

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



Zimbabwe

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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, **Zimbabwe** has collaborated with WHO in the collection and analysis of data on its 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 survey¹, the WHO/HAI pricing surveys² etc.

After being populated, the questionnaire was sent to **Zimbabwe** 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	13,225	,000	2007	Central Statistical Office
Population < 15 years	40%	% of total population	2007	Central Statistical Office
Population > 60 years	5%	% of total population	2007	World Health Statistics
Urban population	37%	% of total population	2007	World Health Statistics
Population growth	1.3%	Annual %	2007	World Bank Nutrition, Health and Population
Fertility rate, total	3.2	Births per woman	2007	World Health Statistics
Economic status			YEAR	SOURCE
GDP	11.98	US\$ Billion current exchange rate	2008	IMF database, April 2009
GDP growth	- 5.30%	Annual %	2005	World Development Indicators database, April 2009
GNI per capita	340	US\$ current exchange rate	2005	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	89.5%	% of total population	2004	WHO SIS
Primary school enrolment rate, males	87.0%	% of male population	2006	WHO SIS
Primary school enrolment rate, females	88.0%	% of female population	2006	WHO SIS

1.2 Mortality and Causes of Death

Life expectancy and mortality			YEAR	SOURCE
Life expectancy at birth (both sexes)	45	Years	2007	World Health Statistics
Adult mortality rate (both sexes, 15 to 60 years)	713	/1,000 population	2007	World Health Statistics
Maternal mortality ratio	880	/100,000 live births	2005	World Health Statistics
Neonatal mortality rate	36	/1,000 live births	2004	World Health Statistics
Infant mortality rate (between birth and age 1)	59	/1,000 live births	2007	World Health Statistics
Under 5 mortality rate	90	/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	502,098,533	US\$ average exchange rate	2006	NHA
Total annual per capita expenditure on health	38	US\$ average exchange rate	2006	World Health Statistics
Health expenditures as percent of GDP	9.3%	% of gross domestic product	2006	World Health Statistics
Government expenditure on health as % of total government budget	8.9%	% of total government budget	2006	World Health Statistics
Government annual expenditure on health	244,602,837	US\$ average exchange rate	2006	NHA
Health expenditures by source			YEAR	SOURCE
Annual per capita government expenditure on health	18	US\$ average exchange rate	2006	World Health Statistics
Government annual expenditure on health as % of total	48.7%	% of total expenditure on health	2006	World Health Statistics
Social security expenditure as % of government on health	0.0%	% of government expenditure on health	2006	World Health Statistics
Annual per capita private expenditure on health	19.5	US\$ average exchange rate	2006	CALCULATED from World Health Statistics
Private expenditure as % of total health expenditure	51.3%	% of total expenditure on health	2006	World Health Statistics
Private out-of-pocket expenditure as % of private health expenditure	50.3%	% of private expenditure on health	2006	World Health Statistics
Premiums for private prepaid health plans as % of total private health expenditure	28.8%	% 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	2,086	Total number	2004	WHO Global Atlas of health workforce
Physicians per 1,000 population	0.16	per 1,000 pop	2004	WHO Global Atlas of health workforce
Total number of nursing and midwifery personnel	9,357	Total number	2004	WHO Global Atlas of health workforce
Nursing and midwifery personnel per 1,000 population	0.72	per 1,000 pop	2004	WHO Global Atlas of health workforce
Total number of pharmaceutical personnel ³	883	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	550	Total number	2008	Pharmacists Council of Zimbabwe (PCZ)
Total number of pharmaceutical technicians and assistants ⁵	290	Total number	2008	PCZ
Number of newly registered pharmacists in the previous year	42	Total number	2008	PCZ
Facilities		YEAR	SOURCE	
Hospitals		Total number		
Hospital beds	30	/10,000 population	2006	WHO SIS
Primary health care units and centres		Total number		
Licensed pharmacies	287	Total number	2008	MCAZ

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	Yes/No	2007	WHO Level I
-If yes, year of the most recent document	1997	Year	2007	WHO Level I
National Medicines Policy official document exists	Yes	Yes/No	2007	WHO Level I
-If yes, year of the most recent document	1995	Year	1995	Ministry of Health and child welfare
-If no, draft NMP document exists		Yes/No		
-If exists, NMP is integrated into NHP	Yes	Yes/No	2007	WHO Level I
National Medicines Policy Implementation Plan exists	Yes	Yes/No	2007	WHO Level I
-If yes, year of the most recent document	2006	Year	2007	WHO Level I
Traditional Medicine Policy exists	Yes	Yes/No	2007	Ministry of Health and child welfare
If yes, year of the most updated document	2007	Year	2009	Ministry of Health and child welfare

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	Yes/No	1997	Medicines Control Authority of Zimbabwe
-If yes, number of regulatory staff		Number		

-Medicines Regulatory Authority is funded from regular budget from the government	No	Yes/No		
-Medicines Regulatory Authority is funded from fees from registration of medicines	Yes	Yes/No	2007	WHO Level I
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	www.mcaz.org	Address	2009	MCAZ
The Regulatory Authority has a computerized information management system to store and retrieve information on registration, inspections, etc.	Yes	Yes/No	2009	MCAZ

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	Yes/No	2008	Ministry of Health and child welfare
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of regulation on Clinical Trials	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe (MCAZ)

-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of laws to combat counterfeits	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of Good Manufacturing Practices	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe

3.4 Registration				
			YEAR	SOURCE
Number of medicines registered	2,148	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	Yes/No	2008	Medicines Control Authority of Zimbabwe
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	Yes/No	2008	Medicines Control Authority of Zimbabwe
INN names are used to register medicines	Yes	Yes/No	2007	WHO Level I
Medicines registration fees exist	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
-If yes, amount per application (US\$) for originator product	3000	US\$	2009	MCAZ
-If yes, amount per application (US\$) for generic product	2250	US\$	2009	MCAZ
Average length of time from submission of a product application to decision (months)	3	Months	2008	Medicines Control Authority of Zimbabwe
A transparent process exists to appeal medicines registration decisions	Yes	Yes/No		Medicines Control Authority of Zimbabwe
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	2008	Medicines Control Authority of Zimbabwe
The country has guidelines on Good Manufacturing Practices (GMP)	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
-If yes, these guidelines are used in the licensing process	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
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	14	Number	2008	Medicines Control Authority of Zimbabwe
Number of GMP compliant domestic manufacturers	14	Number	2008	Medicines Control Authority of Zimbabwe
Multinational manufacturers and importers			YEAR	SOURCE
Legal provisions exist for licensing multinational manufacturers that produce medicines locally	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
Number of multinational pharmaceutical companies with a local subsidiary	Nil	Number	2008	Medicines Control Authority of Zimbabwe
Number of multinational pharmaceutical companies producing medicines locally	Nil	Number	2008	Medicines Control Authority of Zimbabwe
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	No	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	2008	Medicines Control Authority of Zimbabwe
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/No		
-Local health facilities		Yes/No		
-If yes, ADRs are reported to the WHO Collaborating Centre for International Drug Monitoring	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe

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	2007	WHO Level I
Regulatory committee exists for controlling medicines advertising and promotion	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
-If yes, members must declare conflicts of interest	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
Code of conduct			YEAR	SOURCE
A national code of conduct exists concerning advertising and promotion of medicines by pharmaceutical manufacturers		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\$)		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	Yes/No	2007	WHO Level I
-If yes, NHI/SHI provides at least partial medicines coverage	Yes	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		Yes/No		
Registration/consultation fees are common in public health facilities		Yes/No		
Fixed dispensing fees are common for outpatients in public primary health-care facilities		Yes/No		
Outpatients pay varying amounts for medicines in public primary health-care facilities		Yes/No		
Medicines copayments are used to pay salaries of public health-care workers		Yes/No		

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

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		
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 Health and Child Welfare
Duty on imported finished products	No	Yes/No	2008	Ministry of Health and Child Welfare
VAT or other taxes on medicines	No	Yes/No	2008	Ministry of Health and Child Welfare
-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	2008	Medicines Control Authority of Zimbabwe
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	2008	
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	Yes	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	2008	State Procurement Board
-If yes, in what year was it approved?		Year	2008	State Procurement Board
Are there provisions giving priority in public procurement to goods produced by domestic manufacturers?	Yes	Yes/No	2008	State Procurement Board
Are there provisions giving priority in public procurement to goods produced by manufacturers from SADC countries?	No	Yes/No	2008	State Procurement Board
Do the public sector procurement regulations apply to pharmaceutical procurement?	Yes	Yes/No	2008	State Procurement Board
How many people are working full-time only on procurement of pharmaceuticals for the public sector?	5	Number	2008	Natpharm
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	Yes	Yes/No	2007	WHO Level I
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	2008	Natpharm
A functioning process exists to ensure the quality of other products procured	Yes	Yes/No	2008	Natpharm
-If yes, this process includes prequalification of products and suppliers	Yes	Yes/No	2008	Natpharm
-If yes, explicit criteria and procedures exist for prequalification of suppliers	Yes	Yes/No	2008	Natpharm

-If yes, a list of prequalified suppliers and products is publicly available	No	Yes/No	2008	Natpharm
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	Yes	Yes/No	2008	Natpharm
Public sector awards are publicly available	Yes	Yes/No	2008	Natpharm
Public sector tenders use an e-procurement system	No	Yes/No	2008	Natpharm
A written code of conduct exists governing the behaviour of public procurement agencies in their interactions with sales representatives and wholesalers	Yes	Yes/No	2008	Natpharm
List of samples tested during the procurement process and results of quality testing is available		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/No		
-If yes, when was it finalized?		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				
Public procurement expenditure on products from national manufacturers in the previous year				
Public procurement expenditure on products from SADC manufacturers in the previous year				
Public procurement expenditure on products on the EML in the previous year				

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 amoxicillin 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
Amitriptyline 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				
Distributors⁶			YEAR	SOURCE
There are national guidelines on Good Distribution Practices (GDP)	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
There a list of all GDP compliant distributors	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe
CMS			YEAR	SOURCE
Software tools are available for planning medicines supply	Yes	Yes/No	2008	Natpharm
Software tools are available for management of medicines supply (procurement tracking, expenditure tracking, stock levels)	Yes	Yes/No	2008	Natpharm
Data on months of stock on hand is routinely reported to managers	Yes	Yes/No	2008	Natpharm

TOP 5 distributors by market value

Name of distributor	Sales by Value		YEAR	SOURCE
Natpharm	50%	% of Total	2008	Estimated
Greenwood Wholsalers	18%	% of Total	2008	Estimated
Pharmaceutical and Chemical Distributors	16%	% of Total	2008	Estimated
Geddes	12%	% of Total	2008	Estimated
Plus 5 Health Distributors	4%	% of Total	2008	Estimated

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.

6.5 Wholesale Market Characteristics⁷				
			YEAR	SOURCE
Legal provisions exist for licensing wholesalers	Yes	Yes/No	2007	WHO Level I
Number of wholesalers in market	104	Number	2008	Medicines Control Authority of Zimbabwe
Number of GDP compliant wholesalers in market	104	Number	2008	Medicines Control Authority of Zimbabwe
List of GDP compliant wholesalers is publicly available	Yes	Yes/No	2008	Medicines Control Authority of Zimbabwe

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	Yes	Yes/No	2007	WHO Level I
-If yes, year of last update of national STGs	2006	Yes/No	2008	Ministry of Health and Child Welfare
National essential medicines list (EML) exists	Yes	Yes/No	2007	WHO Level I
-If yes, number of medicine formulations on the national EML		number		
-If yes, year of last update of EML	2006	Yes/No	2007	WHO Level I
-If yes, process for selecting medicines on the EML is publicly available	Yes	Yes/No	2008	National EML Committee
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	Yes/No	2008	National EML Committee
There are explicit criteria for selecting medicines for national EML	Yes	Yes/No	2008	Ministry of Health and Child Welfare
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		Yes/No		
National STGs for paediatric conditions exist	Yes	Yes/No	2007	WHO Level I
-If yes, year of last update of national paediatric STGs	2006	Year	2008	Ministry of Health and Child Welfare
EML used in public insurance reimbursement	Yes	Yes/No	2007	WHO Level I
Rational use national audit done in the last two years	No	Yes/No	2008	Ministry of Health and Child Welfare

% 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	Yes	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	No	Yes/No	2008	Medicines Control Authority of Zimbabwe

-Midwives	No	Yes/No	2008	Medicines Control Authority of Zimbabwe
-Community health workers	No	Yes/No	2008	Medicines Control Authority of Zimbabwe
-Pharmacists	No	Yes/No	2008	Medicines Control Authority of Zimbabwe
Prescribers are legally allowed to dispense	No	Yes/No	2008	Medicines Control Authority of Zimbabwe
Prescribers in the public sector dispense medicines	No	Yes/No	2007	WHO Level I
Prescribers in the private sector dispense medicines	No	Yes/No	2008	Medicines Control Authority of Zimbabwe
The basic <u>medical</u> 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 <u>nursing</u> 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 <u>paramedical staff</u> includes components on:				
- Use of the national EML	Yes	Yes/No	2008	Health Professions Authority (HPA)
- Use of national STGs	Yes	Yes/No		Health Professions Authority (HPA)
- Problem-based pharmacotherapy	Yes	Yes/No		Health Professions

				Authority (HPA)
- Good practices in prescribing	Yes	Yes/No		Health Professions Authority (HPA)
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	Yes	Yes/No	2007	WHO Level I
Prescribing by generic name is obligatory in:				
-Public sector	Yes	Yes/No	2007	WHO Level I
-Private sector	No	Yes/No	2007	WHO Level I
Incentives exist to encourage prescribing of generic medicines in public health facilities		Yes/No		
Incentives exist to encourage prescribing of generic medicines in private health facilities		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				
	Yes	Yes/No	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	Yes/No	2008	Pharmacists Council of Zimbabwe
The basic <u>pharmacist</u> 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	Yes	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	Yes	Yes/No	2007	WHO Level I
Incentives exist to encourage dispensing of generic medicines in:				
-Public pharmacies	No	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	2008	
Injections are sold over-the-counter without a prescription	No	Yes/No	2008	
Narcotics are sold over-the-counter without a prescription	No	Yes/No	2008	
Tranquillisers are sold over-the-counter without a prescription	No	Yes/No	2008	

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	86.5%	%	2002-3	WHS (World Health Survey)
Adults with acute conditions not taking all medicines because they cannot afford them	1.3%	%	2002-3	WHS
Adults with acute conditions not taking all medicines because they cannot find them	10.9%	%	2002-3	WHS
Adults (from poor households) with acute conditions taking all medicines prescribed	83.3%	%	2002-3	WHS
Adults (from poor households) with acute conditions not taking all medicines because they cannot afford them	2.3%	%	2002-3	WHS
Adults with chronic conditions taking all medicines prescribed	77.6%	%	2002-3	WHS
Adults with chronic conditions not taking all medicines because they cannot afford them	5.5%	%	2002-3	WHS
Adults with chronic conditions not taking all medicines because they cannot find them	15.9%	%	2002-3	WHS
Adults (from poor households) with chronic conditions taking all medicines prescribed	97.1%	%	2002-3	WHS
Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them	N/A	%	2002-3	WHS
Children with acute conditions taking all medicines prescribed	82.0%	%	2002-3	WHS
Children with acute conditions not taking all medicines because they cannot afford them	5.6%	%	2002-3	WHS
Children with acute conditions not taking all medicines because they cannot find them	12.4%	%	2002-3	WHS
Children (from poor households) with acute conditions taking all medicines prescribed	79.3%	%	2002-3	WHS
Children (from poor households) with acute conditions not taking all medicines because they cannot afford them	7.0%	%	2002-3	WHS

