Pharmaceutical System Flowchart

NEW MEDICINE

MARTK AUTHORIZATION / LICENSING

National Regulatory Authority
FOOD AND DRUG DEPARTMENT, MINISTRY OF HEALTH

TASKS
Medicines evaluation and registration

CRITERIA
Quality, safety and efficacy

REGULATIONS
Law on Drugs and Medical Products 2011, Regulation on Drug Registration 2003, National Medicines Policy 2003

SELECTION

PUBLIC HOSPITAL PHARMACY DIVISION, FOOD AND DRUG DEPARTMENT, MINISTRY OF HEALTH

PURPOSE
Listing of medicines in the Essential Medicines List and subsequent review every 2 to 3 years

CRITERIA
Quality, safety, efficacy, therapeutic advantage and cost

PROCUREMENT

Different methods of procurement are used in the public sector, such as collective negotiation procurement, centralized procurement and decentralized procurement.

There are no price controls for manufacturers, importers and wholesale distributors.

PRICING AND REIMBURSEMENT

For the public sector

As of 2015, 21% of the population is covered by health insurance schemes. This number is expected to rise with the launch of a new tax-based system.

Selling price of medicines is determined by the retail price with maximum of 25% mark-up in accordance with the guidelines of the drug revolving funds.

Medicines are free for all insurance members and other vulnerable groups (e.g. mothers, children under 5, and the poor).

For the private sector

There is no regulation on margins or mark-ups.

Payment is out of pocket.

DISTRIBUTION

Through seven central-level hospitals (of which three are specialized centres), four regional hospitals, 16 provincial hospitals, 130 district hospitals and 894 health centres

Through 222 private clinics and 1993 private pharmacies

REFERENCES

3 Data provided by country.

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