Jr. was elected to lead, for the next three years (2020-2023), the presidency of the Association of Hospitals of the State of São Paulo (AHESP), an entity that represents more than 850 private health care establishments.

With a long history of acting in defense of the sector and an experience that led him to direct institutions such as the Federation of Hospitals of the State of São Paulo (FEHOESP), the Union of Hospitals, Clinics and Laboratories of the State of São Paulo (SINDHOSP), the Union of Hospitals, Clinics and Laboratories of Ribeirão Preto (SindRibeirão) and the Brazilian Association of Dialysis and Transplant Centers (ABCDT), Yussif Ali Mere Jr. spoke with Visão Hospitalar about his priorities ahead of AHESP.

He reviewed the impacts of the Covid-19 epidemic on the functioning of the Brazilian hospital network, criticized the construction of field hospitals across the country, which he referred to as "a big mistake", and reinforced the need to raise awareness of the population for immediate return of the elective treatments that ended up suspended. "There are already specific data that attest to the increase in home deaths. This means that people who need to continue treatment for heart disease, for a chronic degenerative problem, are not doing it. This is absurd!". Check out the full interview:
VISÃO HOSPITALAR – You were elected, just over three months ago, to preside over AHESP, with the largest number of establishments represented in the country (more than 800 private hospitals). How do you deal with the challenge and what will your priorities be?

Yussif Ali Mere Jr. – The challenges of the Health Sector are enormous, especially in a country where we do not have health as a government priority, at any level, neither in the federal government, nor in state, nor in municipal governments. So, our biggest challenge is to take health seriously in this country. It is clear that, during the pandemic, this situation becomes evident; everyone discusses health, if you have a bed, if you don’t. But this is a momentary discussion. When the pandemic is over, no one else will argue, but we will have the challenge of making society discuss more about health. After all, we have chronic underfunding in health that has been destroying the sector, especially the private sector. The public sector is currently scrapped and needs to be revitalized. But when I talk about revitalizing, it doesn’t mean that the government needs to invest in building hospitals; he needs to invest in the Health Sector, he needs to invest in health financing. The private sector is more than prepared to respond to this challenge. We have a private health sector in the country that is important, this is evidenced in this pandemic. We have the capacity, money to invest, we have knowledge and we have professionals. We just need government entities to understand that health is not an expense, it is an investment that will bring a lot of personal development for each Brazilian.

VISÃO HOSPITALAR – In your possession, you spoke of the challenge of integrating associativism with unionism. How important is this integration? How can it strengthen the struggle for improvements in the sector?

Yussif Ali Mere Jr. – It is very important to focus on this integration, because unionism, as of 2017, with the labor reform of the Temer government, brought about the non-mandatory union tax. This makes union contributors voluntary. In other words, basically, we will have the same condition to charge a union contribution, a confederative contribution, to charge an associative contribution. So, the great challenge of integrating these two areas is precisely to make the entities that represent companies in the Health Sector stronger. We will never be strong if companies are not strong, if we are not represented within civil society. Therefore, everyone in the Health Sector needs to know this and integrate with this situation, that way everyone will win. Thus, our great challenge is to revitalize the association, revitalize the union, for all of this to culminate in the strengthening of the Brazilian Hospitals Federation (FBH), which is the oldest national federation and represents all health services in the country.

VISÃO HOSPITALAR – What has been the biggest impact of the Covid-19 pandemic on the Brazilian hospital sector? In São Paulo, what were the consequences for establishments that were not at the forefront of serving Covid-19?

Yussif Ali Mere Jr. – This is a big problem. It is the biggest problem we are experiencing today, especially hospitals in the interior of the state, even in the metropolitan region of São Paulo, even in the capital, in the hospitals least affected by Covid. Everyone ran away from the hospitals, the movement of these establishments fell, including in hospitals that serve the Unified Health System (SUS). What happened was a total inability to communicate; people fled the ER and the hospitals were completely empty. This will mean, in the coming months, a great financial difficulty for hospitals to be able to maintain their operations. The federal government, more specifically the Ministry of Health, has to deal with this situation of credit lines with great affection, especially for private hospitals, which are not those hospitals that were on the front line of Covid-19, because such hospitals, today, they are even receiving some patients, but it is far from the movement they need and had before the pandemic. So, we will need to take care of this, otherwise we will have, like other sectors of the economy, many hospitals closing their doors from the return to work, after the end of quarantine in our country.

VISÃO HOSPITALAR – How should private hospitals act to make the population aware of the return to medical care in these establishments? Do you believe that this “fear” of contracting the disease should last for a long time?

Yussif Mere Ali Jr. – This is an even greater problem than that of hospitals, because what we are seeing is that people are discontinuing treatments that could not be discontinued, such as cancer treatment. The
person who has cancer cannot stop. What we see today is that they are discontinuing the treatment they need. Like this treatment, there are also chronic degenerative diseases, mainly hypertension and diabetes. If the person does not control it, he will return to a much worse clinical situation. We have also worsened the cardiovascular situation. There are already specific data that attest to the increase in home deaths. This means that people who need to continue treatment for heart disease, for a chronic degenerative problem, are not doing it. This is absurd! We need to raise awareness. What we are doing is distributing communications, talking to all entities and provoking the FBH itself, which should spearhead a campaign so that people do not discontinue their treatments, because this resumption can be a much worse situation than it was in the pre-pandemic. It is a very important issue and one that we will dedicate ourselves to, from the moment that we can make the entire population aware of this very serious situation.

VISÃO HOSPITALAR – You spoke of the preparation of the private hospital network to treat SUS patients, but, in this pandemic period, we saw very little action on the part of the federated entities to seek these partnerships with the private network. In your opinion, what is missing?

Yussif Mere Ali Jr. – In the beginning, the government of São Paulo came to us and we started dealing with a very interesting partnership for the entire state, which was a purchase of private beds. What happens is that, suddenly, this negotiation stopped and we had no explanation why. And today, we have many places throughout the interior with a lack of beds, a situation that might not have occurred if we had this partnership. Another very important mistake by state and municipal governments was the construction of field hospitals, because these hospitals - I can use as an example those in São Paulo, such as Anhembi, Pacaembu and Ibirapuera -, have many lower complexity beds than ICU beds, which are very difficult to assemble. And Covid needs very little infirmary beds; the necessary are ICU beds. This is an unnecessary public expenditure. A brutal mistake. When I talk about waste in an area like health, it cannot be treated like common waste. If governments had talked to us more, this would not have happened. Which leads us to ask if there is interest behind the construction of these hospitals. The Health Sector is more than prepared and willing to talk, either with the federal government, or with state and municipal governments. What we want is to provide the population with an adequate hospital medical service. We understand that the Human Development Index (HDI) so widespread by the United Nations (UN) - with Brazil's falling short of our economy - needs to rise, and for that, it is necessary to invest in health. It is essential, in order to increase our HDI, to increase our quality of life. Our governors, above all, need to understand this and look for the private sector to find its way out. The way out is much cheaper, much more efficient, and the response will be very quick the day it happens.

VISÃO HOSPITALAR – Much has been said about the inheritances that Covid will leave in the Health Sector in Brazil. What are the main lessons that this epidemic brings to the Brazilian hospital network?

Yussif Mere Ali Jr. – When the minister was still Mandetta - right from the first pronouncements I could hear from him - he spoke in the health districts, said that Brazil would need to implant approximately 400 and few districts, since each one would have 500.000 inhabitants, which makes up our own just over 200 million inhabitants. This is very important. We need to resume this conversation, because with this division of approximately 400 health districts, we will have what this pandemic has shown us, which is to know with accuracy and precision, the number of beds we need. There are places in the country that do not have referenced ICU beds. We cannot let people die for lack of ICU beds in a country that has the tenth economy in the world. The goal is to have universal health, which is a great gain. SUS showed, in this pandemic, what it came to, and it is very important in the country, only that we need to make it work, and to make it work at a much lower cost and much greater efficiency and effectiveness, we need this public-private integration. I hope that the legacy of this pandemic is that we can no longer suffer from the lack of ICU beds. Of course, there is no shortage of operating rooms throughout Brazil. What we need is to have the financing for these surgeries to be performed. So funding and ICU beds are needed. I hope this is the legacy of this pandemic for the entire hospital sector, and more, for the entire country. Our country is very heterogeneous, but it is homogeneous in terms of the needs we have to look at health in a seriously and efficiently way.
Uma Jornada pela Representatividade e Evolução do Setor Hospitalar do País
The future of health

There is no doubt that we will win this pandemic, but what we will learn from it will be decisive for our destiny.

World Health Day, celebrated on April 7th as a reference to the date of creation of the World Health Organization (WHO), in 1948, usually brings annual themes to awareness campaigns of governments and the population in general. This year, there is no escape from the pandemic issue imposed by the new coronavirus. However, the characteristic celebration of the date gives us the opportunity to analyze, in a broader way, not only the current actions imposed by this situation, but, mainly, its reflection on the future of our planet’s health.

For current actions, in our health units, we have established crisis committees focusing on issues such as inputs and inventory management, review of flows and redirection of assistance resources. Such groups need to meet periodically and frequently, in view of the degree of how uncertain the moment is for analysis and review of the implemented actions. The Corporate Medical Directorate sought to approach through communication channels, to support local managers, interfacing with the other area directorates, aiming at the agility in corporate responses.

Regarding a future reflection, we are facing an unprecedented demand situation, which surpasses health systems worldwide, regardless of the degree of economic development of countries. The responsiveness of most of them does not seem to be enough to mitigate these defeats. Is it then that HEALTH, with all capital letters, has been treated strategically by governments? I say strategic to the point of not restricting the opening of beds, but rather creating conditions for the generation, distribution, and transformation of knowledge in health, developing the industry to supply products and technology and strengthening support structures.

We show that we can recruit heroes and increase beds, but we run into the lack of mechanical fans and test supplies. Therefore, HEALTH is much more than establishments and professionals; HEALTH is economics, infrastructure, international relations, justice, and defense. The entire cost of these emergency containment measures will need to be considered in the analysis of future investments. Bringing HEALTH to the top of the government’s agenda needs to be the legacy of this pandemic.

Fernando Mallet Soares Paragó is medical corporate director of Pró-Saúde and specialist in Quality and Patient Safety at the National School of Public Health of the Oswaldo Cruz Foundation (ENSP / Fiocruz).
Remote service is a key part to flatten the contamination curve by Covid-19

**Gabriela Vargas**

is Director of Marketing and Products at Zenvia, a communication platform that simplifies the relationship between companies and consumers.

During the chaos that is setting up in homes and businesses right now, I keep thinking about how technologies can support healthcare companies. I, like most, with any cough or sneeze, already think: “Am I infected with Covid-19?”

My first attitude is to search on Google and see what the symptoms are. But it is difficult to find any website that allows me to know, in a personalized way, what my situation is. All are kind of generic. Fever? Cough? If you cough, is it dry? Well, I might have one or two symptoms but what now? Do I run to the hospital?

The challenge is that, with Covid-19, as with many diseases, it is not an isolated symptom that will tell you what you have, but a combination of factors, including who you are (your disease history, your age etc.). And that’s how emergencies fill up, and often fill up with cases of people who should not be there, because they are not infected with the virus, but inside hospitals they are likely to contract it.

With that in mind, one of the measures that the government took was the release of telemedicine (by Ordinance No. 467/2020, from the Ministry of Health). So far, great. But what now? How many professionals do we have available to help? I do not know if you tried to call any telehealth channel in the past few days. I tried. I spent 40 minutes waiting for an appointment. And that was before the total shutdown. I am not criticizing the service time, but I am reflecting on how to avoid filling the call centers of people who are simply scared.

Currently, I am happy to work with technology because technology can help with that. Imagine an automated screening, in which you provide data about your health situation and, according to each combination, you are directed to a specific service. Wouldn’t that be great? For mild cases, a nurse will chat with you. In more serious cases, the option may be a phone call or a video call with a doctor who will talk to you and give you a recommendation. Low probability cases ask for a direction so you can wait.

This type of screening automation would greatly reduce the amount of care that healthcare professionals would need to do and would target only those that make sense. Among the results are: more relaxed patients, with access to a reliable diagnosis, without leaving home. In addition, it would greatly reduce healthcare workers’ exposure to the virus.

The benefits are proven. According to a report released by Juniper Research, using chatbots as an example of technology in health, with annual application until 2022, there would be savings of US $ 3.6 billion in service on a global scale.

So, how about combining technology and health to try to flatten this curve? We are doing our part and talking to all the hospitals and clinics we know to see how we can help.
Health sector is leader in e-commerce sales, but should not be trivialized

Shopping online is already a common habit for people, and it is what has grown the most among consumers on duty, including in Brazil. In the country alone, e-commerce revenue has already surpassed the R$ 53 billion mark in the last year, according to Webshoppers, a report with information on e-commerce in Brazil prepared by Ebit, a certification company for virtual stores.

A great novelty of this market is that the Health Sector is the one that leads sales in virtual purchases. According to the same study, in 2019, online orders for medicines, medical supplies, perfumery and cosmetics expanded 112% compared to 2018, a number that represents 35% of the country’s turnover.

But this increase has an explanation: people are much more engaged and connected daily in search of efficient services, without the need to leave home. Another factor is related to the ease of finding on the internet, prices below the ones sold in physical stores, attracting more and more users.

In addition, the growth in online consumption for medical items is also due to the precarious coverage of offline retail and the increase in the elderly population in Brazil, which also represents a considerable share of internet access, especially via cell phone. To give you an idea, the survey on World Macro tendencies, by the Federation of Industries of the State of São Paulo (Fiesp), states that, by 2030, the world will have about 836 million elderly people, it currently has 608 million. This number will represent 11.4% of the population in Brazil, which is now 7.8%.

It is possible to notice that, with the increase in the age group of the population over 65 years old, a new demand was created for the pharmaceutical and medical items sector. Several products are being launched, and a good part of them can be made available on the internet, facilitating people’s accessibility to the quality of life that the segment offers.

However, even with high demand, it is impossible to discard the fact that users seek, above all, transaction security, quality of life and autonomy to take good care of their health condition and maintain a pleasant and productive life. And, when it comes to self-care, all attention is essential in the consumer’s experience, at the time of sale and delivery of purchases, after all, it is worth remembering that they are essential products for people who are facing a fragile moment.

Finally, I believe that technological solutions aimed at Health should not be generalist, as they need to act with focus, responsibility, and acceptance that the sector demands. In addition to convenience and savings, the patient or family member also seeks, among other criteria, information about the item they intend to acquire, and issues related to it. Dealing with people’s well-being requires attention and offering a focused and personalized care will make you different. Have you ever thought about it?

Rodrigo Correia da Silva holds a Law degree from the Pontifical Catholic University of São Paulo (PUC/SP). He founded Correia da Silva Advogados, an office and consultancy with 20 years of existence. He was advisor and president of Britcham’s Branch/SP. He currently teaches at the Fundação Getúlio Vargas MBA (FGV) and is CEO of Suprevida, an information platform, contracting services and medical products.
The day after tomorrow: what health techs expect for the post-pandemic moment

Since the World Health Organization (WHO) enacted the Covid-19 outbreak as a global pandemic on March 11, people across the world have experienced dramatic changes in their professional and personal lives. The moment calls for distance. Distance from love, family, friends, and co-workers. With outputs increasingly restricted due to social isolation, innovative solutions have been essential to meet the needs of everyone in the security of their homes.

For this reason, some sectors that were still growing, such as supermarkets, bakeries, and neighborhood businesses, had the boost they needed to speed up the process. And with medicine it could not be different. The numbers of people infected with the new coronavirus are increasing every day, and health professionals are those who are at the forefront of combating this new and so unknown disease. To help flatten the contagion curve of this virus, health techs have been the fastest and safest alternative, both for patients and healthcare professionals.

According to the Brazilian Startup Association (ABStartups), this sector has shown exponential growth. While, in 2015, the country registered 235 companies, today it already has about 450 innovative solutions for the health segment. A good example of how technology has been essential to medicine has been the approval of telemedicine. The practice, which had been debated for years, was approved by the Senate on March 31st to prevent further exposure of the population to the virus and reduce the number of hospitals and clinics on account of diseases that do not present major risks.

Despite the exceptional situation due to social isolation, many professionals and specialists in the area believe that the practice should be regulated by the Federal Council of Medicine in the post-pandemic moment. This is because the method has been able to streamline several processes and promote more safety for patients and professionals. With this, the trend is for health techs to register a new boom in search of more resources to accelerate the digitalization of the areas of physical and mental health.

Despite the seriousness of the problem, the pandemic has highlighted the need and benefits that technology has to offer us: reducing distances, minimizing bureaucracy, providing accessibility, and promoting quality of life for all spheres of the population.

Milene Rosenthal is a psychologist and founder of Telavita, a psychotherapy platform that connects patients with psychology professionals across the country.
Coronavirus and telemedicine drive growth of digital medical prescription in Brazil

In the months of March and April, approximately 25,000 new doctors started to adopt the digital medical prescription, a volume of registrations almost 1,000% higher than the historical average. More than 1.6 million patients received digital medical prescriptions in the first quarter of 2020.

The regulations of the Ministry of Health that released, on an emergency basis, the use of telemedicine due to the coronavirus pandemic, contributed to a significant leap in the use of digital medical prescriptions among Brazilian doctors. According to Memed, a pioneer healthtech and market leader in digital medical prescription in Brazil, in March and April this year, approximately 25,000 doctors registered to make free use of the solution. This represents an increase of almost 1,000% in the volume of new medical users on the platform, compared to the 2019 average.

Currently, there are more than 100,000 doctors using Memed’s digital prescription platform in Brazil. This number, if added to users of hospitals and health operators, exceeds the 130,000 mark. The prescription volume has also grown. In the first quarter of 2020, it was 60% higher than that registered in the same period last year. In 2019, more than 5 million prescriptions were performed digitally, a number that has been increasing annually since 2016.

Driven by the scenario of social isolation (coronavirus and telemedicine), adherence by the chains of
pharmacies and drugstores was quite rapid. In just 30 days, more than 20,000 pharmacies registered on the Memed platform for free and started to accept a digital medical prescription in all states of Brazil. With that, customers who receive the digital prescription by SMS directly on their cell phone, prescribed by their doctor, can present it at the counter. The pharmacy then checks whether the prescription document is digitally signed by the doctor via a digital certificate in the Brazilian Public Key Infrastructure (ICP Brasil) standard - required by the Ministry of Health (MS), by the National Health Surveillance Agency (Anvisa) and the Federal Council of Medicine (FCM) -, and then dispenses the drugs.

This makes the whole process more practical and even safer, both for the doctor and for the patient, since the system allows the doctor to issue the prescription digitally, with no need for the patient to travel to receive the document in hand, in addition to ensure the accuracy of the document to the pharmacy.

UNDERSTAND WHAT MEMED IS

Memed has been on the market since 2012 and is one of the first health techs in Brazil. The company is invested by the main venture capital funds in the region, such as Redpoint Ventures, Qualcomm Ventures and Monashees Capital. In January of this year, it received a new contribution of R$ 20 million from a fund led by DNA Capital and Redpoint Ventures.

Memed’s vision is to create an ecosystem through digital prescriptions and democratize health in Brazil, which explains the free solution. In addition to the contributions, the company makes the business profitable through products that offer technology to generate health, either by collaborating for medical education and knowledge, or by creating efficiency and standardization of clinical care, or by empowering clerks and pharmacists to offer each humanized care for all patients.

Information security - another important aspect for Memed concerns data privacy. Since its foundation, this has been a premise on which the company has worked to develop policies that aim to safeguard the information that is transferred on its digital medical prescription platform. In addition, since March this year, Memed has had the support of a European consultancy to guarantee 100% compliance with the General Data Protection Regulation (GDPR), which will come into force in 2021. It is also part of its commitment to shareholders the use of the best global practices and technologies regarding data management and storage. This includes the fact that Memed is audited annually by one of the top five global audit companies.
The role of Family Medicine in pandemics

Nowadays, we are experiencing one of the greatest global health crises of all time. Thousands of deaths every day, collapse of health systems, lack of equipment and the sad situation of hospitals that need to decide between people’s lives, without being able to attend everyone. Within this scenario, it is common to ask ourselves what we could have done to prevent from reaching that point; and, now that we have arrived, how can we relieve hospitals and prevent them from becoming Covid-19 proliferation hubs?

Identifying most cases of people who had the disease, including asymptomatic people, who could continue to spread the virus without even knowing it, is a good example of what happens in Germany. But we know that testing is expensive and that the reality in most countries is quite different, and it is not sustainable to test people deliberately. The fact is that we are in the middle of something that is being studied while it is happening, but we can learn some lessons and fight against time to face the disease. A point that has been drawing a lot of attention from the Brazilian Health Sector as a good emergency measure was the release of teleconsultations by the Federal Council of Medicine (FCM), which must continue as long as the pandemic goes on. But what if the system were already released in the country, combined with coordinated care, wouldn’t we have better results in treating patients?

When I talk about teleconsultation, I think it is important to point out that simple messages via WhatsApp with a dedicated doctor or a nurse who knows the medical record can be crucial in the quick diagnosis and early guidance of the patient. And, within Primary Health Care, we can find a favorable outlook for the family doctor to act as an essential agent in the prevention and provision of coordinated care. The evolution of messaging applications, which are already widely used by doctors in different areas, for platforms developed by several companies specifically for online care, is an inevitable step within Medicine, and I hope it will be permanent, for the sake of the Brazilian health and for the development of the sector in relation to the quality of treatment.

Inside Amparo Saúde, for example, we already have a culture of keeping in touch with patients via WhatsApp from the first consultation, so that they can learn about test results, ask questions, and report any issues. In the last month, we have evolved to a 24-hour service, and, following the FCM’s decision, we quickly implemented teleconsultations even in routine appointments, avoiding unnecessary travel and still maintaining close and preventive care.

The need for in-depth studies on the implementation of telemedicine is notable, but I believe that we are living in a moment that will be a milestone in the evolution of health systems around the world. Possibly, we will have difficulties in measuring how much the teleconsultations can reduce the spread of the virus, but given the current scenario, we need to have fast and certain attitudes, aiming exclusively at treating the patient in the best possible way. Within Primary Health Care, it is known that the family doctor can solve up to 85% of cases in the office, which can easily be reproduced by distance care, if the patient has a dedicated doctor with access to a management system focused on data and predictive analysis.
The evolution of messaging applications, which are already widely used by doctors in different areas, for platforms developed by several companies specifically for online care, is an inevitable step within Medicine, and I hope it will be permanent, for the sake of the Brazilian health and for the development of the sector in relation to the quality of treatment.

Not only to prevent the proliferation of the virus in the country, telemedicine helps patients with specific doubts, optimizes their time and can provide much more assertive care in the day-to-day of clinics. Many patients return to the office to ask simple questions that could be answered with a text message or a video call. Without the need to travel, we drastically reduce contagions and bring more comfort and agility, in addition to allowing greater proximity between doctor and patient.

Gentil Jorge Alves is Amparo Saúde’s Market Relations Director. Pediatrician graduated from the Federal University of São Paulo (USP), holds an Executive MBA from the Brazilian Institute of Capital Markets (IBMEC). During his stay at Hospital Sírio Libanês, he developed the Corporate Health Program, defining the Primary Care model at the institution.
The offer of contraceptive methods by the Unified Health System (SUS) may be expanded. After the recommendation of the National Commission for the Incorporation of Technologies in SUS (Conitec) on the free supply of the hormonal implant, with no date foreseen for disclosure, a public consultation will be opened for the participation of society in the decision-making process. The inclusion request aims to prevent unplanned pregnancy by adult women of reproductive age, between 18 and 49 years old.

The subdermal etonogestrel implant is the most effective contraceptive method for reproductive planning. It is a flexible rod of 4 cm in length, inserted in the woman’s arm, whose hormone is gradually released inside the body, with the function of inhibiting ovulation and, thus, preventing pregnancy for up to three years.

When the effectiveness of each method is analyzed, long-acting contraceptives (Larcs), as is the subdermal

<table>
<thead>
<tr>
<th>Chart 1 - Failure rate of contraceptive methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Method</strong></td>
</tr>
<tr>
<td>Etonogestrel implant</td>
</tr>
<tr>
<td>Vasectomy</td>
</tr>
<tr>
<td>Levonorgestrel IUD</td>
</tr>
<tr>
<td>Sterilization</td>
</tr>
<tr>
<td>Copper IUD</td>
</tr>
<tr>
<td>Quarterly injection</td>
</tr>
<tr>
<td>Pill, monthly ring, weekly, birth control patch</td>
</tr>
<tr>
<td>Condom</td>
</tr>
<tr>
<td>No birth control</td>
</tr>
</tbody>
</table>

Adapted from Trussel J. Contraceptive failure in the United States. Contraception 2011; 83(5). 397-404
Long-acting reversible methods, which do not depend on remembering and correct use by the user to have an effect, are the most suitable for preventing unplanned pregnancies, in addition to reducing the risk of mortality, gestational and neonatal complications and reducing public health costs”, explains Dr. Luís Bahamondes, gynecologist and professor at the State University of Campinas (Unicamp).

In Brazil, the rate of unplanned pregnancies is still alarming: 1.8 million pregnancies per year, which represents 55.4% of all births. The impacts of the lack of more modern contraceptive methods are not only emotional and social, but also economic. With the incorporation of Implanon NXT®, in five years, we would have a reduction of R$ 6.78 million in spending on women’s health and contraception. This result is achieved due to the greater effectiveness of the method and its impact on the reduction of unplanned pregnancies, which cost R$ 2,323, according to a study carried out in 2010 and not updated since its publication. The total annual cost attributed to unplanned pregnancies was R$ 4.1 billion, in 2010.

ABOUT MSD

For more than 125 years, MSD has been creating inventions for life, bringing innovative medicines to the market to combat the most challenging diseases. MSD is the name by which Merck & Co. Inc. is known outside the United States and Canada, whose headquarters are in Kenilworth (New Jersey, United States). The company demonstrates its commitment to patients and the health of the population, increasing access to health services through far-reaching policies, programs, and partnerships. Today, MSD remains at the forefront of research to prevent and treat diseases that threaten people and animals - including cancer, infectious diseases such as HIV and Ebola, and emerging animal diseases - as it aspires to be the world’s leading research-intensive biopharmaceutical company.

ABOUT MSD IN BRAZIL

Present in Brazil since 1952, MSD has more than 1,900 employees in the country, in the Human Health, Animal Health and Clinical Research divisions.

References


Congenital heart disease affects 29,000 children per year

Brazilian Society of Cardiology (SBC) reinforces the importance of early diagnosis

Congenital heart disease is a group of abnormalities in the structure of the cardiocirculatory system, secondary to a change in embryonic development, which can appear in the first eight weeks of pregnancy, when the baby’s heart is formed, causing circulatory and respiratory failure, which can compromise the patient’s quality of life.

It is estimated, according to the World Health Organization (WHO), that around 130 million children worldwide have some type of congenital heart disease. The ratio is one case per 100 births, according to the American Heart Association, reaching 1.35 million patients per year. In Brazil, according to the Ministry of Health (Ministério da Saúde), there are ten cases out of a thousand live births, with an estimated 29,000 children born with congenital heart disease per year. Of this total, about 6% of them die before reaching 1 year old. In the severe presentation of the disease after birth, it can be responsible for 30% of deaths in the neonatal period.

Therefore, early diagnosis is the main factor so that the child with heart disease can receive the correct and timely care. “Congenital heart diseases are the third leading cause of infant mortality, and, because they are not preventable, early diagnosis and treatment can, in most cases, reverse the disease”, explains Klebia Castello Branco, president of the Department of Congenital Heart Diseases and Pediatric Cardiology (DCC/CP) of the Brazilian Society of Cardiology (SBC).

To reinforce this importance and the challenges of full access to health for people with this disease, the National Congenital Heart Defect Awareness Day is celebrated on June 12. The date is also a way to honor parents, family, professionals, and other people who fight for life and face the difficulties of these diseases.

In many countries in the northern hemisphere, this date is already institutionalized and is part of the calendar, like the United States, where it is celebrated on February 14 (Valentine’s Day). In Brazil, the date chosen followed the American allusion, with an adaptation to our culture for Valentine’s Day, in the month of June. “This day should be an instrument of awareness so that the information reaches the largest possible number of people, increasing the chances for more and more children to get the necessary treatment”, reinforces Klebia.

SPECIALIZED SERVICE

Congenital heart disease, present since birth, can also be diagnosed later, including in adulthood, and with improved treatment it is possible to live satisfactorily. Among the possible factors that cause the disease are some maternal conditions, such as diabetes mellitus, hypertension, lupus, infections such as rubella and syphilis, use of medicines and drugs and family history.

Fathers and mothers with congenital heart disease are twice as likely to have a baby with heart disease. Many mothers only discover that their baby has a heart problem after birth, when the Heart Test is performed. This examination must be done in the first days of the child’s life, still in the maternity ward. The test is done with an oximeter, which measures the level of oxygen in the baby’s blood and heart rate - it is a low-cost, fast, non-invasive, painless, and mandatory test offered by the Unified Health System (SUS).
However, the diagnosis can still be made during pregnancy, by fetal echocardiography, the only test capable of detecting congenital heart disease while the baby is still in the mother’s belly, done between 21 and 28 weeks of pregnancy. “This diagnosis during pregnancy can save many lives, as some heart diseases need intervention and a specialized center as soon as the baby is born. In the country, at least 50% of cases are diagnosed in prenatal care”, explains the pediatric cardiologist.

Unfortunately, this test is not in the standard prenatal protocol and is only requested when there are previous cases of congenital heart disease in the family, or changes in ultrasound. Therefore, prenatal medical follow-up is important for diagnosis, if there are factors that raise the clinical suspicion of cardiac-fetal problems. Morphological ultrasound can also indicate signs of heart disease.

The Ministry of Health reports that SUS has qualified professionals to identify the signs and symptoms of heart diseases, diagnose them and provide appropriate follow-up. Brazil has 69 public health units, distributed in 20 states and the Federal District, to perform pediatric cardiovascular surgeries. Considering that 80% of children with heart disease need to be operated at some point in their lives - and that half of them need surgery in the first year of life - the federal government realized that it was necessary to expand the number of procedures performed in the public system, which in 2017, was below 10,000. 2018 Ministry of Health data shows that 3,603 children died from congenital heart malformations and circulatory system diseases.

To improve the service network, the Ministry of Health launched, in 2017, the National Assistance Plan for Children with Congenital Heart Disease.
At the time, there was an increase in the amounts paid for 49 pediatric cardiovascular surgery procedures, with an average increase of around 60%. In addition, the type of federal financing was modified, with the cost of procedures to be carried out through the Strategic Actions and Compensation Fund (Faec), an instrument that ensures the post-production payment of procedures carried out without any interference by local health services decisions.

**CHALLENGES IN ACCESS AND SERVICE**

Although advances have been made in the access of cardiac patients to surgical treatment, it is necessary to maintain the actions carried out since then and encourage other measures proposed by the federal government plan, including the expansion of access to diagnosis and the training of the multidisciplinary team in care.

Klebia believes that integral care for children with heart disease in Brazil is one of the biggest challenges SUS is facing, due to the country’s continental dimensions, the uneven geographical distribution of the reference centers for pediatric cardiology and cardiac surgery and the lack of specialized services in some states in the regions. North and Northeast, there is still an anomaly that is not diagnosed and, consequently, not properly treated. Even in the private network, there are states that do not have specialized multidisciplinary teams to serve this portion of the population, and care needs to be done in specialized centers of high complexity. “We know that there is a lack in the diagnosis and treatment of these children. Even when the problem is detected, many patients do not have the chance of optimal treatment or are treated late. The expectation of every cardiopath, as well as the expectation of their families, is the guarantee of access and full, resolutive and quality care”, highlights the pediatric cardiologist.

The clinical treatment of congenital heart disease is done according to the child’s condition. Some congenital heart diseases do not require therapy, as they can be spontaneously cured. Heart diseases that evolve more severely usually have the option of surgical treatment, sometimes performed already in the neonatal period, other times in the infant or older child, as needed.

Currently, there is the option of therapeutic cardiac catheterization, which can perform palliative and even curative procedures. With the improvement of clinical and surgical treatment, most patients reach adulthood. There are countries where there are more adults than children with congenital heart disease.

The clinical presentation of the disease is quite variable, including asymptomatic forms and detected only with physical examination. The most common symptoms are: shortness of breath, tiredness, cyanosis (bluish color of the skin), arrhythmias, syncope, arterial hypertension, among others, and tiredness at breastfeeding, in the case of babies.

Cardiologists are unanimous in saying that the ideal is to correct the structural defect. According to them, depending on the case, the baby may undergo an intervention still in the womb, undergo surgery immediately after birth, or even wait months or years to reach the surgery room.
Anvisa authorizes the use of alternative therapies in Brazil

Decision enables the development and registration of products from human cells and genes

In the end of February, the National Health Surveillance Agency (Anvisa) approved the health registration of advanced therapy products. Thus, Brazil now has the necessary regulatory bases to develop and register high-tech products based on human cells and genes, bringing great benefits to patients who have rare pathologies and without medical alternatives available.

The new regulation will allow treatments with cell and stem cell therapy in the country. “In Europe and the United States, there are already several advanced therapy products being produced and marketed, which benefits thousands of people. Now, with regulation in Brazil, we can use these therapies to treat diseases such as cancer and use them as a kind of ‘transport’ for a modification”, explains Claudia Marques, Quality manager at the Cryogenesis clinic.

With this change, the professional reinforces the importance of collecting and storing stem cells. “The use of stem cells from umbilical cord blood was one of the great discoveries of medicine. Currently, stem cells present in umbilical cord tissue have also shown therapeutic potential. In the case of umbilical cord blood, the cells are also known as hematopoietic stem cells, and can be used to treat various blood and immunological diseases. In the case of tissue, the stem cells present are of the mesenchymal type, capable of differentiating into cells from other tissues, such as bone, muscle and cartilage, boosting the recovery of injuries and damaged tissues, allowing renewal and restoring tissue function.”

The collection of materials must take place at the time of delivery, and then be stored. “In the case of blood, the material is drained into a bag containing anticoagulant and transported to the laboratory, where the stem cells will be concentrated through laboratory protocols, cryopreservation with cryoprotectants and, finally, stored in liquid-vapor nitrogen (ultra-low temperature). The tissue, on the other hand, must be packed in a sterile flask and sent to the laboratory. Once there, the ‘cord’ may have the mesenchymal cells isolated and expanded, and then frozen, leaving them ready for future use”, concludes Cláudia.

CRYOGENESIS

Cryogenesis is a reference clinic in stem cell collection and cryopreservation services, reproductive medicine, platelet gel and apheresis, including the differentiated extracorporeal photopheresis technique. Its mission is to stimulate the development of biotechnology through research, ensuring a cellular reserve for future genetic treatment.
Psychiatric care is impacted by the Covid-19 pandemic

Research carried out by the Brazilian Psychiatric Association (BPA) consulted doctors from 23 states and the Federal District

The Brazilian Psychiatric Association (BPA) released the results of a survey conducted with psychiatrists from 23 states and the Federal District, which identified the reality of psychiatric care during the Covid-19 pandemic across the country. The survey revealed that 47.9% of those psychiatrists interviewed noticed an increase in their care after the start of the pandemic. Among them, six out of ten found that the number of consultations grew by 25%.

The research also aimed to identify the care provided to new patients, who had relapsed after the treatment was finished or the worsening of psychiatric conditions in patients who are still being treated. The results show that 67.8% responded that they received new patients after the start of the pandemic, people who had never had psychiatric symptoms before.

Another 69.3% of psychiatrists reported that they treated patients who had already been discharged and had a recurrence of their symptoms, who returned to the office or made a new contact for care. In addition, 89.2% of the doctors interviewed highlighted the worsening of psychiatric conditions in their patients due to the Covid-19 pandemic.

The increase in anxiety symptoms, depression, and panic disorder, as well as significant changes in sleep, was also highlighted by the research participants. Among the group that did not notice an increase in assistance during the pandemic, 44.6% of the total respondents, pointed the discursive question to the opposite movement: the drop in the number of assistance. The main reasons listed included the interruption of treatment by the patient due to fear of contamination, the drop in care for groups at risk and the circulation restrictions imposed by some locations.
MONITORING

BPA’s president, Antônio Geraldo da Silva, highlights the importance of monitoring psychiatric care during the pandemic to outline care strategies for the population’s mental health. “This research identified two worrying scenarios as a result of a single possibility. The increase in attendance was motivated, for the most part, by the worsening of the disorders or the development of new psychiatric pathologies due to the fear of Covid-19. However, the reduction in the number of visits to those who identified it in this way is also due to the fear of contamination and the strategies to avoid the contagion”, explains the psychiatrist.

“Monitoring the mental health of patients already undergoing treatment or in remission, as well as that of the general population, is essential at this time. Stress is a normal reaction that occurs to us when we have to adjust our body to face some changes”, explains the president. “When we leave our homeostasis, that is, our usual way of functioning, cognitive, behavioral and emotional, we have to use our noblest resources for adaptation. It is in this sense that many people, failing to make this adjustment, get sick and need specialized care. It is assumed that, in a time of great change and need for adaptation, anxiety, depression and trauma-related symptoms increase and need an immediate approach.”

For him, it was already certain that the Covid-19 pandemic would have a serious impact on the mental health care of the population. The currently need is for adaptation. “Even before the research, we already knew that a pandemic like this would have serious consequences for everyone’s mental health. Now, we have an idea of the reality of psychiatric care in the country and the points to which we will need to dedicate ourselves to ensure quality mental health care for the entire population, even in Covid-19 times”, he concludes.

“When we leave our homeostasis, that is, our usual way of functioning, cognitive, behavioral and emotional, we have to use our noblest resources for adaptation. It is in this sense that many people, failing to make this adjustment, get sick and need specialized care.” – Antônio Geraldo da Silva, president of the Brazilian Psychiatric Association (BPA)
In an unprecedented project, Brazil joins private laboratories to validate Covid-19 tests to ensure effectiveness

Focus is on ensuring the safety of the population and the reliability of tests that reach the national market; this is the first time that a project of this size is being carried out in the world

Concerned with ensuring the safety of the population and avoiding the use of unreliable methodologies, the Brazilian Association of Diagnostic Medicine (Abramed), the Brazilian Chamber of Laboratory Diagnosis (CBDL), the Brazilian Society of Clinical Analyzes (SBAC) and the Brazilian Society Clinical Pathology and Laboratory Medicine (SBPC/ML) joined in an unprecedented project in the world aiming to evaluate the diagnostic kits for SARS-CoV-2 available in the Brazilian market.

Using the structure of large laboratories that, daily, serve the national hospital network, this group uses samples of patients already diagnosed to evaluate the different technologies presented as diagnostic solutions in facing the pandemic.

"All methods that are arriving in Brazil need to be validated so that we ensure safety in the procedures. The manufacturing industries will be able to submit their tests for our analysis and, thus, we will make public the performance of each one of them" , explains Wilson Shcolnik, president of the Abramed Board of Directors.

This is the first time that a project of this size is being carried out in the world. With it, Brazil seeks to avoid problems already faced by countries like Spain, which, according to the newspaper El País, in the last week of March, received a batch of 9,000 rapid tests from a Chinese manufacturer, generating a great expectation for the nation and subsequently identified that these tests had very low sensitivity. Thus, they could not be used to detect whether people were infected or not. Without the necessary reliability, the tests were returned to China.

Abramed has members that together account for about 60% of all tests performed by supplementary health in the country. Many of these associates serve the Brazilian hospital chain. These laboratories can contribute greatly to the evaluation of the tests, as they have quick access to samples from hospitalized patients and with confirmation of infection with the new coronavirus. With the certainty of having a sample of an infected patient on their hands, the validation proceeds with the necessary security.

"In addition, we can use samples taken throughout the infection cycle, that is, we can validate the tests with samples from patients who started showing symptoms five days ago, ten days ago and at different other stages of the disease" , explains Shcolnik.

Alongside the contribution to the control of Covid-19 in Brazil, the project also creates important data for international studies, promoted by the International Diagnostic Center (IDC), of the London School of Hygiene & Tropical Medicine (LSHTM), and by the Latin American Alliance for the Development of
In Vitro Diagnosis (Aladdin), which, in cooperation with the European Union and the World Health Organization (WHO), will join efforts for what is called "preparedness", that is, the need for countries to be prepared to deal with pandemics from both a regulatory and access perspective.

**OPERATION**

Participating laboratories follow a technical evaluation protocol created by scientific societies and based on the analysis of known laboratory samples. All test models for Covid-19 will be evaluated, that is, RT-PCR (real-time polymerase chain reaction) tests can be checked, which is the model most used to guarantee reliable results; rapid immunochromatographic tests; point of care, exams that are not performed in central laboratories, such as, for example, those used in emergency rooms; and Elisa and fluorimetry, quantitative methods that determine the level of antibodies in the samples and, therefore, are useful to check who is immune and can circulate without risk.
Tax exemption of imported products takes national medical equipment industry to the ICU

For Abimo, collection of taxes by the national industry takes away competitiveness against imported products, in addition to promoting the stagnation of the Brazilian industrial park.
Federal government measures to ban exports of products aimed at combating the new coronavirus and, at the same time, exempt import taxes on these same items, are causing disastrous consequences for the national industry, especially in relation to personal protective equipment (PPE) and pulmonary respirators equipment. The conclusion is from the Brazilian Association of the Medical, Dental, Hospital and Laboratory Articles and Equipment Industry (Abimo).

Currently, each of these products collects taxes such as ICMS, PIS and Cofins. “It is difficult to understand and accept that the three most important and necessary items to fight this pandemic that we are experiencing, pay taxes, while similar imports are exempt. What we are doing is promoting the deindustrialization of the national park”, explains Paulo Henrique Fraccaro, superintendent of Abimo.

“The national industry will never be competitive in these conditions of total lack of tax isonomy. In fact, this lack of isonomy affects the entire chain of health products. Importing products, even with national manufacture of similar products, will always be exempt from all taxes, while such thing does not happen with the items manufactured here”, continues Fraccaro.

At this time, national fan manufacturers are focused on meeting government demands with prices pre-stipulated by the government and well below international values. “On the other hand, there is no doubt that exporting this equipment would be much more advantageous for the industries than selling to the Ministry of Health”, completes the Abimo’s superintendent.

The Association evaluates the worrisome issue since the current tax policy does not encourage the competitiveness of the industry and discourages domestic production. Another point questioned by Abimo is the fact that some equipment were not used in the fight against Covid-19, yet are included in the list of products with prohibited export, taking about 30 days to be analyzed and released by the federal government for external marketing. This is an extremely long time since many of these companies only have the foreign market as clients.

“Abimo goes to great lengths to find solutions and alternatives seeking to meet the demands facing the pandemic of the new coronavirus, but, with the current situation, there is no way for Brazilian industry to grow and become stronger. Tax policy should benefit everyone, in a fair and balanced way. Exemption for all or taxation for all. If not, we are sinking the national medical equipment industry. We need to strengthen and value the product made in Brazil again”, concludes Fraccaro.

**ABIMO**

The Brazilian Association of the Medical, Dental and Medical Equipment and Equipment Industry (Abimo) is the representative entity of the Brazilian health device industry. With more than 350 members, the Association promotes the sustainable growth of the sector in the national and international markets.
Health Frauds create losses of more than R$ 14.5 billion per year in Brazil, estimates Ética Saúde Institute

Covid-19 pandemic increased the risk of corruption in the public and private systems, such as overpricing practices, disregard for the minimum precepts of quality, adulteration of products and forgeries. Population can report it

The Ética Saúde Institute (IES), which brings together the medical and hospital products industry, hospitals, laboratories, medical entities, health plans and the pharmaceutical industry, with the support of government regulatory bodies, estimates that at least 2.3% of everything that is invested in health is lost through fraud. In Brazil, the budget allocated to the sector (public and private), in recent years corresponded, on average, to 9% of the gross domestic product (GDP), equivalent to R$ 630 billion, according to data from the World Health Organization (WHO). In other words, per year, the country loses at least R$ 14.5 billion, which would be enough to build 1,400 field hospitals, with 200 beds each, or to buy 290,000 mechanical respirators.

The Covid-19 pandemic created new investments and more expenses for the federal government, the equivalent of R$ 24 billion, according to the National Treasury Transparency Portal, and billions of states. In this scenario of urgent action for the purchase of medical and hospital products, the The Ética Saúde Institute (IES) warns of an increased risk of embezzlement of public or private money and public mismanagement.

"Considering the nature of these new expenses, with the necessary agility to contain the pandemic and its perverse effects, conventional guarantees are largely abolished (Law Nº. 8.666/1993, of Bidding), prevailing market laws and, worse than that, the law of the jungle, according to which opportunists and predators are having great opportunities with the long and difficult supply chain and with simple impudence", says IES medical director, Sérgio Madeira.

The IES made a survey of the most common risks of being caught up in a situation of regulatory relaxation in this moment of crisis, of flexibility in the formal relationships that should exist:

**PUBLIC PURCHASES**

1) Misuse of resources; breach of contract (delivery or payment); and waste;
2) Abusive pricing or under contractual conditions;
3) Supply cut or denial;
4) Imposition of abusive conditions;
5) Agreements between competitors;
6) Non-compliance with private contract (delivery and payment);
7) Low quality products (regulatory weakness; counterfeiting);
8) Inadequate resource allocation (opportunistic administrative intervention; non-isonomic distribution).
The IES advocates that the Ministry of Health should create an instance of characterization and continuous assessment of fraud. "We must all understand that it is necessary to have a measurement of the distortions, as a way for each citizen to be able to follow their care and the general actions of SUS [Unified Health System], thinking about the possible benefit of applying the funds in a sustainable way", argues Madeira.

**REPORTING CHANNEL**

The IES is available to the public to register the occurrence of events of unethical and flagrant disrespect for laws, overpricing practices, abusive profits, disregard for the minimum precepts of quality, adulteration of products, forgery, and fraud, among other practices. It invites everyone to participate in the social control (https://www.canalconfidencial.com.br/canaleticasaude/), effectively reporting cases of misuse of public and private resources.

Complaints are necessarily confidential; they can even be anonymous, made by phone (0800-741-0015), by email or on the website. Stay at home! Stay alert! Report seriously and consistently. The Ética Saúde Institute has cooperation agreements with TCU [Federal Audit Court], CGU [Federal Comptroller General], Anvisa [National Health Surveillance Agency], Ampasa [National Association of the Public Ministry of Defense of Health], Cade [Administrative Council for Economic Defense] and other bodies. We will help to deal with the pandemic and the endemic! Ethics is not fashion! Ethics is Health!

Concludes Madeira.
Research reveals that only 14.2% of health professionals feel prepared to deal with Covid-19

A survey carried out by the São Paulo School of Business Administration of the Getulio Vargas Foundation (EAESP/FGV), which assessed the Covid-19 pandemic and public health professionals in Brazil, revealed that only 14.2% of the health respondents professionals in the field felt prepared to deal with Covid-19. The majority (64.97%) said they were not able, and the rest were unable to answer.

The survey also found that health professionals in the North and Northeast are the most fragile. When analyzed by category, community health workers (ACS) and agents to fight endemic diseases (ACEs) are those who feel most unprepared (only 7.61% feel ready to deal with the disease). The index is also quite worrisome among nursing professionals, since only 20.09% of the interviewees said they were prepared to act on the front lines fighting against the pandemic.

The survey also indicates that more than 55% of health professionals know someone who has been infected or suspected diagnosed with Covid-19. Therefore, fear is a common feeling for these professionals, regardless of region or level of care. According to the data, 91.25% of ACS and ACEs are afraid of the disease. For nursing professionals, the rate is 84.31%, and for doctors, 77.68%.

“This research shows that the professionals we depend on most to face the pandemic are in a situation of extreme vulnerability. There is a shortage of protective equipment, there is a lack of information and government support and most of them do not feel..."
prepared to deal with the crisis. Professionals are in a very fragile situation, as they need to be on the front line, but they are afraid they can either become sick or become vectors of contagion”, evaluates Gabriela Lotta, coordinator of the Bureaucracy Studies Center (NEB) and professor at EAESP / FGV.

PPES AND TRAINING

The study also reveals that only 32% of professionals said they had received personal protective equipment (PPE). Among ACS and ACEs, the number is even lower (19.65%).

“A work of care without the proper PPE fosters an extremely high risk of contagion, both for professionals and for users of health services. In addition, it increases the insecurity of these professionals and the hostility on the part of patients”, explains Gabriela.

Regarding government support, more than half of the interviewees said they did not feel that the government supports them. This number is higher when assessing the federal government (67%). Regarding the performance of state governments, 51% declared they were not supported. Regarding the support of bosses, 71.82% of the interviewees said they did not feel this support. Only 21.91% reported having received training, most of these are doctors.

“It is serious the way professionals are being exposed without support, without equipment and without information. It is like they are being thrown into a confrontation blindfolded and unarmed. If the State is unable to take care of its own professionals, how to expect that they can take care of the population? Only with acts of heroism”, says Gabriela.

RELATIONSHIP WITH PATIENTS

The study also analyzed the extent to which the crisis changed the work processes and the interactions between professionals and users. Three out of four respondents answered that the crisis changed their routines, with changes related to workflow, procedures, changing priorities, introducing new technologies, among other changes.

Regarding interactions, 88% of professionals stated that the crisis changed the way they relate to patients, with the greatest impact mentioned being related to physical distance. “These issues are important for health, especially for primary care, where daily contact and physical touch are central to building bonds with the families served. As a community health agent reported: ‘It is bad for the service to not take the patient’s hand and say that everything will be okay.” The crisis, therefore, has important impacts beyond the disease itself, affecting the way professionals relate to patients”, analyzes Gabriela.

METHODOLOGY

The online survey was conducted with 1,456 public health professionals, from all levels of care and regions, between April 15th and May 1st, 2020. Of the participants, 79% are women, 19.6% are men and less than 1% preferred not to declare. As for the length of experience, 64.84% of professionals have worked in the respective area for more than ten years and 65% have previous ties to the territory or were born in the region where they work.
Review of scientific literature shows tissue masks effectiveness during pandemic
They were the subject of controversy at the beginning of the pandemic, but, increasingly, science reveals how masks manage to fulfill their individual protection function against Covid-19. In a review of the technical literature on the topic, researchers from the Federal University of São Paulo (Unifesp) identified and evaluated the best available scientific evidence on the effectiveness and safety of fabric masks for the community.

In this search for better evidence on the subject, several databases were consulted, including Cochrane, PubMed, Embase and Lilacs. All articles that aimed to verify the efficacy and safety of using tissue masks as protection against viral transmission were included, as well as laboratory studies that evaluated particle containment barriers. Seven studies that evaluated different tissues in the blocking of laboratory-level droplets and a review study comprised the review of scientific literature.

“All research reveals indicating evidence that the use of masks by the population during a respiratory disease pandemic can minimize the spread of the disease and its economic impact if properly and consistently used. Fabric masks provide a barrier to droplets, serving as an additional resource in the prevention of Covid-19”, says one of the researchers involved in the work, Monica Taminato, from Paulista School of Nursing at Unifesp.

The studies highlight the importance of applying cloth and reusable masks as a protective factor for symptomatic households, caregivers and people who live in homes with many residents, as well as for people on the move and in crowded spaces, such as public transport. The safety presented in the masks, according to the composition evaluated in the studies, points to safe alternatives in the face of public health challenges related to social issues and the need for a gradual and scheduled return to activities.

Despite the importance of wearing masks, as has been widely reported, the Unifesp researcher highlights the other ways of protecting and fighting Covid-19. “This is an additional resource in prevention, which must always be accompanied by social distance, hand hygiene measures and respiratory etiquette as effective non-pharmacological strategies in preventing the new coronavirus.”

“All research reveals indicating evidence that the use of masks by the population during a respiratory disease pandemic can minimize the spread of the disease and its economic impact if properly and consistently used. Fabric masks provide a barrier to droplets, serving as an additional resource in the prevention of Covid-19”. - Monica Taminato, researcher from Paulista School of Nursing at Unifesp.
Sewer analysis is a weapon against the pandemic

Preparing to fight a second wave of the pandemic, American scientists are developing a new weapon: the analysis of domestic sewage.

As the virus leaves traces in human waste before the first symptoms of the disease appear and in asymptomatic cases, the idea is to collect material at sewage treatment plants and check for the presence of these traces. From there, it is intended to use algorithms that, based on information such as the volume of the virus traces in the collected material, population size and others, estimate the potential number of infected people.

Thus, this estimate can be obtained much more quickly than it would be from conventional tests, which will allow anticipating the needs of hospitals, materials, health professionals, lockdowns, etc. For greater efficiency, the results of conventional tests and information on discharge, deaths and others are being used in conjunction with the analysis of sewage, always using algorithms.

All of this can also assist in making decisions about the lifting of security measures, when a consistent drop in the number of potential infected people is detected.

This work has already been done in a few hundred locations and the results of the collections are released weekly. The more samples that are analyzed, the more accurate the results provided by the algorithms will be.

The idea of this monitoring came from similar works that were already being done in the United States, seeking to detect the use of drugs, and in Israel, in the fight against polio.

Maybe one day we might have something similar here ...

“As the virus leaves traces in human waste before the first symptoms of the disease appear and in asymptomatic cases, the idea is to collect material from sewage treatment plants and check for the presence of these traces.”

Vivaldo José Breternitz has a PhD in Sciences from the University of São Paulo (USP) and is currently a professor at the Faculty of Computing and Informatics at Universidade Presbiteriana Mackenzie.
Human behavior is complex and influenced by numerous environmental and genetic factors. For this reason, each person’s body responds differently to certain environmental stimulation.

The world is at an atypical moment. The pandemic caused by the new coronavirus brought an unexpected scenario. Social isolation, even though necessary, still causes strangeness and everyone had to adapt to a new reality, even if temporarily. A study by the State University of Rio de Janeiro (UERJ) found that cases of anxiety and stress in Brazil due to the pandemic have doubled, while those of depression had an increase of 90% counting until May only.

But did you know that it is possible to understand the way you deal with stress according to your genetics? Genera, the first Brazilian laboratory specialized in personal genomics, offers, among its various results, the genetic test that examines the level of catechol-O-methyltransferase (COMT), popularly known as the warrior gene, responsible for regulating the level of dopamine (neurotransmitter of the nervous system that modulates neurotransmission functions related, for example, to emotions, attention, learning and sleep) in the prefrontal cortex of the brain.

“Some people perform better in stressful environments when they need to act under pressure - a strategy known as ‘Warrior’. Others, however, exhibit superior performance in complex environments, involving the performance of tasks related to memory and attention. - the so-called ‘Worrier’ strategy (Worried). Excess dopamine during stressful situations harms the ‘Worriers’ (Worried), while for the ‘Warriors’, the dopamine has a lower basal level, reaching the ideal concentration during stress”, says Ricardo di Lazzaro Filho, Genera’s doctor and founding partner.

In addition to the warrior gene, many aspects can be analyzed using DNA. For example, level of math skills, impulsivity, preferences for day or night hours, emotional hunger, sensitivity to caffeine and even physical endurance and athletic performance. Predisposition to obesity, alcoholism, nicotine addiction and diseases such as diabetes, lactose intolerance and deficiency of some vitamins are also results pointed out in the Genera tests. It is also possible, through the test of ancestry, to analyze and discover all the development of your DNA for up to five generations, comparing it with people around the world.
FBH presents balance of the main measures taken to assist the sector in tackling the pandemic

Since the Ministry of Health decreed a Public Health Emergency of National Importance (Espin), due to the Covid-19 pandemic, on February 3 (Portaria MS nº 188/2020), the Brazilian Federation of Hospitals (FBH), as a pioneer entity, representing more than 4,200 private hospitals across the country, has been prioritizing measures aiming to defend the interests of its members and ensuring conditions for the full functioning of the Brazilian hospital network.

In these four months, the entity led six important fronts of action that allowed, among other things, to integrate partner entities in the creation of a Crisis Committee; to debate with greater participation the interests of the sector in the Chamber of Deputies’ External Commission, which discusses actions aiming to face the pandemic; and apply for an emergency credit, with the National Development Bank (BNDES), for small and medium hospitals, which are experiencing financial difficulties with the suspension of elective procedures.

Still on the financial difficulties faced by private hospitals, FBH also worked intensively with the National Supplementary Health Agency (ANS) so that the suspension of elective procedures in hospitals would not harm the establishments financially.

“Since the date of the said decision, FBH sought to demonstrate to the ANS that private hospitals were still able to provide elective care, without care prejudice for patients with Covid-19. In the first week of June, FBH’s actions were intensified with ANS and culminated in the non-extension of the suspension of deadlines for elective appointments, starting on June 10, 2020”, highlights the President of the Federation, Adelvânio Francisco Morato.

In addition to the actions implemented during this pandemic period, FBH’s unconditional support to its associates, through frequent communications about the actions taken by public authorities; in solving local and national operational issues, linked to the Ministry of Health; and for the implementation and financing of emergency actions to combat the Covid-19 pandemic.

ARTICULATION

According to Morato, the articulation work carried out by FBH with parliamentarians in the Chamber and in the Senate, sometimes in partnership with other entities in the sector, has managed to bypass projects with content that further hamper the assistance work developed by private hospitals. "In some projects, FBH presented successful proposals to improve the normative texts, and in others beneficial to the sector, the Federation supported and helped in the articulation for its approval, publicizing its urgency and importance", emphasizes the president of the FBH.

Among the themes that the Federation has been dedicated to, one of them is Tax Reform. "In partnership with other entities, including those in the education sector, FBH created a group to continue the discussion on the topic. As the matter is not foreseen on the agenda at the moment, but could return at any moment, we have been holding meetings with the parliamentarians and advisers of the members of the Mixed Committee of Congress designated to debate and unify the proposals provided for in
Constitutional Amendment Proposal (PEC) 45 and Constitutional Amendment Proposal (PEC) 110”, complements the president.

“FBH is aware that the arduous challenges will continue to be the path to fight against Covid-19, which has had devastating effects for the Health Sector. However, FBH also knows that only joint work can face these challenges. For this reason, we thank the collaboration of everyone who helps us on this journey, especially our Associations, who have provided the necessary information and supported us in this good fight, and the FBH team”, concludes Morato.

“FBH is aware that the arduous challenges will continue to be the path to fight against Covid-19, which has had devastating effects for the Health Sector. However, FBH also knows that only joint work can face these challenges. For this reason, we thank the collaboration of everyone who helps us on this journey, especially our Associations, who have provided the necessary information and supported us in this good fight, and the FBH team”- Adelvânio Francisco Morato, President of FBH, Brazilian Federation of Hospitals.
Recently, the World Health Organization (WHO) released a warning to countries for a global mental health crisis due to the Covid-19 pandemic. “Isolation, fear, uncertainty, economic chaos - they all cause or can cause psychological distress,” said Devora Kestel, director of the WHO Department of Mental Health, during the release of a report on the topic, stressing that governments should put the issue “at the forefront” of their reactions to fighting the disease.

According to the Organization, mental health is a state of well-being in which the individual can use his own skills to recover from routine stress, be productive and contribute to his community. It is a process that requires self-knowledge and allows one to deal with problems in a balanced way. Therefore, taking care of mental health is an act of love with yourself and with each other.

The topic has always deserved attention from leaders and companies, but never before has its approach been more necessary than at this time when the pandemic is forcing people to work remotely and isolate themselves from a face-to-face contact with colleagues, family and friends.

In 2018, when there was still no threat of the coronavirus, the WHO pointed out that, by the end of this year, depression would be one of the major reasons...
for withdrawal from work in the world, with an impact on the world economy of about US $ 1 trillion a year.

Now that society in general has been suffering the impacts of the pandemic, living with the constant threat to life, social isolation, uncertainty about the future and the impact on the financial condition, this scenario is becoming even more evident. Many people are living in an emotional environment of tensions, fears, anxieties, and afflictions, to a greater or lesser extent, which, in the end, can result in serious psychological disorders, such as anxiety and depression.

Getting out of this situation mentally unscathed will depend on the ability that each person has to deal with their emotions and preserve their well-being in general. Some tips that I will pass on here will help to minimize the impacts of social isolation. It is true that the lack of contact with other people poses several risks to mental health; therefore, distance interactions are important for exchanging experiences, dialoguing, updating the mind and calming the heart.

As a psychologist, I recommend that people use and abuse of technological resources right now. Video calls are alternatives to ease nostalgia during social isolation. Talking to people who interpret the challenge of this period with a more positive and optimistic outlook also helps to put a limit on negatively exaggerated emotions.

In addition, it takes attention and critical sense to the media you choose to update. It is necessary to avoid both fatalism and fake news, not to mention that it is not healthy for the mind to keep up with the news all day - it is best to establish some periods of your day for this update.

Another factor of great relevance to mental health is to relate to the universe that art provides (music, literature, dance and even TV shows and movies). All of this, in an appropriate way for this phase of social isolation and your work routine, can balance the flow of thoughts and the expression of emotions. It is also important to take care of spirituality; then, practice your beliefs and your existential evolution purposes.

In the face of such a serious situation, it is necessary to face adversity with discipline, respect the rules of prevention and care for the people around you. Pay attention, mainly, to manifestations of deep sadness, generalized fear, changes in behavior and apathy to comply with daily routines; if you realize that this is taking on a more serious and prolonged character, the ideal is to seek the help of a professional, and nowadays it is possible to do therapy and consultations online.

And remember: the most important thing for your health, in general, is to respect your limits. Understand that it is not because we are in the middle of a pandemic that you should abandon your projects; after all, this is an abnormal but transient situation, so think that you only need to postpone them for a while. Commit yourself, in this period, to your self-knowledge to develop more resilience and well-being, including to help others who need your support.
National Accreditation Organization (NAO) receives international certification

For the first time, a Brazilian evaluators’ program is recognized outside the country

The Training Program for Assessors of the National Accreditation Organization (NAO) is the first in Brazil and Latin America recognized by the International Society for Quality in Health (ISQua). The certification was granted through the ISQua External Evaluation Association (IEEA), based in Geneva, Switzerland. Countries such as the United States, South Korea, Canada, France, Saudi Arabia and India already have this recognition.

To receive the certificate, the NAO Evaluator Program was analyzed based on 28 standards including governance, diversity, management and teaching methodology. The evaluation took place over two weeks. "It was necessary to demonstrate a consistent training process, with actions, activities and results for the integration and development of the evaluators", points out Gilvane Lolato, NAO’s education manager.

In this process, NAO had the support of the Evaluators Committee, which pointed out suggestions and improvements for training. The Committee is composed of representatives of accredited institutions (IACs): DNV GL, Vanzolini Foundation, Brazilian Institute for Excellence in Health (Ibes), Institute of Hospital Administration and Health Sciences (IAHCS), Institute of Planning and Research for Accreditation in Health Services (Ipas) and IQG.

For André Ruggiero, NAO’s administrative and financial superintendent, the achievement reinforces the credibility of accreditation. “The evaluator is a great ally of health institutions. It is a fundamental element for Brazilian safety and quality standards to be disseminated”, he explains. NAO currently has almost 400 evaluators working at the accredited institutions.

This is the third international certification received by NAO. The first, in 2016, supported the Organization’s management. The second, in 2017, recognized the quality of the Accreditation Manual, in which the standards required of health organizations are described.

NAO

NAO (www.ona.org.br) is responsible for the development and management of Brazilian health quality and safety standards. Currently, more than 80% of accredited institutions in Brazil implemented the NAO standard. In addition to being a national reference, this pattern is recognized abroad. NAO is a member of the International Society for Quality in Health, working with institutions that promote health quality in countries such as the United States, United Kingdom, France and Canada.

This is the third international certification received by NAO. The first, in 2016, supported the Organization’s management. The second, in 2017, recognized the quality of the Accreditation Manual, in which the standards required of health organizations are described.
Study shows promising results for treatment of advanced prostate cancer

Prospective study with hormonal treatment conducted by oncologist Fernando Maluf was presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology, promoted by the American Society of Clinical Oncology (Asco).

Currently, conventional treatment for advanced prostate cancer causes a decrease in testosterone, which can lead to impotence, loss of libido and bone and muscle mass, hot flash – sudden sensation of heat waves through the body – in addition to other neurological complications and cardiovascular diseases. But the expectation is that a new therapy will end these effects and bring new perspectives of treatment.

The first world study that evaluated a hormonal treatment that does not decrease testosterone in patients with advanced prostate cancer has just been presented. The research has as main investigator Fernando Maluf, associate medical director of the Oncological Center of Beneficência Portuguesa of São Paulo (BP), and has just been presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology promoted by the American Society of Clinical Oncology (Asco).

“This study is particularly important; it had BP as a coordinating center and was conducted by the Latin American Research Group on Oncology (Lacog). We applied new hormonal therapies in patients with advanced prostate cancer that do not decrease testosterone levels, using androgen signaling inhibitors (apalutamide and abiraterone) medications that can provide high efficacy, with a favorable safety profile and minor side effects”, says Maluf. According to the expert, the research sought an option to therapies that are already consolidated, but that use mechanisms that still bring many changes in the patient’s quality of life.

The combination of androgens apalutamide and abiraterone causes important responses of PSA, a substance produced by the prostate gland, and prevents the patient’s radiological progression. Only the use of apalutamide caused an increase in testosterone instead of a fall, with interesting results.

“This study shows that new therapies can replace castration. Now, a survey will be carried out with a larger number of patients to confirm this data. If confirmed, castration, for the first time, may be replaced by hormonal drugs that do not decrease the testosterone level, revealing a great advance in the oncological area”, concludes the doctor.

“Study shows promising results for treatment of advanced prostate cancer

Prospective study with hormonal treatment conducted by oncologist Fernando Maluf was presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology, promoted by the American Society of Clinical Oncology (Asco).

Currently, conventional treatment for advanced prostate cancer causes a decrease in testosterone, which can lead to impotence, loss of libido and bone and muscle mass, hot flash – sudden sensation of heat waves through the body – in addition to other neurological complications and cardiovascular diseases. But the expectation is that a new therapy will end these effects and bring new perspectives of treatment.

The first world study that evaluated a hormonal treatment that does not decrease testosterone in patients with advanced prostate cancer has just been presented. The research has as main investigator Fernando Maluf, associate medical director of the Oncological Center of Beneficência Portuguesa of São Paulo (BP), and has just been presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology promoted by the American Society of Clinical Oncology (Asco).

“This study is particularly important; it had BP as a coordinating center and was conducted by the Latin American Research Group on Oncology (Lacog). We applied new hormonal therapies in patients with advanced prostate cancer that do not decrease testosterone levels, using androgen signaling inhibitors (apalutamide and abiraterone) medications that can provide high efficacy, with a favorable safety profile and minor side effects”, says Maluf. According to the expert, the research sought an option to therapies that are already consolidated, but that use mechanisms that still bring many changes in the patient’s quality of life.

The combination of androgens apalutamide and abiraterone causes important responses of PSA, a substance produced by the prostate gland, and prevents the patient’s radiological progression. Only the use of apalutamide caused an increase in testosterone instead of a fall, with interesting results.

“This study shows that new therapies can replace castration. Now, a survey will be carried out with a larger number of patients to confirm this data. If confirmed, castration, for the first time, may be replaced by hormonal drugs that do not decrease the testosterone level, revealing a great advance in the oncological area”, concludes the doctor.

“Study shows promising results for treatment of advanced prostate cancer

Prospective study with hormonal treatment conducted by oncologist Fernando Maluf was presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology, promoted by the American Society of Clinical Oncology (Asco).

Currently, conventional treatment for advanced prostate cancer causes a decrease in testosterone, which can lead to impotence, loss of libido and bone and muscle mass, hot flash – sudden sensation of heat waves through the body – in addition to other neurological complications and cardiovascular diseases. But the expectation is that a new therapy will end these effects and bring new perspectives of treatment.

The first world study that evaluated a hormonal treatment that does not decrease testosterone in patients with advanced prostate cancer has just been presented. The research has as main investigator Fernando Maluf, associate medical director of the Oncological Center of Beneficência Portuguesa of São Paulo (BP), and has just been presented at the 56th edition of the Asco Annual Meeting, the largest worldwide event of Oncology promoted by the American Society of Clinical Oncology (Asco).

“This study is particularly important; it had BP as a coordinating center and was conducted by the Latin American Research Group on Oncology (Lacog). We applied new hormonal therapies in patients with advanced prostate cancer that do not decrease testosterone levels, using androgen signaling inhibitors (apalutamide and abiraterone) medications that can provide high efficacy, with a favorable safety profile and minor side effects”, says Maluf. According to the expert, the research sought an option to therapies that are already consolidated, but that use mechanisms that still bring many changes in the patient’s quality of life.

The combination of androgens apalutamide and abiraterone causes important responses of PSA, a substance produced by the prostate gland, and prevents the patient’s radiological progression. Only the use of apalutamide caused an increase in testosterone instead of a fall, with interesting results.

“This study shows that new therapies can replace castration. Now, a survey will be carried out with a larger number of patients to confirm this data. If confirmed, castration, for the first time, may be replaced by hormonal drugs that do not decrease the testosterone level, revealing a great advance in the oncological area”, concludes the doctor.
Research coordinated by Brazilians on stroke is highlighted in the New England Journal of Medicine

Performed in 12 public hospitals in the country, Resilient changes paradigms by proving that mechanical thrombectomy is viable to be incorporated into the public health network

A study by Brazilian researchers to prove the safety and efficacy of thrombectomy in the Unified Health System (SUS) has just been published in the renowned The New England Journal of Medicine. Resilient is the first study carried out in a developing country to show the decrease in the degree of disability (sequelae) and the cost-effectiveness of treatments for the removal of brain clots in severe cases of stroke. The research also attests to the feasibility of applying mechanical thrombectomy therapy (cerebral catheterization) in SUS patients.

Eight randomized controlled trials consistently demonstrated the benefit of mechanical thrombectomy for the treatment of stroke due to occlusion of large vessels. However, these studies have been carried out in “First World” countries and have had minimal impact on public health in low and middle income countries. In this scenario, the Resilient study emerged as a collaborative effort between the National Stroke Research Network, with funding from the Ministry of Health, in 12 public hospitals and with 300 patients.

As a result, the researchers concluded that, when compared to drug treatments that are in SUS, the procedure increases the individual’s functional independence from 21% to 35%, in addition to reducing mortality or the risk of severe dependence by 16%. Patients who received a thrombectomy were 2.6 times more likely to be independent (without needing other people for daily activities) and 3.4 times more likely to be without sequelae than patients who underwent only clinical treatment.

THROMBECTOMY

Thrombectomy works as a sort of catheterization, which catches the clot to unblock the blood vessel in the brain. It has been approved since 2015 in countries like the United States, Canada, Australia, the Netherlands and Spain.

For decades, thrombolysis has been the only option for treating a stroke. It refers to a procedure that uses a medication administered in the vein in order to dissolve the clot that interrupts the cerebral circulation. These drugs are called thrombolytics and work very well on minor strokes. However, the occlusion of large vessels in acute ischemic stroke, which causes the most severe strokes, is associated with low rates of recanalization under intravenous thrombolysis. In these cases, mechanical thrombectomy represents a new and more effective therapeutic alternative. The procedure, indicated to reduce stroke-related disability, uses a thrombectomy device that, upon expanding into the artery, either holds and removes the clot, restoring circulation, or aspirates the clot that is inside the artery.

The study compared the results of endovascular treatment with a stent retriever (an endovascular
Patients who received a thrombectomy were 2.6 times more likely to be independent (without needing other people for daily activities) and 3.4 times more likely to be without sequelae than patients who underwent only clinical treatment.

The centers that participated in Resilient were: Hospital de Clínicas de Porto Alegre, Hospital das Clínicas de Ribeirão Preto, Hospital Geral de Fortaleza, Instituto Hospital de Base de Brasília, Hospital São Paulo (Unifesp University Hospital - Escola Paulista de Medicina), Hospital Central Hospital of Vitória, Hospital de Clínicas da Unicamp (Campinas), Hospital de Base São José do Rio Preto, Hospital de Clínicas da UFPR (Curitiba), Hospital São Lucas da PUCRS (Rio Grande do Sul), Hospital das Clínicas de Botucatu and São José do Avai Hospital (Itaperuna, Rio de Janeiro).

The publication of the Resilient study demonstrates that treatment can be expanded to other low- and medium-developed countries, which account for 80% of the world’s population.
Ethical decision supported by innovation

Information is one of the most valuable assets of the digital transformation era. One of the most debated topics around information is the right to privacy and the use of citizens’ personal data, which must be guided by the principles of ethics and law. The General Data Protection Law (GDPL), with entry postponed to January 2021, provides for data usage rules. The discussion now is on how to control the misuse of personal information, how to prevent it from being archived for commercial purposes or to violate people’s privacy.

Issues like these depend on a code of ethics to be respected, as in the health sector, in which professionals are governed by resolutions of the Federal Council of Medicine (FCM). One of them clearly states that “information about the identified patient can only be transmitted to another professional with the patient’s prior permission, with his free and informed consent and with security protocols capable of guaranteeing the confidentiality and integrity of the information” 1

Let us now consider the moment that humanity is going through when facing the new coronavirus pandemic. Should individual rights override collective rights if a patient with Covid-19 adopts behavior that threatens other citizens? If a carrier refuses to assume isolation, it is a potential vector of the disease to an unlimited number of people. In this case, does the health professional or institution that holds that patient’s confidential information have an obligation to protect society and reveal the identity of the transmitter to the authorities?

We have the dispute over the right to individual privacy or the preservation of public health, which can expose many different opinions. There is the opinion that a professional or a health institution breaks the right to privacy if he reports that the Covid-19 patient is not engaged in treatment. But there is also a belief that they are protecting society from the epidemic. For many, one or the other opinion may seem quite obvious. However, when we speak of law, it is not that simple.

Art. 11 of the Medical Code of Ethics, however, stipulates that “The physician must keep confidential the information of which he is aware in the performance of his duties. The same applies to work in companies, except in cases where his silence harms or puts the health of the worker or the community is at risk”.2 The sacrifice of privacy in favor of a collective good seems more sensible to us in view of the reality that humanity is experiencing.

When it comes to medical records, it is necessary that the identity of the patient is revealed responsibly to the competent authorities. Let’s imagine a situation where the Covid-19 transmitter enters a supermarket or shopping center and has its name and location announced on the speaker system. It doesn’t seem to be a behavior that we can consider natural. In addition, it places the citizen in a condition of victim of public embarrassment. The information, therefore, must travel between competent authorities, and not be open to the general public. A balance of rights must be sought, considering that the integrity of the majority of the population is protected by public policies based on behavior defined by international organizations, including the World Health Organization (WHO).

For the efficient application of ethical behavior in relation to third party information, institutions and health professionals face some challenges that can be well addressed with the use of more appropriate technology. There are initiatives that favor the choice of interoperable data platforms, capable of allowing the development of applications for the transmission of information in real time at the national level, which helps the decision making. The flexible use of telemedicine is another resource that will allow patients to interact with different health actors. All
of this is part of the digital transformation that we are experiencing and that depends not only on technology, but also on people's willingness to change - whether they are professionals or citizens.

Innovation supports new ways of acting and deciding. Brazil is very promising for the technology market, especially now that we expect the evolution brought by digital transformation and artificial intelligence. Ethical decisions like the one described above can be supported from the adoption of connected health. One of the principles for this is the electronic medical record of the patient, which serves as the basis of information for each person for the entire health ecosystem. And that path begins with the correct management of data and interoperability between systems and platforms.

The advancement of paradigms and the updating of the ethical aspects of health care in Brazil lead us to believe that sustainability for health begins with the implementation of technology - not only linked to diagnostic medicine, but also as support for decision making.

References


Raimundo Nonato

is Director of Health at InterSystems in Brazil.
Hospitals cannot enter the ICU

The pandemic has unbalanced the health sector’s financial system. Are hospitals losing and are health plans vaccinated?
That the coronavirus will cause an indelible breach in the global economy, we all know. The question is the size of this damage. Currently, the International Monetary Fund (IMF) speaks of the worst recession since the Great Depression of 1929, with the loss of the global gross domestic product (GDP) between this and next year at around US $ 9 trillion. In Brazil, the 5.3% retraction expected for 2020 may erase the slight recovery in recent years and put the country on the same level of wealth as a decade ago.

In this scenario, different sectors of society are looking for alternatives to try to survive. In health, we face an atypical situation: while hospitals are struggling to maintain their own financial health with a drop in revenue sources, including elective surgeries, consultations and emergency procedures, health plan operators see their profitability increase exponentially.

An unprecedented survey by Bionexo, a digital platform that connects hospitals and suppliers, revealed that the number of surgeries performed in 127 private hospitals in Brazil dropped from 5,770 in the first week of March to 526 in the first week of April - a drop of 90% in just one month. Even with the surgical centers and emergency rooms emptied, the hospital units saw their costs increase exponentially with the purchase of materials and the maintenance of the necessary infrastructure to welcome patients affected by Covid-19 into their beds.

In contrast, health plan operators - responsible for part of hospital revenues - are in a diametrically opposite situation. Even some of them, which are listed on the national stock exchange and saw their shares melt at the beginning of the crisis, had a rapid reaction and, in the last ten days, have already recovered 40% of their value. In addition, they have also seen claim costs decrease as hospital production declines, lowering their operating expenses and raising revenues in that period. Finally, there was no considerable drop in adherence to health plans (as expected in economic recessions); as vertical companies, with their own health plan and hospitals, they have greater control over costs and revenues.

These antagonistic realities in relation to business profitability are causing an unbalance in the health system, which is expected to become even more accentuated in the second semester of the year. On the one hand, hospitals will face increasing difficulties in operating and will need to capitalize an aid from the public and private financial system. On the other hand, operators, while vulnerable to the low risk of default by members, should continue with increasing revenues, supported by low operating costs and high revenues.

The coronavirus pandemic has no date or time to end, but the health system must seek, in the meantime, alternatives to operational health itself. In the medium and long term, the rebalancing of the system will depend on how its actors will be able to survive the pandemic, either through financing or by the union of entities, and, above all, on how they will be able to reorganize themselves after this long and gradual transition to normality, which promises not only to bring great challenges, but to change the way sectors see their businesses.

**An unprecedented survey by Bionexo, a digital platform that connects hospitals and suppliers, revealed that the number of surgeries performed in 127 private hospitals in Brazil dropped from 5,770 in the first week of March to 526 in the first week of April - a drop of 90% in just one month.**

---

**Maurício De Lazzari Barbosa**

is the founder of Bionexo, a leading health tech in digital solutions for health management and owner of a marketplace that connects more than 2,000 hospitals to more than 10,000 suppliers in Brazil, Argentina, Colombia, and Mexico.
Anxiety control and relaxation practices help cancer patients deal with emotions during the pandemic

The quick proliferation and contamination by the new coronavirus has created much concern among the global population. The total number of people already infected with the disease in the world has surpassed the 6 million mark, according to a report by Johns Hopkins University (United States). In Brazil, according to the latest information from the Ministry of Health, up to the closure of this edition, more than 50,000 deaths were registered, and more than 1 million were contaminated.

Integrative Medicine can also be used as a way to help cancer patients, especially during extreme times of distress, such as the current one. This type of medicine integrates the physical, emotional and mental aspects of the patient and assists him, through appropriate therapeutic approaches for each case, aiming to achieve his well-being.
People who are part of the risk group, that is, who have comorbidities that make them more susceptible to complications if they become infected with the new virus, have many questions about the disease. This is the case for cancer patients, who need to maintain their well-being and their treatments even during the pandemic.

The fear of getting infected by Covid-19 has caused even more anxiety and uncertainty to those who face cancer at this time, given the need to follow care routines that sometimes require travel to hospitals or clinics. Suspending treatment is not an option for these people. So, how can they face the pandemic more calmly?

According to hematologist and specialist in Integrative Medicine, Regina Chamon, from Oncoclínicas in São Paulo, frequent meditation practice can be a valuable ally, since it is capable of not only improving pain caused by cancer treatment, but also reduces the rates of depression and anxiety, and also prepares the patient to deal with the unpredictable and his emotions facing some situations.

The practice of paced breathing is another ally. In addition to being an important technique to keep calm, inhale and exhale very slowly, paying attention to body movements, it is also capable of improving sleep quality. According to the expert, the more breathing is practiced and introduced to common habits, the easier it becomes to apply this technique to relieve moments of stress.

The respiratory technique is recommended for cancer patients, including during chemotherapy. “When the catheter is punctured, the patient feels less pain due to the muscle relaxation created by breathing”, emphasizes the doctor.

Integrative Medicine can also be used as a way to help cancer patients, especially during extreme times of distress, such as the current one. This type of medicine integrates the physical, emotional and mental aspects of the patient and assists him, through appropriate therapeutic approaches for each case, aiming to achieve his well-being.

“Optimism as an ally in emotional balance”

But, after all, can stress be turned into something positive? For Oncoclínicas psycho-oncologist in Rio de Janeiro, Natalia Baratta Gil, as important as trying to minimize the stress in the current situation is to have self-knowledge of your socio-emotional needs.

“We are living in a time of deep stress, moving towards chronic stress, since we do not know when all of this will end. We want to learn how to manage stress, but it is something that happens naturally. There are types of stress, and the way how we can react to them can be positive or negative. In the case of cancer patients, we have stress combined with their diagnosis of cancer and the pandemic. There are many ideals of how we should be dealing with the way we have been responding to this situation, which varies from person to person, and the best we can do for ourselves and our family. The idea is to deconstruct that there is an ideal way, but to understand what is possible for each one, observing individual care and what is perfect for each person”, says Dr. Natalia.

The expert points out that it is essential to maintain optimism. “We are all making possible arrangements right now and creating a new connection with other people and the world. We need to hope and fight for our quality of life. This too shall pass.”, she concludes.
Deloitte, the largest professional services organization in the world, has just finalized a digital solution for screening patients possibly infected with Covid-19. The platform is dedicated to public and private hospitals, networks of medical clinics and health plan operators.

The solution aims the pre-diagnosing eventual cases of Covid-19 remotely, preventing people possibly infected with the new coronavirus from leaving their home and increasing the risk of contamination from third parties, or from contracting the disease by going to the hospital unnecessarily.

If a person is in doubt about the symptoms they are experiencing and if they may be related to Covid-19, simply access the tool via an internet browser and complete information such as age, pre-existing diseases and description of symptoms. Based on this data collection, the platform discards negative cases and classifies the suspected cases of Covid-19 as mild / moderate or severe.

In cases of mild symptoms, the health professionals of that hospital or clinic do all the care and follow-up of the patient remotely, indicating treatments and monitoring the evolution of each case, thus avoiding overload in hospitals and the risks of spreading the disease. If the case is severe, affecting a patient from a high-risk group, for example, the recommendations vary according to each clinical situation and may indicate going to the hospital and performing tests.

The newly created Deloitte tool serves also as a database that can contribute to official statistics about the disease in Brazil, since it records the entire cycle of patients and treatments used by each doctor. In addition, the solution offers various contents on prevention Covid-19. Although it was launched in the midst of the new coronavirus pandemic to help fight the disease, the solution is here to stay and, in the future, it will support the diagnosis and treatment of the most diverse diseases, such as H1N1, dengue and measles.
Com um novo conceito que considera o atual cenário mundial, a Medical Fair Brasil trará as melhores soluções para a retomada das atividades da cadeia produtiva da saúde no país. Uma excelente programação de palestras e seminários para discutir a recuperação do setor da saúde, sustentabilidade, dificuldades e demandas pós pandemia nos serviços público e privado, além dos avanços da Cannabis Medicinal.
Ferramenta de matchmaking exclusiva para networking e agendamento de reuniões.

Garanta o seu espaço na edição brasileira da MEDICA!
contato@emmebrasil.com.br | medicalfair-brasil.com.br
A path of no return for facing coronavirus and other health challenges

Just as many taxi drivers have long since relied on a fixed point, healthcare professionals in many specialties may choose not to stick to their offices. With Bill 696/2020 and the approval of the Federal Council of Medicine (FCM), the use of telemedicine tools was allowed, even if on an exceptional basis, for medical care during the coronavirus crisis in Brazil.

In practice, the model had already been used in the country by large hospitals and healthcare operators with their own network, because, despite the FCM’s questions, there is already jurisprudence that allows its application. Just like other technological disruptions that we have seen in society, the recent approval in the health area, even if temporary, guaranteed the regularization of a model that was already in use, opening the path for its improvement and popularization.

Telemedicine proves to be a fundamental advance for patient care, especially in more remote places that suffer from a lack of medical support. This service should continue to grow from now on in a path of no return.

A recent survey by the British consultancy Cello Health Insight shows that 87% of Brazilian doctors already use instant messaging applications for patient care - tools that, unlike electronic medical records, do not have the security required to apply the service.

Fortunately, the barrier of insecurity no longer exists: dozens of solutions are already available on the market, ready to be used with all the necessary structure, including digital signature. They allow doctors to prescribe prescriptions for medication and other documents, such as certificates and opinions, which are accepted by the vast majority of pharmacies.

In addition, there is no more infrastructure limitation in relation to internet coverage. Currently, we already have more than 200 million smartphones in use, and the patient can use one of these devices to make his consultation via Wi-Fi connection.

The great advantage of this model is the access to assistance with specialists from anywhere in the world through a simple smartphone or tablet. For example:
the other day I called a pediatrician urgently for the health plan application, without leaving home, and the consultation was resolute, saving me the time of commuting and waiting in endless lines at hospitals or health posts.

There is no doubt that the elimination of queues in public health, the improvement in the productivity of professionals and faster access for the patient are some of the most important challenges that telemedicine solves. Approximately 50% of the people who are currently in line at health centers do not need face-to-face assistance. In addition, there is still a lack of balance between the availability of medical teams and the demand among the most distant health units - problems that can be managed by technology and remote care, which bring immediate medical support to less accessible areas.

Remote care saves visits to health services in up to 64% of cases, helping to relieve hospital units, which can quickly turn their attention to those most serious and emergency cases. The humanized service is the key to guide patients appropriately and allow greater fluidity in the health posts.

However, it is worth noting that this step that is being taken in Brazil, although important, is somewhat delayed. We lost the chance to move forward with telemedicine in 2019, as the revocation of Resolution No. 2,227 / 2018 by FCM ended up negatively impacting the widespread use of this model in the country.

In Brazil, in addition to the legal aspects, the major challenges are in the professionals training, who need to overcome the cultural block (especially those who are not yet familiar with the use of the internet), and the lack of standardization of exam codes with the laboratories, which stops the results from being made available online, as today, it requires integration on an individual basis.

These measures need to be improved so that everyone benefits from the call center, which, among other comforts, allows triage (such as the recently implemented TeleSUS 136 service from the Ministry of Health), clinical guidelines for isolated patients in recovery, in addition to consultations, while physical offices are closed. Other advances such as ordering a digital exam and using artificial intelligence should also be implemented in the near future.

At this point, it is up to us to evaluate that the patients are learning that they can be attended at a distance and that access to health services will no longer occur in the same way after the pandemic. It will be difficult to convince doctors that telemedicine is not an evolution; it would be like having to convince society that watching movies via streaming or ordering food through delivery apps is not practical.

In the end, who will decide to adopt telemedicine is the patient, who always opts for practicality and comfort. It is up to the government and healthcare operators to provide the service that best serve the citizens. Innovation has already happened; the coronavirus crisis showed us what already existed, and it is useless to fight against the transformation process that has been taking place. In addition, among other things, this challenging moment has taught us to value what is essential for maintaining life: more health and more time.
Study shows that metabolic surgery is the most effective treatment for remission of kidney complications in people with type 2 diabetes

Research by the Specialized Center for Obesity and Diabetes at Hospital Alemão Oswaldo Cruz compared the effects of surgical treatment and better clinical treatment in patients with type 2 diabetes, associated with early-stage chronic kidney disease and BMI between 30 and 35

Microvascular diseases are those that damage the small vessels of the eyes (retinopathy), kidneys and nerves (neuropathy). Kidney damage caused by diabetes takes longer to be noticed by patients. Regular monitoring of protein levels present in the urine is essential to prevent the evolution of these complications, which can lead to total kidney damage. The first evaluation carried out in two years, in a five-year follow-up study, detected the remission of albuminuria (loss of protein albumin in the urine and an important indicator of renal failure) in 54.6% of patients after medical treatment and 82% after metabolic surgery by Roux-en-Y gastric bypass.

According to dr. Ricardo Cohen, surgeon, lead author of the study and coordinator of the Specialized Center for Obesity and Diabetes, diabetes is a chronic and progressive disease, and the patient with initial kidney injury usually progresses to dialysis and kidney transplantation, and is at risk for cardiovascular complications such as myocardial infarction and having a stroke. “The remission of more than 80% of albuminuria and kidney injuries, with surgical treatment, means preventing the progression of the disease and, consequently, dialysis and kidney transplantation. The study proves that, in two years, the operated patients have much less chance of presenting these complications, while patients with the best drugs show an improvement, but do not stop
the advance of possible irreversible kidney damage and its associated risks”, evaluates the surgeon.

The research involved the participation of 100 patients, followed for five years, 50% of whom underwent metabolic surgery, and the other half had access to the most modern and effective drugs available for the clinical treatment of diabetes.

“This is the first study that uses the best medication available and focuses on analyzing renal outcomes. Currently, there are 12 studies worldwide that compare surgical and clinical treatment, but their focus is glycemic control, in patients with a BMI greater than 35”, explains dr. Cohen. Screening for the study of people with a BMI between 30 and 35 was a key factor, since the majority of the population with diabetes in the world suffers from degree 1 obesity or overweight.

The analysis carried out by the Obesity and Diabetes Specialized Center of the German Hospital Oswaldo Cruz still shows that, in both groups, the glycemic index was controlled, but this does not interfere with kidney damage, the most serious of the comorbidities caused by diabetes. Other study results also pointed out that metabolic surgery brings more benefits in relation to the control and normalization of glycated hemoglobin, cholesterol, triglycerides, blood pressure and changes in quality of life. Surgery also had the most appropriate outcome in relation to the discontinuation of medications for patients with type 2 diabetes, as operated patients decreased their medications by five times less. The average number of pharmacological agents for metabolic control was six, in the best medical treatment, and one, after metabolic surgery.

“In two years, glycated hemoglobin was reduced by 2.2% in patients with clinical treatment and 2.6% in surgical patients. The result is surprisingly good and shows the importance of these new medications. However, diabetes is a progressive disease and it is also difficult to adhere to treatment; therefore, there is a worsening in metabolic rates after a period of monitoring while surgery shut down the evolution of complications, reaching 44.5% of patients with remission of the disease”, analyzes the coordinator of the study.

Surgical patients achieved the American Diabetes Association’s LDL cholesterol goals compared to the best medical treatment group, 72% versus 52%. The goal of triglycerides of 150 mg/dL was reached by 41% of patients in the clinical group and by 81% of operated patients. Weight variation was also another important finding: less than 5% of patients who used the drugs achieved 15% of body weight loss, while in the group of operated patients the percentage was 95%.

**ECONOMIC IMPACTS**

Currently, in Brazil, more than 80,000 patients need dialysis due to diabetes, costing US $ 350 million per year. For Brazilians with diabetes and early chronic kidney disease to benefit from treatment, it would be necessary to offer only 100 extra metabolic surgeries per year, at a cost of US $ 3,000 per patient, saving about US $ 150,000 for the health system, for each person who could possibly develop kidney complications and need dialysis, while the surgery would be paid for in less than two years.

“It is expected that, as we get out of the Covid-19 epidemic, the health system will be reorganized to bring maximum benefit to patients, using clinically proven and economical strategies, and that, in the future, in other pandemics, they will relieve ICUs and hospital beds, since it is a risk group”, explains dr. Cohen.

**WHAT IS METABOLIC SURGERY?**

Metabolic surgery is defined as any intervention of the digestive tract, which aims to control type 2 diabetes, with or without medication, through mechanisms independent of weight loss, and also secondarily, by weight loss. In the case of the study performed by Hospital Alemão Oswaldo Cruz, the technique used is Roux-en-Y gastric bypass, which consists of stapling the stomach and deviating the initial intestine to alter the transit of food. With the procedure, the prospect is that the symptoms in patients regress partially or totally.
The Chamber of Deputies created an External Commission for Actions against the Coronavirus under the coordination of Deputy Dr. Luiz Antônio Teixeira Jr. (PP-RJ) and rapporteur of Deputy Carmen Zanotto (Cidadania-SC) to discuss “Measures to prevent and combat the new coronavirus”. The FBH has sought to get closer to the deputies that are part of this Commission, and has participated in public hearings - held on March 18th and April 29th - to expose the situation and the position of private hospitals in facing the pandemic.

INTERACTION WITH THE EXTERNAL COMMITTEE ON ACTIONS AGAINST CORONAVIRUS

The Chamber of Deputies created an External Commission for Actions against the Coronavirus under the coordination of Deputy Dr. Luiz Antônio Teixeira Jr. (PP-RJ) and rapporteur of Deputy Carmen Zanotto (Cidadania-SC) to discuss “Measures to prevent and combat the new coronavirus”. The FBH has sought to get closer to the deputies that are part of this Commission, and has participated in public hearings - held on March 18th and April 29th - to expose the situation and the position of private hospitals in facing the pandemic.

PROVISIONAL MEASURE THAT DEALS WITH LABOR MEASURES

The Provisional Measure (MP) 927/2020, which deals with labor measures, is being discussed, and its text was discussed by the FBH with several parliamentarians, especially with the rapporteur, Deputy Celso Maldaner (MDB-SC), which allowed a better understanding of the reality of the sector in relation to the topic addressed. The matter was approved by the Chamber of Deputies and sent to the Federal Senate, where it is currently located.
The Extraordinary Tax Regularization Program (Pert/Covid-19) of the Federal Revenue Service of Brazil and the Attorney General’s Office of the National Treasury, due to the state of public calamity caused by the Covid-19 pandemic, was proposed through the Law (PL) 2,735/2020, authored by Deputy Ricardo Guidi (PSD-SC), and will allow hospitals to split their debts and improve care for patients with Covid-19.

The Bill of Law (PL) 3,058/2020, which extends until December 31st, 2020 the suspension of the requirement for quantitative and qualitative goals established in service provider contracts related to the Unified Health System (SUS), was proposed by Deputy Pedro Westphalen (PP-RS), co-authored with five other deputies. Given the importance for the Hospital Sector, FBH fully supports this project, which is currently being processed by the Chamber of Deputies.

A very important discussion with parliamentarians is the debate on proposals that establish the unified management of all hospital beds in Brazil (single row), including public and private units, in order to ensure care for patients with Covid-19. As there are several proposals presented, FBH has sought out parliamentarians and defended its position contrary to these projects in the way they are presented, and made it possible to build these proposals in order to meet the reality of the sector.
2020/2021 HEALTH SECTOR EVENT CALENDAR

**SEPTEMBER 2020**

**MEDICAL FAIR BRASIL**
- **Date:** September 16th to 17th
- **Location:** Expo Center Norte – São Paulo-SP
- **Website:** https://www.medicalfair-brasil.com.br/pt/

**HEALTHCARE INNOVATION SHOW – HIS 2020**
- **Date:** 23rd and 24th
- **Location:** São Paulo Expo - São Paulo-SP
- **Website:** https://his.saudebusiness.com/pt/home.html

**OCTOBER 2020**

**SAÚDE BUSINESS FORUM**
- **Date:** October 1st to 4th
- **Location:** Comandatuba Island – Una-BA
- **Website:** https://forum.saudebusiness.com/pt/home.html

**FCE PHARMA**
- **Date:** October 7th to 9th
- **Location:** São Paulo Expo – São Paulo-SP
- **Organization and Promotion by:** NürnbergMesse
- **Website:** https://www.fcepharma.com.br/pt

**NOVEMBER 2020**

**EXPO-HOSPITAL BRASIL**
- **Date:** November 10th to 12th
- **Location:** Expominas – Belo Horizonte-MG
- **Website:** http://expohospitalbrasil.com.br/

**DECEMBER 2020**

**34TH BRAZILIAN CONGRESS OF ENDOCRINOLOGY AND METABOLISM – CBEM**
- **Date:** December 2nd to 5th
- **Location:** Ulysses Guimarães Convention Center – Brasília-DF
- **Website:** http://cbem2020.com.br/
DECEMBER 2020

15TH BRAZILIAN CONGRESS OF VIDEOSURGERY AND 4TH BRAZILIAN AND LATIN AMERICAN CONGRESS OF ROBOTIC SURGERY
Date: 10th to 12th
Location: Ceará Events Center - Fortaleza-CE
Website: https://www.sobracil.org.br/congresso2020/mensagem.asp

JANUARY 2021

SAHE – SOUTH AMERICA HEALTH EDUCATION
Date: January 26th to 28th
Location: São Paulo-SP
Website: https://grupomidia.com/sahe/

APRIL 2021

3RD CONDEPE - CONGRESS OF PROFESSIONAL DEVELOPMENT IN NURSING
Date: April 6th to 7th
Location: Transamérica Expo – São Paulo-SP
Website: https://www.condepe.com.br/
## INFLATION

<table>
<thead>
<tr>
<th>INDEX (%), PERIOD, MONTH</th>
<th>12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPCA, MAY/2020, -0.38</td>
<td>1.88</td>
</tr>
<tr>
<td>INPC, MAY/2020, -0.25</td>
<td>2.05</td>
</tr>
<tr>
<td>IPC Fipe, MAY/2020, -0.24</td>
<td>2.38</td>
</tr>
<tr>
<td>IGP-M, MAY/2020, 0.28</td>
<td>6.51</td>
</tr>
<tr>
<td>IGP-DI, MAY/2020, 1.07</td>
<td>6.81</td>
</tr>
<tr>
<td>ICV-DIEESE, MAY/2020, 1.55</td>
<td>7.18</td>
</tr>
</tbody>
</table>

Sources: IBGE, Fipe, FGV and Dieese. Preparation: Valor Data.

## FINANCIAL INVESTMENTS

<table>
<thead>
<tr>
<th>INDEX, %</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selic over, per year</td>
<td>2.15</td>
</tr>
<tr>
<td>CDI over Cetip, per year</td>
<td>2.15</td>
</tr>
<tr>
<td>DI Futuro, per year (Jan./2022)</td>
<td>3.01</td>
</tr>
<tr>
<td>TR (23/06)</td>
<td>0.0000</td>
</tr>
<tr>
<td>Old savings (23/06)</td>
<td>0.5000</td>
</tr>
<tr>
<td>New savings (23/06)</td>
<td>0.1733</td>
</tr>
</tbody>
</table>

Sources: Central Bank and B3. Preparation: Valor Data.

## FIPE SAÚDE

<table>
<thead>
<tr>
<th>MONTH, YEAR</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>April, 2020</td>
<td>0.44</td>
</tr>
<tr>
<td>May, 2020</td>
<td>0.18</td>
</tr>
<tr>
<td>June, 2020</td>
<td>0.58</td>
</tr>
</tbody>
</table>
Inscrições abertas!

Serão premiadas quatro categorias:

Impresso (jornal ou revista)

Internet (sites, portais de notícias ou blogs)

Rádio

TV

Acesse: fbh.com.br/premio-synapsis
Conectado com você e com o que há de melhor para o seu dia a dia!

O seu canal de informação do Setor Saúde.

Anuncie!
fbh.com.br/revistas
comunicacao@fbh.com.br