Financing of Pharmaceutical Services in Brazilian Public Health System

Financiamento da Assistência Farmacêutica no Sistema Único de Saúde

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Resumo

Objetivos. Descrever e discutir a evolução do financiamento da assistência farmacêutica no Sistema Único de Saúde - SUS. Métodos. Foram identificados os valores alocados para aquisição de medicamentos, para o Programa Farmácia Popular e para estruturação de serviços farmacêuticos públicos. Os valores referentes ao financiamento da União, por meio do Ministério da Saúde, foram obtidos do sistema Siga Brasil e, dos Estados, do Distrito Federal e dos municípios, do Sistema de Informações sobre Orçamentos Públicos em Saúde - SIOPS. Resultados. Entre 2005 e 2009 houve aumento de 65,3% nos recursos financeiros da União para aquisição de medicamentos. No mesmo período, ampliou-se o volume de transferências feitas às esferas subnacionais. Verificou-se que os Estados e o Distrito Federal aumentaram em 112,4% o volume de recursos próprios alocados no financiamento de medicamentos e que para os municípios este crescimento foi de 22,7%. Em 2008, a participação das despesas com medicamentos em relação às despesas com saúde foi de 7,8%. O gasto total com medicamentos em 2009 foi de 8,9 bilhões de reais. Observou-se aumento de 20,6 vezes no valor alocado no Programa Farmácia Popular e, no caso dos recursos destinados à estruturação de serviços, crescimento de 41,6%, chegando a 10,1 milhões de reais em 2009. Conclusão: Houve ampliação do financiamento de medicamentos no SUS entre 2005 e 2009.

Palavras-chave: Financiamento da Saúde; Assistência Farmacêutica; Gastos em Saúde; Sistema Único de Saúde.

Abstract

Objectives. To describe and discuss developments in the financing of pharmaceutical services in the Brazilian public health system – SUS. Methods. The amounts allocated for drug procurement, for the Farmácia Popular Program and for structuring of public pharmaceutical services were identified. The values regarding the financing of the Federal government were obtained from the Siga Brasil database. Data regarding states, Federal District and municipalities were obtained from Information System on Public Health Budget – SIOPS. Results. Federal funds for drugs purchasing increased by 65.3% between 2005 and 2009. In the same period, the volume of transfers made to the subnational levels increased. It was found that the states and the Federal District have increased by 112.4% the volume of own resources allocated to the financing of drugs and for municipalities this growth was 22.7%. In 2008, the share of drug expenses in relation to expenditure on health was 7.8%. The total drug spending in 2009 was 8.9 billion reais. There was an increase of 20.6 times of the amount allocated in the Farmácia Popular Program, and a growth of 41.6% in the resources destined to structuring services, which reached 10.1 million reais in 2009. Conclusion. there was expansion of the funding of medicines in SUS between 2005 and 2009.

Keywords: Financing; Health; Pharmaceutical Services; Health Expenditures; Unified Health System.

Introduction

One of the most discussed subjects in public health nowadays is the financing of healthcare. Funding is a process of collecting monetary resources which will be directed to the execution of expenses, to carry out an investment or to achieve a certain objective (Brazil, 2009).

According to World Health Organization – WHO, the way healthcare systems are financed determine if people will be able to get healthcare and if they will face financial problems as a result of seeking care. Therefore, the planning and implementation of a proper funding system are essential in the pursuit of universal coverage (CARRIN et al., 2007; CARRIN et al., 2008; EVANS et al., 2010).

Universality implies in equal chances of access and protection from financial risk and great demands for the ones responsible for healthcare funding (CARRIN et al., 2007). That is why funding is being regarded as one of the biggest challenges to the implantation of universal systems. A recent evaluation of Brazilian's National Health System – SUS, shows that, in spite of advances in several areas and an overall improvement in health standards in the country, insufficient funding is a key factor for inappropriate infrastructure in primary care, as well as shortage of employees in hospitals (JURBERG, HUMPHREYS, 2010).

Regarding pharmaceutical care, not much is known about the population's access to drugs. Once the under funding of the system is admitted, one also expects to find problems in drugs offer, not only regarding availability, but also in relation to the rationality of use and management of pharmaceutical services. These problems were confirmed by some studies in the last few years (PAN-AMERICAN HEALTH ORGANIZATION et al., 2005; WORLD BANK, 2007; VIEIRA, 2008).

There was remarkable progress in legal marks with the publication of the Drugs National Policy – PNM (in Portuguese) in 1998 (BRAZIL, 2001) and the Pharmaceutical Care National Policy – PNAF in 2004 (BRAZIL, 2004), which established, in a way, both the vision and the mission for the area in Brazil. PNM defines pharmaceutical care as a "group of activities

related to drugs, designed to support health actions demanded by a community. It includes the supply of medicines in each and every step; the conservation and control of quality, safety and therapeutic efficacy of the drug; monitoring and evaluation of its use; gathering and advertising information on drugs and permanent education of health professionals, patients and community in order to ensure rational use of medicine" (BRAZIL, 2001).

The funding of pharmaceutical care for all of the activities depicted on PNM, likewise SUS funding, is provided by the Brazilian Government, 26 States, Federal District and 5,564 municipalities. The extent of political and administrative decentralization of the healthcare system reveals the complexity of this process (VIEIRA, 2010) and the necessity of analyzing the role on each level of the Government. Therefore, the objective of this article is to describe and discuss the evolution of pharmaceutical care funding at SUS.

Material and Methods

Data about the values assigned to drug care at SUS during the period from 2005 to 2009 were extracted from two information systems which are freely accessible through the internet: a) Siga Brasil, administered by the Senate, which discloses the government budget[1]; and b) Healthcare Public Budget Information System – SIOPS, administered by the Ministry of Health, which unveils data from the States, Federal District and Municipalities regarding revenue and healthcare expenses.

In the Federal Government budget, the following items were considered expenses for the acquisition of drugs: a) 6,031 – Immunobiological Drugs for Disease Prevention and Control; b) 4,295 – Hematological Diseases Patients' Care; c) 6,142 – Coagulopathy Patients' Care; d) 20AE – Promotion of Pharmaceutical Care and Strategic Input for Primary Healthcare; e) 4,368 – Promotion of Pharmaceutical Care and Input for Strategic Healthcare Programs ; f) 4,370 – Drugs Program for HIV/Aids and other STD Patients; g) 4,705 – Support for the Acquisition and Distribution of Exceptional Drugs; and h) 20BA – Prevention, Preparation for and Management of the Influenza pandemic. In addition, the settled values in actions 7,660 (Implantation of Popular Pharmacies) and 8,415 (Popular Pharmacies' Maintenance and Management), expenses made on the Popular Pharmacy Program, were also included, as well as the actions 0804 and 20AH – Support to Public Pharmacy Care Organization, which includes expenditure on Continuing Education, promotion of rational medicine use and organization of care units.

Data collection at Siga Brasil was made per year in the universe "LOA – executed expenses", program, action, application mode and values applied.[2] A search filter was applied – "National Health Fund" – in order to guarantee that only values applied on programs and actions under Health Ministry's budgetary responsibility were collected.

For States and Federal District, applied expenses data gathered in the SIOPS were consulted at the system's site, as follows[3]: States > Informed Data > One or more accounting codes consultation, by economic category, for a State, year or historical series > Year = (select), time span = annual, UF = weld all UFs,[4] Type = Expense, Folder = Direct Administrative Expense – Health and Indirect Administrative Expense – Health, Phase = settled expenditure, accounting classification = 3.3.3.90.30.00.01 and 3.3.3.90.30.09.00 – Drugs direct application, 3.3.3.40.00.0001 – Municipalities transfers and 3.3.3.90.32.03.01 – direct application of materials for free distribution (medicine). Financial resources considered as belonging to the States and Federal District were the amounts allocated without transfers, i.e., the sum of the amounts paid in the accounting classifications described minus values transferred by Brazilian Government and by the Municipalities.

When it came to municipalities, the path used in

1 Senate. Siga Brasil. Available at: http://www9.senado.gov.br/portal/page/portal/orcamento_senado.
Access in October 4th 2010.

2 The term "applied" corresponds to the budget execution in which the Public Administration acknowledges that the service or product was delivered and, therefore, the commitment of paying the supplier.

3 Ministry of Health. Healthcare Budget Information System – SIOPS. Available at: http://siops.datasus.gov.br. Access in October 7th 2010.

4 UF stands for"Unidade da Federação" – Federation Unit

the SIOPS was: Municipalities > Informed data > One or more accounting code consultation by economic category, for a Municipality, by year or historical series > year = (select) > period = yearly > UF = weld all UFs, type = expense, folder = Direct administrative expense – Healthcare and Indirect administrative expense – Healthcare, phase = settled expenditure, accounting classification = 3.3.3.90.30.00.01 and 3.3.3.90.30.09.00 – Drugs direct application, 3.3.3.90.32.03.01 – Direct application of free distribution material (drugs), 3.3.3.30.00.00.01 – States and Federal District transfers and 3.3.3.40.00.00.01 – Transfers to Municipalities. Established criterion considered as municipal resource all the values allocated without transfers, i.e., the sum of the amounts paid in the accounting classifications described minus values transferred by the Brazilian Government and by the States.

The updating of data transmission on revenue and healthcare expenses into SIOPS by States, the Federal District and Municipalities was verified with the purpose of acknowledging the universe of federal units to whom the resources were allocated.

To make comparisons possible between allocated values (total value in transfers and direct applications) in the period of 2005 to 2009, discarding the inflation, the settled values were deflated to 2009 using the Broad Price Index to Consumers – IPCA, obtained for every year on the Applied Economics Research Institute – IPEA website.[5] An exploratory analysis of data was performed, resulting in tables and figures.

Results

Between 2005 and 2009 there was a 65.3% raise in financial resources allocated by the Brazilian Government via Healthcare Ministry for the acquisition of medicines for SUS: from 3.4 Billion reais declared in 2009 to 5.7 Billion reais last year.

On the same period, the volume of transfers to subnational levels raised. Transfers to States and the Federal District responded for 40.6% of the Federal Government in 2005 and 45.3% in 2009. See table 1.

At the Municipalities, federal transfers responded for 4.5% of allocated resources of the Government for medicines in 2005. This share jumped to 11.3% in 2009. Simultaneously, the direct application share on the Healthcare Ministry budget fell from 50.2% to 41.8% according table 1.

To analyze the States', Federal District's and Municipalities' resources allocation it was important to check their legal status regarding declared data on revenue and expenses with healthcare actions and services. This is a function of their providing data within legal deadlines through SIOPS. Table 2 depicts the situation regarding data transmission. Only regular ones were considered in the present study.

It can be observed that nearly all municipalities transferred data until 2008 (more than 99%) and in 2009, until the data was compiled, 97.9% had transferred. In States and Federal District, 100% were in regular situation until 2008, and only two States didn't transfer data in 2009.

Financial resources applied on medicine by states and municipalities were calculated from the data transferred by States and Federal District and considering the values assigned by the Union in transfers to States, as well as values declared by Municipalities through SIOPS, as shown in figure 1.

It can also be noted in Figure 1 that, between 2005 and 2009, States and Federal District increased the amount of own resources destined financing medicine acquisition in 112.4%, going from 773.7 million reais in 2009 to 1.6 billion reais last year. As regarding transfers from States to Municipalities, their value raised significantly from 2005 to 2006 then fell, so that the value transferred in 2009 was 22.7% smaller than 2005's. On the other hand, during the same period, transfers from Municipalities to States raised from 2.8 million in 2005 to 9.5 million this year, an increase of 232.1%. Direct applications raised 95.4%.

Regarding Municipalities, their resources applied in the financing of medicine acquisition passed from 1.3 billion reais in 2005 to 1.6 billion in 2009, a 22.7% raise, according to Figure 2.

It's also noted that Municipalities also raised the amount of resources transferred to other Municipalities to finance medicine purchasing in the period of 2005 to 2009, going from 1 million to 10.9

5 Applied Economics Research Institute – IPEA. Ipeadata (http://www.ipeadata.gov.br) > Macroeconomics > Frequently used series > Anual IPCA inflation > Operate > Operation = None > Beginning = 2005, Ending = 2009, New periodicity = Annual, Method = period ending, new base = 2009.

Table 1 - Amounts paid off Federal Budget per modality of use in actions that funded drugs purchase. Brazil, 2005-2009

Application Mode	R$ declared in 2009				
	2005	2006	2007	2008	2009
Transfers to states and Federal District	1,387,390,058.19	2,034,129,159.35	2,036,988,199.71	2,251,258,231.98	2,560,249,045.59
Transfers to municipalities	154,695,697.09	403,856,766.21	554,298,841.12	635,594,008.74	640,407,375.73
Transfers to private non-profit organizations	119,028,413.61	7,507,040.14	14,297,183.56	23,652,715.82	24,770,062.92
Transfers abroad	41,607,195.68	69,253,601.76	160,764,322.53	164,964,406.20	66,425,664.27
Direct applications	1,716,594,105.76	1,918,849,345.96	2,136,319,858.86	2,106,811,181.15	2,360,114,976.95
Direct applications – internal operations	-	1,294,506.34	1,755,318.98	241,330.89	118.12
Total	3,419,315,470.33	4,434,890,419.78	4,904,423,724.75	5,182,521,874.77	5,651,967,243.58

Source: made by authors based on data from Federal Budget collected at 'SIGA Brasil', Federal Senate's information system.

Tabela 2 - Situação de transmissão de dados sobre receitas e despesas com ações e serviços públicos de saúde. Brasil, 2005 - 2009

Year	Municipalities			States and Federal District		
	Total	Regular	% of regular	Total	Regular	% of regular
2005	5,562	5,558	99,9	27	27	100,0
2006	5,562	5,556	99,9	27	27	100,0
2007	5,562	5,548	99,7	27	27	100,0
2008	5,562	5,528	99,4	27	27	100,0
2009	5,563	5,444	97,9	27	25	92,3

Source: made by authors based on data from Healthcare Public Budget Information System – SIOPS. Data collected on 10/07/2010.

million reais, i.e., an increase of 901.3%. Direct application also increased 51.3%.

Table 3 presents a summary of the amount of resources applied by Federal Government, States and Municipalities to finance medicine purchasing.

The participation of Federal Government in medicine funding was virtually stable between 2005 and 2009, passing from 61.8% to 63.2%. Simultaneously, States participation increased from 14% to 18.4%, and Municipalities' decreased from 24.2% to 18.4%. In total, SUS resources for medicine acquisition increased 61.6%.

In 2008, consolidated data of healthcare spending became available. These data show that SUS expenses with public actions and healthcare services reached 108.8 billion reais; total expenses with medicine funding were 8.4 billion (7.8%).[6]

In the Popular Pharmacy Program, values allocated by the Health Ministry from 2005 to 2009 increased 20.6 times, from 21.2 million reais (2009 values) to 437.8 million. Resources destined to the organization of public pharmaceutical services presented a smaller growth: they increased 41.6%, from 7.1 million reais in 2005 to 10.1 million in 2009.

6 The total amount of SUS public actions and healthcare services was obtained from the sum of Federal, State and Municipalities expenses in 2008, published in the following brochure: Brazil, Health Ministry, Sistema de Informações sobre Orçamentos Públicos em Saúde - SIOPS. Healthcare public expenses informations system. Available at http://siops.datasus.gov.br/Documentacao/VisGastosPúblicosSaúde.pdf. Access in October 11th 2010.

Figure 1 - Financial resources allocated by states and Federal District to the funding of drugs acquisition. Brazil, 2005-2009

Description	R$ declared in 2009				
	2005	2006	2007	2008	2009
Total expenses					
Direct applications	2.151.777.264,56	2.783.280.778,87	3.113.235.735,18	4.064.722.999,50	4.203.900.409,71
Transfers to municipalities	12.254.548,45	52.611.785,64	46.642.101,36	20.133.880,89	9.477.450,34
Total	2.164.031.813,01	2.835.892.564,52	3.159.877.836,54	4.084.856.880,39	4.213.377.860,05
Transfers revenues					
Received federal resources	1.387.390.058,19	2.034.129.159,35	2.036.988.199,71	2.251.258.231,98	2.560.249.045,59
Received municipal resources	2.853.291,80	3.711.434,50	3.684.660,08	6.976.733,78	9.475.216,05
Total	1.390.243.349,99	2.037.840.593,85	2.040.672.859,79	2.258.234.965,76	2.569.724.261,64
Own Funding					
States and Federal District resources minus received transfers	773.788.463,01	798.051.970,66	1.119.204.976,75	1.826.621.914,63	1.643.653.598,41

Source: made by authors based on data from Healthcare Public Budget Information System — SIOPS. Data collected on 10/07/2010.

Figure 2 - Financial resources allocated by municipalities to the funding of drugs acquisition. Brazil, 2005-2009

Description	R$ declared in 2009				
	2005	2006	2007	2008	2009
Total expenses					
Direct applications	1.500.117.295,37	1.641.775.313,64	1.593.363.987,24	2.442.346.961,71	2.270.217.700,46
Transfers to states	2.853.291,80	3.711.434,50	3.684.660,08	6.976.733,78	9.475.216,05
Transfers to municipalities	1.087.128,77	561.834,59	1.492.012,64	2.536.208,93	10.885.785,23
Total	1.504.057.715,95	1.646.048.582,73	1.598.540.659,96	2.451.859.904,43	2.290.578.701,74
Transfers revenues					
Received federal resources	154.695.697,09	403.856.766,21	554.298.841,12	635.594.008,74	640.407.375,73
Received state resources	12.254.548,45	52.611.785,64	46.642.101,36	20.133.880,89	9.477.450,34
Total	166.950.245,54	456.468.551,86	600.940.942,48	655.727.889,63	649.884.826,07
Own Funding					
Municipalities resources minus received transfers	1.337.107.470,41	1.189.580.030,88	997.599.717,48	1.796.132.014,80	1.640.693.875,67

Source: made by authors based on data from Healthcare Public Budget Information System — SIOPS. Data collected on 10/07/2010.

Table 3 - Paid values by all government levels in medicine funding actions. Brasil, 2005-2009

Administration level	R$ declared in 2009				
	2005	2006	2007	2008	2009
Union	3.419.315.470,33	4.434.890.419,78	4.904.423.724,75	5.182.521.874,77	5.651.967.243,58
States	773.788.463,01	798.051.970,66	1.119.204.976,75	1.826.621.914,63	1.643.653.598,41
Municipalities	1.337.107.470,41	1.189.580.030,88	997.599.717,48	1.796.132.014,80	1.640.693.875,67
Total	5.530.211.403,76	6.422.522.421,32	7.021.228.418,98	8.805.275.804,20	8.936.314.717,66

Source: made by authors based on data from Federal Budget collected at 'SIGA Brasil', Federal Senate's information system, and Healthcare Public Budget Information System — SIOPS.

Discussion

In SUS, as in several other countries, a growth in medicine expenses was noted. This paper verified an increase of 65.3% in the volume of resources allocated by the Federal Government to medicine purchasing between 2005 and 2009.[7] This trend was already observed in a study that analyzed Health Ministry's expenses with pharmaceutical care for the period of 2002 to 2007, pointing out that the 2007's expense was 3.2 times the one in 2002 (Vieira, 2009).

Part of this growth is explained by the expenses destined to the management of the influenza pandemic in 2009, when 542.9 million reais were allocated to pharmaceutical care. It is also possible that this raise is related to an increase in offer, since recent evidences suggest significant efficiency gain in Health Ministry pharmaceutical care programs (Aurea et al, 2010).

The increase in transfers to States, Federal District and Municipalities is in consonance with the pharmaceutical care decentralization policy, observed especially since 2005 when Health Ministry increased resource transfers, mainly to Municipalities, to finance primary care drugs (Brasil, 2005). This explains the 314% raise in the amount of resources transferred from the Health Ministry to Municipalities between 2005 and 2009, as well as the decrease in direct applications in the Ministry's budget (from 50.2% in 2005 to 41.8% in 2009). The Health Ministry stopped buying in a centralized purchase a great deal of drugs used in primary care treatment and started to shift resources so that States, Federal District and Municipalities in special purchase drugs used in their services.

In the transfers from Federal Government to States and Federal District there was also growth, but with smaller impact. Its share on the Health Ministry budget - 40.6% in 2005 - increased to 45.3% in 2009. Here an opposite process to the one observed for the acquisition of primary care drugs can be seen. States main responsibility is the co-financing and management of medicine purchases and dispensation at the Pharmaceutical Care Specialized Component (Vieira, 2010). In the same period, centralization of the purchase of specific drugs by the Health Ministry was observed, since it also takes part in its funding (Brasil, 2006; Brasil 2009).

Health Ministry expenses with programs for purchasing this kind of drugs increased 252% from 2003 to 2007 (Vieira, 2010). Therefore, purchase centralization was driven by economic matters: the drugs purchased are very expensive and generally are produced by only one manufacturer in Brazil. Centralizing acquisition increases the scale and offers a larger margin for price negotiation (Chalkidou et al, 2010).

When it comes to the allocation of financial resources for medicine acquisition by States, Federal District and Municipalities, firstly it is necessary to clarify that data transmission about the expenses and receipts with public health services and actions through SIOPS has a declaratory nature instead of a mandatory one, even though a few legal constraints were created; this encourages the supply of information.[8] The agreed deadline for data transmission of a given financial exercise is April 30th of the following year. As verified on table 2 for 2009, 119 Municipalities and 2 States didn't supply the system until the data collection date. The main implication of this fact is that these entities' allocated resources weren't accounted and, consequently, the settled values were larger than the ones presented on this paper, even if the estimated difference is relatively small. Anyway, States, Federal District and Municipalities may, at any given time, supply or correct a financial exercise data. This fact has to be kept in mind, since comparison of values can be difficult in searches performed at different times, due to the system's nature and operation - date of data collection at SIOPS can cause discrepancies.

As to the financing of drugs acquisition, the States and Federal District increased their own resources share in 112%, becoming the administrative sphere that increased the most its resource

7 All values were converted in 2009 reais, applying the Broad Price to the Consumer Index - IPCA, to eliminate the inflation effect and to allow comparisons for the studied period.

8 For further information about the Public Healthcare Budget Information System - SIOPS: http://siops.datasus.gov.br/siops.php. Access in April 17th 2011.

contribution between 2005 and 2009, in percentage. Their direct application in drugs – when the state administration buys directly in the market, increased 95.4% in the period; at the same time, transfers to Municipalities decreased 22.7% and transfers received by Municipalities increased 232%. The factors responsible for this situation were probably an increase in demand and qualitative and quantitative changes in drugs list of the Pharmaceutical Care Specialized Component, such as the annexation of more drugs and of more valuable ones. Besides, the most probable hypothesis to explain the transfers' context is the execution of the Pharmaceutical Care Basic Component (Brasil, 2010).

This Component is mainly under municipal management, but the three government spheres fund it. It may occur a pact between States and Municipalities so that the first supply the resources, either by medicine production in public pharmaceutical laboratories, as it is the case in São Paulo and Minas Gerais, or by association mechanisms for acquisition, as in the establishment of consortium in Paraná (Cosendey et al, 2000).

Regarding the Municipalities funding, drugs acquisition with their own resources grew the least between 2005 and 2009 (22.7%). This was due mainly to an increase in transfers for other Municipalities (901%) and to States (232%). Direct application grew around 51.3%. There is evidence that, in that period, the role of States got bigger in the execution of Pharmaceutical Care Basic Component and that inter-municipal arrangements are being made to allow drugs purchasing. This is an interesting situation in order to reach an efficient use of resources: over 70% of Brazilian Municipalities have less than 20 thousand inhabitants and a low acquisition power due to the small scale of drugs' purchasing.

Concerning SUS' global funding for medicine purchase (table 3), it's important to point out that the presented values do not include expenses financed by the Health Ministry through hospital attention and chemotherapy procedures because the financing is done for a group of activities, including medicine, which makes it difficult to identify values attributable only to these products.

Still, an increase of 61.6% in SUS' resources between 2005 and 2009 for medicine purchase was observed. A recent study from the Executive Group for National Healthcare Accounting, applying the final medicine consumption method, i.e., medicine not used in healthcare institutions, showed real growth of 27% in Public Administration consumption between 2005 and 2007 (Brazil – IBGE, 2009).

This increase is in line with a growth trend in several countries. In Canada, spending per capita with prescribed oral ingestion solids increased 10% yearly in most provinces from 1998 to 2004, faster than the economic growth for the same period (Morgan, 2005). In USA the increase in spending with drugs sold under prescription was 4.9% from 2006 to 2007 and hit the 227.5 billion dollars mark (Hartman et al, 2009). In Mexico, total spending with medicines in 2007 responded for 21% of healthcare spending (Moise, 2008).

In Brazil, despite the increase in SUS' spending with drugs between 2005 and 2009, its share in total healthcare spending seems lower than necessary (7.8% in 2008). Data from the National Survey from Residence Sampling – PNAD in 2008 showed that 48.9% of the interviewed that needed medicine couldn't get them for free.[9] Besides that, in 2007, families financed 90% of final medicine consumption while Public Power financed the other 10% according to the health satellite-account (Brazil – IBGE, 2009).

The large difference can be explained by the fact that, in Public Administration, drugs are dispensed only upon presentation of a medical prescription; prices generally are lower than the ones paid by consumers and private institutions; Public Administration chooses drugs that are offered, promoting rational medicine use; but certainly the public healthcare system is under funded.

In order to compare SUS drugs funding with other countries, it's assumed that 1 international dollar corresponds to 1.56 reais, considering that in 2009 the World Bank released figures for the

9 PNAD data can be obtained at Brazilian Institute for Geography and Statistics – IBGE (http://www.ibge.gov.br). Path is: Population>PNAD>Supplements>PNAD 2008 – Brazilian Health Overview> Microdata>Data. Access in: October 11th 2010.

Brazilian GNP by Purchasing Power Parity (PPP) valued 2 billion international dollars (World Bank, 2010) and that the official source of Brazilian GNP figures is IBGE, which estimated it (in 2009) at 3.1 billion reais[10]. In this case, the amount allocated to drugs acquisition by SUS (8.9 billion reais) is equivalent to 5.7 billion international dollars, which corresponds to a per capita spending of 29.92 international dollars.[11] This value is far below the amount allocated by Canada and Italy, 754 and 528 international dollars per capita on the same year, respectively, even when considered that in those countries private spending is included (OECD, 2010).

As to the Popular Pharmacy Program, data revealed a great increase in resource allocation. It is important to point out that, considering the Brazilian Government budget, it's not possible to infer the resources applied in the States' and Municipalities' pharmacies maintenance and the resources applied to subsidize drugs offered to the public in accredited private pharmacies. It's assumed that resources applied in subsidies respond for the greater part of the assets used in the program, due to the large increase in the number of accredited private pharmacies in the last few years (Brasil, 2011).

Regarding assets applied by the Health Ministry in the management of pharmaceutical care, in 2009 they responded for 0.18% of drugs acquisition total (10 million reais). Even though there are no data for States, Federal District and Municipalities in this matter, it is possible to notice that resources applied in improving management are insufficient, as there are serious problems resulting in medicine waste and compromising access (Pan-American Health Organization, 2005; World Bank, 2007; Vieira, 2008).

According to Tobar (2008), the best medicine offer strategies are the ones that manage to universalize access to goods and services, while reducing costs and improving resource allocation efficiency.

There is a long way to go for Brazil in order to ensure access to and rational use of medicines, but surely some improvements had already taken place. More effort is necessary in order to improve pharmaceutical care management and to ensure efficient use of resources applied in drugs purchasing and the sustainability of SUS.

References

AUREA, A. P. et al. Compras federais de medicamentos da assistência farmacêutica: evidências recentes. *Radar*, Brasília, DF, n. 9, p. 12-18, ago. 2010. Disponível em: <http://www.ipea.gov.br/portal/images/stories/PDFs/100826_radar09.pdf>. Acesso em: 2 mar. 2013.

BANCO MUNDIAL. *Governança no Sistema Único de Saúde (SUS) do Brasil*: melhorando a qualidade do gasto público e gestão de recursos. Washington, DC, 2007. Disponível em: <http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/07/18/000090341_20070718142655/Rendered/PDF/366011portuguese.pdf>. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. *Política nacional de medicamentos*. Brasília, DF, 2001. Disponível em: <http://bvsms.saude.gov.br/bvs/publicacoes/politica_medicamentos.pdf>. Acesso em: 2 mar. 2013.

BRASIL. Conselho Nacional de Saúde. Resolução nº 338, de 6 de maio de 2004. Aprova a política nacional de assistência farmacêutica. *Diário Oficial da União*, Brasília, DF, 20 maio 2004. Seção 1, p. 52. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/cns/2004/res0338_06_05_2004.html >. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. Portaria nº 2.084, de 28 de outubro de 2005. Estabelece normas, responsabilidades e recursos a serem aplicados no financiamento da assistência farmacêutica na atenção Básica e define o Elenco Mínimo Obrigatório de Medicamentos. *Diário Oficial da União*, Brasília, DF, 28 out. 2005. Seção 1, p. 71. Disponível em: <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2005/GM/GM-2084.htm>. Acesso em: 2 mar. 2013.

10 Brazilian Institute for Geography and Statistics - IBGE (http://www.ibge.gov.br). GNP's annual value can be obtained at: Indicators>Quarterly National Accounts>Complete Tables (zip format). Access in: October 11th 2010.

11 Brazilian population was estimated in 191,446,848 inhabitants on July 1st 2009 by IBGE.

BRASIL. Ministério da Saúde. Portaria nº 2.577, de 27 de outubro de 2006. Aprova o Componente de Medicamentos de Dispensação Excepcional. *Diário Oficial da União*, Brasília, DF, 30 out. 2006. Seção 1, p. 147. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt2577_27_10_2006.html>. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. *Farmácia popular do Brasil*. Brasília, DF, 2013. Disponível em: <http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=30269>. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. *Glossário temático*: economia da saúde. Brasília, DF, 2009a. Disponível em: <http://bvsms.saude.gov.br/bvs/publicacoes/glossario_ecos2.pdf>. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. Portaria nº 2.981, de 26 de novembro de 2009b. Aprova o Componente Especializado da Assistência Farmacêutica. *Diário Oficial da União*, Brasília, DF, 1 dez. 2009. Seção 1, p. 71. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2009/prt2981_26_11_2009_rep.html>. Acesso em: 2 mar. 2013.

BRASIL. Ministério da Saúde. Portaria nº 4.217, de 28 de dezembro de 2010. Aprova as normas de financiamento e execução do Componente Básico da Assistência Farmacêutica. *Diário Oficial da União*, Brasília, DF, 29 dez. 2010. Seção 1, p. 72. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/prt4217_28_12_2010.html>. Acesso em: 2 mar. 2013.

CARRIN, G.; EVANS, D.; XU, K. Designing health financing policy towards universal coverage. *Bulletin of the World Health Organization*, Geneva, v. 85, n. 9, p. 652, 2007. Disponível em: <http://www.who.int/bulletin/volumes/85/9/07-046664.pdf>. Acesso em: 2 mar. 2013.

CARRIN, G. et al. Universal coverage of health services: tailoring its implementation. *Bulletin of the World Health Organization*, Geneva, v. 86, n. 11, p. 857-863, 2008. Disponível em: <http://www.scielosp.org/pdf/bwho/v86n11/a15v8611.pdf>. Acesso em: 2 mar. 2013.

CHALKIDOU, K.; ANDERSON, G. F.; FADEN, R. Eliminating drug price differentials across government programmes in the USA. *Health Economics, Policy and Law*, Cambridge, v. 4, p. 1-22, Feb. 2010.

COSENDEY, M. A. E. et al. Assistência farmacêutica na atenção básica de saúde: a experiência de três estados brasileiros. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 16, n. 1, p. 171-182, 2000. Disponível em: <http://www.scielo.br/pdf/csp/v16n1/1576.pdf>. Acesso em: 2 mar. 2013.

EVANS, D. B.; ETIENNE, C. Health systems financing and the path to universal coverage. *Bulletin of the World Health Organization*, Geneva, v. 88, n. 6, p. 402, 2010. Disponível em: <http://www.scielosp.org/pdf/bwho/v88n6/02.pdf>. Acesso em: 2 mar. 2013.

HARTMAN, M. et al. National health spending in 2007: slower drug spending contributes to lowest rate of overall growth since 1998. *Health Affairs*, Millwood, v. 28, n. 1, p. 246-261, 2009.

IBGE - INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. *Conta-satélite de saúde do Brasil*: 2005-2007. Rio de Janeiro, 2009. Disponível em: <http://www.ibge.gov.br/home/estatistica/economia/economia_saude/css_2005_2007/economia_saude.pdf>. Acesso em: 2 mar. 2013.

JURGERG, C.; HUMPHREYS, G. Brazil's march towards universal coverage. *Bulletin of the World Health Organization*, Geneva, v. 88, n. 9, p. 646-647, 2010. Disponível em: <http://www.scielosp.org/pdf/bwho/v88n9/a05v88n9.pdf>. Acesso em: 2 mar. 2013.

MOISE, P.; DOCTEUR, E. Las políticas de precios y reembolsos farmacéuticos en México, OCDE, 2007. *Salud Pública de México*, Cuernavaca, v. 50, n. 4, p. S504-S510, 2008. Disponível em: <http://www.scielosp.org/pdf/spm/v50s4/12.pdf>. Acesso em: 2 mar. 2013.

MORGAN, S. Drug expenditure trends in the Canadian provinces: magnitude and causes from 1998 to 2004. *Healthcare Policy*, Toronto, v. 1, n. 1, p. 85-99, 2005.

OECD - ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT. OECD Health Data 2012 - Frequently Requested Data. Paris: OECD, 2013. Disponível em: <http://www.oecd.org/document/16/0,3343, en_2649_34631_2085200_1_1_1_1,00.html>. Acesso em: 23 mar. 2013.

OPAS - Organização Pan-Americana da Saúde; Ministério da Saúde. *Avaliação da assistência farmacêutica no Brasil: estrutura, processo e resultados*. Brasília, DF, 2005. Disponível em: < http://bvsms.saude.gov.br/bvs/publicacoes/avaliacao_assistencia_farmaceutica_estrutura_resultados.pdf >. Acesso em: 23 mar. 2013.

TOBAR, F. Lecciones aprendidas en la provisión de medicamentos para la atención primaria de la salud. *Salud Pública de México*, Cuernavaca, v. 50, n. 4, p. S463-S469, 2008. Disponível em: <http://www.scielosp.org/pdf/spm/v50s4/07.pdf>. Acesso em: 2 mar. 2013.

VIEIRA, F. S. Assistência farmacêutica no sistema público de saúde no Brasil. *Revista Panamericana de Salud Pública*, Washington, DC, v. 27, n. 2, p. 149-156, 2010. Disponível em: <http://www.scielosp.org/pdf/rpsp/v27n2/a10v27n2.pdf>. Acesso em: 2 mar. 2013.

VIEIRA, F. S. Gasto do Ministério da Saúde com medicamentos: tendência dos programas de 2002 a 2007. *Revista de Saúde Pública*, São Paulo, v. 43, n. 4, p. 674-681, 2009. Disponível em: <http://www.scielosp.org/pdf/rsp/v43n4/534.pdf>. Acesso em: 2 mar. 2013.

VIEIRA, F. S. Qualificação dos serviços farmacêuticos no Brasil: aspectos inconclusos da agenda do Sistema Único de Saúde. *Revista Panamericana de Salud Pública*, Washington, DC, v. 24, n. 2, p. 91-100, 2008. Disponível em: <http://journal.paho.org/uploads/1221234555.pdf>. Acesso em: 2 mar. 2013.

WORLD BANK. *Gross domestic product 2009, PPP*. Washington, DC, 2010.

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