

# Policy and Practice: Evaluating Good Governance Policies in Brazil's Pharmaceutical Sector

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# Brazil's Health System

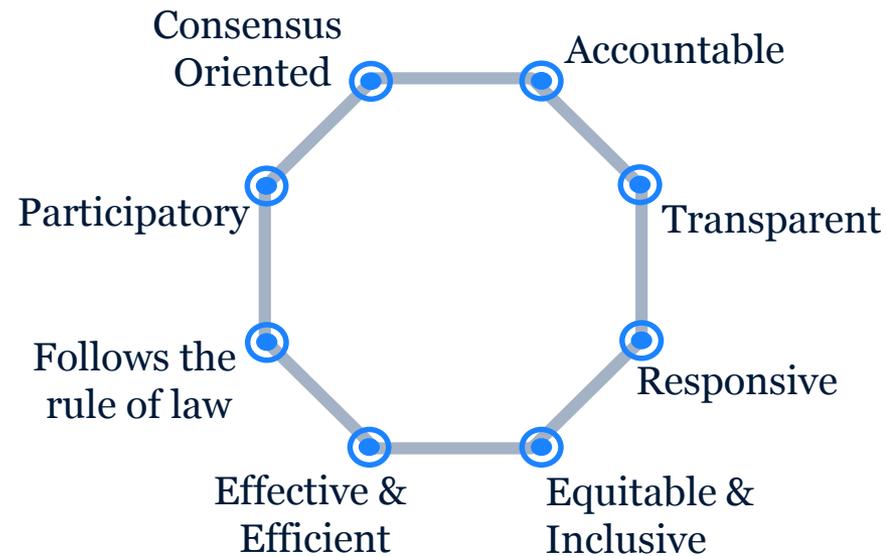
- *Sistema Único de Saúde (SUS)* – Provides universal health and pharmaceutical care
- Sole provider for at least 75% of the entire Brazilian population (PAHO 2012)
- Biggest public health care system in the world
- Highly decentralized system

# Corruption and Healthcare Access in Brazil

- 40% of the country's entire healthcare budget is lost to corruption annually (FIESP, 2010)
- 9% of total household income spent on healthcare (Bertoldi et al., 2012)
- Brazilians spend 10 times more than the government on medicines (Bertoldi et al., 2012)

# Good Governance to Minimize Corruption

- SDG 16: Develop effective, accountable and transparent institutions at all levels
- Creates checks and balances for proper monitoring and oversight that minimize corruption and inefficiency
- Brazil has strong good governance policies for health sector
  - *Banco de Preços em Saúde* (Bank of Prices in Health)
  - *Conselhos de Saude* (Health Councils)



# What Does Good Governance Look Like?

- **Transparency** – Providing public access to information
  - What kind of information?
  - User friendly format?
  - Enough for ensuring good governance?
- **Accountability** – Answerability and enforcement
  - Institutional capacity to monitor performance?
  - Appropriateness of sanctions?

# Study Objective

Identify what issues persist despite the existence of policies aimed at ensuring transparency and accountability in how medicines are procured and distributed in Brazil

Focus on two socioeconomically different states – Sao Paulo and Paraiba

# Methods

- 20 semi-structured interviews with:
  - 5 Hospital Pharmacists in Sao Paulo
  - 7 Hospital Pharmacists in Paraiba
  - 8 Civil Society Group Members (4 patient-led groups, 3 industry-led associations, 1 professional organization)
- WHO's GGM Programme's Transparency Assessment Tool
- Braun & Clarke's 6 step thematic approach

# Preliminary Results



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# Inefficient and Bureaucratic Procurement Process

**“A process that should’ve been done in 90 days takes 180 and sometimes 240 days, up to 6 months. It creates a great deal of difficulty in the day to day operations of the hospital. The need for health does not stop.”**

Sao Paulo Hospital Pharmacist

# Lack of Financial Accountability

**“Companies no longer trust that they will get paid, so they enter the tender process already scheduling for payment delays even though no one says this out loud. The problem is that it creates a “hostage situation” in which we depend on the companies to provide quality drugs in the right amount but we have nothing to ensure they deliver on time when they aren’t even getting paid. Drug policies are good, they are beautifully written but the system is broken.”**

Paraiba Hospital Pharmacist

# Unreliable Suppliers

“Sometimes when **companies feel unsatisfied** with the procurement process, **they find ways to annul the tender** even if they won the bid. This happens quite often. This obviously **messes our inventory controls, the supply levels**. Now in our stock plans we consider the probability of this happening to avoid stockouts. We have to be realistic. **There is no way to resolve it immediately. You have to start a tender all over again.**”

Paraiba Hospital Pharmacist

# Unreliable Suppliers (Cont.)

**“Suppliers falsely advertise their products** and deliver medicines we didn’t order. This happens despite us making requests that specifically ask for generic medicines. Also the **shipments sometimes aren’t shipped in the right temperature**, so sometimes we have to check all the shipments and begin a new tender because procedures aren’t followed by suppliers.”

Paraiba Hospital Pharmacist

# Lack of Accountability in Supplier Performance

“The reality is that sometimes companies have difficulty with supplying an item but we rely on them to be efficient and supply the product. **If you punish that company because of one or two items, you end up creating a shortage of the 98 other items that the company is also supplying to you.**”

Paraiba Hospital Pharmacist

# Lack of Trained Personnel Conducting Procurement

“In October we are asked for a spreadsheet and the government makes a purchasing program for the next year based on it. I value that they are trying to make procurement based on logistics but **it’s not guided by pharmaceutical care**. Pharmacists must be more involved in this process. If you’re just basing procurement on spreadsheets **you aren’t taking into account the changing needs, evidence, therapeutic effect**. **There is no use in continuing to buy medicines the same way we buy printing paper, they are clearly not the same**. I think it’s something we continue to struggle with because **pharmaceutical care is still not well understood**.”

Paraiba Hospital Pharmacist

# EML is not used for Procurement

“We prepare our list based on our needs. People know that an official list exists. **I’ve never seen this list and I am the Hospital Director.** We work based on our needs so it’s not based on the list created by the government. **We are doing what is feasible not what we should do because we have limited resources,** we can only buy certain types of medicines.”

Paraiba Hospital Pharmacist

# Inadequate Dispensing Practices

“Despite the new law that calls for pharmacists being physically present in pharmacies, **pharmacists are still not the ones dispensing medicines. We need to make people understand** that pharmacists and pharmaceutical care are important, **that medicines can cure you but they can also kill you if not used properly.**”

Paraiba Hospital Pharmacist

# Limitations and Next Steps

- Views and perceptions of KIs
- Translation
- Need to corroborate findings with quantitative data available
  - Health budget expenditure
  - Tender data
  - Sanctions
- Tap into perceptions of government officials

# Takeaways

- Gaps between policy and practice - Evaluating policy design and outcomes is important
- Strong policies in place but gaps in practice
- Transparency is not enough - need for more accountability
  - Financial accountability
  - Supplier performance accountability
- Address market pressures on supply

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# Braun and Clarke's Thematic Analysis Approach

- **Familiarization with the data:** Reading and re reading through the entire interview data to get a general sense of the ideas and semantic themes present in the data
- **Generating initial codes:** Creating codes for identifying data that is interesting and of insignificance.
- **Searching for themes:** Once the data is coded, these will be identified.
  - A theme “captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.”
- **Reviewing the themes:** Revisiting the identified themes to ensure themes are coherent and link together in a meaningful way. This process also involves conducting a final read of all the interview data in order to ensure valuable data has not been lost
- **Defining and naming themes:** Themes identified will be named and the main message behind each theme will be determined.
- **Producing the report:** Ensuring that the narrative being constructed is interesting, non-repetitive and coherent