

# Exploring the Community Pharmacy Structure in Malawi



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## Key takeaways:

- The Pharmacy and Medicines Regulatory Authority (PMRA) is the primary regulatory body for pharmacy in Malawi. It is overseen by the Ministry of Health. And it regulates education, medication approval, licensing, clinical trials, and the import and export of medications.
- Malawi uses reference pricing for medications available through their central distributor, the Central Medical Stores Trust (CMST). Pricing for medications from private suppliers is not regulated.
- Herbal medicine is extremely common, with close to 80% of the country's population using it. Herb-drug interactions and unknown effects of some herbal treatments are a public health challenge that pharmacists in the country are working towards improving.



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Community pharmacies are those that dispense medications to patients who aren't hospitalized or in nursing facilities. This series explores how community pharmacy practice differs around the world. In doing so, it allows us to view our own system in a new light and find possible opportunities for improvement.

So far, we've explored the practice of pharmacy in [Japan](#), [Finland](#), [Australia](#), [Switzerland](#), [England](#), the [United Arab Emirates](#), and [Iran](#). In this post, we'll look at our first country in Africa: Malawi.

To help me better understand pharmacy practice in Malawi, I spoke with two pharmacists. Henry Phiri, BPharm (Hons), is a Malawian pharmacist who currently works for the Ministry of Health at [Queen Elizabeth Central Hospital](#) in [Blantyre](#).

Dallas Smith, PharmD, is a pharmacist and lieutenant in the [U.S. Public Health Service Commissioned Corps](#). He also [served in Malawi](#) for about 6 months as a Peace Corps Response volunteer, as part of their new [Advancing Health Professions](#) program. This program aims to improve health education in resource-limited areas by sending medical professionals overseas to teach at health colleges and universities.

## How Malawi's pharmacy system works

## The basics

[Malawi](#) is a country in southern Africa that hugs the border of [Lake Malawi](#). It is well known for its many [national parks](#) that are home to some of Africa's most iconic creatures. And its history dates back [50,000 years](#), at the dawn of humanity. Today's Malawians come from around [10 major ethnic groups](#).

Three major sources [provide](#) healthcare in Malawi:

- Public, which delivers up to 60% of healthcare services
- The [Christian Health Association of Malawi \(CHAM\)](#), which delivers 37% of healthcare services
- Private, which delivers 3% of healthcare services

In Malawi, public hospitals are free. So, most people do not have insurance. According to Henry, this includes medicines, dental services, and eye care. Public hospitals also often rent space out to private clinics, who will charge for their services. This is like the many private physician practices that rent office space from hospitals in the U.S.

However, [informal payments](#) are a problem that can stop Malawians from receiving care. Informal payments are cash or non-cash payments that are given to healthcare providers by the patient or their family members. And these payments are on top of the required payment for the care to which they are legally entitled to receive.

Private insurance is also available to help cover the costs of private clinics and hospitals. The [Medical Aid Society of Malawi \(MASM\)](#) is one of the largest insurers. It is striking just how cheap their insurance is. Their most expensive plan, the [VIP scheme](#), costs 36,000 Malawian kwacha (around \$44 U.S. dollars) per month.

Malawi has a low [life expectancy](#) of 65 years compared to 77 years in the U.S. However, that number has considerably improved from 56 years in 2010. Malawi has also made great strides in its [under-five mortality rate](#), from 84.2 deaths per 100,000 live births in 2010 to 38.6 deaths per 100,000 live births today. Although, it is still high compared to more developed countries. The [U.S.](#), by comparison, has an under-five mortality rate of 6.3 per 100,000 live births.

## Pharmacy regulation

The primary regulatory body is the Pharmacy and Medicines Regulatory Authority (PMRA). They regulate the licensing of pharmacies, approval and marketing of medications, issue import and export permits, and clinical trials. The PMRA also accredits pharmacy schools and regulates their curriculum. According to the [PMRAAct](#), PMRA is overseen by the [Ministry of Health](#).

All public hospitals can buy their medications from the [Central Medical Stores Trust \(CSMT\)](#). They also buy from private suppliers. Drug pricing is fixed for all medications bought through CMST. Malawi uses [reference pricing](#), a practice where drug pricing is set based on comparator countries' pricing. Pricing for drugs bought from private suppliers is not regulated.

Importation of [unregistered medications](#) is also common. This presents a risk of introducing [substandard and falsified medicines](#) into the country.

## Daily pharmacy practice in Malawi

There are [three roles](#) within the pharmacy: pharmacists, technicians, and assistants. Pharmacists complete the [Bachelor of Pharmacy](#) degree. It is a 4-year program that covers topics in pharmaceutics, pharmacognosy, pharmacy practice, clinical pharmacy, law, and toxicology. Pharmacy technicians must complete a program that is available through the [Malawi College of Health Sciences](#).

The [pharmacy assistant program](#) grew out of a need for trained staff within the country. Malawi has a critical shortage of both pharmacists and pharmacy technicians, especially in rural areas. This program was designed to fill in the gaps.

But, some pharmacies — like [Mitch Pharmacy](#) in Lilongwe — offer routine health screenings and some point-of-care testing services. Pharmacists in Malawi do not yet give vaccines or other injectable products, according to Henry. Along with pharmacies, many clinics also have dispensaries, such as the [Good Hope Clinic](#) in Lilongwe.

## Herbal medicines

Herbal medicines are a key part of healthcare in Malawi. And a large part of the population uses herbal and traditional medicine. Drug shortages lead some to use these treatments, according to Dallas and Henry. If a person cannot get the medicine their doctor has prescribed them, they often turn to [traditional healers](#). These healers will then give them herbal or traditional medicine.

Lack of regulation for herbals, including quality assurance, is a serious concern within the country. Their [Parliament](#) has brought up this issue and is working to strengthen quality assurance. Herbal and traditional medicines are often sold as food products or food supplements. This means that it would typically fall under the oversight of the [Malawi Bureau of Standards \(MBS\)](#). However, MBS has [clarified its role](#). And it has asked the public to direct all pharmaceuticals, which includes herbals as defined in the [PMRA Act](#), to the PMRA instead.

Henry often sees people admitted to the hospital with all sorts of serious conditions after taking herbal medicines. But because of quality control and standardization problems, it is hard to find out if the cause was a particular herbal medicine.

Finally, there is little known about drug interactions with herbal medicines, an area Henry and Dallas are both interested in improving.

### The bottom line

The PMRA, Malawi's regulatory body, oversees the majority of healthcare activities in the country. Pharmacists there do not yet give vaccines. But they often give medications without a prescription. Also, a large part of the population uses herbal and traditional medicine. And it is an area where pharmacists are eager to make a positive difference in the public's health.

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