

The role of pharmacists within the Brazilian Unified Health System (SUS):

Challenges and perspectives

O papel dos farmacêuticos no Sistema Único de Saúde (SUS): Desafios e perspectivas

El papel de los farmacéuticos en el Sistema Único de Salud (SUS): Desafíos y perspectivas

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Abstract

The role of pharmacists within the Brazilian Unified Health System (SUS) has expanded significantly over the past decades, paralleling the development of public health policies and the increased access of the population to pharmaceutical services. Embedded in Pharmaceutical Care and guided by the principles of comprehensive health care, pharmaceutical practice has proven essential for the rational use of medicines, health education, and sanitary

surveillance. This study, based on a literature review, analyzed the role of pharmacists in SUS, highlighting their contribution to Primary Health Care, the strengthening of multidisciplinary teams, the promotion of rational medicine use, and community engagement, as well as discussing the challenges and future prospects of this practice in Brazil. The findings underscore the main challenges faced by professionals, such as limited resources, work overload, and fragmentation of health teams, while also revealing promising perspectives, particularly in the strengthening of pharmaceutical care and patient-centered practices. It is concluded that pharmacists' presence is strategic for improving health care quality, emphasizing the need for public policies that ensure better working conditions, professional recognition, and continuous training.

Keywords: Pharmaceutical care; Self-medication; Health education; Teaching and learning; Professional training.

Resumo

O papel dos farmacêuticos no Sistema Único de Saúde (SUS) tem se ampliado significativamente nas últimas décadas, acompanhando o desenvolvimento das políticas públicas de saúde e o aumento do acesso da população aos serviços farmacêuticos. Inserida na Atenção Farmacêutica e orientada pelos princípios da atenção integral à saúde, a prática farmacêutica tem se mostrado essencial para o uso racional de medicamentos, a educação em saúde e a vigilância sanitária. Este estudo, baseado em uma revisão de literatura, analisou a atuação do farmacêutico no SUS, destacando sua contribuição para a Atenção Primária à Saúde, o fortalecimento das equipes multiprofissionais, a promoção do uso racional de medicamentos e o engajamento comunitário, além de discutir os desafios e perspectivas futuras dessa prática no Brasil. Os resultados evidenciam os principais desafios enfrentados pelos profissionais, como a limitação de recursos, a sobrecarga de trabalho e a fragmentação das equipes de saúde, ao mesmo tempo em que revelam perspectivas promissoras, especialmente no fortalecimento da atenção farmacêutica e das práticas centradas no paciente. Conclui-se que a presença do farmacêutico é estratégica para a melhoria da qualidade da assistência em saúde, ressaltando a necessidade de políticas públicas que garantam melhores condições de trabalho, reconhecimento profissional e formação continuada.

Palavras-chave: Atenção farmacêutica; Automedicação; Educação em saúde; Ensino e aprendizagem; Formação profissional.

Resumen

El papel de los farmacéuticos en el Sistema Único de Salud (SUS) se ha ampliado significativamente en las últimas décadas, en paralelo con el desarrollo de las políticas públicas de salud y el aumento del acceso de la población a los servicios farmacéuticos. Insertada en la Atención Farmacéutica y guiada por los principios de la atención integral a la salud, la práctica farmacéutica ha demostrado ser esencial para el uso racional de los medicamentos, la educación en salud y la vigilancia sanitaria. Este estudio, basado en una revisión bibliográfica, analizó el papel del farmacéutico en el SUS, destacando su contribución a la Atención Primaria de Salud, al fortalecimiento de los equipos multidisciplinarios, a la promoción del uso racional de medicamentos y al compromiso comunitario, además de discutir los desafíos y perspectivas futuras de esta práctica en Brasil. Los resultados evidencian los principales desafíos enfrentados por los profesionales, como la limitación de recursos, la sobrecarga laboral y la fragmentación de los equipos de salud, al mismo tiempo que revelan perspectivas prometedoras, especialmente en el fortalecimiento de la atención farmacéutica y de las prácticas centradas en el paciente. Se concluye que la presencia del farmacéutico es estratégica para mejorar la calidad de la atención sanitaria, destacando la necesidad de políticas públicas que garanticen mejores condiciones laborales, reconocimiento profesional y formación continua.

Palabras clave: Atención farmacéutica; Automedicación; Educación sanitaria; Enseñanza y aprendizaje, Formación profesional.

1. Introduction

The Unified Health System (SUS) encompasses the entire Brazilian population approximately 200 million people and is recognized as one of the largest public healthcare institutions in the world. Established in 1990, following the guidelines set forth by the 1988 Federal Constitution, the SUS ensures universal and free access to healthcare services for all residents of the country, guided by the principles of universality, equity, and comprehensiveness. Its management structure is organized into three levels of responsibility: municipal, state, and federal (Senra & Andrade, 2023).

Primary Health Care (PHC) represents the essential level of the Unified Health System (SUS), dedicated to providing basic and comprehensive care, with an emphasis on health promotion, disease prevention, and addressing the most frequent health demands of the population (Giovanella, 2018). PHC is organized through the Family Health Strategy (FHS), which is based on the integrated work of multidisciplinary teams focused on preventing health problems, promoting well-being, and continuously monitoring the population within their respective territories (Santos, Mishima & Merhy, 2018).

Among the professionals that make up FHS teams, pharmaceutical care, currently recognized by the Ministry of Health as synonymous with Pharmaceutical Attention, refers to the integrated role of the pharmacist within the multidisciplinary team, centered on the patient, and focused on health promotion, prevention, protection, and recovery. This practice aims to strengthen health education and the rational use of medicines, whether prescribed or not, through clinical pharmacy services and technical-pedagogical activities directed toward individuals, families, communities, and the healthcare team itself (CFF, 2016). The philosophy of pharmaceutical care assigns the professional the responsibility of ensuring safe, effective, and appropriate therapies according to patients' needs, grounded in a therapeutic relationship and shared accountability. In this context, pharmacotherapeutic follow-up is consolidated as one of the main clinical services through which the pharmacist fulfills this responsibility (Brazil, 2018).

The pharmacist plays a fundamental role in providing guidance on the medications used in the treatment of diseases, preventing potential adverse effects, and promoting strategies to address public health crises. Direct interaction with the community is a defining characteristic of their professional practice. The close relationship with families, the understanding of their social realities, and the implementation of preventive and educational actions contribute significantly to strengthening the bonds between the healthcare team and the population (Silva & Goebel, 2022).

Based on these considerations, this study aimed to analyze the role of the pharmacist within the scope of the Unified Health System (SUS), highlighting their contribution to Primary Health Care, the strengthening of multidisciplinary teams, the promotion of the rational use of medicines, and the establishment of bonds with the community, as well as to discuss the challenges and perspectives of this practice within the Brazilian context.

2. Methodology

A documentary research based on indirect sources was conducted using bibliographic material, within a qualitative study design (Pereira et al., 2018), specifically adopting a narrative literature review approach (Rother, 2007). To carry out the study, the search was performed in the Google Scholar database, which is free and open access, using the following search terms: Pharmaceutical care; self-medication; Health education; Professional training; Teaching and learning.

3. Theoretical Framework

3.1 History of the insertion of pharmacists in the SUS

The history of public health in Brazil has been marked by successive administrative reorganizations, all aimed at ensuring the population's fundamental right to health. In this context, the emergence of pharmaceutical care and the creation of the Unified Health System (SUS) stand out as milestones that are closely linked to the evolution of Brazilian public health (Greschman, 2006).

This historical trajectory is supported by the existing legal framework, which establishes the foundations and operationalization of the right to health in Brazil. Article 196 of the Federal Constitution states that health is a right of all and a duty of the State, guaranteed through actions and services aimed at disease prevention, harm reduction, and universal and equitable access (Senra e Andrade, 2023). Article 6 of the Organic Health Law (Law No. 8.080/90) regulates Pharmaceutical Care as an area of practice within the SUS, defining the development of medicine-related policies and assigning to the health sector the responsibility for implementing comprehensive therapeutic assistance, including access to pharmaceutical products (Medeiros et al., 2020).

Brazil has experienced a continuous process of restructuring in the field of medicines, which permeates the entire health system. The implementation of actions recommended by the SUS, together with the reformulation of the curricular

guidelines for health-related programs, particularly Pharmacy (Resolution No. 546, 2017), as well as the joint efforts of the National Health Surveillance Agency (ANVISA), the Ministry of Health, and the Pan American Health Organization, have strengthened initiatives aimed at promoting the rational use of medicines and advancing pharmaceutical policies. These initiatives also encourage pharmacists to adopt a more multidisciplinary and collaborative approach, aligned with the goals of comprehensive health care (Costa et al., 2017).

Pharmaceutical Care as a public policy began in 1971 with the establishment of the Central Medical Supply (CEME), created to provide medicines to individuals lacking financial means, thus representing a policy primarily focused on the acquisition and distribution of pharmaceuticals (Senra e Andrade, 2023).

The Central Medical Supply (CEME) was responsible for coordinating pharmaceutical care in Brazil until 1997, overseeing the acquisition and distribution of medicines. Following its dissolution, its functions and responsibilities were transferred to various departments and secretariats within the Ministry of Health, ensuring the continuity of policies aimed at providing pharmaceuticals to the population (Brazil, 2020).

After the dissolution of CEME in 1997, its activities were redistributed among different agencies and secretariats of the Ministry of Health, promoting the decentralization and reorganization of Pharmaceutical Care and maintaining the continuity of medicine supply policies for the population. The reorientation of pharmaceutical care has been grounded in the decentralization of management, the promotion of the rational use of medicines, the optimization of public distribution systems, and initiatives aimed at reducing product costs (Brazil, 2020).

Pharmaceutical Care represents a key component of the health support system, aiming not only to ensure the availability of medicines for the population but also to promote their rational use, thereby contributing to treatment effectiveness and the advancement of public health (Senra e Andrade, 2023).

3.2 The role of the pharmacist in Primary Care

Primary Care (PC) represents the main point of entry into the healthcare system, serving as the preferred access point for users. Moreover, it plays a strategic role as the coordinating hub of the Health Care Networks (RAS), ensuring the organization and integration of care delivery (D'andréa et al., 2022).

At the primary level, care is provided in health centers, Family Health Strategy (FHS) units, and emergency departments. The secondary level encompasses health centers, polyclinics, laboratories, blood banks, general hospitals, maternity wards, and urgent care units. The tertiary level includes specialized and high-complexity hospitals, such as university hospitals (Storpitis, 2020).

In this context, multidisciplinary teams operate within defined territories, assuming continuous and integrated responsibility for the health of the local population. In PHC, centered on community needs, is characterized by longitudinal care designed to effectively meet health demands over time (Barros et al., 2022).

Within this framework, the FHS emerges as an innovative approach that strengthens PHC by prioritizing actions aimed at the promotion, protection, and recovery of individual and family health, while seeking to reorganize traditional care practices. Unlike conventional models, this strategy directs care toward the family unit, considering not only the physical environment but also the broader social context in which it is embedded (Henriques et al., 2025). This approach enables healthcare teams to achieve a more comprehensive understanding of the health–disease process, shifting the focus from exclusively curative practices to an integrated model that includes prevention and primary health care (Ramos, 2024).

Among the responsibilities of the SUS is the guarantee of comprehensive therapeutic assistance, which includes pharmaceutical care. In this regard, the role of the pharmacist in PHC has been expanded and redefined with the inclusion of Pharmaceutical Assistance (PA) in public policies through the National Medicines Policy (PNM) and the National Policy on

Pharmaceutical Assistance (PNAF) (Henriques et al., 2025).

In this context, pharmaceutical care plays a fundamental role within PHC, contributing to the comprehensive care of the community (Pinto e Castro, 2022). The pharmacist is essential for ensuring the quality of multidisciplinary team actions, working in an integrated manner and coordinating both clinical and managerial services (Henriques et al., 2025).

Pharmaceutical Assistance aims to ensure access to and the appropriate use of medicines through actions focused on the promotion, protection, and recovery of health. Within this framework, the pharmacist assumes a crucial role as a health agent committed to the success of public health policies and initiatives (Barros, 2022). Thus, the presence of pharmacists in healthcare services constitutes a social necessity that requires the revision of professional practices in order to meet population demands and to incorporate care strategies directed toward public health promotion (Henriques et al., 2025).

Molina, Hoffmann, and Finkler (2020) emphasize that in Primary Care, the excessive workload faced by pharmacists significantly compromises the quality of pharmaceutical care, hindering the provision of adequate patient services and limiting the effectiveness of health promotion, prevention, and assistance activities.

Similarly, other factors contribute to the inefficiency of pharmaceutical care within Primary Care settings, including the transformation of the pharmaceutical profession into a mere instrument of medicalization, the inadequate location of pharmacies, the discontinuity in medicine supply, the limitation of pharmacists' autonomy resulting from the verticalization of healthcare decisions, and the disorganization of healthcare teams (Cunha & Quintilio, 2023).

The pharmacist's role contributes to the safety, efficacy, and efficiency of medicine use, supporting clinical decision-making that positively impacts both healthcare professionals and patients. Furthermore, it promotes the rational use of medicines and strengthens the quality of care within PHC (Destro et al., 2021).

The social costs associated with inadequate pharmaceutical practices are considerable. The inappropriate use of medicines contributes to the overburdening of the healthcare system, leading to unnecessary medical consultations, avoidable hospitalizations, and the waste of scarce resources. In addition, it can increase the costs of health insurance and pharmaceuticals in general, thereby compromising the sustainability of the healthcare system (Henriques et al., 2025).

Among the main challenges are poor infrastructure, the shortage of qualified professionals, limited funding, and difficulties in the procurement of supplies, issues that compromise the entire pharmaceutical care cycle and directly affect the quality of healthcare services and the population's access to medicines (Oliveira et al., 2022).

3.3 Pharmaceutical Assistance Management in the SUS

The pharmacist, historically associated with the dispensing of medicines, has undergone a significant transformation in their professional role in recent years. Currently, their practice extends beyond the pharmacy setting, encompassing different levels of healthcare. In PHC, pharmacists play a crucial role in promoting health education, providing accurate information on medications, guiding rational use, and participating in preventive actions (Barberato et al., 2019).

Pharmaceutical practice encompasses the two main areas of Pharmaceutical Assistance: technical-managerial and technical-clinical, distinguishing pharmacists from other healthcare support professionals, who are predominantly focused on direct care. In this context, given the fundamental clinical aspect of Pharmaceutical Assistance, the development of clinical activities in health centers is particularly emphasized (Brazil, 2018).

The technical management of medicine-related services constitutes an essential tool, encompassing interdependent activities aimed at ensuring the quality, access, and rational use of medicines, including selection, planning, procurement, storage, distribution, and dispensing (Santos et al., 2020).

The World Health Organization (WHO) recognizes pharmacists as key professionals for expanding access to medicines and ensuring their rational use, as well as playing a central role in organizing support services that promote

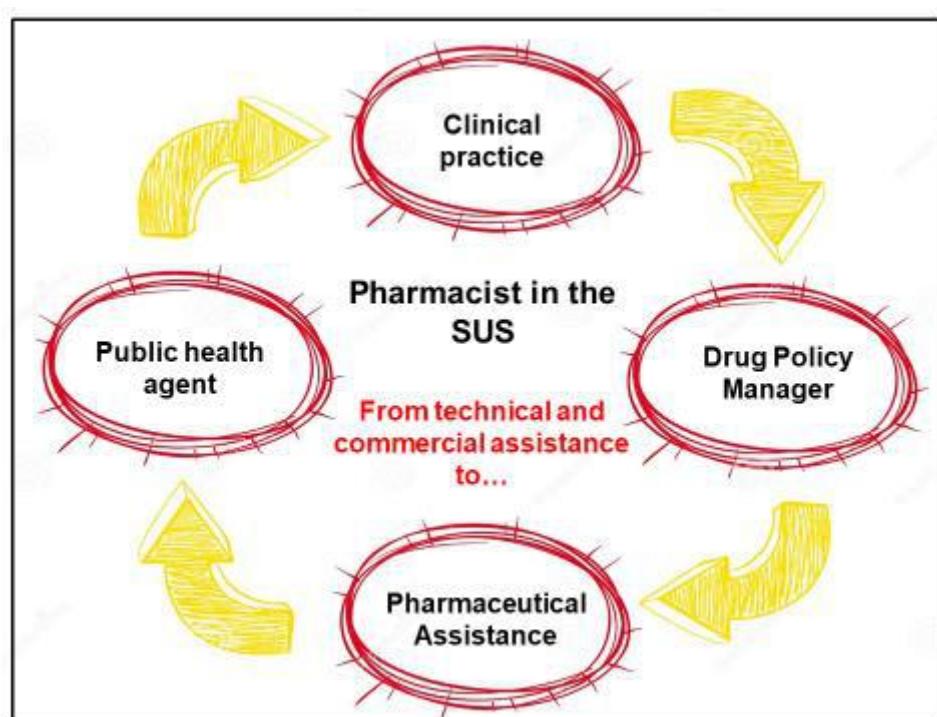
comprehensive and high-quality care (Araújo et al., 2020).

The Basic Health Unit (UBS) serves as the main entry point to the Brazilian healthcare system. In these facilities, the pharmacy typically occupies a small space and functions primarily as a storage area for medicines until their dispensing. Patient care occurs in the common areas of the unit, and medicines are provided either through display windows or directly at the counter (Bovo, 2021).

Pharmaceutical Assistance is an integral component of pharmaceutical management, consisting of two complementary subareas: one focused on the correct use of medicines and the other on their safe use, both under the exclusive responsibility of the pharmacist (Araújo et al., 2020).

Figure 1 illustrates the dimensions that highlight how pharmacists operate across multiple fronts of care, management, and health promotion, contributing to a stronger and more patient-centered Unified Health System (SUS).

Figure 1 - Multifaceted role of the pharmacist within the SUS: from technical assistance to management and clinical care.



Source: Own authorship (2025).

The evolution of the pharmacist's role within the SUS has shifted from a limited focus on commerce and the technical dispensing of medicines to a broader and more strategic function in public health. Four interconnected dimensions stand out in their practice: clinical care, medicine policy management, pharmaceutical assistance, and public health promotion.

3.4 Pharmaceutical and clinical care

Non-communicable chronic diseases (NCDs) represent one of the main challenges faced by healthcare systems worldwide. Among the most prevalent are arterial hypertension, diabetes mellitus, dyslipidemias, cardiovascular diseases, and chronic respiratory conditions, which are notable for their significant impact on population health and the need for continuous care (Melo et al., 2025).

Pharmaceutical care has emerged as an innovative and essential practice in healthcare, particularly in the management of chronic diseases. This patient-centered model assigns pharmacists the responsibility of providing continuous monitoring,

promoting the safe and rational use of medicines, preventing clinical complications, and improving therapeutic outcomes, thereby contributing significantly to population health, quality of life, and well-being (Oliveira et al., 2025).

In hospital and clinical settings, pharmacists are integral members of multidisciplinary teams, actively participating in the development and implementation of treatment protocols and ensuring patient safety in medication use. Their expertise is essential for pharmacotherapy management, preventing harmful drug interactions, and optimizing treatment efficacy (Barberato et al., 2019).

The primary goal is to ensure that patients use medications correctly, thereby reducing treatment-related risks, preventing potential adverse events, and promoting therapeutic adherence. This approach not only enhances the effectiveness of pharmacological treatment but also ensures care safety and improves patients' quality of life (Nunes et al., 2024).

The role of the clinical pharmacist extends beyond the mere dispensing of medicines, consolidating their position as an essential component of healthcare. Integrated within the multidisciplinary team, the clinical pharmacist actively contributes through individualized guidance, medication therapy review, identification of drug-related problems, and health promotion activities (Oliveira et al., 2025).

Research indicates that the inclusion of pharmacists in Primary Health Care teams and specialized units reduces avoidable hospitalizations, improves the management of chronic conditions such as diabetes and hypertension, and contributes to the reduction of inappropriate polypharmacy (Vieira et al., 2022).

3.5 Health education and promotion of rational use of medicines

Health education is established as an essential pillar for raising awareness, preventing diseases, and fostering a healthier society. Throughout the history of public health in Brazil, its role has been recognized as an effective tool for empowering individuals and communities to adopt an active stance toward their own health (Costa et al., 2020).

Health education extends beyond disease treatment, aiming to equip people with the knowledge and skills necessary to make informed decisions about their well-being, promote healthy habits, prevent illnesses, and encourage self-care (Rezende et al., 2020). In Brazil, educational programs implemented in schools, health units, and communities have contributed to fostering a population more aware of its health needs, promoting preventive practices and healthy lifestyles (Costa et al., 2020).

The promotion of the rational use of medicines is intrinsically linked to health education, particularly within the context of Pharmaceutical Care. This approach shifts the focus from the medication to the individual, taking into account their needs, limitations, and social context. Pharmaceutical Care practices encompass health education, pharmaceutical guidance, dispensing, individualized care, pharmacotherapeutic follow-up, as well as the systematic recording of activities and evaluation of their outcomes (PAHO/Ministry of Health, 2002). By directly attending to patients, pharmacists provide guidance on prescribed pharmacotherapy, assess the actual need for medication use, and identify Drug-Related Problems, defined as deviations in the medication-use process that may pose risks to patients. The most common DRPs include adverse drug reactions, non-adherence to therapy, and inappropriate prescriptions (Oliveira, 2005).

In this context, the training of highly qualified healthcare professionals is fundamental, ensuring that they are prepared to provide effective care, promote public health objectives, and contribute to scientific advancement, thereby guaranteeing that all education and training received is of the highest quality and aligned with current and future practice demands (FIP, 2017).

3.6 Challenges faced by pharmacists in the SUS

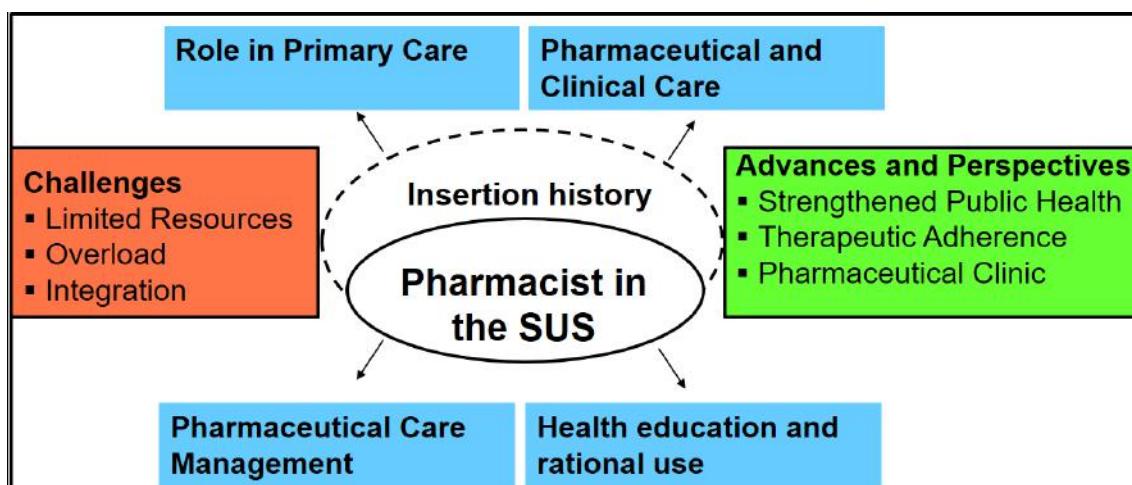
Pharmaceutical care within the scope of PHC in the SUS is fundamental for promoting the rational use of medicines. Since the implementation of the SUS in Brazilian public health, pharmacists have become integral to healthcare provision,

although they have faced numerous challenges. The literature identifies several barriers to the integration of pharmacists into the system, including irregular medicine supply, the absence of pharmacist positions in multidisciplinary teams, inadequate physical conditions for medicine storage and dispensing, and the scarcity of professionals and pharmacies in the public sector. Although pharmacy programs are adapting to the demands of the Brazilian context, pharmaceutical care still requires greater recognition as an essential component of primary care within the SUS (Cunha e Quintilio, 2023).

In health units, the proper implementation of pharmaceutical care represents a significant challenge for pharmacists, not only due to the lack of awareness among managers and the population regarding its importance but also because of structural work conditions. Frequently, pharmacists lack adequate tools to provide patient-centered care, which may negatively impact public health outcomes (Vieira, 2007).

Regional and socioeconomic inequalities continue to affect the distribution of resources and the capacity of healthcare services to respond effectively. Integration across different levels of care, from primary to specialized, is essential for efficient and comprehensive healthcare management. Similarly, decentralization of services, which should extend beyond the traditional centrality of physicians in hierarchical structures, is critical (Massuda e Campos, 2020). Figure 2 presented above summarizes the role of the pharmacist within the SUS, highlighting both the challenges and opportunities associated with their integration into the healthcare system.

Figure 2 - Role of the pharmacist within the SUS: challenges, perspectives, and contributions to primary health care.



Source: Own authorship (2025).

Among the main challenges are resource limitations, workload overload, and the need for greater integration with multidisciplinary teams, factors that may compromise the effectiveness of pharmaceutical care. Conversely, promising opportunities emerge, such as the strengthening of public health through clinical and pharmaceutical care, the promotion of therapeutic adherence, health education focused on the rational use of medicines, and the expansion of pharmacy clinics. These prospects reflect the growing recognition of the pharmacist as a strategic and essential component of primary care, capable of contributing to more comprehensive and efficient healthcare delivery.

4. Conclusion

The study demonstrates that the role of the pharmacist within the SUS has evolved significantly over time. Previously, the focus was primarily on medicine dispensing; however, today their practice is broader, encompassing direct patient care, medication management, health education, and the promotion of public health. Pharmacists have become integral members of

Primary Health Care teams, contributing to integrated, safe, and efficient care, particularly in the management of chronic diseases.

Despite these advancements, significant challenges remain, including inadequate infrastructure, limited resources, workload overload, and insufficient recognition of the profession within healthcare teams. Nevertheless, prospects are positive: pharmacists have the potential to strengthen primary care, improve the rational use of medicines, promote treatment adherence, and provide health education to the population. Consequently, pharmacists are increasingly recognized as essential professionals for a more efficient, patient-centered SUS.

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