Pharmacy-linked clinical services

LATAM analytical study · six countries

Argentina · Brasil / Brazil · Chile · Colombia · México / Mexico · Perú / Peru

Independent ES/EN regional edition. Compares revenue models, responsibilities and contracting conditions. Includes twelve families, seventy-two evidence cells and ten decisions; these counts describe coverage, not quality, market size or demand.

Conclusion: the differentiating opportunity is to make services contractable and verifiable by separating clinical acts, channels, payers, products and suppliers. Available sources do not identify a monetary regional total. The collection preserves the six approved national deliveries.

Cut-off: 22 October 2026. LATAM here denotes the established six-country coverage, not the whole continent. Historical data dates remain explicit. Individual use; decision research without clinical or legal certification.

How to read the evidence

Basis: six final commercial national editions. Integration checks archives and harmonises meaning; it does not reprocess ENIGH or recertify every source or establishment. Targeted reopenings review units and advertised availability. Publication status does not alter the study evidence.

Tags: O documented offer; I institutional reference or historical agreement; M mixed evidence; X adjacency; S study; G gap. An offer establishes neither contracting, current delivery, authorisation nor sales. Tags do not rank country maturity.

Documentary fact: what a source states at its date. Own calculation: transformation with explicit basis and formula. Hypothesis: scenario input without commercial validation. Pending: material unknown, never filled with zero. Ten decisions separate evidence, action and reversal condition.

Cells cite IDs from their national editions. The bibliography CSV links primary sources; included national reports preserve context, limits and original pages. Profile citations give pages where specific; V20/V11 refer to identifiable sections of those editions.