**PP 21: Availability of drugs for the treatment of non-communicable diseases in the government health care institutions in Sri Lanka**

*Pinidiyapathirage MJ, Chandratilake MN, Kasturiratne A, Jayaratna GS, Jayasekera DPARN, Subhasini KAP, Mahawithanage ST, Wickremasinghe AR.*

*Faculty of Medicine, University of Kelaniya, State Pharmaceuticals Manufacturing Corporation of Sri Lanka, Department of Applied Nutrition, Wayamba University of Sri Lanka.*

Objective: To assess the availability of commonly used drugs in the treatment of non-communicable

diseases in government health care institutions.

Methods: Forty four government health care institutions, representing the 3 levels of health care

institutions (level 1 - CD & MH, level 2 - PU, DH, RH, level 3 - BH, GH, PH, TH) were randomly

selected from the districts of Colombo, Anuradhapura, Moneragala and Matara. Each of the selected

institutions was visited and the availability of a selected list of drugs was ascertained on the day of

the visit. Availability was considered satisfactory if the drug was available in at least 75% of

institutions of a particular level.

Results: Of the drugs that should be available at each level the following results were obtained:

Level I -Availability of thiazides, beta-blockers, aspirin and nitrates were satisfactory. Availability

of benzathine benzylpenicillin, glibenclamide andprednisolone were unsatisfactory.

LevelII- Furosemide, thiazides, nitrates, glibenclamide, metformin andprednisolone were available

in all and the availability of methyldopa, nifedipine, beta-blockers and aspirin was satisfactory.

Availability of benzathine benzylpenicillin, insulin (isophane/so ruble) and spironolactone were

**unsatisfactory.**

Level III - Furosemide, thiazides, metformin, aspirin, beta-blockers, nitrates, nifedipine and

prednisolone were available in all while the availability of benzathine benzylpenicillin, captopril,

spironolactone, methyldopa, glibenclamide, insulin (isophane/soluble) and timolol eye-drops were

satisfactory. Availability of steptokinase, inhalation steroids and salbutamol, ipratropium bromide,

losartan, and tamoxifen were unsatisfactory.

Conclusions: Availability of some essential drugs for non-communicable diseases was unsatisfactory

at all 3 levels of health care institutions. This may be a reason for patients bypassing smaller

institutions and the back referral system not functioning properly in the country. Inadequacy of

national stocks cannot by itself explain the non-availability of these drugs as the survey was

carried out in July/August.

**PP 22: Availability and cost of medicines for treatment of non-communicable diseases in private sector drug outlets in Sri Lanka**

*Kasturiratne A, Chandratilake MN, Pinidipathirage MJ, Jayaratne GS, Mahawithanage ST, Subhashini KAP, Jayasekara DPARN, Wickramasinghe AR.*

*Faculty of Medicine, University of Kelaniya, State Pharmaceuticals Manufacturing Corporation of Sri Lanka and Department of Applied Nutrition, Wayamba University.*

Background: Non-communicable diseases (NCDs) are the leading cause of morbidity and mortality in Sri Lanka. Availability and affordability of medicines to treat them determine patient outcomes. Objectives: To determine the availability and affordability of common medicines for the management of NCDs in private sector drug outlets in four districts in Sri Lanka.

Methods: A descriptive cross-sectional study was conducted in randomly selected private pharmacies in Anuradhapura, Colombo, Matara and Monaragala districts. A pre-tested questionnaire administered to pharmacists/dispensers and direct observations were used to obtain availability and prices of drugs for treatment of ischaemic heart diseases, hypertensive diseases, diabetes mellitus, asthma and cancer by trained data collectors.