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## **“There is no possibility of reducing costs in Rio,” says Cortes**

**For the state secretary of Rio de Janeiro promoting access to health demanding more just system, which already has serious distortions of funding**

An overview of Health of Rio de Janeiro was presented during the opening of World Health Care Congress Latin America, which occurred October 24-25 in Rio.

The state has managed to promote access to health care through the Emergency Care Units (PSU) and the Family Clinic. This strategy was responsible for the care of 45 million people by the UPA in 2010.

“Ninety-nine percent of cases are resolved in the PSUs, the others are referred to hospitals,” said Sergio Cortes, Secretary of State for Health of Rio de Janeiro.

When asked about opportunities to reduce costs in health, Cortes was adamant.

“I do not believe in cutting costs in the short-term, only when we reach a high-level assistance. \$300 million (U.S.) aimed at the industry per year is reasonable. People once died and now survive, demanding more of the system.”

Countries much smaller than Brazil, Argentina and Chile invest twice as much in health, about \$600 million per year. The secretary emphasized the imbalance of the comparative public health expenditures and private. The additional segment in the country has invested \$800 million per year and serves approximately 30 percent of the population. They also depend on the health care system in general indirectly - in health surveillance services, access to medicines, organ transplants, among others.

Given the lack of resources, the efficient model found by the court is the shared management. In 2006, the laboratories of Rio performed about 1,200 tests, at a cost of \$135 million. After a partnership with laboratories Dasa, the number increased to 10,000 examinations in 2010 at a cost of \$42 million. Partnerships in the state follow different models, depending on the needs and can be the foundation of private law state, social organizations or shared management of private for-profit companies.

According to Hans Dohmann, the municipal secretary of Rio de Janeiro, in 2006 the Rio de Janeiro was not even one percent of primary care. Thus, management of the secretariat was guided by primary care.

“Now come pathologies that previously were not registered in the SUS. Not because certain diseases increased, but because people now have access to treatment. The mortality of infringing infarction, for example, fell by about 50 percent,” said Dohmann.