

Rising drug prices in Brazil during COVID-19 pandemic: another threat to people's health

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The COVID-19 pandemic puts the healthcare systems at risk due to the still uncertain operational and financial impacts of it. The difficult economic conditions of the population also call for more attention from government officials to define strategies that guarantee access to health services and products. Maintaining the supply chain of pharmaceutical products is not only paramount to cover the immediate medical response but will be fundamental to reducing disruption of the healthcare system. Increasing drug prices during the pandemic is definitely not a strategy that contributes to access. In this sense, this commentary presents a criticism of a decision by the Brazilian government that may impact the availability in health services and the population's access to medicines necessary for the maintenance of life.

Keywords: Medicines price. COVID-19. Access to medicines. Coronavirus. Pandemic.

THE CONCEPTS AND COMMENTS

In the urgency of facing the COVID-19 pandemic it is expected that governments quickly plan and implement policies for the direct response to the outbreak, while minimizing its collateral impact in health, economic and social issues. Maintaining the supply chain of pharmaceutical products is fundamental to reducing disruption of the healthcare delivery system (Guerin, Singh-Phulgenda, Strub-Wourgaft, 2020).

In Brazil, before the pandemic (March 2019 to February 2020), there were about 80 thousand hospitalizations for asthma, 130 thousand people were hospitalized for other respiratory diseases and about 130 thousand hospitalizations occurred for Diabetes Mellitus (Brasil, 2020a). To keep the continuing treatment of these and other diseases and prevent hospitalization and death,

access to medicines is vital, since it reduces mortality and controls additional hospitalization rates.

Before the pandemic (2014-2015), a national survey identified that 94.3% of people were able to access all prescription drugs for the most common chronic diseases, and 47.5% obtained their drugs exclusively from the Unified Health System (SUS) (Bermudez, Barros, 2016). More than half of the population purchased their medicines for the treatment of chronic conditions out of pocket.

Brazil has had a set structure of medicines price regulation since 2003, which includes the National Medicines Market Regulation Chamber (CMED) that defines the entry price of medicines in the Brazilian market for public and private payers. After the initial price is defined, it is adjusted annually based on inflation, sector's productivity, raw material prices and exchange flows (Brasil, 2020b). Some studies carried out in the country show that such a regulatory model of price-cap and annual adjustment presents significant distortions. Campos and Franco (2017) found results that allowed to affirm that the current regulation does not have the desired effects or favors the perpetuation of surcharges in public drug purchases.

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On March 31, 2020, Provisional Measure 933 was published, which suspended until May 30, 2020 the annual adjustment of drug prices for the year 2020 in Brazil, due to the effects of the Public Health Emergency of National Importance (Brasil, 2011), related to the Coronavirus pandemic (Brasil, 2020c).

On May 30, 2020, Brazil reached the mark of almost 500,000 cases and approximately 29,000 deaths from COVID-19 (Brasil, 2020d). The absence of robust public policies to face the pandemic in the country was already making national and international headlines.

On June 1, 2020, besides the huge economic and health crises, Anvisa published the maximum annual adjustment of drug prices in Brazil, meeting the demand of the industries. The adjustment was up to 5.21% for products classified as highly competitive; 4.22% for moderate competition and 3.23% for the market with less competition (Brasil, 2020e).

Despite attempts by parliamentarians in the National Congress to extend the suspension period for adjustments, prices have increased in the national market.

In a quick evaluation in ten community pharmacies in southern Brazil, we were able to find a rise in prices for a sample of the most used medicines for chronic diseases:

TABLE I - The percentage of medicines price increases between March 1 and July 1

Medicines	% Price increases	
	Generic	Reference
Metformin	9.32%	3.26%
Losartan	11.54%	6.83%
Hydrochlorothiazide	5.93%	4.13%
Salbutamol	4.28%	3.26%
Glibenclamide	4.08%	4.29%
Fluoxetine	8.99%	5.19%
Sertraline	- 3.00%	5.19%

Source: the authors

The increase in prices does not appear to have had a direct impact on medicines availability: hospitals

across the country face a serious shortage of drugs for the clinical management of COVID-19, such as sedatives (CONASS, 2020).

Since June 1st, pandemic numbers have more than doubled to over 75,000 deaths and 1.8 million cases in mid-July (Brasil, 2020d). COVID-19 has demonstrated the enormous inequalities in access to health services and in the living conditions of Brazilian citizens: death rates among blacks with less formal education are four times higher than among whites with high education (Batista *et al.*, 2020). The poorest is the portion of the population that is having the highest death rates due to COVID-19, according to a recent survey (Souza *et al.*, 2020).

The economy had an important recession since March and a sharp fall in general inflation. In April and May, Brazil experienced deflation (-0,31 and -0,38) (IBGE, 2020a). Because of the COVID-19 pandemic, some 17.7 million people were unable to seek employment in the last week of May. In the same period, another 10.9 million were unemployed and sought an occupation, but did not find it. 30.2 million of employed people had their income decreased (IBGE, 2020b).

Unemployment and falling income should, notably, impact on the ability to purchase medicines for continuous use and put lives at even greater risk (Waitman *et al.*, 2017).

Additionally, some diseases may have their prognosis affected by the restrictive effects of the pandemic: consultations have been canceled, health facilities have been closed or have not functioned normally. Mobility restrictions jeopardize the monitoring and control of some chronic diseases, as has been described in other countries (Michaud *et al.*, 2020; Ji *et al.*, 2020). Thus, both the availability of healthcare resources and aspects related to patients and diseases have the potential to influence health outcomes.

The federal government's release of the annual price adjustment in this scenario demonstrates yet again the lack of clear guidelines for dealing with a pandemic and ensuring social protection measures. While countries establish economic strategies that guarantee essential goods and services, the insufficient coordination of national policies to combat COVID-19 generates more poverty in a country where about a third of the population lives in conditions of high vulnerability.

The increase in the price of medicines can lead to a health disaster much greater than COVID-19 itself, due to the impossibility of continuing the treatment of chronic diseases and other conditions. The impacts can be felt in drug prices in pharmacies for the final consumer, but they also affect the costs of the health system (SUS), already burdened by the pandemic and weakened by the austerity policies instituted in recent years. Poor treatment of pre-existing health conditions is also a tragic premise of increasing the need for hospitalization and avoidable deaths.

DECLARATION OF CONFLICTING INTERESTS

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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