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## THE INCORPORATION OF HEALTH TECHNOLOGIES: BRAZIL AT THE FOREFRONT

**Helaine Carneiro Capucho**

Twenty years after the enactment of the Lei Orgânica da Saúde<sup>1</sup> [Health Organic Law], which created the Brazilian Unified Health System (SUS), Brazil changes it with the enactment of Law No. 12,401/112, the Lei da Integralidade do SUS [SUS Integrality Law]. It provides for therapeutic care and the incorporation of health technology. Despite the delay in defining how the SUS would update itself, the enactment of this law occurred in an important time for the country, which is rapidly growing and in a better position of strength to move toward evidence-based technological updates.

The law establishes that the incorporation, exclusion or change of medications, products and procedures, as well as the development or change of clinical protocols and therapeutic guidelines, should be based on reports taking into account scientific evidence concerning the efficiency, accuracy, effectiveness and safety of medications, products or procedures. Additionally, it should contain a comparative economic evaluation of the benefits and costs of new technology in relation to already implemented technology, or in relation to home care, outpatient or hospital care, when appropriate<sup>2</sup>. These changes place Brazil among a select group of countries that have already adopted this model, such as England, Canada, Spain, Scotland, and Australia.

The standards that are now contained in the federal law have always been objects of discussion in hospitals within the pharmacy and therapeutic committees, but it is known that there is great difficulty in putting these standards into practice, which has been a challenge for pharmacists.

The evaluation and recommendation to incorporate new technologies within the SUS is also defined by a committee, the National Committee of Technology Incorporation in the SUS (CONITEC), created by the SUS Integrality Law. CONITEC is coordinated by the Department of Science, Technology and Strategic Inputs (SCTIE) and also has the responsibility of updating the National List of Essential Medication (RENAME).

The role of CONITEC's Executive Secretariat, which is exercised by the Department of Management and Incorporation of SCTIR, is to manage and coordinate CONITEC's activities as well as to provide reports on technology while considering scientific evidence, containing an economic assessment and the impact of technologies within the SUS. To ensure that society has access to this decision-making process, these reports will be freely accessible to stakeholders via the Brazilian Ministry of Health website<sup>3</sup>.

The availability to society of conclusive reports concerning CONITEC's decisions will provide transparency for the process and also guide decision-making on the part of SUS managers and also for public and private health institutions. Additionally, the government's judiciary branch can use these reports to support its decisions concerning related processes<sup>3</sup>.

This entire process is based on very recent science in Brazil, but science that has spread very rapidly, especially in hospitals, which is the assessment of health technologies (ATS). Such science is defined by the Ministry of Health as a "continuous process of the analysis and synthesis of benefits for healthcare, and the economic and social consequences of the employment of technologies, considering aspects such as safety, accuracy, efficacy, effectiveness, costs, cost-effectiveness and also equity, as well as the ethical, cultural and environmental impacts involved in its use."<sup>4</sup>

The ATS' objective is to support decision-making concerning the incorporation and monitoring of technology, whether within the scope of each health institution or within the

entire system. Moreover, an appropriate assessment of technology can support patients and health workers in the use of more appropriate technology, and provide information regarding treatment costs, and the benefits and risks of technologies that compose the therapeutic arsenal.

The pharmacies of either public or private health services, whether these are hospitals or not, should be aware of this law and employ ATS. There is a lack of professionals aware of the ATS methods; especially in terms of its practical application in the management of health and considering this market's rapid growth, there is an opportunity for pharmacists interested in the topic.

Decree No. 4,283/105 by Ministry of Health, the decree regulating Hospital Pharmacies, has stated that, from the perspective of care integrality, the hospital pharmacy should, in addition to traditional logistic activities, perform care and technical-scientific actions, contributing to the quality and rational use of medications and other health-related products focused on the humanization of care. This activity should be developed within a multidisciplinary context, giving priority to direct interaction with patients. It was also concerned with establishing that pharmacists would contribute to promoting integral healthcare, the humanization of healthcare, and work for the effectiveness of therapeutic interventions, promoting the safe and rational use of medications and other health technologies and reducing the costs arising from the irrational use of the therapeutic arsenal and the extension of hospitalization. All these actions are in agreement with Law 12,401/11 and pharmacists should comply with them.

Evidence-based regulation is essential for public health systems, as is the case of the SUS, and can help the diverse institutions composing the system, including private facilities, to adopt strategies that benefit the population and the organizations' sustainability.

It is the responsibility of hospital pharmacies to offer safe and effective treatments to the population, actively participating in the selection of health technologies that appear to be more effective and safer, providing compatible infrastructure and qualified human resources.

Brazil is in a leading position and hospital pharmacies and other health services should be attentive to monitoring this advancement and collaborate in the development and effective application of the assessment of technologies in Brazil.

#### References:

1. Brasil. Lei n. 8080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências.
2. \_\_\_\_\_. Lei nº. 12401, de 28 de abril de 2011. Altera a Lei no 8.080, de 19 de setembro de 1990, para dispor sobre a assistência terapêutica e a incorporação de tecnologia em saúde no âmbito do Sistema Único de Saúde - SUS.
3. Capucho HC, Salomon FCR, Vidal AT, Louly PG, Santos VCC, Petramale CA. Incorporação de Tecnologias em Saúde no Brasil: novo modelo para o Sistema Único de Saúde. BIS. Boletim do Instituto de Saúde (Impresso), v. 13, p. 215-222, 2012.
4. Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Política Nacional de Gestão de Tecnologias em Saúde / Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia. – Brasília: Ministério da Saúde, 2010. 48 p. – (Série B. Textos Básicos em Saúde).
5. Brasil. Ministério da Saúde. Portaria n. 4.283, de 30 de dezembro de 2010. Aprova as diretrizes e estratégias para organização, fortalecimento e aprimoramento das ações e serviços de farmácia no âmbito dos hospitais. Diário Oficial da União, Seção 1, n. 251, 31/dez/11.

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