Contributions to public consultations for medicines from 2012 to 2017

Introduction
From 2011, with the National Commission for the Incorporation of Health Technologies (CONITEC), the instrument of public discussions (CP) was envisaged, thinking in the context of the expansion of spaces for social participation. These occur virtually following the publication of the plenary's preliminary recommendation. This study analyzed the profile and characteristics of the CP on demands related to medication to CONITEC, especially those in which there was a change in its Plenary recommendation.

Method
A descriptive, retrospective study with a qualitative and quantitative approach, using a publicly accessible secondary data source. We analyzed the CP between 01/01/2012 to 12/31/2017. The profile of the participating contributors and the duration in days for submission of contributions were identified. In cases with changes in the position of recommendation after CP, the main argumentative axes were listed.

Results
There were 307 drug demands submitted to CONITEC, with 144 CPs, with the highest concentration in 2012 (22.2%). The term of 20 days transpired in 56.9% of CP, according to legislation, few with longer terms, reaching 47 days. There were 23,894 contributions, where the first three years, the most prevalent actors were institutional segments. After 2015, inputs with individual characteristics (health professionals, patients, or family members) prevailed. In 13 CP (9%), including 15 drugs, there was a change of position, all in the sense of not incorporating for incorporation. Arguments related to new clinical benefits and lower adverse events were more frequent. However, there was a more significant impact of justifications associated with the budgetary effects and efficiency.

Conclusions
Individual contributions to CP have prevailed to the detriment of the collective. There was a minority a reversal of the CONITEC PLENARY position. CP served as a new possibility to reposition the initial recommendation, such as space for new proposals and new proposals, not mentioned before in the original submission acting as a secondary demand.

Keywords: Medicines, Health technology assessment; decision making, Community participation.