

## Annex 2 - Itinerary

### ITINERARY FOR PHARMACEUTICAL PRIVATE SECTOR MAPPING SURVEY JULY 8<sup>TH</sup> – 14<sup>TH</sup>

Day/Time	Wed July 8 <sup>th</sup>	Thurs July 9 <sup>th</sup>	Fri July 10 <sup>th</sup>	Mon July 13 <sup>th</sup>	Tues July 14 <sup>th</sup>
08.00		MSH (Mr. Hazemba)			
09.00	King's Pharmaceuticals (Mr. Hamit)			Professional Insurance (Mike)	
09.30		MOH (Dr Fundafunda; DSBL, Mr. Nanduba; Dep. Director Pharmaceutical Services)	Jubilee Chemist (Mr. James)		De-brief to MeTA Council, ZPBF & other stakeholders
10.00					
10.30	Sterelin (Mr. de Silva)				
11.00		WHO (Loyce)	Pharmaceutical Regulatory Authority (PRA), (Bernice Mwale)	Maina Soko Military Hospital (Dr Kazembe)	
13.00	Mutti Medical Clinic (Dr Kasonde)			Sky Pharma	
14.00				Christian Health Association of Zambia {CHAZ} (Mr. C Kandeke)	
14.30	Pharmaplus (Mr. Hitesh Patel)	International Drug Company (IDC), (Mr. Altaf)			
15.00			Chongwe DHMT (rural setting)		
15.30		Ngasa Pharmaceuticals (Mr. Andala)			
16.00	Zambia Pharmaceutical Business Forum (ZPBF) Vice Chairman)/IDC				

**Private Sector**

- Retail pharmacy association representative
- Distribution/wholesale (association) owner/representative
- One or two hospital directors
- One or two persons/responsible who lead/deal with healthcare insurance (public/private), if any.
- Manufacturer(s) of generics
- Representative of international pharmaceutical industry

**Public Sector/Army (if relevant)**

- Director MOH and or Zambian FDA
- Director purchasing body of pharmaceuticals
- Someone who can explain the healthcare structure in cities and rural areas

### Annex 3 - List of people met

LIST NAMES INTERVIEWEES				
NAME	INSTITUTION	POSITION	PHONE NOS	E-MAIL ADDRESS
Chipupu Kandeke	CHAZ	Manager Pharmaceutical Services	mobile 260 966 782297	<a href="mailto:kandeke@zamnet.zm">kandeke@zamnet.zm</a>
Mike S. Nzobokela	Professional Life Assurance	Divisional Manager Health	260 977 594 777	<a href="mailto:mike@proflife.com.zm">mike@proflife.com.zm</a>
Hitesh Patel	Pharma Plus/Tejay Pharmaceuticals	Director	097 82677	<a href="mailto:tejay@iconnect.zm">tejay@iconnect.zm</a>
Gwen K. Banda	Sterilin Medical & Diagnostics	Manager Sales and Marketing	260966764580	<a href="mailto:marketing@sterilin.com.zm">marketing@sterilin.com.zm</a>
Amit Vyas	Kings Pharmaceuticals	Manager Health Care	095 765653	<a href="mailto:amit_vyas71@yahoo.com">amit_vyas71@yahoo.com</a>
Bernice C. Mwale	PRA	Director Registration	260211220429	<a href="mailto:bcmwale@pra.gov.zm">bcmwale@pra.gov.zm</a>
Habeeb Rahman	Jubilee Pharmaceuticals		0211229116	<a href="mailto:asit_sunnet@yahoo.com.in">asit_sunnet@yahoo.com.in</a>
Clement Andala	Ngansa Pharmaceuticals		260211287814	<a href="mailto:ngansaph@zamnet.zm">ngansaph@zamnet.zm</a>
Altaf Patel	International Drug Company (IDC)	General Manager	26097778719	<a href="mailto:idcl@zamnet.zm">idcl@zamnet.zm</a>
Lawrence Fernandes	IDC	Deputy General Manager	260211234487	<a href="mailto:idcl@zamnet.zm">idcl@zamnet.zm</a>
Bonface Fundafunda	MOH	Manager Drug Supply Budget Line	26021125418	<a href="mailto:bcfunda@hotmail.com">bcfunda@hotmail.com</a>
Oliver Hazemba	MCH (management sciences for health)	regional technical advisor	2601261614	<a href="mailto:ohazemba@msh.org">ohazemba@msh.org</a>
Goodwell Lungu	Transparency Intl Zambia	executive director	260977455455	<a href="mailto:glungu@tizambia.org.zm">glungu@tizambia.org.zm</a>
Patrick C Choongo	Chongwe District Health Management Team	Manager Planning and Development	0966 259406	
Jennifer M Munsaka	Zambia union of Nurses Organization		0977674385	

<b>LIST NAMES INTERVIEWEES</b>				
<b>NAME</b>	<b>INSTITUTION</b>	<b>POSITION</b>	<b>PHONE NOS</b>	<b>E-MAIL ADDRESS</b>
Stella Chisunka	General Nursing Council of Zambia (GNC)			
Loyce Lishimpi	WHO (NPO)			
Davy Nanduba	MOH	Deputy Director, Pharmaceutical Services	0977804405	<a href="mailto:davy_nanduba@yahoo.com">davy_nanduba@yahoo.com</a>
Mr. Dalji	President ZPBF	Pharmacy Division		
Ruth Mudondo	ZPBF	Unicare Pharmaceuticals	0955 753 616	
Mrs James	Jubilee Chemists	Director/Pharmacist		

## Annex 4 - Private Sector Stakeholder Analysis

Sub sector	Knowledge of MeTA	Observations-Discussion point
Govt	Full Knowledge	<ul style="list-style-type: none"> <li>- Close to monopolist in healthcare services &gt;85%</li> <li>- No to hardly support to local manufacturing</li> <li>- Prices in private market for drugs are free</li> <li>- Procurement &gt; 70% from Asia/India</li> <li>- Outsources supply chain (storage and distribution) to Crown agents</li> <li>- Partly outsources hospital/health clinic management to CHAZ</li> <li>- Regular out of stocks, expired goods and product leakage to private sector</li> <li>- Legalized drugstores under strict supervision in rural areas worthwhile investigating</li> <li>- PRA currently understaffed (25 FTEs) and underfunded, most processes designed in full coordination with WHO, and regular synchronization meetings with SADIC (less so COMESA)</li> <li>- Currently around 4000 Rx drugs registered</li> <li>- Some Public officials believe the ADDO Tanzania program (legalized drugstores) has been a failure, other believe it has been a success story so far.</li> <li>- Conceptually agree that there should be a level playing field between private and public healthcare players (although admit that this currently is not the case regarding presence of pharmacists in private and public pharmacies.</li> <li>- Companies can ask fast track registration ( no clarity as to what that means though)</li> </ul>
NGO	Full Knowledge	<ul style="list-style-type: none"> <li>- The ADDO Tanzania legalized drugstore program is perceived as a success</li> <li>- 80% of patients (mostly in rural areas initially seek traditional care.</li> <li>- WHO/HAI will finish Pricing Study by the end of this year, an affordability study will follow</li> <li>- Public-Private partnerships will be critical to further develop the healthcare structure in Zambia</li> <li>- Illegal drug distribution most prevalent in rural areas</li> <li>- The tendering process for medicines is still perceived by many government officials as confidential; as a result information is hard to get or even unattainable.</li> </ul>

Sub sector	Knowledge of MeTA	Observations-Discussion point
		<ul style="list-style-type: none"> <li>- The Ministry of Commerce seems strongly in favour of support to local business. The challenge is it to get the Ministry of Finance on board.</li> <li>- In 2008 the government commissioned an outside consultant to develop a National Health Insurance Plan to cover at least 4 m people. This would be a major step forward in the professionalization of the healthcare system but it is unknown whether follow up and decision making is in the works.</li> <li>- More control is needed to check Rx drugs being distributed by drugstores.</li> </ul>
Private Insurance	knowledge improvement possible	<ul style="list-style-type: none"> <li>- Number of people privately insured between 30.000-50.000 (companies and NGOs)</li> <li>- 50-60% of budget is spent on drugs; Insurers have no visibility or control on pricing of drugs, though try to motivate patients to purchase in retail pharmacies.</li> <li>- They conclude annual deals with private clinics on costs for consultations.</li> <li>- Especially dispensing doctors over prescribe according to internal statistics.</li> <li>- There are 3-4 health operational insurers in Zambia, some more as a representative for an international firm.</li> <li>- Would strongly favour RRP, as this could become a reimbursement price.</li> </ul>
Nurses association	no knowledge	<ul style="list-style-type: none"> <li>- There are 10.000 nurses in Zambia of which 1000 in the private sector; education 2 years; "enrolled nurse", 3 years "registered nurse" and midwives and mental health nurses' additional studies.</li> <li>- Nurses would be in favour of taking up a role in prescribing and distributing where this would make sense (rural), after additional education. This could be in conjunction with ADDO like programs. (The Nurses Act 1997 already provides for this at limited scale and 30 have been trained so far).</li> <li>- Nurses are very worried about illegal drug imports and distribution, are often confronted with out of stocks or expired goods.</li> <li>- Key issues are quality, availability and affordability (in case of stock outs in government clinics)</li> </ul>
Private Sector	Awareness modest among interviewees	<ul style="list-style-type: none"> <li>- Local manufacturing sporadic of some OTC drugs interviewees and IV water; 6 manufacturing licenses.</li> <li>- Largest manufacturer "Circle" site stands idle.</li> <li>- most importers also distribute and have one or more pharmacies and supply to; <ul style="list-style-type: none"> <li>&gt; other pharmacies</li> </ul> </li> </ul>

Sub sector	Knowledge of MeTA	Observations-Discussion point
		<ul style="list-style-type: none"> <li>&gt; private clinics</li> <li>&gt; emergency supplies to government/districts</li> <li>- Key business issues;               <ul style="list-style-type: none"> <li>&gt; low volume private market</li> <li>&gt; low participation government tenders</li> <li>&gt; currency exchange fluctuations</li> <li>&gt; no level playing field to direct importation because of export subsidies, import duties, pre-financing etc</li> <li>&gt; high PRA fees for low volume drugs</li> <li>&gt; extreme small retail network</li> <li>&gt; transparency issues government tenders and regulatory processes (timelines)</li> <li>&gt; expensive financing &gt;16% pa</li> <li>&gt; retail margins could/should be around 30%-40%</li> <li>&gt; sector believes the 15% price preference for local industry is not applied (systematically)</li> <li>&gt; PRA fees do not take into account the small size market. (vs. Kenya, Tanzania etc)</li> <li>&gt; would like to see the Health insurance market grow</li> <li>&gt; not opposed to testing the RRP concept</li> <li>&gt; Framework contracts not systematically applied and if than no guarantees for supply yet.</li> <li>&gt; PRA perceived to be too restrictive in allowing retail sector to grow.</li> <li>&gt; Retail prices significantly differ based on operational costs per outlet and competition per geo zone.</li> <li>&gt; Lack of effective control on imports leads to illegal drugs mostly sold in rural areas.</li> </ul> </li> </ul>

## Annex 5 - Debriefing presentation

### Debrief MeTA Council and other healthcare stakeholders

PRIVATE HEALTHCARE MARKET MAPPING

Aart van Os, private market consultant, MeTA - July 2009, Lusaka Zambia

### Terms of Reference (ToR) mission AVO

Overall objective; support development of National MeTA process with involvement of

- Government
- Private Sector
- Civil Society

**Specific objective; produce mapping private stakeholders in Zambia;**

*Help mobilize the private sector, generating interest in MeTA*

### Medicines Transparency Alliance (MeTA)

Multistakeholder approach to increase transparency and accountability around;

- Selection
- Procurement
- Sale
- Distribution of Medicines.

**Overall objective; to improve health outcomes for poor people by ensuring access/availability to affordable essential drugs**

### Methodology

- Literature review
- Private sector: importers, manufacturers, wholesalers/distributors, retail pharmacies, ZPBF, health insurance; *8 interviews*
- Private clinics; *1 interview*
- Government: PRA (regulatory office), MOH, DHMT (Rural Public Hospital); *3 interviews*
- Nurses associations ; *2 interview*
- CHAZ, Christian health association; *1 interview*
- NGO's: WHO, MSH (management sciences for health); *2 interviews*

**Total; 17** Debrief to stakeholders and final report



### PRIVATE SECTOR ZAMBIA STATISTICS

- Private healthcare sector 10%-15%, higher in urban area's
- 70 registered /approved Retail Pharmacy outlets
- 79 registered /approved Import-Wholesale outlets
- 6 registered/approved Manufacturers (though not all operational)
- 300 dispensing doctors/clinics
- Estimated 80% drugs/volume sourced from India(private and government tender)
- Public Price freedom for drugs (Rx, OTC)
- 20 new pharmacists per year from University
- Private health insurance available

### PRIVATE SECTOR CHALLENGES

- Volumes very small- economies of scale low
- Significant currency exchange fluctuations
- Financing customers (30-90 days)
- Import duties for local manufacturing (no level playing field importation finished drugs)
- Export subsidies foreign countries (INDIA) (no level playing field)
- Registration/retention fees too high in relation to volumes of most products
- Educated pharmacists/pharm. technologists "leakage" to NGO's/Government

### Private sector challenges 2

- Regular public sector drugs leakage to private sector
- Perceived lack of transparency drug tender processes/outcomes by number of stakeholders
- Suboptimal transparency/visibility on drug registration processes/timelines
- Illegal drug/counterfeit imports

### KEY CHALLENGES GOVERNMENT SECTOR

- PRA funding-size of organization (25 FTE's currently)
- Incomplete regulatory packages submission by private sector
- Continuous availability essential drugs
- Alignment government and NGO initiatives to plan operations efficiently

### KEY CHALLENGES CIVIL SOCIETY

- Continuous availability essential drugs
- Retail/public price variety and fluctuation
- Guaranteed quality
- Financially incentivised polypharmacy (private clinics)

### KEY CHALLENGES PRIVATE INSURANCE

- No STG's (standard treatment guidelines) implementation in private sector
- No transparency on retail/clinic prices for medical services and drugs

### RECOMMENDATIONS

*STRATEGIC; significant growth of the private sector to at least 30% of healthcare structure*

- Increase critical mass- efficiencies- quality
- Healthy competition-collaboration public and private sector

*TACTICAL ; double pharmacy retail outlets to at least 140 (increase Rx volume private market), without increase importers/wholesalers*

- Reduce Rx dispensing
- Create AT LEAST level playing field for local manufacturers
- More significant government tender participation for private sector
- STG and Retail Recommended prices to increase transparency and accountability and consistency
- Set up of National Healthcare Insurance Scheme

### TRANSPARANCY INITIATIVES/RECOMMENDATIONS

**Start with "Recommended Retail Price" (RRP) nation wide**

- Not to control prices but to create a transparent reference equal in the whole country.
- The RRP takes into account currency exchange and all landing and production costs.
- The RRP takes into account a fair mark up for distribution, retail and financing and profit.
- The total mark up is agreed between private and government stakeholders.
- Retail outlets remain free to deviate from the RRP though this should be fully transparent to customers.
- Allow patients online access to RRP (sms and internet)

TRANSPARANCY  
INITIATIVES/RECOMMENDATIONS

Government tender processes should be(perceived) fully transparent and give level playing field between international and local private sector.

- though extra support to local manufacturing for supply of essential drugs
- full implementation of the “15% rule” for local importers of finished goods
- full disclosure of tendering process before, during and after the tender on quality, price and volume, suppliers etc
- implementation of Framework contracts that stipulate supplier-price -volume and delivery schedules

TRANSPARANCY  
INITIATIVES/RECOMMENDATIONS

- Regulatory processes to become transparent in relation to timelines and process tracking
- Create level playing field in pharmacy requirements/control between private and public sector
- Government to align with WHO-SADC-COMESA BUT adapt to Zambian market dynamics, volume.

CONSULTATION

Consultation leads to Transparency and Buy In

- follow the rules of consulting processes (inclusiveness; timely and fully informed, role-clarity )
- participants in consulting processes have obligation to pre and post consult-inform constituency.

RECOMMENDATIONS

- Review recommendation by the MeTA Council
- Define Transparency Objectives, Strategies
- (re)Define Working groups per objective and have them produce working plan ( 1 year)
- MeTA Council 's endorsement of working plans
- MeTA Council's overview of working groups(sub cie's) project management and tracking



## Annex 6 – Attendance list debriefing

<b>ATTENDANCE LIST FOR DE-BRIEF MEETING FOR PRIVATE SECTOR MAPPING SURVEY, JULY 14<sup>TH</sup>, 2009 IN UNAIDS BOARDROOM</b>				
<b>NAME</b>	<b>INSTITUTION</b>	<b>POSITION</b>	<b>PHONE NOs</b>	<b>E_MAIL ADDRESS</b>
Dr Ray Handema	NISIR/GGM	Manager-R&D/Assessor	0966 263 271/282080	<a href="mailto:mufaya@hotmail.com">mufaya@hotmail.com</a>
Ms Rose Sichalwe	Medical Stores Limited	Ass. Quality Assurance Manager	0966 763 369	<a href="mailto:Rose.sichalwe@medstore.co.zm">Rose.sichalwe@medstore.co.zm</a>
Masautso Phiri	MISA Zambia	Trustee	0977 607 282	<a href="mailto:yakudanyanjawa@yahoo.co.uk">yakudanyanjawa@yahoo.co.uk</a>
Musola C. KASEKETI	Vilole Images Production	Director	0977 370 233	<a href="mailto:musolack9@gmail.com">musolack9@gmail.com</a>
Francis Mwale (Esq)	TIZ	Legal Officer	0977 503 552	<a href="mailto:francis@tizambia.org.zm">francis@tizambia.org.zm</a>
Gwen K. Banda	Sterelin Medical	Sales & Marketing Mgr	0977 927 333	<a href="mailto:marketing@sterelin.co.zm">marketing@sterelin.co.zm</a>
Clement Andala	Ngasa Pharmaceuticals Ltd	Director	0977 790 422	<a href="mailto:ngansaph@zamnet.zm">ngansaph@zamnet.zm</a>
Goodwell Lungu	MeTA/TIZ	Director	0977 455 455	<a href="mailto:glungu@tizambia.org.zm">glungu@tizambia.org.zm</a>
Oliver Hazemba	MSH	Regional Tech. Advisor	0977 772 438	<a href="mailto:ohazemba@msh.org">ohazemba@msh.org</a>
Loyce Lishimpi	WHO	Medicines Advisor	0977 888 879	<a href="mailto:llishimpi@zm.afro.who.int">llishimpi@zm.afro.who.int</a>
Davy Nanduba	MOH	Deputy Director Pharm. Services	0977 804 405	<a href="mailto:davy_nanduba@yahoo.co.uk">davy_nanduba@yahoo.co.uk</a>
Violet Kabwe	MeTA	Consultant	0977 755 796	<a href="mailto:violet_kabwe@yahoo.co.uk">violet_kabwe@yahoo.co.uk</a>
Aart van Os	MeTA	International Consultant	-	<a href="mailto:aartvanos@gmail.com">aartvanos@gmail.com</a>

### Apologies:

Janice Kopinac      CIDA  
 Greg Chikwanka    DFID  
 Chipupu Kandeke   CHAZ

**ANNEXE 7****PHARMACEUTICAL REGULATORY AUTHORITY FEE SCHEDULE****A. RETAIL / HOSPITAL PHARMACY**

<b>N0.</b>	<b>DESCRIPTION</b>	<b>FEE UNITS (1 fee Unit = K180)</b>	<b>APPLICATION FEES (ZMK)</b>
1	Application for registration certificate to operate a retail pharmacy	5,000	900,000.00
2	Application for registration certificate to operate a hospital pharmacy	2,834	510,000.00
3	Inspection fee to operate a retail / hospital pharmacy	4,223	760,000.00
4	Application for change of premises	2,500	450,000.00
5	Reinspection fee for retail / hospital pharmacy	2,500	450,000.00
6	(A) Application for renewal of a retail pharmacy registration certificate	6,667	1,200,000.00
	(B) Application for renewal of hospital pharmacy registration certificate	4,445	800,000.00

Hospital pharmacy - any institution established as a hospital and includes a clinic, nursing home, health centre, surgery, consulting room, hospice and any facility authorised to dispense medicines and drugs

## B. IMPORT / WHOLESALE DEALER'S LICENCES

<b>NO.</b>	<b>DESCRIPTION</b>	<b>FEE UNITS ( 1 fee Unit = K180)</b>	<b>APPLICATION FEES (ZMK)</b>
1	(i) Application for import licence	5,556	1,000,000.00
	(ii) Application for Wholesale dealer's licence	5,000.00	900,000.00
2	Inspection fees		
	(i) wholesale dealing	4,223.00	760,000.00
3	Renewal for import licence	5,000.00	900,000.00
	Renewal for wholesale dealer's licence	7,778.00	1,400,000.00
4	Application for change of premises for wholesale dealing	4,445.00	800,000.00
5	Re-inspection fee	2,778.00	500,000.00

## C. MANUFACTURER'S LICENCE

<b>NO.</b>	<b>DESCRIPTION</b>	<b>FEE UNITS (1 fee Unit = K180)</b>	<b>APPLICATION FEES (ZMK)</b>
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1	Application for licence to manufacture	10,000	1,800,000.00
	Inspection fee (local manufacture)	20,000	3,600,000.00
2	Renewal for manufacture licence	10,000	1,800,000.00
3	Application for change of premises	5,000	900,000.00
4	(i) Issue of licence to manufacture (5 years)	50,000	9,000,000.00
5	Application for manufacture's licence :		
	(i) To repackage medicines	10,000	1,800,000.00
	(ii) Inspection fee	11,112	2,000,000.00
	(iii) Annual renewal	7,778	1,400,000.00
	(iv) Re-inspection fee	5,000	900,000.00
	(v) Change of premises	4,445	800,000.00

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**PHARMACEUTICAL REGULATORY AUTHORITY FEE SCHEDULE****OTHER  
SERVICES**

<b>NO.</b>	<b>DESCRIPTION</b>	<b>FEE UNITS (1 fee Unit = K180)</b>	<b>FEES (ZMK)</b>
1	Screening fees for import authorisation		2% of invoice value
2	Screening for export authorisation	278	50,000.00
3	Application for clinical trial certificate	2,778	500,000.00
4	Application for product licence of an investigational product	16,889	3,040,000.00
5	Application for issue of GMP certificate	2,223	400,000.00
6	Application for import of narcotic drugs and psychotropic substances	278	50,000.00
7	Minor Amendments to dossier / labelling	1,389	250,000.00
8	Major amendments to dossier	2,778	500,000.00
9	Issue of Certificate of a Pharmaceutical Product (CPP)	278	50,000.00
10	Amendment to product licence (imported)	1,389	250,000.00
11	Amendments to licences and certificates (locally manufactured & locally packaged)	1,389	250,000.00

12	Amendments to import / export authorisation	-	1% of invoice value
13	Application for approval of advertisement, promotion, launch, etc	5,556	1,000,000.00
14	Application for fasttrack registration	18,334	3,300,000.00
15	Good Clinical Practice inspection	29,445	5,300,000.00
16	inspection and supervision for disposal of expired products	500	90,000.00 per day
17	Application for importation / exportation of a medicine by a person for personal use for that person	278	50,000.00
18	Application for change of category of distribution	5,556	1,000,000.00
19	Inspection of premises for issue of a GMP certificate	2,000	3,600,000.00
20	Application for the importation of small quantities of drugs by an authorised institution for specific patient(s)	2,500	450,000.00
21	Application for registration for import of a medicine for supply through government public tenders. (Should the medicine be required to be maintained on the market, fresh application fee to be paid as the case may be).	4,223	760,000.00
22	Replacement of lost documents (licences and certificates)	1,389	250,000.00
23	Application for restoration of a product licence	16,667	3,000,000.00

## 2. PHARMACEUTICAL REGULATORY AUTHORITY

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### PRODUCT REGISTRATION

NO:	<b>3.1 DESCRIPTIO N</b>	FEE UNITS (1 fee Unit = K180)	REGISTRATION FEES (ZMK)	FEE UNITS (1 fee Unit = K180)	RETENTION FEE (ZMK)
1.	<b><u>Human medicines</u></b> Application for registration				
	(i) Imported as finished product	21,112	3,800,000.00	14,056	2,530,000.00
	(ii) Packaged in Zambia	18,334	3,300,000.00	14,056	2,530,000.00
	(iii) Locally manufactured	4,223	760,000.00	2,778	500,000.00
	(iv) New Chemical Entities	23,334	4,200,000.00	11,278	2,030,000.00
	(v) Biological products including vaccines	23,334	4,200,000.00	11,278	2,030,000.00

2.	<p><b><u>Veterinary medicines</u></b></p> <p>Application for registration:</p> <p>(i) Imported as a finished product</p>	12,778	2,300,000.00	10,556	1,900,000.00
	(ii) Packaged in Zambia				
	(iii) Locally manufactured	8,445	1,520,000.00	10,556	1,900,000.00
		2,834	510,000.00	2,223	400,000.00
3.	<p><b><u>Herbal medicinal product</u></b></p> <p>Application for registration:</p> <p>(i) Imported as a finished product</p>				
	(ii) Herbal medicinal product packaged in Zambia	21,112	3,800,000.00	14,056	2,530,000.00
	(iii) Herbal medicine locally Manufactured	12,778	2,300,000.00	10,556	1,900,000.00

		4,223	760,000.00	2,778	500,000.00
4.	<b><u>Allied substances</u></b> (ii) Registration of an allied substance	4,223	760,000.00	2,778	500,000.00