

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE



# Medicine Price Monitor

July 2009

## Key Findings: Overall

1. Medicines were more available in the sector Private ((61%) than in the Mission 56%) and Public (44%) health facilities sectors. All surveyed medicines in all sectors were on the National Essential Medicines List for Tanzania (NEMLIT 2007).
2. Prices of medicines in health facilities in the Private and Mission sectors were still higher than in the Public sector.
3. ALU was found in both urban and rural public health facilities.
4. Antiretroviral (ARV) medicines was more available in the Public (34%) than in the Mission (9%). The Overall availability in the public sector dropped from 75% July 2008 to 34% July 2009 for Stavudine/Lamivudine/Niverapine 30/150/200mg and for d4T/3TC/NVP 40 mg from 35.6% July 2008 to 3% July 2009

## 1. INTRODUCTION

A price continues to be a major barrier to reliable access to essential medicines in Tanzania (Price Monitor July 2008)<sup>1</sup>. To address this problem Ministry of Health of the Ministry of Health and Social Welfare in collaboration with the World Health Organization (WHO) and Health Action International (HAI) Africa have been conducting surveys twice a year to monitor medicine prices since 2006. Results of the three surveys showed a slight increase of availability of the medicines as compared to the results of a previous study on medicine pricing conducted in 2004. The current report is a result of the price monitoring conducted in July 2009 as a follow up of the previous surveys of November 2006, June-July 2007 and July 2008 showing availability as well as price variation in three sectors namely, the Public, Private and Mission sectors. In the current survey, Accredited Drug Dispensing Outlets (ADDO) are still included in the survey to check any change in availability, prices and practice as a whole.

Prices of forty one key medicines found on the current National Essential Medicines List for Tanzania (NEMLIT)<sup>2</sup> were monitored. The survey took place in 108 rural and urban health facilities in five regions namely Dar es Salaam, Mwanza, Mbeya, Morogoro and Mtwara. The health facilities surveyed included 36 facilities in the Public sector, 38 in the Private sector and 34 in the Mission sector.

## 2. AVAILABILITY OF MEDICINES

### Key findings: Overall

In all the three sectors, medicines were relatively more available in health facilities in the urban areas as compared to the rural areas. Availability of some key medicines showed some mixed results as follows:

1. The availability of ALU remained increased as in the previous survey. Its availability was still in more than 75% of the Public sector facilities, indicating that availability of ALU has been well distributed in both urban and rural public health facilities. The availability of ALU in the Private dropped from 53% July 2008 to 45% July 2009 and Mission sectors remained almost the same (58%)
2. The availability of ARVs had dropped for, Stavudine/Lamivudine/Nevirapine (d4T/3TC/NVP) 30/150/200mg from 75 - 34%. However, availability for (d4T/3TC/NVP) 40/150/200mg decreased from 35 to 3% in the Public health facilities.
3. Sulphadoxine/Pyrimethamine (SP) went up from 41% July 2008 to 47% July 2009 in the public health facilities. In the other two sectors SP the availability remained almost the same 79% (75% 2008) in the Private and 64% (56% 2008) in the mission sectors.

- With regards to ADDO shops, only 75.6% of the medicines in the survey list were found to be available in the shops. Out of this still 20% (19.5%) of the medicines were from the ADDO list of medicines authorized by TFDA.

**Figure 1: Comparison of overall availability of medicines in the Public, Private and Mission sectors between November 2006, June 2007 and July 2008.**

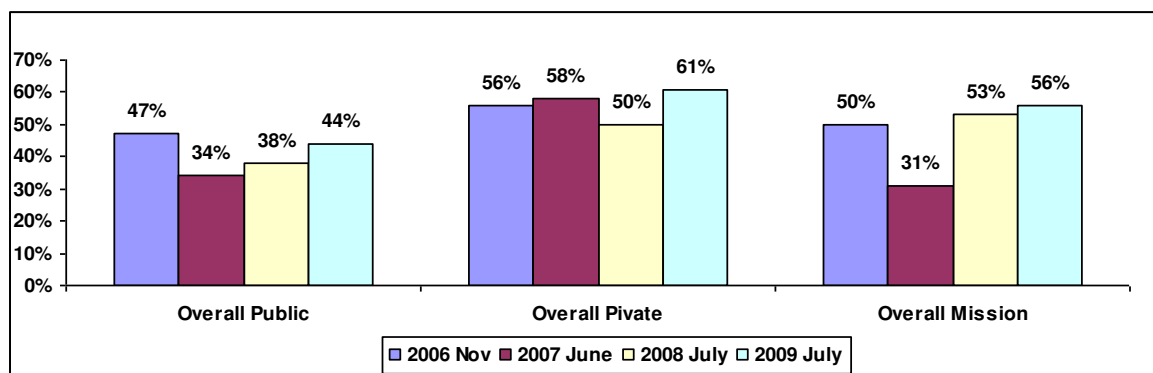
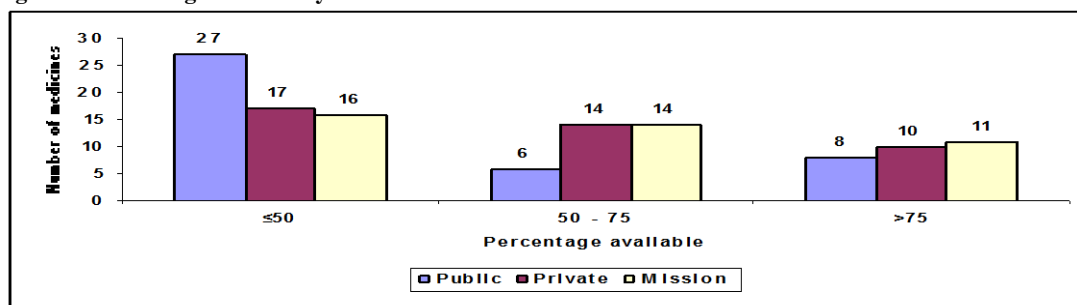


Figure 2 shows the number of medicines found in the health facilities. Of the 41 medicines surveyed, 27 (65.8%), 17 (41.5%) and 16(39%), were available in up to 50% of Public, Private and Mission health facilities. On the other hand 6 (14.6%), 14 (34.1%) and 14 (34.1%) medicines were available in more than 50% to 75% of the Public, Private and Mission health facilities. In regard to availability of more than 75%, 8 (19.5%), 10 (24.4%) and 11 (26.8%) were found in public, private and mission health facilities.

**Figure 2: Percentage availability of 40 medicines in the three sectors.**



### 3. MEDICINE PRICES

#### Key Findings: Medicine Prices

##### For similar pairs of medicines surveyed,

- Prices in the private and mission sectors were 30% and 40% higher than in the Public health facilities respectively.
- Prices in urban public and private health facilities were the slightly lower than those in the rural Public and Private health facilities respectively. The same was observed when prices in urban Private and urban Mission health facilities were compared. Prices were 17% lower in the urban private
- The prices in the rural Private health facilities were 33% higher than those of rural Mission health facilities
- The prices in the urban Mission health facilities were 38% higher than those of rural Mission health facilities.
- Prices in the urban Private health facilities were 36% higher than those in urban Public health facilities.
- Prices in the rural Private health facilities were 43% higher than those of rural Public health facilities.

Table 1 show a summary of the comparison of medicine prices within and between the three sectors both urban and rural health facilities. The medicine prices were higher in the rural than in the urban public and private health facilities while for the mission sector the prices were higher in the urban than in the rural. During this survey, the medicine prices in some sectors remained constant for some products e.g. nifedipine retard 20 mg and captopril 25 mg in all sectors. For amoxillin 250 mg the prices increased in all health facilities in the three sectors (Table 2).

**Table 1: Median of Medicine Prices – comparisons between and within the sectors**

Median of MPRs - Comparison between and within sectors									
	Overall Private/Public	Overall Mission/Public	PubUrb/PubRural	PrivUrb/PrivRural	MisUrb/MisRural	PrivUrb/MisUrb	PrivRural/MisRural	PrivUrb/PubUrban	PrivRural/PubRural
No. of times n	1.30	1.46	0.98	0.95	1.38	0.83	1.33	1.36	1.43
# of Pairs Co	34	34	18	25	32	33	25	30	15

ALu price remained constant in the private and increased in the mission sectors eighteen times but remained constant in the public sector. In ADDO shops prices remained higher sometimes than in the retail pharmacies like Metformin 500mg, Glibenclamide 5mg, captopril and nifedipine retard 20 mg prices were the same those of the private retail pharmacies. Price fluctuations were still observed in both public and mission than in the private sectors.

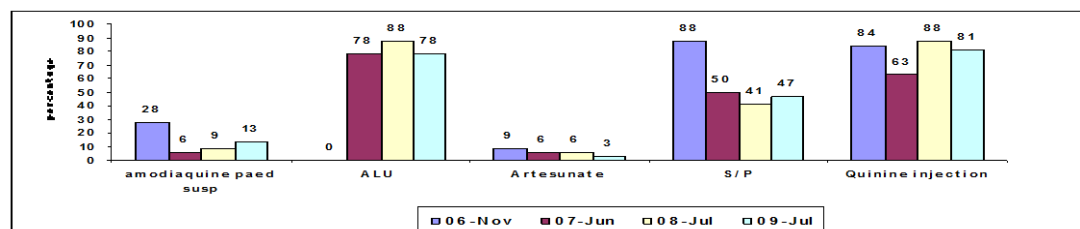
**Table 2: Prices of selected medicines across all the sectors in unit price in Tanzania sh. For June 2007 and July 2009**

	PUBLIC			PRIVATE			MISSION			ADDO	
	June 07	July 08	July 09	June 07	July 08	July 09	June 07	July 08	July 09	July 08	July 09
Amoxicillin 250mg	33.33	35.00	40.00	40.00	50.00	50.00	40.00	50.00	50.00	66.4	50.00
ALu (20 + 120)mg	20.83	20.83	20.80	488.46	500.00	500.00	208.33	20.83	375.00	583	500.00
Metformin 500mg	50.00	37.50	50.00	100.00	100.00	100.00	125.00	100.00	125.00	100	150.00
Glibenclamide 5mg	n/a	100.00	50.00	70.00	100.00	100.00	50.00	75.00	100.00	100	100.00
Captopril 25mg	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	150.00	n/a	100.00
Nifedipine retard 20mg	50.00	50.00	100.0	100.00	100.00	100.00	100.00	100.00	100.00	n/a	100.00

### Antimalarials.

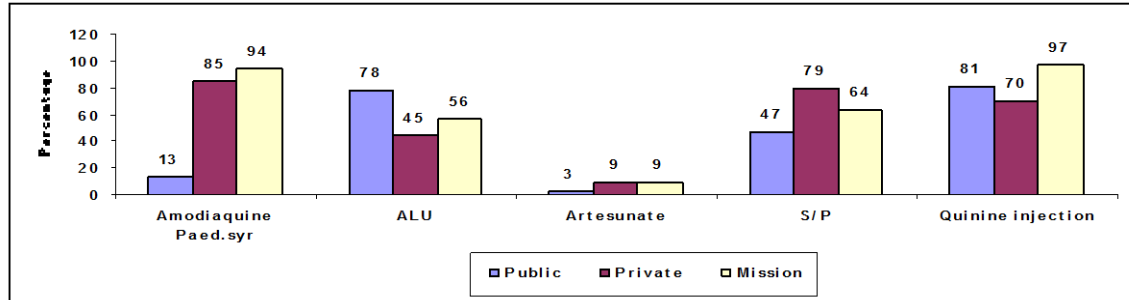
Malaria is the highest cause of morbidity in adults and children in Tanzania. Artemether + lumefantrine 20+120mg (ALu), which is now the recommended first line treatment for uncomplicated malaria since 2006, was still found in over 75% of health facilities in the public sectors as in 2007 and 2008 (figure 3). This is a positive finding, in line with the malaria treatment guidelines. However SP, which is only recommended for use in pregnancy, was found to remain constant in all health facilities as shown in July 2008. The continuous fall in percentage availability of both Artesunate and amodiaquine is a good sign because they are no longer recommended for use alone in malaria treatment. Having high availability would affect full implementation of the new malaria treatment guidelines. The high availability of artesunate in ADDO shops which raised a concern in July 2008, seem to have been addressed by the National Malaria Control, in collaboration with TFDA who are operating the shops and therefore not available anymore. For quinine, the availability is still being continuously constantly high for the four surveys indicating that the guidelines for the treatment of severe malaria is well adhered by all the sectors.

**Figure 3: Trends in percentage availability of selected antimalarials in the public sector November 2006- July 2009**



The availability of antimalarials in the three sectors in figure 4 below indicates the same trend as in figure 3 above where quinine and ALu remained constantly high, while artesunate, S/P and amodiaquine pediatric syrup continue to decrease.

**Figure 4: Comparison of percentage availability of antimalarials in the 3 sectors in July 2008**

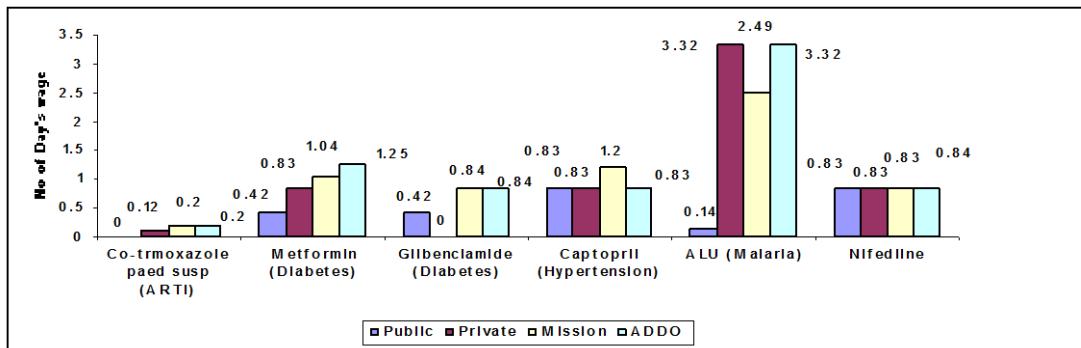


In the private rural health facilities surveyed in all five regions ALU available in the private shops was lower than in the public and mission especially in the rural areas ADDO included. The prices were the same but higher both in urban and rural health facilities in the private. Artesunate tablets were no longer found in the ADDO shops.

#### 4. AFFORDABILITY

Affordability is calculated in terms of the days the lowest paid civil servant 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 civil servant has not changed since July 2008 which is still Tshs. 3,613. The cost of treatment of malaria with the currently first-line antimalarial medicine ALU is still 3.32 days' wages in Private, while in ADDO it dropped from 3.9 to 3.32 day's wage. For public sector it remains to be 0.14 days' wage while in the Mission sectors rose from 0.14 to 2.49 days' wage. In the Public and the mission sectors ALU is subsidized, but this time the prices in the mission sector went up, costing a patient more than a days' wage (Figure 3).

**Figure 3: Affordability of treatment for chronic diseases, adult hypertension, and diabetes and a child with acute respiratory tract infection.**



When using an illustrative example of a family with a diabetic and hypertensive father on glibenclamide 5 mg and nifedipine 20 mg a mother with malaria on ALu and a child having acute respiratory tract infection on co-trimoxazole suspension 8 + 40 mg/ml it will take 1.39 days wage in the Public sector, 5.11 days wages in the Private sector, 4.36 days wages in the Mission sector and 5.19 day's wages in ADDO for the family to afford the required medicines. The prices were highest in the ADDO shops followed by the retail pharmacies then mission sector.

#### 5. DISCUSSION:

##### Availability

The overall availability of medicines in July 2009 was slightly higher in all sectors than in the previous years as shown in figure 1. In this monitoring survey, 65% (27/40) of medicines were available in up to 50% of the Public health facilities. This is the same as that observed in July 2008, which was 65% (26/40) available in 50% of the facilities.

Probably there was no change was observed because the PUSH system to the PULL system in the health facilities was complete thus their orders with MSD according to their needs could be better to attain higher availability.

With the ADDO shops, there was a 3% increase from 72% in July 2008 to 75% July 2009, of the medicines in the survey list found in these shops. Out of this only 20% of the medicines were from the ADDO list of medicines authorized by TFDA. The majority (55%) of the medicines found were not on the authorized list. This further confirms what was observed in Mbinga district by CSSC/MCP, 2008<sup>5</sup> that at the absence of dispensers; the owners of this shop sell medicines and also purchasing of unauthorized medicines is possible. This time they purchased captopril and nifedipine tablets which were absent last July 2008. Therefore there is a need for instituting more stringent control by the relevant authority as well as frequent supervision.

ALu as first line treatment for malaria was found to remain highly available (78%) in more than 75% of the health facilities in the Public sector as observed in the previous two years, July 2007 (78%) and July 2008 (88%). With regards to SP which is used for intermittent preventive treatment (IPT) for pregnant women, its availability went up a bit from 41% July 2008 to 47% July 2009 for the Public sector. The slight rise of SP is due to the continuous use in IPT. However, Artesunate (monotherapy) was still found in very few health facilities in all sectors excluding ADDO shops.

The availability of ARVs had dropped for, Stavudine/Lamivudine/Nevirapine (d4T/3TC/NVP) 30/150/200mg from 75 to 34% while availability for (d4T/3TC/NVP) 40/150/200mg decreased from 35% to 3% in the Public health facilities. The continuous drop of d4T/3TC/NVP40mg in stock is due to withdrawal of this product from the ART program because of observed side effects. The availability of the ARVs is not satisfactory in all sectors surveyed because out of the accredited HIV treatment centres only 11 out of the 43 such facilities stocking ARVs, which dropped by 50% that of last year which was 20 health facilities. This is an indication that there was a no close monitoring/supervision of health facilities and supply management procedures were not well followed therefore the minimum stock outs were not maintained.

The medicines for chronic diseases, asthma, diabetes and hypertension were all available in all surveyed areas including ADDO shops. The medicines are salbutamol for asthma, metformin and glibenclamide for diabetes and captopril and nifedipine for hypertension. Since these medicines are life saving they should be readily available as they are listed in the current NEMLIT, 2007. Oral rehydration salts (ORS) was available in 72 % in public, 88% in private health facilities including ADDO shops, while in mission was only 62% availability.

#### **Price and Affordability**

ALu is a subsidized medicine in the Public sector making it affordable to the majority of the patients; however, a patient has to work for 0.14 days' wage (1.23 hrs) to get a course of ALu. As for the Private and Mission sectors the availability was 50 % and 47 % respectively. ALu is not affordable in the private sectors as it takes 3.32 days' wage to pay for a treatment. The treatment price in Mission hospitals increased from 0.14 to 3.32 days wage was because of getting ALu from MSD free of charge.

The prices of medicines were still more expensive in the private and mission sector. Considering affordability as a criterion for accessibility, it must be noted that about 30% and 50% of Tanzanians in urban and rural areas, respectively live on less than one US dollar a day thus highlighting the barrier on access to medicines. The availability of glibenclamide and ORS was good but both are not affordable to majority of the population. ADDO was an initiative from the government to enhance access to essential medicines to the population in the rural areas. However, the price of ALu was noted to be very high. The reason could be shops were selling coartem® an innovator brand.

#### **6. Conclusions:**

The low availability of medicines in the public health facilities, suggests that, a large population seeking treatment has to purchase their medicines from the private and mission sectors where they are available but expensive. The government should see to it that ADDO is selling products in the approved list. The Pharmacy Council should monitor ADDO practices in collaboration with TFDA. Taking into consideration that ADDO was introduced to serve the poor population in the rural areas; the MOH&SW should see to it that the medicines are available and affordable to the majority of the population.

#### **7. Recommendations:**

- The government should put in place mechanism to facilitate timely remittance of funds to enable health facilities to order their requirements from MSD.
- Essential medicines should always be available at more than 75 % in all health facilities.
- Stock control especially in public health facilities should be improved
- Supervision and monitoring of medicines at district and regional levels should be enhanced.

- ARVs availability should constantly be monitored, supervised and be available in all accredited care and treatment centers.
- Prices should be monitored regularly to facilitate informed decision so as to improve affordability.
- SP should always be available in all health facilities for IPT
- ADDO be assisted in improving the accessibility of essential medicines to the majority in the rural areas.

## ANNEXES

### Annex 1: Characteristics Facilities included in the survey

Public sector	Private Sector	Mission Sector
Teaching Hospital (3) Regional Hospitals (5) District Hospitals (8) Sub-district hospitals (4) Health Centers (13) Dispensaries (10)	Retail Pharmacies (20) Medical store - Duka la Dawa Baridi (16) ADD0 (6)	Teaching Hospitals (2) Hospitals (14) Health centers (14) Dispensaries (11)

### ANNEX 2: Availability of medicines in the Public Sector

Percentage Availability	Medicines	
27 medicines were found in 50% or less of Facilities	Aciclovir tab 200 mg, Amitriptyline tab 25 mg, Amodiaquine paed syr, Artesunate 100 mg tab, Atenolol tab 50 mg Beclometasone inhaler 50 mcg/ dose, Captopril tab 25 mg, Carbamazepine tab 200 mg Ceftriaxone inj 1 g powder Chloramphenical 0.5 % eye drops, Ferrous sulphate 200 mg tab, Fluconazole cap / tab 150mg, Gentamycin inj 80mg/ml,	Glibenclamide tab 5 mg, Griseofulvin tab 500mg, Metformin tab 500 mg, Metronidazole tab 250mg, Niverapine/Lamivudine/Stavudine 30, Niverapine/Lamivudine/Stavudine 40, Nifedipine retard 20mg, Omeprazole caps 20 mg, Phenytoin 100 mg, Prazequantel 600 mg Pyrimethamine with sulfadoxine (25+500) mg tab, Ranitidine tab 150 mg, Sulbutamol inhaler 0.1 mg(100 mcg/dose
6 Medicines were found in over 50-75% Of facilities	Gentamycin eye/ear drops 1%, Albendazole tab 200mg Ciprofloxacin tab 500 mg Co-trimoxazole paed susp. (8+40) mg/mL	Diazepam tab 5 mg Folic acid 5 mg tab Furosemide tab 40mg
8 medicines were found in over 75% of facilities	Amoxicillin caps/tab 250 mg Arthemether +Lumefantrine tab 20+120mg Benzyl penicillin 5mega units Diclofenac tab 50mg	Doxycycline cap 100mg Erythromycin tab 250 mg Quinine inj 300mg/ml Oral Rehydration Salt (ORS)

### Annex 3: Availability in the private sector

Percentage availability	Medicines	
17 medicines were found in 50% or less of facilities	Aciclovir tab 200 mg Amitriptyline tab 25 mg Arthemether +Lumefantrine tab 20+120mg Artesunate 100 mg tab Beclometasone inhaler 50 mcg/ dose	Glibenclamide tab 5 mg Metformin tab 500 mg Niverapine/Lamivudine/Stavudine 30 Niverapine/Lamivudine/Stavudine 40 Phenytoin 100 mg

	Carbamazepine tab 200 mg Ceftriaxone inj 1 g powder Ferrous sulphate 200 mg tab Folic acid 5 mg tab	Prazequantel 600 mg tab Ranitidine tab 150 mg Sulbutamol inhaler 0.1 mg(100 mcg/dose)
14 medicines were found In over 50 - 75% of facilities	Albendazole tab 200mg Atenolol tab 50 mg Benzyl penicillin 5mega units Captopril tab 25 mg Chloramphenical 0.5 % eye drops Diazepam tab 5 mg Erythromycin tab 250 mg	Fluconazole cap / tab 150mg Furosemide tab 40mg Gentamycin inj 80mg/ml Griseofulvin tab 500mg Nifedipine retard 20mg Quinine inj 300mg/ml Oral Rehydration Salt (ORS)
10 medicines were found in over 75% of facilities	Amodiaquine paed syr Amoxicillin caps/tab 250 mg Ciprofloxacin tab 500 mg Co-trimoxazole paed susp. (8+40) mg/mL Diclofenac tab 50mg	Doxycycline cap 100mg Gentamycin eye/ear drops 1% Metronidazole tab 250mg Omeprazole caps 20 mg Pyrimethamine with sulfadoxine (25+500) mg

#### Annex 4 Availability of medicines in the Mission Sector

Percentage availability	Medicines	
16 medicines were found in 50% or less of facilities	Aciclovir tab 200 mg Amodiaquine paed syr Artesunate 100 mg tab Atenolol tab 50 mg Beclometasone inhaler 50 mcg/ dose Captopril tab 25 mg Carbamazepine tab 200 mg Ferrous sulphate 200 mg tab	Glibenclamide tab 5 mg Metformin tab 500 mg Niverapine/Lamivudine/Stavudine 30 Niverapine/Lamivudine/Stavudine 40 Phenytoin 100 mg Prazequantel 600 mg tab Prazequantel 600 mg tab Sulbutamol inhaler 0.1 mg(100 mcg/dose)
14 medicines were found in 50 - 75% of facilities	Albendazole tab 200mg Amitriptyline tab 25 mg Arthemether +Lumefantrine tab 20+120mg Ceftriaxone inj 1 g powder Chloramphenical 0.5 % eye drops Co-trimoxazole paed susp. (8+40) mg/mL Folic acid 5 mg tab	Fluconazole cap / tab 150mg Gentamycin eye/ear drops 1% Griseofulvin tab 500mg Nifedipine retard 20mg Omeprazole caps 20 mg Pyrimethamine with sulfadoxine (25+500) mg Oral Rehydration Salt (ORS)
11 medicines were found in over 75% of facilities	Amoxicillin caps/tab 250 mg Benzyl penicillin 5mega units Ciprofloxacin tab 500 mg Diazepam tab 5 mg Diclofenac tab 50mg	Doxycycline cap 100mg Erythromycin tab 250 mg Furosemide tab 40mg Gentamycin inj 80mg/ml Metronidazole tab 250mg Quinine inj 300mg/ml

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- References: <sup>1</sup>MOHSW, Survey of the medicine Prices in Tanzania, 2004  
<sup>2</sup>MOHSW, The EMLIT (2007) is the most current national EML  
<sup>3</sup>The Medicine price monitor for Kenya  
<sup>4</sup>The Medicine price monitor for Uganda  
<sup>5</sup>CSSC/MCP, 2008 report

**Annex 5 median Prices (Tsh) of Medicines in all sectors**

Medicine	Overall Public	Public Urban	Public Rural	Overall Private	Private Urban	Private Rural	Overall Mission	Mission Urban	Mission Rural
Aciclovir tab 200 mg				250.00	300.00		300.00	250.00	300.00
Albendazole tab 200mg	200.00	100.00	200.00	300.00	250.00	450.00	250.00	500.00	200.00
Amitriptyline tab 25 mg		30.00	10.00	50.00	50.00		50.00	50.00	30.00
Amodiaquine paed syr				16.67	16.66	16.67	16.66	16.66	16.66
Amoxicillin caps/tab 250 mg	35.00	33.33	37.50	50.00	50.00	50.00	50.00	50.00	40.00
Arthemether +Lumefantrine tab 20+120mg	20.83	20.40	20.83	520.83	500.00	562.50	20.83	416.67	20.83
Artesunate 100 mg tab				1000.00					
Atenolol tab 50 mg	100.00	100.00		90.36	95.00		100.00	100.00	50.00
Benzyl penicillin 5mega units	400.00	400.00	400.00	600.00	600.00	600.00	500.00	600.00	500.00
Captopril tab 25 mg	100.00	100.00		100.00	100.00		100.00	150.00	100.00
Carbamazepine tab 200 mg				100.00	100.00		100.00	125.00	100.00
Ceftriaxone inj 1 g powder	1500.00	2000.00	700.00	3000.00					
Ciprofloxacin tab 500 mg	110.00	100.00	150.00	150.00	150.00	200.00	150.00	150.00	150.00
Co-trimoxazole paed susp. (8+40) mg/mL	5.50	5.00		10.00	10.00	10.00	10.00	10.00	10.00
Diazepam tab 5 mg	10.00	11.67	10.00	20.00	35.00	20.00	20.00	25.00	20.00
Diclofenac tab 50mg	50.00	40.00	50.00	30.00	30.00	30.00	50.00	50.00	50.00
Doxycycline cap 100mg	33.33	50.00	30.00	100.00	100.00	90.00	75.00	100.00	42.86
Erythromycin tab 250 mg	40.00	50.00	27.00	50.00	50.00	50.00	50.00	66.66	50.00
Ferrous sulphate 200 mg tab	10.00	10.00		10.00	10.00		20.00	35.00	20.00
Folic acid 5 mg tab	10.00	10.00	10.00	10.00	10.00	10.00	10.00	7.50	10.00
Fluconazole cap / tab 150mg	1000.00			1000.00			800.00	500.00	900.00
Furosemide tab 40mg	20.00	20.00	11.00	20.00	25.00	20.00	20.00	25.00	20.00
Gentamycin inj 80mg/ml	200.00	200.00	95.00	400.00	300.00	500.00	355.00	500.00	300.00
Gentamycin eye/ear drops 1%				650.00	425.00				800.00
Glibenclamide tab 5 mg	100.00			100.00	100.00		75.00	100.00	30.00
Griseofulvin tab 500mg	100.00	100.00		100.00	100.00	100.00	100.00	100.00	100.00
Metformin tab 500 mg	37.50	50.00		100.00			100.00	100.00	100.00
Metronidazole tab 250mg	16.66	16.66	10.00	20.00	22.50	20.00	28.33	28.33	25.00
Niverapine/Lamivudine/Stavudine 30									
Niverapine/Lamivudine/Stavudine 40									
Nifedipine retard 20mg	50.00	100.00	40.00	100.00	100.00		100.00	100.00	100.00
Omeprazole caps 20 mg	100.00	100.00		100.00	100.00	100.00	100.00	150.00	100.00



Phenytoin 100 mg	7.00		8.50		225.00		15.00		10.00
Prazequantel 600 mg tab									
Pyrimethamine with sulfadoxine (25+500) mg									
Quinine inj 300mg/ml									
Ranitidine tab 150 mg									
Salbutamol inhaler 0.1 mg(100 mcg/dose									
Oral Rehydration Salt (ORS) 1									