




The effects of judicialization on the budget of the Municipal Health Department of Canguçu/RS

Os efeitos da judicialização no orçamento da Secretaria Municipal de Saúde de Canguçu/RS

Cristiano Manetti da Cruz¹, Mercia Pandolfo Provin², Ana Laura de Sene Amâncio Zara²

¹ Farmácia Municipal da Prefeitura Municipal de Canguçu/RS/Brazil
² Universidade Federal de Goiás/Brazil

Corresponding author:

Cristiano Manetti da Cruz. Municipal Pharmacy of the City Hall of Canguçu/RS/Brazil. Rua Almirante Barroso 679 – Centro, Canguçu, Rio Grande do Sul, Brazil.
E-mail: cristiano_manetti@yahoo.com.br

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ABSTRACT

Objectives: To identify expenses with the purchase of medicines and supplies by the Municipal Health Department of Canguçu/RS, through legal proceedings, from 2017 to 2021. **Methods:** It is a quantitative, descriptive, and retrospective study, using the document analysis technique. Secondary data on public costs, available on the Transparency Portal, were used. The amounts spent and the origins of the resources used for the acquisition of these drugs were analyzed. **Results:** There was an increase of 297.93% in spending on legal proceedings for the acquisition of medicines and pharmaceutical supplies through judicial blockades. Of these, more than 76% refer to antineoplastic medications. The basic care budget increased by 132.41% in this period and the costs of pharmaceutical assistance almost doubled from R\$ 854,248.86, in 2017, to R\$ 1,524,871.92, in 2021, with a significant increase during the pandemic period. Comparing the expenditure on purchasing medicines through blockages by court permits in 2021 and the amount spent on pharmaceutical assistance in the same period, it is noted that the cost is very similar, but a small portion of the population is served through judicialization. **Conclusions:** There was a considerable increase in spending on purchasing medicines due to court decisions. The Municipal Health Department is obliged to acquire medicines that do not belong to the Municipal Medication List, through judicial blocking of public accounts, because the government of the State of Rio Grande do Sul does not send these medicines to users with approved lawsuits.

Keywords: Health's Judicialization; Health Services Accessibility; Economics, Pharmaceutical; Health Policy; Public Health; Unified Health System.

RESUMO

Objetivos: Identificar os gastos com a compra de medicamentos e insumos pela Secretaria Municipal de Saúde (SMS) de Canguçu/RS, mediante processos judiciais, no período de 2017 a 2021. **Métodos:** É um estudo quantitativo descritivo e retrospectivo, com utilização da técnica de análise documental. Foram utilizados dados secundários dos custos públicos, disponíveis no Portal da Transparência. Foram analisados os valores gastos e as origens dos recursos utilizados para a aquisição desses medicamentos. **Resultados:** Houve um aumento de 297,93% nos gastos com processos judiciais para aquisição de medicamentos e insumos farmacêuticos por meio de bloqueios judiciais. Desses, mais de 76% referem-se a medicamentos antineoplásicos. O orçamento executado da Atenção Básica aumentou 132,41% nesse período e os custos com a assistência farmacêutica quase dobraram de R\$ 854.248,86, em 2017, para R\$ 1.524.871,92, em 2021, com aumento significativo no período pandêmico. Comparando-se os gastos com aquisição de medicamentos por meio de bloqueios por alvarás judiciais em 2021 e o valor executado com a assistência farmacêutica no mesmo período, nota-se que o custo é muito semelhante, porém, atende-se uma pequena parcela da população por meio da judicialização. **Conclusões:** Houve um aumento considerável nos gastos com aquisição de medicamentos por meios judiciais. A Secretaria Municipal de Saúde é obrigada a adquirir os medicamentos não pertencentes à Relação Municipal de Medicamento, mediante bloqueios judiciais de contas públicas, porque o governo do Estado do Rio Grande do Sul não envia esses medicamentos aos usuários com processos judiciais deferidos.

Palavras-chave: Judicialização da Saúde; Acesso aos Serviços de Saúde; Farmacoeconomia; Política de Saúde; Saúde Pública; Sistema Único de Saúde.

Introduction

According to the report on judicialization and society prepared by the National Council of Justice (2021)¹, the main health resource demanded through legal proceedings is medication, accounting for more than 1 million lawsuits between 2015 and 2020. There was a peak in 2016, followed by a significant decline in subsequent years, and then a rise again in 2019, reaching the highest number in 2020, with 196,929 cases, considering the context of the COVID-19 pandemic.¹ The Southern region of the country ranks second only to the Southeast in terms of the number of lawsuits related to the supply of medicines.¹ However, unlike many Brazilian municipalities, where lawsuits are primarily due to shortages of medications in Primary Health Care Units, in the municipality of Canguçu/RS, lawsuits predominantly concern technologies not incorporated into the Unified Health System (SUS).²

According to the National Council of Justice, the State of Rio Grande do Sul updated its list of medications available to the population only in 2010, a concerning delay compared to other states, which carried out updates in 2018 and 2020. This lack of updating may be contributing to the significant number of lawsuits requesting drugs not incorporated into the SUS. Furthermore, most municipalities do not have a Pharmacy and Therapeutics Committee (PTC) responsible for selecting the drugs that will make up the SUS formulary, as is the case with the Municipal Health Department of Canguçu.¹

The municipality of Canguçu is located in the Serra dos Tapes, in the southern region of Rio Grande do Sul, approximately 56 km from the municipality of Pelotas and 274 km from Porto Alegre, the state capital. According to 2022 data from the Brazilian Institute of Geography and Statistics (IBGE), the city has 49,680 inhabitants, with the majority of the population (63.0%) living in rural areas. It has a population density of 14.09 inhabitants/km² and a schooling rate of 96.9% for children aged 6 to 14. The Basic Education Development Index (IDEB) for the early and final years of Elementary Education in public schools is 6.3 and 5.5, respectively. The Municipal Human Development Index (MHDI) is 0.650, and infant mortality is 17.05 deaths per 1,000

live births. The per capita GDP is R\$ 29,448.32. The average salary of workers is 2.2 minimum wages. The municipality has an urbanized area of 8.09 km², with 41.6% of adequate sanitation coverage. Tree coverage and street paving correspond to 49.4% and 27.8%, respectively.³

There were many lawsuits in the municipality due to the lack of updates to the Municipal List of Essential Medicines (REMUME), which was created in 2006 and remained unchanged for ten years. In May 2016, an update was carried out, incorporating several medications based on the 9th edition of the National List of Essential Medicines (RENAME) of 2014 and on the epidemiological profile of Canguçu's population, through studies on morbidity and mortality in the municipality. This update led to a reduction in medications requested through legal proceedings.⁴

In Canguçu/RS, a partnership was established between the Public Defender's Office, the Public Prosecutor's Office, the Municipal Health Department (MHD), the Municipal Pharmacy, and commercial pharmacies. This partnership aimed to ensure that the purchase of medications approved through lawsuits and not supplied by the State would be carried out by the MHD, rather than by patients themselves, as was previously the case.⁵ Purchases began to be made through price surveys in local commercial pharmacies, with the lowest quotation selected. However, the costs of purchasing medications through local retail trade are generally higher than when acquired through bidding processes.^{2,5} When the State fails to provide the medication to the user, the Judiciary issues a Court Order (Alvará Judicial) freezing the accounts of both the State and the Municipality.

In general, the treatments requested through lawsuits are highly complex and not under the municipality's responsibility. However, an agreement was reached to establish shared responsibility: the State covers 50% of the acquisition costs, while the municipality covers the other half. From this partnership, court approvals started to apply to medications not included in the lists of the Basic, Specialized, and Strategic components of Pharmaceutical Services. The State Health Department of Rio Grande do Sul also provides its own list, known as the

Special Medicines Program, which includes a group of medicines and nutritional therapies for treating diseases prevalent in the state that are not covered by the Ministry of Health's pharmaceutical assistance programs.⁶

Judicialization also occurs regarding medications that are on SUS lists but for which the patient's International Classification of Diseases and Related Health Problems (ICD-10) code is not covered under the Ministry of Health's Clinical Protocols and Therapeutic Guidelines.^{2,5}

Objective

Considering the above, this study aimed to understand the expenditures generated from the purchase of medicines and supplies acquired by the Municipal Health Department (MHD) of Canguçu/RS, between 2017 and 2021, through judicial proceedings.

Methodology

This is a quantitative, descriptive, and retrospective study, using the technique of documentary analysis of accounting data on the acquisition and distribution of court-ordered medicines, as well as the municipal pharmaceutical assistance budget.

To obtain the information, secondary data on public expenditures available on the open-access Transparency Portal were analyzed. The data were obtained in aggregated form and without identification of individuals, with the authorization of the Municipal Health Department (MHD) of Canguçu/RS, and in compliance with Law No. 13,709/2018 (LGPD)⁷, which regulates the protection of personal data, particularly regarding the right to intimacy and privacy. For these reasons, this study was exempt from review by a Research Ethics Committee, in accordance with the Resolutions of the National Health Council No. 510 of April 7, 2016⁸ and No. 674 of May 6, 2022.⁹

Data collection was carried out in March 2022 by a researcher with training in accounting, with specific training and access to the MHD's financial systems. The medicines data were classified at the third level based on the Anatomical Therapeutic Chemi-

cal (ATC) Code¹⁰ and by ABC Curve classification, according to their degree of importance and cost. Thus, the medicines were categorized as:

a) Class A: 10% to 20% of the medicines, representing 75% to 80% of total financial expenditures;

b) Class B: 10% to 20% of the medicines, accounting for 15% to 20% of the expenditures; and

c) Class C: 60% to 80% of the medicines, representing 5% to 10% of the expenditures through judicial proceedings.

To construct the ABC Curve table, the percentage value of each item was calculated by dividing the total expenditure of each item by the total expenditure of the list. The list was then rearranged, reallocating items according to their individual percentages in descending order (Descending Order % column). Finally, a new column was added to calculate the cumulative percentage of the total value for each item (Cumulative % column).

Expenditures related to the purchase of medicines requested through judicial proceedings were measured for the period 2017 to 2021, as well as the sources of funding used for such acquisitions. Annual expenditures were stratified according to lawsuits related to medicines, medical supplies, Primary Care, and Pharmaceutical Services, in addition to the annual amounts returned to public coffers through judicial blocking orders (*alvarás judiciais*) and the origin of the resources.

Nominal costs were not adjusted for inflation during the period, whereas real costs were calculated by applying the variations of the Broad National Consumer Price Index (IPCA-Brazil), as determined by IBGE for the years 2017 to 2021, updated to March 2022.¹¹

Results and discussion

Between 2017 and 2021, there was an increase in expenditures related to judicial proceedings for the acquisition of medicines and pharmaceutical supplies, through the freezing of public accounts by court orders (*alvarás judiciais*) (Figure 1). During this period, expenditures grew exponentially by 297.93%, a significant increase, though still lower than the accumulated inflation for the same period, which rose from 2.95% in 2017 to 10.06% in 2021.³

In Primary Health Care (PHC), there was an increase in the budget executed for PHC in the municipality of Canguçu/RS, such that judicialization absorbed 1.3% in 2017 (R\$ 414,974.38 thousand) and 3.0% in 2021 (R\$ 1,236,363.71 million) of the total MHD budget (Figure 2), to meet the needs of less than 1% of the Canguçu population in 2021. There was a 132.4% increase in expenditures between 2017 and 2021, mainly due to Pharmaceutical Services and the acquisition of medicines through judicial blocking orders. In addition, some of the medicines purchased had already been included in the REMUME, updated in February 2022.

The financial resources used to cover the acquisition of these medicines, when not provided by the State of Rio Grande do Sul to the municipality of Canguçu, came from the Public Health Services Actions (ASPS) funding source. These financial resources could otherwise have been used to broadly strengthen Primary Health Care in the municipality.

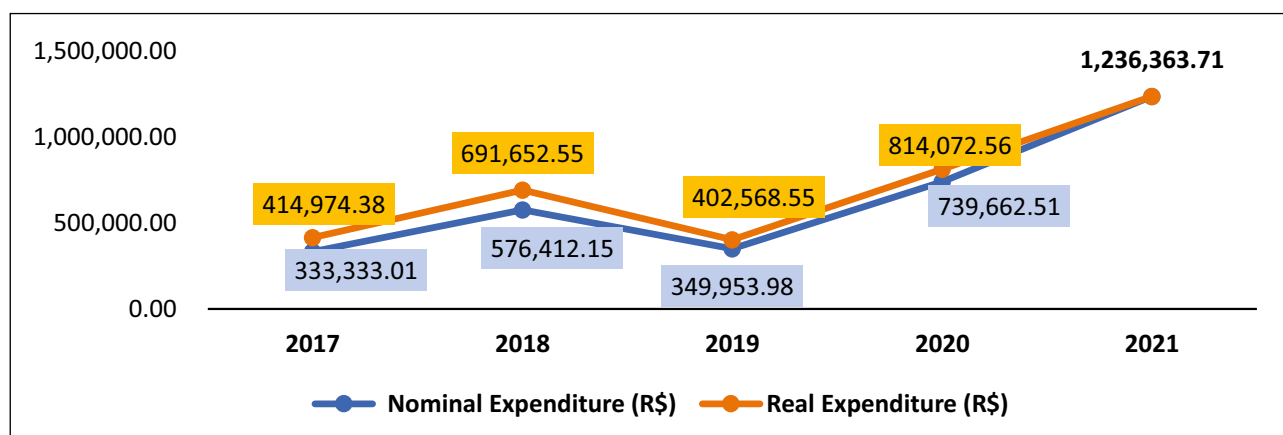
The municipality of Canguçu/RS has been purchasing medicines that are not part of the REMUME and that should be provided by the State of Rio Grande do Sul to users with court-approved claims. According to the National Council of Justice¹, the lack of medicines supplied by the Federative Units highlights a weakness in the provision and maintenance of supplies, which is the responsibility of the state government itself. It is difficult to identify the exact causes of this shortage, which may be related to high demand, poor resource management, or deficiencies in the logistics of distribution to munici-

palities. According to the National Council of Justice¹, in Brazil, medicine shortages due to bidding problems and delays in delivery occur in more than 70% of state health departments and in 43% of municipal health departments.

When the State fails to provide medicines under its responsibility, the costs borne by the Municipal Health Department (MHD) increase, as it must compensate for the shortage through purchases ordered by judicial warrants (alvarás judiciais). Furthermore, the prices of health technologies are periodically readjusted, raising acquisition costs.² The 1988 Federal Constitution (FC) maintained the criteria already established for the distribution of exclusive competencies among the Union, States, and Municipalities and introduced shared and concurrent competencies.¹² With regard to the supply of medicines, food, and pharmaceutical supplies to the population, both States and Municipalities share responsibility.¹²

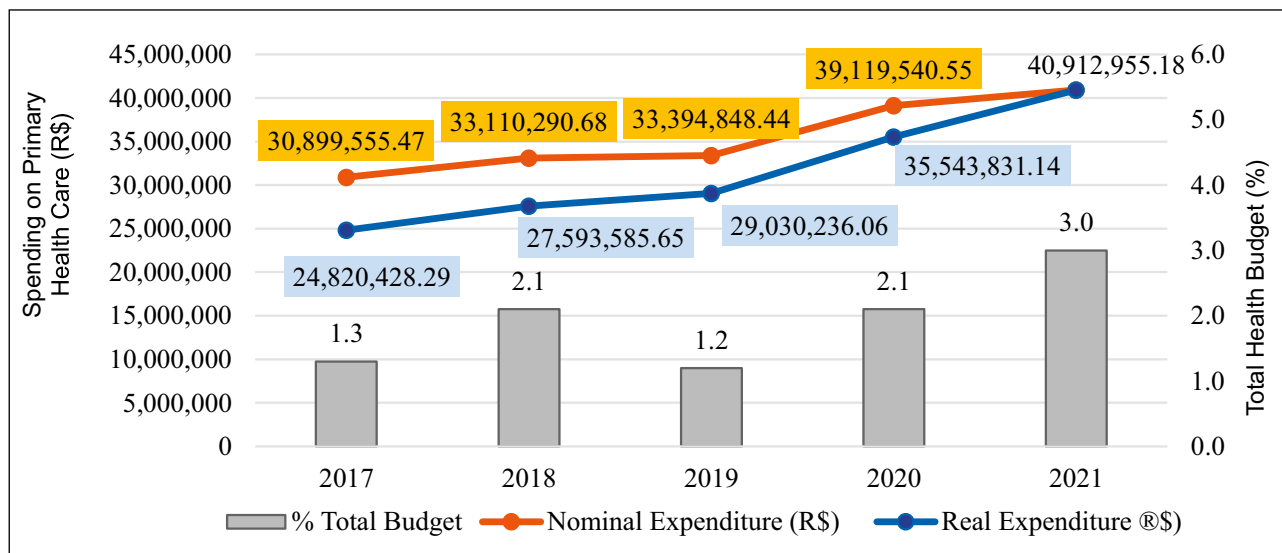
The State must guarantee the minimum existential standard for users, since this is directly related to individual survival and personal and social development.¹³ The FC establishes as objectives the eradication of poverty and social inequality, as well as the creation of a free, just, and supportive society. Therefore, public administrators must provide individuals with all the social rights contained in the FC, even when financially burdensome.¹³ These rights must be guaranteed by the State through resources obtained from taxation, whose purpose is to sustain the social services provided by public agencies.¹³

Figure 1. Annual expenditures (nominal and real, in R\$) related to judicial proceedings for the acquisition of medicines and supplies by the Municipal Health Department of Canguçu/RS, 2017–2021



Source: authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

Figure 2. Annual expenditures (in R\$) on Primary Health Care and their percentage in relation to the total budget of the Municipal Health Department of Canguçu/RS, 2017–2021



Source: Authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

Judicialization is an important instrument in safeguarding the rights of Brazilian citizens. However, judicial decisions are permeated by the dilemma between human life and the burden on public finances, since the State's defense is often based on the principle of the reserve of the possible (*reserva do possível*), which recognizes that public resources are finite and, therefore, that social, economic, and cultural rights should only be granted when budgetary availability exists.¹⁴ On the other hand, the population expects that governments will guarantee social welfare through the redistribution of wealth, thereby reducing inequalities and upholding the principles of the FC.¹⁴

Table 1 shows the predominance of antineoplastic medicines, classified as Class A in the ABC Curve, as those generating the greatest burden on the public finances of Canguçu/RS, accounting for more than 76.1% of expenditures on medicines and supplies. Next are the Class B drugs, which represent about 15% of the amounts disbursed through judicial warrants. Among the drugs in this group are agents for ocular vascular disorders and other dermatological preparations. Finally, the Class C drugs consist of antithrombotic agents and adrenergic inhalants, which account for about 5% of judicial expenditures.

Figure 3 presents the analysis of expenditures according to the component of Pharmaceutical Services. A predominance of judicial blocking orders

(*alvarás judiciais*) for medicines not provided by the SUS can be observed, with a considerable increase in the last four months of the year.

Unlike what occurs in the city of Canguçu, where lawsuits predominantly request antineoplastic medicines, in Porto Alegre the most frequently litigated pharmaceutical technologies are drugs for the treatment of mental and behavioral disorders, respiratory diseases, musculoskeletal diseases, and connective tissue disorders, followed by neoplasms, which account for less than 10% of the cases.¹⁵

Figure 4 shows the annual expenditure on Pharmaceutical Services by the MHD of Canguçu/RS. It can be seen that these expenditures nearly doubled from 2017 to 2021, with a significant increase in 2020 and 2021, during the pandemic period.

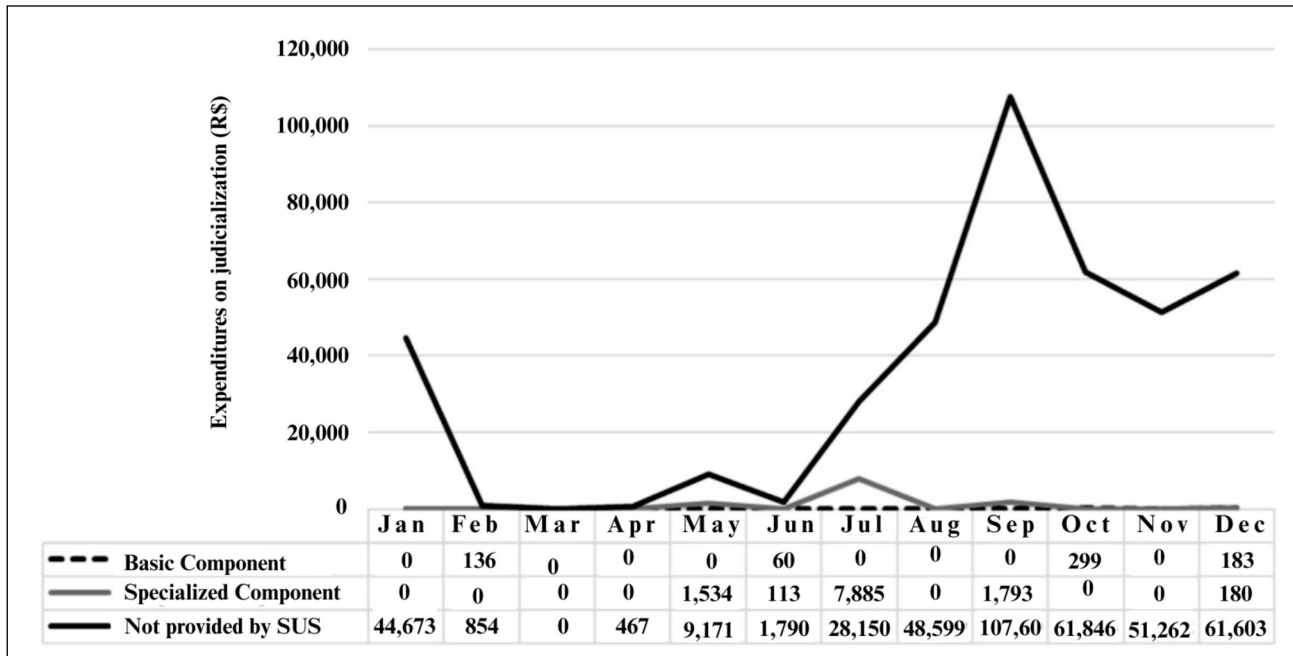
When comparing expenditures in relation to the total budget executed for Primary Care, these values represented 2.8% in 2017, 2.4% in 2018 and 2019, 3.2% in 2020, and 3.7% in 2021. These figures are even more striking when comparing expenditures on Pharmaceutical Services with the amounts spent on the acquisition of medicines through judicial warrants. This difference accounted for 1.5% in 2017, 0.3% in 2018, 1.2% in 2019, 1.1% in 2020, and 0.7% in 2021. Thus, it becomes clear that the MHD of Canguçu/RS has allocated a significant portion of its budget to supplying medicines via judicial proceedings.

Table 1. Classification of medicines and supplies according to the Anatomical Therapeutic Chemical (ATC) Code and ABC Curve, obtained through judicial proceedings in Canguçu/RS, 2021

ATC Code	ATC Classification	Total Value (R\$)	% Descending Order	% Accumulated	ABC Classification
L01F	Monoclonal antibodies and antibody conjugates	101,994.00	23.83	23.83	A
L01X	Other antineoplastic agents	97,975.00	22.89	46.72	A
L01E	Protein kinase inhibitors	47,642.00	11.13	57.85	A
L01A	Alkylating agents	39,900.00	9.32	67.17	A
L02A	Hormones and related agents	38,208.50	8.93	76.10	A
S01LA	Agents for ocular vascular disorders	24,528.75	5.73	81.83	B
D11A	Other dermatological preparations	2,285.00	5.67	87.50	B
M03A	Muscle relaxants, peripherally acting agents	7,737.00	1.81	89.30	B
A10B	Blood glucose-lowering drugs, excluding insulins	6,581.83	1.54	90.84	B
N05A	Antipsychotics	3,523.88	0.82	91.65	B
C10A	Lipid-modifying agents	3,333.74	0.78	92.43	B
N04C	Other antiparkinson drugs	3,275.09	0.77	93.20	B
N07A e A11A	Parasympathomimetics and multivitamins, combinations	3,183.50	0.74	93.94	B
N06A	Antidepressants	3,129.31	0.73	94.67	B
B01A	Antithrombotic agents	2,777.51	0.65	95.32	C
R03A	Adrenergic inhalants	2,575.10	0.60	95.92	C
C01A e C09A	Cardiac glycosides and ACE inhibitors	2,485.66	0.58	96.50	C
S01E	Cardiac glycosides and ACE inhibitors	2,337.13	0.55	97.05	C
A10A	Insulins and analogues	2,269.50	0.53	97.58	C
N03A	Antiepileptics	1,863.17	0.44	98.02	C
N06D	Anti-dementia drugs	1,435.11	0.34	98.36	C
R03B	Other drugs for obstructive airway diseases	1,115.70	0.26	98.62	C
N05A e D11A	Antipsychotics and other dermatological therapies	1,012.95	0.24	98.86	C
D03B	Androgens	935.00	0.22	99.08	C
A16A	Other alimentary tract and metabolism products	760.95	0.18	99.26	C
A06A	Wound healing agents and drugs for constipation	452.70	0.11	99.37	C
A03A	Drugs for functional gastrointestinal disorders	330.00	0.08	99.45	C
C02A e C03D	Centrally acting antiadrenergic agents and aldosterone antagonists/other potassium-sparing agents	294.75	0.07	99.52	C
D06BB	Antivirals	239.88	0.06	99.58	C
G04B	Urologicals	237.08	0.06	99.64	C
A02B	Drugs for peptic ulcer and gastroesophageal reflux disease (GERD)	226.98	0.05	99.69	C
C07A	Beta-blocking agents	224.10	0.05	99.74	C
C01B	Class I and III antiarrhythmics	208.26	0.05	99.79	C
A07A	Intestinal anti-infectives	170.35	0.04	99.83	C
B03X	Other antianemic preparations	147.20	0.03	99.86	C
L02B	Hormone antagonists and related agents	128.70	0.03	99.89	C
C01D e C09BA	Vasodilators used in cardiac diseases and ACE inhibitors with diuretics	110.80	0.03	99.91	C
A02A	Antacids	99.00	0.02	99.93	C
D07C	Corticosteroids, combinations with antibiotics	90.00	0.02	99.95	C
A12AA	Calcium	81.99	0.02	99.97	C
B03A	Iron preparations	73.62	0.02	99.99	C
H03A	Thyroid preparations	19.50	0.005	100.00	C
	Total	428,000.29			

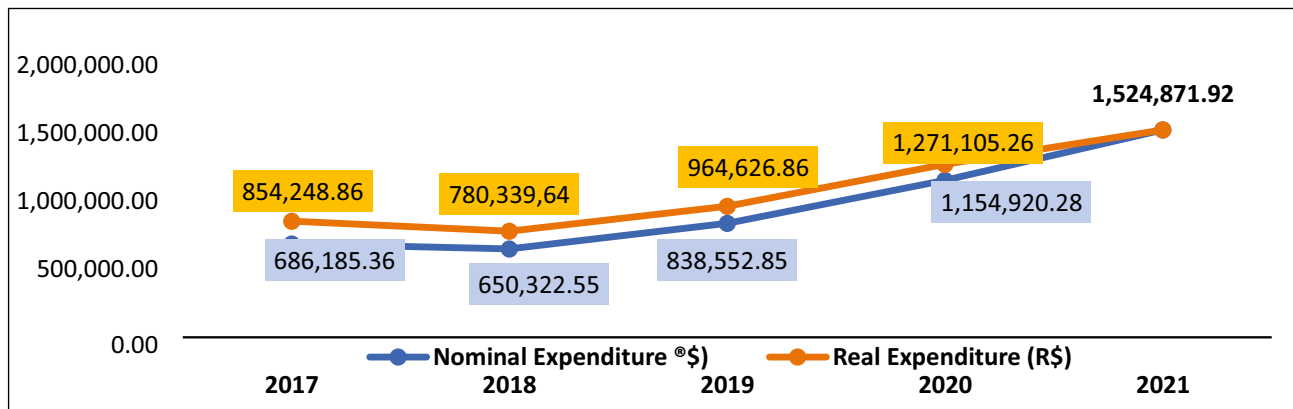
ACE: angiotensin-converting enzyme. Source: Authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

Figure 3. Expenditure analysis by component of Pharmaceutical Services in Canguçu/RS, 2021



Source: Authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

Figure 4. Annual expenditures (in R\$) on Pharmaceutical Services by the Municipal Health Department of Canguçu/RS, 2017–2021



Source: Authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

Comparing expenditures on medicines acquired through blocking orders (alvarás judiciais) in 2021 (Figure 1) with the amount spent on Pharmaceutical Services in the same year (Figure 3), it is evident that the expenditures are very similar. However, judicial warrants serve only a small portion of the population, covering a few high-cost medicines, whereas Pharmaceutical Services, through the Municipal Pharmacy, are responsible for meeting the daily demand of 25 Primary Health Care Units, of which 5 are Family Health Strategy (ESF) units, with a population coverage of 55.81%.

The annual statement regarding the return to public coffers of amounts not used under judicial blocking orders is shown in Figure 5. When the State fails to deliver a court-ordered medicine, the user obtains a negative certificate from the Municipal Pharmacy and conducts a price survey in three commercial pharmacies in the municipality. The user then submits the budgets and the negative certificate to the Public Defender's Office so that the judge can issue a warrant blocking the accounts of the State and the Municipality. At the same time, a municipal pharmacy employee also conducts a price survey in local

pharmacies, and, upon receiving the judicial warrant, proceeds with the purchase from the pharmacy offering the lowest price (often lower than the budgets submitted by users). The surplus amounts from the budgeted values are returned to the public coffers.

It can be observed that the amounts returned to public coffers increased in 2017, decreased in 2018, then rose again in 2019, with further increases in 2020 and a marked rise in 2021. In the latter year, there was a large number of judicial warrants issued, probably due to shortages of medicines from the State for users with court-approved claims in the municipality of Canguçu/RS.

It should be noted that the values presented in Figure 5 refer to 50% of the total reimbursements, deposited in the accounts of the Municipal Government of Canguçu/RS, while the other half is returned to the State Government.

In 2020, the State Health Department of Rio Grande do Sul launched the SER Saúde Project, in partnership with the State Government, the Federation of Municipal Associations of Rio Grande do Sul (FAMURS), the Council of Municipal Health Secretariats of Rio Grande do Sul (COSEMS/RS), and the State Public Defender's Office. The aim of this project is to reduce judicialization in health in the state. Resolution No. 31 of March 2010¹⁵ was created to assist judges and legal professionals in dealing more efficiently with lawsuits related to health care.

As a limitation of this study, it is important to highlight the restriction on the use of data from the Medication Administration System (AME) of the State of Rio Grande do Sul, since it is a system with

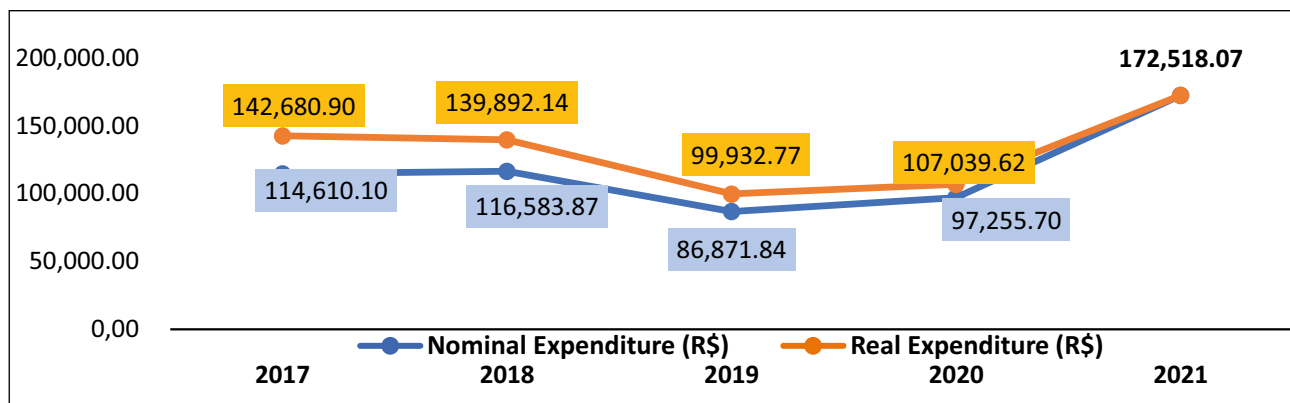
restricted access and sensitive user data, requiring authorization from a Research Ethics Committee.

Following the agreement reached between the Public Defender's Office, the Public Prosecutor's Office, and the Municipal Government of Canguçu, all new judicial proceedings now refer exclusively to medicines not supplied by SUS. This is verified through a digital denial issued by the State's Medication System (AME), confirming their exclusion from all components of the Ministry of Health's Pharmaceutical Services. This measure has contributed to reducing undue judicialization, curbing the increase in public expenditure, and promoting the rational use of medicines.

Conclusion

There was an increase in expenditures on the acquisition of medicines not included in the REMUME due to the lack of provision by the State of Rio Grande do Sul to users with court-approved claims, leading to the blocking of municipal public accounts through judicial warrants (alvarás judiciais) and obligating the MHD to acquire the medicines for users. It is clear that these expenditures rose significantly in 2020 and 2021, during the COVID-19 pandemic. It is also evident that nearly 80% of expenditures on acquisitions through judicial warrants were related to antineoplastic drugs, which correspond to a small portion of the users served by the Municipal Pharmacy. This indicates that most of the resources allocated through judicial warrants were directed to less than 1% of the Canguçu population.

Figure 5. Financial resources (in R\$) from judicialization for the acquisition of medicines not executed and returned to the public coffers of Canguçu/RS, 2017–2021



Source: Authors' elaboration. Data obtained from the Municipal Health Department of Canguçu/RS, March 2022.

An increase in the Primary Care budget was also observed, particularly through the acquisition of medicines not included in the RENAME but listed in the REMUME; the strengthening of services provided by the MHD, such as the hiring of more professionals, an increase in the number of exams, and the expansion of healthcare visits. Furthermore, during the COVID-19 pandemic in 2020 and 2021, the number of visits to the Municipal Pharmacy increased, leading to higher expenditures on medicines, surpassing R\$ 1.5 million in 2021.

The resources used for the acquisition of medicines requested through judicial warrants come from Public Health Services Actions (ASPS). An increase was also noted in the reimbursement of surplus funds from judicial warrants that were not used for medicine purchases, which were returned to the municipal public coffers.

It is expected that, following the agreement between the Public Defender's Office and the Municipal Government of Canguçu/RS, the number of judicial warrants blocking the MHD accounts will decrease, generating greater savings for public coffers, and that the State of Rio Grande do Sul will normalize the provision of medicines to users in Canguçu with court-approved claims.

Author Contributions

CMC: investigation, data curation, writing, review, and editing;

MPP: formal analysis, conceptualization, methodology, supervision, review;

ALSAZ: formal analysis, review, and editing.

Conflicts of Interest

The authors declare no conflicts of interest.

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Data Availability Statement

Data are available upon request. The datasets generated and analyzed during the present study are available from the corresponding author upon request.

Responsible Editor

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