

## ASSESSING DOMESTIC PREFERENCE IN SRI LANKA’S HEALTH SECTOR PROCUREMENT: DRIVING LOCAL GROWTH VIA EU INNOVATIVE PROCUREMENT PRACTICE

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### Abstract

In Sri Lanka, all government institutions must adhere to established public procurement guidelines for the acquisition of goods, works, or services. The objective of public procurement is to ensure value for money, transparency, and accountability. The latest public procurement guideline in Sri Lanka for 2024 still does not define sustainable public procurement; however, the Ministry of Environment has introduced the National Policy on Sustainable Consumption and Production (SCP), which includes provisions for public procurement and the health sector. Under this policy, the Ministry of Health aims to reform healthcare consumption practices into environmentally friendly work environments by 2030. Adopting green and sustainable public procurement (GSP) is expected to optimise public spending, minimise environmental impacts, and generate economic and social benefits for the health sector. Domestic preference policies play a strategic role in supporting local industries, fostering economic growth, and enhancing the resilience of the health system. Such policies prioritise local bidders in evaluations, helping retain public funds and build national capacity. European Union (EU) member states utilise Information and Communication Technology (ICT)-based tools to streamline procurement evaluations and enhance public procurement practices, thereby fostering local economic growth. The design-based research (DBR) method was employed in this study, utilising multiple interventions. During the first intervention, it was found that there is a significant correlation between the adoption of innovative procurement methods in the health sector and the applicability of domestic preference policies in public procurement. Hence, the EU concept of innovative procurement was identified as a factor for verification and validation during the second intervention. Findings reveal that innovative procurement is a significant factor that can be adopted for the sustainable and green public procurement (SGPP) framework. The developed framework was disseminated to the National Procurement Commission (NPC) for practical policy implementation and further refinement or research.

**Keywords:** domestic preference, health sector governance, innovative procurement in the EU, local economy growth and sustainability, public procurement reform

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## **Introduction**

Public procurement is a critical component of Sri Lanka's financial management strategy, with over twenty-five per cent (25%) of the national budget being allocated through the public procurement system. As the government is the single largest purchaser in the country (USAID, 2016), the effective implementation of public procurement reforms is expected to have a significant impact on the national economy and support the development of the private sector. However, the practical application and evaluation of key procurement concepts such as sustainability and domestic preference are not clearly defined, even in the latest procurement guideline issued in 2024. In some instances, these concepts appear contradictory or insufficiently detailed. Although the current public procurement guideline explains the domestic preference, innovative procurement has yet to be fully defined at the policy level and adopted by public organisations in the health sector. Sustainability has been recognised by the government of Sri Lanka as a vital element in enhancing governance and institutional leadership (Mohan, 2010).

## **Literature Review**

Aligned with sustainability principles, Sri Lanka's National Policy on Sustainable Consumption and Production was approved in 2019 (Ministry of Environment, 2019). This policy initiative allows public institutions to integrate traditional procurement practices with sustainable and green procurement principles, thereby maximising value for money. It encourages institutions to consider not only economic and financial stability but also environmental protection and social equity during procurement processes. Domestic preference refers to the advantage granted to local bidders or locally produced goods and services in the procurement of goods, work, consulting, and other services. In Sri Lanka, a significant portion of the national gross domestic product (GDP) is allocated to the health sector. Public health institutions utilise these funds for the procurement of standard categories, including goods, services, work, and information systems, as well as essential medical supplies and pharmaceuticals for citizen healthcare. The core focus of this study is to identify the significance of granting preference to local suppliers within the public procurement process as a means to foster local economic growth. Despite its potential, no comprehensive study has yet been conducted to evaluate the adaptability and current applicability of domestic preference policies in public procurement within Sri Lanka's health sector, which this research aims to address.

## **Impact of the economic crisis on the health sector in Sri Lanka**

The ongoing economic crisis in Sri Lanka has posed a significant threat to the country's healthcare delivery system. The dual pressures of constrained government resources and rising demand for public health services have placed considerable strain on the overall health infrastructure. Sri Lanka heavily relies on foreign procurement for essential hospital supplies, medical equipment, vaccines, and pharmaceuticals. However, the shortage of foreign currency reserves has severely disrupted the supply of these critical health commodities. This shortage has had a particularly devastating impact on the availability of medicines and other pharmaceutical products. According to the Sri Lanka Chamber of the Pharmaceutical Industry, approximately 5% of essential medicines are already out of stock, and the situation is expected to deteriorate further in the coming months. In response, top-level policymakers have implemented budget cuts aimed at reducing public expenditure, including reductions in the health sector budget. However, evidence suggests that health systems typically require increased resources during times of economic crisis, further highlighting the potential long-term risks of such austerity measures. In any case, the Sri Lankan government is seeking to promote local manufacturing to address this situation and encourage its adoption in public procurement.

## **Lack of use of green technologies and best practices for cost-saving**

Despite its growing importance, green and sustainable procurement remains a relatively new concept within Sri Lanka's health sector and has not yet been widely studied. This paper aims to systematically review and analyse the possibility of adopting innovative procurement in the European Union (EU) as a key factor for public procurement practices in Sri Lanka to achieve sustainability. It also examines how the health sector within the EU has adopted and regulated green and sustainable procurement principles, with the aim of identifying adaptable strategies that can enhance cost efficiency in the Sri Lankan context. In the EU, when identifying procurement needs, several core factors are considered, namely, environmental impact, budgetary significance, and the potential to influence the market. Throughout the procurement lifecycle, electronic procurement (e-GP) systems play a central role in enhancing efficiency and transparency. A recent study recommends that all components of the procurement process, from bid initiation and approval to final payment, could be gradually transitioned into an integrated e-procurement system. Once the e-GP system is fully operational, traditional manual processes should be phased out, and all procurement should be handled through the e-GP system. Activities, from budgeting to bill settlement, should be conducted exclusively through the electronic platform (Mohan, 2010). For the successful adoption of such systems, several features are essential: the ability to track and integrate green

public procurement (GPP) criteria, the capability to evaluate life cycle costing, and a user-friendly interface that facilitates participation by new or smaller suppliers. Findings from recent research indicate that the Sri Lankan public procurement process could be significantly streamlined by eliminating manual procedures and transitioning to a digital system.

**Background: Adoption of government circulars and policies related to public procurement**

Adopting a domestic preference approach in the evaluation of bids for public sector tenders could play a significant role in alleviating poverty, strengthening the local economy through promoting local production, and reducing unemployment in Sri Lanka. By prioritising local firms in procurement processes, such policies contribute to increased local employment opportunities and facilitate the retention of apprentices and trainees, thereby fostering skills development and workforce sustainability. Recognising these benefits, the government of Sri Lanka has included domestic preference provisions in detail in the new guideline issued in 2024 (Government of Sri Lanka, 2024). The criteria for the application of domestic preference, as described in section 7.7.1 of said guideline, are presented below:

- *Local labour, locally produced raw material & components sourced within Sri Lanka, will account for thirty per cent or more (30%  $\geq$ ) of the EXW (Ex-Works) price of the product offered.*
- *The production facility in which those goods would be manufactured had been engaged in manufacturing such goods by the time of the invitation for bids.*
- *The Bidder shall be registered under the Companies Act No. 7 of 2007 in Sri Lanka.*
- *Bidder shall submit an affidavit stating that the value addition is 30% or more of the EXW price, along with the breakdown of the price structure; and*
- *Bidder shall submit certified audited financial statements to prove that the value addition is 30% or more of the EXW price.*

Domestic preference is closely associated with the economic pillar of the sustainability concept. However, to date, no comprehensive study has been conducted to assess the adaptability and current applicability of domestic preference or possible adaptation of innovative procurement for local economic growth in public procurement within Sri Lanka’s health sector. Anyway, domestic preference policies could distort fair competition by favouring local suppliers regardless of efficiency or quality. Restricting competition from domestic firms could disrupt global supply chains, especially for specialised goods not produced locally.

**Material and Methods**

The researcher conducted a comprehensive review of published documents related to sustainable and green public procurement across various sectors in Sri Lanka, as well as green public procurement guidelines issued by the European Union. These sources were examined to identify potential factors influencing the adoption of sustainable and green procurement practices in Sri Lanka. The insights gained aim to inform people how such practices can be adapted to the local context, thereby promoting more efficient use of public funds and contributing to the country's economic development. For the survey component of the study, Cochran's formula was employed to determine an appropriate sample size. Within the Ministry of Health, there are five Procurement Committees (PCs), each consisting of five members, totalling 25 individuals. Within the Ministry of Health, there are five procurement committees (PCs), each consisting of five members, totalling 25 individuals. Correspondingly, there are five technical evaluation committees (TECs), each supporting one PC with technical assessments and also comprising five members, resulting in an additional 25 individuals, as shown in Table 1. The composition of both PCs and TECs may include any combination of staff at the officer grade or above, either from within the Ministry of Health or nominated external members, as designated by the chief accounting officer of the respective public institution. Since the total number of potential participants is not precisely known, the population mean or size for this study is considered to be unknown. For the survey, Cochran's equation was used to determine the sample size, and the judgmental sampling method was employed, as prior knowledge was required among the participants to answer the questions.

**Table 1**  
*Sample size calculation for the first intervention*

For each procurement instance, the combined population of the Procurement Committee (PC) and the technical evaluation committee (TEC) is assumed to consist of a minimum of 50 individuals, comprising various combinations of staff at the officer grade or higher.

confidence level = 95%, population proportion is unknown = 50%, margin of error = 5%	Hence, the sample size of 45
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*(Source: Authors' Compilation)*

A comparison between the current procurement guidelines in Sri Lanka and the European Union’s directive 2014/24/EU on green and ethical public procurement reveals eight key areas addressed in the EU directive that are not currently incorporated into Sri Lanka’s guidelines, particularly in relation to the health sector. These areas include: (1) Most Economically Advantageous Tendering (MEAT), (2) Innovation Partnerships, (3) Exclusion Criteria, (4) Framework Agreements, (5) professionalization in public procurement within health systems, (6) eco-labeling, (7) compliance with environmental, social, and labor law obligations, and (8) life-cycle costing (LCC) evaluation. Based on these findings, a structured questionnaire was developed to assess the current level of adoption of national procurement guidelines within the public health sector in Sri Lanka as the first intervention. The questionnaire also aimed to gather data on the awareness and implementation of the aforementioned eight thematic areas, which were used as key variables in this study. A structured questionnaire using a Likert scale was developed to collect quantitative feedback from the study sample. The research followed a design-based research approach (Brown, 1992; Design-Based Research Collective, 2003), an iterative and collaborative methodology that integrates qualitative and quantitative paradigms to support practical innovation and theory refinement (Armstrong et al., 2020). In the first intervention, participant feedback was predominantly favourable and was analysed to identify the key ‘green’ factors relevant to developing a sustainable and green public procurement (SGPP) framework for Sri Lanka. Those factors informed the construction of a test SGPP framework for evaluation in a second intervention focused on statistical compliance assessment and validation. A subsequent survey administered using a structured questionnaire examined the extent to which the test SGPP framework aligned with the previously identified green factors and its applicability as a sustainability-enhancing procurement instrument. The sample size used in the second iteration is reported in Table 2. Two (2) samples were used for introversion to mitigate bias in the selected samples.

**Table 2**  
Sample size calculation for the second intervention

Sample Size	Population		
	Institute	Representatives	Numbers
104 (Group 1)	Ministry of Health (MoH)	05 members each for TEC/ PC (5 committees X 10 Members )	050
	Line Hospitals managed by the MoH	Hospitals = 45, 03 members each for TEC/ PC (45 X 06 Members)	270
018 (Group 2)	For Provincial Hospitals managed by provincial Ministries	Provincial Areas = 09 03 members each for TEC/ PC (09 X 06 members)	054
016 (Group 3)	Indigenous Medicine section	05 members each for TEC/ PC (5 committees X 10 Members )	050
138			424

(Source: Authors’ Compilation)

During the third intervention, the refined SGPP Framework was validated against existing procurement guidelines and circulars in Sri Lanka to identify new policy implementation requirements for the developed SGPP framework. The R, an open-source programming language for statistical analysis and data visualisation, and Python, a widely adopted language for developing graphs and visual representations, were utilised to enhance both the analytical rigour and the visual presentation of the findings during the study.

### Data Collection and Analysis Method

Professionals from government health institutions who had basic knowledge of public procurement were invited to a knowledge-sharing session on sustainable procurement through an internal circular. A total of 47 participants attended. The session provided a detailed explanation of newly identified EU procurement concepts related to green and ethical public procurement. Following the discussion, a structured Likert-scale questionnaire was administered to collect participant feedback confidentially. No selection bias or exclusion criteria were applied. Questionnaires were distributed to all attendees, ensuring comprehensive representation of the group. Insights from this initial intervention informed the development of the draft sustainable and green public procurement framework, based on the findings derived from the descriptive analysis. During the second intervention, a structured questionnaire derived from the factors in the draft SGPP framework was administered to a judgmental sample of 138 respondents. Confidential feedback was collected from all. The instrument used a five-point Likert scale. For analytic clarity, responses of 3 (occasionally), 4 (frequently), and 5 (always) were recorded as applicable, whereas 1 (never) and 2 (very rarely) were recorded as not applicable. The questionnaire link was distributed online by email, and responses were obtained from all invited participants. Data was analysed using the open-source statistical environments R and Python to assess factor-level compliance with the framework. The findings of the first intervention were subjected to deep empirical statistical analysis. Ethical approval was not required for this research as it did not involve human participants, identifiable personal data, or animals. The data analysed were publicly available and anonymised.

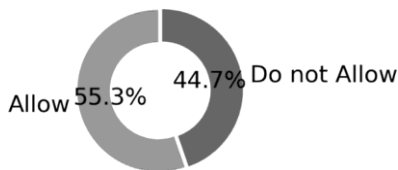
**Results**

At the first intervention, the age distribution of the survey participants, with the largest proportion of 15 (31.9%) participants, was within the 41–50-year age group. Additionally, 26 (55.32%) of the participants were female. A total of 26 (55.32%) of the survey participants had more than 10 years of service experience in their relevant sectors. When knowledge specialisation in relation to years of service is analysed, the majority were from medical and clerical professionals with 11 to 20 years of experience. At the time of the survey conducted, 53.2% of respondents had received training in public procurement. Among those without adequate training, 36.4% were medical officers, and 50% had less than 10 years of experience in the Sri Lankan health sector. Notably, 20% of the respondents who had received training in public procurement were directors. Additionally, 36% of those trained had more than 11 years of service experience. Among the trained participants, 52% reported that the training they received was relevant to their daily public procurement responsibilities within the health sector in Sri Lanka. According to the feedback from the participants, 83% stated that an innovative procurement method could be important for the health sector in Sri Lanka, and 55.3% stated that it would enable domestic preference in applicable procurement within the health sector. The Pearson correlation resulted in a significance (2-tailed) of 0.046, which was less than 0.05. Hence, we found a significant correlation between the adoption of innovative procurement methods in the health sector and the applicability of domestic preference policies in public procurement.

Hence, innovative procurement was identified as a factor for the SGPP test framework, to be further verified and validated in the next interventions. The second questionnaire was prepared to verify and validate the factors identified for the SGPP test framework, and the corresponding feedback is presented below.

*Question 1: Do you give preference to domestic bidders for potential procurement opportunities?*

**Figure 1**  
Feedback for question Q1 (For n= 138)



According to the feedback, 34.1% of health professionals in the Sri Lankan health sector reported that they never allow local preferences, in adherence to government guidelines. Conversely, 55.3% of respondents indicated that they follow the circular's instructions and allow for local preferences when preparing bidding documents.

(Source: Authors' Compilation)

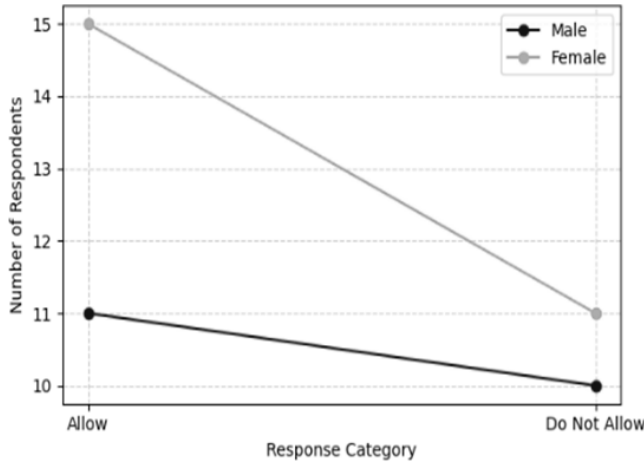
Further analysis of the professional categories among those who do not permit and are marked as 'do not allow' in the local preference section of the Likert scale reveals that the majority fall within the designations of directors and clerical staff (e.g., development officer, management assistant). These groups represent the largest segment of professionals in Sri Lanka's healthcare sector and play a significant role in decision-making processes, particularly regarding the procurement of pharmaceuticals and medical equipment. Clerical group, on the other hand, belongs to the non-executive service category and is primarily responsible for documentation related to public procurement. Additionally, a majority of health professionals who reported not allowing domestic preference to possess less than 10 years of service experience, as shown in Table 3. However, this resistance appears to diminish with increased professional experience. Notably, female health professionals constitute the majority of those who stated that they do not support the application of domestic preference in public procurement, outnumbering their male counterparts in this regard, as shown in Figure 2.

**Table 3**  
Service experience of those who stated "don't allow the domestic preference" for Q1 (n= 138)

Service experience (Years)	frequency	percentage %
0-10	5	31.3
11-20	4	25.0
21-30	3	18.8
31>	2	12.5
Not mentioned	2	12.5
Total	16	100.0

(Source: Authors' Compilation)

**Figure 2**  
Feedback by gender wise for Q1 (For n= 138)



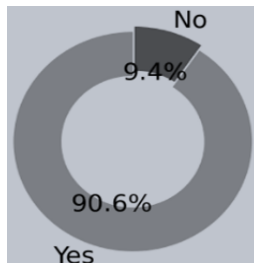
(Source: Author’s Compilation)

A chi-square goodness-of-fit test was conducted to determine whether participants exhibited a significant preference for allowing local preferences in procurement opportunities. The results ( $\chi^2 = 0.53$ ,  $p > 0.05$ ) indicate no statistically significant difference between respondents who favour allowing local preference (55.3%) and those who do not (44.7%) among the 47 participants. The observed difference between the two response groups is not statistically significant, suggesting that stakeholders are nearly evenly divided on the issue of local preference for procurement. Although a slight majority (55.3%) supports local preference, the chi-square analysis confirms that this difference is not strong enough to indicate a clear consensus. Hence, the compliance test was conducted, considering domestic preference as a variable under innovative procurement at the second iteration of the DBR process, with a sample of 138 participants.

*Question 2: Do you think that the local economy could be developed by enabling domestic preference for local innovations in public procurement?*

A chi-square goodness-of-fit test was conducted to examine whether there is a significant preference for enabling domestic preference for local innovations in public procurement. The results revealed a statistically significant difference in responses ( $\chi^2 = 90.96$ ,  $p < 0.001$ ), with 125 out of 138 participants (90.6%) agreeing that domestic preference can help develop the local economy, as shown in Figure 3. The overwhelming majority of respondents (90.6%) support domestic preference for local innovations, and the chi-square test confirms this preference is highly significant, rejecting the null hypothesis of no preference. These findings highlight strong stakeholder support for domestic preference for local innovations in public procurement as a means to promote economic development.

**Figure 3**  
Feedback on support to domestic preference for local innovations for Q2 (For n= 138)



(Source: Author’s Compilation)

The remaining variables related to factors of innovative procurement were analysed to further investigate the correlation between domestic preference and innovative procurement in the health sector of Sri Lanka. Feedbacks are presented in Table 4.

Question 3: What is the level of applicability of innovation partnerships in public procurement for the health sector in Sri Lanka?

Question 4: Do you think that ‘innovation partnerships procurement’ is the most applicable procurement method for challenging occasions in the health sector of Sri Lanka?

Question 5: Do you think that the government should enable policies for research and innovation-based public procurement?

Question 6: Do you think that the innovation partnerships procurement would ensure sustainability by saving foreign currency and encouraging local businesses?

**Table 4**  
Feedback and chi-square goodness-of-fit test result for Q3 - Q6 (n= 138)

	Feedback	$\chi^2$	P	Significance
Q3	(75.36% said applicable and 24.64% said not applicable)	35.50	0.0001	p < 0.0001, statistically significant
Q4	(81.2% said applicable and 18.8% said not applicable)	53.56	0.0001	p < 0.0001, statistically significant
Q5	(84.1% said Required and 15.9% said not Required)	64.00	0.00001	p < 0.00001, highly significant
Q6	(87.7% said Agreed and 12.3% said not Agreed)	78.36	0.00001	p < 0.00001, highly significant

(Source: Authors' Compilation)

## Discussion and Conclusion

Cronbach's alpha (Hair et al., 2010) was used as a reliability test to assess the internal consistency of the findings, thereby verifying the scale's reliability before conducting factor analysis. As a validity test, the Kaiser-Meyer-Olkin (KMO) value is applied to assess sampling adequacy and determine whether the data are suitable for structure detection in factor analysis. KMO checks the correlations and partial correlations among variables, and a high KMO indicates that the patterns of correlations are compact, making factor analysis more likely to yield reliable factors.

**Table 5**  
Variables (Vn) of the factor innovative procurement

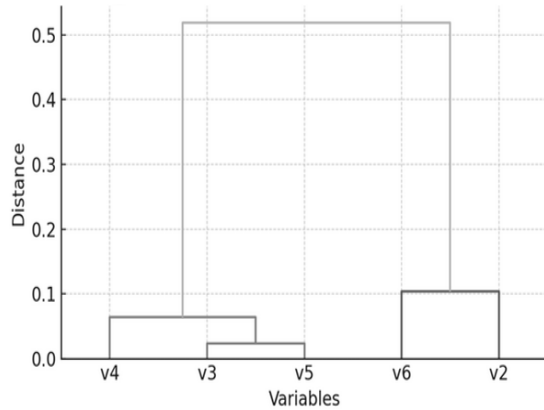
Questions	Variables (Vn)	Interpretation
Q2	V2	Enabling domestic preference for local innovative
Q3	V3	Level of applicability of innovation partnerships procurement
Q4	V4	'Innovation procurement' is the most applicable procurement method for challenging occasions
Q5	V5	Enable policies for research and innovation-based public procurement
Q6	V6	Innovation partnerships procurement would ensure sustainability

(Source: Authors' Compilation)

In factor analysis, the factor matrix illustrates the correlation between each variable and each extracted factor. Cronbach's Alpha value for five (05) variables as presented in Table 5 was 0.601, which indicates reliable internal consistency. This suggests that the items may reliably measure a single underlying construct. The suitability of the data for factor analysis was assessed using the KMO measure and Bartlett's test of sphericity. The KMO value (0.574) indicates marginal sampling adequacy for factor analysis, suggesting that the variables have only a moderate level of shared variance. However, Bartlett's test of sphericity ( $\chi^2 = 96.479$ , degrees of freedom = 10, p < 0.001) is highly significant, confirming that the variables are sufficiently correlated to justify factor extraction. The factor matrix indicates that variables v6 (0.746) and v2 (0.642) make significant contributions to the underlying factor, suggesting that they align well with the latent construct. In contrast, variables v3 (0.390), v5 (0.366), and v4 (0.322) exhibit weaker loadings, suggesting they are less representative of the extracted factor.

**Figure 4**

*Dendrogram diagram based on factor loadings*



(Source: Authors' Compilation)

The dendrogram (Hair et al., 2010), constructed based on the factor loadings of the five variables, visually illustrates how the variables cluster according to the similarity of their loadings. The clustering pattern is consistent with the results obtained from the factor analysis. Here, v4 and v5, which have similar (lower) loadings, are grouped first, v6 and v2, which have stronger loadings, form another close cluster, and v3 lies in between these clusters as presented in Figure 4. Hence, innovation partnerships procurement is scientifically accepted as one of the six factors to build the SGPP framework (Dinesh et al., 2025). This framework presents a comprehensive and practical model for adopting sustainable public procurement practices, including domestic preference.

Disseminated the developed framework to the National Procurement Commission (NPC) of Sri Lanka for practical policy implementation and further refinement or research.

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