Medicine Price Monitor

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Medicine Price Monitor

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Goal of the Collaboration

Improve equitable and sustainable access to medicines

1. INTRODUCTION

The Ministry of Health, in collaboration with the World Health Organization (WHO) and Health Action International Africa (HAI-Africa) represented by the Coalition for Health Promotion and Social Development (HEPS-Uganda), conducts quarterly surveys on medicine prices and availability in the four major geographical regions of the country. This is part of monitoring the ongoing interventions by the Ministry of Health within the second Health Sector Strategic Plan (HSSP II) to increase access to essential medicines for all Ugandans.

This report summarizes the findings for the survey conducted in the fourth quarter of 2008.

KEY FINDINGS: OVERALL

- Compared to the findings of the July-September 2008 survey, there was an increase in the overall medicine availability in the private (9%) and public (4%) sector and a decline in the mission sector (6%).
- Availability of Artemether-Lumefantrine, the first line antimalarial, was highest in the mission sector at 96%, followed by the public sector at 75%, while it was low in the private sector facilities at 28%.
- For most medicines in private sector and mission facilities remained unaffordable for the majority of the population in Uganda where 31% live in poverty.[1]
- Availability of paediatric formulations has been consistently below 30% in the public sector, and availability of medicines for chronic diseases was very poor.

2. METHODOLOGY

The survey was conducted using the standard WHO/HAI Medicine Prices Monitoring Tool[2]. Forty key (regularly prescribed and dispensed) medicines were selected for price and availability survey. The lowest-priced medicines were considered. The survey was carried out in the public, private and mission facilities. In the public facilities sections that provide medicines free of charge to patients were chosen and in mission facilities the survey was only carried out in facilities where medicine prices could be ascertained. The data was collected from randomly sampled 81 facilities[3] in the central, eastern, northern and western regions of the country.

Table 1: Distribution of facilities that were surveyed

	Northern	Eastern	Western	Central	Total	
Public rural	4	5	2	3	14	24
Public urban	1	3	3	3	10	
Private rural	4	3	4	3	14	29
Private urban	3	4	4	4	15	
Mission rural	5	3	3	2	13	28
Mission urban	4	3	3	5	15	

[1] *Uganda Bureau of Statistics: 31% of Ugandans were living on less than US$1 a day in 2005/06 (Statistical Abstract 2008)*

[2] *www.haiweb.org/medicineprices*

[3] *Urban facilities are those in towns with a population of more than 50,000, and rural facilities are at least 10km away from the urban centres*

3. RESULTS & DISCUSSION

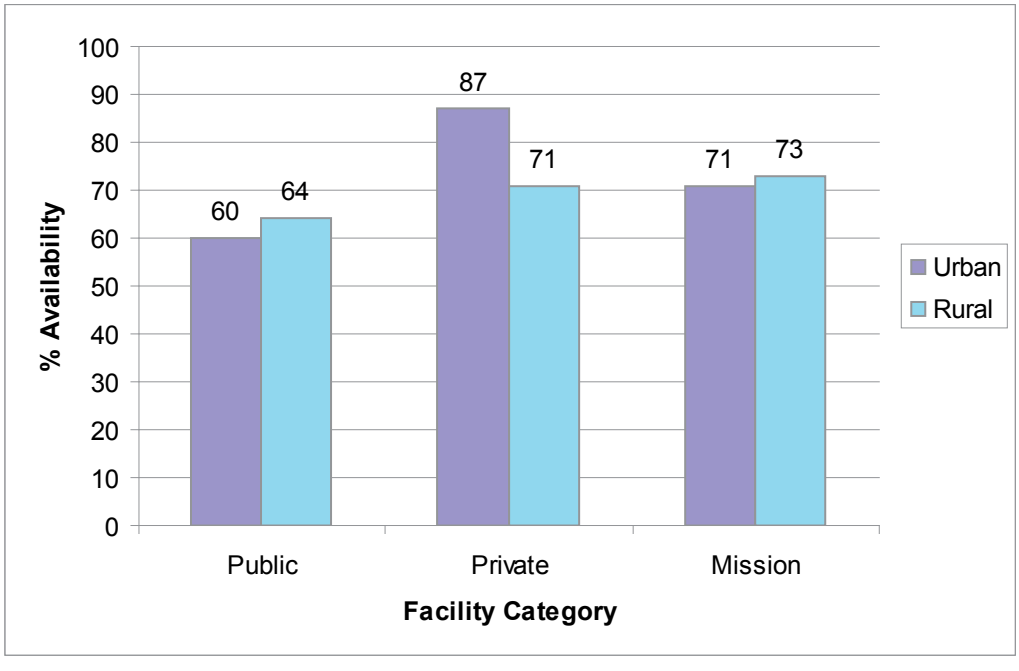
a) Key findings: Availability

Table 2: Availability of 40 key medicines across sectors

Sector		No. of facilities	Median availability
Public	Overall	24	63%
	Urban	10	60%
	Rural	14	64%
Private	Overall	29	79%
	Urban	15	87%
	Rural	14	71%
Mission	Overall	28	71%
	Urban	15	71%
	Rural	13	73%

Overall, availability of studied medicines was highest in the Private sector at 79% and lowest in the Public sector at 63%. In Mission sector availability was 71%.

Fig 1: Availability in Urban Versus Rural Facilities



Overall availability across both urban and rural facilities was fairly comparable in both public and mission facilities implying that it did not matter which facilities patients went to in these facilities. However, there was a marked difference in the private sector facilities where medicines were available in 87% facilities in urban compared to 71% in rural facilities.

Table 3: Availability of 20 key medicines across sectors Oct- Dec 2008

Medicine	Availability		
	Public	Private	Mission
Amoxicillin cap/tab 250mg	75%	93%	93%
Amoxicillin susp 250mg/5ml	13%	93%	64%
Artemether/Lumefantrine tab 20/120mg	75%	28%	96%
Ceftriaxone 1g pwder for inj'n	42%	66%	68%
Ciprofloxacin tab 500mg	71%	93%	96%
Co-trimoxazole susp 8/40 mg/ml	29%	93%	46%
Co-trimoxazole tab 400+80 mg	92%	97%	79%
Diazepam tab 5mg	67%	79%	86%
Glibenclamide tab 5mg	46%	59%	57%
Mebendazole tab 100mg	58%	90%	89%
Metformin tab 500mg	25%	59%	61%
Metronidazole susp 200mg/5ml	17%	79%	29%
Metronidazole tab 200mg	75%	86%	96%
Nifedipine retard tab 20mg	46%	83%	54%
Omeprazole cap 20mg	21%	83%	71%
Oral Rehydration Salt (ORS)	96%	83%	100%
Paracetamol tab 500mg	88%	100%	96%
Pyrimethamine /sulfadoxide (SP) tab 25/500mg	63%	86%	86%
Quinime inj 300mg/5ml	83%	83%	96%
Salbutamol inhaler 0.1mg(100mcg)/dose	8%	52%	36%

Availability of Artemether/Lumefantrine tab 20/120mg was relatively high in the Public and Mission sector facilities – at 75% and 96% respectively. The availability of Pyrimethamine /Sulphadoxine (SP) tab 25/500mg, which is used for prophylaxis of malaria in especially the pregnant women, was in only 63% of public facilities.

The percentage of the population that may not be in position to access anti-malarial treatment in the Public and Mission sectors, face limited access to such medicines in the Private sector, where availability was at only 28%.

Availability of anti-diabetic medicines Glibenclamide 5mg tab and Metformin tab 500mg was respectively 46% and 25% in public sector while both were available in 59% of the private sector facilities.

Medicines for hypertension, another leading cause of mortality, showed poor availability. Nifedipine, which is one of the medicines of choice, was available in 46% of Public sector facilities.

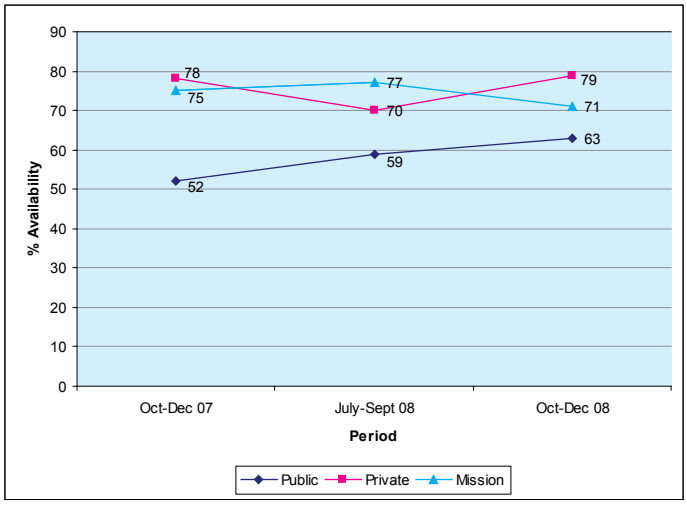
For the paediatric medicines in the Public sector facilities, the availability of Amoxicillin Suspension 250mg/5ml was 13% and of Cotrimoxazole suspension 8/40mg/ml was 29%, which manifests poor management also points to poor management of Paediatric Upper Respiratory Tract infection, a leading cause of death in children.

The continued low availability of paediatric, anti-diabetic and antihypertensive medicines in both public and private sectors is not a good the prioritization of medicines for children and chronic diseases during procurement and hence poor emphasis on the non communicable diseases which are on the increase in Uganda.

Ministry of Health should prioritize the procurement of key medicines for chronic diseases and for special groups like children

b) Key findings: Trends in availability

Fig 2: Overall availability of 40 key medicines across sectors 2007-08



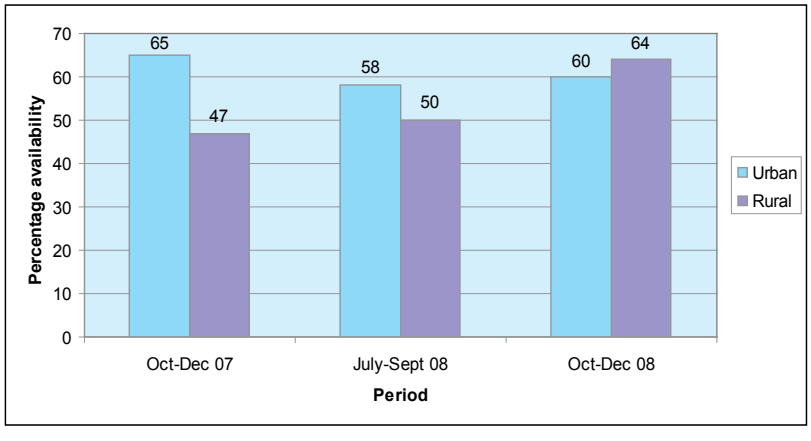
There was a slight increase of about 10 percent in medicine availability in public health care facilities during 2007-2008 which may be attributed to an improved funding for medicines . This is however still low.

Medicine availability in mission facilities increased slightly from 75 to 77% between Oct-Dec 2007 and mid 2008 but then decreased at end of 2008 to71%.

Similarly, availability in private sector was also unpredictable as there was a sharp decrease from 78% (in Oct-Dec 2007) to 70% in July- Sept 2008 followed by an increase to 79% in last quarter of 2008.

Availability of essential medicines in the public sector remained low whereas availability was unpredictable in the other sectors, private and mission between 2007 and 2008. This creates concern to access to essential medicines

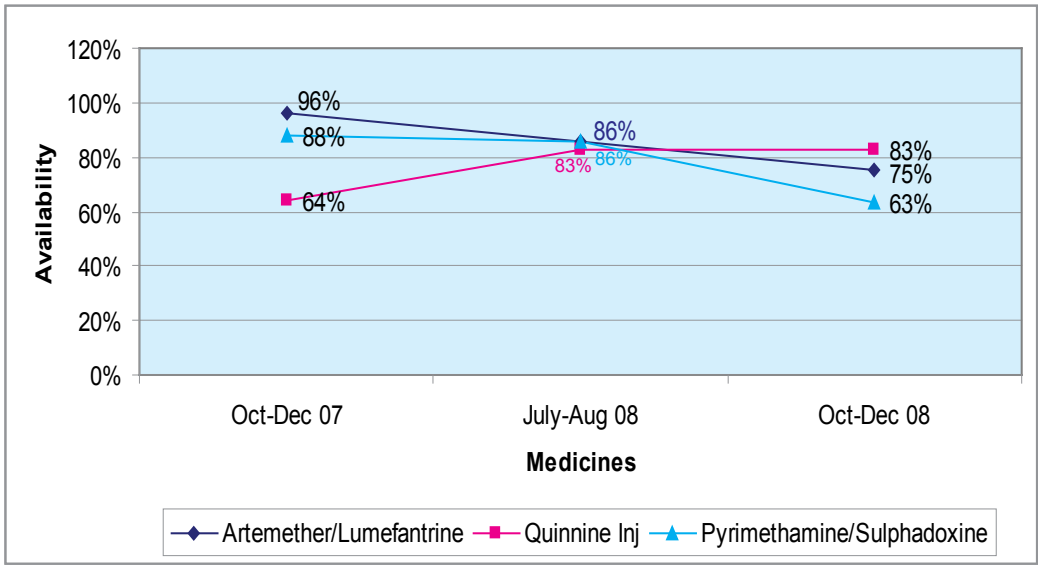
Fig 3: Overall availability of 40 key medicines across urban and rural facilities in public sector 2007-2008



Availability was consistently higher in urban compared to rural facilities except in the last quarter of 2008 when there was an increase of 14 percent in the rural facilities. If this increase should be maintained then availability of medicines to the most vulnerable of the population will be improved.

The public sector should make efforts to increase the availability of essential medicines especially to the rural

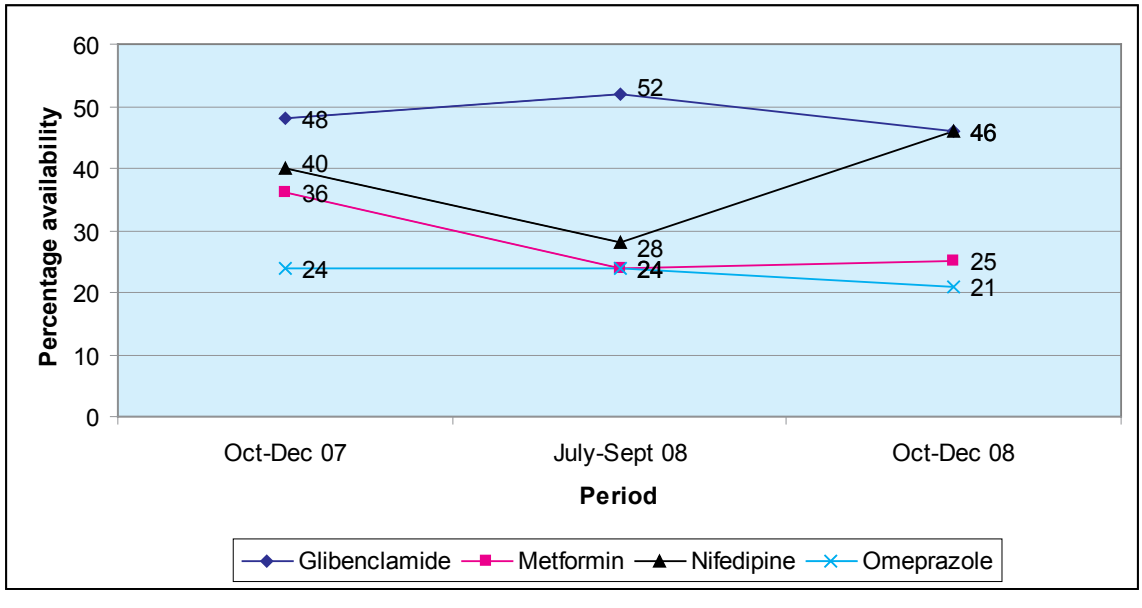
Fig 4: Trend in availability of key antimalarial medicines 2007-2008 in public sector



Availability of Artemether /Lumefantrine, the first line Antimalarial remained high in the public sector but there was a worrying decreasing trend from 96% in Oct-Dec 2007 to 86% in July-Sept 2008 and finally 75% in final quarter of 2008. There was a 23 percent decrease of Pyrimethamine/Sulphadoxine used for prophylaxis and treatment of malaria in expecting mothers.

Mininstry of health and NMS should ensure that Artemether /Lumefantrine is constantly available in the publcui sector facilities to ensure the full adaptation of the policy change and reduced use of Sulphadoxin/Pyrimethamine

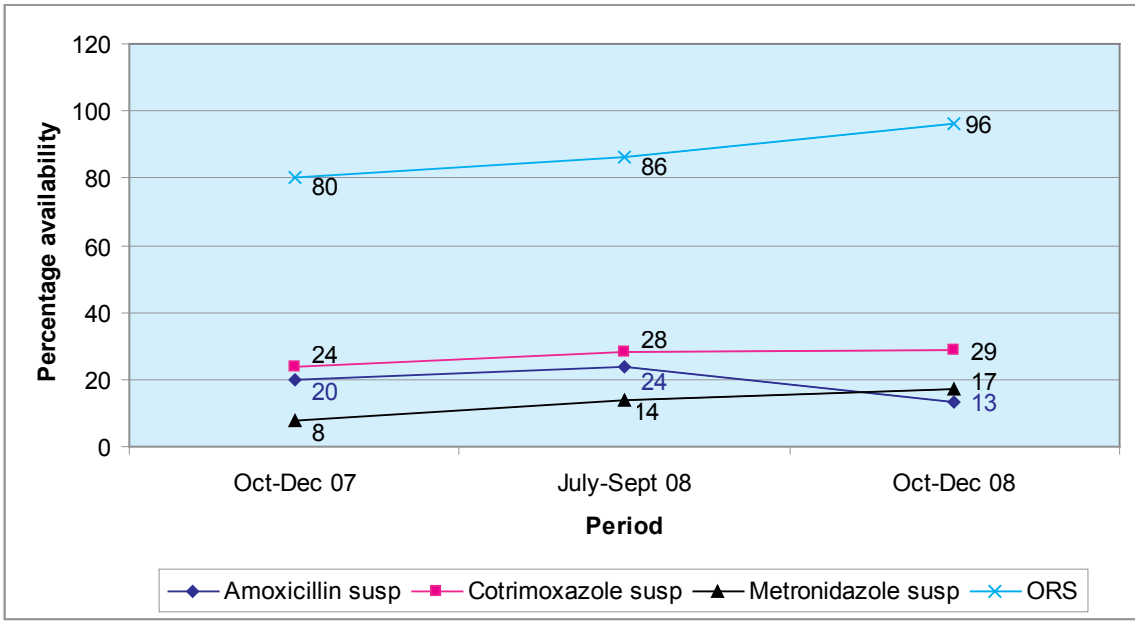
Fig 5: Trend in availability of 4 key medicines for chronic diseases 2007-2008 in public sector



Availability of omeprazole used to manage chronic ulcer disease, which is one of the fastest growing morbidity burdens was consistently below 25%.

Management of diabetes and hypertension has been poorly handled in public facilities as medicines to manage these highly growing diseases were poorly availed.

Fig 6: Trend in availability of 4 key paediatric medicines 2007-2008 in public sector



Paediatric formulations were stocked in less than 30% of facilities in the public sector. This shows that pneumonia and respiratory tract diseases common in children are not adequately catered for in the public health facilities. However, Oral rehydration salts used for treatment of diarrhoea showed an increase in availability.

Increasingly good availability of ORS should be maintained for adequate management of diarrhoea in children

c) Key findings: Medicine prices[1]

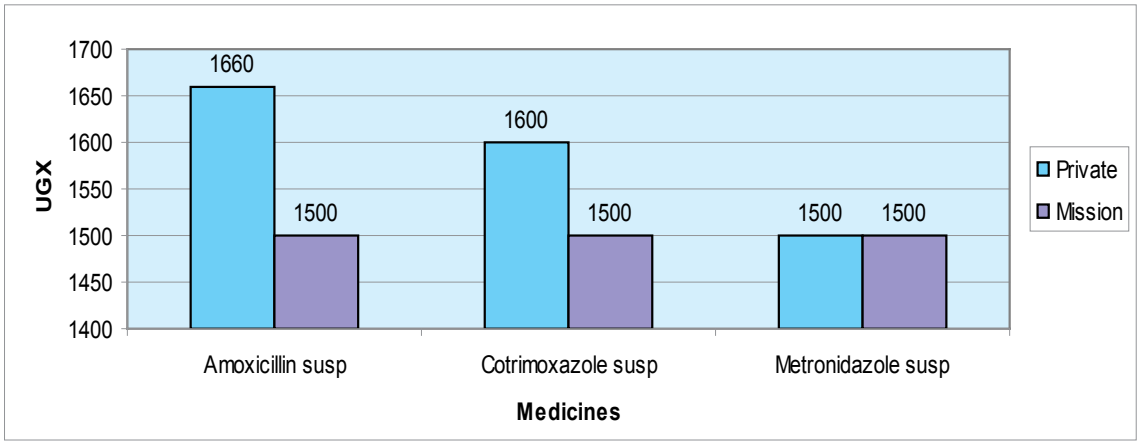
Table 4: Comparison of medicine median price ratios between and within private and mission sectors

	PrivUrb/PrivRural	MisUrb/MisRural	PrivUrb/MisUrb	PrivRural/MisRural
No.of times more expensive	1.00	1.00	1.00	1.19
No. of Pairs Compared	31	31	31	32

In both the mission and the private sector facilities, prices of majority of medicines were comparable in the urban facilities, (ratio 1:1). However, in the rural facilities, private sector medicine prices were 19% higher than mission prices.

Prices within Private sector, were comparable across urban and rural facilities. Mission and private sector prices within urban areas were also comparable. Prices in the mission sector were similar across urban and rural facilities.

Fig 7: Median prices of pediatric formulations in private and mission facilities



Despite the fact that pediatric medicines were not widely available in the public sector, these medicines were priced expensively in the mission and private sector rendering them unaffordable.

Median price of amoxicillin suspension (used for acute respiratory tract infection) was higher in private compared to mission sector and so was cotrimoxazole suspension. However, price of metronidazole suspension was similar across the sectors.

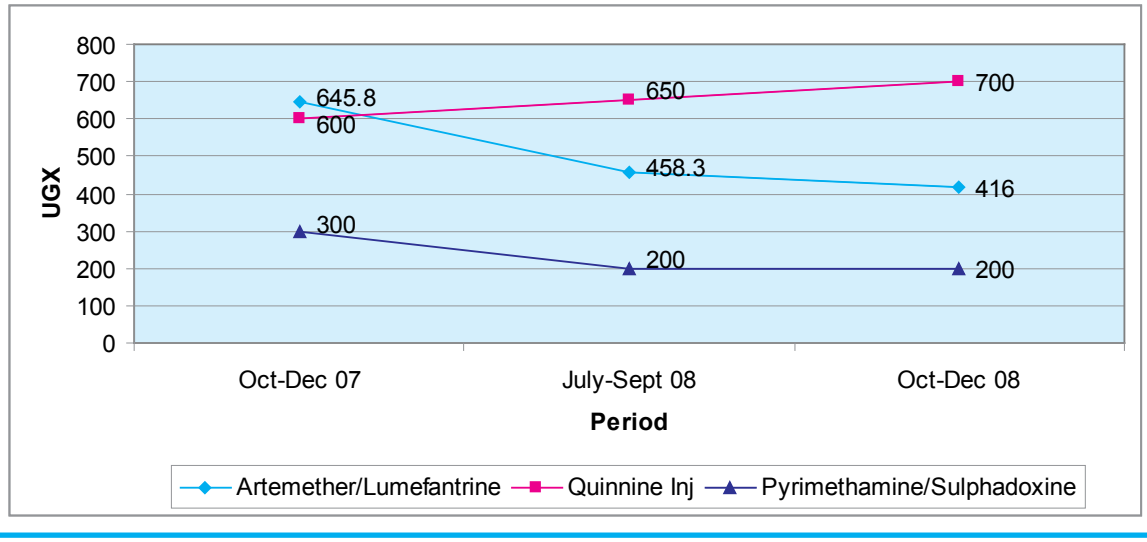
Discussion: Medicine prices

Table 5: Prices of selected medicines in the Private and Mission facilities

MEDICINE	Private Sector Facilities Price (Ushs)	Mission facilities Price (UShs)
Artemether/Lumefantrine 20/120mg tab	270.8	-
Metformin tab 500mg	100	90
Glibenclamide 5mg tab	75	50
Nifedipine retard 20mg	150	100
Cotrimoxazole susp 8/40 mg/ml, 100ml	1,660	1,500
Amoxycillin paed susp 125mg/5ml, 100ml	1,660	1,500

d) Key findings: Price trends

Fig 8: Price trends of key antimalarial medicines in the private sector 2007-2008



There was a drastic drop in price of Artemether/Lumefantrine (first line antimalarial) from UGX 645.8 per tablet in Oct-Dec 2007 to UGX 416 per tablet in Oct-Dec 2008. This may be attributed to increased availability and use of the generics of the medicine on the market due to genetic competition.

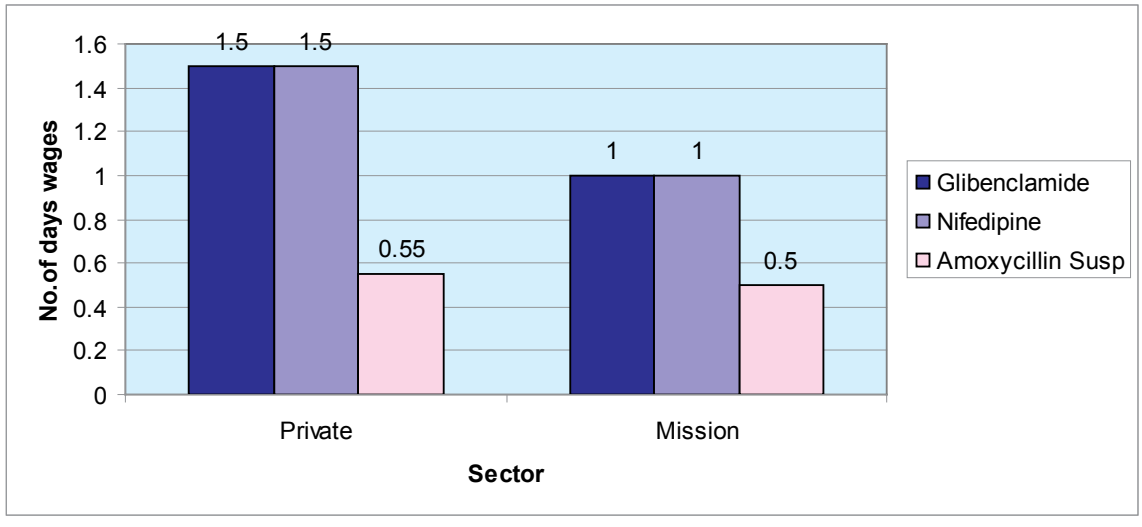
Price of Quinine injection (the second line antimalarial) increased from UGX 600 to UGX 700 per ampoule in the same period. There was a 33 percent decline in price for Sulphadoxine/Pyrimethamine.

The drop in price of Artemether/Lumefantrine (first line antimalarial) should translate into better affordability to the medicine

e) Key findings: Affordability

Affordability is calculated in terms of the number of days the lowest paid government worker would have to work to pay for one treatment course of an acute condition or one month's treatment of a chronic condition. The daily wage of the lowest paid government worker is at UShs 3,000 (1.714 US$) as per the 2006/07 Government of Uganda salary structure.

Fig 9: Affordability of treatment for diabetes, hypertension and pediatric acute respiratory tract infection



Using this measure, medicines in Private Sector and Mission facilities remained unaffordable for the lowest paid Government worker. An illustrative example is of a family having a diabetic father on Glibenclamide 5mg, a hypertensive mother on Nifedipine 20mg and a child with an acute respiratory tract infection on Amoxacillin 125mg/5ml suspension. For this family, it would require over two and a half days wages for treatment in a mission facility while treatment from the private facility would require more than three and a half days' wages (as illustrated in Annex 4 on Affordability).

4. CONCLUSION

The surveys carried out indicate that availability of medicines is still a major hindrance to access to essential medicines in the Public sector facilities yet in the Mission and Private sector facilities, the prices charged are high.

This survey has been made possible by the collaboration between the Ministry of Health, World Health Organisation and Health Action International (HAI-Africa) represented by the Coalition Health Promotion and Social Development (HEPS-Uganda).

[1] *Prices per tablet, capsule, ampoule, vial, bottle*

ANNEX I. AVAILABILITY OF MEDICINES IN THE THREE SECTORS

Availability in the Public sector		
13 medicines that were found in less than 50% of the facilities	**Medicines**	
	Amoxacillin susp 125mg/5ml	Metronidazole susp 200mg/5ml
	Betamethasone cream 1%w/v	Nifedipine retard tab 20mg
	Ceftriaxone inj 1g vial	Nystatin pessaries 100000iu
	Cimetidine tab 400mg	Omeprazole cap 20mg
	Cotrimoxazole paed susp 8+40mg/ml	Prednisolone tab 5mg
	Glibenclamide tab 5mg	Salbutamol inhaler 0.1mg/dose
	Metformin tab 500mg	
14 medicines that were found in over 75% of the facilities	Amoxicillin cap 250mg	MethylErgometrine inj 200ug/ml
	Artemether/Lumefantrine tab 20+120mg	Metronidazole tab 200mg
	Bendrofluazide tab 5mg	Oral Rehydration Salt (ORS)
	Carbamazepine tab 200mg	Paracetamol tab 500mg
	Cotrimoxazole tab 80+400mg	Phenytoin 100mg
	Dextrose 5% inj 500ml	Quinine inj 300/5ml
	Doxycycline caps/ tab 100mg	Tetracycline eye ointment 1%
Availability in the Private sector		
Only 4 medicines were found in less than 50% of the facilities	**Medicines**	
	Artemether/Lumefantrine tab 20+120mg	MethylErgometrine inj 200ug/ml
	Fluconazole cap/tab 200mg	Phenytoin tab 100mg
23 medicines were found in more than 75% of the facilities	Albendazole tab 200mg	Mebendazole tab 100mg
	Amoxacillin cap 250mg	Metronidazole susp 200mg/5ml
	Amoxacillin susp 250mg/5ml	Metronidazole tab 200mg
	Ciprofloxacin tab 500mg	Nifedipine retard tab 20mg
	Cotrimoxazole susp 80+400mg/5ml	Omeprazole cap 20mg
	Cotrimoxazole tab 400+80 mg	Oral Rehydration Salt (ORS)
	Dextrose 5% inj 500ml	Paracetamol tab 500mg
	Diazepam tab 5mg	Prednisolone tab 5mg
	Diclofenac tab 50mg	Pyrimethamine/ Sulphadoxine tab 25+500mg
	Doxycycline cap 100mg	Quinine inj 300mg/ml
	Erythromycin tab 250mg	Tetracycline eye ointment 1%
	Gentamycin inj 40mg/ml	
Availability in the Mission sector		
7 medicines were found in less than 50% of the facilities	**Medicines**	
	Bendrofluazide tab 5mg	Cotrimoxazole susp 80+400mg/5ml
	Betamethasone cream/ Oint 1%w/v 15g	Metronidazole susp 200mg/5ml
	Cimetidine tab 400mg	Fluconazole cap/tab 200mg
	Salbutamol inhaler 0.1mg/dose	
16 medicines were found in over 75% of the facilities	Amoxicillin tab 250mg	Metronidazole tab 200mg
	Artemether+ Lumefantrine tab 20/120mg	Oral Rehydration salt (ORS)
	Ciprofloxacin tab 200mg	Paracetamol tab 500mg
	Co-trimozole tab 400+80mg	Phenytoin 100mg
	Dextrose inj 5% 500ml	Prednisolone tab 5mg
	Diazepam tab 5mg	Pyrimethamine with Sulphadoxine tab25+500mg
	Doxycycline cap/tab 100mg	Quinine inj 300mg/ml
	Frusemide tab 40mg	Tetracycline eye ointment 1%

ANNEX II: AFFORDABILITY: DAILY WAGE OF LOWEST GOVERNMENT WORKER IS USHS 3000

Asthma						Public Sector		Private Sector		NGO		Other2	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Salbutamol inhaler	100 mcg/ dose	dose	as needed	200	**Brand**								
					Lowest Price			5000.00	1.7	5350.00	1.8		
Diabetes						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Glibenclamide	5 mg	cap/tab	30 days	60	**Brand**								
					Lowest Price			4500.00	1.5	3000.00	1.0		
Depression						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Amitriptyline	25 mg	cap/tab	30 days	90	**Brand**								
					Lowest Price			6750.00	2.3	4500.00	1.5		
Adult respiratory infection						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Ciprofloxacin	500 mg	cap/tab	7 days	14	**Brand**								
					Lowest Price			2800.00	0.9	2100.00	0.7		
Paediatric respiratory infection						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Co-trimoxazole suspension	8+40 mg/ ml	millilitre	7 days	70	**Brand**								
					Lowest Price			1660.00	0.6	1500.00	0.5		
Adult respiratory infection						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	**Medicine Strength**	**Dosage Form**	**Treatment Duration**	**Total units/ treatment**	**Product Type**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**

Amoxicillin	250mg	cap/tab	7 days	42	**Brand**								
					Lowest Price			4200.00	1.4	2870.07	1.0		
Anxiety						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Diazepam	5 mg	cap/tab	7 days	7	**Brand**								
					Lowest Price			210.00	0.1	210.00	0.1		
Arthritis						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration	**Total units/ treatment**	Product Type	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages	MTP	Days' Wages
Diclofenac	50 mg	cap/tab	30 days	60	**Brand**								
					Lowest Price			3000.00	1.0	3000.00	1.0		
Ulcer						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	**Medicine Strength**	**Dosage Form**	**Treatment Duration**	**Total units/ treatment**	**Product Type**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**
Omeprazole	20 mg	cap/tab	30 days	30	**Brand**								
					Lowest Price			6000.00	2.0	4500.00	1.5		
Adult uncomplicated malaria						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	**Medicine Strength**	**Dosage Form**	**Treatment Duration**	**Total units/ treatment**	**Product Type**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**
Artemether+lumefantrine	20+120 mg	cap/tab	3 days	24	**Brand**								
					Lowest Price		0.0	6500.00	2.2				
Paediatric uncomplicated malaria						**Public Sector**		**Private Sector**		**NGO**		**Other2**	
Select Medicine Name	**Medicine Strength**	**Dosage Form**	**Treatment Duration**	**Total units/ treatment**	**Product Type**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**	MTP	**Days' Wages**
Artemether+lumefantrine	20+120mg	cap/tab	3 days	6	**Brand**								
					Lowest Price			1625.00	0.5				

MTP= Median Treatment Price

ANNEX III. MEDIAN PRICES (UG SHS) OF MEDICINES IN THE PRIVATE AND MISSION SECTORS

Medicine	Median Unit Price	% change of med price	Median Unit Price	% price change
Aciclor tab 200mg	450.0	0%	300.0	20%
Albendazole tab 200mg	500.0	0%	200.0	60%
Amitriptyline tab 25mg	50.0	0%	50.0	0%
Amoxicillin cap/tab 250mg	100.0	0%	80.0	14%
Amoxicillin susp 250mg/5ml	16.6	11%	15.0	0%
Artemether/Lumefantrine tab 20/120mg	270.8	-41%	-	-
Bendrofluazide tab 5mg	50.0	0%	50.0	150%
Betamethasone cream/ointment 1%w/v	100.0	0%	100.0	0%
Carbamazepine tab 200mg	100.0	0%	90.0	0%
Ceftriaxone 1g pwder for inj'n	2500.0	-17%	3000.0	-20%
Cimetidine tab 400mg	100.0	0%	100.0	0%
Ciprofloxacin tab 500mg	200.0	0%	150.0	11%
Co-trimoxazole susp 8/40 mg/ml	16.6	5%	15.0	13%
Co-trimoxazole tab 400+80 mg	50.0	67%	45.0	50%
Dextrose 5% inj	1500.0	25%	1500.0	15%
Diazepam tab 5mg	30.0	20%	30.0	50%
Diclofenac tab 50mg	50.0	0%	50.0	0%
Doxycycline cap/tab 100mg	100.0	0%	100.0	11%
Erythromycin tab 250mg	100.0	0%	100.0	0%
Fluconazole tab /cap 200mg	1000.0	0%	1000.0	18%
Furosemide tab 40mg	25.0	11%	30.0	20%
Gentamycin inj 80mg/ml	500.0	0%	550.0	10%
Glibenclamide tab 5mg	75.0	20%	50.0	0%
Mebendazole tab 100mg	25.0	0%	30.0	0%
Metformin tab 500mg	100.0	0%	90.0	-10%
Methyergometrine inj 200ug/ml	600.0	0%	500.0	0%
Metronidazole susp 200mg/5ml	15.0	0%	15.0	0%
Metronidazole tab 200mg	50.0	100%	30.0	0%
Nifedipine retard tab 20mg	150.0	20%	100.0	0%
Nystatin pessaries 100000iu	166.7	0%	100.0	0%
Omeprazole cap 20mg	200.0	0%	150.0	0%
Oral Rehydration Salt (ORS)	300.0	33%	200.0	0%
Paracetamol tab 500mg	20.0	33%	20.0	0%
Phenytoin tab 100mg	50.0	67%	50.0	82%
Prednisolone tab 500mg	50.0	67%	30.0	0%
Pyrimethamine /sulfadoxide (SP) tab 25/500mg	200.0	0%	183.4	-8%
Propranolol tab 40mg	50.0	100%	30.0	0%
Quinime inj 300mg/5ml	700.0	8%	650.0	-7%
Salbutamol inhaler 0.1mg(100mcg)/ dose	25.0	0%	25.0	0%
Tetracycline eye ointment 1%	142.9	0%	142.9	0%

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