

The implementation of a Reference Tool for **Pharmaceutical Services in Primary Care to support**



offered by the public health system.

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OBJECTIVE

The Council of Municipal Health Secretariats of Santa Catarina (COSEMS/SC), which is an arm of the National Council of Municipal Health Secretariats (CONASEMS), in the state of Santa Catarina, Brazil, collaborated in the elaboration and encouraged the implementation of a Reference Tool for Pharmaceutical Services in Primary Care (IRSFAB) in the 295 municipalities of Santa Catarina, aiming at improving pharmaceutical services in the public health system and contributing to the consolidation of these services in a more resolute, integrated way, as well as improving people's lives, overcoming strictly technical and bureaucratic actions. The tool takes into account the needs identified by municipal health managers and technicians, with emphasis on pharmacists.

It is based on operational actions and services offered by pharmaceutical assistance in primary care, to support other professionals and improve results in healthcare for individuals and the general population. The IRSFAB organizes and integrates six areas, 20 service lines and 68 different pharmaceutical services, defining the concrete products of each action, their beneficiaries, resources, and specific capacities for the execution of each service, thus being a powerful guiding tool for the organization and planning of pharmaceutical services.

METHODS

After the IRSFAB was issued by the CONASEMS, the COSEMS/SC has been working intensely to disseminate the document through all virtual media available (e.g., website, social networks, lives) and face-to-face communication (e.g., workshops at congresses, technical chambers and manager groups), as well as encouraging and supporting the implementation of the tool among the public health system of all 295 municipalities in the State of Santa Catarina.

In Santa Catarina, the IRSFAB was announced and discussed at two major municipal congresses organized by Cosems, in Blumenau and Tubarão, which covered managers and professionals from 295 municipalities, in addition to direct disclosure to municipal managers through the collaborative network of Cosems, through the institution's media and at institutional meetings.





RESULTS

In general, the municipal Unified Health System (SUS) in Brazil, pharmaceutical care (AF) is responsible for the second largest investment in health, only below the cost of human resources. In a universal and free system, public investment in medicines is considerable and therefore the organization of the AF service should not be restricted to the mere offer of medicines, but should be expanded to actions that involve other operational and clinical-assistance stages, since it is pertinent to measure how much of the investment in medicines translates into the improvement of the population's health. This advance, in administrative terms, also makes sense from the point of view of the efficiency of public actions, since this is a principle provided for in the Federal Constitution of Brazil.

The organization of AF work processes is essential for this service to be efficient, avoiding waste, unnecessary expenses, irrational use of medicines among other damages, financial and to people's health. The IRSFAB was inserted in this scenario as an official document of SUS management to guide the organization of operational actions in the municipal AF service. It also proposes criteria for diagnosing the service, to be used by the management itself and by control bodies.

In this way, the municipalities of SC had access to this material and were trained to use it as a "menu" of solutions for the operational issues of pharmaceutical care, organized in 6 areas:

- Logistics management and access to medicines
- Pharmaceutical care
- Coordination of AF in primary care
- Analysis and improvement of the use of medicines in clinical practice and health outcomes
- Technological innovation and information systems
- Knowledge management

Cosems remains as the institution that technically guides any doubts of the municipalities of SC in relation to the process of organization and structuring of the municipal AF guided by the IRSFAB.

CONCLUSION

Pharmaceutical services in primary care need to be integrated with other health actions and services to meet the population's health needs. The IRSFAB document has consolidated the mission and role of pharmaceutical services in the Unified Health System (SUS), aiming to improve people's quality of life. Every four years, the work plans of municipalities are updated in relation to public health in Brazil. In 2025, a new update is expected, and municipalities are anticipated to use this tool to diagnose and propose improvements in a structured and documented way in official plans. Cosems continues to guide the use of IRSFAB as a guiding document for improving pharmaceutical policies in SC municipalities.

