The National Committee for Health Technology Incorporation - CONITEC was created in December 2011 by the Brazilian Government through a Federal Law and regulated by Presidential Decree, which established new rules for the incorporation of technology in Brazil and extinguished the previous Commission, called CITEC.

CONITEC’s law requires the presentation of studies on efficacy, safety, economic evaluation and budget impact for new technologies.

The Committee is responsible for advising the Ministry of Health in the incorporation or disinvestment of health technologies into the SUS*.

*SUS - Public Health System
CONITEC is composed of:

- Representatives from each of the secretariats of the Ministry of Health (total of 7)
  - **CFM** Federal Council of Medicine
  - **CNS** National Health Council
  - **CONASS** National Council of State Health Secretaries
  - **CONASEMS** National Council of Municipal Health Secretaries
  - **ANS** National Regulatory Agency for Private Health Insurance and Plans
  - **ANVISA** Brazilian Health Surveillance Agency

- **DGITS** Department of Management and Incorporation of Health Technology
COMPETENCES

• Recommend incorporation or disinvestment of health technologies by the Brazilian Public Health System (SUS)

• Develop clinical guidelines
Evaluations by CONITEC may be requested by any institution (industry, medical society, patient association, government, etc) or individual. However, requests are evaluated by the Committee only if they are in accordance with the submission requirements set by Decree 7,646/2011.

CONITEC’s recommendations are issued based on the best available scientific evidence regarding efficacy, effectiveness and safety of medicines, procedures and medical devices, and include economic evaluation studies of these technologies, developed from the perspective of the public health system.

According to legal provisions, CONITEC has 180 days to assess requests to incorporate technologies into the SUS. All the reports are submitted to Public Consultations in order to ensure transparency and public participation. After CONITEC’s recommendation, the final decision regarding coverage is made by the Secretary of Science, Technology and Strategic Inputs of the Ministry of Health.
safety efficacy indications population affected effectiveness other outcomes

diffusion accessibility logistic skills-routines utilization sustainability

costs cost-utility cost-effectiveness budget impact analysis cost-benefit efficiency

social impact acceptability psychological reactions ethics other patient parameters convenience

CLINICAL

ORGANIZATIONAL

ECONOMIC

PATIENT RELATED

HEALTH TECHNOLOGY ASSESSMENT
## RESULTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEETINGS</td>
<td>28</td>
</tr>
<tr>
<td>DEMANDS RECEIVED</td>
<td>316</td>
</tr>
<tr>
<td>TECHNOLOGIES INCORPORATED</td>
<td>95</td>
</tr>
<tr>
<td>TECHNOLOGIES NOT INCORPORATED</td>
<td>47</td>
</tr>
<tr>
<td>PUBLIC CONSULTATIONS</td>
<td>94</td>
</tr>
<tr>
<td>CONTRIBUTIONS RECEIVED ON PUBLIC CONSULTATION</td>
<td>5,082</td>
</tr>
</tbody>
</table>
DEMANDS BY TECHNOLOGY

65% medicines

20% procedures

15% medical devices
DEMANDS BY SPECIALITIES

Oncology: 15%
Cardiovascular: 12%
Infectology: 8%
Rheumatology: 8%
Pulmonology: 7%
Genetics: 8%
Others: 41%
ALL INCORPORATION REPORTS AND
CLINICAL GUIDELINES ARE AVAILABLE AT

WWW.SAUDE.GOV.BR/CONITEC