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

Botswana

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Outline of the Profile

Country	**BOTSWANA**
Name of Coordinator/Principal Respondent	Mr. John Botsang
Position	Chief Pharmacist
E-mail address	Jbotsang@gov.bw
Tel number	74188231
Date Submitted	18 September 2009
Name of Endorser	Mr John Botsang
Position of Endorser	Chief Pharmacist

Methodology

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, **Botswana** 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 **Botswana** 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	**1,882**	,000	2007	Botswana Demographic Survey
Population < 15 years	**35%**	% of total population	2007	Botswana Demography Survey (BDS)
Population > 60 years	**7%**	% of total population	2007	BDS
Urban population	**59%**	% of total population	2007 2006	BDS
Population growth	**1.9%**	Annual %	2006	BDS
Fertility rate, total	**2.9**	Births per woman	2007	BDS
Economic status			**YEAR**	**SOURCE**
GDP	**12.3**	US$ Billions current exchange rates	2007	World Development Indicators database, April 2009
GDP growth	**2.9%**	Annual %	2008	CSO Botswana 2008
GNI per capita	**6,120**	Current US$	2007	World Development Indicators database, April 2009
Population living < PPP int. $1 a day	**23.1%**	%	2005	World Health Statistics
Income share held by lowest 20%	**N/A**	%		

Education and literacy			YEAR	SOURCE
Adult literacy rate, 15+ years	**81.2%**	% of total population	2003	WHOSIS Report on the 2nd National CSO ON Literacy in Botswana
Primary school enrolment rate, males	**83%**	% of male population	2005	WHOSIS
Primary school enrolment rate, females	**85%**	% of female population	2005	WHOSIS

1.2 Mortality and Causes of Death				
Life expectancy and mortality			**YEAR**	**SOURCE**
Life expectancy at birth (both sexes)	**54.4**	Years	2006	Botswana Demographic survey 2006
Adult mortality rate (both sexes, 15 to 60 years)	**514**	/1,000 population	2007	World Health Statistics
Maternal mortality ratio	**193**	/100,000 live births	2007	Central Statistics Office Calculations 2007
Neonatal mortality rate	**46**	/1,000 live births	2004	World Health Statistics
Infant mortality rate (between birth and age 1)	**33**	/1,000 live births	2007	World Health Statistics
Under 5 mortality rate	**40**	/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. (Per Capita)	**703,971,821**	US$ average exchange rate	2006	NHA
Total annual per capita expenditure on health	**296**	US$ average exchange rate	2006	World Health Statistics
Health expenditure as % of GDP	**7.10%**	% of gross domestic product	2006	World Health Statistics
Government expenditure on health as % of total government budget	**18%**	% of total government budget	2006	World Health Statistics
Government annual expenditure on health (MOH + Local Govt)	**279,399,711**	US$ average exchange rate 2008	2008	NHA
Health expenditures by source			**YEAR**	**SOURCE**
Annual per capita government expenditure on health	**148.2**	US$ average exchange rate 2008	2008	NHA
Government annual expenditure on health as % of total	**76.50%**	% of total expenditure on health	2006	World Health Statistics
Social security expenditure as % of government on health	**93%**	% of government expenditure on health	2006	World Health Statistics
Annual per capita private expenditure on health	**69.56**	US$ average exchange rate	2006	CALCULATED from World Health Statistics
Private expenditure as % of total health expenditure	**23.50%**	% 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		% of private expenditure on health		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	**715**	Total number	September 2009	Health Manpower Establishment Register
Physicians per 1,000 population	**0.4**	per 1,000 pop	September 2009	Health Manpower Establishment Register
Total number of nursing and midwifery personnel	**6,079**	Total number	September 2009	Health Manpower Establishment Register
Nursing and midwifery personnel per 1,000 population	**2.68**	per 1,000 pop	September 2009	Health Manpower Establishment Register
Total number of pharmaceutical personnel[3]	**401**	Total number	2009	Health Manpower Establishment Register
pharmaceutical personnel per 1,000 pop	**0.23**	per 1,000 pop	2009	Health Manpower Establishment Register
Total number of pharmacists[4]	**125**	Total number	September 2009	Health Manpower Establishment Register
Total number of pharmaceutical technicians and assistants[5]	**276**	Total number	September 2009	Health Manpower Establishment Register
Number of newly registered pharmacists in the previous year		Total number		Botswana Health Professional Council Records

[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	**34**	Total number	2005	Health Statistics report 2005
Hospital beds	**22**	/10,000 population	2007	Health Statistics report 2005
Primary health care units and centres		Total number		Health Statistics report 2005
Licensed pharmacies	**95**	Total number		DRU Pharmacy Inspection List

PART 3- POLICY and REGULATORY FRAMEWORK

3.1 Policy Framework				
INDICATOR			**YEAR**	**SOURCE**
National Health Policy exists (NHP)	**Yes**	Yes/No	2009	National Health Policy (NHP) 1995
-If yes, year of the most recent document	**1995**	Year	2009	NHP 1995
National Medicines Policy official document exists	**Yes**	Yes/No	2009	NMP
-If yes, year of the most recent document	**2002**	Year	2009	NMP
-If no, draft NMP document exists				
-If exists, NMP is integrated into NHP	**No**[6]	Yes/No	2009	NMP
National Medicines Policy Implementation Plan exists	**Yes**	Yes/No	2009	National Drug Policy Implementation Plan
-If yes, year of the most recent document	**2002**	Year	2009	National Drug Policy Implementation Plan
Traditional Medicine Policy exists	**No**	Yes/No	2009	
If yes, year of the most updated document				

[6] The NMP was done after the last issue of the NHP.

3.2 Regulatory Framework				
			YEAR	**SOURCE**
Legal provision exists establishing the powers and responsibility of a Medicine Regulatory Authority (MRA)	**No**[7]	Yes/No	2009	
Formal Medicines Regulatory Authority exists	**No**[8]	Yes/No	2009	
-If yes, Medicines Regulatory Authority is an independent agency				
-If yes, number of regulatory staff	**9**[2]	Number	2009	Establishment register MOH
-Medicines Regulatory Authority is funded from regular budget from the government	**No**	Yes/No	2009	
-Medicines Regulatory Authority is funded from fees from registration of medicines	**No**	Yes/No	2009	
Legal provisions exist for market authorization	**Yes**	Yes/No	1992	Drugs and Related Substances Act (DRSA)
WHO Certification Scheme may be part of the marketing authorization process	**Yes**	Yes/No	2009	WHO Level 1
Regulatory agency has website	**No**	Yes/No	2009	
-If yes, please provide URL address				
The Regulatory Authority has a computerized information management system to store and retrieve information on registration, inspections, etc.	**Yes**	Yes/No	2009	SIAMED WHO Version 6

[7] Existing Law does not provide for this but it is under review to include provision for the establishment of the MRA
[8] A drug regulatory unit was formed to carry out regulatory affairs.

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	2009	SADC Guidelines. www.sadc.int
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of registration of pharmaceuticals	**Yes**	Yes/No	2009	SADC guidelines for submitting application for registration of a medicine www.sadc.int
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of regulation on Clinical Trials	**Yes**	Yes/No	2009	SADC guidelines on clinical trials www.sadc.int
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of laws to combat counterfeits	**No**[9]	Yes/No	2009	
-If yes, Regulatory Authority is actively involved in regional initiatives for the harmonization of Good Manufacturing Practices	**Yes**	Yes/No	2009	SADC adopted the WHO cGMP guidelines www.sadc.int

[9] Currently the regional harmonisation has worked on technical requirements but the laws are still national.

3.4 Registration				
			YEAR	**SOURCE**
Number of medicines registered	**1,451**	Number	2009	List of Medicines allowed into Botswana
List of medicines registered is publicly available	**Yes**[10]	Yes/No	2008	List of Medicines allowed into Botswana
An explicit and transparent process exists for assessing applications for registration of pharmaceutical products	**No**	Yes/No	2009	
Functional formal committee exists responsible for assessing applications for registration of pharmaceutical products	**No**[11]	Yes/No	2009	
List and application status of products submitted for registration are publicly available	**No**	Yes/No	2009	
INN names are used to register medicines	**Yes**	Yes/No	1992	Drugs and Related Substances Act (DRSA)
Medicines registration fees exist	**Yes**	Yes/No	1992	DRSA Regulations
-If yes, amount per application (US$) for originator product	**150**	US$	1992	DRSA
-If yes, amount per application (US$) for generic product	**150**	US$	1992	DRSA
Average length of time from submission of a product application to decision (months)	**12-36 with outliers of >60**	Months	2009	
A transparent process exists to appeal medicines registration decisions	**Yes**	Yes/No		
Computerized system exists for retrieval of information on registered products	**No**	Yes/No	2009	WHO Level I

[10] The plan is to post the list of registered medicines to the MOH website: www.moh.gov.bw
[11] In House peer review is used to decide on approval of medicines.

3.5 Manufacturing				
Domestic Manufacturers			**YEAR**	**SOURCE**
Legal provisions exist for licensing domestic manufacturers	**Yes**	Yes/No	1992	DRSA, Industrial Development Act
The country has guidelines on Good Manufacturing Practices (GMP)	**Yes**	Yes/No	2009	
-If yes, these guidelines are used in the licensing process	**Yes**	Yes/No	2009	
The country has capacity for:				
-R&D to discover new active substances	**No**	Yes/No	2009	WHO Level I
-Production of pharmaceutical starting materials	**No**	Yes/No	2009	WHO Level I
-Formulation from pharmaceutical starting material	**No**	Yes/No	2009	WHO Level I
-Repackaging of finished dosage forms	**No**	Yes/No	2009	WHO Level I
Number of domestic manufacturers	**0**	Number	2009	
Number of GMP compliant domestic manufacturers	**0**	Number	2009	
Multinational manufacturers and importers			**YEAR**	**SOURCE**
Legal provisions exist for licensing multinational manufacturers that produce medicines locally	**Yes**[12]	Yes/No	2009	DRSA, Industrial Development Act
Number of multinational pharmaceutical companies with a local subsidiary	**0**	Number	2009	
Number of multinational pharmaceutical companies producing medicines locally	**0**	Number	2009	
Legal provisions exist for licensing importers	**Yes**	Yes/No	1992	DRSA

[12] These have never been used as there is no manufacturing taking place in the country.

3.6 Quality Control				
			YEAR	**SOURCE**
Legal provisions exist to inspect premises and collect samples	**Yes**	Yes/No	1992	DRSA
Legal provisions exist for detecting and combating counterfeit medicines	**No**	Yes/No	2009	
Samples are tested for post-marketing surveillance	**No**	Yes/No	2009	
List is publicly available giving detailed results of quality testing in past year	**No**	Yes/No	2009	
Legal provisions exist to ensure quality control of imported medicines	**No**	Yes/No	2009	
Legal provisions exist for the recall and disposal of defective products	**No**[13]	Yes/No	2009	

3.7 Pharmacovigilance				
			YEAR	**SOURCE**
Legal provisions exist for monitoring adverse drug reactions (ADRs) on a routine basis	**No**	Yes/No	2009	
ADRs are monitored	**Yes**[14]	Yes/No	2008	WHO Collaboration Centre
-If yes, ADRs are monitored at				
-Central level	**Yes**	Yes/No	2009	WHO Level I
-Regional level	**No**	Yes/No	2009	WHO Level I
-Local health facilities	**Yes**	Yes/No	2009	WHO Level I
-If yes, ADRs are reported to the WHO Collaborating Centre for International Drug Monitoring	**Yes**[15]	Yes/No	2009	WHO Collaboration Centre

[13] There are legal provisions for recall of drugs only under the regulations section 9 in the DRSA of 1992. The disposal of defective products is not covered.
[14] But not consistently done.
[15] Some reporting done

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	1992	DRSA
Who is responsible for regulating promotion and/or advertising of medicines	**Government**	Government/Industry/Co-Regulation	1992	DRSA
Direct advertising of prescription medicines to the public is prohibited	**Yes**	Yes/No	1992	DRSA
Regulatory pre-approval is required for medicines advertisements and/or promotional materials	**Yes**	Yes/No	1992	DRSA
Guidelines exist for advertising and promotion of non-prescription medicines	**No**	Yes/No	2009	
Regulatory committee exists for controlling medicines advertising and promotion	**No**	Yes/No	2009	
-If yes, members must declare conflicts of interest				
Code of conduct			**YEAR**	**SOURCE**
A national code of conduct exists concerning advertising and promotion of medicines by pharmaceutical manufacturers	**No**	Yes/No		
-If yes, adherence to the code is voluntary	**N/A**	Yes/No		
A national code of conduct for doctors exists to regulate their relationship with manufacture sales representatives	**No**	Yes/No		

PART 4 – FINANCING

4.1 Medicines Expenditure				
			YEAR	**SOURCE**
Total medicines expenditure (US$)	**N/A**			
Medicines expenditure as a % of GDP	**N/A**	% of GDP		
Medicines expenditure as a % of Health Expenditure	**N/A**	% of total health expenditure		
Total public expenditure on medicines (US$)	**51,686,261**	US$ average exchange rate April 2008-March 2009	2008	CMS DATABASE
MoH annual budget for medicines (US$)	**N/A**	US$ current exchange rates		
Total private expenditure on medicines (US$)	**N/A**	US$ 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	**N/A**	Yes/No		
Proportion of the population covered by NHI or SHI	**N/A**	% of total population		
Existence of public programmes providing free medicines	**Yes**[16]	Yes/No	1995	National Health Policy
-If yes, medicines are available free-of-charge for:				

[16] Healthcare is free to citizens although some groups have to pay a nominal fee of P5.00 ~ <1 USD for all medical services from consultation to medication until condition is resolved. Note: None citizens have to pay for medical services.

-Patients who cannot afford them	**Yes**	Yes/No	1995	NHP
-Children under 5	**Yes**	Yes/No	1995	NHP
-Older children	**Yes**	Yes/No	1995	NHP
-Pregnant women	**Yes**	Yes/No	1995	NHP
-Elderly persons	**Yes**	Yes/No	1995	NHP
-If yes, the following types of medicines are free:				
-All	**Yes**	Yes/No	1995	NHP
-Malaria medicines	**Yes**	Yes/No	1995	NHP
-Tuberculosis medicines	**Yes**	Yes/No	1995	NHP
-Sexually transmitted diseases medicines	**Yes**	Yes/No	1995	NHP
-HIV/AIDS medicines	**Yes**	Yes/No	1995	NHP
- At least one vaccine	**Yes**	Yes/No	1995	NHP

4.3 Patients Fees and Copayments				
			YEAR	**SOURCE**
Inpatients pay a fee for medicines in public hospitals	**No**	Yes/No	2009	
Registration/consultation fees are common in public health facilities	**Yes**	Yes/No	1995	NHP
Fixed dispensing fees are common for outpatients in public primary health-care facilities	**No**	Yes/No	2009	
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	**No**	Yes/No	2009	

4.4 Pricing Regulation				
Price Control for the private sector			**YEAR**	**SOURCE**
Legal or regulatory provisions exist for setting:				
- Manufacturer's selling price -	**No**	Yes/No	2009	
- Maximum wholesale mark-up	**No**	Yes/No	2009	
- Maximum retail mark-up	**No**	Yes/No	2009	
- Maximum retail price (exit price)	**No**	Yes/No	2009	
Legal or regulatory provisions for controlling medicines prices vary for different types of medicines	**N/A**	Yes/No		
Government runs an active national medicines price monitoring system for retail prices	**No**	Yes/No	2009	
Retail medicines price information is made publicly accessible according to existing regulation	**No**	Yes/No	2009	

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 **PUBLIC SECTOR PROCUREMENT**	**N/A**	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 **PUBLIC SECTOR PROCUREMENT**	**N/A**	Median Price Ratio		
Median Price Ratio of **originator brand** products to international reference prices for a basket of key medicines **PUBLIC SECTOR PATIENT PRICE**	**N/A**	Median Price Ratio		
Median Price Ratio of **lowest-priced generics** to international reference prices for a basket of key medicines **PUBLIC SECTOR PATIENT PRICE**	**N/A**	Median Price Ratio		

Median Price Ratio of **originator brand products** to international reference prices for a basket of key medicines **PRIVATE SECTOR PATIENT PRICE**	**N/A**	Median Price Ratio		
Median Price Ratio of **lowest-priced generics** to international reference prices for a basket of key medicines **PRIVATE SECTOR PATIENT PRICE**	N/A	Median Price Ratio		

4.6 Duties and Taxes on Pharmaceuticals in the Private Sector				
			YEAR	**SOURCE**
Duty on imported raw materials	**Yes**	Yes/No	1970	Customs Act cap 50.01, section 41 (2)
Duty on imported finished products	**Yes**	Yes/No	2004	Botswana Unified Revenue Service ACT Section
VAT or other taxes on medicines	**Yes**	Yes/No	2002	Value Added Tax cap 50:03
-If yes, amount of VAT on pharmaceutical products (%)	**10%**	%	2002	Value Added Tax cap 50:03

PART 5 – PATENTS				
5.1 Medicines Patent Laws				
			YEAR	**SOURCE**
Country is a member of the World Trade Organization	**Yes**	Yes/No	2008	Industrial Property Bill
Patents are granted on pharmaceutical products by a National Patent Office	**Yes**	Yes/No	2008	Industrial Property Bill
List of patented medicines is available	**No**	Yes/No	2009	
National legislation has been modified to implement the TRIPS Agreement	**Yes**	Yes/No	2008	Industrial Property Bill
-If yes, the transitional period has been extended per Doha Declaration	**No**	Yes/No	2009	
-If yes, TRIPS flexibilities have been incorporated into legislation	**Yes**	Yes/No	2009	WHO Level I
-If TRIPS flexibilities have been incorporated, they are:				
-Compulsory licensing provisions	**Yes**	Yes/No	2008	Industrial Property Bill
-Government use	**Yes**	Yes/No	2008	Industrial Property Bill
-Parallel importing provisions	**Yes**	Yes/No	2008	Industrial Property Bill
-Bolar exception	**No**	Yes/No	2009	

PART 6 – SUPPLY				
6.1 Procurement				
			YEAR	**SOURCE**
Is there a written public sector procurement strategy? **&**	**No**	Yes/No	2009	
-If yes, in what year was it approved?	**No**	Year	2009	
Are there provisions giving priority in public procurement to goods produced by domestic manufacturers?	**Yes**	Yes/No	2005	DIRECTIVE ON THE USE OF LOCALLY MANUFACTURED GOODS AND SERVICES
Are there provisions giving priority in public procurement to goods produced by manufacturers from SADC countries?	**No**	Yes/No	2009	
Do the public sector procurement regulations apply to pharmaceutical procurement?	**Yes**	Yes/No	2006	PUBLIC PROCUREMENT AND ASSET DISPOSAL REGULATIONS
How many people are working full-time only on procurement of pharmaceuticals for the public sector?	**15**	Number	2009	CMS Establishment Register
There is a tender board/committee overseeing public procurement of medicines	**Yes**	Yes/No	2001	PUBLIC PROCUREMENT AND ASSET DISPOSAL ACT
-If yes, the key functions of the procurement office and those of the tender committee are clearly separated	**Yes**	Yes/No	2006	PUBLIC PROCUREMENT AND ASSET DISPOSAL ACT REGULATIONS
Public procurement is limited to medicines on the national EML	**No**	Yes/No	2009	
WHO-prequalification system is used to identify suppliers for ARVs, TB, ATM and RHR	**No**	Yes/No	2009	
WHO certification system is used to identify suppliers	**No**	Yes/No	2009	
A functioning process exists to ensure the quality of other products procured	**No**	Yes/No	2009	
-If yes, this process includes prequalification of products and suppliers	**No**	Yes/No	2009	
-If yes, explicit criteria and procedures exist for prequalification of suppliers	**No**	Yes/No	2009	

-If yes, a list of prequalified suppliers and products is publicly available				
How many people are working full-time on quality assurance for procurement?	**6**	Number	2009	Central Medical Stores Establishment Register
Percentage of public sector procurement expenditures in last year awarded by:				
-National competitive tenders	**No**	% of total value		
-International competitive tenders	**No**	% of total value		
-Negotiation	**No**	% of total value		
-Direct purchasing	**No**	% of total value		
Public sector tenders are publicly available	**Yes**	Yes/No	2009	Government gazette
Public sector awards are publicly available	**Yes**	Yes/No	2009	Government Gazette, Free Daily news paper
Public sector tenders use an e-procurement system	**No**[17]	Yes/No	2009	Integrated procurement management System
A written code of conduct exists governing the behaviour of public procurement agencies in their interactions with sales representatives and wholesalers	**Yes**	Yes/No	2006	CODE OF CONDUCT
List of samples tested during the procurement process and results of quality testing is available	**Yes**	Yes/No	2009	Test Report Register
Public sector procurement is centralized at the national level	**Yes**	Yes/No	2008	WHO Level I
Is there a capacity building strategy for procurement and supply management?	**Yes**	Yes/No	2008	National Procurement training Master Plan
-If yes, when was it finalized?	**2008**	Year	2009	PPADB strategic plan 2008-2013
-If yes, what period does it cover?	**2008-2013**	Year-Year	2009	PPADB strategic plan 2008-2013

[17] Comprehensive e-procurement Under development.

6.2 Procurement Budget				
		CURRENCY	**YEAR**	**SOURCE**
Total value of medicines procured in the public sector in the previous year	**51,686,262**	US$ Average exchange rate Apr08-Mar09	2008-2009	CMS SYSTEM
Public procurement expenditure on products from national manufacturers in the previous year (if available)	**N/A**			
Public procurement expenditure on products from SADC manufacturers in the previous year (if available)	**N/A**			
Public procurement expenditure on products on the EML in the previous year (if available)				

6.3 Distribution				
Distributors[18]			**YEAR**	**SOURCE**
There are national guidelines on Good Distribution Practices (GDP)	**No**	Yes/No	2009	
There a list of all GDP compliant distributors	**No**	Yes/No	2009	
CMS			YEAR	**SOURCE**
Software tools are available for planning medicines supply	**Yes**	Yes/No	2009	CMS Database
Software tools are available for management of medicines supply (procurement tracking, expenditure tracking, stock levels)	**Yes**[19]	Yes/No	2009	CMS Database
Data on months of stock on hand is routinely reported to managers	**Yes**	Yes/No	2009	CMS Database

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

6.4 Wholesale Market Characteristics[20]				
			YEAR	**SOURCE**
Legal provisions exist for licensing wholesalers	**Yes**	Yes/No	1992	DRSA
Number of wholesalers in market		Number		
Number of GDP compliant wholesalers in market		Number		
List of GDP compliant wholesalers is publicly available	**No**	Yes/No	2009	

[20] 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	Botswana Treatment Guidelines
-If yes, year of last update of national STGs	**2007**	Year		Botswana Treatment Guidelines
National essential medicines list (EML) exists	**Yes**	Yes/No	2005	Botswana Essential Drug List (BEDL)
-If yes, number of **medicine formulations** on the national EML	**500**	Number	2005	BEDL
-If yes, year of last update of EML	**2005**	Year	2005	BEDL
-If yes, process for selecting medicines on the EML is publicly available	**No**	Yes/No	2009	
There is a committee for the selection of products on the national EML	**Yes**	Yes/No	1995	DRSA
-If yes, conflict of interest declarations are required from members on national EML committee	**N/A**	Yes/No	2009	
There are explicit criteria for selecting medicines for national EML		Yes/No		
National medicines formulary manual exists	**No**	Yes/No	2009	
-If yes, national medicines formulary manual is limited to essential medicines				
-If yes, year of last update of national medicines formulary manual				
National STGs for paediatric conditions exist	**No**	Yes/No	2009	
-If yes, year of last update of national paediatric STGs				
EML used in public insurance reimbursement	**No**	Yes/No	2009	
Rational use national audit done in the last two years	**No**	Yes/No	2009	
% of public health facilities with EML (mean)- Survey data	**N/A**	%		
% of public health facilities with STGs (mean)- Survey data	**N/A**	%		

Public education campaigns about rational medicines use have been conducted by MoH, NGOs or academia in the previous two years	**No**	Yes/No	2009	
A national programme or committee involving government, civil society, and professional bodies exists to monitor and promote rational use of medicines	**Yes**	Yes/No	2002	National Drug Policy
A national strategy exists to contain antimicrobial resistance	**No**	Yes/No	2009	
-If yes, date of last update of the strategy				
A national reference laboratory has responsibility for coordinating epidemiological surveillance of antimicrobial resistance	**No**	Yes/No	2009	
A public or independently funded national medicines information centre provides information on medicines to consumers	**No**	Yes/No	2009	
Legal provisions exist for the control of narcotics, psychotropic substances, and precursors	**Yes**	Yes/No	1992	DRSA
The country is a signatory to the International Conventions on the Control of Narcotics, Psychotropic Substances and Precursors	**Yes**	Yes/No	1984	www.agc.gov.bw

7.2 Prescribing				
			YEAR	**SOURCE**
Legal provisions exist to govern the licensing and prescribing practices of prescribers	**Yes**	Yes/No	2001	Botswana Health Profession's Act
-The following types of health workers are legally allowed to prescribe				
-Nurses	**Yes**	Yes/No	2001	Botswana Health Professional Act
-Midwives	**No**	Yes/No	2009	
-Community health workers	**No**	Yes/No	2009	
-Pharmacists	**No**	Yes/No	2009	

Prescribers are legally allowed to dispense	**Yes**	Yes/No	1992	DRSA
Prescribers in the public sector dispense medicines	**Yes**	Yes/No	1992	DRSA
Prescribers in the private sector dispense medicines	**Yes**	Yes/No	1992	DRSA
The basic medical training curriculum includes components on:				
- Use of the national EML	**N/A**	Yes/No		
- Use of national STGs	**N/A**	Yes/No		
- Problem-based pharmacotherapy	**N/A**	Yes/No		
- Good practices in prescribing	**N/A**	Yes/No		
The basic nursing training curriculum includes components on:				
- Use of the national EML	**Yes**	Yes/No	2009	WHO Level I
- Use of national STGs	**Yes**	Yes/No	2009	WHO Level I
- Problem-based pharmacotherapy	**Yes**	Yes/No	2009	WHO Level I
- Good practices in prescribing	**Yes**	Yes/No	2009	WHO Level I
The basic training curriculum for paramedical staff includes components on:				
- Use of the national EML	**No**	Yes/No	2009	WHO Level I
- Use of national STGs	**No**	Yes/No	2009	WHO Level I
- Problem-based pharmacotherapy	**No**	Yes/No	2009	WHO Level I
- Good practices in prescribing	**No**	Yes/No	2009	WHO Level I
Regulations exist requiring hospitals to organize/develop Drug and Therapeutics Committees (DTCs)	**Yes**	Yes/No	2002	NDP
Mandatory, non-commercially funded continuing education that includes use of medicines is required for doctors	**No**	Yes/No	2009	WHO Level I
A public or independently funded national medicines information centre exists that provides information on demand to prescribers	**No**	Yes/No	2009	

Prescribing by generic name is obligatory in:				
-Public sector	**Yes**	Yes/No	1992	DRSA
-Private sector	**Yes**	Yes/No	1992	DRSA
Incentives exist to encourage prescribing of generic medicines in public health facilities	**No**	Yes/No	2009	
Incentives exist to encourage prescribing of generic medicines in private health facilities	**No**	Yes/No	2009	
INRUD prescribing indicators			**YEAR**	**SOURCE**
Number of medicines prescribed per patient contact in public health facilities (mean)	**2.1**	Number	1997	Report on Botswana Drug Use indicator
% of patients receiving antibiotics (mean)	**41.2%**	%	1997	Report on Botswana Drug Use indicator
% of patients receiving injections (mean)	**9%**	%	1997	Report on Botswana Drug Use indicator
% of drugs prescribed that are in the EML (mean)	**7.2%**	%	1997	Report on Botswana Drug Use indicator
Diarrhoea in children treated with ORS (%)	**N/A**	%	1997	Report on Botswana Drug Use indicator
Non-pneumonia ARIs treated with antibiotics (%)	**50%**	%	1997	Report on Botswana Drug Use indicator

7.3 Dispensing				
			YEAR	**SOURCE**
Legal provisions exist to govern licensing and practice of pharmacy	**Yes**	Yes/No	2001	Botswana Health Profession's Act
A professional association code of conduct exists governing professional behaviour of pharmacists	**No**	Yes/No	2009	
The basic pharmacist training curriculum includes components on				
-Use of the national EML	**N/A**	Yes/No		
-Use of national STGs	**N/A**	Yes/No		
-Problem-based pharmacotherapy	**N/A**	Yes/No		
-Good practices in prescribing	**N/A**	Yes/No		
Mandatory, non-commercially funded continuing education that includes use of medicines is required for pharmacists	**No**	Yes/No	2009	
A public or independently funded national medicines information centre exists that provides information on demand to dispensers	**No**	Yes/No	2009	
Substitution of generic equivalents is permitted for:				
-Public sector dispensers	**Yes**	Yes/No	1992	DRSA
-Private sector dispensers	**Yes**	Yes/No	1992	DRSA
Incentives exist to encourage dispensing of generic medicines in:				
-Public pharmacies	**No**	Yes/No	2009	
-Private pharmacies	**No**	Yes/No	2009	
Antibiotics are sold over-the-counter without a prescription	**No**	Yes/No	2009	
Injections are sold over-the-counter without a prescription	**No**	Yes/No	2009	
Narcotics are sold over-the-counter without a prescription	**No**	Yes/No	2009	
Tranquillisers are sold over-the-counter without a prescription	**No**	Yes/No	2009	

INRUD dispensing indicators			YEAR	SOURCE
% of prescribed drugs dispensed to patients (mean)	**88.3%**	%	1997	Report on Botswana Drug Use Indicator
Percentage of medicines adequately labelled in public health facilities (mean)	**45.9%**	%	1997	Report on Botswana Drug Use Indicator
Percentage of patients knowing correct dosage in public health facilities (mean)	**62.6%**	%	1997	Report on Botswana Drug Use Indicator

PART 8 - HOUSEHOLD DATA

8.1 Data from Household surveys				
			YEAR	**SOURCE**
Adults with acute conditions taking all medicines prescribed	**N/A**	%		
Adults with acute conditions not taking all medicines because they cannot afford them	**N/A**	%		
Adults with acute conditions not taking all medicines because they cannot find them	**N/A**	%		
Adults (from poor households) with acute conditions taking all medicines prescribed	**N/A**	%		
Adults (from poor households) with acute conditions not taking all medicines because they cannot afford them	**N/A**	%		
Adults with chronic conditions taking all medicines prescribed	**N/A**	%		
Adults with chronic conditions not taking all medicines because they cannot afford them	**N/A**	%		
Adults with chronic conditions not taking all medicines because they cannot find them	**N/A**	%		
Adults (from poor households) with chronic conditions taking all medicines prescribed	**N/A**	%		
Adults (from poor households) with chronic conditions not taking all medicines because they cannot afford them	**N/A**	%		
Children with acute conditions taking all medicines prescribed	**N/A**	%		
Children with acute conditions not taking all medicines because they cannot afford them	**N/A**	%		
Children with acute conditions not taking all medicines because they cannot find them	**N/A**	%		
Children (from poor households) with acute conditions taking all medicines prescribed	**N/A**	%		
Children (from poor households) with acute conditions not taking all medicines because they cannot afford them	**N/A**	%		