# GRENADA

# PHARMACEUTICAL COUNTRY PROFILE


# GRENADA Pharmaceutical Country Profile

Published by the Ministry of Health in collaboration with the Pan American Health Organization / World Health Organization (PAHO/WHO)

## May 2012



This document was produced with the support of the Pan American Health Organization/World Health Organization (PAHO/WHO) Office of Caribbean Program Coordination (CPC), and all reasonable precautions have been taken to verify the information contained herein. The published material does not imply the expression of any opinion whatsoever on the part of the PAHO/WHO, and is being distributed without any warranty of any kind – either expressed or implied. The responsibility for interpretation and use of the material lies with the reader. In no event shall the PAHO/WHO be liable for damages arising from its use.

Users of this Profile are encouraged to send comments or queries to the following address:

**ELLEN GABRIEL**
CHIEF PHARMACIST – MINISTRY OF HEALTH
Ministerial Complex, Southern Wing 1st & 2nd Floor, Botanical Gardens
Tanteen, St. George's

**e-mail: chpharmgda@gmail.com**

## Foreword

The 2012 Pharmaceutical Country Profile for Grenada has been produced by the Ministry of Health, in collaboration with the Pan American Health Organization / World Health Organization (PAHO/WHO). This document contains information on existing socio-economic and health-related conditions, resources; as well as on regulatory structures, processes and outcomes relating to the pharmaceutical sector in Grenada. The compiled data comes from international sources, surveys conducted in the previous years and country level information collected in 2011. The sources of data for each piece of information are presented in the tables that can be found at the end of this document.

For their contributions to the process of data collection and the development of this profile, on behalf of the Ministry of Grenada I would like to express my appreciation to the following persons:

**Pan American Health Organization / World Health Organization**

Nelly Marin Jaramillo *(Pharmaceutical Policies Regional Advisor for the Americas)*

Adriana Mitsue Ivama *(Medicines and Health Technologies Sub-regional Advisor for the Caribbean)*

Robinson Rojas Cortes *(HSS-MT Consultant)*

Merle J. Lewis *(PAHO/WHO Representative for Barbados and Eastern Caribbean Countries)*

Ernest Pate *(Caribbean Program Coordinator, CPC)*

Gabriel Vivas *(former Health Systems and Services Advisor for ECC and Barbados)*

Tessa Stroude *(Country Program Specialist for Grenada)*

Carol Harris-Coppin *(Administrative Assistant, ECC Office)*

Arlette Scantlebury *(Administrative Assistant, CPC Office)*

Annika Thomas-Agard *(Administrative Assistant)*

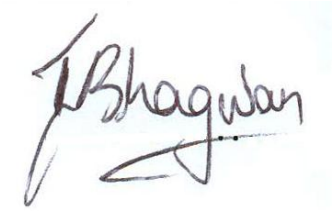
Tassia Williams *(former Intern CPC Office)*

**Ministry of Health**

Ellen Gabriel *(Chief Pharmacist)*

Marcelle Belmar *(Pharmacy Inspector)*

It is my hope that partners, researchers, policy-makers and all those who are interested in the Grenada pharmaceutical sector will find this profile a useful tool to aid their activities.



**ISAAC BHAGWAN**
Permanent Secretary
Ministry of Health

*(Photo of Dr. Bhagwan by Mr. Keville Frederich)*


## Table of content


## List of Tables and Figures


## Acronyms and abbreviations

| | |
|---|---|
| ADR | Adverse Drug Reaction |
| API | Active Pharmaceutical Ingredient |
| CARICOM | Caribbean Community |
| CIA | Central Intelligence Agency |
| CMS | Central Medical Store |
| CPC | Caribbean Program Coordination |
| CRDTL | Caribbean Regional Drug Testing Laboratory |
| DTC | Drug and Therapeutics Committee |
| EC$ | East Caribbean dollar |
| ECC | Eastern Caribbean Countries |
| EML | Essential Medicines List |
| FIOCRUZ | Oswaldo Cruz Foundation |
| GCP | Good Clinical Practice |
| GDP | Good Distribution Practices |
| GDP | Gross Domestic Product |
| GGHE | General Government Health Expenditure |
| GMP | Good Manufacturing Practices |
| HACCP | Hazard Analysis and Critical Control Points |
| HAI | Health Action International |
| HERA | Health Research for Action |
| HIV/AIDS | Human Immunodefficiency Virus / Acquired Immunodefficiency Syndrome |
| HQ | Headquarters |
| INCB | International Narcotics Control Board |
| INN | International Nonproprietary Name |
| ISO | International Organization for Standardization |
| MoH | Ministry of Health |
| MRA | Medicines Regulatory Authority |
| NHA | National Health Account |
| NHP | National Health Policy |
| NIDCU | National Infectious Disease Control Unit |
| NMP | National Medicines Policy |
| NSHP | National Strategic Health Plan |
| OECS/PPS | Organization of Eastern Caribbean States / Pharmaceutical Procurement Service |
| PAHO | Pan American Health Organization |
| PHC | Primary Health Care |
| RUM | Rational Use of Medicines |
| STG | Standard Treatment Guidelines |


| | |
|---|---|
| TAMCC | TA Marryshow Community College |
| TRIPS | Trade Related Aspects of Intellectual Property Rights |
| UK | United Kingdom |
| US$ | United States dollar |
| VAT | Value-added Tax |
| WHO | World Health Organization |
| WIPO | World Intellectual Property Organization |
| WTO | World Trade Organization |


## Introduction

This Pharmaceutical Country Profile provides data on existing socio-economic and health-related conditions, resources, regulatory structures, processes and outcomes relating to the pharmaceutical sector of Grenada. The aim of this document is to compile all relevant, existing information on the pharmaceutical sector and make it available to the public in a user-friendly format. In 2010, the country profiles project was piloted in 13 countries (http://www.who.int/medicines/areas/coordination/coordination_assessment/en/index.html). During 2011, the World Health Organization has supported all WHO Member States to develop similar comprehensive pharmaceutical country profiles.

The information is categorized in 8 sections, namely: (1) Health and Demographic data, (2) Health Services, (3) Policy issues, (4) Medicines Trade and Production (5) Medicines Regulation, (6) Medicines Financing, (7) Pharmaceutical procurement and distribution, and (8) Selection and rational use. The indicators have been divided into two categories, namely "core" (most important) and "supplementary" (useful if available). This narrative profile is based on data derived from both the core and supplementary indicators. The tables in the annexes also present all data collected for each of the indicators in the original survey form. For each piece of information, the year and source of the data are indicated; these have been used to build the references in the profile and are also indicated in the tables. If key national documents are available online, links have been provided to the source documents so that users can easily access these documents.


The selection of indicators for the profiles has involved all technical units working in the Essential Medicines Department of the World Health Organization (WHO), as well as experts from WHO Regional and Country Offices, Harvard Medical School, Oswaldo Cruz Foundation (known as Fiocruz), University of Utrecht, the Austrian Federal Institute for Health Care and representatives from 13 pilot countries.

Data collection in all 193 member states has been conducted using a user-friendly electronic questionnaire that included a comprehensive instruction manual and glossary. Countries were requested not to conduct any additional surveys, but only to enter the results from previous surveys and to provide centrally available information. To facilitate the work of national counterparts, the questionnaires were pre-filled at WHO Headquarters (HQ) using all publicly-available data and before being sent out to each country by the WHO Regional Office. A coordinator was nominated for each of the member states. The coordinator for Grenada was Ellen Gabriel (Chief Pharmacist), with support of Adriana Mitsue Ivama and the PAHO/WHO team.

The completed questionnaires were then used to generate individual country profiles. In order to do this in a structured and efficient manner, a text template was developed. Experts from member states took part in the development of the profile and, once the final document was ready, an officer from the Ministry of Health certified the quality of the information and gave formal permission to publish the profile on the PAHO/WHO website.


This profile will regularly be updated by the Pan American Health Organization / World Health Organization in partnership with the country officials. Users of this profile are encouraged to send comments, corrections or queries to:

**Ellen Gabriel**
Chief Pharmacist
Ministry of Health
Ministerial Complex, Southern Wing 1st & 2nd Floor, Botanical Gardens
Tanteen, St. George's
Tel: (473) 440-2649
Fax: (473) 440-4127
chpharmgda@gmail.com

**Adriana Mitsue Ivama**
Medicines and Health Technologies Sub Regional Advisor
Pan-American Health Organization / World Health Organization (PAHO/WHO) – Office of Caribbean Programme Coordination (CPC)
Dayrells Rd & Navy Garden, Christ Church, Barbados
Tel: (246) 434-5200
Fax: (246) 436-9779
ivamaadr@cpc.paho.org


# Section 1 - Health and Demographic Data

This section gives an overview of the demographics and health status of Grenada.

## 1.1 Demographics and Socioeconomic Indicators

The total population of Grenada in 2011 was 111,764 with an annual population growth rate of 0.6%[1]. The annual Gross Domestic Product (GDP) growth rate was 1%[2]. The GDP per capita was US$ 6,214 in the same year.

24.8% of the population was under 15 years of age in 2010, and 11.3% was over 60 years of age in the same year[1]. The urban population stood at 41% of the total population[1]. The fertility rate in Grenada was 2.2 births per woman in 2010.

32% of the population was living below the nationally defined poverty line in 2010[2]. The adult literacy rate for the population over 15 years was 96% in the same year.

## 1.2 Mortality and Causes of Death

The life expectancy at birth was 70.51 and 75.82 years for men and women respectively in 2010[3]. The infant mortality rate (i.e. children under 1 year) was 12.1/1,000 live births in the same year. For children under the age of 5, the mortality rate was 14.6/1,000 live births. The maternal mortality rate was 0/100,000 live births.

The top 10 diseases causing mortality in Grenada[4] are listed in Table 1.

***Table 1. Top 10 diseases causing mortality in Grenada (2010)***

| | Disease |
|---|---|
| 1 | Malignant neoplasms |
| 2 | Endocrine and metabolic diseases |
| 3 | Ischemic heart disease |
| 4 | Cerebrovascular disease |
| 5 | Disease of the pulmonary circulation and other forms of heart disease |
| 6 | Disease of the respiratory system |
| 7 | Hypertension diseases |
| 8 | External causes of morbidity and mortality |
| 9 | Disease of the digestive system |
| 10 | Disease of the genitourinary system |

The top 10 diseases causing morbidity in Grenada[4] are listed in Table 2.

***Table 2. Top 10 diseases causing morbidity in Grenada (2010)***

| | Disease |
|---|---|
| 1 | Complications of pregnancy, childbirth and puerperium |
| 2 | Hypertensive disease |
| 3 | Diabetes mellitus |
| 4 | Maternal conditions affecting fetus or newborn |
| 5 | Disease of the urinary system |
| 6 | Nutritional deficiencies and anemias |
| 7 | Disease of  other parts of the digestive system |
| 8 | Intestinal infectious diseases |
| 9 | Disease of the pulmonary circulation and other forms of heart disease |
| 10 | Acute respiratory infection |


The adult mortality rate for both sexes between 15 and 60 years was 228/1,000 population in 2008[5], while the neonatal mortality rate was 10.5/1,000 live births in 2010. The age-standardized mortality rate by non-communicable diseases in 2002 was 870/100,000, 448/100,000 by cardiovascular diseases and 199/100,000 by cancer.

The mortality rate for HIV/AIDS [i] was 12.5/100,000 [6] and 0.9/100,000 for tuberculosis in 2010. The mortality rate for malaria was 0/100,000 in the same year.

[i] Due to the fact that doctors do not always report HIV/AIDS as cause of death, the figures may be underestimated. The NIDCU reported 14 deaths in 2010.

## Section 2 - Health Services

This section provides information regarding public health expenditures and human resources for health in Grenada. Information on pharmaceutical expenditure is also presented.

### 2.1 Health Expenditures

The General Government[ii] Health Expenditure (GGHE) in 2010 was 55.9 million East Caribbean dollars (20.57 million US dollars)[7]. That is, 9.73% of the total government budget[7], with a total annual per capita GGHE of EC$ 500.16 (US$ 184.05).

Public expenditure on pharmaceuticals in 2010 was 6.126 million East Caribbean dollars (2.27 million US dollars)[7]. This converts into a per capita public expenditure on pharmaceuticals of EC$ 54.81 (US$ 20.13).

100% of the population is covered by a public health service.

Data on private health expenditure is unknown.

[ii] According to the NHA definition, by "Government Expenditure" it is meant all expenditure from public sources, like central government, local government, public insurance funds and parastatal companies.

## 2.2 Health Personnel and Infrastructure

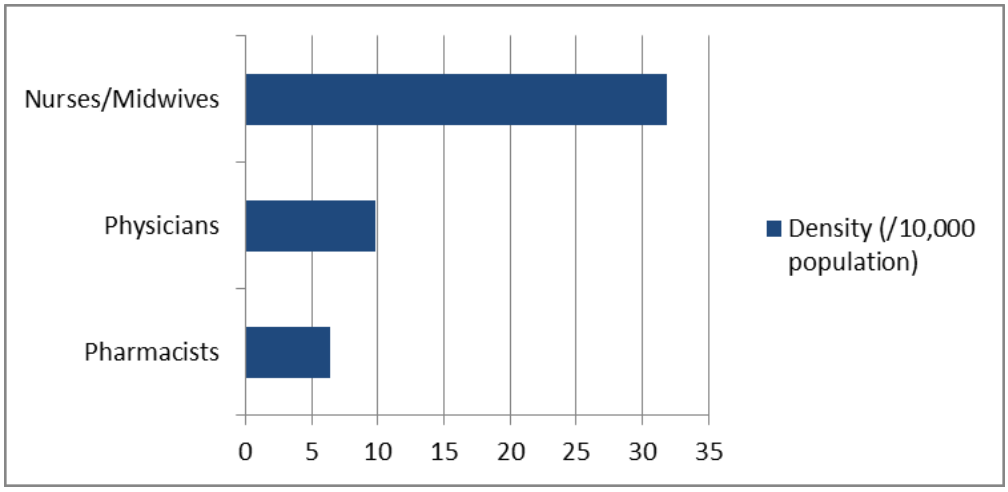
The health workforce is described in Table 3 and in Figure 1. There are 72 licensed pharmacists (2010) (115 registered although)[8], of which 26 work in the public sector (2011). There are no pharmaceutical technicians or assistants[iii].

There are 110 physicians (2010) and 356 nursing and midwifery personnel[9] in Grenada (2011). The ratio of doctors to pharmacies is 3.5:1 and the ratio of doctors to nurses and midwifery personnel is 1:3.2.

***Table 3. Human resources for health***

| Human Resource | |
|---|---|
| Licensed pharmacists (all sectors) | 72 (6.44/10,000) |
| Pharmacists in the public sector | 26 (2.32/10,000) |
| Pharmaceutical technicians and assistants | N/A |
| Physicians (all sectors) | 110 (9.84/10,000) |
| Nursing and midwifery personnel (all sectors) | 356 (31.85/10,000) |

***Figure 1. Density of the health workforce (all sectors)***




[iii] The Pharmacy Act does not make provisions for pharmaceutical assistants / technicians.


In Grenada, there is no strategic plan for pharmaceutical human resource development in place.

The health infrastructure is described in Table 4. There are five hospitals[iv] in total and 36.9 hospital beds per 10,000 population[10] in the country. There are 36 primary health care units and centers and 31 licensed pharmacies[8].

***Table 4. Health infrastructure***

| Infrastructure | |
|---|---|
| Hospitals | 5 |
| Hospital beds | 36.9/10,000 |
| Primary health care units and centers | 36 |
| Licensed pharmacies | 31 |

The annual starting salary for a newly registered pharmacist in the public sector is EC$ 26,280. Only one pharmacist graduated (as a first degree) in the past two years[11]. Currently, there are no accreditation requirements for the Pharmacy school[11], however, the TA Marryshow Community College (TAMCC) and the Pharmacy school are working on this matter. The Pharmacy curriculum is regularly reviewed[11].

[iv] There are four public hospitals and one private.

## Section 3 - Policy Issues

This section addresses the main characteristics of the pharmaceutical policy in Grenada. The many components of a national pharmaceutical policy are taken from the WHO publication "How to develop and implement national drug policy" (http://apps.who.int/medicinedocs/en/d/Js2283e/).

### 3.1 Policy Framework

In Grenada, a National Health Policy (NHP) does not exist. However, Grenada's National Strategic Health Plan (NSHP) for 2007-2011 was adopted by the MoH, and was updated in 2008 to reflect the period 2008-2012 [12]. There are implementation schedules within the document and some aspects of the NSHP are already implemented.

The Strategic goals of the NSHP are listed below:

I. To develop a Health System that focuses on Primary Health Care (PHC).
II. To provide professional quality health care services.
III. To expand the health care network through collaboration between the public and private sectors and other stakeholders in the formulation of health care policy and the delivery of health services.
IV. To enable access to affordable health care to the population.
V. To induce and facilitate the health setting concepts.

An official National Medicines Policy (NMP) document does not exist in Grenada. Policies addressing pharmaceuticals do not either exist; however, the components of regulation and pharmacovigilance are covered.

***Table 5. Components of a National Medicines Policy covered***

| Aspect of policy | Covered |
|---|---|
| Selection of essential medicines | No |
| Medicines financing | No |
| Medicines pricing | No |
| Medicines Procurement | No |
| Medicines Distribution | No |
| Medicines Regulation | Yes |
| Pharmacovigilance | Yes |
| Rational use of medicines | No |
| Human Resource Development | No |
| Research | No |
| Monitoring and evaluation | No |
| Traditional Medicine | No |

A policy relating to clinical laboratories does not exist.

Access to essential medicines/technologies as part of the fulfillment of the right to health, is recognized in the national legislation. There are official written guidelines on medicines donations[13].

There is no national good governance policy in Grenada.


A policy is not in place to manage and sanction conflict of interest issues in pharmaceutical affairs. There is no formal code of conduct for public officials (it is in draft stage). However, a whistle-blowing mechanism that allows individuals to raise concerns about wrongdoing occurring in the pharmaceutical sector of Grenada exists[v].

[v] The Pharmacy Council is responsible for the Pharmacy practice in Grenada. Any wrongdoing occurring in the pharmaceutical sector must be reported to the Council, which will address the matter.


## Section 4 – Medicines Trade and Production

Information about the capacity for manufacturing medicines and the legal provisions governing patents is provided in this section.

### 4.1 Intellectual Property Laws and Medicines

Grenada is a member of the World Trade Organization[14]. Legal provisions granting patents pharmaceuticals, laboratory supplies, medical supplies or medical equipment do not exist[vi,15].

National Legislation has not been modified to implement the Trade-Related aspects of Intellectual Property Rights (TRIPS) Agreement and does not contain TRIPS-specific flexibilities or safeguards[15]. Grenada is eligible for the transitional period to 2016[15].

Grenada is not engaged in capacity-strengthening initiatives to manage and apply Intellectual Property Rights.

[vi] The Patent Law is substantially outdated and not TRIPS-compliant. The current legislation in force is Patents Act Ch.227 of 1898, and Registration of United Kingdom (UK) Patents Act Cap. 283, 1924. Currently, a new Patents Act is being drafted by a consultant with support from the World Intellectual Property Organization (WIPO). Grenada has expressed a desire for a new Patents Act containing all the TRIPS flexibilities and safeguards.


## 4.2 Manufacturing

There are no licensed pharmaceutical manufacturers in Grenada. The country has no manufacturing capacity to research/discover new active substances (API), to produce APIs, to produce formulations from pharmaceutical starting material or to repackage finished dosage forms.

## Section 5 – Medicines Regulation

This section details the pharmaceutical regulatory framework, resources, governing institutions and practices in Grenada.

### 5.1 Regulatory Framework

In Grenada, there are legal provisions establishing the powers and responsibilities of the Medicines Regulatory Authority (MRA) [vii] , which corresponds to the Pharmacy Council / Chief Pharmacist. The MRA is a part of the Ministry of Health with a number of functions outlined in Table 6. The MRA does not have a website.

***Table 6. Functions of the national MRA***

| Function | |
|---|---|
| Marketing authorization / registration | Yes |
| Inspection | Yes |
| Import control | Yes |
| Licensing | Yes |
| Market control | No |
| Quality control | No |
| Medicines advertising and promotion | No |
| Clinical trials control | No |
| Pharmacovigilance | Yes |
| Other | No |

[vii] The Pharmacy Council and the Chief Pharmacist are vested with regulatory powers and responsibilities. Nevertheless, not all the regulatory functions stated in the legal framework are in place.

In 2011, there were nine permanent staff[viii] working for the MRA. The MRA does not receive external technical assistance to support its activities; however, it is involved in harmonization/collaboration initiatives.

An assessment of the medicines regulatory system has not been conducted in the last five years. Funding for the MRA is provided through the regular government budget[ix]. The Regulatory Authority does not retain revenues derived from regulatory activities[x]. This body utilizes a computerized information management system to store and retrieve information on processes.

## 5.2 Marketing Authorization (Registration)

In Grenada, legal provisions require a marketing authorization (registration) for all pharmaceutical products on the market[16]. The Medical Products Act of 1995[16] makes provisions for the licensing of all medicinal products, whether locally manufactured or imported. However, this function is not carried out in the country.

## 5.3 Regulatory Inspection

In Grenada, legal provisions exist allowing for appointment of government pharmaceutical inspectors[8]. Legal provisions exist permitting inspectors to inspect premises where pharmaceutical activities are performed[17], such

[viii] Members of the Council shall hold office for a term of two years, however, they are eligible for re-appointment. The Chief Pharmacist is the only permanent staff.

[ix] The members of the Council receive honorarium of $100 per meeting attended. Meetings are held quarterly.

[x] Revenues derived from regulatory activities are deposited in the consolidated funds of Grenada.

inspections are required by law and are a pre-requisite for the licensing of private facilities[xi]. Inspection requirements are the same for public and private facilities. Inspections are carried out on a number of entities[17], outlined in Table 7.

***Table 7. Local entities inspected***

| Entity | Inspection |
|---|---|
| Local manufacturers | N/A |
| Private wholesalers | Yes |
| Retail distributors | Yes |
| Public pharmacies and stores | Yes |
| Pharmacies and dispensing points if health facilities | Yes |

The periodicity of inspection is not addressed in the Pharmacy Act. The Pharmacy department and the Inspector design a regular schedule for inspection. Private pharmacies, wholesalers and distributors are inspected twice annually. Public pharmacies are inspected quarterly. However, inspections can be carried out whenever it is deemed necessary by the inspector. All premises intended to conduct pharmaceutical business must be inspected before registration.

[xi] The Pharmacy Act of 1987, Cap 241 makes reference to the registration of premises as a pharmacy, but did not specify private or public sector. However, in actual practice, only private pharmacies, premises of wholesalers and distributors are registered to conduct pharmaceutical activities. Public sector pharmacies are not registered but are inspected to meet established requirements.


## 5.4 Import Control

Legal provisions exist requiring all importers of pharmaceuticals to be registered[16]. Laws do not exist that allow the sampling of imported products for testing. Legal provisions do not exist requiring importation of medicines through authorized ports of entry.

The quality of medicines imported by the private sector is not controlled adequately. The system relies on registration of importers and wholesalers.

## 5.5 Licensing

Grenada has no manufacturers of pharmaceuticals. However, the Food and Drug Act of 1986[18] makes provision for compliance with Good Manufacturing Practices (GMP) as it relates to food[xii,19].

Legal provisions exist requiring importers, wholesalers and distributors to be licensed[17]. Legal provisions do not exist requiring wholesalers or distributors to comply with Good Distribution Practices (GDP).

Legal provisions exist requiring pharmacists to be registered[17]. Legal provisions also exist requiring private pharmacies [xiii] to be licensed[17]. National Good Pharmacy Practice (GPP) are not published by the government. By law, a list of all licensed pharmaceutical facilities is not required to be published.

[xii] Grenada has adopted the Hazard Analysis and Critical Control Points (HACCP) guidelines, and these contain GMP for food.

[xiii] Public pharmacies do not pay license fees.

## 5.6 Market Control and Quality Control

In Grenada, legal provisions exist for controlling the pharmaceutical market[16]. A laboratory does not exist in the country for Quality Control testing. The regulatory authority contracts services in the Caribbean Regional Drug Testing Laboratory (CRDTL) in Jamaica (see description in Table 8).

***Table 8. Reasons for medicines testing***

| **Medicines tested:** | |
|---|---|
| For quality monitoring in the public sector[xiv] | No |
| For quality monitoring in the private sector[xv] | No |
| When there are complaints or problem reports | Yes |
| For product registration | No |
| For public procurement prequalification | No |
| For public program products prior to acceptance and/or distribution | No |

Samples are not collected by government inspectors for undertaking post-marketing surveillance testing.

The results of quality testing are not publicly available.

[xiv] Routine sampling in pharmacy stores and health facilities.

[xv] Routine sampling in retail outlets.

## 5.7 Medicines Advertising and Promotion

In Grenada, legal provisions do not exist to control the promotion/advertising of prescription and non-prescription medicines. There is no national code of conduct on this matter.

## 5.8 Clinical Trials

In Grenada, legal provisions do not exist requiring authorization for conducting Clinical Trials by the MRA. There no additional laws requiring the agreement by an ethics committee or institutional review board of the Clinical Trials to be performed. Clinical trials are not required to be entered into a registry, by law.

The government does not publish Good Clinical Practice (GCP) guidelines.

## 5.9 Controlled Medicines

Grenada is a signatory to a number of international conventions, detailed in Table 9.

***Table 9. International conventions to which Grenada is a signatory***

| Convention | Signatory |
|---|---|
| Single Convention on Narcotic Drugs, 1961 | No |
| 1972 Protocol amending the Single Convention on Narcotic Drugs 1961 | Yes[20] |
| Convention on Psychotropic Substances, 1971 | Yes[20] |
| United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 | Yes[20] |

Laws exist for the control of narcotic and psychotropic substances, and precursors.

Figures regarding the annual consumption of certain controlled substances in country are outlined in Table 10.

***Table 10. Annual consumption of certain controlled substances***

| Controlled substance | Annual consumption (mg/capita) |
|---|---|
| Morphine | 0.442308[20] |
| Fentanyl | 0.000000 |
| Pethidine | 5.028846[20] |
| Oxycodone | 0.000000 |
| Hydrocodone | 0.000000 |
| Methadone | 0.000000 |

## 5.10 Pharmacovigilance

In Grenada, there are legal provisions in the Medical Products Act[16] that provide for pharmacovigilance activities as part of the MRA mandate**.** Legal provisions also exist requiring the Marketing Authorization holder to continuously monitor the safety of their products and report to the MRA[16]. Laws regarding the monitoring of Adverse Drug Reactions (ADR) do not exist in the country.

An official standardized form for reporting ADRs is used in Grenada. However, feedback is not provided to reporters. Information pertaining to ADRs is not stored in a national database. These reports are not either sent to the WHO


Collaborating Centre in Uppsala. Medication errors (MEs) are not reported. In the past two years, only Pharmacists and consumers have reported ADRs.

There is no national ADR or pharmacovigilance advisory committee able to provide technical assistance or causality assessment, risk assessment, risk management, case investigation or crisis management[xvi]. A clear communication strategy for routine communication and crises communication does not exist. No regulatory decision has been taken based on local pharmacovigilance data in the last two years.

ADRs are, however, monitored in public health programs (tuberculosis, HIV/AIDS).

Approximately 35 pharmacists attended a workshop on Pharmacovigilance conducted by the Organization of Eastern Caribbean States Pharmaceutical Procurement Service (OECS/PPS) in May 2010.

Two main steps are being considered in order to enhance the pharmacovigilance system:

I. Conduct educational sessions on pharmacovigilance with Pharmacists and other stakeholders.
II. Increase the number of pharmaceutical inspectors.

[xvi] ADRs are reported from the public pharmacies to the Organization of Eastern Caribbean States Pharmaceutical Procurement Service (OECS/PPS)


## Section 6 - Medicines Financing

In this section, information is provided on the medicines financing mechanism in Grenada, including the medicines coverage through public and private health insurance, use of copayments for medicines and the existence of public programs providing free medicines. Policies and regulations affecting the pricing and availability of medicines (e.g. price control and taxes) are also discussed.

### 6.1 Medicines Coverage and Exemptions

In Grenada, concessions are made for certain groups to receive medicines free of charge (see Table 11). Furthermore, the public health system provides medicines free of charge for particular conditions (see Table 12).

***Table 11. Population groups provided with medicines free of charge[21]***

| Patient group | Covered |
|---|---|
| Patients who cannot afford them | Yes |
| Children under 5 | Yes |
| Pregnant women | No |
| Elderly persons | Yes |

Patients between 16 and 60 years of age accessing public pharmacies pay the cost of medication (value) if the prescription was issued by a District Medical Officer. Prescriptions from private practitioners are charged at the cost of medication plus 50% (irrespective of age).


***Table 12. Medications provided publicly, at no cost***

| Conditions | Covered |
|---|---|
| All diseases in the EML | Yes |
| Any non-communicable diseases | Yes |
| Malaria | No |
| Tuberculosis | Yes |
| Sexually transmitted diseases | Yes |
| HIV/AIDS | Yes |
| Expanded Program on Immunization (EPI) vaccines | Yes |
| Others | No |

Grenada has a Medication Assistance Programme managed by the Pharmacy Department and the Social Worker (MoH). There are specific criteria to enter the programme, one of which is that the patient must have no source of income. All persons interested in entering the program must first be evaluated by the Social Worker for socioeconomic status. Persons eligible are allowed EC$ 150/month for medications if not available in the public sector. If the medication is available in public pharmacies, it is dispensed at no cost. The Medication Assistance Programme is not a health insurance scheme but a programme designed by the MoH to assist outpatients who cannot afford to purchase medications. Inpatients receive medications free of charge, except for those in private wards.

Private health insurance schemes provide medicines coverage, and they are required to provide coverage for medicines on the Essential Medicines List (EML).

## 6.2 Patients Fees and Copayments

Co-payments for consultations not levied at the point of delivery; however, there are fee requirements imposed for medicines[21]. In the public sector, patients accessing services from District Medical Officer (between 16 and 60 years of age) pay the cost of the medication. There is a mark-up of 50% for private prescriptions. Revenue from fees or from the sale of medicines is not used to pay the salaries or supplement the income of public health personnel in the same facility.

## 6.3 Pricing Regulation for the Private Sector[xvii]

In Grenada, there are legal or regulatory provisions affecting pricing of medicines. These provisions are aimed at the level of wholesalers and retailers. Medicines prices are regulated by the Ministry of Finance. There is a 40% mark-up on pharmaceuticals in the private sector.

The government does not run an active national medicines price monitoring system for retail prices. Regulations do not exist mandating that retail medicine price information should be publicly accessible.

[xvii] This section does not include information pertaining to the non-profit voluntary sector

## 6.4 Prices, Availability and Affordability of Key Medicines

No studies on medicine prices, availability or affordability have been conducted in Grenada in the past 5 years according to the WHO/Health Action International (HAI) methodology[22].

## 6.5 Price Components

No surveys on medicine price components have been conducted in Grenada in the past 5 years.

## 6.6 Duties and Taxes on Pharmaceuticals (Market)

Grenada imposes duties on imported active pharmaceutical ingredients (APIs) and on imported finished products. Value-added tax (VAT) is imposed on finished pharmaceutical products. However, some medicines are exempted from duties. Medicines for the treatment of chronic diseases are exempted from the VAT.

A 5% duty is imposed on imported APIs and a 10% duty is imposed on imported finished products[23]. The VAT corresponds to 15% for pharmaceuticals[23].


## Section 7 - Pharmaceutical procurement and distribution

This section provides a short overview on the procurement and distribution of pharmaceuticals in Grenada.

### 7.1 Public Sector Procurement

Public sector procurement in Grenada is centralized, and is under the administration of the Ministry of Health Procurement Unit.

Grenada is part of a pool procurement system directed and managed by the Organization of Eastern Caribbean States / Pharmaceutical Procurement Service (OECS/PPS) based in St. Lucia. The OECS/PPS invites tenders from suppliers to bid on pharmaceuticals. Procurement officers from the nine OECS countries meet every 18 months (procurement cycle) to adjudicate on items from suppliers and to award tenders. Tender documents and tender awards are not publicly available. Procurement is based on the prequalification of suppliers. The key functions of the procurement unit and those of the tender committee are clearly separated.

A process exists to ensure the quality of products procured by the OECS/PPS[24]. The quality assurance process includes prequalification of products and suppliers, for which, explicit criteria and procedures exist. A list of prequalified suppliers and products is publicly available. The list of samples tested during the procurement process and the results of the analysis are publicly available[24].

There is no written public sector procurement policy.


Modalities employed in public procurement include international competitive tenders and direct purchasing.

## 7.2 Public Sector Distribution

The government supply system department in Grenada has a Central Medical Store (CMS) at National Level. There are no public warehouses in the secondary tier of the public sector distribution. There are no national guidelines on Good Distribution Practices (GDP).

A number of processes are in place at the CMS including: forecasting of order quantities, requisition/stock orders, preparation of picking/packing slips, reports of stock on hand, reports of outstanding order lines, expiry dates management, batch tracking, reports of products out of stock.

The availability of key medicines at the CMS was 80% in 2010. The average stock-out duration for a basket of medicines at the CMS was 30 days.

The CMS is not certified by the International Organization for Standardization (ISO).

## 7.3 Private Sector Distribution

Legal provisions exist for licensing wholesalers and distributors in the private sector[16].

## Section 8 - Selection and rational use of medicines

This section outlines the structures and policies governing the selection of essential medicines and promotion of rational use in Grenada.

### 8.1 National Structures

A reference Essential Medicines List (EML) exists[xviii,25]. The list was updated in 2009 and contains 508 medicines. The EML contains specific formulations for children[24]. There are explicitly documented criteria for the selection of medicines in the list[24]. There is a formal committee for this purpose[xix,24]; however, declaration of the potential conflict of interest is not required from the members[24].

100% of the public health facilities have a copy of the EML.

National Standard Treatment Guidelines (STGs) for the most common illnesses are not produced/endorsed by the MoH in Grenada[25].

There is no national medicines formulary[xx,24].

There is no public or independently funded national medicines information centre. Public education campaigns on RUM topics have not been conducted in the last

[xviii] The OECS/PPS EML is used as a reference for the public sector. This list is supplemented with additional medicines.

[xix] Medicines are selected by the OECS/PPS Technical Advisory Sub-committee.

[xx] Grenada shares a common Regional Medicines Formulary with the OECS countries called the "OECS Medicines Formulary". This document is printed every three years. The latest edition (7th) was released in 2009 for the period 2009-2012.

two years. A survey on RUM has not been conducted in the same period. There is no national programme or committee, involving government, civil society, or professional bodies, to monitor and promote RUM.

A written National Strategy for containing antimicrobial resistance does not exist. There is no national intersectoral task force to coordinate the promotion of appropriate use of antimicrobials or prevention of spread of infection. No national laboratory has responsibility for coordinating epidemiological surveillance of antimicrobial resistance.

### 8.2 Prescribing

Legal provisions exist to govern the licensing and prescribing practices of prescribers[26]. Prescribers in the private sector dispense medicines.

There no regulations requiring hospitals to organize/develop Drug and Therapeutics Committees (DTCs).

Mandatory continuing education that includes pharmaceutical issues is not required for doctors, nurses or paramedical staff.

Prescribing by International Nonproprietary Name (INN) name is obligatory only in the public sector. The average number of medicines prescribed per patient contact in public health facilities is 5[27]. Of the medicines prescribed in the outpatient public health care facilities, 90% are on the national EML[27] and 60% are prescribed by INN[27]. Of the patients treated in the outpatient public health care facilities, 50% receive antibiotics[27] and 2% receive injections[27]. Of

prescribed drugs, 95% are dispended to patients[27]. Of medicines in public health facilities, 98% are adequately labelled[27].

***Table 13. Characteristics of medicines prescribing[27]***

| Description | % |
|---|---|
| % of medicines prescribed in outpatient public health care facilities that are in the national EML (mean) | 90 |
| % of medicines in outpatient public health care facilities that are prescribed by INN name (mean) | 60 |
| % of patients in outpatient public health care facilities receiving antibiotics (mean) | 50 |
| % of patients in outpatient public health care facilities receiving injections (mean) | 2 |
| % of prescribed drugs dispensed to patients (mean) | 95 |
| % of medicines adequately labeled in public health facilities (mean) | 98 |

Professional association codes of conduct governing the professional behavior of doctors and nurses exist.

## 8.3 Dispensing

Legal provisions in Grenada exist to govern dispensing practices of pharmaceutical personnel[17]. The basic pharmacist training curriculum includes a spectrum of components as outlined in Table 14.

***Table 14. Core aspects of the pharmacist training curriculum***

| Curriculum | Covered |
|---|---|
| The concept of EML | No |
| Use of STGs | No |
| Drug information | Yes |
| Clinical pharmacology | Yes |
| Medicines supply management | No |

Mandatory continuing education that includes RUM is not required for pharmacists.

Substitution of generic equivalents at the point of dispensing is allowed only in public sector facilities. Sometimes antibiotics and injectable medicines are sold over-the-counter without a prescription in the private sector.

A professional association code of conduct which governs the professional behavior of pharmacists exists[17]. Public Sector Pharmacists do not prescribe medication. However, if a medication is unavailable, Pharmacists are allowed to transcribe the medication on a transcript pad. The Pharmacist would sign the transcript and indicate the name of the doctor for the original prescription.

## References


[1] Grenada, Central Statistical Office, 2011.

[2] Central Intelligence Agency (CIA), The World Factbook, Grenada. Available online: https://www.cia.gov/library/publications/the-world-factbook/geos/gj.html

[3] Grenada, Economic Statistic Database, 2011.

[4] Ministry of Health, Epidemiology Unit, 2011.

[5] World Health Organization (WHO), World Health Statistics 2010, Geneva. Available online: http://www.who.int/entity/whosis/whostat/EN_WHS10_Full.pdf

[6] Ministry of Health, National Infectious Disease Control Unit (NIDCU), 2011.

[7] Ministry of Finance, Budget Department, 2011.

[8] Grenada, Pharmacy Council, 2011.

[9] Grenada, Chief Nursing Officer, 2011.

[10] St. Augustine Medical Center, Hospital Administration, 2011.

[11] T. A. Marryshow Community College (TAMCC). Available online: http://www.tamcc.edu.gd/

[12] Grenada's National Strategic Health Plan (NSHP) for 2007-2011.

[13] Ministry of Health, Policy on Donated Goods.

[14] World Trade Organization (WTO), Members and observers. Available online: http://www.wto.org/spanish/thewto_s/whatis_s/tif_s/org6_s.htm

[15] Health Research for Action (HERA), Regional Assessment of Patent and Related Issues and Access to Medicines – CARICOM Member States and the Dominican Republic – Final Report – Volume II – Country Studies, 2009. Available online: http://apps.who.int/medicinedocs/documents/s18707en/s18707en.pdf

[16] Grenada, Medical Products Act, 1995.

[17] Grenada, Pharmacy Act of 1987.

[18] Grenada, Food and Drug Act, 1986.

[19] Grenada, Bureau of Standards, 2011.

[20] International Narcotics Control Board (INCB). Available online: http://www.incb.org

[21] Grenada, Medical Officers Act, 1903.

[22] World Health Organization (WHO) – Health Action International (HAI), Measuring medicine prices, availability, affordability and price components, 2nd edition. Available online: http://apps.who.int/medicinedocs/index/assoc/s14868e/s14868e.pdf

[23] Ministry of Health, Custom Clerk, 2011.

[24] Organization of Eastern Caribbean States / Pharmaceutical Procurement Service (OECS/PPS), 2011.

[25] Health Research for Action (HERA), Regional Assessment of Drug Registration and Regulatory Systems in CARICOM Member States and the Dominican Republic – Final Report – Volume II. July 2009. Available online: http://apps.who.int/medicinedocs/documents/s18706en/s18706en.pdf

[26] Grenada, Medical Act, 1992.

[27] Ministry of Health, Pharmacy Department, 2011.

# GRENADA

# Pharmaceutical Country Profile

# ANNEX

## Survey Data

**(Fragment of the questionnaire)**

**2011**

## Section 0 General Info

### 0.01 Contact Info

| | | |
|---|---|---|
| 0.01.01 | Country (precoded) | Grenada |
| 0.01.02 | Name coordinator | Ellen Gabriel |
| 0.01.03 | Address (Street, City) | Ministerial Complex, Botanical Gardens, St. George's, Grenada |
| 0.01.04 | Phone number | 473-405-2407 / 473-440-4955 ext 2110 |
| 0.01.05 | Email address | chpharmgda@gmail.com |
| 0.01.06 | Web address | |
| 0.01.07 | Institution | Pharmacy Department, Ministry of Health |

## 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 | Ellen Gabriel |
| 1.00.02 | Phone number | 473-405-2407 |
| 1.00.03 | Email address | chpharmgda@gmail.com |
| 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) | 111,764 | 2011 | Central Statistical Office |
| 1.01.02 | Population growth rate (Annual %) | 0.6 | 2011 | Central Statistical Office |
| 1.01.03 | Total Gross Domestic Product (GDP) (millions US$) | 694.58 | 2011 | Central Statistical Office |
| 1.01.04 | GDP growth (Annual %) | 1 | 2011 | CIA Factbook |
| 1.01.05C | GDP per capita (US$ current exchange rate) | 6,029 | | |
| 1.01.06 | Comments and References | 1.01.05C | | |

**Supplementary questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 1.01.07S | Population < 15 years (% of total population) | 24.8 | 2010 | Central Statistical Office |

| | | | | |
|---|---|---|---|---|
| 1.01.08S | Population > 60 years (% of total population) | 11.3% | 2010 | Central Statistical Office |
| 1.01.09S | Urban population (% of total population) | 41 | 2010 | Central Statistical Office |
| 1.01.10S | Fertility rate, total (Births per woman) | 2.2 | 2010 | Ministry of Health |
| 1.01.11S | Population living with less than $1.25/day (international PPP) (%) | | | |
| 1.01.12S | Population living below nationally defined poverty line (%) | 32 | 2010 | Central Statistical Office |
| 1.01.13S | Income share held by lowest 20% of the population (% of national income) | | | |
| 1.01.14S | Adult literacy rate, 15+ years (% of relevant population) | 96 | 2010 | Central Statistical Office |
| 1.01.15S | Comments and References | 1.01.11S Information not available<br><br>1.01.12S- source of information from web page www.indexmundi.com/grenada/population_below_poverty_line.html Source: CIA World Fact Book - information is accurate as of October 14th , 2011<br><br>1.01.13S - Information unavailable | | |

**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) | 70.51 | 2010 | economic Statistic Data Base |
| 1.02.02 | Life expectancy at birth for women | 75.82 | 2010 | economic Statistic |

| | | | | |
|---|---|---|---|---|
| | (Years) | | | Data Base |
| 1.02.03 | Infant mortality rate, between birth and age 1 (/1,000 live births) | 12.1 | 2010 | Ministry of Health |
| 1.02.04 | Under 5 mortality rate (/1,000 live births) | 14.6 | 2010 | Ministry of Health |
| 1.02.05 | Maternal mortality ratio (/100,000 live births) | 0 | 2010 | Ministry of Health |
| 1.02.06 | Please provide a list of top 10 diseases causing mortality | | 2010 | Epi Unit, Ministry of Health |
| 1.02.06.01 | Disease 1 | Malignant Neoplasms | | |
| 1.02.06.02 | Disease 2 | Endocrine and Metabolic Diseases | | |
| 1.02.06.03 | Disease 3 | Ishaemic Healt Disease | | |
| 1.02.06.04 | Disease 4 | Cerebro Vascular Disease | | |
| 1.02.06.05 | Disease 5 | Disease of the Pulmonary Circulation and other forms of Heart Diseases | | |
| 1.02.06.06 | Disease 6 | Disease of the Respiratory system | | |
| 1.02.06.07 | Disease 7 | Hypertension Diseases | | |
| 1.02.06.08 | Disease 8 | External causes of Morbidity and Mortality | | |
| 1.02.06.09 | Disease 9 | Disease of the Digestive System | | |
| 1.02.06.10 | Disease 10 | Disease of the Genitourinary System | | |
| 1.02.07 | Please provide a list of top 10 diseases causing morbidity | | 2010 | Epi Unit, MOH |
| 1.02.07.01 | Disease 1 | Complications of pregency, childbirth & the puerperium | | |
| 1.02.07.02 | Disease 2 | Hypertensive disease | | |
| 1.02.07.03 | Disease 3 | Diabetes Mellitus | | |

| | | |
|---|---|---|
| 1.02.07.04 | Disease 4 | Maternal conditions affecting fetus or newborn |
| 1.02.07.05 | Disease 5 | Disease of the Urinary System |
| 1.02.07.06 | Disease 6 | Nutritional deficiencies and anemias |
| 1.02.07.07 | Disease 7 | Disease of other parts of the Digestive System |
| 1.02.07.08 | Disease 8 | Intestinal Infectious diseases |
| 1.02.07.09 | Disease 9 | Disease of the pulmonary circulation & other forms of heart disease |
| 1.02.07.10 | Disease 10 | Acute respiratory infection |
| 1.02.08 | Comments and References | |

**Supplementary questions** (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 1.02.09S | Adult mortality rate for both sexes between 15 and 60 years (/1,000 population) | 228 | 2008 | WHS 2010 |
| 1.02.10S | Neonatal mortality rate ( /1,000 live births) | 10.5 | 2010 | Ministry of Health |
| 1.02.11S | Age-standardized mortality rate by non-communicable diseases (/100,000 population) | 870 | 2002 | WHO |
| 1.02.12S | Age-standardized mortality rate by cardiovascular diseases (/100,000 population) | 448 | 2002 | WHO |
| 1.02.13S | Age-standardized mortality rate by cancer ( /100,000 population) | 199 | 2002 | WHO |
| 1.02.14S | Mortality rate for HIV/AIDS (/100,000 population) | 12.5 | 2010 | NIDCU, Ministry of Health |
| 1.02.15S | Mortality rate for tuberculosis (/100,000 population) | 0.9 | 2010 | Ministry of Health |
| 1.02.16S | Mortality rate for Malaria (/100,000 population) | 0 | 2010 | Ministry of Health |

| | | |
|---|---|---|
| 1.02.17S | Comments and References | 1.02.14 The NIDCU unit of the MOH reported 14 deaths from AIDS in 2010. The figure may vary from Births and Death unit as most doctors do not record AIDS as cause of death on death certificate. |

## 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 | Ellen Gabriel |
| 2.00.02 | Phone number | 473-405-2407 |
| 2.00.03 | Email address | chpharmgda@gmail.com |
| 2.00.04 | Other respondents for filling out this section | |

### 2.01 Health Expenditures

**Core questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 2.01.01.01 | Total annual expenditure on health (millions NCU) | | | |
| 2.01.01.02 | Total annual expenditure on health (millions US$ average exchange rate) | | | |
| 2.01.02C | Total health expenditure as % of Gross Domestic Product | 7.11 | | |
| 2.01.03.01C | Total annual expenditure on health per capita (NCU) | 1,177.88 | | |
| 2.01.03.02C | Total annual expenditure on health per capita (US$ average exchange rate) | 436.25 | | |
| 2.01.04.01 | General government annual expenditure on health (millions NCU) | 55.9 | 2010 | Ministry of Finance, Budget Dept. |
| 2.01.04.02 | General government annual expenditure on health (millions US$ average exchange rate) | 20.57 | 2010 | Ministry of Finance, Budget Dept. |
| 2.01.05 | Government annual expenditure on health as percentage of total | 9.73 | 2010 | Ministry of Finance, |

| | | | | |
|---|---|---|---|---|
| | government budget (% of total government budget) | | | Budget Dept. |
| 2.01.06C | Government annual expenditure on health as % of total expenditure on health (% of total expenditure on health) | 48.90 | 2008 | NHA |
| 2.01.07.01C | Annual per capita government expenditure on health (NCU) | 575.96 | | |
| 2.01.07.02C | Annual per capita government expenditure on health (US$ average exchange rate) | 213.32 | | |
| 2.01.08C | Private health expenditure as % of total health expenditure (% of total expenditure on health) | 51.10 | 2008 | NHA |
| 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) | 100 | 2011 | MOH |
| 2.01.10 | Population covered by private health insurance (% of total population) | | | |
| 2.01.11.01 | Total pharmaceutical expenditure (millions NCU) | | | |
| 2.01.11.02 | Total pharmaceutical expenditure (millions US$ current exchange rate) | | | |
| 2.01.12.01C | Total pharmaceutical expenditure per capita (NCU) | 0 | | |
| 2.01.12.02C | Total pharmaceutical expenditure per capita (US$ current exchange rate) | 0 | | |
| 2.01.13C | Pharmaceutical expenditure as a % of GDP (% of GDP) | 0 | | |
| 2.01.14C | Pharmaceutical expenditure as a % of Health Expenditure (% of total health expenditure) | - | | |

| | | | | |
|---|---|---|---|---|
| 2.01.15.01 | Total public expenditure on pharmaceuticals (millions NCU) | 6.126 | 2010 | Ministry of Finance |
| 2.01.15.02 | Total public expenditure on pharmaceuticals (millions US$ current exchange rate) | 2.27 | 2010 | Ministry of Finance |
| 2.01.16C | Share of public expenditure on pharmaceuticals as percentage of total expenditure on pharmaceuticals (%) | | | |
| 2.01.17.01C | Total public expenditure on pharmaceuticals per capita (NCU) | 0 | | |
| 2.01.17.02C | Total public expenditure on pharmaceuticals per capita (US$ current exchange rate) | 0 | | |
| 2.01.18.01 | Total private expenditure on pharmaceuticals (millions NCU) | | | |
| 2.01.18.02 | Total private expenditure on pharmaceuticals (millions US$ current exchange rate) | | | |
| 2.01.19 | Comments and References | 2.01.01.01 Information unavailable<br>2.01.01.02 Information unavailable<br>2.01.07.01C Public health expenditure per capita: EC$ 500.16<br>2.01.07.02C Public health expenditure per capita: USD 184.05<br>2.01.11.01 This information is unavailable<br>2.01.11.02 Information unavailable<br>2.01.17.01C Public pharmaceutical expenditure per capita: EC$ 54.81<br>2.01.17.02C Public pharmaceutical expenditure per capita: USD 20.13 | | |

**Supplementary questions (click for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 2.01.20S | Social security expenditure as % of government expenditure on health (% | 0.00 | 2008 | NHA data |

| | | | | |
|---|---|---|---|---|
| | of government expenditure on health) | | | |
| 2.01.21S | Market share of generic pharmaceuticals [branded and INN] by value (%) | | | |
| 2.01.22S | Annual growth rate of total pharmaceuticals market value (%) | | | |
| 2.01.23S | Annual growth rate of generic pharmaceuticals market value (%) | | | |
| 2.01.24S | Private out-of-pocket expenditure as % of private health expenditure (% of private expenditure on health) | | | |
| 2.01.25S | Premiums for private prepaid health plans as % of total private health expenditure (% of private expenditure on health) | 0.00 | | |
| 2.01.26S | Comments and References | 2.01.01.02 Exchange rate = 2.70v | | |

## 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 | 72 | 2010 | Pharmacy Council |
| 2.02.02C | Pharmacists per 10,000 population | 6.635 | | |
| 2.02.03 | Total number of pharmacists working in the public sector | 26 | 2011 | Ministry of Health |
| 2.02.04 | Total number of pharmaceutical technicians and assistants | 0 | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 2.02.05 | A strategic plan for pharmaceutical human resource development is in place in your country? | Yes ☐ No ☒ | 2011 | MOH |
| 2.02.06 | Total number of physicians | 110 | 2010 | Ministry of Health |
| 2.02.07C | Physicians per 10,000 pop | | | |
| 2.02.08 | Total number of nursing and midwifery personnel | 356 | 2011 | Chief Nursing Officer, MOH |
| 2.02.09C | Nurses and midwives per 10,000 pop | | | |
| 2.02.10 | Total number of hospitals | 5 | 2011 | Ministry of Health |
| 2.02.11 | Number of hospital beds per 10,000 pop | 36.9 | 2011 | Hospital Admin.<br>St. Augustine Medical Center |
| 2.02.12 | Total number of primary health care units and centers | 36 | 2011 | Ministry of Health |
| 2.02.13 | Total number of licensed pharmacies | 31 | 2011 | Pharmacy council |
| 2.02.14 | Comments and References | 2.02.04 Pharmacy technician training is not provided. The Pharmacy Act does not make provision for Pharmacy Attendants/Technicians<br>2.02.02C Pharmacists per capita: 6.44<br>2.02.10 There are 4 Public Sector Hospitals and 1 Private Hospital<br>2.02.09C Nurses and Midwives per 10,000 = 31.85 | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |

| | | | | |
|---|---|---|---|---|
| 2.02.15S | Starting annual salary for a newly registered pharmacist in the public sector (NCU) | 26,280 | 2011 | Ministry of Health |
| 2.02.16S | Total number of pharmacists who graduated (first degree) in the past 2 years in your country | 1 | 2011 | TAMCC<br>Pharmacy Tutor |
| 2.02.17S | Are there accreditation requirements for pharmacy schools? | Yes ☐ No☒ | 2011 | TAMCC<br>Pharmacy Tutor |
| 2.02.18S | Is the Pharmacy Curriculum regularly reviewed? | Yes ☒ No ☐ | 2011 | TAMCC<br>Pharmacy Tutor |
| 2.02.19S | Comments and References | 2.02.01 There are 115 Registered Pharmacists in Grenada but only 72 are licienced to practice Pharmacy. Some have migrated to other countries and some pay their annual licience fee even if they are not practicing Pharmacy.<br><br>2.02.17S The TA Marryshow College and the Pharmacy School are currently working on the acreditation requirements for the Pharmacy School | | |

## Section 3 Policy issues

### 3.00 Respondent Information Section 4

| | | | | |
|---|---|---|---|---|
| 3.00.01 | Name of person responsible for filling out this section of the instrument | Ellen Gabriel | | |
| 3.00.02 | Phone number | 473-405-2407 | | |
| 3.00.03 | Email address | chpharmgda@gmail.com | | |
| 3.00.04 | Other respondents for filling out this section | | | |

### 3.01 Policy Framework

**Core questions (click here for help)**

| | | | 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 ☒ | 2011 | MOH |
| 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 ☐ | 2011 | MOH |
| 3.01.03 | Please provide comments on the Health policy and its implementation plan | The strategic goals of the NSPH are the following:<br>• To develop a health system that focuses on primary health care<br>• To provide professional quality health care services<br>• To expand the Health care network through collaboration between the public and private sectors and other stakeholders in the formulation of health care policy and the delivery of health services.<br>• To enable access to affordable health care to the population<br>• To introduce and facilitate the health setting concepts. | | |

| | | | | |
|---|---|---|---|---|
| 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 ☒ | 2011 | MOH |
| 3.01.05 | Group of policies addressing pharmaceuticals exist. | Yes ☐ No ☒ | 2011 | MOH |
| 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 Distribution | ☐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 ☒ | 2011 | MOH |
| 3.01.08 | Policy or group of policies on clinical laboratories exist. If yes, please write year of the most recent document in | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | the "year" field | | | |
| 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 ☒ | 2011 | MOH |
| 3.01.10 | Access to essential medicines/technologies as part of the fulfillment of the right to health, recognized in the constitution or national legislation? | Yes ☒ No ☐ | | |
| 3.01.11 | There are official written guidelines on medicines donations. | Yes ☒ No ☐ | 2010 | Policy on Donated Goods, MOHI |
| 3.01.12 | Is pharmaceutical policy implementation being regularly monitored/assessed? | Yes ☐ No ☒ | 2011 | MOH |
| 3.01.12.01 | Who is responsible for pharmaceutical policy monitoring? | Chief Pharmacist | | |
| 3.01.13 | Is there a national good governance policy? | Yes ☐ No ☒ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 3.01.15 | There is a formal code of conduct for public officials. | Yes ☐ No ☒ | 2011 | MOH |
| 3.01.16 | Is there a whistle-blowing mechanism allowing individuals to raise a concern about wrongdoing occurring in the pharmaceutical sector of your | Yes ☒ No ☐ | 2011 | MOH |

| | | |
|---|---|---|
| | country (ombudsperson)? | |
| 3.01.16.01 | Please describe: | The Pharmacy Council is responsible for the conduct of Pharmacy Practice in Grenada. Any wrong doing occuring in the Pharmaceutical sector must be reported to the Council who will then address the matter. |
| 3.01.17 | Comments and References | 3.01.01 Grenada's National Stretegic Health Plan for 2007 - 2011 is officially adapted by MOH but was updated in 2008 to reflect the years 2008 - 2012.<br><br>3.01.02 There are implementation schedules within the document and some aspects of the Plan are already implemented.<br><br>3.01.15. The Formal Code of Conduct for Public Officers is in Draft Stage. The final document is not yet implemented |

# Section 4 Medicines Trade and Production

## 4.00 Respondent Information Section 4

| | | |
|---|---|---|
| 4.00.01 | Name of person responsible for filling out this section of the instrument | Ellen Gabriel |
| 4.00.02 | Phone number | 473-405-2407 |
| 4.00.03 | Email address | chpharmgda@gmail.com |
| 4.00.04 | Other respondents for filling out this section | |

## 4.01 Intellectual Property Laws and Medicines

**Core questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 4.01.01 | Country is a member of the World Trade Organization | Yes ☒ No☐ | 1996 | WTO |
| 4.01.02 | Legal provisions provide for granting of Patents on: | | 2009 | HERAI |
| 4.01.02.01 | Pharmaceuticals | Yes ☐ No☒ | | |
| 4.01.02.02 | Laboratory supplies | Yes ☐ No ☒ | | |
| 4.01.02.03 | Medical supplies | Yes ☐ 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 URL | | | |
| 4.01.04 | National Legislation has been modified to implement the TRIPS Agreement | Yes ☐ No ☒ | 2009 | HERA/CARICOM REPORT ON IP 2009 |
| 4.01.05 | Current laws contain (TRIPS) | Yes ☒ No☒ | 2009 | HERA |

| | | | | |
|---|---|---|---|---|
| | flexibilities and safeguards | | | |
| 4.01.06 | Country is eligible for the transitional period to 2016 | Yes ☒ No☐ | 2009 | HERA |
| 4.01.07 | Which of the following (TRIPS) flexibilities and safeguards are present in the national law? | | 2009 | HERA |
| 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 parallel importing provisions present in the national law? | Yes ☐ No ☒ | 2009 | HERA |
| 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 ☒ | 2009 | HERA |
| 4.01.10 | Are there legal provisions for data exclusivity for pharmaceuticals | Yes ☐ No ☒ | 2009 | HERA |
| 4.01.11 | Legal provisions exist for patent extension | Yes ☐ No ☒ | 2009 | HERA |
| 4.01.12 | Legal provisions exist for linkage between patent status and Marketing Authorization | Yes ☐ No ☒ | 2009 | HERA |
| 4.01.13 | Comments and References | 4.01.04 Patent Law in Grenada is substantially outdated and not TRIPS compliant. The Legislation currently in force is Patents Act Ch.227 of 1898, and Registration of UK Patents Act Cap. 283, 1924.<br><br>Currently, a new Patents Act is being drafted by a Belize consultant with WIPO support, but not available for analysis.<br><br>Grenada has expressed a desire for the new Patents Act to contain maximal TRIPS flexibilities. | | |

## 4.02 Manufacturing

| Core questions (click here for help) | | | | |
|---|---|---|---|---|
| | | | Year | Source |
| 4.02.01 | Number of licensed pharmaceutical manufacturers in the country | 0 | 2011 | MOH |
| 4.02.02 | Country has manufacturing capacity | | 2011 | MOHI |
| 4.02.02.01 | R&D to discover new active substances | Yes ☐ No ☒ Unknown ☐ | | |
| 4.02.02.02 | Production of pharmaceutical starting materials (APIs) | 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 (%) | | | |
| 4.02.04 | Comments and References | Grenada does not have any licienced Pharmaceutical Manufacturers or any Manufacturing capabilities | | |

| Supplementary questions (click here for help) | | | | |
|---|---|---|---|---|
| | | | Year | Source |
| 4.02.05S | Percentage of market share by volume produced by domestic manufacturers (%) | 0 | 2011 | MOH |
| 4.02.06S | Number of multinational pharmaceutical companies manufacturing medicines locally | 0 | 2011 | MOH |
| 4.02.07S | Number of manufacturers that are Good Manufacturing Practice (GMP) certified | 0 | 2011 | MOH |
| 4.02.08S | Comments and References | | | |

## Section 5 Medicines Regulation

### 5.00 Respondent Information Section 4

| | | |
|---|---|---|
| 5.00.01 | Name of person responsible for filling out this section of the instrument | Ellen Gabriel |
| 5.00.02 | Phone number | 473-405-2407 |
| 5.00.03 | Email address | ellengab2003@yahoo.com |
| 5.00.04 | Other respondents for filling out this section | |

### 5.01 Regulatory Framework

**Core questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 5.01.01 | Are there legal provisions establishing the powers and responsibilities of the Medicines Regulatory Authority (MRA)? | Yes ☒ No ☐ | 2011 | MOH |
| 5.01.02 | There is a Medicines Regulatory Authority | Yes ☒ No ☐ | 2011 | MOH |
| 5.01.03 | If yes, please provide name and address of the Medicines regulatory authority | The Pharmacy Council<br>C/O Chief Pharmacist<br>Ministry of Health | | |
| 5.01.04 | The Medicines Regulatory Authority is: | | 2011 | MOH |
| 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? | | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 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 ☒ | | |
| 5.01.05.07 | Medicines advertising and promotion | Yes ☐ No ☒ | | |
| 5.01.05.08 | Clinical trials control | Yes ☐ No ☒ | | |
| 5.01.05.09 | Pharmacovigilance | Yes ☒ No ☐ | | |
| 5.01.05.10 | Other: (please explain) | | | |
| 5.01.06 | Number of the MRA permanent staff | 9 | 2011 | MOH |
| 5.01.06.01 | Date of response | 14/07/2011 | | |
| 5.01.07 | The MRA has its own website | Yes ☐ No ☒ | 2011 | MOH |
| 5.01.07.01 | - If yes, please provide MRA Web site address (URL) | | | |
| 5.01.08 | The MRA receives external technical assistance | Yes ☐ No ☒ | 2011 | MOH |
| 5.01.08.01 | If yes, please describe: | | | |
| 5.01.09 | The MRA is involved in harmonization/ collaboration initiatives | Yes ☒ No ☐ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 5.01.11 | Medicines Regulatory Authority gets funds from regular budget of the | Yes ☒ No ☐ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | government. | | | |
| 5.01.12 | Medicines Regulatory Authority is funded from fees for services provided. | Yes ☐ No ☒ | 2011 | MOH |
| 5.01.13 | Medicines Regulatory Authority receives funds/support from other sources | Yes ☐ No ☒ | 2011 | MOH |
| 5.01.13.01 | - If yes, please specify | | | |
| 5.01.14 | Revenues derived from regulatory activities are kept with the Regulatory Authority | Yes ☐ No ☒ | 2011 | MOH |
| 5.01.15 | The Regulatory Authority is using a computerized information management system to store and retrieve information on registration, inspections, etc. | Yes ☒ No ☐ | 2011 | MOH |
| 5.01.16 | Comments and References | 5.01.02 The Pharmacy Council and the Chief Pharmacist are vested with regulatory powers and responsibilities. Nevertheless, not all the regulatory functions stated in the legal provisions are in place in Grenada.<br><br>5.01.06 Members of the Council shall hold office for a term of two years, with the exception of the Chief Pharmacist who is Permanent on the Council, but are eligible for re-appointment. The Chief Pharmacist is the only permanent staff on the Council vested with regulatory functions that is dedicated to these functions.<br><br>5.01.11 The Pharmacy Council gets its funds from regular Government Budget to perform regulatory activities. Members receive honorarium of $100.00 per meeting attended. meetings are held quarterly.<br><br>5.01.14 Revenue derived from Regulatory Activities of the Pharmacy Council is deposited in the consolidated funds of Grenada. | | |

## 5.02 Marketing Authorization (Registration)

**Core questions (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 ☐ | 1995 | Medical Product Act, MOH |
| 5.02.02 | Are there any mechanism for exception/waiver of registration? | Yes ☒ No ☐ | 1995 | Medical Product Act, MOH |
| 5.02.03 | Are there mechanisms for recognition of registration done by other countries | Yes ☐ No ☒ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 5.02.05 | Information from the prequalification programme managed by WHO is used for product registration | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.06 | Number of pharmaceutical products registered in your country | 0 | 2011 | MOH |
| 5.02.07 | Legal provisions require the MRA to make the list of registered pharmaceuticals with defined periodicity publicly available | Yes ☐ No ☒ | 2011 | MOH |
| 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 | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | includes the INN (International Non-proprietary Names) | | | |
| 5.02.09 | Legal provisions require the payment of a fee for Medicines Marketing Authorization (registration) applications | Yes ☒ No ☐ | 1995 | Medical Products Act of 1995 |
| 5.02.10 | Comments and References | 5.02.01 The Medical Product Act of 1995 makes provision for the licencing of all medicinal products, whether locally manufactured or imported. However this function is not carried out in Grenada. | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 5.02.11S | Legal provisions require Marketing Authorization holders to provide information about variations to the existing Marketing Authorization | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.12S | Legal provisions require publication of a Summary of Product Characteristics (SPCs) of the medicines registered | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.13S | Legal provisions require the establishment of an expert committee involved in the marketing authorization process | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.14S | Certificate for Pharmaceutical Products in accordance with the WHO Certification scheme is required as part of the Marketing Authorization application | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.15S | Legal provisions require declaration of potential conflict of interests for the experts involved in the assessment and decision-making for registration | Yes ☐ No ☒ | 2011 | MOH |
| 5.02.16S | Legal provisions allow applicants to appeal against MRAs decisions | Yes ☒ No ☐ | 1995 | Medicinal Products Act of 1995 |

| | | | | |
|---|---|---|---|---|
| 5.02.17S | Registration fee - the amount per application for pharmaceutical product containing New Chemical Entity (NCE) (US$) | | | |
| 5.02.18S | Registration fee - the Amount per application for a generic pharmaceutical product (US$) | | | |
| 5.02.19S | Time limit for the assessment of a Marketing Authorization application (months) | | | |
| 5.02.20S | Comments & References | 5.02.16s - 19s Not applicable to Grenada | | |

## 5.03 Regulatory Inspection

**Core Questions(click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 5.03.01 | Legal provisions exist allowing for appointment of government pharmaceutical inspectors | Yes ☒ No ☐ | 1987 | Pharmacy Council |
| 5.03.02 | Legal provisions exist permitting inspectors to inspect premises where pharmaceutical activities are performed | Yes ☒ No ☐ | 1987 | Pharmacy Act of 1987, Cap 241 |
| 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: | | 1987 | Pharmacy Act of 1987, Cap 241 |
| 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 ☐ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 5.03.05.01 | Local manufactures are inspected for GMP compliance | Yes ☐ No ☒ | 1987 | Pharmacy Act of 1987, Cap 241 |
| 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 | There is no part of the Pharmacy Act that addresses the periodicity of inspection. The Pharmacy Department and the Inspector design a regular schedule for inspection. Inspectiof Private Pharmacies, wholesalers and distributors are inspected twice annually approx. Public Sector Pharmacies are inspected quarterly. However, an inspection can be carried out whenever it is deem necessary by the Inspector.<br><br>All Premises intended to conducted pharmaceutical business must be inspected before registration.. | | |
| 5.03.06 | Comments and References | 5.03.03 The Pharmacy Act of 1987, Cap 241 makes reference to the registration of premises as a Pharmacy but did not specify private or public sector Pharmacy. However, in actual practice, only Private Pharmacies,premises of Wholesalers and Distributors are registered to conduct pharmaceutical activities. Public Sector Pharmacies are not registered but are inspected to meet established requirements. | | |

## 5.04 Import Control

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 5.04.01 | Legal provisions exist requiring authorization to import medicines | Yes ☒ No ☐ | 1995 | Medical Products Act of 1995 |
| 5.04.02 | Legal provisions exist allowing the sampling of imported products for | Yes ☐ No ☒ | 1995 | Medical Products |

| | | | | |
|---|---|---|---|---|
| | testing | | | Act of 1995 |
| 5.04.03 | Legal provisions exist requiring importation of medicines through authorized ports of entry | Yes ☐ No ☒ | 2011 | MOH |
| 5.04.04 | Legal provisions exist allowing inspection of imported pharmaceutical products at the authorized ports of entry | Yes ☐ No ☒ | 2011 | MOH |
| 5.04.05 | Comments and References | 5.04.01 The Medical Product Act of 1995 requires that all Importers of Pharmaceuticals must be registered<br><br>5.04.02 The Medical Product Act does not provision for sampling of imported products<br><br>The quality of medicines imported by the private sector is not controlled adequately. The system relies on registration of importers and wholesalers. | | |
| | | | | |
| **5.05 Licensing** | | | | |
| | | | Year | Source |
| 5.05.01 | Legal provisions exist requiring manufacturers to be licensed | Yes ☒ No ☐ | 1995 | Medical Products Act of 1995 |
| 5.05.02 | Legal provisions exist requiring both domestic and international manufacturers to comply with Good manufacturing Practices (GMP) | Yes ☐ No ☒ | 2011 | Bureau of Standards |
| 5.05.02.01 | If no, please explain | Grenada has no Manufacturers of Pharmaceuticals.Howevwer the Food and Drug Act of 1986 makes provision for compliance with GMP as it relates to food | | |
| 5.05.03 | GMP requirements are published by the government. | Yes ☒ No ☐ | 2011 | Bureau of Standards |
| 5.05.04 | Legal provisions exist requiring importers to be licensed | Yes ☒ No ☐ | 1987 | Pharmacy Act 1987, Cap 241 |
| 5.05.05 | Legal provisions exist requiring wholesalers and distributors to be | Yes ☒ No ☐ | 1987 | Pharmacy Act of |

| | | | | |
|---|---|---|---|---|
| | licensed | | | 1987, Cap 241 |
| 5.05.06 | Legal provisions exist requiring wholesalers and distributors to comply with Good Distributing Practices<br><br>**When filling in this part, please also fill in the relevant questions in the procurement and distribution section (Section 7)** | Yes ☐ No ☒ | 2011 | MOH |
| 5.05.07 | National Good Distribution Practice requirements are published by the government | Yes ☐ No ☒ | 2011 | MOH |
| 5.05.08 | Legal provisions exist requiring pharmacists to be registered | Yes ☒ No ☐ | 1987 | Pharmacy Act of 1987, Cap 241 |
| 5.05.09 | Legal provisions exists requiring private pharmacies to be licensed | Yes ☒ No ☐ | 1987 | Pharmacy Act, Cap 241 of 1987 |
| 5.05.10 | Legal provision exist requiring public pharmacies to be licensed | Yes ☐ No ☒ | 2011 | MOH |
| 5.05.11 | National Good Pharmacy Practice Guidelines are published by the government | Yes ☐ No ☒ | 2011 | MOH |
| 5.05.12 | Legal provisions require the publication of a list of all licensed pharmaceutical facilities | Yes ☐ No ☒ | 2011 | MOH |
| 5.05.13 | Comments and References | 5.05.09 & 5.05.10 Grenada Pharmacy Council is vested with the responsibility to license pharmacies, Pharmacists, Wholesalers and Distributors in the Private Sector. Public Sector Pharmacists and Pharmacies do no pay license fees.<br><br>5.05.03 Grenada has adapted the HACCP and these contain GMP as it relates to food | | |

## 5.06 Market Control and Quality Control

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 5.06.01 | Legal Provisions for regulating the pharmaceutical market exist | Yes ☒ No ☐ | 1995 | Medical Products Act of 1995 |
| 5.06.02 | Does a laboratory exist in the country for Quality Control testing? | Yes ☐ No ☒ | 2011 | MOH |
| 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 | Grenada uses the services of the Caribbean Regional Drug Testing Laboratory | | |
| 5.06.03 | Is there any national laboratory accepted for collaboration with WHO prequalification Programme? Please describe. | No | | |
| 5.06.04 | Medicines are tested: | | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 5.06.06 | How many Quality Control samples were taken for testing in the last two years? | | 2011 | MOH |
| 5.06.07 | Total number of samples tested in the last two years that failed to meet quality standards | | 2011 | MOH |
| 5.06.08 | Results of quality testing in past two years are publicly available | Yes ☐ No ☒ | 2011 | MOH |
| 5.06.09 | Comments and References | 5.06.02 Quality control can be done using the Caribbean Regional Drug Testing Laboratory which has been established under the Agreement establishing the Caribbean Regional Drug Testing Laboratory Act and is in force in 14 countries.<br><br>5.06.06 Data are not available<br><br>5.06.07 Data not available | | |

## 5.07 Medicines Advertising and Promotion

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 5.07.01 | Legal provisions exist to control the promotion and/or advertising of prescription medicines | Yes ☐ No ☒ | 2011 | MOH |
| 5.07.02 | Who is responsible for regulating, promotion and/or advertising of medicines? Please describe: | | | |
| 5.07.03 | Legal provisions prohibit direct advertising of prescription medicines to the public | Yes ☐ No ☒ | 2011 | MOH |
| 5.07.04 | Legal provisions require a pre- | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | approval for medicines advertisements and promotional materials  | | | |
| 5.07.05 | Guidelines/Regulations exist for advertising and promotion of non-prescription medicines | Yes ☐ No ☒ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 5.07.06.01 | If yes, the code of conduct applies to domestic manufacturers only, multinational manufacturers only, or both | | | |
| | 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 Clinical trials**

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 5.08.01 | Legal provisions exist requiring | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | authorization for conducting Clinical Trials by the MRA | | | |
| 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 ☒ | 2011 | MOH |
| 5.08.03 | Legal provisions exist requiring registration of the clinical trials into international/national/regional registry | Yes ☐ No ☒ | 2011 | MOH |
| 5.08.04 | Comments and References | | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 5.08.05S | Legal provisions exist for GMP compliance of investigational products | Yes ☐ No ☒ | 2011 | MOH |
| 5.08.06S | Legal provisions require sponsor, investigator to comply with Good Clinical Practices (GCP) | Yes ☐ No ☒ | 2011 | MOH |
| 5.08.07S | National GCP regulations are published by the Government. | Yes ☐ No ☒ | 2011 | MOH |
| 5.08.08S | Legal provisions permit inspection of facilities where clinical trials are performed | Yes ☐ No ☒ | 2011 | MOH |
| 5.08.09S | Comments and References | | | |

## 5.09 Controlled Medicines

### Core Questions (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 ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 5.09.01.02 | The 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961 | Yes ☒ No ☐ | 1998 | International Narcotics Control Board |
| 5.09.01.03 | Convention on Psychotropic Substances 1971 | Yes ☒ No ☐ | 1980 | International Narcotics Control Board |
| 5.09.01.04 | United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 | Yes ☒ No ☐ | 1990 | International Narcotics Control Board |
| 5.09.02 | Laws for the control of narcotic and psychotropic substances, and precursors exist | Yes ☒ No ☐ | | |
| 5.09.03 | Annual consumption of Morphine (mg/capita) | 0.442308 | 2009 | International Narcotics Control Board |
| 5.09.04 | Comments and References | | | |

**Supplementary questions (click here for help)**

| | | | 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 ☐ | | |
| 5.09.05.01S | If yes, year of review | | | |
| 5.09.06S | Annual consumption of Fentanyl (mg/capita) | 0.000 | | |
| 5.09.07S | Annual consumption of Pethidine (mg/capita) | 5.028846 | 2009 | International Narcotics Control |

| | | | | |
|---|---|---|---|---|
| | | | | Board |
| 5.09.08S | Annual consumption of Oxycodone (mg/capita) | 0.000 | | |
| 5.09.09S | Annual consumption of Hydrocodone (mg/capita) | 0.000 | | |
| 5.09.10S | Annual consumption of Phenobarbital (mg/capita) | | | |
| 5.09.11S | Annual consumption of Methadone (mg/capita) | 0.000 | | |
| 5.09.12S | Comments and References | | | |

## 5.10 Pharmacovigilance

**Core Questions (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 ☐ | 1995 | Medical Product Act of 1995 |
| 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 ☐ | 1995 | Medical Product Act of 1995 |
| 5.10.03 | Legal provisions about monitoring Adverse Drug Reactions (ADR) exist in your country | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.04 | A national pharmacovigilance centre linked to the MRA exists in your country | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.04.01 | If a national pharmacovigilance centre exists in your country, how many staff does it employ full-time | | | |
| 5.10.04.02 | If a national pharmacovigilance center exists in your country, an | Yes ☐ No ☐ | | |

| | | | | |
|---|---|---|---|---|
| | analysis report has been published in the last two years. | | | |
| 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 ☐ | 2011 | MOH |
| 5.10.06 | A national Adverse Drug Reactions database exists in your country | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.07 | How many ADR reports are in the database? | | | |
| 5.10.08 | How many reports have been submitted in the last two years? | | | |
| 5.10.09 | Are ADR reports sent to the WHO database in Uppsala? | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.09.01 | If yes, number of reports sent in the last two years | | | |
| 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 ☒ | 2011 | MOH |
| 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 | Conduct Educational sessions on Pharmacoviligance with | | |

| | | | | |
|---|---|---|---|---|
| | system | Pharmacists and other stakeholders<br><br>Employ more Pharmacy Inspectors to enhance Pharmacoviligance on port of entry of Pharmaceuticals and other Private Facilities where Pharmaceuticals are been sold | | |
| 5.10.14 | Comments and References | ADR's are reported from the public sector pharmacies to OECS/PPS using a standardized Reporting Form . | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 5.10.15S | Feedback is provided to reporters | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.16S | The ADR database is computerized | Yes ☐ No ☐ | | |
| 5.10.17S | Medication errors (MEs) are reported | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.18S | How many MEs are there in the ADRs database? | | | |
| 5.10.19S | There is a risk management plan presented as part of product dossier submitted for Marketing Authorization? | Yes ☐ No ☒ | 2011 | MOH |
| 5.10.20S | In the past two years, who has reported ADRs? | | 2011 | MOH |
| 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 | | | |
| 5.10.21S | Was there any regulatory decision based on local pharmacovigilance data in the last 2 years? | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 5.10.22S | Are there training courses in pharmacovigilance? | Yes ☒ No ☐ | 2011 | MOH |
| 5.10.22.01S | If yes, how many people have been trained in the last two years? | 35 | | |
| 5.10.23S | Comments and References | A workshop in Pharmacovigilance was conducted by OECS/PPS in May, 2010. Approx. 35 Pharmacists attended. | | |

# 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 | Ellen Gabriel |
| 6.00.02 | Phone number | 473-405-2407 , 440-4955 ext 2110 |
| 6.00.03 | Email address | chpharmgda@gmail.com |
| 6.00.04 | Other respondents for this sections | |

## 6.01 Medicines Coverage and Exemptions

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 6.01.01 | Do the followings receive medicines free of charge: | | 1903 | Medical Officers Act, Cap 188 |
| 6.01.01.01 | Patients who cannot afford them | Yes ☒ No☐ | | |
| 6.01.01.02 | Children under 5 | Yes ☒ No☐ | | |
| 6.01.01.03 | Pregnant women | Yes ☐ No☒ | | |
| 6.01.01.04 | Elderly persons | Yes ☒ No☐ | | |
| 6.01.01.05 | Please describe/explain your yes answers for questions above | Persons between the ages of 16 - 60 years accessing the public sector Pharmacies pay the cost of medication on the prescription (value) if the prescription is from a District Medical Officer. Prescriptions from Private Practitioners are charged the cost of prescription plus 50%, irrespective of age. | | |
| 6.01.02 | Is there a public health system or social health insurance scheme or public programme providing medicines free of charge for : | | 2011 | MOHI |
| 6.01.02.01 | All medicines included in the EML | Yes ☒ No ☐ | | |
| 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 | 6.01.02 Grenada has a Medication Assistance Programme managed by the Pharmacy Department and the Social Worker, MOH. There are criterias for entry into the Programme , one of which is that the person must be poor with no source of income. All persons desirous of entering the Programme must first be evaluated by the Social Worker for socio-economic status. Persons eligible are allowed EC $150.00 per month of medications if not available in the public sector. | | |
| 6.01.03 | Does a national health insurance, social insurance or other sickness fund provide at least partial medicines coverage? | Yes ☒ No ☐ | 2011 | MOH |
| 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 | 6.01.03 The Medication Assistance Programme is not a health insurance scheme but a programme designed by the MOH to assist outpatients of poor socio-economic status who cannot afford to purchase medication. The funds covers all medications including those on the EML. If the medication is available at public Pharmacies, then it is given free of cost. If not, Patients are allowed $150.00 for the purchase of the medication.<br><br>6.03.01.01 inpatients receive medications free of charge, except for Private Wards where patients pay for their medication. | | |

| | | | | |
|---|---|---|---|---|
| 6.01.04 | Do private health insurance schemes provide any medicines coverage? | Yes ☒ No ☐ | 2011 | MOH |
| 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 | 6.01.04 - 01 All private health insurance schemes provide medicine coverage and they provide coverage for medicines on the EML | | |

## 6.02 Patients Fees and Copayments

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 6.02.01 | In your health system, at the point of delivery, are there any co-payment/fee requirements for consultations | Yes ☐ No ☒ | 2011 | MOH |
| 6.02.02 | In your health system, at the point of delivery, are there any co-payment/fee requirements for medicines | Yes ☒ No ☐ | 2011 | MOH |
| 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 ☒ | | |
| 6.02.03.01 | Please describe the patient fees and copayments system | In the Public Sector, Patients accessing services from district Medical Officer Clinic who are between the ages of 16 - 60 pay the cost of the medication on the prescription. there is a mark-up of 50% for Private Prescriptions. | | |
| 6.02.04 | Comments and References | 6.02.02 Medical Officers Act, Cap 188 allows for charging for medication | | |

## 6.03 Pricing Regulation for the Private Sector

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 6.03.01 | Are there legal or regulatory provisions affecting pricing of medicines | Yes ☒ No ☐ | 2011 | MOH |
| 6.03.01.01 | If yes, are the provisions aimed at Manufacturers | Yes ☐ No ☐ | | |
| 6.03.01.02 | If yes, are the provisions aimed at Wholesalers | Yes ☒ No ☐ | | |
| 6.03.01.03 | If yes, are the provisions aimed at Retailers | Yes ☒ No ☐ | | |
| 6.03.01.04 | Please explain the positive answers above: (explain scope of provisions i.e generics vs. originator or subsets of medicines, EML etc.) | Medicine prices, like all other consumables, are regulated by the Ministry of Finance. There is a 40% marekup on Pharmaceuticals in the Private Sector. | | |
| 6.03.02 | Government runs an active national medicines price monitoring system for retail prices | Yes ☐ No ☒ | 2011 | MOH |
| 6.03.03 | Regulations exists mandating that retail medicine price information should be publicly accessible | Yes ☐ No ☒ | 2011 | MOH |
| 6.03.03.01 | -if yes, please explain how the information is made publically available | | | |
| 6.03.04 | Comments and References | | | |

## 6.04 Prices, Availability and Affordability

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 6.04.01-04 | Please state if a medicines price survey using the WHO/HAI methodology has been conducted in the past 5 years in your country.<br><br>**If yes**, please indicate the year of the survey and use the results to fill in this table<br><br>***If no***, but other surveys on medicines | Yes ☐ No ☒ Unknown ☐ | 2011 | MOH |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | prices and availability have been conducted, please do not use them to fill in this section, but rather use the comment box to write some of the results and attach the report to the questionnaire | | | | | | | |
| | **Basket Of key medicines** | | | 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 | | |
| | | | **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 for standard treatment with co-trimoxazole for a child respiratory infection | **Number of days' wages** | **Orig** | | 6.04.04.01 | 6.04.04.03 | | |
| | | | **LPG** | | 6.04.04.02 | 6.04.04.04 | | |
| 6.04.05 | Comments and References | | | | | | | |
| | | | | | | | | |
| **6.05 Price Components and Affordability** | | | | | | | | |
| **Core Questions (click here for help)** | | | | | | | | |
| | | | | | | | Year | Source |

| | | | | |
|---|---|---|---|---|
| 6.05.01 | Please state if a survey of medicines price components has been conducted in the past 5 years in your country | Yes ☐ No ☒ Unknown ☐ | 2011 | MOH |
| 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 percentage mark-up between MSP/CIF price and final medicine price for a basket of key medicines in the private sector (Median % contribution) | 40 | | |
| 6.05.04 | Comment and References | | | |
| **Supplementary questions (click here for help)** | | | | |
| 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) | | | |
| 6.05.06S | 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 (%) | | | |
| 6.05.09S | Median pharmacist mark-up or dispensing fee as percent of retail price for a basket of key medicines (%) | | | |

| | | | | |
|---|---|---|---|---|
| 6.05.10S | 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)

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 6.06.01 | There are duties on imported active pharmaceutical ingredients (APIs) | Yes ☒ No ☐ | 2011 | MOH |
| 6.06.02 | There are duties on imported finished products | Yes ☒ No ☐ | 2011 | MOH |
| 6.06.03 | VAT (value-added tax) or any other tax is levied on finished pharmaceuticals products | Yes ☒ No ☐ | 2011 | MOH |
| 6.06.04 | There are provisions for tax exceptions or waivers for pharmaceuticals and health products | Yes ☒ No ☐ | 2011 | MOH |
| 6.06.05 | Please specify categories of pharmaceuticals on which the taxes are applied and describe the exemptions and waivers that exist | | | |
| 6.06.06 | Comments and References | 6.06.02 There are some medicines that are exempted from duties<br>6.06.03 VAT tax is exempted from Chronic communicable and non-communicable diseases medicines | | |

### Supplementary questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 6.06.07S | Duty on imported active | 5 | 2011 | Custom |

| | | | | |
|---|---|---|---|---|
| | pharmaceutical ingredients, APIs (%) | | | Clerk, MOH |
| 6.06.08S | Duty on imported finished products (%) | 10 | 2011 | Custom Clerk, MOH |
| 6.06.09S | VAT on pharmaceutical products (%) | 15 | 20 | Custom Clerk, MOH |
| 6.06.10S | Comments and References | | | |

# 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 | Ellen Gabriel |
| 7.00.02 | Phone number | 473-405-2407, 473-440-4955 ext 2110 |
| 7.00.03 | Email address | ellengab2003@yahoo.com |
| 7.00.04 | Other respondents for filling out this section | |

## 7.01 Public Sector Procurement

### Core Questions (click here for help)

| | | | Date | Source |
|---|---|---|---|---|
| 7.01.01 | Public sector procurement is: | | 2011 | MOH |
| 7.01.01.01 | Decentralized | ☐Yes | | |
| 7.01.01.02 | Centralized and decentralized | ☐Yes | | |
| 7.01.01.03 | Please describe | Public Sector Procurement is wholly centralized and is under the Ministry of Health administration and the country is also part of the Pharmaceutical Procurement Service/Organization of the Eastern Caribbean States (PPS/OECS) | | |
| 7.01.02 | If public sector procurement is wholly or partially centralized, it is under the responsibility of a procurement agency which is: | | 2011 | MOH |
| 7.01.02.01 | Part of MoH | Yes ☒ No ☐ | | |
| 7.01.02.02 | Semi-Autonomous | Yes ☐ No ☐ | | |

| | | | | |
|---|---|---|---|---|
| 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 ☒ | 2011 | MOH |
| 7.01.04 | Public sector tender awards are publicly available | Yes ☐ No ☒ | 2011 | MOH |
| 7.01.05 | Procurement is based on prequalification of suppliers | Yes ☒ No ☐ | 2011 | MOH |
| 7.01.05.01 | If yes, please describe how it works | Grenada is part of a pool procurement system directed and managed by OECS/Pharmaceutical Procurement Service based in St. Lucia. OECS/PPS invites tenders from suppliers to bid on Pharmaceuticals. Procurement Officers from the 9 OECS countries meet every 18 months ( Procurement Cycle) to adjudicate on items from suppliers and to award tenders. | | |
| 7.01.06 | Comments and References | 7.01.02.01 For the public sector the Ministry of Health Procurement Unit is procuring pharmaceuticals. | | |

**Supplementary questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 7.01.07S | Is there a written public sector procurement policy?. If yes, please write the year of approval in the "year" field | Yes ☐ No ☒ | 2011 | MOH |
| 7.01.08S | Are there legal provisions giving priority in public procurement to goods produced by local manufacturers? | Yes ☐ No ☒ | 2011 | MOH |
| 7.01.09S | The key functions of the procurement unit and those of the tender committee are clearly separated | Yes ☒ No ☐ | 2011 | MOH |
| 7.01.10S | A process exists to ensure the quality of products procured | Yes ☒ No ☐ | 2011 | OECS/PPS<br>MOH |

| | | | | |
|---|---|---|---|---|
| 7.01.10.01S | 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 pre-qualification of suppliers | Yes ☒ No ☐ | | |
| 7.01.10.03S | If yes, a list of pre-qualified suppliers and products is publicly available | Yes ☒ No ☐ | | |
| 7.01.11S | List of samples tested during the procurement process and results of quality testing are available | Yes ☒ No ☐ | 2011 | OECS/PPS |
| 7.01.12S | Which of the following tender methods are used in public sector procurement: | | 2011 | MOH |
| 7.01.12.01S | National competitive tenders | Yes ☐ No ☐ | | |
| 7.01.12.02S | International competitive tenders | Yes ☒ No ☐ | | |
| 7.01.12.03S | Direct purchasing | Yes ☒ No ☐ | | |
| 7.01.13S | Comments and References | 7.01.10 Grenada is part of a pool procurement system,( managed and directed by OECS/PPS),with the other OECS countries in which 80% of all Pharmaceuticals are purchased. Through this process, the quality of product procured is ensured.<br><br>The quallity assurance process for products and suppliers is conducted by OECS/PPS prior to the process of adjudication. ( Only public sector)<br><br>7.01.10.02S Criteria and procedures for prequalification of Suppliers are the responsibility of OECS/PPS | | |

## 7.02 Public Sector Distribution

### Core Questions (click here for help)

| | | | Year | Source |
|---|---|---|---|---|
| 7.02.01 | The government supply system department has a Central Medical Store at National Level | Yes ☒ No ☐ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 7.02.02 | Number of public warehouses in the secondary tier of public distribution (State/Regional/Provincial) | 0 | 2011 | MOH |
| 7.02.03 | There are national guidelines on Good Distribution Practices (GDP) | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.04 | There is a licensing authority that issues GDP licenses | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.04.01 | If a licensing authority exists, does it accredit public distribution facilities? | Yes ☐ No ☐ | | |
| 7.02.05 | List of GDP certified warehouses in the public sector exists | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.06 | List of GDP certified distributors in the public sector exists | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.07 | Comments and References | | | |

**Supplementary questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 7.02.08S | Which of the following processes is in place at the Central Medical Store: | | 2011 | MOH |
| 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 | 80 | 2010 | MOH |
| 7.02.10S | Average stock-out duration for a basket of medicines at the Central Medical Store, in days | 30 | | |
| 7.02.11S | Routine Procedure exists to track the expiry dates of medicines at the Central Medical Store | Yes ☒ No ☐ | 2011 | MOH |
| 7.02.12S | The Public Central Medical Store is GDP certified by a licensing authority | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.13S | The Public Central Medical Store is ISO certified | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.14S | The second tier public warehouses are GDP certified by a licensing authority | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.15S | The second tier public warehouses are ISO certified | Yes ☐ No ☒ | 2011 | MOH |
| 7.02.16S | Comments and References | | | |

## 7.03 Private Sector Distribution

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 7.03.01 | Legal provisions exist for licensing wholesalers in the private sector | Yes ☒ No ☐ | 1995 | Medical Product Act |
| 7.03.02 | Legal provisions exist for licensing distributors in the private sector | Yes ☒ No ☐ | 1995 | Medical Product Act |
| 7.03.03 | List of GDP certified wholesalers in the private sector exists | Yes ☐ No ☒ | 2011 | MOH |
| 7.03.04 | List of GDP certified distributors in | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | the private sector exists | | | |
| 7.03.05 | Comments and References | | | |

## Section 8 Selection and rational use

### 8.00 Respondent Information Section 7

| | | |
|---|---|---|
| 8.00.01 | Name of person responsible for filling out this section of the instrument | Ellen Gabriel |
| 8.00.02 | Phone number | 473-405-2407 |
| 8.00.03 | Email address | chpharmgda@gmail.com |
| 8.00.04 | Other respondents for filling out this section | |

### 8.01 National Structures

**Core Questions (click here for help)**

| | | | Year | Source |
|---|---|---|---|---|
| 8.01.01 | National essential medicines list (EML) exists. If yes, please write year of last update of EML in the "year" field | Yes ☒ No ☐ | 2009 | HERA |
| 8.01.01.01 | If yes, number of medicines on the EML (no. of INN) | 508 | | |
| 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 ☒ | 2009 | HERA |
| 8.01.03 | STGs specific to Primary care exist. Please use the "year" field to | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | write the year of last update of 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 ☒ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 8.01.06 | % of public health facilities with copy of EML (mean)- Survey data | 100 | | |
| 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 ☒ | 2011 | MOH |
| 8.01.09 | Public education campaigns on rational medicine use topics have been conducted in the previous two years | Yes ☐ No ☒ | 2011 | MOH |
| 8.01.10 | A survey on rational medicine use has been conducted in the previous two years | Yes ☐ No ☒ | 2011 | MOH |
| 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 ☒ | 2011 | MOH |
| 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" field | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| 8.01.13 | Comments and References | 8.01.01 The OECS/PPS essential medicines list is used as a reference for the public sector. This list is supplemented with additional medicines that are being used. | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 8.01.14S | The Essential Medicines List (EML) includes formulations specific for children | Yes ☒ No ☐ | 2009 | OECS/PPS |
| 8.01.15S | There are explicitly documented criteria for the selection of medicines in the EML | Yes ☒ No ☐ | 2009 | OECS/PPS |
| 8.01.16S | There is a formal committee or other equivalent structure for the selection of products on the National EML | Yes ☒ No ☐ | 2009 | OECS/PPS l |
| 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 ☐ | 2009 | OECS/PPS |
| 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 ☒ | 2011 | MOH |
| 8.01.19S | A national reference laboratory/or any other institution has responsibility for coordinating epidemiological surveillance of antimicrobial resistance | Yes ☐ No ☒ | 2011 | MOH |
| 8.01.20S | Comments and References | 8.01.17s Grenada shares a common Regional Medicine Formulary with the OECS countries called the OECS Medicine Formulary. This Formulary is printed every three years. The latest edition, the 7th edition, was released in 2009 and is for the period 2009 - 2012.<br><br>The formulary is also used as the Essential Medicine List<br><br>8.01.16s The medicines in the OECS formulary are selected by | | |

| | | | | |
|---|---|---|---|---|
| | | OECS/PPS Technical Advisory Sub- Committee. | | |
| **8.02 Prescribing**<br><br>**Core Questions (click here for help)** | | | | |
| | | | Year | Source |
| 8.02.01 | Legal provisions exist to govern the licensing and prescribing practices of prescriber | Yes ☒ No ☐ | 1992 | Medical Act 1992 Cap 189 |
| 8.02.02 | Legal provisions exist to restrict dispensing by prescribers | Yes ☐ No ☐ | | |
| 8.02.03 | Do prescribers in the private sector dispense medicines? | Yes ☒ No ☐ | 2011 | MOH |
| 8.02.04 | Regulations require hospitals to organize/develop Drug and Therapeutics Committees (DTCs) | Yes ☐ No ☒ | 2011 | MOH |
| 8.02.05 | Do more than half of referral hospitals have a DTC? | Yes ☐ No ☒ Unknown ☐ | 2011 | MOH |
| 8.02.06 | Do more than half of general hospitals have a DTC? | Yes ☐ No ☒ Unknown ☐ | 2011 | MOH |
| 8.02.07 | Do more than half of regions/provinces have a DTC? | Yes ☐ No ☒ Unknown ☐ | 2011 | MOH |
| 8.02.08 | The core medical training curriculum includes components on: | | 2011 | MOH |
| 8.02.08.01 | Concept of EML | Yes ☐ No ☐ | | |
| 8.02.08.02 | Use of STGs | Yes ☐ No ☐ | | |
| 8.02.08.03 | Pharmacovigilance | 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 | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | physician) | | | |
| 8.02.10 | Mandatory continuing education that includes pharmaceutical issues is required for nurses | Yes ☐ No ☒ | 2011 | MOH |
| 8.02.11 | Mandatory continuing education that includes pharmaceutical issues is required for paramedical staff | Yes ☐ No ☒ | 2011 | MOH |
| 8.02.12 | Prescribing by INN name is obligatory in: | | 2011 | MOH |
| 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) | 5 | 2011 | Pharmacy Department, MOH |
| 8.02.14 | % of medicines prescribed in outpatient public health care facilities that are in the national EML (mean) | 90 | 2011 | Pharmacy Department, MOH |
| 8.02.15 | % of medicines in outpatient public health care facilities that are prescribed by INN name (mean) | 60 | 2011 | Pharmacy Department, MOH |
| 8.02.16 | % of patients in outpatient public health care facilities receiving antibiotics (mean) | 50 | 2011 | Pharmacy Department, MOH |
| 8.02.17 | % of patients in outpatient public health care facilities receiving injections (mean) | 2 | 2011 | Pharmacy Department, MOH |
| 8.02.18 | % of prescribed drugs dispensed to patients (mean) | 95 | 2011 | Pharmacy Department, MOH |
| 8.02.19 | % of medicines adequately labeled in public health facilities (mean) | 98 | 2011 | Pharmacy Department, MOH |

| | | | | |
|---|---|---|---|---|
| 8.02.20 | Comments and References | | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 8.02.21S | A professional association code of conduct exists governing professional behaviour of doctors | Yes ☒ No ☐ | 2011 | MOH |
| 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) (%) | | | |
| 8.02.24S | Comments and References | | | |
| | | | | |
| **8.03 Dispensing** | | | | |
| **Core Questions (click here for help)** | | | | |
| | | | Year | Source |
| 8.03.01 | Legal provisions exist to govern dispensing practices of pharmaceutical personnel | Yes ☒ No ☐ | 1987 | Pharmacy Act 1987 |
| 8.03.02 | The basic pharmacist training curriculum includes components on: | | 2011 | MOH |
| 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 | Yes ☐ No ☒ | 2011 | MOH |

| | | | | |
|---|---|---|---|---|
| | pharmacists | | | |
| 8.03.04 | Generic substitution at the point of dispensing in public sector facilities is allowed | Yes ☒ No ☐ | 2011 | MOH |
| 8.03.05 | Generic substitution at the point of dispensing in private sector facilities is allowed | Yes ☐ No ☒ | 2011 | MOH |
| 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 ☐ | 2011 | MOH |
| 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 ☐ | 2011 | MOH |
| 8.03.08 | Comments and References | | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 8.03.09S | A professional association code of conduct exists governing professional behaviour of pharmacists | Yes ☒ No ☐ | 1987 | Pharmacy Act |
| 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? | | 2011 | MOH |
| 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 | Ellen Gabriel |
| 9.00.02 | Phone number | 473-405-2407 |
| 9.00.03 | Email address | chpharmgda@gmail.com |
| 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 years to assess access to medicines? | 0 | | |
| 9.01.02 | Adults with acute condition in two-week recall period who took all medicines prescribed by an authorized prescriber (%) | | | |
| 9.01.03 | Adults with acute conditions not taking all medicines because they cannot afford them (%) | | | |
| 9.01.04 | Adults (from poor households) with an acute health condition in two-week recall period who took all medicines prescribed by an authorized prescriber (%) | | | |
| 9.01.05 | Adults (from poor households) with an acute condition in two-week recall period who did not take all medicines because they cannot afford them (%) | | | |

| | | | | |
|---|---|---|---|---|
| 9.01.06 | Adults with chronic conditions taking all medicines prescribed by an authorized prescriber (%) | | | |
| 9.01.07 | Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them (%) | | | |
| 9.01.08 | Adults (from poor households) with chronic conditions who usually take all medicines prescribed by an authorized prescriber (%) | | | |
| 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 (%) | | | |
| 9.01.10 | Percentage of people who obtained the medicines prescribed in the 15 days before the interview (%) | | | |
| 9.01.11 | People who obtained prescribed medicines for free in the 15 days before the interview (%) | | | |
| 9.01.12 | Comments and References | | | |
| **Supplementary questions (click here for help)** | | | | |
| | | | Year | Source |
| 9.01.13S | Adults with acute conditions not taking all medicines because the medicines were not available (%) | | | |
| 9.01.14S | Adults with chronic conditions not taking all medicines because they cannot afford them (%) | | | |
| 9.01.15S | Adults with chronic conditions not taking all medicines because the medicines were not available (%) | | | |
| 9.01.16S | Children with acute conditions taking all medicines prescribed by | | | |

| | | | | |
|---|---|---|---|---|
| | an authorized prescriber (%) | | | |
| 9.01.17S | Children with acute conditions not taking all medicines because they cannot afford them (%) | | | |
| 9.01.18S | Children with acute conditions not taking all medicines because the medicines were not available (%) | | | |
| 9.01.19S | Children (from poor households) with acute conditions not taking all medicines because they cannot afford them (%) | | | |
| 9.01.20S | Comments and References | | | |