

Medicine price survey in Syria, 2004

undertaken by
Pharmaceutical Studies Directorate, Ministry of Health

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Country background

- Population in millions: 18 ■
- % of rural population: 49.8 % ■
- Total adult literacy rate: 93 % ■
- GDP per capita: 1216 US \$ ■
- Total health expenditure/capita: 55.46US \$; 4.56 % ■
of GDP
- Government health expenditure/capita : 27.25US \$; ■
2.25%of GDP
- National Health Insurance exists in Public Sector ✕ ■

Methodology

- Number of medicines surveyed: 27
Core 22 Supplementary 5

Note: only 13 innovator brands surveyed
- Year of MSH reference price used: 2002
- Number of regions surveyed: 4
- Total number of facilities sampled: 100

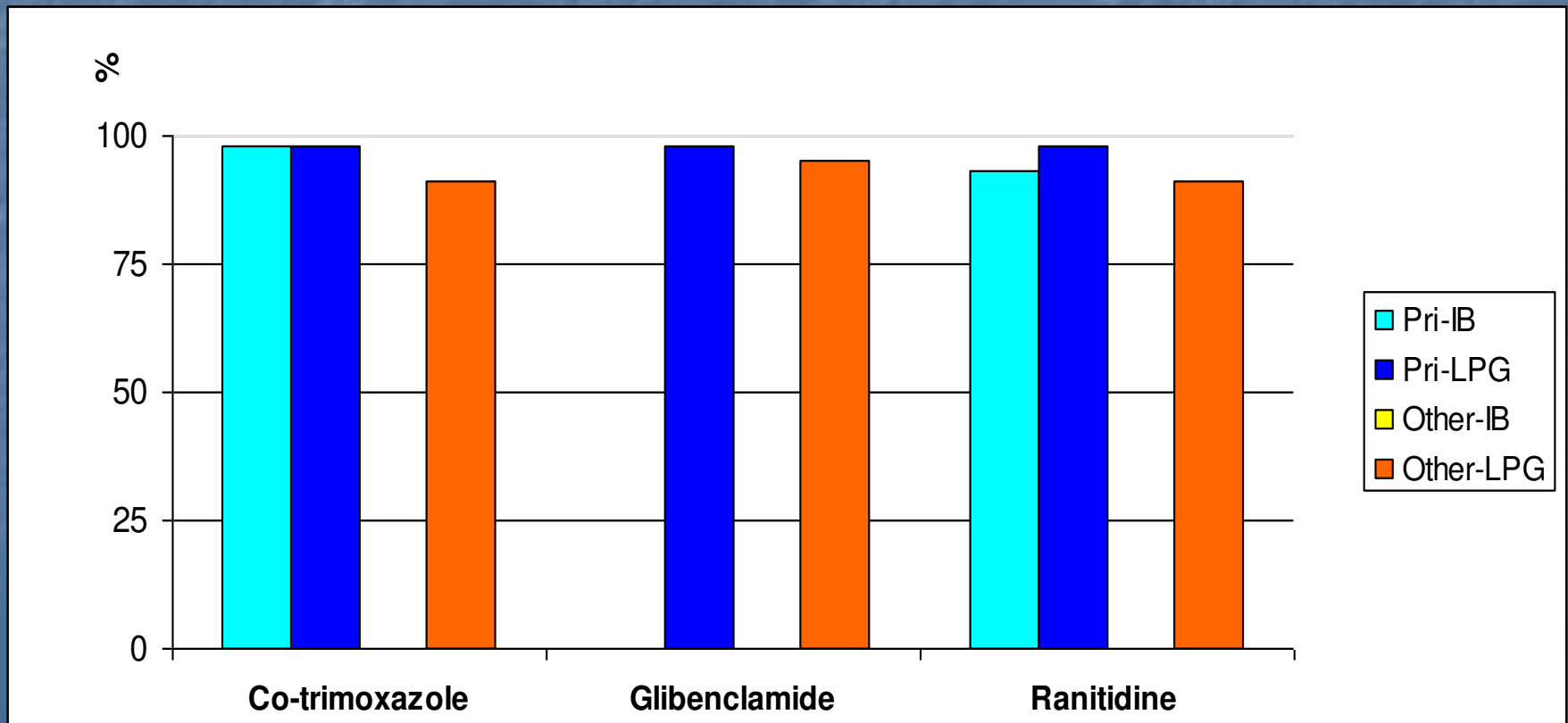
<i>Sector (patient prices)</i>	<i>Number</i>
Public	NS
Private retail pharmacies	57
Other sector: Private patients in private sections of public hospitals	43

NS = not surveyed

Syria,2004

Availability

	Private		Other: Private inpatients in public hospitals	
	IB	LPG	IB	LPG
Median availability	0% (n=27) 95% (n=13)	98%	0%	93%



Prices: summary MPRs and examples

	Procurement		Private		Other: Private inpatients	
	IB	LPG	IB	LPG	IB	LPG
Median MPR	6.99	1.54	9.6	2.51		1.9
diclofenac	21.68	4.52	23.71	6.32		4.74
loratadine	2.92	0.72	3.41	0.98		0.77
amitriptyline	3.05	2.77		3.88		2.91

IB = innovator brand LPG = lowest priced generic

Affordability (No. of days' wages)

Daily wage 100 SP ~ \$ 2 US	Private		Other: private inpatients	
	IB	LPG	IB	LPG
Co-trimoxazole, 8+40mg/ml, suspension, 70ml	0.5	0.2		0.2
Atenolol, 50mg, tab, 30	1.8	0.6		0.5
Diclofenac, 25mg, tab, 60	3.2	0.8		0.6

Price components – Syrian pricing formula

<i>Type of charge</i>	<i>Amount of charge</i>
Raw materials, manufacturing & packaging	Cost price
Manufacturer's profit	20%
Propaganda	8%
Wholesalers mark-up	8%
Pharmacists mark-up is regressive, based on pharmacists procurement price	
1 – 40 SP	30%
41 – 80 SP	20%
81 – 200 SP	15%
201 – 500 SP	10%
501 and over	8%

Note: pharmacy markup is not applied across total procurement price eg if procurement price is 75 SP then mark-up is 30% for first 40 SP plus 20% for remaining 35 SP

Main Findings

- 1- Availability of generics was very good – in public hospitals & private pharmacies
- 2- In the private sector, innovator brands were high priced. Most generics were reasonably priced although some were expensive.
- 3- Some treatments, even with generics, are not affordable to low-paid Syrians
- 4- Some public procurement prices are high compared to MSH reference prices

Recommendations

The findings of this study should be used to adjust the draft national medicines policy

An in-depth study of the private sector should be initiated to investigate prescribing and dispensing practices, including whether innovator brands are more frequently prescribed than generic equivalents

Where prices of specific medicines are very high (MPR of 10 or more), investigation should occur to identify means to reduce these prices

Study pricing methods in other countries

Monitor the impact of policy changes by regular surveys of medicine prices, availability and affordability

Follow-up activities

- 1- Plan to increase the number of medicines that should be surveyed.
- 2- Use the survey findings to develop and implement policies and practices that result in lower prices, and more affordable treatments for all Syrians.