

## COUNTRY PROFILE REPUBLIC OF COLOMBIA

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### Legal System

The Republic of Colombia has a civil law system. Its main source of law is therefore written law, the Constitution of 1991 being the highest one. The Colombian legal system is based on the Spanish and French civil codes. [1]

### Health Care System

The Government of Colombia put an ambitious health care reform through the implementation of the Law 100 in 1993 into action, which introduced the Plan Obligatorio de Salud (Health Obligatory Plan), created the General Health Care System (*Sistema General de Seguridad Social en Salud*, in Spanish) and based the Colombian health system on subsidizing supply. [2] Thus, regarding the coverage schemes, 34% are contributory, 51% subsidized, 4,9% Special (concerning, inter alia, military or national police) and 4.3% are without coverage. [3] The total expenditure of the Gross Domestic Product (GDP) on health in Colombia is 6.1%. [4]

### Treaty Ratifications

	Signed	Ratified	Acceded
International Convention on Economic, Social and Cultural Rights	21 December 1966	29 October 1969	
Convention on the Elimination of All Forms of Discrimination against Women	17 July 1980	19 January 1982	
Convention of the Rights of the Child	26 January 1990	28 January 1991	
ILO Convention 169 (Indigenous and Tribal People Convention)		7 August 1991	
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families		24 May 1995	
Convention on the Rights of Persons with Disabilities	30 March 2007	10 May 2011	
Protocol of San Salvador (Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights)		22 October 1997	

## Constitution

The Colombian Constitution was reformed in 1991, and the main articles embodying the right to health are Articles 48 to 50. [5]

**Artículo 48.** La Seguridad Social es un servicio público de carácter obligatorio que se prestará bajo la dirección, coordinación y control del Estado, en sujeción a los principios de eficiencia, universalidad y solidaridad, en los términos que establezca la Ley.

Se garantiza a todos los habitantes el derecho irrenunciable a la Seguridad Social.

El Estado, con la participación de los particulares, ampliará progresivamente la cobertura de la Seguridad Social que comprenderá la prestación de los servicios en la forma que determine la Ley.

La Seguridad Social podrá ser prestada por entidades públicas o privadas, de conformidad con la ley.

No se podrán destinar ni utilizar los recursos de las instituciones de la Seguridad Social para fines diferentes a ella.

La ley definirá los medios para que los recursos destinados a pensiones mantengan su poder adquisitivo constante.

*Article 48. Social Security is a mandatory public service that will be delivered under the administration, coordination and control of the State, subject to the principles of efficiency, universality and cooperation within the limits established by law.*

*The entire population is guaranteed the irrevocable right to Social Security.*

*With the participation of individuals, the state will gradually extend the coverage of Social Security to include the provision of services in the form determined by law. Social Security may be provided by public or private entities, in accordance with the law.*

*It will not be possible to assign or use the resources of the Social Security institutions for other purposes.*

*The law will define the means by which the resources assigned to retirement benefits may retain their constant purchasing power.*

**Artículo 49.** La atención de la salud y el saneamiento ambiental son servicios públicos a cargo del Estado.

Se garantiza a todas las personas el acceso a los servicios de promoción, protección y recuperación de la salud.

Corresponde al Estado organizar, dirigir y reglamentar la prestación de servicios de salud a los habitantes y de saneamiento ambiental conforme a los principios de eficiencia, universalidad y solidaridad. También, establecer las políticas para la prestación de servicios de salud por entidades privadas, y ejercer su vigilancia y control. Así mismo, establecer las competencias de la Nación, las entidades territoriales y los particulares, y determinar los aportes a su cargo en los términos y condiciones señalados en la ley.

Los servicios de salud se organizarán en forma descentralizada, por niveles de atención y con participación de la comunidad.

La ley señalará los términos en los cuales la atención básica para todos los habitantes será gratuita y obligatoria.

Toda persona tiene el deber de procurar el cuidado integral de su salud y la de su comunidad.

*Article 49. Public health and environmental protection are public services for which the state is responsible. All individuals are guaranteed access to services that promote, protect and rehabilitate public health. It is the responsibility of the state to organize, direct and regulate the delivery of health services and of environmental protection to the population in accordance with the principles of efficiency, universality and cooperation. In addition, the state shall establish policies for the provision of health services by private entities and*

*exercise supervision and control over them. In the area of public health, the state will establish the jurisdiction of the nation, territorial entities and individuals as well as determine the shares of their responsibilities within the limits and under the conditions determined by law. Public health services will be organized in a decentralized manner in accordance with levels of responsibility and with the participation of the community.*

*The law will determine the limits within which basic care for all the people will be free of charge and mandatory. Every person has the obligation to attend to the integral care of his/her health and that of his/her community.*

**Artículo 50:** Todo niño menor de un año que no esté cubierto por algún tipo de protección o de seguridad social, tendrá derecho a recibir atención gratuita en todas las instituciones de salud que reciban aportes del Estado. La ley reglamentará la materia.

**Article 50.** Any child under the age of a year who may not be covered by any type of protection or social security will be entitled to receive free care in all health institutions that receive state subsidies. This matter will be determined by law.

### Overview of Relevant Provisions

Indicator	National Legislation	National Regulation
<b>Government Commitment</b> Mandatory language	The Latin-American Social Security Code recognizes Social Security as an inalienable human right and it establishes an unavoidable responsibility of the ratifying states to establish social protection programs. [6]	In 2013 the Comisión Asesora de Política de Drogas (Drug Policy Advisory Commission) was established. Its goal is to review the Colombian drug policy and issue recommendations aimed at creating a new National Drug Statute. [7]
<b>Sustainable Financing</b> State reimbursement scheme		The body responsible for the pricing as well as the reimbursement of medicines is the National Price Commission of Pharmaceutical and Medical Devices (in Spanish, Comisión Nacional de Precios de Medicamentos y Dispositivos Medicos). The reimbursement is done for a list of drugs defined in the Manual of Essential Drugs and Therapeutics. There are also subsidised schemes that allow hospitals to give free drugs to inpatients, provided there is enough money in the fund. [8]
<b>Sustainable Financing</b> State subsidy	The objective of Law number 1122 of 2007 is to make adjustments to the General System of Social Security Health whereby the improvement of the provision of services to its users will be prioritised.	

<b>Rational Selection</b> Essential medicines framework		
<b>Affordable Prices</b> Availability of generics	<p>Before 1998, the Colombian pharmaceutical market was under the price control regime. In 1998, the Comisión Nacional de Precios de Medicamentos (the National Commission of Drug Prices), through the Circular del 10 de Diciembre de 1998 (Circular of December 10<sup>th</sup>, 1998) approved a free drug pricing regime to be adopted from 1 January 1999. [9]</p> <p>This Circular has been complemented by the Circular No 2 del 27 de Diciembre de 1999, by which the free drug pricing regime is maintained and the increase in price to the drugs that are exclusively therapeutic is fixed to 10% instead of 14%. [10]</p>	

### Observations

<ul style="list-style-type: none"> <li>- Colombia has the fourth smallest pharmaceutical market in the Latin America region. The pharmaceutical market is set to expand at a one-digit CAGR (Compound Annual Growth Rate) in dollar terms between 2011 and 2016. [11]</li> <li>- Since 2010, the Ministry of Social Protection in Colombia has determined that all doctors in the country must prescribe only generic drugs. [12]</li> <li>- The Association of Pharmaceutical Research Laboratories (AFIDRO) established in Colombia has the main responsibility to protect the intellectual property in order to maintain the research and development of new drugs. Additionally, there are two more associations in cooperation with AFIDRO, known as ASINFAR (Association of Pharmaceutical Industries of Colombia) and the ANDI (Pharmaceutical Chamber). [13]</li> </ul>
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Government Commitment Overview	
<p><b>Código Iberoamericano de Seguridad Social</b></p> <p><b>ARTICULO 1.</b></p> <p>1. El Código reconoce a la Seguridad Social como un derecho inalienable del ser humano.</p> <p>2. Este derecho se concibe como garantía para la consecución del bienestar de la población, y como factor de integración permanente, estabilidad y desarrollo armónico de la sociedad.</p> <p><b>ARTICULO 2.</b></p> <p>Es una responsabilidad indeclinable de los Estados ratificantes establecer programas de protección social que tiendan a</p>	<p><b>Latin-American Social Security Code</b></p> <p><b>Article 1:</b></p> <p><i>The Code recognizes Social Security as an inalienable human right.</i></p> <p><i>This right is conceived as a guarantee for achieving the welfare of the population and as a permanent factor of integration, stability and harmonious development of society.</i></p> <p><b>Article 2:</b></p> <p><i>It is an unavoidable responsibility of the ratifying States to establish social protection programs designed to ensure that the people exercise their right to Social Security, irrespective of the model of institutional</i></p>

<p>garantizar a la población su derecho a la Seguridad Social cualquiera que sea el modelo de organización institucional, los modos de gestión y el régimen financiero de los respectivos sistemas protectores que, dependiendo de sus propias circunstancias históricas, políticas, económicas y sociales, hayan sido elegidos.</p> <p><b>ARTICULO 3.</b> (...) 2. Sus preceptos obligan a satisfacer unos mínimos de Seguridad Social y comprometen la voluntad de los Estados ratificantes en la mejora progresiva de los mismos.</p> <p><b>ARTICULO 9</b> El derecho a la Seguridad Social debe extenderse de forma progresiva a toda la población, sin discriminaciones por razones personales o sociales.</p>	<p><i>organization, of modes of management and of the financial regimes, depending on their own historical, political, economic and social circumstances, that have been elected.</i></p> <p><b>Article 3:</b> <i>(...) 2. Its precepts require satisfying minimum requirements regarding Social Security; compromising the State's will to progressively improve them.</i></p> <p><b>Article 9:</b> <i>The right to Social Security should be progressively extended to the entire population without discrimination for personal or social reasons.</i></p>
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<b>Sustainable Financing (State Reimbursement scheme) Overview</b>	
Not available	

<b>Sustainable Financing (State subsidy) Overview</b>	
<p><b>Ley Número 1122 de 2007</b></p> <p><b>Artículo 1º:</b> Objeto. La presente ley tiene como objeto realizar ajustes al Sistema General de Seguridad Social en Salud, teniendo como prioridad el mejoramiento en la prestación de los servicios a los usuarios. Con este fin se hacen reformas en los aspectos de dirección, universalización, financiación, equilibrio entre los actores del sistema, racionalización, y mejoramiento en la prestación de servicios de salud, fortalecimiento en los programas de salud pública y de las funciones de, inspección, vigilancia y control y la organización y funcionamiento de redes para la prestación de servicios de salud.</p> <p><b>Artículo 9º.</b> Financiación: El Sistema General de Seguridad Social en Salud alcanzará, en los próximos tres años, la cobertura universal de aseguramiento en los niveles I, II y III del SISBEN de las personas que cumplan con los requisitos para la afiliación al Sistema.</p> <p>En cumplimiento de lo dispuesto en el artículo 48 de la Constitución Política, el Gobierno Nacional deberá presupuestar la</p>	<p><b>Law Number 1122 of 2007</b></p> <p><b>Article 1:</b> <i>Objective. This law aims to make adjustments to the General System of Social Security in Health, prioritizing the improvement in the provision of services to users. The include; reforms in the areas of leadership, globalization, finance, balance between the actors in the system, rationalization and improvement in the delivery of health services, strengthening of public health programs and inspection, monitoring and control functions, as well as the organization and functioning of networks for the provision of health services.</i></p> <p><b>Article 9:</b> <i>Funding: The General System of Social Security in Health will achieve, in the next three years, the universal insurance coverage at levels I, II and III of the SISBEN for those people who meet the membership requirements of the System.</i></p> <p><i>In compliance with Article 48 of the Constitution, the National Government should budget all the revenues of the sub-accounts of solidarity and ECAT. For no reason should the budgeted value be less than the amount collected by these sub-</i></p>

<p>totalidad de los recaudos de las sub-cuentas de solidaridad y ECAT. Por ningún motivo el valor presupuestado puede ser inferior al valor recaudado por estas sub.-cuentas en la vigencia anterior, más la inflación. Los recursos de la UPC no podrán destinarse al pago de pensiones a cargo de las Empresas Promotoras de Salud (EPS's).</p>	<p><i>accounts in the previous period, plus inflation. The resources of the UPC will not be used for payment of pensions by the Health Promoting Entities (SPE's).</i></p>
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<b>Rational Selection Overview</b>	
Not available	

<b>Affordable prices Overview</b>	
<p><b>Circular del 10 de Diciembre de 1998</b></p> <p>“-Se aprueba el régimen de libertad de precios a los medicamentos a partir del primero de enero de 1999.</p> <p>-Sin embargo, se determinó que para los medicamentos de exclusividad terapéutica, entendiéndose como tal aquellos medicamentos que tienen tres o menos laboratorios farmacéuticos que los producen, estarán bajo el régimen de Control Directo fijándose un incremento máximo para 1999 del 14%</p> <p>-Los laboratorios farmacéuticos deberán enviar la lista de precios de venta de sus productos cada dos meses al Ministerio de Desarrollo Económico para llevar a cabo un monitoreo y en el evento en que los estudios encuentren excesivas alzas en los precios serán comunicados a la Comisión para que se tomen las decisiones pertinentes.”</p> <p>“El organismo encargado de supervisar la calidad de los medicamentos será el INVIMA.</p> <p>La Superintendencia de Industria y Comercio será la encargada de asegurar que los laboratorios no incurran en competencia desleal ni dumping en la comercialización de sus productos.”</p>	<p><b>Circular of 10 December 1998</b></p> <p><i>“-A free drug pricing regime will be adopted from the 1<sup>st</sup> of January 1999.</i></p> <p><i>-However, it was determined that regarding exclusively therapeutic drugs, which are drugs that have three or less pharmaceutical labs producing them, will be under the Direct Control regime, fixing its increase to a maximum of 14% in 1999.</i></p> <p><i>-Drug companies will have to submit the list of selling prices of their products to the Ministry of Economic Development every two months to conduct monitoring; and in the event of studies finding an excessive price increase, these will be submitted to the Commission to take the appropriate measures.”</i></p> <p><i>“The agency responsible for monitoring the quality of drugs is the INVIMA</i></p> <p><i>The Superintendency of Industry and Commerce will be responsible for ensuring that laboratories do not engage in unfair competition nor dumping in the marketing of their products.”</i></p>

*Translations found in this template were made by the author*

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