

# BRAZIL DAZZLE

***Ever wondered how pharmacy might operate in South America? Pamela Mason describes her visit to two pharmacies in Salvador, Brazil***

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Salvador is situated on the north east coast of Brazil and is the capital of the state of Bahia. It is home to approximately two and a half million people, 85 per cent of whom are of African origin. Their facial features, often a mixture of African, European and Amerind, are among the most interesting I have seen. Salvador is a culturally rich city. It is a stronghold of Afro-Brazilian customs and its spicy cuisine relies mainly on West African ingredients and cooking methods. Although Brazil's gross domestic product outweighs that of other Latin American countries, poverty and illiteracy (literacy level is about 80 per cent) are still major barriers to development. The average monthly income in Salvador is about £300 and pharmacists earn around £500 per month.

Much of Salvador is shanty town with sanitation a problem in the poor neighbourhoods. Life expectancy has risen considerably during recent decades from an average of 59 years in 1970 to 71 years in 2004. This is due mainly to reduced infant and child mortality, which has been achieved, in part, by a government-funded immunisation programme: more than 99 per cent of one-year-old children are now immunised against tuberculosis, diphtheria, tetanus, whooping cough, polio and measles.

Salvador has two schools of pharmacy, which between them have 100 graduates a year. "Too many," I was told by my guide. The numbers of pharmacists who are trained are not controlled in Salvador, unlike the numbers of doctors, nurses and teachers. A pharmacist's education and training takes five years: four years at university and one year's practical training in a pharmacy.

### **A Formule**

The first pharmacy I visited was part of a group of 12 pharmacies named A Formule, and unexpectedly modern. Smart and bright, with a retail area similar in size to a small pharmacy in Britain, it also had a small coffee shop for customers and a counselling room. This pharmacy employs three pharmacists along with 60 other employees, including technicians, assistants and cleaners. I wondered why the staff was so large until I was taken behind the pharmacy counter to be shown the first

of what turned out to be a range of small manufacturing units.

About 60 prescriptions a day (10 per cent of the total) are prepared extemporaneously. This is unusual — in Brazil, as in many other countries, most dispensed items are ready prepared medicines. On the ground floor there was a preparation room for external preparations and a consulting room for a chiropodist. Upstairs, powders, capsules and liquids were made. Powders were prepared and weighed in one room, capsules were filled in a second, and medicines packed into bottles in a third. Protocols hung on the walls in each area and work flow seemed highly efficient.

If a doctor prescribes a branded medicine, this is what must be dispensed, but if a generic medicine is prescribed, this can be made extemporaneously. So, a prescription for omeprazole 20mg, for example, can be dispensed extemporaneously. Strengths can also be manipulated. My guide explained that payment to the pharmacy for each extemporaneously dispensed item is about £1.

One of the three pharmacists also practised acupuncture and Shiatsu in a clinic, which was part of the pharmacy. Again, this is not typical of a Brazilian pharmacy, though the Federal Council of Pharmacists in Brazil has recently established regulations for the practice of pharmacists in homoeopathy and phytotherapy, as well as acupuncture, and requires that pharmacists who wish to practise these complementary therapies are trained appropriately.

### **Estrela Galdino**

The second pharmacy I went to, Estrela Galdino, was situated in a large shopping centre. It was one of a chain of 35 pharmacies and a complete contrast to A Formule. The pharmacy was like a small supermarket, selling everything from food and cosmetics to domestic cleaning products and toiletries. The pharmacy area was tiny compared with the sales area and there was one pharmacist on duty, with another available to cover the long opening hours (8am to 10pm).

The dispensary was like a galley kitchen, making excellent use of a tight space. Almost all the dispensing in this pharmacy was from original packs. Controlled Drugs in Brazil (which include benzodiazepines and anticonvulsants as

well as opioid analgesics) must be kept in a locked cupboard and records are kept in a large A4-sized black book. Other medicines were visible to the public and items, such as beta-blockers and non-steroidal anti-inflammatory drugs, which are prescription-only medicines, are sometimes sold over the counter.

The prices that patients are charged for medicines can vary greatly. In addition to branded and generic medicines, "similares" were also evident. These are medicines that claim to be similar to, or identical to, their brand name counterparts. They are available in many countries in Latin America, where they are considered as legal and inexpensive alternatives to patented drugs. Essential drugs are often unavailable in Brazil and counterfeit medicines are common.

### **Improvements**

Community pharmacies in Brazil operate mainly as commercial establishments although there are a few exceptions, like the first pharmacy I visited, which also offered a nurse-led immunisation service. However, the Federal Council of Pharmacists has developed a new model of community pharmacy in which pharmacies are to be encouraged to become health care centres and will carry out health education campaigns, immunisation and so on. Similar to the UK, the intention is that pharmacists will practise pharmaceutical care with programmes for the control of diabetes, hypertension and other diseases and, as a result, new training programmes for pharmacists at both undergraduate and postgraduate levels are being devised. In March this year, the minister of health in Brazil included pharmacy services for the first time in a new primary health care bill and allocated funds for pharmaceutical care. This is expected to result in more rational use of medicines (the unnecessary use of drugs is high in Brazil) and improve patient care through concordance and safer use of medicines.

Pharmacists in Brazil face enormous challenges. In every country there will be beacons of good practice that will help to effect change and drive pharmaceutical care, and I am mindful that the two pharmacies I visited are good examples. I have no doubt that pharmacies in the old city are rather different to the pharmacies that I was taken to see. ■