



**SRI LANKA** 

Section	Section 0 General Info		
0.01 Cont	act Info		
0.01.01	Country (precoded)	Sri Lanka-F	
0.01.02	Name coordinator		
0.01.03	Address (Street, City)		
0.01.04	Phone number		
0.01.05	Email address		
0.01.06	Web address		
0.01.07	Institution		

# Section 1 Health and Demographic data

## 1.00 Respondent Information Section 1

1.00.01	Name of person responsible for filling out Survey section 1
1.00.02	Phone number
1.00.03	Email address
1.00.04	Other respondents for filling out this section

### 1.01 Demographic and Socioeconomic Indicators

Core questions (click here for help)

			Year	Source
1.01.01	Population, total (,000)	20,217	2008	Socio- Economic data 2009, Central Bank
1.01.02	Population growth rate (Annual %)	1.0	2008	Socio- Economic data 2009, Central Bank
1.01.03	Total Gross Domestic Product (GDP) (millions US\$)	49550		
1.01.04	GDP growth (Annual %)	6.0	2008	Socio- Economic data 2009, Central Bank
1.01.05C	GDP per capita (US\$ current exchange rate)	1,540		
1.01.06	Comments and References			

Supplementary questions (click here for help)

			Year	Source
1.01.07\$	Population < 15 years (% of total population)	26.4	2007	МоН
1.01.08\$	Population > 60 years (% of total population)	9.3	2007	МоН
1.01.09S	Urban population (% of total population)	21.5	2008	Socio- Economic data 2009, Central Bank
1.01.10S	Fertility rate, total (Births per woman)	2.3	2007	МоН
1.01.11\$	Population living with less than \$1.25/day (international PPP) (%)	10.3	2005	WHS 2009
1.01.12S	Population living below nationally defined poverty line (%)	12.6	2007	Department of Census and Statistics
1.01.13\$	Income share held by lowest 20% of the population (% of national income)	6.99	2002	World Bank 2008
1.01.14S	Adult literacy rate, 15+ years (% of relevant population)	90.8	2006	Central Bank
1.01.15S	Comments and References			1

# 1.02 Mortality and Causes of Death

Core questions (click here for help)

			Year	Source
1.02.01	Life expectancy at birth for men (Years)	68.2	2006	Central Bank
1.02.02	Life expectancy at birth for women (Years)	75.8	2006	Central Bank
1.02.03	Infant mortality rate, between birth and age 1 (/1,000 live births)	11.22	2006	Ministry of Health

1.02.04	Under 5 mortality rate (/1,000 live births)	13.39	2003	Ministry of Health
1.02.05	Maternal mortality ratio (/100,000 live births)	44.3	2005	Ministry of Health
1.02.06	Please provide a list of top 10 diseases causing mortality		2007	Ministry of Health
1.02.06.01	Disease 1	Ischaemic heart disease		
1.02.06.02	Disease 2	Neoplasms		
1.02.06.03	Disease 3	Pulmonary heart disease and diseases of	the pulmona	ry circulation
1.02.06.04	Disease 4	Cerebrovascular disease		
1.02.06.05	Disease 5	Diseases of the gastrointestinal tract		
1.02.06.06	Disease 6	Diseases of the respiratory system, excluding upper respiratory tract	ding disease	s of the
1.02.06.07	Disease 7	Zoonotic and other bacterial diseases		
1.02.06.08	Disease 8	Symptoms, signs and abnormal clinical an	d laboratory	findings
1.02.06.09	Disease 9	Diseases of the urinary system		
1.02.06.10	Disease 10	Traumatic Injuries		
1.02.07	Please provide a list of top 10 diseases causing morbidity		2007	Ministry of Health
1.02.07.01	Disease 1	Traumatic injuries		
1.02.07.02	Disease 2	Diseases of the respiratory system, excluding respiratory tract	ding disease:	s of upper
1.02.07.03	Disease 3	Symptoms, signs and abnormal clinical an	d laboratory	findings
1.02.07.04	Disease 4	Viral diseases		
1.02.07.05	Disease 5	Diseases of the gastrointestinal tract		

1.02.07.06	Disease 6	Direct and indirect obstetric causes		
1.02.07.07	Disease 7	Diseases of the urinary system		
1.02.07.08	Disease 8	Intestinal infectious diseases		
1.02.07.09	Disease 9	Diseases of the skin and subcutaneous ti	ssue	
1.02.07.10	Disease 10	Diseases of the musculoskeletal system a	and connect	ive tissue
1.02.08	Comments and References			
Suppleme	entary questions (click here for hel	<u>o)</u>		
			Year	Source
1.02.09\$	Adult mortality rate for both sexes between 15 and 60 years (/1,000 population)	155	2007	WHS 2009
1.02.10S	Neonatal mortality rate (/1,000 live births)	8.7	2003	МоН
1.02.11S	Age-standardized mortality rate by non-communicable diseases (/100,000 population)	681	2004	WHS 2009
1.02.12\$	Age-standardized mortality rate by cardiovascular diseases (/100,000 population)	301	2004	WHS 2009
1.02.13\$	Age-standardized mortality rate by cancer (/100,000 population)	114	2004	WHS 2009
1.02.14S	Mortality rate for HIV/AIDS (/100,000 population)	0	2007	WHS 2009
1.02.15\$	Mortality rate for tuberculosis (/100,000 population)	1	2007	Ministry of Health
1.02.16S	Mortality rate for Malaria (/100,000 population)	0.01	2006	WHS 2009
1.02.17S	Comments and References			

#### Section 2 Health Services 2.00 Respondent Information Section 2 2.00.01 Name of person responsible for filling out this section of the instrument 2.00.02 Phone number 2.00.03 Email address 2.00.04 Other respondents for filling out this section 2.01 Health Expenditures Core questions (click here for help) Source Year 2.01.01.01 Total annual expenditure on health 117,850 2006 Institute of (millions NCU) Health Policy 2.01.01.02 Total annual expenditure on health 2010 NHA 1459 (millions US\$ average exchange rate)

	government budget)			
2.01.06C	Government annual expenditure on health as % of total expenditure on health (% of total expenditure on health)	45	2010	NHA
2.01.07.01C	Annual per capita government expenditure on health (NCU)	2,151		
2.01.07.02C	Annual per capita government expenditure on health (US\$ average exchange rate)	20.02		
2.01.08C	Private health expenditure as % of total health expenditure (% of total expenditure on health)	50.2	2006	Institute of Health Policy
2.01.09	Population covered by a public health service or public health insurance or social health insurance, or other sickness funds of total population)			
2.01.10	Population covered by private health insurance (% of total population)			
2.01.11.01	Total pharmaceutical expenditure (millions NCU)	17,419	2006	Institute of Health Policy
2.01.11.02	Total pharmaceutical expenditure (millions US\$ current exchange rate)	167.55	2006	Calcuted from the IHP
2.01.12.01C	Total pharmaceutical expenditure per capita (NCU)	876.2		
2.01.12.02C	Total pharmaceutical expenditure per capita (US\$ current exchange rate)	8.43		
2.01.13C	Pharmaceutical expenditure as a % of GDP (% of GDP)	0.77		

2.01.14C	Pharmaceutical expenditure as a % of Health Expenditure (% of total health expenditure)	14.78		
2.01.15.01	Total public expenditure on pharmaceuticals (millions NCU)	5,014	2006	Institute of Health Policy
2.01.15.02	Total public expenditure on pharmaceuticals (millions US\$ current exchange rate)	48.23	2006	Calcuted from the IHP
2.01.16C	Share of public expenditure on pharmaceuticals as percentage of total expenditure on pharmaceuticals (%)	28.8	2006	Calcuted from the IHP
2.01.17.01C	Total public expenditure on pharmaceuticals per capita (NCU)	252.21		
2.01.17.02C	Total public expenditure on pharmaceuticals per capita (US\$ current exchange rate)	43		
2.01.18.01	Total private expenditure on pharmaceuticals (millions NCU)	12,405	2006	Institute of Health Policy
2.01.18.02	Total private expenditure on pharmaceuticals (millions US\$ current exchange rate)	119.32	2006	Calcuted from the IHP
2.01.19	Comments and References			
Suppleme	ntary questions (click for help)			
			Year	Source
2.01.20\$	Social security expenditure as % of government expenditure on health (% of government expenditure on health)	0.1	2008	NHA
2.01.21S	Market share of generic pharmaceuticals [branded and INN] by value (%)			

2.01.22\$	Annual growth rate of total pharmaceuticals market value (%)			
2.01.23\$	Annual growth rate of generic pharmaceuticals market value (%)			
2.01.24\$	Private out-of-pocket expenditure as % of private health expenditure (% of private expenditure on health)	86.7	2008	МНА
2.01.25\$	Premiums for private prepaid health plans as % of total private health expenditure (% of private expenditure on health)	9.1	2008	NHA
2.01.26S	Comments and References			

## 2.02 Health Personnel and Infrastructure

Core questions (click for help)

			Year	Source
2.02.01	Total number of pharmacists licensed/registered to practice in your country	7,237	2010	Sri Lanka Medical Council
2.02.02C	Pharmacists per 10,000 population			
2.02.03	Total number of pharmacists working in the public sector	1,026	2008	МоН
2.02.04	Total number of pharmaceutical technicians and assistants	943	2008	МоН
2.02.05	A strategic plan for pharmaceutical human resource development is in place in your country?	Yes No No		
2.02.06	Total number of physicians	12,067	2008	МоН
2.02.07C	Physicians per 10,000 pop			

2.02.08	Total number of <u>nursing and</u> <u>midwifery personnel</u>	33,332	2008	МоН
2.02.09C	Nurses and midwives per 10,000 pop		,	
2.02.10	Total number of hospitals	763	2009	МоН
2.02.11	Number of hospital beds per 10,000 pop	36	2009	WHS
2.02.12	Total number of primary health care units and centers			
2.02.13	Total number of licensed pharmacies	2950	2010	МоН
2.02.14	Comments and References			
Supplem	entary questions (click here for hel	<u>p</u> )		
			Year	Source
2.02.15S	Starting annual salary for a newly registered pharmacist in the public sector (NCU)	185,280	2010	МоН
2.02.16\$	Total number of pharmacists who graduated (first degree) in the past 2 years in your country	20	2009	University of Colombo
2.02.17S	Are there <u>accreditation</u> requirements for pharmacy schools?	Yes □ No⊠		
2.02.17S 2.02.18S	Are there <u>accreditation</u> requirements	Yes ☐ No ☒  Yes ☐ No ☒		

Section 3	Section 3 Policy issues				
3.00 Respo	ondent Information Section 4				
3.00.01	Name of person responsible for filling out this section of the instrument				
3.00.02	Phone number				
3.00.03	Email address				
3.00.04	Other respondents for filling out this section				
2 01 Policy	Framework				
core quest	ions ( <u>click here for help</u> )				
			Year	Source	
3.01.01	National Health Policy exists. If yes, please write year of the most recent document in the "year" field.	Yes No No			
3.01.02	National Health Policy Implementation plan exists. If yes, please write the year of the most recent document in the "year"	Yes No No			
3.01.03	Please provide comments on the Health policy and its implementation plan				
3.01.04	National Medicines Policy official document exists. If yes, please write the year of the most recent document in the "year" field.	Yes ⊠ No □	2005	МоН	
3.01.05	Group of policies addressing pharmaceuticals exist.	Yes No No			
3.01.06	National Medicines Policy covers the following components:	_			

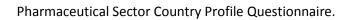
3.01.06.01	Selection of Essential Medicines	⊠Yes
3.01.06.02	Medicines Financing	⊠Yes
3.01.06.03	Medicines Pricing	⊠Yes
3.01.06.04	Medicines Procurement	⊠Yes
3.01.06.05	Medicines <u>Distribution</u>	⊠Yes
3.01.06.06	Medicines Regulation	⊠Yes
3.01.06.07	Pharmacovigilance	⊠Yes
3.01.06.08	Rational Use of Medicines	⊠Yes
3.01.06.09	Human Resource Development	⊠Yes
3.01.06.10	Research	⊠Yes
3.01.06.11	Monitoring and Evaluation	⊠Yes
3.01.06.12	Traditional Medicine	⊠Yes
3.01.07	National medicines policy implementation plan exists. If yes, please write year of the most recent document.	Yes No No
3.01.08	Policy or group of policies on clinical laboratories exist. If yes, please write year of the most recent document in the "year" field	Yes No No
3.01.09	National clinical laboratory policy implementation plan exists. If yes, please write year of the most recent document in the "year" field	Yes No No
3.01.10	Access to essential medicines/technologies as part of the fulfillment of the right to health, recognized in the constitution or	Yes No No

	national legislation?			
3.01.11	There are official written guidelines on medicines donations.	Yes ☐ No ☒		
3.01.12	Is pharmaceutical policy implementation being regularly monitored/assessed?	Yes □ No ⊠		
3.01.12.01	Who is responsible for pharmaceutical policy monitoring?	Ministry of Health		
3.01.13	Is there a national good governance policy?	Yes No No		
3.01.13.01	Multisectoral	□Yes		
3.01.13.02	For the pharmaceutical sector	□Yes		
3.01.13.03	Which agencies are responsible?			
3.01.14	A policy is in place to manage and sanction conflict of interest issues in pharmaceutical affairs.	Yes □ No ⊠		
3.01.15	There is a formal code of conduct for public officials.	Yes ⊠ No □	1985	Ministry of Public Administrati on
3.01.16	Is there a whistle-blowing mechanism allowing individuals to raise a concern about wrongdoing occurring in the pharmaceutical sector of your country (ombudsperson)?	Yes No No		
3.01.16.01	Please describe:	Code of conduct for public officials is in the issued by the Ministry of Public Administrate a printed document only		
3.01.17	Comments and References			

Section 4 Medicines Trade and Production				
4.00 Resp	ondent Information Section 4			
4.00.01	Name of person responsible for filling out this section of the instrument			
4.00.02	Phone number			
4.00.03	Email address			
4.00.04	Other respondents for filling out this section			
4.01 Intel	lectual Property Laws and Medicine	es		
Core quest	ions (dick here for help)			
			Year	Source
4.01.01	Country is a member of the World Trade Organization	Yes ⊠ No□	2007	WHO level
4.01.02	Legal provisions provide for granting of Patents on:		2007	WHO Level
4.01.02.01	<u>Pharmaceuticals</u>	Yes ⊠ No□		
4.01.02.02	Laboratory supplies	Yes No No		
4.01.02.03	Medical supplies	Yes No No		
4.01.02.04	Medical equipment	Yes 🗌 No 🗌		
4.01.03.01	Please provide name and address of the institution responsible for managing and enforcing intellectual property rights			
4.01.03.02	Please provide <u>URL</u>			
4.01.04	National Legislation has been modified to implement the TRIPS Agreement	Yes ⊠ No □	2007	WHO Level
4.01.05	Current laws contain (TRIPS)	Yes ⊠ No□	2007	WHO Level

	flexibilities and safeguards			I
4.01.06	Country is eligible for the transitional period to 2016	Yes □ No⊠		
4.01.07	Which of the following (TRIPS) flexibilities and safeguards are present in the national law?		2007	WHO Level
4.01.07.01	Compulsory licensing provisions that can be applied for reasons of public health	Yes ⊠ No □		
4.01.07.02	Bolar exception	Yes 🗌 No 🗌		
4.01.08	Are <u>parallel importing</u> provisions present in the national law?	Yes ⊠ No □	2007	WHO Level
4.01.09	The country is engaged in initiatives to strengthen capacity to manage and apply intellectual property rights to contribute to innovation and promote public health	Yes ⊠ No □		
4.01.10	Are there legal provisions for data exclusivity for pharmaceuticals	Yes No No		
4.01.11	Legal provisions exist for patent extension	Yes ⊠ No □		
4.01.12	Legal provisions exist for linkage between patent status and Marketing Authorization	Yes ☐ No ⊠		
4.01.13	Comments and References			
4.02 Manu	facturing			_
	ions (click here for help)			
core quest	CHERNICIC TOLLICID			
4.02.01	Number of licensed above assisting	0	Year	Source
4.02.01	Number of licensed pharmaceutical manufacturers in the country	8	2010	Ministry of Health

4.02.02	Country has manufacturing capacity		2010	Ministry of Health
4.02.02.01	R&D to discover new active substances	Yes ☐ No ☑ Unknown ☐		
4.02.02.02	Production of pharmaceutical starting materials ( <u>API</u> s)	Yes ☐ No ☑ Unknown ☐		
4.02.02.03	Production of formulations from pharmaceutical starting material	Yes ⊠ No □ Unknown □		
4.02.02.04	Repackaging of finished dosage forms	Yes ⊠ No □ Unknown □		
4.02.03	Percentage of market share by value produced by domestic manufacturers (%)	7		
4.02.04	Comments and References		-	
Suppleme	entary questions (click here for hel	<u>p</u> )		
			Year	Source
4.02.05S	Percentage of market share by volume produced by domestic manufacturers (%)			
4.02.06\$	Number of multinational pharmaceutical companies manufacturing medicines locally	1	2010	Ministry of Health
4.02.07S	Number of manufacturers that are  Good Manufacturing Practice (GMP) certified	4	2010	Ministry of Health
4.02.08S	Comments and References		I	



Section	5 Medicines Regulation			
5.00 Resp	oondent Information Section 4			
5.00.01	Name of person responsible for filling out this section of the instrument			
5.00.02	Phone number			
5.00.03	Email address			
5.00.04	Other respondents for filling out this section			
5.01 Regi	ılatory Framework			
	stions (click here for help)			
dore que	Strong (Manufacture)			
			Year	Source
5.01.01	Are there legal provisions establishing the powers and responsibilities of the Medicines Regulatory Authority (MRA)?	Yes ⊠ No □	2010	Ministry of Health
5.01.02	There is a Medicines Regulatory Authority	Yes ⊠ No □		
5.01.03	If yes, please provide name and address of the Medicines regulatory authority			
5.01.04	The Medicines Regulatory Authority is:			
5.01.04.01	Part of MoH	⊠ Yes		
5.01.04.02	Semi autonomous agency	Yes		
5.01.04.03	Other (please specify)			
5.01.05	What are the functions of the National Medicines Regulatory Authority?			

5.01.05.01	Marketing authorization / registration	Yes 🗌 No 🗌		
5.01.05.02	Inspection	Yes 🗌 No 🗌		
5.01.05.03	Import control	Yes 🗌 No 🗌		
5.01.05.04	Licensing	Yes 🗌 No 🗌		
5.01.05.05	Market control	Yes 🗌 No 🗌		
5.01.05.06	Quality control	Yes No No		
5.01.05.07	Medicines advertising and promotion	Yes 🗌 No 🗌		
5.01.05.08	Clinical trials control	Yes 🗌 No 🗌		
5.01.05.09	<u>Pharmacovigilance</u>	Yes No No		
5.01.05.10	Other: (please explain)			
5.01.06	Number of the MRA permanent staff			
5.01.06.01	Date of response			
5.01.07	The MRA has its own website	Yes ☐ No ⊠		
5.01.07.01	- If yes, please provide MRA Web site address (URL)			
5.01.08	The MRA receives external technical assistance	Yes 🗌 No 🗍		
5.01.08.01	If yes, please describe:			
5.01.09	The MRA is involved in harmonization/ collaboration initiatives	Yes ☐ No ⊠	2010	МоН
5.01.09.01	- If yes, please specify			
5.01.10	An assessment of the medicines regulatory system has been conducted in the last five years.	Yes □ No ⊠	2010	МоН
5.01.11	Medicines Regulatory Authority gets funds from regular budget of the	Yes 🗌 No 🗌		

	government.			
5.01.12	Medicines Regulatory Authority is funded from fees for services provided.	Yes ⊠ No □	2010	МоН
5.01.13	Medicines Regulatory Authority receives funds/support from other sources	Yes ⊠ No □	2010	MoH
5.01.13.01	- If yes, please specify	World Health Organization		
5.01.14	Revenues derived from regulatory activities are kept with the Regulatory Authority	Yes □ No ⊠	2010	МоН
5.01.15	The Regulatory Authority is using a computerized information management system to store and retrieve information on registration, inspections, etc.	Yes □ No ⊠	2010	МоН
5.01.16	Comments and References			
<b>=</b> 00 M 1				
5.02 Marke	eting Authorization (Registration)			
Core quest	ions (click here for help)			
			Year	Source
5.02.01	Legal provisions require a Marketing Authorization (registration) for all pharmaceutical products on the market	Yes ⊠ No □	2010	Ministry of Health
5.02.02	Are there any mechanism for exception/waiver of registration?	Yes 🗌 No 🗌		
5.02.03	Are there mechanisms for recognition of registration done by other countries	Yes No No		
5.02.03.01	If yes, please explain:			

5.02.04	Explicit and publicly available criteria exist for assessing applications for Marketing Authorization of pharmaceutical products	Yes ⊠ No □	2010	Ministry of Health
5.02.05	Information from the prequalification programme managed by WHO is used for product registration	Yes 🗌 No 🗌		
5.02.06	Number of pharmaceutical products registered in your country	6,149	2010	Ministry of Health
5.02.07	Legal provisions require the MRA to make the list of registered pharmaceuticals with defined periodicity publicly available	Yes ☐ No ⊠		Ministry of Health
5.02.07.01	If yes, how frequently updated			
5.02.07.02	If yes, please provide updated list or URL *			
5.02.08	Medicines registration always includes the INN (International Non-proprietary Names)	Yes ⊠ No □	2010	Ministry of Health
5.02.09	Legal provisions require the payment of a fee for Medicines Marketing Authorization (registration) applications	Yes ⊠ No □	2010	Ministry of Health
5.02.10	Comments and References			
Suppleme	entary questions ( <u>click here for hel</u>			
			Year	Source
5.02.11\$	Legal provisions require Marketing Authorization holders to provide information about variations to the existing Marketing Authorization	Yes ⊠ No □	2010	Ministry of Health
5.02.12S	Legal provisions require publication of a Summary of Product Characteristics (SPCs) of the	Yes □ No ⊠	2010	Ministry of Health

	medicines registered			
5.02.13\$	Legal provisions require the establishment of an expert committee involved in the marketing authorization process	Yes ⊠ No □	2010	Ministry of Health
5.02.14\$	Certificate for Pharmaceutical Products in accordance with the WHO Certification scheme is required as part of the Marketing Authorization application	Yes ⊠ No □	2010	Ministry of Health
5.02.15\$	Legal provisions require declaration of potential conflict of interests for the experts involved in the assessment and decision-making for registration	Yes □ No ⊠	2010	Ministry of Health
5.02.16S	Legal provisions allow applicants to appeal against MRAs decisions	Yes ⊠ No □	2010	Ministry of Health
5.02.178	Registration fee - the amount per application for pharmaceutical product containing New Chemical Entity (NCE) (US\$)			
5.02.18S	Registration fee - the Amount per application for a generic pharmaceutical product (US\$)			
5.02.19\$	Time limit for the assessment of a Marketing Authorization application (months)			
5.02.20S	Comments & References			
E 02 Decay	atom. In an astion		_	_
	atory Inspection  ions(alick here for help)			
			Year	Source
5.03.01	Legal provisions exist allowing for appointment of government	Yes ⊠ No □	2010	Ministry of Health

		1		
	pharmaceutical inspectors			
5.03.02	Legal provisions exist permitting inspectors to inspect premises where pharmaceutical activities are performed	Yes ⊠ No □	2010	Ministry of Health
5.03.02.01	If yes, legal provisions exist requiring inspections to be performed	Yes ⊠ No □		
5.03.03	Inspection is a pre-requisite for licensing of:			
5.03.03.01	Public facilities	Yes 🗌 No 🗍		
5.03.03.02	Private facilities	Yes 🗌 No 🗌		
5.03.04	Inspection requirements are the same for public and private facilities	Yes □ No ⊠	2010	Ministry of Health
5.03.05.01	Local manufactures are inspected for GMP compliance	Yes 🗌 No 🗌		
5.03.05.02	Private wholesalers are inspected	Yes 🗌 No 🗌		
5.03.05.03	Retail distributors are inspected	Yes 🗌 No 🗌		
5.03.05.04	Public pharmacies and stores are inspected	Yes 🗌 No 🗌		
5.03.05.05	Pharmacies and dispensing points of health facilities are inspected	Yes 🗌 No 🗌		
5.03.05.06	Please provide details on frequency of inspections for the different categories of facilities			
5.03.06	Comments and References			
5.04 Impor	rt Control			
Core Quest	ions (click here for help)			
			Year	Source

5.04.01	Legal provisions exist requiring authorization to import medicines	Yes ⊠ No □	2010	Ministry of Health
5.04.02	Legal provisions exist allowing the sampling of imported products for testing	Yes ⊠ No □	2010	Ministry of Health
5.04.03	Legal provisions exist requiring importation of medicines through authorized ports of entry	Yes ⊠ No □	2010	Ministry of Health
5.04.04	Legal provisions exist allowing inspection of imported pharmaceutical products at the authorized ports of entry	Yes ⊠ No □	2010	Ministry of Health
5.04.05	Comments and References		·	
5.05 Licer	nsing			
			Year	Source
5.05.01	Legal provisions exist requiring manufacturers to be licensed	Yes ⊠ No □	2010	Ministry of Health
5.05.02	Legal provisions exist requiring both domestic and international manufacturers to comply with Good manufacturing Practices (GMP)	Yes ⊠ No □	2010	Ministry of Health
5.05.02.01	If no, please explain			
5.05.03	GMP requirements are published by the government.	Yes □ No ⊠	2010	Ministry of Health
5.05.04	Legal provisions exist requiring importers to be licensed	Yes ⊠ No □	2010	Ministry of Health
5.05.05	Legal provisions exist requiring wholesalers and distributors to be licensed	Yes ⊠ No □	2010	Ministry of Health
5.05.06	Legal provisions exist requiring wholesalers and distributors to comply with Good Distributing	Yes ⊠ No □	2010	Ministry of Health

	<u>Practices</u>			
	When filling in this part, please also fill in the relevant questions in the procurement and distribution section (Section 7)			
5.05.07	National Good Distribution Practice requirements are published by the government	Yes □ No ⊠	2010	Ministry of Health
5.05.08	Legal provisions exist requiring pharmacists to be registered	Yes ⊠ No □	2010	Ministry of Health
5.05.09	Legal provisions exists requiring private pharmacies to be licensed	Yes ⊠ No □	2010	Ministry of Health
5.05.10	Legal provision exist requiring public pharmacies to be licensed	Yes □ No ⊠	2010	Ministry of Health
5.05.11	National Good Pharmacy Practice Guidelines are published by the government	Yes ☐ No ⊠	2010	Ministry of Health
5.05.12	Legal provisions require the publication of a list of all licensed pharmaceutical facilities	Yes 🗌 No 🗍		
5.05.13	Comments and References			
5.06 Marke	et Control and Quality Control		_	_
	cions (click here for help)			
			Year	Source
5.06.01	Legal Provisions for regulating the pharmaceutical market exist	Yes □ No ⊠	2010	Ministry of Health
5.06.02	Does a laboratory exist in the country for Quality Control testing?	Yes ⊠ No □	2010	Ministry of Health
5.06.02.01	If yes, is the laboratory part of the MRA?	Yes 🗌 No 🗌		

5.06.02.02	Does the regulatory authority contract services elsewhere?	Yes ☐ No ⊠		
5.06.02.03	If yes, please describe			
5.06.03	Is there any national laboratory accepted for collaboration with WHO prequalification Programme? Please describe.			
5.06.04	Medicines are tested:			
5.06.04.01	For quality monitoring in the public sector (routine sampling in pharmacy stores and health facilities)	Yes 🗌 No 🗍		
5.06.04.02	For quality monitoring in private sector (routine sampling in retail outlets)	Yes 🗌 No 🗍		
5.06.04.03	When there are complaints or problem reports	Yes 🗌 No 🗍		
5.06.04.04	For product registration	Yes 🗌 No 🗌		
5.06.04.05	For public procurement prequalification	Yes 🗌 No 🗍		
5.06.04.06	For public program products prior to acceptance and/or distribution	Yes 🗌 No 🗌		
5.06.05	Samples are collected by government inspectors for undertaking post-marketing surveillance testing	Yes  No		
5.06.06	How many Quality Control samples were taken for testing in the last two years?	1432	2010	National Drugs Quality Assurance Laboratory
5.06.07	Total number of samples tested in the last two years that failed to meet	393	2010	National Drugs

	quality standards			Quality Assurance Laboratory
5.06.08	Results of quality testing in past two years are publicly available	Yes □ No ⊠	2010	Ministry of Health
5.06.09	Comments and References			
5.07 Medic	cines Advertising and Promotion		_	_
	tions (click here for help)			
			Year	Source
5.07.01	Legal provisions exist to control the promotion and/or advertising of prescription medicines	Yes ⊠ No □	2010	
5.07.02	Who is responsible for regulating, promotion and/or advertising of medicines? Please describe:	Drug Regulatory Authority		
5.07.03	Legal provisions prohibit direct advertising of prescription medicines to the public	Yes ⊠ No □	2010	Ministry of Health
5.07.04	Legal provisions require a pre- approval for medicines advertisements and promotional materials	Yes ⊠ No □	2010	Ministry of Health
5.07.05	Guidelines/Regulations exist for advertising and promotion of non-prescription medicines	Yes ⊠ No □	2010	Ministry of Health
5.07.06	A national code of conduct exists concerning advertising and promotion of medicines by marketing authorization holders and is publicly available	Yes □ No ⊠	2010	Ministry of Health
5.07.06.01	If yes, the code of conduct applies to			

	domestic manufacturers only, multinational manufacturers only, or both	Yes ⊠ No □		
	Domestic only	□Yes		
	Multinational only	□Yes		
	Both	□Yes		
5.07.06.02	If yes, adherence to the code is voluntary	Yes 🗌 No 🗌		
5.07.06.03	If yes, the code contains a formal process for complaints and sanctions	Yes 🗌 No 🗌		
5.07.06.04	If yes, list of complaints and sanctions for the last two years is publicly available	Yes 🗌 No 🗍		
5.07.07	Comments and References			
5.08 Clinic	al trials			
Core Ques	tions (click here for help)			
			Year	Source
5.08.01	Legal provisions exist requiring authorization for conducting Clinical Trials by the MRA	Yes □ No ⊠	2010	Ministry of Health
5.08.02	Legal provisions exist requiring the agreement by an ethics committee/ institutional review board of the Clinical Trials to be performed	Yes □ No ⊠	2010	Ministry of Health
5.08.03	Legal provisions exist requiring registration of the clinical trials into international/national/regional registry	Yes ⊠ No □	2010	Sri Lanka Medical Association
5.08.04	Comments and References	MRA is in the process of drafting legislation	n with regard	d to clinical

		trials		
Supplementar	y questions ( <u>click here for help</u> )			
			Year	Source
5.08.05\$	Legal provisions exist for GMP compliance of investigational products	Yes 🗌 No 🗍		
5.08.06\$	Legal provisions require sponsor, investigator to comply with Good Clinical Practices (GCP)	Yes 🗌 No 🗍		
5.08.07\$	National GCP regulations are published by the Government.	Yes □ No ⊠		
5.08.08\$	Legal provisions permit inspection of facilities where clinical trials are performed	Yes No No		
5.08.09S	Comments and References			
5.09 Contr	olled Medicines			
Core Quest	cions (click here for help)			
			Date	Source
5.09.01	The country has adopted the following conventions:			
5.09.01.01	Single Convention on Narcotic Drugs, 1961	Yes ⊠ No □	2010	National Dangerous Drugs Control Board (NDDCB)
5.09.01.02	The 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961	Yes ⊠ No □	2010	NDDCB
5.09.01.03	Convention on Psychotropic Substances 1971	Yes ⊠ No □	2010	NDDCB

5.09.01.04	United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988	Yes ⊠ No □	2010	NDDCB
5.09.02	Laws for the control of narcotic and psychotropic substances, and precursors exist	Yes ⊠ No □	2010	NDDCB
5.09.03	Annual consumption of Morphine (mg/capita)	0.490000	2010	NDDCB
5.09.04	Comments and References			
Suppleme	entary questions ( <u>click here for help</u>	2)		
			Year	Source
5.09.05S	The legal provisions and regulations for the control of narcotic and psychotropic substances, and precursors have been reviewed by a WHO International Expert or Partner Organization to assess the balance between the prevention of abuse and access for medical need	Yes ⊠ No ☐ Unknown ☐	2010	NDDCB
5.09.05.01S	If yes, year of review			
5.09.06S	Annual consumption of Fentanyl (mg/capita)	0.0008	2007	INCB
5.09.07S	Annual consumption of Pethidine (mg/capita)	1.1	2007	INCB
5.09.08S	Annual consumption of Oxycodone (mg/capita)			
5.09.09S	Annual consumption of Hydrocodone (mg/capita)			
5.09.10S	Annual consumption of Phenobarbital (mg/capita)			
5.09.11S	Annual consumption of Methadone (mg/capita)	0.013	2007	INCB

5.09.12S	Comments and References			
5.10 Pharm	nacovigilance			
Core Quest	cions (click here for help)			
			Year	Source
5.10.01	There are legal provision in the Medicines Act that provides for pharmacovigilance activities as part of the MRA mandate	Yes □ No ⊠		
5.10.02	Legal provisions exist requiring the Marketing Authorization holder to continuously monitor the safety of their products and report to the MRA	Yes ⊠ No □	2010	Ministry of Health
5.10.03	Legal provisions about monitoring  Adverse Drug Reactions (ADR) exist in your country	Yes ☐ No ⊠		
5.10.04	A national pharmacovigilance centre linked to the MRA exists in your country	Yes ⊠ No □	2010	Ministry of Health
5.10.04.01	If a national pharmacovigilance centre exists in your country, how many staff does it employ full-time	0		
5.10.04.02	If a national pharmacovigilance center exists in your country, an analysis report has been published in the last two years.	Yes ☐ No ⊠		
5.10.04.03	If a national pharmacovigilance center exists in your country, it publishes an ADR bulletin	Yes ☐ No ⊠		
5.10.05	An official standardized form for reporting ADRs is used in your country	Yes ⊠ No □	2010	National Pharmacov igilance Centre

5.10.06	A national Adverse Drug Reactions database exists in your country	Yes ⊠ No □	2010	National Pharmacov igilance Centre
5.10.07	How many ADR reports are in the database?	703	2010	National Pharmacov igilance Centre
5.10.08	How many reports have been submitted in the last two years?	131	2010	National Pharmacov igilance Centre
5.10.09	Are ADR reports sent to the WHO database in Uppsala?	Yes ⊠ No □	2010	National Pharmacov igilance Centre
5.10.09.01	If yes, number of reports sent in the last two years	95	2010	National Pharmacov igilance Centre
5.10.10	Is there a national ADR or pharmacovigilance advisory committee able to provide technical assistance on causality assessment, risk assessment, risk management, case investigation and, where necessary, crisis management including crisis communication?	Yes  No		
5.10.11	Is there a clear communication strategy for routine communication and crises communication?	Yes 🗌 No 🗍		
5.10.12	In the absence of a national pharmacovigilance system, ADRs are monitored in at least one public health program (for example TB, HIV, AIDS)?	Yes 🗌 No 🗍		
5.10.13	Please describe how you intend to enhance the Pharmacovigilance			

	system			
5.10.14	Comments and References			
Suppleme	ntary questions ( <u>click here for hel</u>	0		
			Year	Source
5.10.15\$	Feedback is provided to reporters	Yes ⊠ No □	2010	National Pharmacov igilance Centre
5.10.16S	The ADR database is computerized	Yes No No		
5.10.17\$	Medication errors (MEs) are reported	Yes □ No ⊠	2010	National Pharmacov igilance Centre
5.10.18S	How many MEs are there in the ADRs database?			
5.10.19\$	There is a <u>risk management plan</u> presented as part of product dossier submitted for Marketing Authorization?	Yes  No		
5.10.20\$	In the past two years, who has reported ADRs?		2010	National Pharmacov igilance Centre
5.10.20.01S	Doctors	⊠Yes		
5.10.20.02S	Nurses	□Yes		
5.10.20.03S	Pharmacists	⊠Yes		
5.10.20.04S	Consumers	□Yes		
5.10.20.05S	Pharmaceutical Companies	⊠Yes		
5.10.20.06S	Others, please specify whom			

5.10.21\$	Was there any regulatory decision based on local pharmacovigilance data in the last 2 years?	Yes  No	
5.10.22\$	Are there training courses in pharmacovigilance?	Yes 🗌 No 🗌	
5.10.22.01S	If yes, how many people have been trained in the last two years?		
5.10.23S	Comments and References		

#### **Section 6 Medicines Financing** 6.00 Respondent Information Section 5 6.00.01 Name of person responsible for filling out this section of the instrument 6.00.02 Phone number 6.00.03 Email address 6.00.04 Other respondents for this sections 6.01 Medicines Coverage and Exemptions Core Questions (click here for help) Year Source 2010 Ministry of 6.01.01 Do the followings receive medicines Health free of charge: Yes ⊠ No□ 6.01.01.01 Patients who cannot afford them 6.01.01.02 Children under 5 Yes ⊠ No□ 6.01.01.03 Yes ⊠ No□ Pregnant women 6.01.01.04 Yes ⊠ No□ Elderly persons 6.01.01.05 Please describe/explain your yes Ministry of Health provides medicines to the above categories free answers for questions above of charge but there are no special programmes for each category separately 2010 Ministry of 6.01.02 Is there a public health system or Health social health insurance scheme or public programme providing medicines free of charge for : 6.01.02.01 Yes ⊠ No □ All medicines included in the EML 6.01.02.02 Any non-communicable diseases Yes ⊠ No □ 6.01.02.03 Malaria medicines Yes ⊠ No □ 6.01.02.04 Tuberculosis medicines Yes ⊠ No □

6.01.02.05	Sexually transmitted diseases medicines	Yes ⊠ No □		
6.01.02.06	HIV/AIDS medicines	Yes ⊠ No □		
6.01.02.07	Expanded Program on Immunization (EPI) vaccines	Yes ⊠ No □		
6.01.02.08	If others, please specify			
6.01.02.09	Please describe/explain your yes answers for questions above			
6.01.03	Does a national health insurance, social insurance or other <u>sickness</u> <u>fund</u> provide at least partial <u>medicines</u> <u>coverage</u> ?	Yes ⊠ No □	2010	Ministry of Health
6.01.03.01	Does it provide coverage for medicines that are on the EML for inpatients	Yes ⊠ No □		
6.01.03.02	Does it provide coverage for medicines that are on the EML for outpatients	Yes ⊠ No □		
6.01.03.03	Please describe the medicines benefit of public/social insurance schemes	The public health service and a special fur provide coverage for the above	nd (Presiden	t's Fund)
6.01.04	Do private health insurance schemes provide any medicines coverage?	Yes 🗌 No 🗌		
6.01.04.01	If yes, is it required to provide coverage for medicines that are on the EML?	Yes 🗌 No 🗌		
6.01.05	Comments and References			
6.00 =				
6.02 Patier	nts Fees and Copayments			
Core Quest	ions (click here for help)			
			Year	Source
6.02.01	In your health system, at the point of delivery, are there any co-	Yes ☐ No ⊠	2010	Ministry of

	payment/fee requirements for consultations				Health
6.02.02	In your health system, at the point of delivery, are there any copayment/fee requirements for medicines	Yes □ No ⊠		2010	Ministry of Health
6.02.03	In practice, (even though this may be contrary to regulations) is revenue from fees or sales of medicines sometimes used to pay the salaries or supplement the income of public health personnel in the same facility?	Yes ☐ No ⊠	,	2010	Ministry of Health
6.02.03.01	Please describe the patient fees and copayments system				
6.02.04	Comments and References				
6.03 Prici	ing Regulation for the Private Sector			_	
	ing Regulation for the Private Sector stions (click here for help)				
Core Ques	stions (click here for help)			Year	Source
		Yes □ No ⊠		Year	Source
Core Ques	Are there legal or regulatory provisions affecting pricing of			Year	Source
<b>Core Ques</b> 6.03.01	Are there legal or regulatory provisions affecting pricing of medicines  If yes, are the provisions aimed at	Yes No 🖂		Year	Source
6.03.01 6.03.01.01	Are there legal or regulatory provisions affecting pricing of medicines  If yes, are the provisions aimed at Manufacturers  If yes, are the provisions aimed at	Yes No No		Year	Source
6.03.01.01 6.03.01.02	Are there legal or regulatory provisions affecting pricing of medicines  If yes, are the provisions aimed at Manufacturers  If yes, are the provisions aimed at Wholesalers  If yes, are the provisions aimed at Wholesalers	Yes No No Yes No No		Year	Source

	for retail prices							
6.03.03	Regulations exists retail medicine price should be publicly a	e information		Yes ⊠ No □			2010	Consumer Affairs Authority
6.03.03.01	-if yes, please explainformation is made available			By price markin	g of the produc	cts and with	orice lists	
6.03.04	Comments and Ref	erences						
6.04 Prices	, Availability and A	Affordabili	tv	_	_	_	_	_
			-,					
Core Quest	ions ( <u>click here fo</u>	ritello)						
							Year	Source
6.04.01-04	Please state if a me survey using the W methodology has be the past 5 years in  If yes, please indicatively and use the table  If no, but other surprices and availabile conducted, please fill in this section, be comment box to we results and attach to questionnaire	HO/HAI leen conductyour country cate the year results to file veys on med lity have been do not use to ut rather use lite some of	ted in y. r of the II in this dicines en hem to e the the	Yes  No	Unknown 📋			
	Basket Of ke	ey medicin	es	Public procurement	Public patient	Private patient		
	Availability (one or both of)	Mean (%)	Orig		6.04.01.01	6.04.01.03		
			LPG		6.04.01.02	6.04.01.04		
		Median	Orig		6.04.02.01	6.04.02.03		

		(0/)						
		(%)						
			LPG		6.04.02.02	6.04.02.04		
	Price	Median Price Ratio	Orig	6.04.03.01	6.04.03.03	6.04.03.05		
			LPG	6.04.03.02	6.04.03.04	6.04.03.06		
	Affordability  Days' wages of the lowest paid govt worker	Number of days' wages	Orig		6.04.04.01	6.04.04.03		
	for standard treatment with co-trimoxazole for a child respiratory infection		LPG		6.04.04.02	6.04.04.04		
6.04.05	Comments and Ref	erences						
	Components and A		у					
6.05.01	Please state if a sur price components h conducted in the pa country	as been		Yes 🗌 No 🗍	Unknown 🗌		Year	Source
6.05.02	Median cumulative percentage mark- up between Manufacturer Selling Price (MSP)/ Cost Insurance and Freight (CIF) price and final medicine price for a basket of key medicines in the public sector (Median % contribution)							
6.05.03	Median cumulative up between MSP/C medicine price for a medicines in the pri	IF price and basket of k	final					

	(Median % contribution)
6.05.04	Comment and References
Supplem	entary questions ( <u>click here for help</u> )
6.05.05S	Median percentage contribution of MSP/CIF to final medicine price for a basket of key medicines in the public sector (Median % contribution)
6.05.06\$	Median percentage contribution of MSP/CIF to final medicine price for a basket of key medicines in the private sector (Median % contribution)
6.05.07S	Median manufacturer selling price (CIF) as percent of final medicine price for a basket of key medicines (%)
6.05.08S	Median wholesaler selling price as percent of final medicine price for a basket of key medicines (%)
6.05.09\$	Median pharmacist mark-up or dispensing fee as percent of retail price for a basket of key medicines (%)
6.05.10\$	Median percentage contribution of the wholesale mark-up to final medicine price for a basket of key medicines (in the public and private sectors) (%)
6.05.11S	Median percentage contribution of the retail mark-up to final medicine price for a basket of key medicines (in the public and private sectors) (%)
6.05.12S	Comment and References

6.06 Duties and Taxes on Pharmaceuticals (Market)

	ear )10	Source	
	010		
		Ministry of Health	
There are duties on imported <u>finished</u> yes ☐ No ☒ 20 products	)10	Ministry of Health	
6.06.03  VAT (value-added tax) or any other tax is levied on finished pharmaceuticals products  Yes ⊠ No □  Yes ⊠ No □	)10	Sri Lanka Chamber of Pharmaceu ticalndustry	
There are provisions for tax exceptions or waivers for pharmaceuticals and health products  Yes \[ \] No \[ \]			
Please specify categories of pharmaceuticals on which the taxes are applied and describe the exemptions and waivers that exist  Ports and Airports Development Levy (PAL) 2%  Natin Building Tax - 3%	Ports and Airports Development Levy (PAL) 2%  Natin Building Tax - 3%		
6.06.06 Comments and References			
Supplementary questions (click here for help)			
Y	ear	Source	
6.06.07S  Duty on imported active pharmaceutical ingredients, APIs (%)			
Duty on imported finished products (%)			
6.06.09S VAT on pharmaceutical products (%)			
6.06.10S Comments and References		1	

## Section 7 Pharmaceutical procurement and distribution 7.00 Respondent Information Section 6 7.00.01 Name of person responsible for filling out this section of the instrument 7.00.02 Phone number 7.00.03 **Email address** 7.00.04 Other respondents for filling out this section 7.01 Public Sector Procurement Core Questions (click here for help) Source Date 2010 Ministry of 7.01.01 Public sector procurement is: Health □Yes 7.01.01.01 Decentralized ⊠Yes 7.01.01.02 Centralized and decentralized 7.01.01.03 Please describe Public sector procurement is done by the State Pharmaceuticals Corporation of Sri Lanka Ministry of 2010 7.01.02 If public sector procurement is Health wholly or partially centralized, it is under the responsibility of a procurement agency which Yes ⊠ No □ 7.01.02.01 Part of MoH 7.01.02.02 Yes ☐ No 🖂 Semi-Autonomous

7.01.02.03	Autonomous	Yes ☐ No ⊠			
7.01.02.04	A government procurement agency which procures all public goods	Yes ⊠ No □			
7.01.03	Public sector requests for tender documents are publicly available	Yes 🗌 No 🗌			
7.01.04	Public sector tender awards are publicly available	Yes ⊠ No □	2010	Ministry of Health	
7.01.05	Procurement is based on prequalification of suppliers	Yes ⊠ No □	2010	Ministry of Health	
7.01.05.01	If yes, please describe how it works	Products and suppliers should be registered Attacments; 60105_Prequalification.pdf; 60105_procurementguide.pdf	with the MR	A.	
7.01.06	Comments and References				
Supplementary questions (click here for help)					
			Year	Source	
7.01.07\$	Is there a written public sector procurement policy?. If yes, please write the year of approval in the "year" field	Yes No No			
7.01.08\$	Are there legal provisions giving priority in public procurement to goods produced by local manufacturers?	Yes No No			
7.01.09\$	The key functions of the procurement unit and those of the tender committee are clearly separated	Yes No No			
7.01.10S	A process exists to ensure the quality of products procured	Yes ⊠ No □	2010	Ministry of Health	
7.01.10.01\$	If yes, the quality assurance process includes pre-qualification of products and suppliers	Yes ⊠ No □			

7.01.10.02S	If yes, explicit criteria and procedures exist for prequalification of suppliers	Yes □ No ⊠		
7.01.10.03S	If yes, a list of pre-qualified suppliers and products is publicly available	Yes No No		
7.01.11S	List of samples tested during the procurement process and results of quality testing are available	Yes 🗌 No 🗌		
7.01.12\$	Which of the following tender methods are used in public sector procurement:		2010	State Pharmaceu ticals Corporation
7.01.12.01S	National competitive tenders	Yes ⊠ No □		
7.01.12.02\$	International competitive tenders	Yes ⊠ No □		
7.01.12.03S	Direct purchasing	Yes ⊠ No □		
7.01.13S	Comments and References			
7.02 Public	Sector Distribution			
Core Quest	cions (click here for help)			
			Year	Source
7.02.01	The government supply system department has a Central Medical Store at National Level	Yes ⊠ No □	2010	Ministry of Health
7.02.02	Number of public warehouses in the secondary tier of public distribution (State/Regional/Provincial)	26	2010	Ministry of Health
7.02.03	There are national guidelines on Good Distribution Practices (GDP)	Yes □ No ⊠	2010	Ministry of Health

7.02.04	There is a licensing authority that issues GDP licenses	Yes ☐ No ⊠	2010	Ministry of Health
7.02.04.01	If a licensing authority exists, does it accredit public distribution facilities?	Yes No No		
7.02.05	List of GDP certified warehouses in the public sector exists	Yes No No		
7.02.06	List of GDP certified distributors in the public sector exists	Yes No No		
7.02.07	Comments and References			
Suppleme	ntary questions (click here for he	elp)		
			Year	Source
7.02.08S	Which of the following processes is		2010	Ministry of
	in place at the Central Medical Store:			Health
7.02.08.01S	Forecasting of order quantities	Yes ⊠ No □		
7.02.08.02S	Requisition/Stock orders	Yes ⊠ No □		
7.02.08.03S	Preparation of picking/packing slips	Yes ⊠ No □		
7.02.08.04S	Reports of stock on hand	Yes ⊠ No □		
7.02.08.05S	Reports of outstanding order lines	Yes ⊠ No □		
7.02.08.06S	Expiry dates management	Yes ⊠ No □		
7.02.08.07S	Batch tracking	Yes ⊠ No □		
7.02.08.08S	Reports of products out of stock	Yes ⊠ No □		
7.02.09S	Percentage % availability of key medicines at the Central Medical Store			
7.02.10\$	Average stock-out duration for a basket of medicines at the Central Medical Store, in days		,	

7.02.11\$	Routine Procedure exists to track the expiry dates of medicines at the Central Medical Store	Yes  No		
7.02.12\$	The Public Central Medical Store is GDP certified by a licensing authority	Yes ☐ No ☒	2010	Ministry of Health
7.02.13S	The Public Central Medical Store is ISO certified	Yes ☐ No ⊠	2010	Ministry of Health
7.02.14\$	The second tier public warehouses are GDP certified by a licensing authority	Yes ☐ No ☒	2010	Ministry of Health
7.02.15S	The second tier public warehouses are ISO certified	Yes □ No ⊠	2010	Ministry of Health
7.02.16S	Comments and References		•	
7.03 Privat	te Sector Distribution			_
	te Sector Distribution			
			Year	Source
		Yes ⊠ No □	Year	Source
Core Quest	tions (click here for help)  Legal provisions exist for licensing	Yes ☑ No ☐ Yes ☐ No ☑	Year	Source
7.03.01	Legal provisions exist for licensing wholesalers in the private sector  Legal provisions exist for licensing		Year	Source
7.03.01 7.03.02	Legal provisions exist for licensing wholesalers in the private sector  Legal provisions exist for licensing distributors in the private sector  List of GDP certified wholesalers in	Yes □ No ⊠	Year	Source

Section 8	Selection and rational use			
8.00 Respo	ondent Information Section 7			
8.00.01	Name of person responsible for filling out this section of the instrument			
8.00.02	Phone number			
8.00.03	Email address			
8.00.04	Other respondents for filling out this section			
8.01 Nation	nal Structures			
Core Quest	cions (click here for help)			
			Year	Source
8.01.01	National <u>essential medicines list</u> (EML) exists. If yes, please write year of last update of EML in the "year" field	Yes ⊠ No □	2009	WHO (updated)
8.01.01.01	If yes, number of medicines on the EML (no. of <u>INN</u> )	477		
8.01.01.02	If yes, there is a written process for selecting medicines on the EML	Yes ☐ No ⊠		
8.01.01.03	If yes, the EML is publicly available	Yes ⊠ No □		
8.01.01.04	If yes, is there any mechanism in place to align the EML with the Standard Treatment Guidelines (STG)	Yes 🗌 No 🗍		
8.01.02	National Standard Treatment Guidelines (STGs) for most common illnesses are produced/endorsed by the MoH. If yes, please insert year of last update of STGs in the "year" field	Yes ⊠ No □	2010	Ministry of Health
8.01.03	STGs specific to Primary care	Yes ⊠ No □	2010	Ministry of

	write the year of last update of			Health
	primary care guidelines			
8.01.04	STGs specific to Secondary care (hospitals) exists. Please use the "year" field to write the year of last update of secondary care STGs.	Yes □ No ⊠	2010	Ministry of Health
8.01.05	STGs specific to Paediatric conditions exist. Please use the "year" field to write the year of last update of paediatric condition STGs	Yes  No		
8.01.06	% of public health facilities with copy of EML (mean)- Survey data			
8.01.07	% of public health facilities with copy of STGs (mean)- Survey data			
8.01.08	A public or independently funded national medicines information centre provides information on medicines to prescribers, dispensers and consumers	Yes ⊠ No □	2010	Ministry of Health
8.01.09	Public education campaigns on rational medicine use topics have been conducted in the previous two years	Yes No No		
8.01.10	A survey on rational medicine use has been conducted in the previous two years	Yes ☐ No ⊠	2010	Ministry of Health
8.01.11	A national programme or committee (involving government, civil society, and professional bodies) exists to monitor and promote rational use of medicines	Yes □ No ⊠	2010	Ministry of Health
8.01.12	A written National strategy exists to contain antimicrobial resistance. If yes, please write year of last update of the strategy in the "year"	Yes □ No ⊠	2010	Ministry of Health

	field			
8.01.13	Comments and References	http://www.who.int/selection_medicines/courl	itry_lists/lka	/en/index.htm
Suppleme	entary questions (click here for he	elp)		
			Year	Source
8.01.14S	The Essential Medicines List (EML) includes formulations specific for children	Yes ⊠ No □	2010	Ministry of Health
8.01.15S	There are explicitly documented criteria for the selection of medicines in the EML	Yes □ No ⊠	2010	Ministry of Health
8.01.16S	There is a formal committee or other equivalent structure for the selection of products on the National EML	Yes □ No ⊠	2010	Ministry of Health
8.01.16.01S	If yes, conflict of interest declarations are required from members of national EML committee	Yes □ No ⊠		
8.01.17S	National medicines formulary exists	Yes □ No ⊠	2010	Ministry of Health
8.01.18S	Is there a funded national inter- sectoral task force to coordinate the promotion of appropriate use of antimicrobials and prevention of spread of infection?	Yes □ No ⊠	2010	Ministry of Health
8.01.19S	A national reference laboratory/or any other institution has responsibility for coordinating epidemiological surveillance of antimicrobial resistance	Yes □ No ⊠	2010	Ministry of Health
8.01.20S	Comments and References			1

Core Ques	stions (click here for help)			
			Year	Source
8.02.01	Legal provisions exist to govern the licensing and prescribing practices of prescriber	Yes □ No ⊠	2010	Ministry of Health
8.02.02	Legal provisions exist to restrict dispensing by prescribers	Yes ☐ No ⊠	2010	Ministry of Health
8.02.03	Do prescribers in the private sector dispense medicines?	Yes 🗌 No 🗌		
8.02.04	Regulations require hospitals to organize/develop <u>Drug and</u> <u>Therapeutics Committees (DTCs)</u>	Yes □ No ⊠	2010	Ministry of Health
8.02.05	Do more than half of referral hospitals have a DTC?	Yes  No Unknown		
8.02.06	Do more than half of general hospitals have a DTC?	Yes  No Unknown		
8.02.07	Do more than half of regions/provinces have a DTC?	Yes  No Unknown		
8.02.08	The core medical training curriculum includes components on:		2010	University of Colombo
8.02.08.01	Concept of EML	Yes ⊠ No □		
8.02.08.02	Use of <u>STGs</u>	Yes ⊠ No □		
8.02.08.03	<u>Pharmacovigilance</u>	Yes ⊠ No □		
8.02.08.04	Problem based pharmacotherapy	Yes ⊠ No □		
8.02.09	Mandatory continuing education that includes pharmaceutical issues is required for doctors (see <a href="physician">physician</a> )	Yes No No		
8.02.10	Mandatory continuing education that includes pharmaceutical issues is required for nurses	Yes No No		

8.02.11	Mandatory continuing education that includes pharmaceutical issues is required for paramedical staff	Yes 🗌 No 🗌		
8.02.12	Prescribing by <u>INN</u> name is obligatory in:			
8.02.12.01	Public sector	Yes ⊠ No □		
8.02.12.02	Private sector	Yes ☐ No 🏻		
8.02.13	Average number of medicines prescribed per patient contact in public health facilities (mean)			
8.02.14	% of medicines prescribed in outpatient public health care facilities that are in the national EML (mean)			
8.02.15	% of medicines in outpatient public health care facilities that are prescribed by INN name (mean)			
8.02.16	% of patients in outpatient public health care facilities receiving antibiotics (mean)			
8.02.17	% of patients in outpatient public health care facilities receiving injections (mean)			
8.02.18	% of prescribed drugs dispensed to patients (mean)			
8.02.19	% of medicines adequately labelled in public health facilities (mean)			
8.02.20	Comments and References			
Suppleme	ntary questions (click here for he	elp)		
			Year	Source
8.02.21S	A professional association code of conduct exists governing	Yes ⊠ No □		

	professional behaviour of doctors			
8.02.22S	A professional association code of conduct exists governing professional behaviour of nurses	Yes 🗌 No 🗌		
8.02.23S	Diarrhoea in children treated with Oral Rehydration Solution (ORS) (%)			
8.02.24\$	Comments and References			1
8.03 Dispe	ensing			
Core Ques	ctions ( <u>click here for hel</u> p)			
			Year	Source
8.03.01	Legal provisions exist to govern dispensing practices of pharmaceutical personnel	Yes □ No ⊠	2010	Ministry of Health
8.03.02	The basic pharmacist training curriculum includes components on:		2010	Ministry of Health
8.03.02.01	Concept of EML	Yes ⊠ No □		
8.03.02.02	Use of STGs	Yes ☐ No ⊠		
8.03.02.03	Drug Information	Yes ⊠ No □		
8.03.02.04	Clinical pharmacology	Yes ⊠ No □		
8.03.02.05	Medicines supply management	Yes ⊠ No □		
8.03.03	Mandatory continuing education that includes rational use of medicines is required for pharmacists	Yes □ No ⊠	2010	Pharmaceu tical Society of Sri Lanka
8.03.04	Generic substitution at the point of dispensing in public sector facilities is allowed	Yes ⊠ No □	2010	Ministry of Health

8.03.05	Generic substitution at the point of dispensing in private sector facilities is allowed	Yes □ No ⊠	2010	Ministry of Health
8.03.06	In practice, (even though this may be contrary to regulations) are antibiotics sometimes sold over-the-counter without any prescription?	Yes ☐ No ☑ Unknown ☐	2010	Ministry of Health
8.03.07	In practice, (even though this may be contrary to regulations) are injections sometimes sold over-the- counter without any prescription?	Yes ☐ No ☐ Unknown ☐	2010	Ministry of Health
8.03.08	Comments and References		1	
Suppleme	ntary questions (click here for he	e <mark>lp</mark> )		
			Year	Source
8.03.09S	A professional association code of conduct exists governing professional behaviour of pharmacists	Yes ⊠ No □	2010	Pharmaceu tical Society of Sri Lanka
8.03.10S	In practice, (even though this may be contrary to regulations) do the following groups of staff sometimes prescribe prescription-only medicines at the primary care level in the public sector?		2010	Ministry of Health
8.03.10.01S	Nurses	Yes ☐ No ☐ Unknown ☐		
8.03.10.02S	Pharmacists	Yes ☐ No ☐ Unknown ☐		
8.03.10.03S	Paramedics (?)	Yes 🗌 No 🗌 Unknown 🗍		
8.03.10.04S	Personnel with less than one month training	Yes 🗌 No 🗌 Unknown 🗍		
8.03.11S	Comments and References			

## Section 9 Household data/access 9.00 Respondent Information section 8 9.00.01 Name of person responsible for filling out this section of the instrument 9.00.02 Phone number 9.00.03 Email address 9.00.04 Other respondents for filling out this section 9.01 Data from Household Surveys Core Questions (click here for help) Year Source 9.01.01 What household surveys have been undertaken in the past 5 vears to assess access to medicines? 9.01.02 Adults with acute condition in two-2003 World 92.5 Health week recall period who took all medicines prescribed by an Survey authorized prescriber (%) 9.01.03 Adults with acute conditions not taking all medicines because they cannot afford them (%) 9.01.04 87.3 2003 World Adults (from poor households) with an acute health condition in two-Health week recall period who took all Survey medicines prescribed by an authorized prescriber (%) 9.01.05 World 72.4 2003 Adults (from poor households) with an acute condition in two-week Health recall period who did not take all Survey medicines because they cannot afford them (%)

9.01.06	Adults with chronic conditions taking all medicines prescribed by an authorized prescriber (%)	90.7	2003	World Health Survey
9.01.07	Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them (%)	57.8	2003	World Health Survey
9.01.08	Adults (from poor households) with chronic conditions who usually take all medicines prescribed by an authorized prescriber (%)	78.4	2003	World Health Survey
9.01.09	Children (from poor households) with an acute condition in two-week recall period who took all medicines prescribed by an authorized prescriber (%)	93.9	2003	World Health Survey
9.01.10	Percentage of people who obtained the medicines prescribed in the 15 days before the interview (%)		2003	World Health Survey
9.01.11	People who obtained prescribed medicines for free in the 15 days before the interview (%)		2003	World Health Survey
9.01.12	Comments and References			<u> </u>
Supplem	entary questions (click here for he	elp)		
			Year	Source
9.01.13S	Adults with acute conditions not taking all medicines because the medicines were not available (%)	0.5	2003	World Health Survey
9.01.14S	Adults with chronic conditions not taking all medicines because they cannot afford them (%)	57.9	2003	World Health Survey
9.01.15S	Adults with chronic conditions not taking all medicines because the medicines were not available (%)	0.5	2003	World Health Survey

9.01.16S	Children with acute conditions taking all medicines prescribed by an authorized prescriber (%)	94	2003	World Health Survey
9.01.17S	Children with acute conditions not taking all medicines because they cannot afford them (%)	41	2003	World Health Survey
9.01.18S	Children with acute conditions not taking all medicines because the medicines were not available (%)	13.5	2003	World Health Survey
9.01.19S	Children (from poor households) with acute conditions not taking all medicines because they cannot afford them (%)	58.1	2003	World Health Survey
9.01.20S	Comments and References			

## Key Documents to be attached

Document	Exact title	Author	Publisher	Year	File name
National Medicines Policy (NMP)					
NMP implementation plan					
National Medicines Act					
National pharmaceutical					
human resources report					
or strategic plan					
Latest report on the national pharmaceutical					
market (any source)					
National					
Pharmacovigilance					
Centre report (including					
Adverse Drug Reaction, ADR, analysis report in					
the last two years)					
National pharmaceutical					
legislation for regulation					
Annual report of quality					
control laboratories					
Annual report of national regulatory authority					
Legal provisions on					
medicines price					
regulations					
Medicines procurement policy					
National Essential					
Medicines List (EML)  National Standard					
Treatment Guidelines					
(STGs)					
National Strategy for anti-					
microbial resistance					
Any other medicines					

surveys, household surveys, and rational use
surveys than the ones
used to prefill in the
instrument.