Country Data Profile on the Pharmaceutical Situation in the Southern African Development Community (SADC)

ANGOLA

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Outline of the Profile

Country	**ANGOLA**
Name of Coordinator/Principal Respondent	
Position	
E-mail address	
Tel number	
Date Submitted	
Name of Endorser	
Position of Endorser	

INTRODUCTION

The SADC Pharmaceutical Business Plan 2007-2013 aims at ensuring availability of essential medicines, including African traditional medicines, in order to reduce disease burden in countries. Within this context, **Angola** has collaborated with WHO in the collection and analysis of data on it's pharmaceutical situation. This information will be used as a baseline before embarking on the implementation of the Pharmaceutical Business Plan, and will be used: to take stock of the pharmaceutical situation and identify areas in need of strengthening and support; to compare results with those of other countries fostering a sharing of experiences and enabling identification of strengths and opportunities for cooperation; and to measure over time the impact of the support provided by the SADC Secretariat, WHO and other partners.

A questionnaire on pharmaceutical policies and structures was developed by WHO based on previous tools elaborated by the organization and other leading partners such as the Medicines Transparency Alliance. To facilitate the work at country level, the questionnaire was filled in at central level by WHO with data available from global sources (e.g. WHO Statistical System) as well as with specific information available within the Essential Medicines Department of WHO. This included not only the WHO 2007 Level I Survey, but also country-specific assessments such as the level II facility survey[1], the WHO/HAI pricing surveys[2] etc.

After being populated, the questionnaire was sent to **Angola** so that public officials could review and correct the filled data and, where possible, complete the missing data fields. A local consultant was recruited to facilitate the process and collect information from key agencies (Department of Pharmaceuticals, Central Medical Store, etc.). The names of respondents to each section were registered, in case follow-up was needed; the source of each data was also included in the questionnaire as a guarantee of the quality of the information and can be seen in the last column on each table. A senior official in the Ministry of Health has confirmed the accuracy of the information and provided permission for its publication on SADC and WHO web sites.

[1] *WHO Operational package for assessing, monitoring and evaluating country pharmaceutical situations. Guide for coordinators and data collectors.* Geneva, World Health Organization, 2007.

[2] WHO, Health Action International, *Measuring medicine prices, availability, affordability and price components 2nd edition*, Geneva, World Health Organization, 2008.

PART 1- HEALTH and DEMOGRAPHIC DATA

1.1 Demographic and Socioeconomic Indicators				
Population, mortality, fertility			**YEAR**	**SOURCE**
Population, total	**17,024**	,000	2007	World Health Statistics
Population < 15 years	**46%**	% of total population	2007	World Health Statistics
Population > 60 years	**4%**	% of total population	2007	World Health Statistics
Urban population	**56%**	% of total population	2007	World Health Statistics
Population growth	**2.3%**	Annual %	2007	World Bank Health, Nutrition and Population
Fertility rate, total	**6.5**	Births per woman	2007	World Health Statistics
Economic status			**YEAR**	**SOURCE**
GDP	**61.4**	Current US$ Billions	2007	World Development Indicators database, April 2009
GDP growth	**21.1%**	Annual %	2007	World Development Indicators database, April 2009
GNI per capita	**2,540**	Current US$	2007	World Development Indicators database, April 2009
Population living < PPP int. $1 a day	**42.5%**	%	2005	World Health Statistics
Income share held by lowest 20%	**2%**	%	2000	World Development Indicators database, April 2009
Education and literacy			**YEAR**	**SOURCE**
Adult literacy rate, 15+ years	**67.4%**	% of total population	2001	WHO SIS

Primary school enrolment rate, males		% of male population		
Primary school enrolment rate, females		% of female population		

1.2 Mortality and Causes of Death				
Life expectancy and mortality			**YEAR**	**SOURCE**
Life expectancy at birth (both sexes)	**53**	Years	2007	World Health Statistics
Adult mortality rate (both sexes, 15 to 60 years)	**347**	/1,000 population	2007	World Health Statistics
Maternal mortality ratio	**1,400**	/100,000 live births	2007	World Health Statistics
Neonatal mortality rate	**54**	/1,000 live births	2007	World Health Statistics
Infant mortality rate (between birth and age 1)	**116**	/1,000 live births	2007	World Health Statistics
Under 5 mortality rate	**158**	/1,000 live births	2007	World Health Statistics

PART 2- HEALTH SERVICES

2.1 Health Expenditures				
Overall health expenditures			**YEAR**	**SOURCE**
Total annual expenditure on health	**1,176,117,748**	US$ average exchange rate	2006	NHA
Total annual per capita expenditure on health	**71**	US$ average exchange rate	2006	World Health Statistics
Health expenditure as % of GDP	**2.6%**	% of gross domestic product	2006	World Health Statistics
Government expenditure on health as % of total government budget	**5%**	% of total government budget	2006	World Health Statistics
Government annual expenditure on health	**1,020,900,000**	US$ average exchange rate	2006	NHA
Health expenditures by source			**YEAR**	**SOURCE**
Annual per capita government expenditure on health	**62**	US$ average exchange rate	2006	World Health Statistics
Government annual expenditure on health as % of total	**86.8%**	% of total expenditure on health	2006	World Health Statistics
Social security expenditure as % of government on health	**0%**	% of government expenditure on health	2006	World Health Statistics
Annual per capita private expenditure on health	**9.4**	US$ average exchange rate	2006	Calculated from World Health Statistics
Private expenditure as % of total health expenditure	**13.2%**	% of total expenditure on health	2006	World Health Statistics
Private out-of-pocket expenditure as % of private health expenditure	**100%**	% of private expenditure on health	2006	World Health Statistics
Premiums for private prepaid health plans as % of total private health expenditure	**0%**	% of private expenditure on health	2006	World Health Statistics
Population covered by national, social, or private health insurance or other sickness funds		% of total population		

2.2 Health Personnel and Infrastructure				
Personnel			**YEAR**	**SOURCE**
Total number of physicians	**1,165**	Total number	2004	WHO Global Atlas of Health Workforce
Physicians per 1,000 population	**0.08**	per 1,000 pop	2004	WHO Global Atlas of Health Workforce
Total number of nursing and midwifery personnel	**18,485**	Total number	2004	WHO Global Atlas of Health Workforce
Nursing and midwifery personnel per 1,000 population	**1.35**	per 1,000 pop	2004	WHO Global Atlas of Health Workforce
Total number of pharmaceutical personnel[3]	**919**	Total number	2004	WHO Global Atlas of Health Workforce
pharmaceutical personnel per 1,000 pop	**0.07**	per 1,000 pop	2004	WHO Global Atlas of Health Workforce
Total number of pharmacists[4]	**127**	Total number	2009	DNME
Total number of pharmaceutical technicians and assistants[5]	**786**	Total number	2009	DNME
Number of newly registered pharmacists in the previous year	**10**	Total number	2009	DNME
Facilities			**YEAR**	**SOURCE**
Hospitals	**36**	Total number	2009	MINSA
Hospital beds	**8**	/10,000 population	2007	World Bank Health, Nutrition and Population
Primary health care units and centres		Total number		
Licensed pharmacies	**908**	Total number	2009	DNME

[3] Pharmaceutical personnel include pharmacists, pharmaceutical assistants, pharmaceutical technicians and related occupations.

[4] ***Pharmacists*** store, preserve, compound, test and dispense medicinal products and counsel on the proper use and adverse effects of drugs and medicines following prescriptions issued by medical doctors and other health professionals. They contribute to researching, preparing, prescribing and monitoring medicinal therapies for optimizing human health.

[5] ***Pharmaceutical technicians and assistants*** perform a variety of tasks associated with dispensing medicinal products under the guidance of a pharmacist or other health professional.

PART 3- POLICY and REGULATORY FRAMEWORK

3.1 Policy Framework				
INDICATOR			**YEAR**	**SOURCE**
National Health Policy exists (NHP)		Yes/No		
-If yes, year of the most recent document		Year		
National Medicines Policy official document exists	**No**	Yes/No	2007	WHO Level II
-If yes, year of the most recent document		Year		
-If no, draft NMP document exists	**Yes**	Yes/No	2007	WHO Level II
-If exists, NMP is integrated into NHP	**No**	Yes/No	2003	WHO Level I
National Medicines Policy Implementation Plan exists	**No**	Yes/No	2003	WHO Level I
-If yes, year of the most recent document		Year		
Traditional Medicine Policy exists	**No**	Yes/No		
If yes, year of the most updated document		Year		

3.2 Regulatory Framework				
			YEAR	**SOURCE**
Legal provision exists establishing the powers and responsibility of a Medicine Regulatory Authority (MRA)	**Yes**	Yes/No	2003	WHO Level I
Formal Medicines Regulatory Authority exists	**Yes**	Yes/No	2008	WHO Level I
-If yes, Medicines Regulatory Authority is an independent agency	**No**	Yes/No	2008	DNME
-If yes, number of regulatory staff	**95**	Number	2008	DNME
-Medicines Regulatory Authority is funded from regular budget from the government	**Yes**	Yes/No	2008	DNME
-Medicines Regulatory Authority is funded from fees from registration of	**No**	Yes/No	2008	DNME

medicines				
Legal provisions exist for market authorization	**No**	Yes/No	2003	WHO Level I
WHO Certification Scheme may be part of the marketing authorization process	**Yes**	Yes/No	2003	WHO Level I
Regulatory agency has website	**No**	Yes/No	2003	WHO Level I
-If yes, please provide URL address		address		
The Regulatory Authority has a computerized information management system to store and retrieve information on registration, inspections, etc.	**No**	Yes/No	2008	DNME

3.3 Medicines Regulatory Authority Involvement in Harmonization initiatives (e.g. countries in SADC have recently established a shared network for posting medicines regulatory information)				
			YEAR	**SOURCE**
Regulatory Authority or MoH is actively involved in regional harmonization initiatives	**No**	Yes/No	2008	DNME
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of registration of pharmaceuticals		Yes/No		
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of regulation on Clinical Trials		Yes/No		
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of laws to combat counterfeits		Yes/No		
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of Good Manufacturing Practices		Yes/No		

3.4 Registration				
			YEAR	**SOURCE**
Number of medicines registered	**0**	Number	2008	DNME
List of medicines registered is publicly available	**n.a.**	Yes/No	2008	DNME
An explicit and transparent process exists for assessing applications for registration of pharmaceutical products	**n.a.**	Yes/No	2008	DNME
Functional formal committee exists responsible for assessing applications for registration of pharmaceutical products	**n.a.**	Yes/No	2008	DNME
List and application status of products submitted for registration are publicly available	**n.a.**	Yes/No	2008	DNME
INN names are used to register medicines	**n.a.**	Yes/No	2008	DNME
Medicines registration fees exist	**n.a.**	Yes/No	2008	DNME
-If yes, amount per application (US$) for originator product	**n.a.**	US$	2008	DNME
-If yes, amount per application (US$) for generic product	**n.a.**	US$	2008	DNME
Average length of time from submission of a product application to decision (months)	**n.a.**	Months	2008	DNME
A transparent process exists to appeal medicines registration decisions	**n.a.**	Yes/No	2008	DNME
Computerized system exists for retrieval of information on registered products	**n.a.**	Yes/No	2008	DNME

3.5 Manufacturing				
Domestic Manufacturers			**YEAR**	**SOURCE**
Legal provisions exist for licensing domestic manufacturers	**No**	Yes/No	2008	DNME
The country has guidelines on Good Manufacturing Practices (GMP)	**Yes**	Yes/No	2008	DNME
-If yes, these guidelines are used in the licensing process		Yes/No		
The country has capacity for:				

-R&D to discover new active substances	**No**	Yes/No	2008	DNME
-Production of pharmaceutical starting materials	**No**	Yes/No	2008	DNME
-Formulation from pharmaceutical starting material	**Yes**	Yes/No	2003	WHO Level I
-Repackaging of finished dosage forms	**No**	Yes/No		DNME
Number of domestic manufacturers	**0**	Number	2008	DNME
Number of GMP compliant domestic manufacturers	**0**	Number	2008	DNME
Multinational manufacturers and importers			**YEAR**	**SOURCE**
Legal provisions exist for licensing multinational manufacturers that produce medicines locally	**No**	Yes/No	2008	DNME
Number of multinational pharmaceutical companies with a local subsidiary	**0**	Number	2008	DNME
Number of multinational pharmaceutical companies producing medicines locally	**0**	Number	2008	DNME
Legal provisions exist for licensing importers	**Yes**	Yes/No	2008	DNME

3.6 Quality Control				
			YEAR	**SOURCE**
Legal provisions exist to inspect premises and collect samples	**Yes**	Yes/No	2008	DNME
Legal provisions exist for detecting and combating counterfeit medicines	**Yes**	Yes/No	2008	DNME
Samples are tested for post-marketing surveillance	**Yes**	Yes/No	2008	DNME
List is publicly available giving detailed results of quality testing in past year	**No**	Yes/No	2008	DNME
Legal provisions exist to ensure quality control of imported medicines	**Yes**	Yes/No	2008	DNME
Legal provisions exist for the recall and disposal of defective products	**Yes**	Yes/No	2008	DNME

3.7 Pharmacovigilance				
			YEAR	**SOURCE**
Legal provisions exist for monitoring adverse drug reactions (ADRs) on a routine basis	**No**	Yes/No	2008	DNME
ADRs are monitored	**No**	Yes/No	2008	DNME
-If yes, ADRs are monitored at				
-Central level		Yes/No		
-Regional level		Yes/No		
-Local health facilities		Yes/No		
-If yes, ADRs are reported to the WHO Collaborating Centre for International Drug Monitoring		Yes/No		

3.8 Medicines Advertising and Promotion				
Legal and regulatory provisions			**YEAR**	**SOURCE**
Legal provisions exist to control the promotion and/or advertising of medicines	**No**	Yes/No	2008	DNME
Who is responsible for regulating promotion and/or advertising of medicines		Government/Industry/ Co-Regulation		
Direct advertising of prescription medicines to the public is prohibited	**No**	Yes/No	2008	DNME
Regulatory pre-approval is required for medicines advertisements and/or promotional materials	**No**	Yes/No	2008	DNME
Guidelines exist for advertising and promotion of non-prescription medicines	**No**	Yes/No	2008	DNME
Regulatory committee exists for controlling medicines advertising and promotion	**No**	Yes/No	2008	DNME
-If yes, members must declare conflicts of interest	**N.A.**	Yes/No	2008	DNME
Code of conduct			**YEAR**	**SOURCE**
A national code of conduct exists concerning advertising and promotion of medicines by pharmaceutical manufacturers	**No**	Yes/No	2008	DNME
-If yes, adherence to the code is voluntary	**No**	Yes/No	2008	DNME
A national code of conduct for doctors exists to regulate their relationship with manufacture sales representatives	**No**	Yes/No	2008	DNME

PART 4 - FINANCING

4.1 Medicines Expenditure				
			YEAR	**SOURCE**
Total medicines expenditure (US$)		US$ current exchange rates		
Medicines expenditure as a % of GDP		% of GDP		
Medicines expenditure as a % of Health Expenditure		% of total health expenditure		
Total public expenditure on medicines (US$)		US$ current exchange rates		
MoH annual budget for medicines (US$)		US$ current exchange rates		
Total private expenditure on medicines (US$)		US$ current exchange rates		

4.2 Health Insurance and Free Care				
			YEAR	**SOURCE**
National Health Insurance (NHI) or Social Health Insurance (SHI) exists		Yes/No		
-If yes, NHI/SHI provides at least partial medicines coverage		Yes/No		

Proportion of the population covered by NHI or SHI		% of the population		
Existence of public programmes providing free medicines	**Yes**	Yes/No	2008	DNSP
-If yes, medicines are available free-of-charge for:				
-Patients who cannot afford them	**Yes**	Yes/No	2008	DNSP
-Children under 5	**Yes**	Yes/No	2008	DNSP
-Older children	**Yes**	Yes/No	2008	DNSP
-Pregnant women	**Yes**	Yes/No	2008	DNSP
-Elderly persons	**Yes**	Yes/No	2008	DNSP
-If yes, the following types of medicines are free:				
-All	**Yes**	Yes/No	2008	DNSP
-Malaria medicines	**Yes**	Yes/No	2008	DNSP
-Tuberculosis medicines	**Yes**	Yes/No	2008	DNSP
-Sexually transmitted diseases medicines	**Yes**	Yes/No	2008	DNSP
-HIV/AIDS medicines	**Yes**	Yes/No	2008	DNSP
- At least one vaccine	**Yes**	Yes/No	2008	DNSP

4.3 Patients Fees and Copayments				
			YEAR	**SOURCE**
Inpatients pay a fee for medicines in public hospitals	**No**	Yes/No	2008	MINSA
Registration/consultation fees are common in public health facilities	**No**	Yes/No	2008	MINSA

Fixed dispensing fees are common for outpatients in public primary health-care facilities	**No**	Yes/No	2008	MINSA
Outpatients pay varying amounts for medicines in public primary health-care facilities	**No**	Yes/No	2008	MINSA
Medicines copayments are used to pay salaries of public health-care workers	**No**	Yes/No	2008	MINSA

4.4 Pricing Regulation				
Price Control for the private sector			**YEAR**	**SOURCE**
Legal or regulatory provisions exist for setting:				
- Manufacturer's selling price		Yes/No		
- Maximum wholesale mark-up	**Yes**	Yes/No	2008	Ministry of Finance
- Maximum retail mark-up	**Yes**	Yes/No	2008	Ministry of Finance
- Maximum retail price (exit price)	**Yes**	Yes/No	2008	Ministry of Finance
Legal or regulatory provisions for controlling medicines prices vary for different types of medicines	**No**	Yes/No	2008	Ministry of Finance
Government runs an active national medicines price monitoring system for retail prices	**No**	Yes/No	2008	Ministry of Finance
Retail medicines price information is made publicly accessible according to existing regulation	**No**	Yes/No	2008	Ministry of Finance

4.5 Results of WHO/HAI Pricing Survey				
			YEAR	**SOURCE**
Median Price Ratio of **originator brand** products to international reference prices for a basket of key medicines (from WHO-HAI Pricing Survey) **PUBLIC SECTOR PROCUREMENT**		Median Price Ratio (Actual Price/International Reference Price)		

Median Price Ratio of **lowest-priced generics** to international reference prices for a basket of key medicines (from WHO-HAI Pricing Survey) **PUBLIC SECTOR PROCUREMENT**		Median Price Ratio		
Median Price Ratio of **originator brand** products to international reference prices for a basket of key medicines **PUBLIC SECTOR PATIENT PRICE**		Median Price Ratio		
Median Price Ratio of **lowest-priced generics** to international reference prices for a basket of key medicines (from WHO-HAI Pricing Survey) **PUBLIC SECTOR PATIENT PRICE**		Median Price Ratio		
Median Price Ratio of **originator brand products** to international reference prices for a basket of key medicines **PRIVATE SECTOR PATIENT PRICE**		Median Price Ratio		
Median Price Ratio of **lowest-priced generics** to international reference prices for a basket of key medicines (from WHO-HAI Pricing Survey) **PRIVATE SECTOR PATIENT PRICE**		Median Price Ratio		

4.6 Duties and Taxes on Pharmaceuticals in the Private Sector				
			YEAR	**SOURCE**
Duty on imported raw materials	**Yes**	Yes/No	2008	Ministry of Finance
Duty on imported finished products	**Yes**	Yes/No		
VAT or other taxes on medicines	**Yes**	Yes/No		
-If yes, amount of VAT on pharmaceutical products (%)		%		

PART 5 - PATENTS

5.1 Medicines Patent Laws				
			YEAR	**SOURCE**
Country is a member of the World Trade Organization	**Yes**	Yes/No	2003	WHO Level I
Patents are granted on pharmaceutical products by a National Patent Office	**No**	Yes/No	2003	WHO Level I
List of patented medicines is available	**No**	Yes/No		
National legislation has been modified to implement the TRIPS Agreement		Yes/No		
-If yes, the transitional period has been extended per Doha Declaration		Yes/No		
-If yes, TRIPS flexibilities have been incorporated into legislation	**No**	Yes/No	2003	WHO Level I
-If TRIPS flexibilities have been incorporated, they are:				
-Compulsory licensing provisions	**No**	Yes/No	2003	WHO Level I
-Government use		Yes/No		
-Parallel importing provisions	**No**	Yes/No	2003	WHO Level I
-Bolar exception		Yes/No		

PART 6 - SUPPLY

6.1 Procurement				
			YEAR	**SOURCE**
Is there a written public sector procurement strategy?		Yes/No		
-If yes, in what year was it approved?		Year		
Are there provisions giving priority in public procurement to goods produced by domestic manufacturers?		Yes/No		
Are there provisions giving priority in public procurement to goods produced by manufacturers from SADC countries?		Yes/No		
Do the public sector procurement regulations apply to pharmaceutical procurement?		Yes/No		
How many people are working full-time only on procurement of pharmaceuticals for the public sector?		Number		
There is a tender board/committee overseeing public procurement of medicines		Yes/No		
-If yes, the key functions of the procurement office and those of the tender committee are clearly separated	**No**	Yes/No	2008	DNME
Public procurement is limited to medicines on the national EML	**No**	Yes/No	2008	DNME
WHO-prequalification system is used to identify suppliers for ARVs, TB, ATM and RHR		Yes/No		
WHO certification system is used to identify suppliers	**No**	Yes/No	2008	DNME
A functioning process exists to ensure the quality of other products procured	**No**	Yes/No	2008	DNME
-If yes, this process includes prequalification of products and suppliers		Yes/No		
-If yes, explicit criteria and procedures exist for prequalification of suppliers		Yes/No		
-If yes, a list of prequalified suppliers and products is publicly available		Yes/No		

How many people are working full-time on quality assurance for procurement?		Number		
Percentage of public sector procurement expenditures in last year awarded by:				
-National competitive tenders		% of total value		
-International competitive tenders		% of total value		
-Negotiation		% of total value		
-Direct purchasing		% of total value		
Public sector tenders are publicly available	**No**	Yes/No	2008	DNME
Public sector awards are publicly available	**No**	Yes/No	2008	DNME
Public sector tenders use an e-procurement system	**No**	Yes/No	2008	DNME
A written code of conduct exists governing the behaviour of public procurement agencies in their interactions with sales representatives and wholesalers	**No**	Yes/No	2008	DNME
List of samples tested during the procurement process and results of quality testing is available	**No**	Yes/No	2008	DNME
Public sector procurement is centralized at the national level	**Yes**	Yes/No	2008	DNME
Is there a capacity building strategy for procurement and supply management?		Yes/No		
-If yes, when was it finalized?		Year		
-If yes, what period does it cover?		Year-Year		

6.2 Procurement Budget. (Please insert currency in the 3rd column).				
		CURRENCY	**YEAR**	**SOURCE**
Total value of medicines procured in the public sector in the previous year				
Public procurement expenditure on products from national manufacturers in the previous year (if available)				
Public procurement expenditure on products from SADC manufacturers in the previous year (if available)				

Public procurement expenditure on products on the EML in the previous year (if available)				

6.3 Data on Top 50 Products by Value Procured in the Public Sector	YEAR of DATA	

TIP: You can provide data on this section either on this form or as an electronic file or as a printout from your database. Please **use whatever system is more convenient for you**. We need this data to see which are the most commonly procured products in SADC countries.

Product	**Unit**	**Volume**	**Price**	**Total value (please specify currency)**	**Country of supplier**

6.4 Procurement Price of Medicines on the WHO/HAI Global List				
To calculate the* UNIT PRICE *please divide the price of the pack by the pack size (e.g. 28, 500, and 100). For example, a pack of 500 amoxycillim 500 mg/caps costing US$ 23.8 would have a unit price of 23.8 /500, that is a per unit price of US$ 0.048. **PLEASE do not forget to STATE the CURRENCY of unit prices**				
For Year:				
Medicine, Strength, Formulation			**UNIT price for Originator**	**UNIT price for lowest priced generic**
Amitryptyline 25 mg Cap/tab				
Amoxicillin 500 mg Cap/tab				
Atenolol 50 mg Cap/tab				
Captopril 25 mg Cap/tab				

Ceftriaxone 1 g/ vial Injection		
Ciprofloxacin 500 mg Cap/tab		
Co-trimoxazole 8 + 40 mg/ml Susp.		
Diazepam 5 mg Cap/tab		
Diclofenac 50 mg Cap/tab		
Glibenclamide 5 mg Cap/tab		
Omeprazole 20 mg Cap/tab		
Paracetamol 24 mg/ml Susp.		
Salbutamol 0.1mg/dose Inhaler		
Simvastatin 20 mg Cap/tab		

6.5 Distribution				
Distributors[6]			**YEAR**	**SOURCE**
There are national guidelines on Good Distribution Practices (GDP)	**Yes**	Yes/No	2008	DNME
There a list of all GDP compliant distributors	**No**	Yes/No	2008	DNME
CMS			YEAR	SOURCE
Software tools are available for planning medicines supply	**Yes**	Yes/No	2008	DNME
Software tools are available for management of medicines supply (procurement tracking, expenditure tracking, stock levels)	**Yes**	Yes/No	2008	DNME
Data on months of stock on hand is routinely reported to managers		Yes/No		

PLEASE ATTACH A LIST of MEDICINES that have been out-of-stock at CMS between 1 January 2009 and the 30 June 2009

TOP 5 distributors by market value

Name of distributor	Sales by Value		YEAR	SOURCE
		% of Total		
		% of Total		
		% of Total		
		% of Total		
		% of Total		

[6] For the purpose of this profile, distributors deliver medicines on behalf of others and do not carry any risk for stock lost or expired.

6.6 Wholesale Market Characteristics[7]				
			YEAR	**SOURCE**
Legal provisions exist for licensing wholesalers	**Yes**	Yes/No	2008	DNME
Number of wholesalers in market	**172**	Number	2009	DNME
Number of GDP compliant wholesalers in market	**0**	Number	2008	DNME
List of GDP compliant wholesalers is publicly available	**No**	Yes/No	2008	DNME

TOP 5 wholesalers by market value

Name of wholesaler	**Sales by Value**		**YEAR**	**SOURCE**
		% of Total		
		% of Total		
		% of Total		
		% of Total		
		% of Total		

[7] Wholesalers own the products that they sell/distribute and carry the risk for stock lost or expired.

PART 7- SELECTION and RATIONAL USE of MEDICINES

7.1 National Structures				
			YEAR	**SOURCE**
National standard treatment guidelines (STGs) for major conditions are produced by the MoH	**No**	Yes/No	2008	DNME
-If yes, year of last update of national STGs		Year		
National essential medicines list (EML) exists	**No**	Yes/No	2008	DNME
-If yes, number of **medicine formulations** on the national EML		number		
-If yes, year of last update of EML		Year		
-If yes, process for selecting medicines on the EML is publicly available		Yes/No		
There is a committee for the selection of products on the national EML	**No**	Yes/No	2008	DNME
-If yes, conflict of interest declarations are required from members on national EML committee		Yes/No		
There are explicit criteria for selecting medicines for national EML		Yes/No		
National medicines formulary manual exists	**No**	Yes/No	2008	DNME
-If yes, national medicines formulary manual is limited to essential medicines		Yes/No		
-If yes, year of last update of national medicines formulary manual		Year		
National STGs for paediatric conditions exist	**No**	Yes/No	2008	DNME
-If yes, year of last update of national paediatric STGs		Year		
EML used in public insurance reimbursement	**No**	Yes/No	2008	DNME
Rational use national audit done in the last two years	**No**	Yes/No	2008	DNME
% of public health facilities with EML (mean)- Survey data		%		
% of public health facilities with STGs (mean)- Survey data	**53%**	%	2007	WHO Level II

Public education campaigns about rational medicines use have been conducted by MoH, NGOs or academia in the previous two years	**Yes**	Yes/No	2007/2008	MINSA
A national programme or committee involving government, civil society, and professional bodies exists to monitor and promote rational use of medicines	**No**	Yes/No	2008	DNME
A national strategy exists to contain antimicrobial resistance	**No**	Yes/No	2008	DNME
-If yes, date of last update of the strategy		Year		
A national reference laboratory has responsibility for coordinating epidemiological surveillance of antimicrobial resistance	**No**	Yes/No	2008	DNME
A public or independently funded national medicines information centre provides information on medicines to consumers	**No**	Yes/No	2008	DNME
Legal provisions exist for the control of narcotics, psychotropic substances, and precursors	**Yes**	Yes/No	2008	DNME
The country is a signatory to the International Conventions on the Control of Narcotics, Psychotropic Substances and Precursors	**Yes**	Yes/No	2008	DNME

7.2 Prescribing				
			YEAR	**SOURCE**
Legal provisions exist to govern the licensing and prescribing practices of prescribers	**Yes**	Yes/No	2003	WHO Level I
-The following types of health workers are legally allowed to prescribe				
-Nurses		Yes/No		
-Midwives		Yes/No		
-Community health workers		Yes/No		
-Pharmacists		Yes/No		
Prescribers are legally allowed to dispense	**Yes**	Yes/No	2008	MINSA
Prescribers in the public sector dispense medicines	**Yes**	Yes/No	2008	MINSA

Prescribers in the private sector dispense medicines		Yes/No		
The basic medical training curriculum includes components on:				
- Use of the national EML	**No**	Yes/No	2008	DNME
- Use of national STGs	**No**	Yes/No	2008	DNME
- Problem-based pharmacotherapy	**No**	Yes/No	2008	DNME
- Good practices in prescribing	**No**	Yes/No	2008	DNME
The basic nursing training curriculum includes components on:				
- Use of the national EML	**No**	Yes/No	2008	DNME
- Use of national STGs	**No**	Yes/No	2008	DNME
- Problem-based pharmacotherapy	**No**	Yes/No	2008	DNME
- Good practices in prescribing	**No**	Yes/No	2008	DNME
The basic training curriculum for paramedical staff includes components on:				
- Use of the national EML	**No**	Yes/No	2008	DNME
- Use of national STGs	**No**	Yes/No	2008	DNME
- Problem-based pharmacotherapy	**No**	Yes/No	2008	DNME
- Good practices in prescribing	**No**	Yes/No	2008	DNME
Regulations exist requiring hospitals to organize/develop Drug and Therapeutics Committees (DTCs)	**Yes**	Yes/No		
Mandatory, non-commercially funded continuing education that includes use of medicines is required for doctors		Yes/No		
A public or independently funded national medicines information centre exists that provides information on demand to prescribers	**Yes**	Yes/No	2008	DNME
Prescribing by generic name is obligatory in:				
-Public sector	**No**	Yes/No	2008	DNME
-Private sector	**No**	Yes/No	2008	DNME

Incentives exist to encourage prescribing of generic medicines in public health facilities	**No**	Yes/No	2008	DNME
Incentives exist to encourage prescribing of generic medicines in private health facilities	**No**	Yes/No	2008	DNME
INRUD prescribing indicators			**YEAR**	**SOURCE**
Number of medicines prescribed per patient contact in public health facilities (mean)	**2.8**	Number	2007	WHO Level II
% of patients receiving antibiotics (mean)	**38.2%**	%		WHO Level II
% of patients receiving injections (mean)	**4.6%**	%		WHO Level II
% of drugs prescribed that are in the EML (mean)	**58.8%**	%		WHO Level II
Diarrhoea in children treated with ORS (%)	**41.2%**	%		WHO Level II
Non-pneumonia ARIs treated with antibiotics (%)	**49%**	%		WHO Level II

7.3 Dispensing				
			YEAR	**SOURCE**
Legal provisions exist to govern licensing and practice of pharmacy	**Yes**	Yes/No	2003	WHO Level I
A professional association code of conduct exists governing professional behaviour of pharmacists	**No**	Yes/No	2008	DNME
The basic pharmacist training curriculum includes components on				
-Use of the national EML	**No**	Yes/No	2008	DNME
-Use of national STGs	**No**	Yes/No	2008	DNME
-Problem-based pharmacotherapy	**No**	Yes/No	2008	DNME

-Good practices in prescribing	**No**	Yes/No	2008	DNME
Mandatory, non-commercially funded continuing education that includes use of medicines is required for pharmacists	**No**	Yes/No	2008	DNME
A public or independently funded national medicines information centre exists that provides information on demand to dispensers	**No**	Yes/No	2003	WHO Level I
Substitution of generic equivalents is permitted for:				
-Public sector dispensers	**No**	Yes/No	2003	WHO Level I
-Private sector dispensers	**No**	Yes/No	2003	WHO Level I
Incentives exist to encourage dispensing of generic medicines in:				
-Public pharmacies	**No**	Yes/No	2008	DNME
-Private pharmacies	**No**	Yes/No	2008	DNME
Antibiotics are sold over-the-counter without a prescription	**No**	Yes/No	2003	WHO Level I
Injections are sold over-the-counter without a prescription	**No**	Yes/No	2003	WHO Level I
Narcotics are sold over-the-counter without a prescription	**No**	Yes/No	2008	DNME
Tranquillisers are sold over-the-counter without a prescription	**Yes**	Yes/No	2008	DNME
INRUD dispensing indicators			**YEAR**	**SOURCE**
% of prescribed drugs dispensed to patients (mean)	**42%**	%	2007	WHO Level II
Percentage of medicines adequately labelled in public health facilities (mean)	**34.2%**	%	2007	WHO Level II
Percentage of patients knowing correct dosage in public health facilities (mean)	**26%**	%	2007	WHO Level II

PART 8 - HOUSEHOLD DATA

TIP: This section can be filled in only with data from health and access to medicines household surveys that your country has carried out. If no such surveys have been conducted in your country please do not provide estimates.

8.1 Data from Household surveys				
			YEAR	**SOURCE**
Adults with acute conditions taking all medicines prescribed	**62.8%**	%	2007	WHO Level II
Adults with acute conditions not taking all medicines because they cannot afford them	**18.1%**	%	2007	WHO Level II
Adults with acute conditions not taking all medicines because they cannot find them	**7.7%**	%	2007	WHO Level II
Adults (from poor households) with acute conditions taking all medicines prescribed		%		
Adults (from poor households) with acute conditions not taking all medicines because they cannot afford them		%		
Adults with chronic conditions taking all medicines prescribed		%		
Adults with chronic conditions not taking all medicines because they cannot afford them		%		
Adults with chronic conditions not taking all medicines because they cannot find them		%		
Adults (from poor households) with chronic conditions taking all medicines prescribed		%		
Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them		%		
Children with acute conditions taking all medicines prescribed		%		
Children with acute conditions not taking all medicines because they cannot afford them		%		
Children with acute conditions not taking all medicines because they cannot find them		%		
Children (from poor households) with acute conditions taking all medicines prescribed		%		
Children (from poor households) with acute conditions not taking all medicines because they cannot afford them		%		