



AFRICA

THE COUNTRY PHARMACY PROFILE SERIES



SOUTH AFRICA

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
PHARMACEUTICAL SOCIETY OF SOUTH AFRICA (PSSA)



ADVANCING
PHARMACY
WORLDWIDE

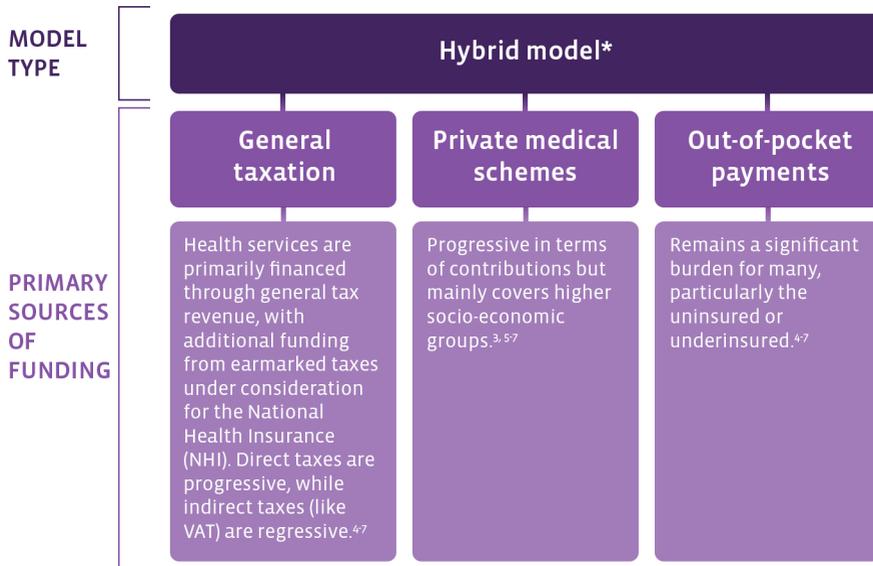


1. OVERVIEW OF THE HEALTHCARE SYSTEM

South Africa has a hybrid healthcare system in terms of funding and payments. The public sector serves the majority of the population but, as with many health systems worldwide, has constrained resources; private sector provision primarily serves individuals with medical insurance.^{3,7} The National Department of Health has introduced policies such as the 2030 Human Resources for Health Strategy to address shortages in the pharmacy workforce, including both pharmacists and support personnel. However, pharmacist shortages remain a critical challenge within South Africa's healthcare system. As of 2024, there are 2.84 pharmacists per 10,000 population nationally,⁸ however, this reduces to 1.25 per 10,000 in the public sector. The national workforce distribution is also uneven, with workforce density concentrations in urban and higher socio-economic provinces.^{3,2}

Despite sufficient pharmacy schools producing new graduates, the growth of the pharmacy workforce is constrained by both budget limitations in the public sector and structural challenges in the private sector.^{3,9} Static numbers of public sector posts and remuneration challenges in the private practice further restrict employment opportunities. While higher education institutions have increased pharmacy student enrolment, concerns are growing about potential overproduction of graduates, as many graduates struggle to secure internships and community service placements.^{3,2}

Healthcare financing model



* A hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: <http://bit.ly/4mFQNL2>

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in South Africa across community and hospital settings.

Services provided by community pharmacies beyond dispensing ¹⁰	
Therapeutic substitution (changing dose, formulation, etc)	✓
Adjustment of prescribed treatments	✗
Complementary prescribing	✓
Independent prescribing	✓
Prescribing in an emergency	✓
Providing medicines and services in care homes (nursing homes)	✓
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✓
HIV testing	✓
Counselling on HIV self-test products	✓
COVID-19 testing	✓
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✓

Services and activities provided by hospital pharmacies²¹

Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✗
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✗
Medicines reconciliation	Partially (limited to private hospitals)*
Monitoring medicines use	✓
Pharmacokinetic monitoring	✗
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

* South African Pharmacy Council (SAPC) has published competency standards, which include medicines reconciliation under the patient-centred care competency. More information available here: https://www.pharmcouncil.co.za/Media/Default/Board%20Notices/BN752_2025_Comp%20Clinical.pdf

Extended scope of practice²²

Is pharmacy-based vaccination available in the country?	Yes	
Are pharmacists authorised to administer vaccines in pharmacies?	Yes, for some vaccines: influenza, COVID-19, pneumococcal disease, herpes zoster (shingles), tetanus, diphtheria and pertussis (Tdap boosters), RSV, meningococcal meningitis, human papillomavirus, and hepatitis B.	
Are pharmacists authorised to prescribe vaccines in pharmacies?	Yes, for some vaccines: influenza, COVID-19, pneumococcal disease, tetanus, diphtheria and pertussis (Tdap boosters), meningococcal meningitis, human papillomavirus, and hepatitis B.	
Do pharmacists receive vaccination training ?	Yes, some pharmacists do.	
At what career stage(s) do pharmacists receive vaccination training?	Post-registration / post-graduate/ continuous professional development.	
Is the training mandatory ?	No	

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2022)¹³

4 years minimum of full-time undergraduate education	9 accredited pharmacy schools/faculties	YES Continuing professional development (CPD) IS mandatory for pharmacists' licence renewal
YES The renewal of pharmacist licensing or registration IS WHOLLY based on gaining CPD 'credits' or 'points' or similar credentials	1 year minimum of experiential/practical training for registration	YES CPD IS WHOLLY linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

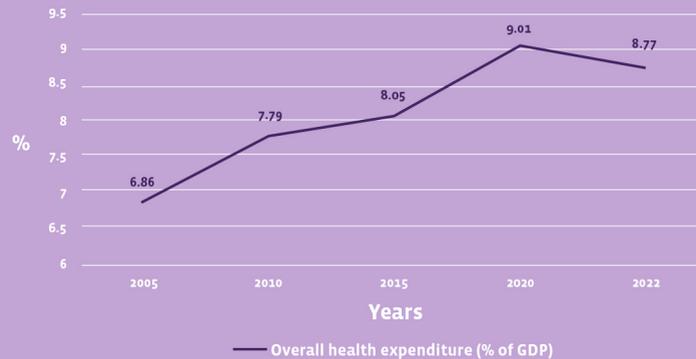
This section provides a macro-level overview of South Africa's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category¹⁴

South Africa: Upper-Middle-Income Economies

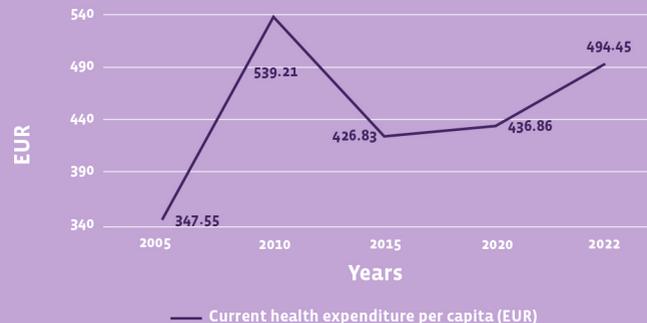
Overall healthcare expenditure as a percentage of GDP¹⁵

Between 2019 and 2022, total health expenditure accounted for ≈8.25% of the national GDP, considerably higher than the average of 5.82% for upper-middle-income countries and 5.61% for sub-Saharan nations.¹⁶ Pharmaceutical products account for 11.3% of total health expenditure.¹⁷



Health expenditure per capita¹⁸

Over the past two decades, the country has shown considerable growth in health expenditure per capita.⁹

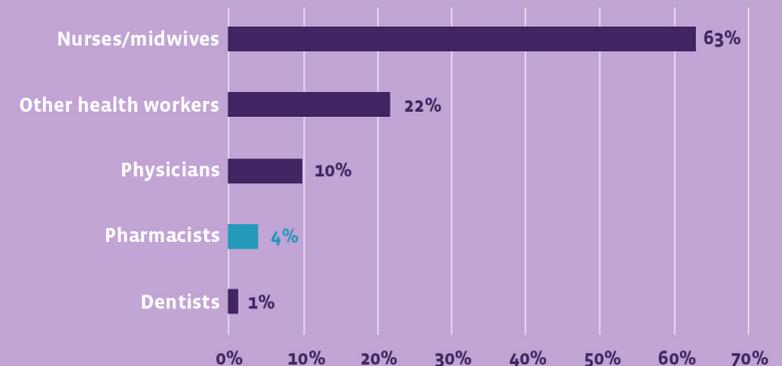


Life expectancy (male/female)

In 2024, the life expectancy was estimated at 63.6 years for men and 69.2 years for women.¹⁹ South Africa has experienced a significant increase in life expectancy, rising by 9.6 years within a relatively short timeframe from 2005 to 2014.²⁰ On average, life expectancy grew from 51.6 years in 2005 to 62.9 years in 2015. This improvement is largely attributed to the introduction of antiretroviral therapy for individuals with HIV, along with other key health initiatives.²¹



The employment rate in the healthcare sector (2021)²²



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

The UHC service coverage index has improved, rising from 51 in 2005 to 71 in 2021.²³ However, health spending remains unequally distributed.^{16,17} Approximately 16% of the population, covered by private health insurance, consumes nearly half of the available healthcare resources and typically accesses higher-quality services, while the remaining 84% rely on the public sector.^{3,5,7,16} Out-of-pocket payments account for around 8% of total health spending.¹⁶

2. Availability and accessibility of health insurance options

South Africa operates a dual healthcare system, with approximately 84% of the population relying on the public sector and 16% covered by the private sector.^{3,5,7,16} To address long-standing inequities in access to healthcare, the government has launched an ambitious reform through the establishment of the National Health Insurance (NHI). This initiative aims to achieve universal health coverage and ensure equitable access to affordable, quality healthcare for all 60 million residents. The NHI Bill was signed into law in May 2024; however, the date for its implementation is yet to be announced officially due to pending multiple legal challenges.^{3,2,16}

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

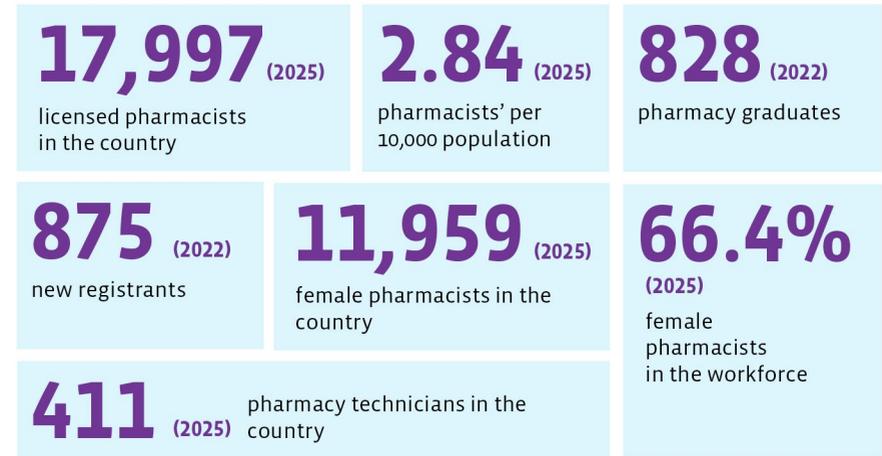
In South Africa, pharmacists are increasingly contributing to health promotion and disease prevention, supported by national policies such as the National Health Insurance (NHI), which integrates them into primary healthcare.²⁴ Their expanding role includes delivering essential support services, such as health screenings, immunisations, and counselling for chronic diseases. Programmes like the pharmacist-initiated management of antiretroviral treatment (PIMART) also enable pharmacists to manage HIV and TB care.²⁴ Additionally, their vaccination authorisation to administer vaccines further strengthens their impact on public health.¹²

4. Availability and accessibility of patient medical records (including pharmacy access)

Patient medical records are accessible to pharmacies under legal frameworks, which establish confidentiality and data protection, with access mainly requiring patient consent.²⁵

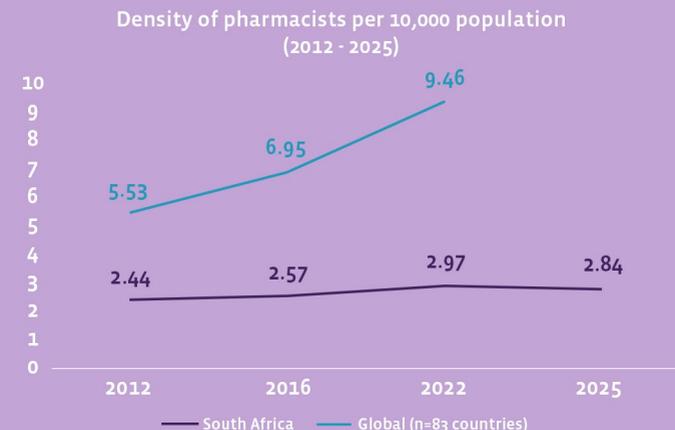
6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity^{8,13}



Distribution across the area of practice

From 2012 to 2022, global pharmacist density rose from 5.53 to 9.46, while South Africa's increased slightly from 2.44 to 2.97, remaining below the global average.¹³ In 2025, the density is 2.84 pharmacists per 10,000 population, which is slightly lower than in 2022.⁸



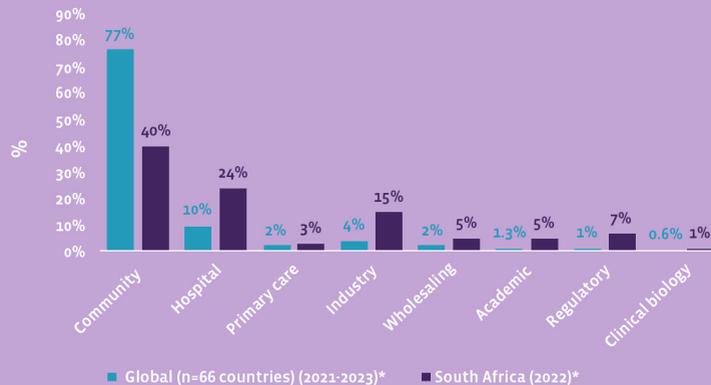
From 2012 to 2022, the female pharmacy workforce grew both globally and in South Africa, with South Africa consistently growing higher.¹³ In 2025, the proportion of the female workforce is said to be 66.4%.⁸

Female workforce trends (2012 - 2025)



In South Africa, 40% of pharmacists work in community pharmacy, lower than the global average of 77%. However, South Africa has a higher proportion in hospital (24%) and industry (15%) sectors compared to global figures of 10% and 4%, respectively.¹³

Pharmacist distribution across practice sectors (2021 - 2023)



*Global figures are based on average data from 2021–2023; South Africa's data reflect the most recent available year (2022).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Pharmaceutical Society of South Africa (PSSA) on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within South Africa's healthcare system



Introduction of primary care drug therapy (PCDT) pharmacists who are registered to diagnose and treat certain primary health conditions.²⁶



Introduction of the central chronic medicine dispensing and distribution (CCMDD) programme, which facilitates access to medicines for stable patients by decongesting facilities and reducing waiting times.



Pharmacy-based vaccination services.

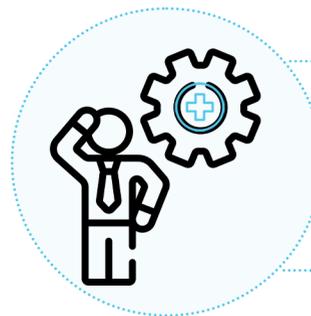


Antimicrobial stewardship programmes and policy.



Digital health innovations in pharmacy, including electronic prescriptions, SYNCH (a web system designed to ensure compliance with standard treatment guidelines, promotion of rational prescribing of essential medicines), Vigiflow (a web system used to manage medicine safety reports related to adverse drug reactions).

2. Significant challenges currently facing the pharmacy profession in South Africa



Unemployment of pharmacy graduates.

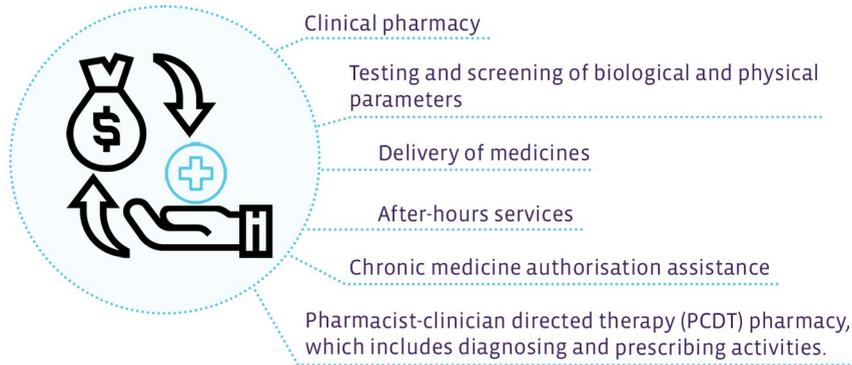


Reimbursement of pharmacy services, including pharmacy ownership.



Influx of falsified medicines.

3. Reimbursed pharmacy services beyond dispensing²⁷



4. Current projects and priorities aligned with FIP Developmental Goals



FIP Development Goal 9 (Continuing professional development strategies): PSSA conducts several CPD webinars for members, both at the sector level and the branch level. PSSA also hosts conferences and symposia reflecting our educational direction.



FIP Development Goal 6 (Leadership development): PSSA is engaged with the FIP Early Career Pharmaceutical Group (ECPG) mentorship programme and has started an expert database that harnesses the potential of its members. PSSA members also gain exposure to leadership when they assume leadership roles, such as becoming members of the branch or sector executive committees. PSSA has also adopted a programme to support and guide pharmacy students through their studies.



FIP Development Goal 11 (Impact and outcomes): PSSA is promoting the role of pharmacists and highlighting the visibility of the work and achievements of pharmacists.



FIP Development Goal 18 (Access to medicines, devices and services) and FIP Development Goal 19 (Patient safety):



PSSA's mission statement is grounded in these goals, as its members practice them daily in their work. PSSA are also members of the forums that deal with matters around these goals.



FIP Development Goal 8 (Working with others) and FIP Development Goal 14 (Medicines expertise):



PSSA has been working in collaborative efforts with other health professionals and stakeholders, participating in various stakeholder engagements. PSSA want to create one voice that will enable policy reform through advocacy.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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