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

Mauritius

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Outline of the Profile

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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, **Mauritius** 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 **Mauritius** 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	**1,262**	,000	2007	World Health Statistics
Population < 15 years	**24.0%**	% of total population	2007	World Health Statistics
Population > 60 years	**10.0%**	% of total population	2007	World Health Statistics
Urban population	**42.0%**	% of total population	2007	World Health Statistics
Population growth	**0.6%**	Annual %	2007	World Bank Nutrition, Health and Population
Fertility rate, total	**1.9**	Births per woman	2007	World Health Statistics
Economic status			**YEAR**	**SOURCE**
GDP	**6.79**	Current US$ Billions	2007	World Development Indicators database, April 2009
GDP growth	**4.70%**	Annual %	2007	World Development Indicators database, April 2009
GNI per capita	**5,580**	Current US$	2007	World Development Indicators database, April 2009
Population living < PPP int. $1 a day		%		
Income share held by lowest 20%		%		

Education and literacy			YEAR	SOURCE
Adult literacy rate, 15+ years	**84.3%**	% of total population	2000	WHOSIS
Primary school enrolment rate, males	**94%**	% of male population	2006	WHOSIS
Primary school enrolment rate, females	**96%**	% of female population	2006	WHOSIS

1.2 Mortality and Causes of Death				
Life expectancy and mortality			**YEAR**	**SOURCE**
Life expectancy at birth (both sexes)	**73**	Years	2007	World Health Statistics
Adult mortality rate (both sexes, 15 to 60 years)	**157**	/1,000 population	2007	World Health Statistics
Maternal mortality ratio	**15**	/100,000 live births	2005	World Health Statistics
Neonatal mortality rate	**9**	/1,000 live births	2004	World Health Statistics
Infant mortality rate (between birth and age 1)	**15**	/1,000 live births	2007	World Health Statistics
Under 5 mortality rate	**17**	/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	**274,984,890**	US$ average exchange rate	2006	NHA
Total annual per capita expenditure on health	**230**	US$ average exchange rate	2006	World Health Statistics
Health expenditure as % of GDP	**3.9%**	% of gross domestic product	2006	World Health Statistics
Government expenditure on health as % of total government budget	**9.4%**	% of total government budget	2006	World Health Statistics
Government annual expenditure on health	**140,513,600**	US$ average exchange rate	2006	NHA
Health expenditures by source			**YEAR**	**SOURCE**
Annual per capita government expenditure on health	**118**	US$ average exchange rate	2006	World Health Statistics
Government annual expenditure on health as % of total	**51.1%**	% of total expenditure on health	2006	World Health Statistics
Social security expenditure as % of government on health		% of government expenditure on health		World Health Statistics
Annual per capita private expenditure on health	**112.5**	US$ average exchange rate	2006	CALCULATED from World Health Statistics
Private expenditure as % of total health expenditure	**48.9%**	% of total expenditure on health	2006	World Health Statistics
Private out-of-pocket expenditure as % of private health expenditure	**80.6%**	% of private expenditure on health	2006	World Health Statistics

Premiums for private prepaid health plans as % of total private health expenditure	**10.0%**	% 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		Total number		WHO Global Atlas of health workforce
Physicians per 1,000 population		per 1,000 pop		WHO Global Atlas of health workforce
Total number of nursing and midwifery personnel		Total number		WHO Global Atlas of health workforce
Nursing and midwifery personnel per 1,000 population		per 1,000 pop		WHO Global Atlas of health workforce
Total number of pharmaceutical personnel[3]		Total number		WHO Global Atlas of health workforce
pharmaceutical personnel per 1,000 pop		per 1,000 pop		WHO Global Atlas of health workforce
Total number of pharmacists[4]	**354**	Total number		
Total number of pharmaceutical technicians and assistants[5]		Total number		
Number of newly registered pharmacists in the previous year	**18**	Total number		

[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.

Facilities			YEAR	SOURCE
Hospitals	**10**	Total number	2008	WHO/HAI Pricing Survey
Hospital beds	**30**	/10,000 population	2007	World Bank Nutrition, Health and Population
Primary health care units and centres	**137**	Total number	2008	WHO/HAI Pricing Survey
Licensed pharmacies	**227**	Total number	2008	WHO/HAI Pricing Survey

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 I
-If yes, year of the most recent document		Year		
-If no, draft NMP document exists	**Yes**	Yes/No	2007	WHO Level I
-If exists, NMP is integrated into NHP	**No**	Yes/No	2007	WHO Level I
National Medicines Policy Implementation Plan exists	**No**	Yes/No	2007	WHO Level I
-If yes, year of the most recent document		Year		
Traditional Medicine Policy exists		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	2007	WHO Level I
Formal Medicines Regulatory Authority exists	**Yes**	Yes/No	2007	WHO Level I
-If yes, Medicines Regulatory Authority is an independent agency		Yes/No		
-If yes, number of regulatory staff		Number		
-Medicines Regulatory Authority is funded from regular budget from the government	**Yes**	Yes/No	2007	WHO Level I
-Medicines Regulatory Authority is funded from fees from registration of medicines	**No**	Yes/No	2008	WHO/HAI Pricing Survey

Legal provisions exist for market authorization	**Yes**	Yes/No	2007	WHO Level I
WHO Certification Scheme may be part of the marketing authorization process	**Yes**	Yes/No	2007	WHO Level I
Regulatory agency has website	**Yes**	Yes/No	2007	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.		Yes/No		

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	**Yes**	Yes/No	2007	WHO Level I
-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	**5,000**	Number	2007	WHO Level I
List of medicines registered is publicly available	**Yes**	Yes/No	2007	WHO Level I
An explicit and transparent process exists for assessing applications for registration of pharmaceutical products		Yes/No		
Functional formal committee exists responsible for assessing applications for registration of pharmaceutical products	**Yes**	Yes/No	2007	WHO Level I
List and application status of products submitted for registration are publicly available		Yes/No		
INN names are used to register medicines	**Yes**	Yes/No	2007	WHO Level I
Medicines registration fees exist	**No**	Yes/No	2008	WHO/HAI Pricing Survey
-If yes, amount per application (US$) for originator product		US$		
-If yes, amount per application (US$) for generic product		US$		
Average length of time from submission of a product application to decision (months)		Months		
A transparent process exists to appeal medicines registration decisions		Yes/No		
Computerized system exists for retrieval of information on registered products	**Yes**	Yes/No	2007	WHO Level I

3.5 Manufacturing				
Domestic Manufacturers			**YEAR**	**SOURCE**
Legal provisions exist for licensing domestic manufacturers	**Yes**	Yes/No		
The country has guidelines on Good Manufacturing Practices (GMP)	**Yes**	Yes/No		
-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	2007	WHO Level I
-Production of pharmaceutical starting materials	**No**	Yes/No	2007	WHO Level I
-Formulation from pharmaceutical starting material	**Yes**	Yes/No	2007	WHO Level I
-Repackaging of finished dosage forms	**Yes**	Yes/No	2007	WHO Level I
Number of domestic manufacturers	**2**	Number		
Number of GMP compliant domestic manufacturers	**2**	Number		
Multinational manufacturers and importers			**YEAR**	**SOURCE**
Legal provisions exist for licensing multinational manufacturers that produce medicines locally	**Yes**	Yes/No		
Number of multinational pharmaceutical companies with a local subsidiary	**Nil**	Number		
Number of multinational pharmaceutical companies producing medicines locally	**Nil**	Number		
Legal provisions exist for licensing importers	**Yes**	Yes/No	2007	WHO Level I

3.6 Quality Control				
			YEAR	**SOURCE**
Legal provisions exist to inspect premises and collect samples	**Yes**	Yes/No	2007	WHO Level I
Legal provisions exist for detecting and combating counterfeit medicines	**Yes**	Yes/No	2007	WHO Level I
Samples are tested for post-marketing surveillance	**Yes**	Yes/No	2007	WHO Level I
List is publicly available giving detailed results of quality testing in past year		Yes/No		
Legal provisions exist to ensure quality control of imported medicines	**Yes**	Yes/No	2007	WHO Level I
Legal provisions exist for the recall and disposal of defective products	**Yes**	Yes/No	2007	WHO Level I

3.7 Pharmacovigilance				
			YEAR	**SOURCE**
Legal provisions exist for monitoring adverse drug reactions (ADRs) on a routine basis	**Yes**	Yes/No		
ADRs are monitored	**Yes**	Yes/No	2007	WHO Level I
-If yes, ADRs are monitored at				
-Central level	**Yes**	Yes/No	2007	WHO Level I
-Regional level	**Yes**	Yes/No	2007	WHO Level I
-Local health facilities	**Yes**	Yes/No	2007	WHO Level I
-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	**Yes**	Yes/No	2007	WHO Level I
Who is responsible for regulating promotion and/or advertising of medicines	**Government**	Government/Industry/ Co-Regulation	2007	WHO Level I
Direct advertising of prescription medicines to the public is prohibited	**Yes**	Yes/No	2007	WHO Level I
Regulatory pre-approval is required for medicines advertisements and/or promotional materials	**Yes**	Yes/No	2007	WHO Level I
Guidelines exist for advertising and promotion of non-prescription medicines	**Yes**	Yes/No		
Regulatory committee exists for controlling medicines advertising and promotion	**Yes**	Yes/No		
-If yes, members must declare conflicts of interest	**Yes**	Yes/No		

Code of conduct			YEAR	SOURCE
A national code of conduct exists concerning advertising and promotion of medicines by pharmaceutical manufacturers	**General Code of Conduct**	Yes/No		
-If yes, adherence to the code is voluntary		Yes/No		
A national code of conduct for doctors exists to regulate their relationship with manufacture sales representatives		Yes/No		

PART 4 - FINANCING

4.1 Medicines Expenditure				
			YEAR	**SOURCE**
Total medicines expenditure (US$)	**12,000,000**	US$ current exchange rates		
Medicines expenditure as a % of GDP		% of GDP		
Medicines expenditure as a % of Health Expenditure	**10%**	% of total health expenditure		
Total public expenditure on medicines (US$)	**12,000,000**	US$ current exchange rates	2007	WHO/HAI Pricing Survey
MoH annual budget for medicines (US$)	**8,660,000**	US$ current exchange rates		
Total private expenditure on medicines (US$)	**36,666**	US$ current exchange rates		

4.2 Health Insurance and Free Care				
			YEAR	**SOURCE**
National Health Insurance (NHI) or Social Health Insurance (SHI) exists	**No**	Yes/No		
-If yes, NHI/SHI provides at least partial medicines coverage	**No**	Yes/No	2007	WHO Level I
Proportion of the population covered by NHI or SHI		% of the population		
Existence of public programmes providing free medicines	**Yes**	Yes/No	2007	WHO Level I
-If yes, medicines are available free-of-charge for:				
-Patients who cannot afford them	**Yes**	Yes/No	2007	WHO Level I
-Children under 5	**Yes**	Yes/No	2007	WHO Level I
-Older children	**Yes**	Yes/No	2007	WHO Level I

-Pregnant women	**Yes**	Yes/No	2007	WHO Level I
-Elderly persons	**Yes**	Yes/No	2007	WHO Level I
-If yes, the following types of medicines are free:				
-All	**Yes**	Yes/No	2007	WHO Level I
-Malaria medicines	**Yes**	Yes/No	2007	WHO Level I
-Tuberculosis medicines	**Yes**	Yes/No	2007	WHO Level I
-Sexually transmitted diseases medicines	**Yes**	Yes/No	2007	WHO Level I
-HIV/AIDS medicines	**Yes**	Yes/No	2007	WHO Level I
At least one vaccine	**Yes**	Yes/No	2007	WHO Level I

4.3 Patients Fees and Copayments				
			YEAR	**SOURCE**
Inpatients pay a fee for medicines in public hospitals	**No**[6]	Yes/No		
Registration/consultation fees are common in public health facilities	**No**	Yes/No		
Fixed dispensing fees are common for outpatients in public primary health-care facilities	**No**	Yes/No		
Outpatients pay varying amounts for medicines in public primary health-care facilities	**No**	Yes/No		
Medicines copayments are used to pay salaries of public health-care workers	**No**	Yes/No	2007	WHO Level I

[6] Medicines are free

4.4 Pricing Regulation				
Price Control for the private sector			**YEAR**	**SOURCE**
Legal or regulatory provisions exist for setting:				
- Manufacturer's selling price	**Yes**	Yes/No		
- Maximum wholesale mark-up	**Yes**	Yes/No	2007	WHO Level I
- Maximum retail mark-up	**Yes**	Yes/No	2007	WHO Level I
- Maximum retail price (exit price)	**Yes**	Yes/No		
Legal or regulatory provisions for controlling medicines prices vary for different types of medicines	**No**	Yes/No		
Government runs an active national medicines price monitoring system for retail prices	**Yes**	Yes/No		
Retail medicines price information is made publicly accessible according to existing regulation	**No**	Yes/No		

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**	**N/A**	Median Price Ratio	2008	WHO/HAI Pricing Survey
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**	**0.7**	Median Price Ratio	2008	WHO/HAI Pricing Survey
Median Price Ratio of **originator brand** products to international reference prices for a basket of key medicines **PUBLIC SECTOR PATIENT PRICE**	**0**	Median Price Ratio	2008	WHO/HAI Pricing Survey
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**	**0**	Median Price Ratio	2008	WHO/HAI Pricing Survey
Median Price Ratio of **originator brand products** to international reference prices for a basket of key medicines **PRIVATE SECTOR PATIENT PRICE**	**19.3**	Median Price Ratio	2008	WHO/HAI Pricing Survey
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**	**5.9**	Median Price Ratio	2008	WHO/HAI Pricing Survey

4.6 Duties and Taxes on Pharmaceuticals in the Private Sector				
			YEAR	**SOURCE**
Duty on imported raw materials	**No**	Yes/No	2007	WHO Level I
Duty on imported finished products	**No**	Yes/No	2007	WHO Level I
VAT or other taxes on medicines	**No**	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	2007	WHO Level I
Patents are granted on pharmaceutical products by a National Patent Office	**Yes**	Yes/No	2007	WHO Level I
List of patented medicines is available	**No**	Yes/No		
National legislation has been modified to implement the TRIPS Agreement	**Yes**	Yes/No	2007	WHO Level I
-If yes, the transitional period has been extended per Doha Declaration	**No**	Yes/No	2007	WHO Level I
-If yes, TRIPS flexibilities have been incorporated into legislation	**Yes**	Yes/No	2007	WHO Level I
-If TRIPS flexibilities have been incorporated, they are:				
-Compulsory licensing provisions	**Yes**	Yes/No	2007	WHO Level I
-Government use	**Yes**	Yes/No	2007	WHO Level I
-Parallel importing provisions	**Yes**	Yes/No	2007	WHO Level I
-Bolar exception	**Yes**	Yes/No	2007	WHO Level I

PART 6 - SUPPLY

6.1 Procurement				
			YEAR	**SOURCE**
Is there a written public sector procurement strategy?	**Yes**	Yes/No		
-If yes, in what year was it approved?	**2006**	Year		
Are there provisions giving priority in public procurement to goods produced by domestic manufacturers?	**Yes**	Yes/No		
Are there provisions giving priority in public procurement to goods produced by manufacturers from SADC countries?	**No**	Yes/No		
Do the public sector procurement regulations apply to pharmaceutical procurement?	**Yes**	Yes/No		
How many people are working full-time only on procurement of pharmaceuticals for the public sector?	**15**	Number		
There is a tender board/committee overseeing public procurement of medicines	**Yes**	Yes/No	2007	WHO Level I
-If yes, the key functions of the procurement office and those of the tender committee are clearly separated	**Yes**	Yes/No	2007	WHO Level I
Public procurement is limited to medicines on the national EML	**No**	Yes/No	2008	WHO/HAI Pricing Survey
WHO-prequalification system is used to identify suppliers for ARVs, TB, ATM and RHR	**Yes**	Yes/No	2007	WHO Level I
WHO certification system is used to identify suppliers	**Yes**	Yes/No		
A functioning process exists to ensure the quality of other products procured	**Yes**	Yes/No		
-If yes, this process includes prequalification of products and suppliers	**Yes**	Yes/No		
-If yes, explicit criteria and procedures exist for prequalification of suppliers	**Yes**[7]	Yes/No		
-If yes, a list of prequalified suppliers and products is publicly available	**No**	Yes/No		

[7] For vaccines, anti TB and anti-malaria medicines.

How many people are working full-time on quality assurance for procurement?	**5**	Number		
Percentage of public sector procurement expenditures in last year awarded by:				
-National competitive tenders	**0%**	% of total value	2007	WHO Level I
-International competitive tenders	**100%**	% of total value	2007	WHO Level I
-Negotiation	**0%**	% of total value	2007	WHO Level I
-Direct purchasing	**0%**	% of total value	2007	WHO Level I
Public sector tenders are publicly available	**Yes**	Yes/No		
Public sector awards are publicly available	**Yes**	Yes/No		
Public sector tenders use an e-procurement system	**Not Yet**	Yes/No		
A written code of conduct exists governing the behaviour of public procurement agencies in their interactions with sales representatives and wholesalers	**Not specifically**	Yes/No		
List of samples tested during the procurement process and results of quality testing is available	**No**	Yes/No		
Public sector procurement is centralized at the national level	**Yes**	Yes/No	2007	WHO Level I
Is there a capacity building strategy for procurement and supply management?	**Yes**	Yes/No		
-If yes, when was it finalized?	**To be finalised**	Year		
-If yes, what period does it cover?		Year-Year		

6.2 Procurement Budget				
		CURRENCY	**YEAR**	**SOURCE**
Total value of medicines procured in the public sector in the previous year	**15,800,000**	US$ average exchange rate		
Public procurement expenditure on products from national manufacturers in the previous year (if available)	**632,000**	US$ average exchange rate		
Public procurement expenditure on products from SADC manufacturers in the previous year (if available)	**Not available**	US$ average exchange rate		
Public procurement expenditure on products on the EML in the previous year (if available)	**14,220,000**	US$ average exchange rate		

6.3 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.		
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		

6.4 Distribution				
Distributors[8]			**YEAR**	**SOURCE**
There are national guidelines on Good Distribution Practices (GDP)	**No**	Yes/No		
There a list of all GDP compliant distributors	**No**	Yes/No		
CMS			**YEAR**	**SOURCE**
Software tools are available for planning medicines supply	**Yes**	Yes/No		
Software tools are available for management of medicines supply (procurement tracking, expenditure tracking, stock levels)	**Yes**	Yes/No		
Data on months of stock on hand is routinely reported to managers	**Yes**	Yes/No		

TOP 5 distributors by market value

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

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

6.5 Wholesale Market Characteristics[9]				
			YEAR	**SOURCE**
Legal provisions exist for licensing wholesalers	**Yes**	Yes/No	2007	WHO Level I
Number of wholesalers in market	**27**	Number		
Number of GDP compliant wholesalers in market		Number		
List of GDP compliant wholesalers is publicly available		Yes/No		

TOP 5 wholesalers by market value

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

[9] 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	**Yes**	Yes/No	2007	WHO Level I
-If yes, year of last update of national STGs	**2005**	Year	2007	WHO Level I
National essential medicines list (EML) exists	**Yes**	Yes/No	2007	WHO Level I
-If yes, number of **medicine formulations** on the national EML	**400**	number	2007	WHO Level I
-If yes, year of last update of EML	**2005**	Year	2007	WHO Level I
-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	**Yes**	Yes/No	2007	WHO Level I
-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	2007	WHO Level I
-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	**Yes**	Yes/No	2007	WHO Level I
-If yes, year of last update of national paediatric STGs		Year		
EML used in public insurance reimbursement	**No**	Yes/No	2007	WHO Level I
Rational use national audit done in the last two years	**No**	Yes/No	2007	WHO Level I
% of public health facilities with EML (mean)- Survey data		%		
% of public health facilities with STGs (mean)- Survey data		%		
Public education campaigns about rational medicines use have been conducted by MoH, NGOs or academia in the previous two years	**Yes**	Yes/No	2007	WHO Level I

A national programme or committee involving government, civil society, and professional bodies exists to monitor and promote rational use of medicines	**Yes**	Yes/No	2007	WHO Level I
A national strategy exists to contain antimicrobial resistance	**Yes**	Yes/No	2007	WHO Level I
-If yes, date of last update of the strategy		Year		
A national reference laboratory has responsibility for coordinating epidemiological surveillance of antimicrobial resistance	**Yes**	Yes/No	2007	WHO Level I
A public or independently funded national medicines information centre provides information on medicines to consumers	**No**	Yes/No	2007	WHO Level I
Legal provisions exist for the control of narcotics, psychotropic substances, and precursors	**Yes**	Yes/No	2007	WHO Level I
The country is a signatory to the International Conventions on the Control of Narcotics, Psychotropic Substances and Precursors	**Yes**	Yes/No	2007	WHO Level I

7.2 Prescribing				
			YEAR	**SOURCE**
Legal provisions exist to govern the licensing and prescribing practices of prescribers	**Yes**	Yes/No	2007	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/No		
Prescribers in the public sector dispense medicines	**No**	Yes/No	2008	WHO/HAI Pricing Survey
Prescribers in the private sector dispense medicines	**Yes**	Yes/No	2008	WHO/HAI Pricing Survey

The basic medical training curriculum includes components on:				
- Use of the national EML	**Yes**	Yes/No	2007	WHO Level I
- Use of national STGs	**Yes**	Yes/No	2007	WHO Level I
- Problem-based pharmacotherapy		Yes/No		
- Good practices in prescribing	**Yes**	Yes/No	2007	WHO Level I
The basic nursing training curriculum includes components on:				
- Use of the national EML	**Yes**	Yes/No	2007	WHO Level I
- Use of national STGs	**Yes**	Yes/No	2007	WHO Level I
- Problem-based pharmacotherapy	**Yes**	Yes/No	2007	WHO Level I
- Good practices in prescribing	**Yes**	Yes/No	2007	WHO Level I
The basic training curriculum for paramedical staff includes components on:				
- Use of the national EML	**Yes**	Yes/No		
- Use of national STGs		Yes/No		
- Problem-based pharmacotherapy		Yes/No		
- Good practices in prescribing		Yes/No		
Regulations exist requiring hospitals to organize/develop Drug and Therapeutics Committees (DTCs)	**Yes**	Yes/No	2007	WHO Level I
Mandatory, non-commercially funded continuing education that includes use of medicines is required for doctors	**Yes**	Yes/No	2007	WHO Level I
A public or independently funded national medicines information centre exists that provides information on demand to prescribers	**No**	Yes/No	2007	WHO Level I
Prescribing by generic name is obligatory in:				
-Public sector	**Yes**	Yes/No	2007	WHO Level I
-Private sector	**Yes**	Yes/No	2007	WHO Level I
Incentives exist to encourage prescribing of generic medicines in public health facilities	**Yes**	Yes/No		
Incentives exist to encourage prescribing of generic medicines in private health facilities	**No**	Yes/No		

INRUD prescribing indicators			YEAR	SOURCE
Number of medicines prescribed per patient contact in public health facilities (mean)		Number		
% of patients receiving antibiotics (mean)		%		
% of patients receiving injections (mean)		%		
% of drugs prescribed that are in the EML (mean)		%		
Diarrhoea in children treated with ORS (%)		%		
Non-pneumonia ARIs treated with antibiotics (%)		%		

7.3 Dispensing				
			YEAR	SOURCE
Legal provisions exist to govern licensing and practice of pharmacy	**Yes**	Yes/No	2007	WHO Level I
A professional association code of conduct exists governing professional behaviour of pharmacists		Yes/No		
The basic pharmacist training curriculum includes components on				
-Use of the national EML	**Yes**	Yes/No	2007	WHO Level I
-Use of national STGs	**Yes**	Yes/No	2007	WHO Level I
-Problem-based pharmacotherapy	**Yes**	Yes/No	2007	WHO Level I
-Good practices in prescribing	**Yes**	Yes/No	2007	WHO Level I
Mandatory, non-commercially funded continuing education that includes use of medicines is required for pharmacists	**Yes**	Yes/No	2007	WHO Level I
A public or independently funded national medicines information centre exists that provides information on demand to dispensers	**No**	Yes/No	2007	WHO Level I
Substitution of generic equivalents is permitted for:				
-Public sector dispensers	**Yes**	Yes/No	2007	WHO Level I
-Private sector dispensers	**No**	Yes/No	2007	WHO Level I
Incentives exist to encourage dispensing of generic medicines in:				
-Public pharmacies	**Yes**	Yes/No	2007	WHO Level I
-Private pharmacies	**No**	Yes/No	2007	WHO Level I

Antibiotics are sold over-the-counter without a prescription	**No**	Yes/No	2007	WHO Level I
Injections are sold over-the-counter without a prescription	**No**	Yes/No	2007	WHO Level I
Narcotics are sold over-the-counter without a prescription	**No**	Yes/No		
Tranquillisers are sold over-the-counter without a prescription	**No**	Yes/No		
INRUD dispensing indicators			**YEAR**	**SOURCE**
% of prescribed drugs dispensed to patients (mean)		%		
Percentage of medicines adequately labelled in public health facilities (mean)		%		
Percentage of patients knowing correct dosage in public health facilities (mean)		%		

PART 8 - HOUSEHOLD DATA

8.1 Data from Household surveys				
			YEAR	**SOURCE**
Adults with acute conditions taking all medicines prescribed	**99.1%**	%	2002-3	WHS (World Health Survey)
Adults with acute conditions not taking all medicines because they cannot afford them	**0.2%**	%	2002-3	WHS
Adults with acute conditions not taking all medicines because they cannot find them	**0.4%**	%	2002-3	WHS
Adults (from poor households) with acute conditions taking all medicines prescribed	**99.4%**	%	2002-3	WHS
Adults (from poor households) with acute conditions not taking all medicines because they cannot afford them	**0.6%**	%	2002-3	WHS
Adults with chronic conditions taking all medicines prescribed	**98.5%**	%	2002-3	WHS
Adults with chronic conditions not taking all medicines because they cannot afford them	**0.0%**	%	2002-3	WHS
Adults with chronic conditions not taking all medicines because they cannot find them	**0.0%**	%	2002-3	WHS
Adults (from poor households) with chronic conditions taking all medicines prescribed	**98.6%**	%	2002-3	WHS
Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them	**0.0%**	%	2002-3	WHS
Children with acute conditions taking all medicines prescribed	**99.2%**	%	2002-3	WHS
Children with acute conditions not taking all medicines because they cannot afford them	**0.0%**	%	2002-3	WHS
Children with acute conditions not taking all medicines because they cannot find them	**0.2%**	%	2002-3	WHS
Children (from poor households) with acute conditions taking all medicines prescribed	**99.5%**	%	2002-3	WHS
Children (from poor households) with acute conditions not taking all medicines because they cannot afford them	**0.0%**	%	2002-3	WHS