The right to health as the basis for universal access to essential medicines

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Annexes

Innovative text for access to medicines in national medicines policies

A.1

This Annex presents an overview of innovative text for access to medicines identified in national medicines policies (corresponding to Table 3 of Chapter 3.2). The legal texts below have been edited for clarity. The original texts in the national language and English can be found the respective country profiles in our online appendix.

1. Right to health including essential medicines
El Salvador (2011): The population has the right to have safe, effective and safe medicines of quality in a legal framework of equity, social justice and solidarity. **Southern Sudan (2006)**: The vision of the Government of Southern Sudan is to pursue the ideals of the right to health and access to essential medicines so that everyone may attain the full benefit of quality of life, which will result in the economic development and prosperity of the nation.
2. State duty to provide pharmaceuticals
Indonesia (2006): The government is responsible for the availability, affordability and fair distribution of essential medicines in order to fulfil the needs of the public. **Iran (2004)**: The prime responsibility of the Ministry of Health & Medical Education is to ensure consumers' access to those drugs included in the "Iranian National Formulary". The government will ensure that pharmaceutical benefits are provided to all Iranian citizens through universal health insurance coverage. **Philippines (2011-2016)**: The State plays the primary role in the progressive realization of equitable access to medicines for all its citizens, especially the poor. Filipinos shall not be denied access nor become impoverished because of high drug costs. The national and local governments shall ensure that essential health packages are available in public health facilities. **Uganda (2015)**: The government is required to work towards the progressive realization of the highest attainable standard of health, expanding health services to progressively achieve UHC with essential services, using a primary health care approach.

3. Transparency of governments' action and outcomes for medicines affordability
Iran (2004): It is a basic right of medical providers, and patients as well, to have access to valid and well-documented information through national drug information centers. **Philippines (2011-2016)**: The government shall undertake these measures for medicines pricing: [Introduce an] electronic essential drug price monitoring system and drug price reference index to foster transparency and accountability in pricing and monitor the trends and the impacts of government policies and interventions.
4. Participation and consultation for medicines affordability
New Zealand (2007): Stakeholders (including consumers) understand and have the opportunity, as appropriate, to participate in the decision-making process used for regulating, funding and managing medicines.
5. Monitoring and evaluation for medicines affordability
Colombia (2012): Market monitoring requires a toolbox to surveil, detect, resolve, and regulate market distortions by : (c) identifying reasons for the low use of TRIPS Flexibilities in Colombia and, if appropriate, developing the supportive regulatory frameworks; (d) studying whether the intellectual property system in Colombia has influence on 'drug prices' and establishing a public system for periodic monitoring to track this information.These objectives fall to the Monitoring Committee, which is also responsible for establishing a mechanism to monitor compliance with the universal provision of essential medicines services, with an emphasis on priority diseases. **Philippines (2011-2016)**: Drug prices shall be actively monitored by the Department of Health enabling transparent and objective price information sharing with drug procuring entities, consumers, health professionals and the public.

Tajikistan (2003): To introduce effective strategies aimed at the improvement of the pharmaceutical sector of the country, monitoring and assessing the priorities of the National Drug Policy and its implementation will be conducted. In the assessment auxiliary indicators (population, economic data, human resources, health protection system data etc.), structural qualitative indicators (legislation and regulation, selection of essential drugs and their registration, drug financing, mechanisms of drug supplies, pricing policy, medical information and education etc.) and quantitative indicators of the process and result (availability and accessibility of essential drugs, quality, efficient utilization of drugs etc.) will be used.
6. Accountability and redress for medicines affordability
Afghanistan (2014): Accountability and transparency [are promoted] through clearly defined responsibilities and open procedures and systems. It seeks to be responsive and inclusive by defining a role for the patients and customers, and formalizing complaints procedures and appeals. **Kenya (2008)**: Relevant and unbiased information will be made available to enable consumers to use prescribed and 'over the counter' medicines in order to maximize the therapeutic benefits and minimize any associated risks. Establish an effective mechanism for consumer feedback and complaints on medicines issues. **Malaysia (2012)**: [Under the heading 'medicines quality'] All complaints pertaining to medicines shall be investigated and appropriate action shall be taken in a timely manner.
7. Selection of essential medicines
Philippines (2011-2016): The Department of Health shall define the essential health package or minimum provision of essential medicines at different levels of the health care system and the government should ensure their availability in public health facilities.

Philippines (2011-2016), continued: Essential drug packages, once declared as entitlements by government, shall be provided for free or with reasonable co-payments for patients either through direct subsidy by the Department of Health or social health insurance and any other payment schemes of government.

South Africa (1996): Drug selection: This aim will be achieved through the development of an Essential Drugs Programme, which will include an Essential Drugs List and standard treatment guidelines.

A National Essential Drugs List Committee (NEDLC), appointed by the Minister of Health, will be responsible for the selection of drugs to be used in the public sector. The Committee will be composed of experts in all spheres of medical and pharmaceutical practice, including clinical pharmacists and pharmacologists, medical specialists, a paediatrician, professional nurses from community practice, medical practitioners involved in primary care practice, a member of a drug information centre, a member of the clinical committee of the Medicines Control Council, a health professional involved in drug management training and representatives of the provincial Essential Drugs List committees. Additional members may be co-opted on an ad-hoc basis. Consultations will be undertaken with all interested parties.

The NEDLC will draw up and periodically review a National List of Essential Drugs using generic names. This list will be prepared for three levels of health care providers, namely primary contact, secondary and tertiary hospital care. The list will be reviewed every two years. It will be distributed to all health workers in the country.

The selection of drugs on the National Essential Drugs List will be based on the following criteria: must meet the health needs of the majority of the population; sufficient proven scientific data must be available regarding the effectiveness of any such product; products should have a substantial safety and risk/benefit ratio; the aim, as a general rule will be to include, as far as possible, only products containing single pharmacologically active ingredients. Combination products may, as an exception, be included where patient compliance becomes an important factor or two pharmacologically active ingredients are synergistically active in a product when two or more drugs are equivalent in the above respects, preference will be given to those which: have the best cost advantage, have best pharmacokinetic properties, has been researched the most, have the best patient compliance, and have the most reliable local manufacturer.

The National List of Essential Drugs will be used as a foundation for: the basic health care package of the National Health System for Universal Primary Care; procurement and use of drugs, standard treatment guidelines and training in rational prescribing, drug information to health care providers including a national formulary, support to the national pharmaceutical industry, drug donations. The list may also be used as a model for medical aid schemes.
8. Sufficient government financing for essential medicines
Afghanistan (2014): It is the Ministry of Public Health's responsibility as defined in the National Health Policy and Strategy to ensure stable and adequate financing for health care as a whole despite increasing challenges. The Ministry must also ensure that the financing of medicines supply is fairly shared between the Government and consumers and that stringent price control is maintained and wastage reduced. At all times, the Ministry must ensure that spending is in line with priorities, that there is sufficient transparency in the allocation of financial resources, that the various sources of funding are coordinated, and that the different mechanisms for financing the delivery of health services are monitored for cost-efficiency and acceptability. **Nigeria (2005)**: Financing the various provisions of the National Drug Policy shall be the primary responsibility of government at all levels. Participation in the National Health Insurance Scheme by individuals, organisations and communities shall, however, be encouraged. In order to realise the objectives of the National Drug Policy, the Federal Government shall ensure that: Suitable financial provisions are made within the total health budget for sustainable implementation and monitoring of the policy; Adequate budgetary allocations are made for drugs, in line with internationally recommended norms; Priority is given to the provision of adequate funds for drugs used in primary health care and the control of endemic diseases; The cost of drugs to the patient is low, but sufficient to recover total costs with a little mark-up for administrative expenses and adequate maintenance of the drug revolving fund;

Nigeria (2005), continued:

The costs of the promotional and preventive aspects of the National Drug Policy like health information and education, human resources development and research are fully borne by government;

Government at all levels make specific budgetary provisions to cover the cost of exemptions which shall apply to such categories of patients as accident victims, tuberculosis patients, the destitute, the mentally retarded, children, and the elderly.

9. Pooling user contributions for essential medicines

Eritrea (2010): The government will ensure that essential medicines are available to all people in need. To this end, medicines will be provided at a nominal price at the point of service at the primary care level. All medicines at the primary care level will be provided at a nominal price. At the secondary and tertiary levels a fixed affordable co-payment for medicines supplied by the State will be levied. A system of exemption will be established for patients without the resources to meet such payment to ensure they are not deprived of treatment.

10. International assistance and technical cooperations for medicines affordability

Ecuador (2007): In the context of long-term objectives on medicines pricing, the government:

Promotes, jointly with other countries, the conclusion of reference price policies to acquire essential drugs, orphans and exclusive medicines; as well as those used for the treatment of catastrophic and high-cost diseases;

Designs and implements an information system with international organizations of health and other countries to know referential prices, suppliers of medicines, prices of raw materials and active ingredients that are marketed, to modernize and make transparent the pricing system for medicines for human use.

Ghana (2004): In the context of medicines financing, the NMP commits: To establish a system that ensures joint responsibility between government and consumers for drug financing, which will also provide for the vulnerable section of the population. The government shall collaborate with the private sector and donor agencies in the funding of drug supplies to the public sector; To provide the needed drugs to adequately treat and control [emerging] diseases, and also make other resources available where there are special needs. The Ministry of Health shall collaborate with the relevant international bodies to mobilise resources for these cases, where they cannot be provided from the country.
11. Efficient and cost-effective spending on essential medicines
Ecuador (2007): Accessibility: Declare that public health and access to medicines are about patents. The State reserves the right to grant compulsory licenses and / or import parallel operations; especially in cases of catastrophic illnesses and emergencies. Promote the joint participation of public and private institutions and non-governmental organizations, in the processes of joint acquisition of drugs, at the best price. Ensure the availability and accessibility of the population to generic medicines, for the treatment of the most prevalent diseases; with emphasis on the selection and rational use, affordable prices, financial sustainability and reliable supply systems. Stimulate the production of generic drugs by pharmaceutical laboratories and promote foreign investment, to expand the supply in the Ecuadorian market.

Ecuador (2007), continued:

Promote the prescription of generic medicines- of greater therapeutic value for prescribing professionals- in order to reduce health spending and ensure its cost-effective use, at all levels of the health system, both public as private.

Monitor that the prescription of medicines, both in the public and private sectors, contains the generic description of the drug to allow patients to choose the equivalent product according to the availability of their resources.

Registration:

Authorize compulsory licensing and parallel imports of medicines, for public health reasons deemed necessary, which can facilitate the rapid commercialisation of generic medicines.

Pricing:

a. Short term

- The pricing process must be done according to the target population. This is to approach the problem from the point of view of the population; and, not from the point of view of the industry.
- Maintain price control, improving the system of fixing them with attachment unrestricted by legislation, by industry and the State, through the Council of Pricing of Medicines for Human Use.
- Establish a clear division of responsibilities, between the Technical Commission, as advisory body; and, the Council, as manager.

b. Medium term

- Segment the products of the pharmaceutical market to implement a differentiated pricing policy, which encourages the generic market of the country, and, control the exclusive products. In the case of products that fall outside the pricing scheme, the laboratories or distributors should report their prices to the Ministry of Public Health. The prices set, together with the marketing prices reported by the laboratories or

distributors, should be consolidated into a price list, which should be sent to all health institutions.

• Establish monitoring and penalization mechanisms for those who do not observe the list of prices.

c. Long term, Establish additional guidelines and strategies:

• Implement a policy of controlled price release in the market for non-exclusive products, which have no less than four competitors from unrelated (legal or natural) persons.

• Ensure the participation of the Ministries of Health, Economy and Industry in the design of the mechanisms that allow to reach an adequate economic regulation.

• Develop the free supply and demand of medicines, preserving their quality, with effectiveness and safety; through the implementation of a "Differentiated Pricing Policy", that encourages the generic market in the country and control exclusive products.

• Regulate the price of marketed medicines according to indicators of national and international market, economic conditions, purchasing power of users, until the competition and the laws of supply and demand, regulate the pharmaceutical market, prevailing the interests of the population.

• Promote, jointly with other countries, the conclusion of reference price policies to acquire essential drugs, orphans and exclusive medicines; as well as those used for the treatment of catastrophic and high-cost diseases.

• Design and implement an information system with international health organizations and other countries to know referential prices, suppliers of medicines, prices of raw materials and active ingredients that are marketed, to modernize and make transparent the pricing system for medicines for human use.

• To reach a consensus among the actors of the National Health System on the alternative most viable approach to the Price Control System.

Ecuador (2007), continued: • Carry out the technical studies necessary to establish the parameters for define which products require pricing or not.
12. Financial protection of the poor and vulnerable
Jordan (2014): Government at all levels makes specific budgetary provisions to cover the cost of exemptions which shall apply to such categories of patients as poor, mentally retarded [sic], children, and the elderly, etc. **Philippines (2011-2016)**: The Department of Health, Philhealth and other relevant government agencies shall employ strategies that will provide free medicines to the poor or a population of patients that addresses priority diseases (e.g. tuberculosis, HIV, malaria, cancers). Where applicable, medicines shall be provided for free especially in primary healthcare facilities. **Timor Leste (2010)**: An important objective is to strive towards equity and efficiency in access to medicines of reliable quality for all citizens and/or visiting people in country, regardless of social vulnerability, poverty or any form of social marginalization. Special funding provisions shall be made for the low-income and especially vulnerable groups of the population who are unable to pay for their treatment.

Innovative text for access to medicines in national UHC legislation

A.2

This Annex presents an overview of innovative text for access to medicines identified in national UHC legislation (corresponding to Table 3 of Chapter 3.3). The legal texts below have been edited for clarity . The original texts in the national language and English can be found the respective country profiles in our online appendix.

1. Right to health including essential medicines
Indonesia - Law No. 36/2009 (2009) Art. 4 enshrines the right to health of every individual. Art. 5(1) recognizes the equal right to (gain) access to health resources, which include medical supplies and pharmaceutical preparations (art. 1). Art. 5(2) recognizes every individual's right to obtain safe, quality and affordable health services. **Mexico - General Health Law (2017)** Art. 77(a)(36) entitles beneficiaries of the Social Protection System in Health (SSPH, which manages the basic health insurance scheme Seguro Popular) to receive the health services and medicines required for the diagnosis and treatment of diseases in governmental health facilities in the beneficiary's State of choice and free from discrimination.
2. State duty to provide pharmaceuticals
Philippines - National Health Insurance Act (2013) Art. 1 sec. 2 declares that the State shall endeavour to make essential goods, health and other social services available to all the people at affordable cost and to provide free medical care to 'paupers'. Towards this end, the State shall provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritize the health care needs of the underprivileged, sick, elderly, people with disabilities, women and children, and provide free health care services to 'indigents'.

Mexico - General Health Law (2017)

Art. 77(a)(1) entitles all Mexicans regardless of their social status to be incorporated into SSPH (SSPH, which manages the basic health insurance scheme Seguro Popular) by which the State ensures effective, timely, quality health services including pharmaceutical care without payment at the point-of-service and without discrimination. Health services should consider primary out-patient care as well as secondary out-patient and in-patient care in the basic specialties (i.e. internal medicine, general surgery, obstetrics and gynaecology, paediatrics, and geriatrics).

3. Transparency of governments' action and outcomes for medicines affordability

Philippines - Republic Act No. 7581 (1992)

Sec. 10 establishes powers and responsibilities of the implementing agencies including (6) the immediate dissemination of any mandated price ceiling for any basic necessity or prime commodity under the Department of Health's jurisdiction. Dissemination channels include newspapers of general circulation in the area affected, broadcast by radio, by television (if deemed to be a more effective method), and by posting in public markets, supermarkets or other public places.

Philippines - Republic Act No. 9502 (2008)

Sec. 30 requires the Secretary of the Department of Health to submit a bi-annual monitoring report of the implementation of this Act [titled the Universally Accessible Cheaper and Quality Medicines Act] to the President; this report shall be published in a newspaper of general circulation within 30 days of submission.

Sec. 37 requires the Department of Health to publish in at least two newspapers on an annual basis the generic and brand names of all medicines available in the Philippines.

Chile - Law No. 20584 (2012)

Art. 7 requires the evaluation report of a medicine [to determine if it should be included in the High Cost Diagnostics and Treatment program] to be made public. The scientific evaluation shall comply with ethical and transparency standards.

4. Participation and consultation for medicines affordability

Colombia - Law No. 100 (1993)

Art. 2.10.1.1.1. Natural and legal persons participate at the citizen, community, social and institutional level, in order to exercise their rights and duties in health, manage plans and programs, plan, evaluate and direct their own development in health. (adopted in Article 1 of Decree 1757 of 1994)

Art. 2.10.1.1.2. For purposes of the present Chapter, the following forms of Participation in Health are defined: (1) Social participation is the process of social interaction to intervene in the health decisions responding to individual and collective interests for the management and direction of its processes, based on the constitutional principles of solidarity, equity and universality in the pursuit of human welfare and social development. Social participation includes citizen and community participation; (2) participation in the institutions of the General System of Social Security in Health (GSSSH).

Art. 2.10.1.1.4 . The levels of Municipal, District and Departmental Direction of the General Security System Social Services in Health will organize a Service of Attention to the Community, through the social participation units and resolve the requests and health concerns of citizens.

3. Control the proper channeling and resolution of concerns and requests that citizens in exercise of their rights and duties, before the Health Promoting Companies

Colombia - Law No. 100 (1993), continued:

Art. 2.10.1.1.5. The Institutions Providing Health Services, whether public, mixed or private, ensure a system of information and attention to the users through a personalized service that will have an open telephone line with permanent attention twenty-four (24) hours and shall ensure, according to the requirements of that service, the necessary human resources to attend systematize and channel such requirements.

Art. 2.10.1.1.6. The health promotion companies will ensure the adequate and timely channeling of the concerns and petitions of its members, belonging to the contributory and subsidized and shall designate the necessary resources for this purpose. (adopted in Article 6 of Decree 1757 of 1994)

Art. 2.10.1.1.7. In all municipalities Committees of Community Participation in Health will be formed as a space for consultation between the different social actors and the State, whose effects will be integrated as follows: (4) One representative for each of the social and community organizational forms and those promoted around health programs, in the area of the Municipality, such as: (d) User associations and / or guilds of the production, marketing or services, that are legally recognized.

Art. 2.10.1.1.8. The functions of the Committees for Community Participation in Health, are the following:

1. Intervene in the activities of planning, resource allocation and monitoring and control of expenditure in everything related to the General System of Social Security in Health in their respective jurisdiction.

2. Participate in the process of diagnosis, programming, control and evaluation of the Health services.

3. Present health plans, programs and priorities to the Board of Directors of the body or health entity, or to whom it acts.

4. To manage the inclusion of plans, programs and projects in the Development Plan of the respective territorial entity and participate in the prioritization, decision-making and distribution of resources.

10. Periodically consult and inform the community in their area of influence on the activities and discussions of the committee and the decisions of the boards of directors of the respective health agencies or entities.

15. To request the mayor and / or municipal council to convene popular consultations for matters of interest in health, that are of general importance or that compromise the reorganization of the service and the investment capacity of the municipality and / or the department, in accordance with the provisions of the statutory law that defines this mechanism.

Art. 2.10.1.1.9. System institutions General Health Social Security, ensure citizen participation, community and social in all areas as appropriate, in accordance with the applicable laws.

Art. 2.10.1.1.10. An Alliance or Users Association is a group of members from the contributory and subsidized schemes who are entitled to use health services, according to their membership system under the General Social Security System in Health, and who ensure the quality of services and user protection.

All persons affiliated with the General System of Health Social Security may participate in the institutions of the system, forming user partnerships or alliances that represent them to the institutions providing health services and to the to the Health Promotion Companies (public, mixed and private).

Chile - Law Nº 20850 (2015)

Art. 7 indicates that when evaluating medicines for inclusion in the High Cost Diagnostics and Treatment program, the Undersecretariat of Public Health shall take special account of the opinions and recommendations for diagnoses or treatment to be evaluated, made by its technical advisory committees and groups of patients (in accordance with Art. 30).

Art. 8 requires the Priority Recommendation Commission to be composed of 2 representatives of patients groups registered under Art. 30. The Commission shall recommend the inclusion of treatments on the basis of their scientific, economic, and social value.

Art. 22 establishes a Citizen Commission for the Surveillance and Control of the Financial Protection System for High Cost Diagnostics

Chile - Law Nº 20850 (2015), continued:

and Treatments that is comprised of four representatives of patients' associations from organisations registered under Art. 30, 2 of scientific associations, 2 academic faculties of medicine, and 4 experts appointed by the Ministry of Health.

Art. 23 empowers the Citizen Commission to be informed of a) procedures for granting timely and full benefits covered by this fund, d) criteria used by the National Health Fund to comply with policies and instructions, c) to receive a quarterly account of funds transferred and coverage granted by the Fund, d) agreements related to Art 13 (on the obligatory nature of providing the diagnostic and treatment services set out in this law), f) measures, instruments and procedures for granting of benefits incorporated into the Fund.

5. Monitoring and evaluation for medicines affordability

Philippines - Republic Act No. 9502 (2008)

Sec. 23 requires local government units and the Department of Trade and Industry to conduct independent periodic surveys and studies of the selling prices of all medicines, as well as their effect on the family income of different economic groups in the country.

Sec. 28 requires that the surveys and studies referred to in Sec. 23, and their effect on the family income of different economic groups in the country, serve as a database for government efforts to promote access to more affordable medicines.

Sec. 30 requires the Secretary of the Department of Health to submit a bi-annual monitoring report of the implementation of this Act to the President; this report shall be published in a newspaper of general circulation within 30 days of submission.

Mexico - Regulations of the General Health Law in the matter of social protection in health (2014)

Art. 71. It is the responsibility of the Secretariat (to the Ministry of Health) to carry out the necessary evaluation procedures for the adequate provision of the services referred to in this Regulation.

Art. 73. tasks the Secretariat with evaluating the Social Protection System in Health (SSPH), which is characterized by being:

I. Normative, since it will establish homogeneous methods, criteria, processes and evaluation actions at the national level;

II. Dynamic, since it will adapt to the changes that are required for the same operation of the SSPH, and

III. Participatory, by involving the health authorities of the different levels of government, the providers of services at the level of provision and the population as a whole.

Art. 75. The evaluation model of the SSPH itself will have three components:

I. Financial, which will include the monitoring of contributions to the System from both the Federal Government as well as the states and families, the monitoring of the administration of the Protection Fund against Catastrophic Expenditures and the budget forecast, as well as the evaluation of the annual financial and actuarial system, (...);

II. Management, which will take into consideration the identification of the socioeconomic conditions of the target population, the definition and management of resources, the credentialing processes, the elimination of financial and organizational barriers to accessing services, supply and access to medicines associated with health services to the person, as well as the treatment received by beneficiaries of the SSPH in its establishments of medical care.

For purposes of the provisions of this section, an estimate of risks may be available, will consider factors such as economic cycle; migration phenomena; evolution of the cost of treatments and medications; labor costs, and in general any other factor that affects the ability of contributors to meet the objectives of the SSPH, and

III. Impact on the health and financial security conditions of the beneficiary families, which will include the measurement of changes in their health conditions, which should be expected once the interventions are provided by the SSPH, and the changes related to the protection against catastrophic expenses due to health reasons among the beneficiary families.

6. Accountability and redress for medicines affordability
Turkey - Patient Rights Regulation (2016) Art. 42 establishes patient rights units in the body of health institutions to implement patient rights. At the level of the provincial directorate, a Patient Rights Board is established to evaluate applications, make recommendations and take corrective action. Art. 43 enables both material and moral damages to be filed against health institutions and organisations for the infringement of patient rights. **South Africa - National Health Act No. 63 (2003) as amended by the National Health Amendment Act No. 12 (2013)** Art. 18(1) allows any person to lay a complaint about the manner in which he/she was treated in a health establishment and have the complaint investigated. Art. 18(2) requires the relevant member of the Executive Council and every municipal council to establish a procedure for the laying of complaints within those areas of the national health system for which they are responsible. Art. 18(3) The procedures for laying complaints must- a) be displayed by all health establishments in a manner that is visible for any person entering the establishment and the procedure must be communicated to users on a regular basis; b) in the case of a private health establishment, allow for the laying of complaints with the head of the relevant establishment; c) include provisions for the acceptance and acknowledgment of every complaint directed to a health establishment, whether or not it falls within the jurisdiction or authority of that establishment; and d) allow for the referral of any complaint that is not within the jurisdiction or authority of the health establishment to the appropriate

body or authority.

Art. 18(4) In laying a complaint, the person contemplated in subsection (1) [the claimant] must follow the procedure established by the relevant member of the Executive Council or the relevant municipal council, as the case may be.

Art. 78 on the Objects of the Office of Health Standards Compliance

The objects of the Office are to protect and promote the health and safety of users of health services by–

a) monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and

b) ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in procedurally fair, economical and expeditious manner.

Art. 81(1) requires the Minister to appoint an Ombud.

Art 81A (1) permits the Ombud, on receipt of a written or verbal complaint relating to norms and standards, or on his or her own initiative, consider, investigate and dispose of the complaint in a fair, economical and expeditious manner.

(2) A complaint referred to in subsection (1) may involve an act or omission by a person in charge of or employed by a health establishment or any facility or place providing a health service.

(9) After each investigation, the Ombud must submit a report together with his or her recommendations on appropriate action to the Chief Executive Officer (who must take appropriate action to ensure the implementations of the Ombud's reports and recommendations (Art. 79I(4))) .

(10) Where the Chief Executive Officer fails to act in accordance with the findings and recommendations of the Ombud, the Ombud may request the intervention of the Minister.

(11) The Ombud must, after the conclusion of an investigation, inform the complainant or the respondent or both, as the case may be, of his or her findings and recommendations. Art. 88A foresees an appeals procedure for any person aggrieved by any decision of the Office of Health Standards Compliance or any finding of the Ombud and it provides for the necessary procedures.
7. Selection of essential medicines
Ghana - National Health Insurance Act No. 852 (2012) Art. 33. (1) The Authority shall, in collaboration with healthcare providers and with the approval of the Minister, develop a National Health Insurance Medicines List and Medicines Tariff from the Essential Medicines List approved by the Minister. (2) The Authority shall review the National Health Insurance Medicines List and Medicines Tariff each year in consultation with the healthcare providers and with the approval of the Minister. (3) The review of the Health Insurance Medicines List and National Health Insurance Scheme Medicines Tariff may involve the addition or deletion of medicines, classification and grouping of medicines and a review of medicine prices. (4) Each medicine on the Health Insurance Medicines List shall be referred to by the generic name of the medicine unless it is necessary to use the brand name of the medicine. NB: Art 109 on Regulations. "Medicines Tariff" means the list of prices at which the National Health Insurance Scheme or a private health insurance scheme will reimburse for Medicines supplied under the benefit package of the Scheme;

Indonesia - Law No. 40/2004 (2004)

Art. 22(1) includes in the benefits package the necessary medicines and medical consumables for promotive, preventative, curative and rehabilitative care.

Art. 25 requires the list price and the highest price of medicines that are guaranteed by the Social Security Administering Body to be established in line with legislation.

Indonesia - Law No. 36/2009 (2009)

Art. 36 (1) The Government shall guarantee the supply, even distribution, and affordability of medical supplies, in particular essential medicine.

(2) In guaranteeing medicine supply during an emergency condition, the Government may execute a special policy to supply and utilize medicine and material with medicinal properties.

Art. 37(2) states that the management of health supplies in the form of "essential medicines" and "basic healthcare equipment" shall be carried out by considering the benefits, prices, and factors related to equity.

Art. 38 (1) The Government shall encourage and direct the development of health supplies by utilizing available national potential.

(2) Development as referred to in subsection (1) shall be directed in particular for new medicine and vaccine as well as natural material with medicinal properties.

Art. 40(1) states that the government compiles with lists and types of essential medicines that must be available in the public interest; (2) the list and type of medicines is reviewed every two years according to development s in [population] needs and technology; (3) such medicines shall be available, evenly distributed and affordable by the community; (6) generic medicines in the list of essential medicines should have guaranteed availability and affordability, and their price is controlled by the government.

Uruguay - Law No. 18.211 (2007)

Art. 6 requires the Ministry of Public Health to create a mandatory registry of high-tech diagnostics and therapeutics of high-quality for health services. Any new incorporation of technology must be approved by the Ministry of Health taking into account the information available, the need for its use and the rationality of its location, and its operation.

Art. 49 indicates that Integrated National Health System users are all persons residing on the territory and who are registered spontaneously or at the request of the National Health Board.

Uruguay - Decree 265/006 (2006)

Art. 1 sets the National Medicines Formulary as the frame of pharmacological coverage.

Art. 3 obliges public health institutions and private medical assistance to provide patients, regardless of the economic resources, with the medicines listed in Annex I of the National Medicines Formulary [basic medicines], which should be available to patients and professionals. Annex III of the National Medicines Formulary [high-priced medicines] on will be provided by the National Resource Fund subject to protocols and guides and regulations.

Art. 7 requires the Advisory Committee on the National Medicines Formulary to a) review and annually update the Formulary, recommending modifications and advising the Ministry of Health on the inclusion or exclusion of medicines. It is the responsibility of the Ministry of Health to execute the updates of the National Medicines Formulary.

Art. 10. permits institutions and services to provide their patients with medicines not included in the National Medicines Formulary provided that the medical product is registered by the Ministry of Health.

8. Sufficient government financing for essential medicines
Nigeria - National Health Act No. 8 (2004) Art. 11 establishes the Basic Health Care Provision Fund that shall be financed from inter alia an annual grant from the federal government of not less than 1% of the Consolidated Revenue Fund. 50% of the Basic Health Care Provision Fund shall be used to provide basic minimum package of services to citizens through the National Health Insurance Scheme. An additional 20% of the Basic Health Care Provision Fund shall be used to provide essential medicines, vaccines and consumables for eligible primary care facilities. **Philippines - National Health Insurance Act (2013)** Art. 4 Sec. 19 establishes the Health Finance Policy Research Department within the PhilHealth Corporation, which has the duty to (a) develop a broad conceptual framework for implementation of the Program through a National Health Finance Master Plan to ensure sustained investments in health care, and to provide guidance for additional appropriations from the National Government. Art. 5 Sec. 24 creates a National Health Insurance Fund that consists of (b) other appropriations earmarked by the national and local governments purposely for the implementation of the Program. Art. 8 Sec. 36 indicates that to augment their funds, local government units shall invest the capitation payments given to them by the PhilHealth Corporation on health infrastructures or equipment, professional fees, drugs and supplies, or information technology and databases. Art. 11 Sec. 46 requires that in 1995 and thereafter 25% of the increment in total revenue collected under Republic Act No. 7654 [on the tax base] shall be appropriated in the General Appropriations Act solely for the National Health Insurance Fund. In addition, in 1996 and thereafter 25% of the incremental revenue from the increase in the documentary stamp taxes under Republic Act No. 7660 shall likewise be appropriated solely for the said fund.

Philippines - National Health Insurance Act (2013), continued:

Art. 13 Sec. 58 establishes that the Government of the Philippines guarantees the financial viability of the Program.

9. Pooling user contributions for essential medicines

Ghana - National Health Insurance Act No. 852 (2012)

Art. 28(1-3) members of the Scheme must pay contributions determined by the Board in consultation with the Minister.

Art. 29 lists people exempt from paying contributions; they include children, people requiring antenatal and postnatal and delivery care, people with mental disorders, people classified as indigent, categories of differently-abled persons, pensioners, contributors to social security and national insurance trust, people over 70 years, and other categories.

Philippines - National Health Insurance Act (2013)

Art. 1 Sec 2 recognises the principles of (l) compulsory coverage where all citizens are required to enrol in the national health insurance program to avoid adverse selection and social inequity;

Art. 3, Sec 5 mandates that all citizens of the Philippines shall be covered by national health insurance program. The program is compulsory in all provinces and municipalities nationwide.

Turkey - Law No. 5510 (2006)

Art. 68 foresees charging patients a contribution fee for specific health services, including out-patient medicines at a rate of 10-20% of the rates determined by the Social Security Institute. Rates should account for the patient's income, the importance of the service to the health of the patient, and similar criteria. The contribution fee is capped at 75% of the minimum wage and it may be waived for low-income

households, refugees and stateless persons, and needy pensioners.

Art. 69 waives the fee for victims of occupational diseases or accidents in military operations, health services provided due to disaster and war, consultations with family physicians and other protective/preventative health services, treatment of documented chronic diseases and vital healthcare services, people and their spouses who receive a military pension (various types) or a compensation in cash pension, individuals who benefit from free protection, care or rehabilitation services of the Institution of Social Services and Child Protection, and military cadets.

Art. 79 obliges the beneficiary to pay premiums for universal health insurance and the Social Security Institution to collect those premiums.

10. International assistance and technical cooperations for medicines affordability

Nigeria - National Health Act No. 8 (2014)

Art. 2(1)(c) requires the Ministry of Health to collaborate with that national health departments in other countries and international agencies.

Art. 11(2) establishes the Basic Health Care Provision Fund that shall be financed from inter alia grants by international donor partners. [20% of the Fund shall be used to provide essential drugs, vaccines and consumables for primary health care facilities (art. 3(b)).

Mexico - Internal Regulations of the Health Secretariat of 19 January 2004

Art. 41(V) requires the Health Technology Institute to establish permanent coordination with international agencies dedicated to the evaluation and management of health technologies for information exchange and continuous participation.

11. Efficient and cost-effective spending on essential medicines
Philippines – National Health Insurance Act (2005) amended by National Health Insurance Act (2013) Art. 1 Sec. 2 recognises the principles of (f) effectiveness to balance the economical use of resources with quality of care; (q) cost containment where these features are integrated into the operations and design to provide a viable means of helping the people pay for healthcare services. Art. 3 sec. 10 specifies the benefits package that members and their dependents are entitled to shall be reviewed annually to determine their financial sustainability and relevance to health innovations, with the end in view of quality assurance, increased benefits and reduced out-of-pocket expenditure. Art. 3 sec. 11. permits the PhilHealth Corporation not to cover expenses for health services which the Corporation and the DOH consider cost- ineffective through health technology assessment. The Corporation may institute additional exclusions and limitations as it may deem reasonable in keeping with its protection objectives and financial sustainability. **Philippines - Republic Act No. 7581 (1992)** Sec 2-3. aims to ensure that government policy provides for the availability of basic necessities [including essential medicines] and price commodities at reasonable prices at all times without denying legitimate business a fair return on investment. The State's responsibilities include to take measures to promote the production of basic necessities and their improved and efficient transport and distribution, to stabilise prices at reasonable levels, to introduce penalties for illegal price manipulation and to protect consumers from inadequate supply and unreasonable prices in the case of emergencies. Sec 5 (2-3) prohibits illegal acts of price manipulation of any basic necessity or prime commodity [including non-essential medicines] such as 'profiteering' (i.e. sale at a price grossly in excess of its true worth) and 'cartel' (i.e. any agreement between people engaged in the

process from production to sale designed to artificially and unreasonably manipulate prices).

Sec. 6 (1-6) permits the prices of basic necessities to be automatically frozen and placed under price control when that area is proclaimed or declared a disaster area (man-made or natural, local or foreign), under emergency, under martial law, in a state of rebellion, a state of declared war, or when the right to report unlawful detention (the writ of habeas corpus) is suspended.

Sec. 7 (2-5) If the prevailing price of a basic necessity is excessive or unreasonable in any of the above situations, the implementing agency may recommend a price ceiling is adopted for not more than 60 days. Price ceilings on basic necessities and prime commodities may be adopted in the threat, existence, or effects of an emergency or any event that causes artificial and unreasonable price increase, prevalence or widespread acts of illegal price manipulation, or whenever the prevailing price has risen to unreasonable levels.

Sec. 8 establishes a procedure for determining price ceilings.

Philippines - Republic Act No. 9502 (2008)

Sec. 2 establishes the policy of the State to protect public health and, when the public interest or circumstances of extreme urgency so require, it shall adopt appropriate measures to promote and ensure access to affordable quality drugs and medicines for all. The State recognises an effective competition policy as a primary instrument to achieve this objective and the regulation of prices of drugs and medicines as a reserve instrument.

Sec. 17 allows the government to set maximum retail prices for any or all medicines, including essential medicines (section 23). These measures must be executed immediately and may only be challenged on a preliminary basis by the Supreme Court.

Secs. 18-19 grants the government the power to establish a price monitoring and regulation system for medicines; to implement cost-containment or other measures, such as but not limited to competitive bidding or price-volume negotiations; and to impose administrative fines and penalties.

Indonesia - Regulation No. 28/2014 (2014)

Chapter 4(A)(4) National Health Insurance/*Jaminan Kesehatan National* health services are provided in a tiered, effective and efficient manner in accordance with the principles of quality and cost control.

Chapter 4(C)(1)(A)(5) The National Health Insurance/*Jaminan Kesehatan National* benefits in non-specialist care include drug services and medical consumables.

Chapter 4(C)(1)(B)(4) The National Health Insurance/*Jaminan Kesehatan National* benefits in advanced levels of care include drug services and medical consumables.

Chapter 4(C)(1)(E)(2) JKN benefits do not include (J) complementary medicine, alternative and traditional therapies that have not been declared effective by health technology assessment; (K) treatment and medical procedures that are classified as experimental; (N) catastrophic health care in response to emergencies or extraordinary outbreaks.

Indonesia - Law No. 36/2009 (2009)

Art. 40(4) states that in emergencies the government may adopt specific policies for the procurement and use of essential medicines; (5) this may be done through exceptions to patent provisions in accordance with legislation; (6) generic medicines in the list of essential medicines must have guaranteed availability and affordability, and their price is determined by the government.

12. Financial protection of the poor and vulnerable

Chile - Ministerial Decree No. 1 (2006)

Art. 141 prohibits healthcare providers from demanding a guarantee by cash or cheque from patients.

Art. 147 entitles the "indigent" or people lacking resources to receive care free-of-charge.

Art. 161 requires the State, through the National Health Fund, to contribute to financing medical benefits according to a percentage of the value indicated by law. This amounts to 100% of co-payments for groups A & B [the 'indigent' and people with incomes below minimum wage], 75% of co-payments for group C [people with monthly income at not more than 1.46 times the minimum wage], and 50% of co-payment for group D [people with monthly income amounting to more than 1.46 the minimum wage]. Different co-payment percentages may be established for medicines, such as for catastrophic expenses. Beneficiaries must cover the difference between the State contribution and the cost of healthcare. Certain exceptions may apply.

Chile - Law No. 20850 (2015)

Art. 2 defines the 'financial protection system' (d) to be a set of benefits and entitlements that the National Health Service (through this Fund and Act) is obliged to ensure , in particularly through the 'high-cost treatment' to beneficiaries (defined in (b) as a high cost that prevents access and exposes the beneficiaries to catastrophic expenditures).

Art. 3 permits the costs of expensive treatments in the High-Cost Diagnostics and Treatment Fund to be reimbursed by the National Health Fund.

Chile - Law No. 19966 (2004)

Art. 4 obliges the National Health Fund to cover the total value of Explicit Health Guarantees for categories A and B.

Art. 18 limits changes in the value of the Universal Premium for the Explicit Health Guarantees to not higher than the variation expected in hourly general compensation.

Colombia - Law No. 1751 (2015)

Art. 6. The fundamental right to health involves the following essential elements:

c) Equity. The State must adopt public policies aimed at specifically improving the health of poor people, of vulnerable groups and subjects of special protection;

f) Prevalence of rights. The State must implement concrete and specific measures to ensure comprehensive care for children and teenagers, in compliance with their prevailing rights established by the Political Constitution. These measures will be formulated by vital cycles: prenatal six (6) years, of (7) to fourteen (14) years, and fifteen (15) to the eighteen (18) years;

The principles set forth in this article should be interpreted in a harmonious way without privileging some of them over others. The above does not preclude the adoption of affirmative action for the benefit of subjects of special constitutional protection, such as the promotion of the best interests of girls, boys and pregnant women and people of low resources, vulnerable groups and subjects of special protection.

Art. 11. The care of children and adolescents, pregnant women, refugees, victims of violence and armed conflict, elderly, people suffering from orphan diseases, and the disabled, shall be especially protected by the State. Health care provision to these groups shall not be limited by any kind of administrative or economic restriction.

Pregnant women shall be provided all necessary access to health services during and after pregnancy, and they shall be guaranteed the enjoyment of all their fundamental rights of access to health care services.

Jordan - Civil Health Insurance of 2016

Art. 17 exempts the following patients from paying treatment or medical fees: a) people with a communicable disease requiring isolation, b) a person who becomes ill while in isolation c) a person receiving treatment for illness due to natural disaster, epidemic, group poisoning, or mass incidents.

Art. 18 Exempts the following patients from paying treatment costs in hospitals or medical centres: a) people with mental illness, b) recommendations of the Ministry of Social Development, c) users of alcohol, narcotic drugs, psychotropic and toxic substances, d) persons with bites (i.e scorpions), e) people infected with AIDS, f) people infected with a list of chronic blood diseases, g) people infected with cystic fibrosis, h) people receiving cancer treatment and related complications, i) people being screened for breast cancer.

Art. 19 requires the Ministry to provide the following services free-of-charge: a) vaccines for the purpose of prevention and treatment of communicable diseases, b) motherhood and child services and family planning, g) any other situation determined by the Minister for the protection of public health.

Art. 25 permits the National Civil Health Insurance Fund to bear 81% of the treatment costs if the illness is approved as an emergency, in accordance with the law.

Art. 27 permits Jordanian children under 6 years of age to be treated free of charge in the centers and hospitals of the Ministry provided they are not covered by any other health insurance.

Jordan - Decision of Council of Ministers No. 5157 on 13/8/2014 on the mechanism of coverage of poor families under the umbrella of civil health insurance

Point 2 establishes the eligibility criteria for coverage: be a Jordanian citizen who is not covered by any other health insurance and have a family income of less than 611 dinars per month. This includes children aged 6-18 years, those who study within and outside Jordan up to age 25 or until graduation, and single, unemployed women.

Point 3 grants coverage for 1 dinar for a 3-year term during which time the cost of treatment is covered by the Health Ministry.

Jordan - Instructions No. 9 (2006) to include pregnant women in civil health insurance

Art. 2 applies these instructions to Jordanian pregnant women who are not covered by any health insurance.

Art. 3 enables the participation of these women in the National Civil Health Insurance Fund for 50 dinars.

Art. 4 allows for insurance coverage from the date pregnancy is established until 42 days post-partum.

Jordan - Instructions No. 3 (2008) on maternity services, childhood and family planning

Art. 1 requires health services for children to be provided from the date of birth until age 6.

Art. 3 requires the Ministry of Health to provide free-of-charge maternity and childhood services, and family planning services in government centres. Services are limited to those established by law.

Art. 4 requires the Ministry to provide free-of-charge vitamins and minerals of all kinds, antihypertensives including for children, oral dilution powder, and temporary contraceptives.

Access to medicines indicators in 195 countries

A.3

The table in this Annex (below) presents the raw data for eight access to medi- cines indicators in 195 countries (described in Chapter 4). Data was reported at two time points: 2008 and 2015.

Abbreviations used in this table: L=low income; LM=lower-middle income country; UM=upper-middle income country; H=high income country;Y=yes; N=no; d=draft national medicines policy; r=reimbursement list.

Symbols used in this table: . = missing data.

Country abbreviations used in this table:
AFG=Afghanistan=;=AGO=Angola;=ALB=Albania; AND=Andorra; ARE=United Arab Emirates; ARG=Argentina; ARM=Armenia; ATG=Antigua and Barbuda; AUS=Australia; AUT=Austria; AZE=Azerbaijan; BDI=Burundi; BEL=Belgium; BEN=Benin; BFA=Burkina Faso; BGD=Bangladesh; BGR=Bulgaria; BHR=Bahrain; BHS=Bahamas; BIH=Bosnia and Herzegovina; BLR=Belarus; BLZ=Belize; BOL=Bolivia; BRA=Brazil; BRB=Barbados; BRN=Brunei Darussalam; BTN=Bhutan; BW A=Botswana; CAF=Central African Republic; CAN=Canada; CHE=Switzerland; CHL=Chile; CHN=China; CIV=Côte d'Ivoire; CMR=Cameroon; COD=Democratic Republic of the Congo; COG=Congo; COK=Cook Islands; COL=Colombia; COM=Comoros; CPV=Cape Verde; CRI=Costa Rica; CUB=Cuba; CYP=Cyprus; CZE=Czech Republic; DEU=Germany; DJI=Djibouti; DMA=Dominica; DNK=Denmark; DOM=Dominican Republic; DZA=Algeria; ECU=Ecuador; EGY=Egypt; ERI=Eritrea; ESP=Spain; EST=Estonia; ETH=Ethiopia; FIN=Finland; FJI=Fiji; FRA=France; FSM=Micronesia; GAB=Gabon; GBR=United Kingdom; GEO=Georgia; GHA=Ghana; GIN=Guinea; GMB=Gambia; GNB=Guinea- Bissau; GNQ=Equatorial Guinea; GRC=Greece; GRD=Grenada; GTM=Guatemala; GUY=Guyana; HND=Honduras; HRV=Croatia; HTI=Haiti; HUN=Hungary; IDN=Indonesia; IND=India; IRL=Ireland; IRN=Iran; IRQ=Iraq; ISL=Iceland; ISR=Israel; ITA=Italy; JAM=Jamaica; JOR=Jordan; JPN=Japan; KAZ=Kazakhstan; KEN=Kenya; KGZ=Kyrgyzstan; KHM=Cambodia; KIR=Kiribati; KNA=Saint Kitts and Nevis; KOR=Republic of Korea; KWT=Kuwait; LAO=Lao People's Democratic Republic; LBN=Lebanon; LBR=Liberia; LBY=Libyans Arab Jamahiriya; LCA=Saint Lucia; LIE=Liechtenstein;

LKA=Sri Lanka; LSO=Lesotho; LTU=Lithuania; LUX=Luxembourg; LVA=Latvia; MAR=Morocco; MCO=Monaco; MDA=Moldova; MDG=Madagascar; MDV=Maldives; MEX=Mexico; MHL=Marshall Islands; KD=Macedonia; MLI=Mali; MLT=Malta; MMR=Myanmar; MNE=Montenegro; MNG=Mongolia; MOZ=Mozambique; MRT=Mauritania; MUS=Mauritius; MWI=Malawi; MYS=Malaysia; NAM=Namibia; NER=Niger; NGA=Nigeria; NIC=Nicaragua; NIU=Niue; NLD=Netherlands; NOR=Norway; NPL=Nepal; NRU=Nauru; NZL=New Zealand; OMN=Oman; PAK=Pakistan; PAN=Panama; PER=Peru; PHL=Philippines; PLW=Palau; PNG=Papua New Guinea; POL=Poland; PRK= Democratic People's Republic of Korea; PRT=Portugal; PRY=Paraguay; QAT=Qatar; ROU=Romania; RUS=Russian Federation; RWA=Rwanda; SAU=Saudi Arabia; SDN=Sudan; SEN=Senegal; SGP=Singapore; SLB=Solomon Islands; SLE=Sierra Leone; SLV=El Salvador; SMR=San Marino; SOM=Somalia; SRB=Serbia; STP=Sao Tome and Principe; SUR=Suriname; SVK=Slovakia; SVN=Slovenia; SWE=Sweden; SWZ=Swaziland; SYC=Seychelles; SYR=Syrian Arab Republic; TCD=Chad; TGO=Togo; THA=Thailand; TJK=Tajikistan; TKM=Turkmenistan; TLS=Timor-Leste; TON=Tonga; TTO=Trinidad and Tobago; TUN=Tunisia; TUR=Turkey; TUV=Tuvalu; TZA=Tanzania; UGA=Uganda; UKR=Ukraine; URY=Uruguay; USA=United States; UZB=Uzbekistan; VCT=Saint Vincent and the Grenadines; VEN=Venezuela; VNM=Viet Nam; VUT=Vanuatu; WSM=Samoa; YEM=Yemen; ZAF=South Africa; ZMB=Zambia; ZWE=Zimbabwe.

Country	Economy	1. Access to medicines in domestic constitution				2. National medicines policy				3. Essential medicines list				4. Government spending on medicines (US$/capita/yr)				5. Availability of medicines in public sector (%) 6. Availability of medicines in private sector (%)						7. MCV2 coverage (%)		8. DTP3 coverage (%)			
		2008		2015		2008		2015		2008		2015		2008		2015		2008	2008 Public	2008 Private	2015	2015 Public	2015 Private	2008	2015	2008		2015	
AFG	L	2004	N	2004	N	2003	Y	2014	Y	2007	Y	2014	Y	.	.	2011	17,56	.	.	.	2011	69,7	80,2	4	39	1999	45	2012	60
AGO	UM	1992	N	2010	N	1998	d	2010	Y	.	.	2008	Y	.	.	.	.	.	.	.	.	.	.	.	26	2000	34	.	.
ALB	UM	1998	N	2012	N	1991	Y	1991	Y	2001	Y	2011	r	.	.	2010	.	.	.	.	.	.	.	95	98	1999	52	2008	98
AND	H	1993	N	1993	N	1999	d	1999	d	.	.	.		.	.	.	.	.	.	.	.	.	.	80	88	.	.	.	.
ARE	H	2004	N	2009	N	.	.	.	.	.	.	.		2007	.	2010	57,61	2006	61,1	73,9	.	.	.	93	99	1994	85	.	.
ARG	UM	1997	N	1997	N	2007	Y	2007	Y	2005	Y	2010	Y	.	.	2010	.	.	.	.	.	.	.	84	87	.	.	.	.
ARM	LM	2005	N	2005	N	2006	Y	2006	Y	2007	N	2014	Y	2007	1,79	2008	4,95	.	.	.	.	.	.	93	97	2004	71	2009	95
ATG	H	1981	N	1981	N	.	.	.	.	2003	N	2009	N	.	.	.	.	.	.	.	.	.	.	78	87	.	.	.	.
AUS	H	1985	N	1985	N	2000	Y	2000	Y	2007	N	2007	N	2007	270,89	2013	316,64	.	.	.	.	.	.	89	93	.	.	.	.
AUT	H	1988	N	2013	N	2007	Y	2010	Y	2007	N	2012	r	2007	373,76	2013	402,94	.	.	.	.	.	.	56	88	.	.	.	.
AZE	UM	2002	N	2009	N	.	.	.	.	2005	N	2008	N	.	.	2010	15,65	.	.	.	.	.	.	75	98	1998	94	2010	81
BDI	L	2005	N	2005	N	1998	N	1998	N	2007	Y	2012	Y	.	.	2010	1,85	.	.	.	2013	40,2	36,3	.	65	1999	74	2011	98
BEL	H	2007	N	2014	N	2007	Y	2007	Y	.	.	.		2007	364,62	2013	427,23	.	.	.	.	.	.	78	85	.	.	.	.
BEN	L	1990	N	1990	N	.	N	2008	Y	2003	N	2003	N	.	.	2012	0,59	.	.	.	.	.	.	.	.	2000	79	2011	74
BFA	L	2002	N	2012	N	1996	Y	2010	Y	2007	Y	2012	Y	.	.	2012	0,89	.	.	.	2009	75,6	63,5	.	50	2002	57	2009	90
BGD	LM	2004	N	2011	N	2005	Y	2005	Y	1982	Y	2008	Y	.	.	2012	.	.	.	.	.	.	.	.	83	2004	88	2012	97
BGR	UM	2007	N	2007	N	2007	Y	2007	Y	2007	N	2015	r	.	.	.	.	.	.	.	.	.	.	94	87	.	.	.	.
BHR	H	2002	N	2012	N	2002	d	2002	d	2007	N	2007	N	2006	67,46	.	.	.	.	.	.	.	.	99	99	1994	90	.	.
BHS	H	2002	N	2002	N	.	.	.	.	2006	N	2009	N	2006	35,93	.	.	.	.	.	.	.	.	84	76	.	.	.	.
BIH	UM	1995	N	2009	N	1997	d	1997	d	2005	Y	2014	Y	.	.	2010	.	.	.	.	.	.	.	95	88	1999	88	2010	92
BLR	UM	2004	N	2004	N	2006	Y	2006	Y	2007	N	2012	Y	2007	41,29	.	.	.	.	.	.	.	.	99	99	.	.	.	.

BLZ	UM	2005	N	2011	N	1999	d	1999	d	2007	N	2011	N	.	.	.	.	.	.	.	.	.	89	95	1994	83	2010	74
BOL	LM	2005	N	2009	Y	2003	Y	2003	Y	2005	N	2011	N	2002	5,51	2008	4,35	.	.	.	2008	29,2	74,0	.	2002	72	2012	93
BRA	UM	2005	N	2014	N	2001	Y	2001	Y	2007	Y	2013	Y	.	.	.	.	.	.	.	2008	10,8	73,8	49	1995	81	.	.
BRB	H	2007	N	2007	N	2005	Y	2005	Y	2007	N	2011	N	.	.	2010	.	.	.	.	.	.	.	96	89	.	.	.	.
BRN	H	2006	N	2006	N	.	Y	2010	N	2004	N	2009	N	2006	88,67	.	.	.	.	.	.	.	.	92	97	.	.	.	.
BTN	LM	.	.	2008	N	2007	Y	2007	Y	2007	Y	2012	Y	2006	4,35	.	.	.	.	.	.	.	.	.	94	2001	99	2011	99
BWZ	UM	2005	N	2005	N	2002	Y	2002	Y	2005	Y	2012	Y	.	.	2008	.	.	.	.	.	.	.	.	80	1999	97	2012	95
CAF	L	1995	N	2013	N	1995	Y	2010	N	2006	Y	2009	Y	.	.	2010	0,49	.	.	.	.	.	.	.	.	1994	48	2011	47
CAN	H	2001	N	2011	N	.	.	.	.	.	.	.	.	2007	300,61	2013	286,40	.	.	.	.	.	.	.	88	.	.	.	.
CHE	H	2002	N	2014	N	2007	Y	2007	Y	.	N	2012	r	2007	350,90	2013	486,23	.	.	.	.	.	.	71	89	.	.	.	.
CHL	H	1980	N	2013	N	2003	Y	2003	Y	2004	N	2010	N	2006	185,70	2011	.	.	.	.	.	.	.	95	89	.	.	.	.
CHN	UM	2004	N	2004	N	1997	Y	1997	Y	2007	N	2012	Y	2004	19,04	.	.	2004	19,2	10,0	2014	21,1	30,3	92	99	2007	91	.	.
CIV	LM	2007	N	2007	N	.	.	2009	Y	2004	Y	2013	Y	2006	1,40	2010	2,02	.	.	.	.	.	.	.	.	2000	70	2013	82
CMR	LM	1996	N	2008	N	2000	Y	2000	Y	2007	Y	2009	Y	2006	1,47	2008	.	2005	60,0	52,5	.	.	.	.	.	2004	75	2010	68
COD	L	2005	N	2011	N	2005	Y	2008	N	2006	Y	2010	Y	.	.	2011	0,03	2007	55,6	65,4	.	.	.	.	.	1999	31	2012	61
COG	LM	2001	N	2011	N	2004	Y	2004	Y	2006	Y	2013	Y	.	.	.	.	2007	.	.	.	.	.	.	.	2004	68	2013	86
COK	UM	.	.	.	.	2007	d	2007	d	2007	Y	2007	Y	2006	47,42	.	.	.	.	.	.	.	.	98	95	.	.	.	.
COL	UM	2005	N	2013	N	2003	Y	2012	Y	2004	N	2011	N	.	.	2012	.	.	.	.	2008	70,6	73,0	93	86	2004	81	2009	90
COM	L	2001	N	2009	N	2007	Y	2007	Y	2006	N	2010	N	.	.	2011	.	.	.	.	.	.	.	.	.	1999	70	2012	84
CPV	LM	1999	Y	2010	N	2003	Y	2003	Y	2007	N	2009	Y	2006	9,94	2011	.	.	.	.	.	.	.	.	95	2001	85	2010	100
CRI	UM	2003	N	2011	N	.	.	.	.	2006	Y	2010	N	2006	17,64	.	.	.	.	.	.	.	.	.	90	1992	87	2010	94
CUB	UM	2002	Y	2002	Y	.	.	.	.	2006	N	2014	Y	2006	13,57	.	.	.	.	.	.	.	.	99	99	.	.	2009	97
CYP	H	1960	N	2013	N	2007	Y	2007	Y	2003	r	2012	r	.	.	.	.	.	.	.	.	.	.	93	88	.	.	.	.
CZE	H	2002	N	2013	Y	2007	Y	2007	Y	2007	r	2011	r	2007	262,89	2013	250,54	.	.	.	.	.	.	98	99	.	.	.	.
DEU	H	1993	N	2012	N	.	.	.	.	.	.	.	.	2007	469,77	2013	530,89	.	.	.	.	.	.	92	93	.	.	.	.
DJI	LM	1992	N	2010	N	1999	N	1999	N	2003	N	2007	Y	2006	2,44	.	.	.	.	.	.	.	.	.	82	2005	72	2009	43

Country	Economy	1. Access to medicines in domestic constitution				2. National medicines policy				3. Essential medicines list				4. Government spending on medicines (US$/capita/yr)				5. Availability of medicines in public sector (%) 6. Availability of medicines in private sector (%)						7. MCV2 coverage (%)		8. DTP3 coverage (%)			
		2008		2015		2008		2015		2008		2015		2008		2015		2008	2008 Public	2008 Private	2015	2015 Public	2015 Private	2008	2015	2008		2015	
DMA	UM	1984	N	1984	N	.	.	.	.	2003	N	2009	N	.	.	2009	25,24	.	.	.	.	.	.	95	94	.	.	.	.
DNK	H	1953	N	1953	N	.	.	.	.	.	.	.		2007	192,02	2013	133,16	.	.	.	.	.	.	88	80	.	.	.	.
DOM	UM	2002	N	2010	Y	2005	Y	2005	Y	2005	Y	2005	Y	.	.	2009	13,76	.	.	.	.	.	.	.	.	2005	65	2012	77
DZA	UM	2002	N	2008	N	.	.	.	.	2006	r	2006	r	.	.	.	.	.	.	.	.	.	.	95	99	2005	95	2011	91
ECU	UM	2002	N	2011	Y	2007	Y	2007	Y	2006	N	2013	Y	2006	3,56	.	.	.	.	.	2008	42,2	63,1	.	76	1993	85	2011	88
EGY	LM	2007	N	2014	Y	2005	Y	2005	Y	2006	Y	2012	Y	2006	7,93	2008	6,17	.	.	.	2013	.	.	97	92	2004	94	2013	97
ERI	L	1997	N	1997	N	2007	Y	2010	Y	2005	Y	2010	Y	2006	3,41	2008	.	.	.	.	.	.	.	.	75	2005	97	2012	99
ESP	H	1992	N	2011	N	2007	Y	2007	Y	2007	N	2007	N	2007	467,49	2013	319,27	.	.	.	.	.	.	95	94	.	.	.	.
EST	H	2007	N	2011	N	2002	d	2002	d	2007	N	2012	r	2007	125,83	2013	156,78	.	.	.	.	.	.	96	92	.	.	.	.
ETH	L	1994	N	1994	N	2007	Y	2007	Y	2004	Y	2010	Y	2005	0,55	2008	0,36	2004	52,9	88,0	2013	62,9	71,7	.	.	2005	66	2011	60
FIN	H	.	.	2011	N	2003	Y	2011	N	.	.	.		2007	252,60	2013	264,65	.	.	.	.	.	.	.	.	.	.	.	.
FJI	UM	1998	N	2013	N	2007	d	2013	Y	2006	Y	2015	Y	.	.	2010	.	2004	.	75,0	.	.	.	94	94	2007	99	.	.
FRA	H	1984	N	2008	N	.	.	.	.	2007	N	2007	N	2007	466,34	2013	437,43	.	.	.	.	.	.	.	78	.	.	.	.
FSM	LM	1990	N	1990	N	2002	d	2012	Y	.	.	.		.	.	2008	0,00	.	.	.	.	.	.	86	74	.	.	.	.
GAB	UM	2003	N	2003	N	1999	Y	2009	N	2005	N	2010	Y	2006	.	2008	10,10	.	.	.	.	.	.	.	.	1999	38	2011	75
GBR	H	2004	N	2014	N	2007	Y	2007	Y	.	N	.	N	.	.	2013	.	.	.	.	.	.	.	74	91	.	.	.	.
GEO	UM	2006	N	2013	N	.	.	.	.	2007	Y	2007	Y	.	.	2011	.	.	.	.	.	.	.	92	91	1998	80	.	.
GHA	LM	1996	N	1996	N	2004	Y	2004	Y	2004	Y	2010	Y	2006	0,41	2012	.	2004	17,9	44,6	.	.	.	.	63	2005	84	2011	97
GIN	L	1990	N	2010	N	2007	N	2007	N	2006	Y	2012	Y	2006	0,15	2008	0,37	.	.	.	.	.	.	.	.	2004	51	2011	50
GMB	L	2004	N	2004	N	2007	Y	2007	Y	2007	Y	2007	Y	2006	0,85	2010	.	.	.	.	.	.	.	.	81	2000	87	2011	95
GNB	L	1996	N	1996	N	.	.	2009	N	1990	N	2009	N	2006	0,32	2010	.	.	.	.	.	.	.	.	.	1999	38	2009	81

GNQ	H	1995	N	2012	N	.	.	2010	N	2000	N	2010	N	.	.	.	.	.	.	.	.	.	.	.	1999	33	2010	41
GRC	H	2001	N	2008	N	2003	Y	2003	Y	2003	r	2003	r	2007	611,51	2013	492,61	.	.	.	.	.	.	77	83	.	.	.
GRD	UM	1992	N	1992	N	.	.	.	.	2005	N	2010	N	2006	15,93	2010	.	.	.	.	.	.	.	86	89	.	.	.
GTM	LM	1993	N	1993	N	2000	Y	2008	N	.	.	.	.	.	.	2010	.	.	.	.	.	.	.	.	.	2007	84	2013	85
GUY	UM	2007	N	2007	N	.	.	.	.	2006	N	2012	Y	2007	4,32	.	.	.	.	.	.	.	.	90	95	2007	85	2012	91
HND	LM	2005	N	2013	N	2005	d	2005	d	2002	N	2009	Y	2006	5,94	.	.	.	.	.	.	.	.	.	.	2005	93	2011	95
HTI	L	1987	N	2012	N	.	.	2014	Y	1996	Y	2012	Y	.	.	2012	.	.	.	.	2011	23,3	44,6	.	.	1999	43	2011	63
HUN	H	2007	N	2013	N	2007	Y	2007	Y	.	.	.	.	2007	290,32	2013	220,75	.	.	.	.	.	.	99	99	.	.	.	.
HVR	H	2001	N	2010	N	.	.	.	.	.	.	2014	r	.	.	2008	.	.	.	.	.	.	.	98	96	.	.	.	.
IDN	LM	2002	N	2002	N	2006	Y	2006	Y	2005	Y	2015	Y	2006	6,17	2010	2,77	2004	46,7	62,1	2010	55,1	49,4	73	31	2002	58	2011	72
IND	LM	2006	N	2012	N	2002	Y	2002	Y	2003	Y	2011	Y	2004	.	.	.	2005	20,5	75,4	2011	32,8	68,8	.	69	2005	55	2008	72
IRL	H	2004	N	2013	N	2006	Y	2006	Y	.	.	2012	r	2007	481,20	2013	553,01	.	.	.	.	.	.	.	.	.	.	.	.
IRN	UM	1989	N	1989	N	2007	Y	2007	Y	2006	N	2014	r	2005	26,23	.	.	2007	92,7	92,8	2014	68,4	64,9	97	98	1989	88	.	.
IRQ	UM	2005	N	2005	N	2005	Y	2008	N	2006	N	2014	r	2007	19,71	2008	39,64	.	.	.	.	.	.	64	62	2005	60	2010	70
ISL	H	1999	N	2013	N	2007	Y	2007	Y	.	.	.	.	2007	229,74	2013	189,43	.	.	.	.	.	.	95	94	.	.	.	.
ISR	H	2007	N	2013	N	.	.	.	.	.	.	2011	N	.	.	2013	.	.	.	.	.	.	.	90	97	.	.	.	.
ITA	H	2007	N	2012	N	2007	Y	2007	Y	2007	N	2012	r	2007	285,75	2013	293,93	.	.	.	.	.	.	.	83	2007	97	.	.
JAM	UM	1994	N	2011	N	.	.	.	.	1993	Y	2012	Y	.	.	.	.	.	.	.	.	.	.	84	83	.	.	2009	92
JOR	UM	1984	N	2011	N	2002	Y	2014	Y	2006	Y	2011	Y	2006	26,07	2008	.	2004	27,8	80,0	.	.	.	97	96	2001	98	2011	98
JPN	H	1946	N	1946	N	2007	Y	2007	Y	.	.	.	.	2007	414,91	2013	601,42	.	.	.	.	.	.	.	93	.	.	.	.
KAZ	UM	2007	N	2011	N	2006	Y	2006	Y	1998	Y	1998	Y	.	.	.	.	2004	.	70,0	.	.	.	99	98	1994	51	2009	97
KEN	LM	1997	N	2010	N	1994	Y	2010	Y	2002	Y	2010	Y	2006	1,08	.	.	2004	37,7	72,4	.	.	.	.	28	2007	86	2012	90
KGZ	LM	2007	N	2010	N	2007	Y	2014	Y	2006	Y	2009	Y	2005	0,28	2008	.	2005	.	80,0	2015	.	65,1	95	96	.	.	2011	85
KHM	LM	1999	N	2008	N	1995	Y	2010	Y	2006	Y	2011	Y	2006	3,06	.	.	.	.	.	.	.	.	.	58	2004	78	2009	85
KIR	LM	1995	N	1995	N	2007	N	2009	Y	2005	N	2013	Y	2005	19,79	2009	.	.	.	.	.	.	.	.	76	.	.	2008	61
KNA	H	1983	N	1983	N	.	.	.	.	2003	N	2011	N	.	.	.	.	.	.	.	.	.	.	95	90	.	.	.	.

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		2008		2015		2008		2015		2008		2015		2008		2015		2008	2008 Public	2008 Private	2015	2015 Public	2015 Private	2008	2015	2008		2015	
KOR	H	1987	N	1987	N	2007	Y	2007	Y	.	.	.		2007	259,46	2013	256,64	.	.	.	.	.	.	99	97	.	.	.	.
KWT	H	1992	N	1992	N	.	.	.	.	.	.	.		.	.	2010	.	2004	12,0	0,0	.	.	.	90	96	1998	98	.	.
LAO	LM	2003	N	2003	N	2003	Y	2003	Y	2007	N	2009	N	.	.	2010	1,03	.	.	.	2013	60,6	50,3	.	.	1995	28	2010	56
LBN	UM	2004	N	2004	N	2007	Y	2007	Y	2002	Y	2014	Y	.	.	2008	.	2004	0,0	83,8	2013	54,4	77,9	55	75	1999	90	2008	72
LBR	L	1986	N	1986	N	2001	Y	2011	N	2007	Y	2011	Y	2007	0,30	2010		.	.	.	.	.	.	.	.	2004	27	2012	71
LBY	UM	1977	N	2012	N	.	.	.	Y	2006	Y	2006	Y	.	.	.	.	.	.	.	.	.	.	97	97	2006	98	.	.
LCA	UM	1978	N	1978	N	.	.	.	.	.	N	2009	N	.	.	.	.	.	.	.	.	.	.	33	95	.	.	.	.
LIE	H	.	.	2011	N	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
LKA	LM	2001	N	2010	N	2006	Y	2006	Y	2006	N	2009	Y	2007	2,86	.	.	.	.	.	.	.	.	97	99	2006	99	.	.
LSO	LM	2004	N	2004	N	2005	N	2005	N	2005	Y	2005	Y	.	.	2010	1,75	.	.	.	.	.	.	80	82	2003	83	2011	95
LTU	H	2006	N	2006	N	2007	Y	2007	Y	.	.	2012	r	2007	94,75	2008	.	.	.	.	.	.	.	96	92	.	.	.	.
LUX	H	2007	N	2009	N	2007	Y	2007	Y	.	N	2012	r	2007	322,33	2013	438,02	.	.	.	.	.	.	.	86	.	.	.	.
LVA	H	2007	N	2013	N	2007	Y	2009	N	.	N	2015	r	.	.	2011	.	.	.	.	.	.	.	98	92	.	.	.	.
MAR	LM	1996	N	2011	N	.	.	2008	Y	2007	Y	2010	N	2007	2,20	2010	14,35	2004	0,0	57,5	.	.	.	92	95	2003	95	.	.
MCO	H	2002	N	2002	N	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
MDA	LM	2006	N	2006	N	2002	Y	2002	Y	2006	Y	2015	r	.	.	2012	.	.	.	.	2011	49,2	55,9	95	90	2004	92	2011	93
MDG	L	.	.	2010	N	2004	Y	2004	Y	2000	Y	2011	Y	2007	0,10	2010	2,43	.	.	.	.	.	.	.	.	2003	61	2011	63
MDV	UM	1998	N	2008	N	2007	Y	2007	Y	2006	N	2009	Y	2006	35,28	.	.	.	.	.	.	.	.	56	99	2000	91	2008	98
MEX	UM	2007	Y	2014	Y	2005	Y	2005	Y	2007	N	2013	Y	2007	48,01	2011	.	.	.	.	2009	40,7	42,9	85	96	1986	34	.	.
MHL	UM	1995	N	1995	N	.	.	.	.	.	.	.		2007	21,07	.	.	.	.	.	.	.	.	91	70	2006	48	.	.
MKD	UM	.	.	2011	N	2007	Y	2007	Y	2001	N	2010	N	.	.	2011	.	.	.	.	.	.	.	95	93	1999	98	2009	95

MLI	L	1992	N	1992	N	2000	Y	2000	Y	2006	Y	2012	Y	2006	0,58	2009	.	2004	81,0	70,0	.	.	.	.	.	2000	40	2011	63
MLT	H	2007	N	2011	N	2007	Y	2007	Y	.	N	2011	N	.	.	2009	.	.	.	.	.	.	.	77	91	.	.	.	.
MMR	LM	1974	N	2008	N	2001	d	2001	d	2002	Y	2010	Y	2007	.	.	.	.	.	.	.	.	.	.	78	2002	83	2008	98
MNE	UM	2007	N	2013	N	.	.	.	.	.	.	2011	r	.	.	2010	71,82	.	.	.	.	.	.	95	94	.	.	2012	91
MNG	LM	2001	N	2001	N	2002	Y	2014	Y	2005	Y	2014	Y	2007	5,65	.	.	2004	100,0	80,0	2012	41,8	73,0	97	98	1999	89	2009	92
MOZ	L	2007	N	2007	N	1995	Y	1995	Y	1986	Y	2010	Y	2006	3,30	2010	2,77	.	.	.	.	.	.	.	.	2002	72	2010	76
MRT	LM	1917	N	2012	N	.	Y	2011	N	2007	Y	2012	Y	2007	0,97	2010	.	.	.	.	.	.	.	.	.	2002	84	2013	92
MUS	UM	1997	N	2011	N	.	.	.	.	2005	N	2005	N	2006	9,40	2008	.	.	.	.	2008	68,6	55,8	80	96	1984	89	.	.
MWI	L	1999	N	2010	N	1991	Y	2009	Y	1998	N	2009	Y	.	.	2012	0,00	.	.	.	.	.	.	.	8	2005	86	2009	93
MYS	UM	2007	N	2007	N	2006	Y	2012	Y	2000	Y	2012	Y	2006	15,76	.	.	2004	25,0	43,8	.	.	.	92	99	.	.	.	.
NAM	UM	1998	N	2010	N	1998	Y	1998	Y	2003	Y	2008	Y	2006	12,24	2009	.	.	.	.	.	.	.	.	.	1999	79	2012	84
NER	L	1996	N	2010	Y	1995	Y	1995	Y	2002	N	2008	Y	2005	0,24	2009	0,29	.	.	.	.	.	.	.	16	2005	39	2012	78
NGA	LM	1999	N	2010	N	2005	Y	2005	Y	2003	Y	2010	Y	.	.	2009	.	2004	26,2	36,4	.	.	.	.	.	2005	54	2012	38
NIC	LM	2007	N	2007	N	1996	Y	1996	Y	2007	N	2011	Y	1996	7,69	.	.	.	.	.	2008	47,8	72,5	.	.	2005	95	.	.
NIU	UM	.	.	.	.	.	.	.	.	2007	Y	2007	Y	2007	73,04	.	.	.	.	.	.	.	.	99	99	.	.	.	.
NLD	H	2006	N	2008	N	2007	Y	2007	Y	.	.	.		2007	398,91	2013	340,60	.	.	.	.	.	.	92	92	.	.	.	.
NOR	H	2007	N	2014	N	2007	Y	2014	Y	.	N	2011	N	2007	233,17	2013	211,19	.	.	.	.	.	.	93	91	.	.	.	.
NPL	L	2006	N	2012	N	2007	d	2007	d	2002	Y	2011	Y	.	.	2009	0,02	.	.	.	.	.	.	.	.	2005	89	2010	92
NRU	H	1968	N	1968	N	.	.	.	.	2006	Y	2010	Y	2007	51,79	.	.	.	.	.	.	.	.	99	96	2006	89	.	.
NZL	H	2005	N	2014	N	2007	Y	2007	Y	.	.	.		2007	184,02	2013	.	.	.	.	.	.	.	.	87	.	.	.	.
OMN	H	1996	N	2011	N	2005	Y	2005	Y	2003	N	2011	N	.	.	2008	.	2007	68,3	55,3	.	.	.	95	98	1994	98	.	.
PAK	LM	1997	N	2012	N	2003	Y	2003	Y	2007	Y	2007	Y	.	.	2012	.	2004	3,3	31,3	.	.	.	.	53	2005	65	2012	65
PAN	UM	2004	Y	2004	Y	.	.	2009	Y	2002	N	2012	Y	.	.	2010	46,27	.	.	.	.	.	.	83	92	.	.	.	.
PER	UM	2006	N	2009	N	2004	Y	2004	Y	2005	N	2010	Y	2004	2,27	2009	15,70	2005	61,5	60,9	.	.	.	9	63	2004	85	2012	80
PHL	LM	1987	Y	1987	Y	2005	Y	2011	Y	1997	Y	2008	Y	2006	9,96	2012	.	2005	15,4	26,5	.	.	.	.	67	2002	79	2012	86
PKR	L	1998	N	2009	N	1998	Y	1998	Y	2006	Y	2012	Y	.	.	.	.	.	.	.	.	.	.	.	97	2007	92	.	.

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		2008		2015		2008		2015		2008		2015		2008		2015		2008	2008 Public	2008 Private	2015	2015 Public	2015 Private	2008	2015	2008		2015	
PLW	UM	1992	N	1992	N	.	.	2010	d	2006	N	2009	Y	.	.	.	.	.	.	.	.	.	.	83	82	.	.	.	.
PNG	LM	2007	N	2014	N	1998	Y	1998	Y	2007	N	2007	N	.	.	2010	6,55	.	.	.	.	.	.	.	.	2004	71	.	.
POL	H	2006	N	2009	N	2004	Y	2004	Y	.	.	2016	r	2007	108,59	2013	109,75	.	.	.	.	.	.	98	94	.	.	.	.
PRT	H	2005	Y	2005	Y	2007	Y	2007	Y	.	N	.	N	2007	299,47	2013	221,09	.	.	.	.	.	.	95	95	1997	98	.	.
PRY	UM	1992	N	2011	Y	2001	Y	2001	Y	2005	N	2009	Y	2007	6,16	.	.	.	.	.	.	.	.	74	77	1995	61	.	.
QAT	H	2003	N	2003	N	.	.	.	.	.	N	.	N	.	.	2010	.	.	.	.	.	.	.	91	91	1997	91	.	.
ROU	UM	2003	N	2003	N	2007	Y	2007	Y	1994	N	2012	r	2006	69,80	.	.	.	.	.	.	.	.	96	80	.	.	.	.
RUS	UM	2001	N	2014	N	.	.	.	.	.	.	2015	Y	.	.	2010	58,26	.	.	.	2011	91,0	85,7	97	97	.	.	.	.
RWA	L	2005	N	2010	N	.	.	2010	N	2004	Y	2010	Y	2006	.	.	.	.	.	.	.	.	.	.	87	2004	87	2012	98
SAU	H	2005	N	2005	N	2004	N	2004	N	.	.	2011	N	.	.	2010	57,61	.	.	.	2015	50,3	58,5	98	96	1995	93	.	.
SDN	LM	2005	N	2005	N	2005	Y	2014	Y	2007	Y	2014	Y	2007	1,49	.	.	2006	51,4	77,2	2013	68,1	83,9	.	69	1999	44	2009	61
SEN	L	2001	N	2009	N	2006	Y	2006	Y	2006	Y	2008	Y	2007	2,06	.	.	.	.	.	.	.	.	.	54	2004	78	2013	89
SGP	H	1995	N	2010	N	.	.	.	.	2007	N	2007	N	2006	45,09	2008	.	.	.	.	.	.	.	96	90	.	.	.	.
SLB	LM	2001	N	2009	N	2003	Y	2009	Y	2007	N	2010	Y	2006	2,92	2009	4,75	.	.	.	.	.	.	.	.	2005	88	.	.
SLE	L	1991	N	2008	N	2004	Y	2004	Y	2004	Y	2004	Y	2005	0,98	.	.	.	.	.	.	.	.	.	60	2004	63	2012	78
SLV	LM	2003	N	2009	N	.	.	2011	Y	2006	N	2009	Y	2006	8,15	2010	.	2006	53,8	69,2	.	.	.	86	88	2002	89	2009	95
SMR	H	.	.	.	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.	.	91	82	.	.	.	.
SOM	L	2004	N	2012	N	1990	d	2013	d	2006	Y	2006	Y	.	.	.	.	.	.	.	.	.	.	.	.	1999	36	.	.
South Sudan	L	.	.	2011	N	2006	Y	2006	Y	2007	Y	2012	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2011	55
SRB	UM	2006	N	2006	N	2002	d	2002	d	2007	N	2010	r	2006	31,36	.	.	.	.	.	.	.	.	96	86	2005	96	2013	89

STP	LM	2003	N	2003	N	.	.	.	.	1997	N	2011	N	.	.	2010	.	.	.	.	2008	55,1	24,3	.	76	2007	87	2012	95
SUR	UM	1992	N	1992	N	2005	Y	2005	Y	2007	N	2014	Y	2007	7,73	.	.	.	.	.	.	.	.	.	28	2005	91	.	.
SVK	H	2006	N	2014	N	2007	Y	2007	Y	.	N	2010	r	2007	342,90	2013	380,89	.	.	.	.	.	.	98	98	.	.	.	.
SVN	H	2006	N	2013	N	2007	Y	2007	Y	.	N	2012	r	.	.	2011	.	.	.	.	.	.	.	98	96	.	.	.	.
SWE	H	2003	N	2012	N	1984	Y	2011	Y	2004	Y	2015	Y	2007	296,04	2013	251,58	.	.	.	.	.	.	95	95	.	.	.	.
SWZ	LM	2005	N	2005	N	2007	Y	2011	Y	2005	N	2011	Y	.	.	.	.	.	.	.	.	.	.	99	89	2002	97	2011	88
SYC	H	2000	N	2011	N	.	.	2009	Y	2006	N	2010	Y	2006	44,38	2009	2,94	.	.	.	.	.	.	99	98	.	.	.	.
SYR	LM	1973	Y	2012	Y	2007	Y	2007	Y	2006	Y	2008	Y	.	.	2008	.	2003	.	98,2	.	.	.	81	47	1989	83	2008	82
TCD	L	2005	N	2005	N	1998	Y	2009	Y	2007	Y	2015	Y	.	.	2011	0,95	2004	31,3	13,6	.	.	.	.	.	2003	20	2011	42
TGO	L	2007	N	2007	N	1997	Y	1997	Y	2006	Y	2012	Y	.	.	2008	0,51	.	.	.	.	.	.	.	.	2000	64	2013	83
THA	UM	2007	N	2014	N	1981	Y	2011	Y	2004	Y	2012	Y	2005	.	.	.	2006	75,0	28,6	.	.	.	94	95	2003	98	2011	90
TJK	LM	2003	N	2003	N	2003	Y	2003	Y	2007	N	2011	Y	2007	0,40	2011	.	2005	75,0	85,0	2013	78,4	80,4	90	94	2004	86	2011	93
TKM	UM	1992	N	2008	N	.	.	.	.	1997	N	1997	N	.	.	.	.	.	.	.	.	.	.	98	99	1994	82	.	.
TLS	LM	2002	N	2002	N	1997	N	2010	Y	2004	Y	2010	Y	.	.	.	.	.	.	.	.	.	.	.	.	2003	57	2008	66
TON	LM	2003	N	2013	N	2001	Y	2010	N	2007	Y	2007	Y	2007	6,87	.	.	.	.	.	.	.	.	85	85	2002	96	2011	66
TTO	H	2007	N	2007	N	1998	Y	1998	Y	.	.	2010	Y	2006	34,46	2008	.	.	.	.	.	.	.	87	79	1999	81	.	.
TUN	LM	1993	N	2014	N	2007	Y	2007	Y	1991	N	1991	N	2006	51,81	2010	30,78	2004	64,3	95,1	.	.	.	98	98	1999	96	2010	96
TUR	UM	2007	N	2011	N	2005	N	2009	N	.	.	.		.	.	2013	.	.	.	.	.	.	.	94	86	2007	89	.	.
TUV	UM	1986	N	2010	N	2003	N	2010	Y	.	.	2010	Y	.	.	2009	15,71	.	.	.	.	.	.	74	86	2006	62	.	.
TZA	L	2005	N	2005	N	1991	Y	1991	Y	2007	Y	2013	Y	2006	0,94	2010	.	2004	23,4	47,9	2012	43,3	54,3	.	57	2003	86	2010	95
UGA	L	2005	N	2005	N	2002	Y	2015	d	2007	Y	2012	Y	2006	4,89	2010	.	2004	20,0	80,0	2015	58,1	68,1	.	.	1999	55	2011	92
UKR	LM	2004	N	2014	N	.	.	2010	Y	1996	Y	2009	Y	.	.	2009	.	.	.	.	2012	77,4	79,4	96	57	.	.	2011	74
URY	H	2004	N	2004	N	.	.	.	.	2006	N	2011	N	.	.	2008	24,77	.	.	.	.	.	.	.	93	.	.	.	.
USA	H	1992	N	1992	N	.	.	.	.	.	.	.		2007	315,47	2013	342,97	.	.	.	2014	.	82,1	.	.	2001	94	.	.
UZB	LM	2007	N	2011	N	1999	Y	1999	Y	2007	N	2009	N	2007	1,75	2010	.	2004	.	82,5	.	.	.	44	99	2005	93	.	.
VCT	UM	1979	N	1979	N	.	.	.	.	.	.	2010	Y	.	.	2009	16,13	.	.	.	.	.	.	83	99	.	.	.	.

Country	Economy	1. Access to medicines in domestic constitution				2. National medicines policy				3. Essential medicines list				4. Government spending on medicines (US$/capita/yr)				5. Availability of medicines in public sector (%) 6. Availability of medicines in private sector (%)						7. MCV2 coverage (%)		8. DTP3 coverage (%)			
		2008		2015		2008		2015		2008		2015		2008		2015		2008	2008 Public	2008 Private	2015	2015 Public	2015 Private	2008	2015	2008		2015	
VEN	UM	1999	N	2009	N	2003	d	2003	d	2004	Y	2004	Y	.	.	.	.	.	.	.	.	.	.	.	52	1999	59	.	.
VNM	LM	2001	N	2013	N	2007	Y	2007	Y	2005	Y	2008	Y	.	.	.	.	.	.	.	.	.	.	18	92	2001	72	2009	74
VUT	LM	1983	N	1983	N	.	.	.	.	2007	Y	2007	Y	2007	5,05	.	.	.	.	.	.	.	.	.	.	.	.	2012	55
WSM	LM	.	.	2013	N	2007	Y	2007	Y	1995	N	1995	N	2007	9,77	.	.	.	.	.	.	.	.	36	48	2007	38	2012	64
YEM	LM	2001	N	2001	N	1997	Y	1997	Y	2007	Y	2009	Y	2007	0,57	.	.	2006	5,0	90,0	.	.	.	32	41	2005	61	2012	60
ZAF	UM	2007	N	2012	N	1996	Y	1996	Y	2006	Y	2012	Y	2005	169,67	.	.	2004	.	71,7	.	.	.	52	66	2007	63	.	.
ZMB	LM	1996	N	2009	N	1994	d	2010	Y	2007	N	2013	Y	2006	2,51	2011	1,89	.	.	.	.	.	.	.	47	2001	80	2013	86
ZWE	L	2007	N	2013	N	1995	Y	2011	Y	2006	Y	2011	Y	.	.	2010	.	.	.	.	.	.	.	.	.	1998	81	2013	87

CV of the Author

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Prior to her doctoral research, Katrina acquired five years of experience advocating for access to medicines and their rational use at the NGOs Health Action International (Amsterdam) and The European Consumer Organization (Brussels). For two years she coordinated the Belgian arm of a multi-country clinical study to optimise prescribing in geriatric in-patients at the Ghent University Hospital (the SENATOR Project). She has consulted for the IFHHRO Medical Human Rights Network and François-Xavier Bagnoud Center for Health and Human Rights at Harvard University.

Katrina is a 2018-2019 Post Doctoral Fellow with Prof. Lisa Forman at the Dalla Lana School of Public Health, University of Toronto, Canada. In October 2018, she will commence a part-time post doctoral assistantship at the International Centre for Reproductive Health at the Ghent University, Belgium- a WHO Collaborating Centre for Research on Sexual and Reproductive Health.

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