

Science, Technology and Pharmaceutical Policy on the agenda: contributions from the society to the 16th National Conference on Health

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Abstract *The Plenary of the National Health Council (CNS) approved the Resolution 568/2017, convening the 16th National Health Conference to be held in 2019 and decided to promote thematic activities in eight areas, including Pharmaceutical Policy and Science and Technology. CNS partnership with FIOCRUZ and the National School of Pharmacists proposed the 8th National Symposium on Science and Technology and Pharmaceutical Policy, preceded by ten regional preparatory meetings for the symposium throughout the country. The purpose of this article is to present and analyze the results of the first stage of meetings. A participatory methodology was developed for the meetings that included the presentation of problem situations reported in the form of “cases” built by real narratives, fictitious or adapted from reality. Debates in groups and proposals construction, compilation and weighting, with general discussion completed the meetings. The set of 150 proposals from the 5 meetings was read individually by each of the members of the analysis team and pre-categorized. The 5 meetings had a total of 238 participants. Four categories were defined: Health as a right; Consolidation of SUS principles; Adequate and sufficient financing for SUS; Participatory democracy.*

Key words *Access to essential medicines and health technologies, Pharmaceutical services, Formal social control*

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Introduction

The Plenary of the National Health Council (CNS), in December 2017, approved Resolution 568/2017 calling for the 16th National Health Conference to be held in 2019, endorsed by Decree No. 9,463, dated 8/8/19, 2018^{1,2}. The 16th Conference will have as its central theme “Democracy and Health: Health as Law and Consolidation and Financing of SUS”. This conference is being referred to as the “8th + 8 = 16th” in reference to the 8th National Health Conference, held in 1986 and considered as a milestone in the history of conferences. The eighth was the first health conference after the nation’s redemocratization, at the national level, open to society. The result of this historical moment provided the basis for the section “Health” in the Brazilian Constitution of 1988, which consolidated health as everyone’s right and the duty of the State and the Unified Health System (SUS).

Conferences are one of the instruments of the SUS principles: “community participation in SUS management”, along with the establishment and functioning of Health Councils³. Health Councils and Conferences are privileged spaces for the explanation of needs and for the practice of participation and social control over the implementation of health policies in all levels of government⁴⁻⁶.

The participation of society in SUS management, however, is not yet fully incorporated in the practices of society and public management. In this perspective, the control by the segments that represent all social classes (but with more difficulty for those less privileged and more dependent on public policies) on the actions of the State and on the destination of public resources, becomes an important challenge to create resistance to the reduction of health policies, their privatization and commercialization. It is essential to provide conditions for participatory democracy to take practical effect. Civil society must become protagonist in the process of social control in public health policies, in order to consolidate the Brazilian position as a world reference in good practices in the area of supervision and social control in health⁴.

Throughout 30 years of SUS, some important strategies have been developed to expand the social control action on the definition of public policies, such as thematic conferences on women’s, workers’ and indigenous’ health, among others. The 1st and 2nd National Conference on Science, Technology and Innovation in Health

took place in 1994 and 2004, and so did the 1st National Conference on Medicines and Pharmaceutical Services in 2003⁸. These were important events for the collective proposal of guidelines for public policies in addition to providing an understanding that science, technology and medicines are not only academic or management-related topics, but also themes that need the interference and contribution of society.

The National Pharmaceutical Policy, promulgated in 2004 by the CNS, was built based on the discussions and proposals from the 1st National Conference on Medicines and Pharmaceutical Services. It is the first public policy instituted by social control through the council.

In 2014, the National School of Pharmacists, the National Federation of Pharmacists and the National Health Council, in partnership with the Department of Pharmaceutical Services of the Ministry of Health - DAF / SCTIS / MS, carried out a comprehensive evaluation of the National Pharmaceutical Policy in Brazil after 10 years of its promulgation, aiming to identify the advances and challenges of the Pharmaceutical Services in the country⁹. In 16 evaluation workshops performed across the country, more than 2,000 participants identified strengths, weaknesses, threats and opportunities about: (1) Universal Access, (2) Human Resources, (3) Pharmaceutical Management, (4) Financing and (5) Science and Technology. The evaluation process provided the engagement of several sectors of society in the reflection and discussion about Pharmaceutical Policy. Increased access to medicines and increased participation of pharmacists in health services, especially in primary care, were examples of strengths / opportunities of the National Pharmaceutical Policy. Problems in managing services and the lack of proper appreciation of pharmacists, among others, were seen as weaknesses / threats of the policy⁹.

In preparation for the 16th National Conference, the National Health Council approved activities in eight themes to be coordinated by the Intersectoral Commissions of the Council. These activities should be developed in accordance with the transversal issues of equity, health of people with pathologies, life cycles, promotion, protection and integrative practices, food and nutrition and continuing education, distributed by the following themes: I. Deficiency; II. Pharmaceutical Services and Science and Technology; III. Oral Health; IV. Health of the Workers; V. Mental Health; VI. Health of the Black Population; VII. Human Resources and Labor Relations; and VIII. Budget and financing².

The definition of Pharmaceutical Services and Science and Technology as one of the strategic themes highlights the understanding of the importance that these subjects represent for the population and for the health system. This theme, in turn, guarantees access to health and sustainability of the health system. It is not, however, always adequately addressed in the context of social control. The National Survey on Access, Use and Promotion of Rational Use of Medicines in Brazil (PNAUM) has revealed that, 40% out of the 600 municipalities interviewed, pharmaceutical services were not part of the agenda of the health council meetings¹⁰. In another research, in Santa Catarina, it was evidenced that the participation of pharmacists in the municipal health councils is very low; structuring or changes in pharmaceutical services have not been discussed with social control and the issue is only part of the advice boards when there are shortages or disabling of pharmacies, for example. The study concludes that there is still a gap between social control and management of pharmaceutical policy and research institutions¹¹.

Promoting the participatory debate on these topics gains even greater relevance in a period of significant political and economic uncertainties, when the country completes 30 years of SUS, 20 years of the National Policy on Medicines and 14 years of the National Pharmaceutical Policy. The topics of medicines and pharmaceutical services are central, with several inter-sectoral imbrications that demand the necessary articulation and mobilization of society¹². On the Pharmaceutical Services and Science and Technology theme, a partnership between CNS, Fundação Oswaldo Cruz (Fiocruz) and National School of Pharmacists, with the support of the Pan American Health Organization (PAHO) and the Brazilian Association of Collective Health (ABRASCO), have proposed the holding of the 8th National Symposium on Science and Technology and Pharmaceutical Policy. Ten regional preparatory meetings for the Symposium have been held throughout the country.

The first stage of the regional meetings took place between August and September 2018, totaling five meetings and resulting in a set of debates and construction of proposals for the development and improvement of public policies, from the perspective of different sectors of society and different regions of the country. The aim of this article is to present and analyse the results of this first stage of regional preparatory meetings for the 8th National Symposium on Pharmaceutical

Policy, Science and Technology and for the 16th National Health Conference.

Methodology

A participatory methodology was developed for regional meetings with the aim to promote social debate on pharmaceutical care, science and technology and to build a set of proposals that could guide the insertion of these themes at the stages of the 16th National Health Conference,

Methodology applied in meetings

The first challenge for the organizational team was to define a methodological strategy that would allow open debate on abstract topics such as science, technology, and pharmaceutical care policy among different sectors of society, represented by leaders of social movements, health advisors, managers, different health professionals, scientists and politicians.

The strategy adopted was to develop situations reported in the form of “cases” about a certain current and concrete situation that affects people and society, based on real narratives, fictitious or adapted from reality. Every case involved pharmaceutical services and scientific and technological development in health. The methodological option for “cases” aims to break the predominant paradigm in educational processes, in which the teacher / lecturer holds the knowledge and hardly acknowledges the experience of the subjects that are the target of the educational strategy. It is in accordance with the understanding of continuing education established in the National Policy of Permanent Education for the Social Control in SUS¹³.

In order to facilitate the understanding of the case and the discussion of the theme, each case was developed with the following structure:

- Title
- Description of the problem situation.
- Discussion: explanation of the problem situation, based on technical, legal and political aspects.
- References: indication of all the references used in the text.

Based on the determinations of CNS Resolution 585/2018¹⁴ and a considerable amount of discussions on pharmaceutical services and science and technology, the themes chosen for the cases were as follows (Chart 1).

Each case was discussed in groups of up to 20 people (heterogeneous groups, randomly

grouped among the participants). After reading and debating for about one hour, all participants prepared proposals for referrals to policies, services, actions that may have the potential to intervene positively for solutions to the case under discussion. The proposals were then analysed by all the participants of the group, regrouped when necessary and then assessed according to criteria of magnitude, transcendence and urgency.

Subsequently, all groups gather to meet the elaborated and assessed proposals. Then a final debate promoted the relationship between the different cases evaluated, the sectors involved in each of them and the necessary local and national referrals.

Venues of meetings

As a result of the established partnership, it was determined that the regional preparatory meetings should take place at FIOCRUZ's headquarters as follows: Manaus / AM, Curitiba / PR, Salvador / BA, Recife / PE, Belo Horizonte / MG August and September 2018), Fortaleza / CE, Brasília / DF, Rio de Janeiro / RJ, Belém / PA and Ribeirão Preto / SP (to be held at the second stage, November 2018). The 8th National Symposium on Science and Technology and Pharmaceutical Policy is scheduled to take place at FIOCRUZ's headquarter in December 2018. Thus, activities are carried out in all five regions of the country.

Invitations and registration of participants

For each defined meeting, intense publicity was promoted for the target audience. Invitations were addressed to educational and research institutions, and especial contacts and invitations were made to mobilize state and municipal health councils from each region.

The pre-registration criterion was defined, with the post-validation made by the Organizing Committee, which applied the criterion of segment representation. The application form was made available by the Network Advisory Board.

For all the subscribers, authorization was requested to use images and record the debates.

Preparation of the meetings

Prior to the beginning of the meetings, a team of mediators of the debates of the working groups was formed. The team was formed by members of the Committee on Science, Technology and Pharmaceutical Services (CICTAF) and the Inter-Sectoral Commission on Health Care of Persons with Pathologies (CIASPP), both from CNS, National Health Advisors, directors and associates of the School National Pharmacists and researchers of FIOCRUZ. Forty-two people were mobilized to form this team.

A training workshop for the preparation of the mediators team was promoted. During two days of intense debates on the themes of the meetings and the cases, the team had specific training for the application of the participatory methodology defined for the meetings.

Analysis of results

After the first stage with five regional meetings, the organization team met to compile, categorize and analyze the results, using an adaptation of mixed consensus techniques (nominal group and traditional committee)^{11,15}. The data analysis team consisted of seven members, including researchers, health advisors and CNS advisors.

For each meeting, the proposals prepared and the discussions (recorded and later transcribed) were compiled in a regional report that was sent

Chart 1. Thematic cases elaborated for the Regional Meetings Preparatory to the 8th National Symposium on Pharmaceutical Services.

Key issues	Situation to be addressed in the case
Drug shortage	Penicillin
Neglected diseases, strategic role of public laboratories	Chagas disease
Emergence of arboviruses	Dengue
Compulsory drug license	Efavirenz
Access to medicines	Popular Pharmacy
Sanitary and regulatory standards for medicines in Brazil and technical-sanitary competence of regulatory bodies	Phosphoethanolamine
Patents, Technology Transfer and Partnerships for Productive Development (PDP)	Sofosbuvir

to the local FIOCRUZ headquarters, local health councils and regional research institutions.

All the proposals submitted by the participants in the five meetings were compiled to harmonize the terms, grammatical correction and identification of proposals with the same meaning using Microsoft Excel® software.

The categories were defined by the axes that guided the 8th National Health Conference, as referred to in Resolution N. 594/2018¹⁶, in an updated reading:

1. Health as a right;
2. Consolidation of SUS principles;
3. Adequate and sufficient financing for SUS;
4. Participatory democracy.

The set of 150 proposals was read individually by each of the members of the analysis team and pre-categorized. Then, each proposal in which pre-categorization did not result in unanimity was discussed collectively by the team and until consensus was reached on which category it belonged to.

For the data analysis the set of proposals of each category and the debates resulting from their presentations at the regional meetings were used. The results are presented in categories.

Results

Participants of the Regional Preparatory Meetings

The first stage of regional preparatory meetings was attended by 238 participants, of whom 159 were women (66.8%) and 79 were men (33.2%). About 70% of the participants indicated that they worked in some health-related profession, such as pharmacy, medicine, dentistry, nutrition, biology and technician professions.

Regarding the involvement in social control, 76 (32%) participants indicated participation in health councils, the majority of which consisted of municipal counselors (46.1%) and the users segment (42.1%), as presented in Tables 1 and 2.

Analysis of proposals

The set of 150 proposals from the Regional Preparatory Meetings are distributed after categorization: 47 (31.3%) in the Health as Right axis, 56 (37.3%) in the Consolidation of SUS principles, 31 (20.7%) in the Adequate and sufficient funding for the SUS and 16 (10.7%) in the Participatory Democracy axis.

1 - Health as a Right

The set of proposals categorized in the systematization in “Health as Right” are characterized by the concern with the guarantees of access for the entire population and all the needs presented.

- Welcoming and resolving: The access referred to by the participants is characterized by proposals that start from the understanding that, first and foremost, people need to be welcomed in their needs in all health services. Services and professionals need to be prepared to recognize these needs, diagnose illnesses and diseases early, and provide the most appropriate treatment. Access to medicines already standardized by the health system was highlighted in terms of the processes that users need to overcome in order to obtain them, as in the case of the most expensive drugs.

- Neglected diseases and national needs: Participants expressed particular concern about the development of strategies to enable access to health for neglected diseases and neglected populations and also for those rare and costly diseases. Several proposals focus the absolute necessity of developing researches aimed at meeting national needs. These needs include technological development for the creation or improvement of diagnostic techniques and products for diseases such as arboviruses, or pharmacotechnical improvement of medicines for some neglected diseases; also, policies of incentive to the research in new therapeutic strategies for these diseases. Prospecting for national biodiversity and traditional knowledge has also received proposals.

- Production and development: The national, independent and sustainable production of medicines and other technologies was also the focus of several proposals. Partnerships for productive development and investment in public laboratories were among the proposed strategies. Issues related to intellectual property rights in the health area were discussed and proposals for public intervention in this sector were presented. Responsibility for regulation on issues such as prices, market and discontinuity in production of essential medicines deserved attention from the participants and the submission of proposals.

2 - Consolidation of SUS principles

The largest number of proposals presented in all the meetings was categorized in “Consolidation of SUS principles”. This large number of proposals highlights the participants’ concern about the need for reorganization of services for the integration of policies and actions, and pro-

Table 1. Participants Profile (n = 238).

Variables	Categories	%
Sex	Female	66,8
	Male	33,2
Profession	Health professions	70,2
	Other professions	16,3
	Student	13,5
Works in Pharmaceutical Policy	Yes	37,0
	No	63,0
Works in PNCTIS	Yes	15,5
	No	84,5

Legend: PNAF: National Policy on Pharmaceutical Assistance / PNCTIS: National Policy on Science, Technology and Innovation in Health

Table 2. Participants profile – Health Councils representatives (n = 76).

Representation	Class	%
Health Council	Municipality	46.1
	State	30.3
	Manager	22.4
	National	1.3
Sector	Patients	42.1
	Health Workers	35.5
	Managers	22.4

posals for the integration of health surveillance with comprehensive diagnostic and therapeutic assistance, and also the strengthening of public institutions.

- Primary care and attention networks: Several proposals focused on strategies for organizing the health care network based on primary care, including the different levels of care and also the private services such as commercial pharmacies, attention points. Health education comprises proposals for orientation to services and integration with the community. Pharmaceutical services are referred in proposals to develop and expand access to these services as a way to qualify the health care process in the context of interprofessional collaboration. The qualification of care for neglected diseases, including therapeutic protocols, is also the subject of proposals.

- Vocational training and lifelong education: The central role of health professionals and researchers in the consolidation of the health system is evidenced in the various proposals for training and continuing education actions, including proposals for subjects for professional qualification (such as endemic and neglected diseases, health management, drug selection). They express the view of the participants that it is necessary for health professionals to be fully capable of providing resolute health care, in a timely manner and in the most different geographical conditions of the country. The provision of training and qualification opportunities and conditions to stay in regions of difficult access were also the subject of proposals.

- Management and information: Fragility in the management of health services and public policies is evidenced by the presentation of proposals for the development of integrated management tools and process qualification strategies to ensure adequate planning and monitoring, from the provision of medicines and services to research and development. Computerization of services and the development of integrated information systems are the subject of a number of proposals in all regions.

- Research and development of services: Understood as fundamental for the consolidation of the health care model, research and technological development for health services appear in proposals for the development of social technologies in health, research on service models and new technologies. The integration of academic research with health services, in the definition of priorities and development strategies was also proposed.

3 - Adequate and Sufficient Financing for SUS

At all meetings, participants proposed increasing the budget for health financing and refused Constitutional Amendment 95. A more equitable funds distribution among the different levels of care was also appealed.

- **Research and Innovation:** Most of the proposals indicate the urgent need for investment in research and innovation in health, with a primary focus on managing diseases that afflict the Brazilian population unequally. The proposals include targeting research funding for the development of vaccines, diagnostics and drugs for orphan diseases and those of little market interest, as well as the development of technologies for the production of high-priced drugs on the market and new drugs for endemic diseases. The expansion of funding for research in public institutions and the equitable distribution of such investments among the different regions of the country were also pointed out.

- **Production and access:** Several proposals highlighted the expansion of investments in the national public production of medicines and other technologies for health, with a view to ensuring access by the population and national sovereignty. Expanding funding for pharmaceutical services and the incentive to qualify the structuring and management of pharmaceutical services frame proposals presented.

4 - Participatory Democracy

This category, despite accounting for the smallest number of proposals, brings the participants' understanding of the importance of active participation of the society in guaranteeing and improving their right to health. Proposals for investments in education and preparation of the population to qualify their participation in social control, ensuring more participatory forums were presented. Encouraging community participation in local management of services was proposed as an instrument for changes in health actions. Inclusive popular education and the proposition of holding thematic conferences (such as on intellectual property and neglected diseases) have also been reported.

Discussion

The dynamic of national health conferences includes, besides the enormous weight of mobilization and parity in their representativeness, the fact that they are preceded by municipal and state

conferences, as well as thematic conferences. In this sense, in the last years national stages of conferences have been realized as described next:

- ✓ 2nd National Conference on Women's Health, held in 2017;

- ✓ 1st Free National Conference on Health Communication, held in 2017;

- ✓ 1st National Conference on Health Surveillance, held in 2018;

- ✓ 6th National Conference on Indigenous Health, to be held in May 2019.

Considering the thematic relevance and potentiation resulting from the integrated action of the institutions that constitute the organizing committee of these meetings, their organization, promotion and evaluation result in a highly important contribution to the national discussion and inputs for political discussions in the national stage of the Conference.

Even with the theme of "science and technology", the meetings were able to count on the contribution of non-professional citizens and segment representatives from the health councils (Tables 1 and 2). The debates provided the experience of sharing expectations, concerns and hopes from quite diverse and complementary points of view, enriching for all and productive for the construction of a proposal document that can represent the diversity of society.

Several topics were present in the discussions that made up the first stage of seminars described here. Initially, in several statements and discussions, it was stated in a clear and consensual manner that EC 95/16, Constitutional Amendment that establishes the ceiling of public expenditures for a period of twenty years, precludes any discussion that aims to ensure the fulfillment of what Constitution assigns as Health and Citizenship. This is undoubtedly the proposal that decides on the feasibility of all other proposals submitted.

The intransigent defense of the SUS as a public policy for the recovery of citizenship, of the social right to health, was represented by very strong proposals to defend access to health technologies in humanized and resolute services. Discussions on this theme have broadly aligned with international debates and the defense of Agenda 2030 and the Sustainable Development Goals, including access to medicines¹⁷. Among the strategies indicated as indispensably necessary are the expansion of investments and regulation for Brazilian scientific and technological development, for the needs of the Brazilian population and health services. The high costs and prices of medicines and other technologies, regu-

latory barriers and intellectual property^{12,18-21} are themes that were presented in the presentations and discussions, reaffirming the importance and the opportunity of the regional seminars. Also, about financing, several proposals for the direction of investments, with prioritization for research on neglected and endemic diseases and for qualification of services.

While at the 8th National Health Conference proposals were being made for the creation of a national health system, 30 years later the society discusses strategies to consolidate the public, universal and of quality SUS, in a historical moment of high risk of loss of social rights and dismantling of inclusive public policies. In response to pressures for privatization and denationalization, participants presented proposals for expanding services, expanding access and ways to meet the health needs of the most needed and most vulnerable people.

Investing in education, motivation and preparation of the population to qualify the participation in social control and in thinking about the collective, was the subject of proposals aimed at ensuring more participatory forums. The defense of democracy, of citizens' rights, and the of social participation were, thus, demonstrated among the concerns of the participants in the meetings. The concept, difficulties and achievements of the Economic-Industrial Complex of Health²² were the transversal character during all the meetings, in all groups of debates, regardless of the specific topic under discussion. The understanding that the strengthening of national research capaci-

ty is an essential and structuring factor so that the Brazilian people can be assured, in practice and in the Constitution, the right to health was strengthened during the debates and represented by proposals from all groups the meetings.

The engagement of different segments of society, interacting in a space where the methodology provides the integration of different knowledge and the collective construction of proposals for public policies represents an opportunity for training, motivation and reaffirmation of the power of social control. It has the potential to stimulate greater involvement of health professionals and the community in health councils, and especially in the municipal and state stages for the construction of the 16th National Health Conference with qualified participation.

Conclusions: Towards the 16th National Health Conference

The initiative described here has demonstrated the interest of society in understanding, discussing and intervening on the public policies that define the conditions for guaranteeing the right to health and the democratic State.

Participation in the meetings provides participants with opportunities for learning, sharing of experiences and motivation for engagement in social control. For the SUS, it provides the contribution of society, in a systematized way, to participatory management and decision making that reflects the aspirations of society.

Collaborations

SN Leite and JAZ Bermudez: Conceptualization and data design; writing the article; approval of the version to be published. F Manzini: Data analysis and interpretation; writing the article; critical review. A Veiga, MA Pereira, MEO Lima, RF Santos and SQ Araújo: Data analysis; critical review.

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