

ADAPTATIONS OF PHARMACEUTICAL SERVICES IN A PUBLIC HEALTH SYSTEM DURING COVID-19

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Introduction

The new Coronavirus, also known as SARS CoV-2, was first observed in the city of Wuhan, China, in December 2019, due to an increase in lung infections (Lana et al, 2020). Despite the efforts of researchers, there are still no treatments with proven efficacy or vaccines approved, with social distancing being the best possibility for prevention (Li, Clercq, 2020; Wilder-Smith & Freedman, 2020). Social detachment promoted changes in different sectors of society, especially in health systems that needed to seek strategies to face the pandemic. In Brazil, the Ministry of Health has published several documents with these adaptations, including Pharmaceutical Services (PS). The changes suggested for PS were intended to guarantee access to medicines and pharmaceutical services during the pandemic period. This study aimed to outline the panorama of the adaptations of public health services and programs related to PS in Brazil to ensure universal access to the drug, based on document analysis of technical notes and legislation.

Method

This is an integrative review. The survey was conducted entirely on the Ministry of Health website and resulted in technical notes, informational notes, and legislation made available by the agency during the pandemic period. The search was carried out between February and June 2020. Documents related to ensuring access to medicines and pharmaceutical care were included. The identified strategies were compared to the international experiences available in the literature.

Results /Discussion

The search resulted in 1 informational note, 2 technical notes, 1 circular letter, 2 collegiate board resolutions (RDC), and 2 ordinances. In the documents, it was possible to identify proposals for structural adaptations of PS in order to guarantee patient safety, as well as changes in the current legislation that aims to facilitate access to medicines, in addition to the inclusion of services such as telemedicine to serve the population. Zheng (2020) and Stergachis (2020) report that in China, as well as in Brazil, pharmacies were responsible for finding solutions to reduce the need for users to attend the establishment, in addition to providing information and applying vaccines. The similarities between national and international proposals appear to happen only in relation to structural aspects. The documents available at the Ministry of Health's electronic address present documents that include enabling third parties to receive medicines, new expiration dates for medical prescriptions, validation of medical prescription through virtual means, medical assistance through virtual means, dispensing more than one medication month of treatment. All are changes that may promote access to medicines but based on bureaucratic issues. In other countries, there are reports of adaptations that go beyond structural and bureaucratic ones. According to Brey et al. (2020), on Cape Cod, home delivery was developed for patients undergoing treatment for HIV, tuberculosis, diabetes, hypertension, asthma, and chronic obstructive pulmonary disease (COPD). In China, Li and collaborators (2020) point to the inclusion of online pharmaceutical care, while in Brazil, the documents found in the search show only

the temporary release of telemedicine. The focus on bureaucracy and the loss of sight of the user/patient can result in reduced access to medicines and pharmaceutical services that ensure drug therapy.

Conclusion

PS promoted adaptations to ensure access to medicines. However, it will be necessary to reflect about which adaptations suggested in the pandemic period can be adopted for better functioning of PS once the pandemic is under control. It is also necessary to direct the focus to the patient, minimizing bureaucratic issues related to the medication.

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