

**Kidney Transplant in Brazil: an Analysis of Incentive Mechanism using Principal Agent- Theory**

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Objetivos (Objectives): The objective of this paper is to verify and analyze institutional mechanisms and incentives offered to hospital and hospital teams that catch or collect kidneys for transplantation in Brazil using the approach of principal-agent theory in a context of asymmetric information theory.

Metodologia (Methodology): The theoretical approach used is the Principal-Agent model under asymmetric information context (when one side of the contract know more than other side). This approach is suitable to analyse the problem. It say that the well being of the principal (hospital that do the transplant) depends on the effort of hospital that catch the organs of transplants.

Resultados (Results): The Brazil presents the largest public program (unified health system) of transplants and occupies the second place (after the United States) on the number of such surgeries, with prominence for kidney transplantation. Between 2000 and 2009, it appears that the amount of kidney transplants in the United States showed a growing trend of 25.94% from 13,363 to 16,830 respectively. Already in Brazil, the expansion was 46.26% (increased from 2,912 to 4,259) in the period under examination. However, there is an imbalance between supply and demand for this body, which has been generating queue waits. It turns out that this problem may be related principally to remuneration not adequate hospital teams responsible for fund raising bodies; misinformation of health professionals; difficulty of maintenance of potential donors in intensive care units and lack of trained personnel for households approach process. The incentive matter in this case. The real problem to Brazilian system of kidney transplant is not the technical problem, but how to obtain more organs for transplant.

Conclusões (Conclusions): It is necessary to study the incentives offered to Brazilian system of kidney transplant. Thus, these factors are transplants sector arising from the information asymmetry that exists between hospital teams (agents) and the body's receptors (principal). If so, the agent performs an effort that is not verifiable and outcomes that will generate for you, given the contract. Therefore, if such professionals receive higher compensation, incentives to act shall be effectively in the process of abstraction of the organ and, consequently, a reduction in waiting list. The main conclusion it that incentives matters in organ donation.