

Are the medicines really available in the Brazilian public health system?

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Background: Medicines availability in public healthcare systems varies from 17.6% to 88.6%. However, accurate measures of this indicator taking into account each prescribed medicine and the respective quantity required for the entire treatment are scarce. The aim of this study is to evaluate the availability of medicines in primary care and to identify its associated factors.

Methods: Exit survey in 2017 with 1221 primary care users in a medium-sized municipality (234,937 inhab.), Minas Gerais state, Brazil. Each prescribed medicine was considered available if dispensed in adequate quantity for the duration prescribed. Prescriptions were classified as: totally filled, partially filled and unavailable. Pearson's Chi-Square test was used to examine the association of full prescription availability with individual sociodemographic and health status variables at a significance level of 5%.

Results: 1186 prescriptions were analyzed, totaling 4039 medicines [mean = 3,4; Min = 1; Max = 11]. Prevalence of prescriptions totally filled was 39.4%, partially filled 48.23% and unavailable, 12.48%. The most and least available therapeutic groups were antiparasitic (100%) and anti-infectious (38,6%), respectively. Significant associations between full availability of the prescription and younger age ($p = 0.000$); more schooling ($p = 0.000$); poor perception of health ($p = 0.001$) and fewer comorbidities ($p = 0.000$) were identified.

Conclusion: This study used a variety of indicators to characterize the availability of prescription medicines. The results show the need of implementing improvements in public policies to promote adequate access to medicines and reduce inequalities, especially among the most vulnerable populations.

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