

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE



Medicine Price Monitor

June-July 2008

Key Findings: Overall

1. Medicines were more available in the Mission sector (53%) than in the Private (50%) and Public (38%) sectors health facilities. 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 availability in Public and in Mission health facilities was the almost the same Overall availability went up from 55% June 2007 to 75% for Stavudine/Lamivudine/Niverapine 30/150/200mg and dropped 55% June 2007 to 35.6% d4T/3TC/NVP 40/150/200 mg in July 2008

1. INTRODUCTION

Price is one of the factors that hinders access to medicines in Tanzania (MOH/WHO, 2004)¹. In recognition of this, 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. The first price monitoring survey was conducted in November – December 2006. The outcome of this monitoring survey showed a slight increase of availability of the medicines in the public as compared to the results of the first survey (23.8% VS 47%). The current report is a result of the price monitoring conducted in July 2008 as a follow up of the previous surveys of November 2006 and June-July 2007 highlighting availability as well as price variation in three sectors namely, the Public, Private and Mission sectors. In the current survey, Accredited Drug Dispensing Outlets (ADDOS) were included in the survey to check availability, prices and practice.

Prices of forty key medicines found on the current National Essential Medicines List for Tanzania (NEMLIT)² 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 increased when compared to the previous survey. ALU was available in more than 75% of the Public sector facilities, an indication that availability of ALU has diffused down to the primary health care (PHC) facilities. The availability of ALU in the Private and Mission sectors remained the same (53%)
2. The availability of ARVs had gone up for, Stavudine/Lamivudine/Nevirapine (d4T/3TC/NVP) 30/150/200mg from 55 – 75%. However, availability for (d4T/3TC/NVP) 40/150/200mg decreased from 55 % to 35 % in the Public health facilities.
3. Availability of Sulphadoxine/Pyrimethamine (SP) dropped from 88% Nov 2006 to 41% 2008 in the public health facilities. In the other two sectors SP dropped from 97% to 75% in the Private and 81% to 56% in the mission sectors.
4. With regard to ADDO shops, only 72% of the medicines in the survey list were found to be available in the shops. Out of this only 20% of the medicines were from the ADDO list of medicines authorized by TFDA.

¹ MOHSW, Survey of the medicine Prices in Tanzania, 2004

² MOHSW, The EMLIT (2007) is the most current national EML

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

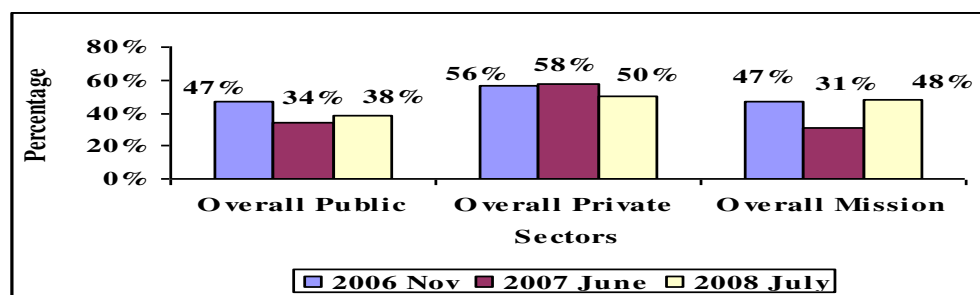
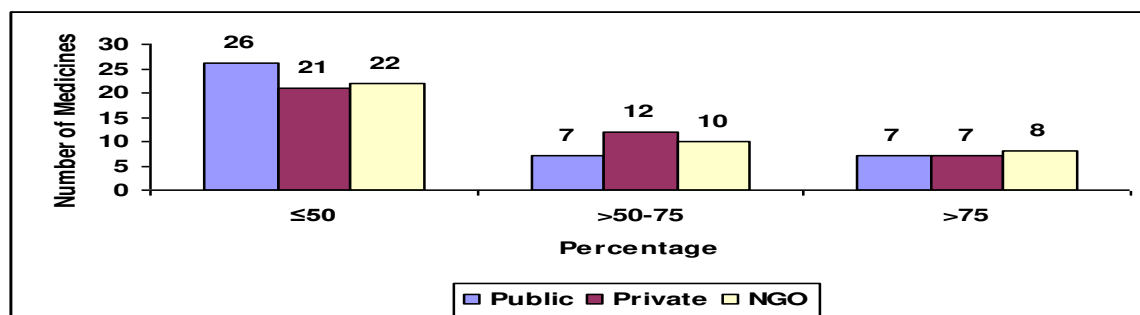


Figure 2 shows the number of medicines found in the health facilities. Of the 40 medicines surveyed, 26 (65%), 21 (34.1%) and 22 (55%), were available in up to 50% of Public, Private and Mission health facilities. On the other hand 7 (17.5%), 12 (30%) and 10 (25%) medicines were available in more than 50% to 75% of the Public, Private and Mission health facilities. With regard to availability more than 75%, 7 (17.5%), 7 (17.5%) and 8 (20%) 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:

1. Prices in urban Public health facilities were 42% higher than in the rural Public health facilities.
2. Prices in urban Private health facilities were the same as those in the rural Private health facilities. The same was observed when prices in urban Private and rural Mission health facilities were compared.
3. The prices in the urban Mission health facilities were 25% higher than those of rural Mission health facilities.
4. Prices in the urban Private health facilities were 35% higher than those in urban Public health facilities.
5. Prices in the rural Private health facilities were 85% higher than those of rural Public health facilities.

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

Comparison	overall Private/ Public	overall Mission/ Public	Puburb/ Pubrur	Privurban/ Priv rurl	Misurb/ Misrurl	Privurb/ Misurb	Privrur/ Misrurl	Privrb/Pub Urban	PrivRural/ PubRural
No. of times more expensive	1.25	1.31	1.42	1.00	1.25	1.00	1.06	1.35	1.85
No. of pairs compared	25	26	16	20	30	29	20	23	13

ALu price increased in the private and decreased in the mission sectors ten times but remained constant in the public sector. In ADDO shops prices were higher than in the retail pharmacies for Amoxicillin (250mg) and ALu (20 + 120) mg but Glibenclamide (5mg) price was higher than that of private retail pharmacies. Price fluctuations were still observed in both public and mission than in the private sectors.

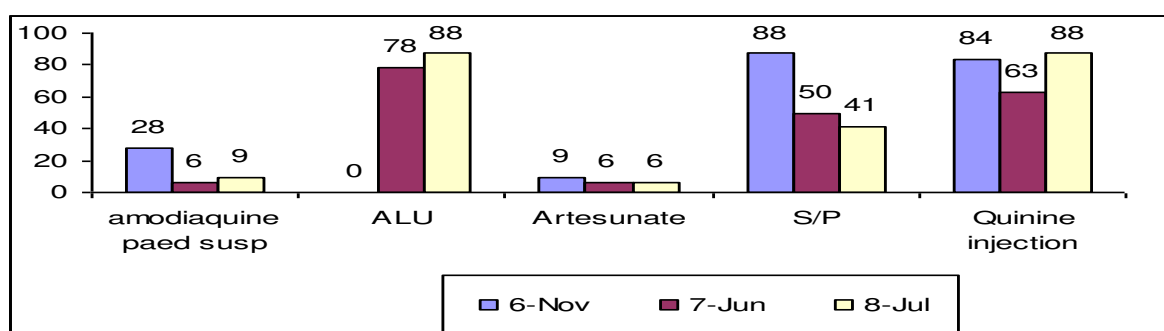
Table 2: Prices of selected medicines across all the sectors in unit price in Tanzania sh. For June 2007 and July 2008

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

Antimalarials

Malaria is the highest cause of morbidity in adults and children in Tanzania. Artemether + lumefantrine (20+120mg) (ALu), which was recommended as the first line treatment for uncomplicated malaria in 2006, was found in over 75% of health facilities in the public sectors 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 drop from 88% in Nov. 2006 to 41% in July 2008. The continued decrease in availability of Artesunate and amodiaquine is a good sign because they are no longer recommended for use alone in malaria treatment. Having high availability of artesunate in ADDO shops is of concern thus needs to be addressed by the National Malaria Control programme, in collaboration with TFDA who are overseeing these shops. For quinine, the availability is constantly high for the three surveys indicating that the guidelines for the treatment of severe malaria are well adhered to by all the sectors.

Figure 3: Trends in percentage availability of selected antimalarials in the public sector November 2006- July 2008



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 were low.

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

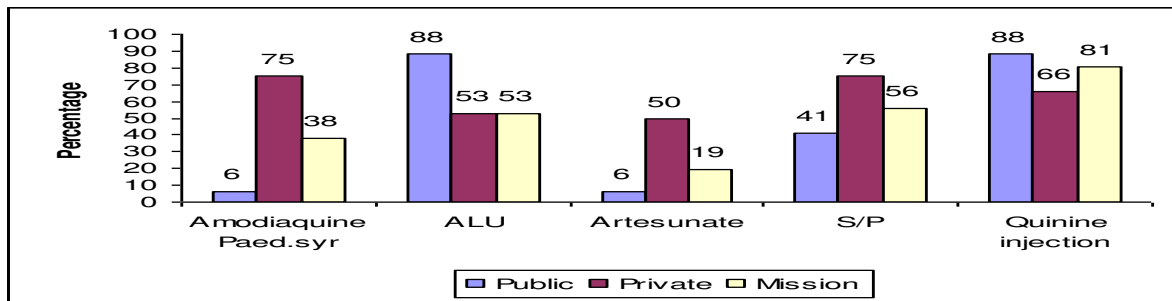


Table 3 Availability of antimalarial medicines in the private rural health facilities in Dar es Salaam (duka la dawa baridi) and Mtwara regions (ADDO shops) and their unit prices in Tsh

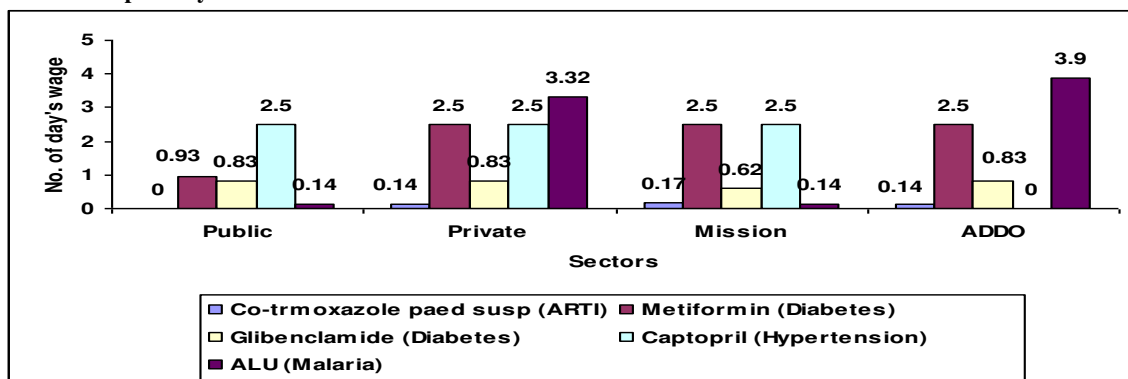
	Dar es Salaam (Duka la dawa baridi)				Mtwara (ADDO shops)			
	DPrR1	DPrR2	DPrR3	DPrR4	MtPrR1	MtPrR2	MtPrR3	MtPrR4
Amodiaquine paed syr	-	-	16.667	-	-	25	-	-
Arthemether +Lumefantrine tab 20+120mg	562.5	500	562.5	-	-	583.33	583.33	-
Artesunate 100 mg tab			416.7		1250	1333.3	-	1000
S/P	500	170	170	100	333.3	-	300	-
Quinine inj 300mg/ml	-	1000	500	400	500	-	800	-

In the private rural health facilities surveyed in Dar es Salaam (Duka la Dawa Baridi DPrR1-DPrR4) and Mtwara (ADDO shops MtPrR1-MtPrR4) ALU was available in three shops in Dar es Saaam and two ADDO shops in Mtwara. The prices were slightly high in the the ADDO shops. The Artesunate tablets were found in three ADDO shops and in one medicine store in Dar es Salaam.

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 gone up from Tsh. 2,532.67 in 2007 to Tshs. 3,613.67 in 2008 during the price survey. The cost of treatment of malaria with the currently introduced first-line antimalarial medicine ALu was 3.32 days' wages in Private, 3.9 day's wage in ADDO and 0.14 days' wage in public and Mission sectors. In the Public and the mission sectors ALU is subsidized, that is why it costs a patient less 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 father on glibenclamide 5 mg and a mother on ALU and a child having acute respiratory tract infection on co-trimoxazole suspension 8 + 40 mg/ml it will take 3.33 days wage

in the Public sector, 3.73 days wages in the Private sector, 3.29 days wages in the Mission sector and 4.87 day's wages in ADDO for the family to afford the required medicines. The prices in the three sectors are almost the same hence unaffordable for most of the Tanzanians but it is even worse with ADDO as it takes approximately a 5 days wage. The family will experience a greater burden as shown by the cost of 3.47, 7.05, 8.77 and 3.43 days wages in the Public, Private, ADDOO and Mission respectively, if another adult suffers from malaria.

5. DISCUSSION:

5.1 Availability

The overall availability of medicines in July 2008 was slightly higher in the public and mission health facilities than that found in June 2007, while in the private sector this remained the same as shown in figure 1. Reasons for this slight increased availability of medicines in the public and mission sectors in the third price monitoring survey could be due to increased financing in the fourth quarter of financial year 2007/08. Although it was time for MSD to conduct stock taking, they managed to supply medicines to the health facilities. In addition the stock taking lasted for a short period as opposed to previous years.

In the November-December 2006 monitoring survey, 55% (22/40) of medicines were available in up to 50% of the Public health facilities. In the June- July 2007, about 70% (28/40) of the medicines surveyed were available in the 50% of the facilities and in July 2008 only 65% (26/40) were available in 50% of the facilities. This is a slight decrease of 7% of the number of medicines which were available in June 2007. Probably the change from the PUSH system to the PULL system where the health facilities place their orders with MSD according to their needs could have affected the availability.

With regard to ADDO shops, only 72% of the medicines in the survey list were found to be available in the shops. Out of this only 20% of the medicines were from the ADDO list of medicines authorized by TFDA. The majority (52%) of the medicines found were not on the authorized list. This is in line with observations made in Mbinga district by CSSC/MCP, 2008³ that at the absence of dispensers; the owners of these shops who are un authorized dispensers sell the medicines. Since these ADDOs are required by TFDA to be operated by trained personnel authorized to dispense such medicines, 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 in more than 75% of the health facilities in the Public sector in the June-July 2007. The trend was also observed in Kenya⁴ and Uganda⁵. The level of availability rose from 78% in 2007 to 88% in 2008. With regards to SP which is used for intermittent preventive treatment (IPT) for pregnant women, its availability went down from 53% in June 2007 to 41% in July 2008 for the Public sector. The drop of SP is due to change of malaria treatment guideline. However, Artesunate (monotherapy) was found in some shops including ADDOs.

ARVs are stocked and dispensed to patients in accredited HIV treatment centers. During the survey, there were only 20 out of 43 such facilities in the selected public sector stocking ARVs medicines. Out of these facilities, 15 (75%) had d4T/3TC/NVP 30mg while 7 (35%) had d4T/3TC/NVP 40mg. In June 2007, 55 % of the facilities had both d4T/3TC/NVP 30mg and 40mg. Therefore there was an increased availability of d4T/3TC/NVP 30 mg in July 2008 but a drop of d4T/3TC/NVP 40mg. This was due to withdrawal of the product from ART program because of side effects. The same trend was also observed with the mission sector where by 9 centers found stocking ARVs, 7 (77.8%) had d4T/3TC/NVP 30mg and 4 (44.4 %) d4T/3TC/NVP40mg in stock. The highest ARVs availability (85%) was observed in November 2006 for both d4T/3TC/NVP 30mg and 40mg. The availability of the ARVs has been satisfactory in all surveys, an indication that there is a closer monitoring/supervision of health facilities and supply management procedures are well followed to minimize stock outs.

Finally, it was noted that the medicines for diabetes, glibenlamide was available for the first time in the public health facilities, but the price was 567% higher than that of MSD. Beclomethasone inhaler was still not available in the health facilities during this survey but salbutamol inhaler availability was 733 % and 56 % higher than that found in June 2007 and Nov. 2006 respectively. The higher availability is due to increased number of health insurance patients prescribed with sulbutamol inhaler. These medicines are life saving therefore they should be readily available as they are listed in the current NEMLIT, 2007. Oral rehydration salts (ORS) was available in more than 75 % health facilities including ADDO shops, which is a good sign of controlling diarrhea especially in children. The price for a packet for 1 liter solution is on the average Tsh. 175/= in the public health facilities while in MSD it is Tshs 90/=.

³ CSSC-Malaria Communities Programme (2008) MCP Support supervision report Mbinga district

⁴ The Medicine price monitor for Kenya

⁵ The Medicine price monitor for Uganda

5.2 Price and Affordability

ALu is subsidized in the Public sector making it affordable to the majority of the patients; however, a patient has to work for 0.2 days' wage (1.5 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. During this survey, the prices in the Private sector increased by 17% while in the Mission sector decreased by 1000%. The drop of price in Mission hospitals 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 are poor 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 coaterm® 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 ADDOs established to improve access of medicines in the rural population is selling medicines over and above what is in the authorized list and yet at expensive rate comparatively. The accessibility of medicines to majority of Tanzanians continues to pose a challenge and increase the socio-economic burden to the poor especially in rural areas.

7. Recommendations:

- The government should put in place mechanism to facilitate timely remittance of funds to MSD to enable health facilities to order their requirements
- Availability of essential medicines in health facilities should always be at least 75 %
- 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, and be available in only 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 should confine to dispensing medicines on the approved list.

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) ADDO (6)	Teaching Hospitals (2) Hospitals (14) Health centers (14) Dispensaries (11)

Annex 2: availability of medicines in the public sector

Percentage Availability	Medicines	
26 medicines were found in 50% or less of Facilities	Aciclovir tab 200 mg	Gentamycin eye/ear drops 1%
	Amitriptyline tab 25 mg	Glibenclamide tab 5 mg
	Amodiaquine paed syr	Griseofulvin tab 500mg
	Artesunate 100 mg tab	Metformin tab 500 mg
	Atenolol tab 50 mg	Nevirapine/Lamivudine/Stavudine 30
	Captopril tab 25 mg	Nevirapine/Lamivudine/Stavudine 40
	Carbamazepine tab 200 mg	Nifedipine retard 20mg
	Chloramphenical 0.5 % eye drops	Omeprazole caps 20 mg
	Co-trimoxazole paed susp. (8+40) mg/mL	Phenytoin 100 mg
	Ferrous sulphate 200 mg tab	Praziquantel 600 mg tab
	Fluconazole cap / tab 150mg	Pyrimethamine with sulfadoxine (25+500) mg
	Furosemide tab 40mg	Ranitidine tab 150 mg

7 Medicines were found in 50-75% Of facilities	Gentamycin inj 80mg/ml	Salbutamol inhaler 0.1 mg (200 mcg/dose)
	Albendazole tab 100mg	Diclofenac tab 50mg
	Ceftriaxone inj. 1 g powder	Erythromycin tab. 250 mg
	Ciprofloxacin tab 500 mg	Folic acid 5 mg tab
7 medicines were found in over 75% of facilities	Diazepam tab 5 mg	
	Amoxicillin caps/tab 250 mg	Metronidazole tab 250mg
	Arthemether +Lumefantrine tab 20+120mg	Quinine inj 300mg/ml
	Benzyl penicillin 5mega units	Oral Rehydration Salt (ORS) 1
	Doxycycline cap 100mg	

Annex 3: Availability in the private sector

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

Annex 4 Availability of medicines in the Mission Sector

Percentage availability	Medicines	
22 medicines were found in 50% or less of facilities	Aciclovir tab 200 mg	Furosemide tab 40mg
	Amitriptyline tab 25 mg	Glibenclamide tab 5 mg
	Amodiaquine paed syr	Griseofulvin tab 500 mg
	Arthemether +Lumefantrine tab 20+120mg	Metformin tab 500 mg
	Artesunate 100 mg tab	Nevirapine/Lamivudine/Stavudine 30
	Captopril tab 25 mg	Nevirapine/Lamivudine/Stavudine 40
	Carbamazepine tab 200 mg	Phenytoin 100 mg
	Chloramphenical 0.5 % eye drops	Praziquantel 600 mg tab
	Ferrous sulphate 200 mg tab	Pyrimethamine with sulfadoxine (25+500) mg
	Folic acid 5 mg tab	Ranitidine tab 150 mg
10 medicines were found in 50 - 75% of facilities	Fluconazole cap / tab 150 mg	Salbutamol inhaler 0.1 mg (200 mcg/dose)
	Albendazole tab 200mg	Gentamycin eye/ear drops 1%
	Atenolol tab 50 mg	Nifedipine retard 20mg

8 medicines were found in over 75% of facilities	Ceftriaxone inj 1 g powder Doxycycline cap/tab 100mg Gentamycin inj 80mg/ml	Omeprazole caps 20 mg Quinine inj 300mg/ml Oral Rehydration Salt (ORS)
	Amoxicillin cap/tab 250 mg Benzyl penicillin 5mega units Ciprofloxacin tab 500 mg Co-trimoxazole paed susp. (8+40) mg/mL	Diazepam tab 5 mg Diclofenac tab 50mg Erythromycin tab 250 mg Metronidazole tab 250mg

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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
Nevirapine/Lamivudine/Stavudine 30									
Nevirapine/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
Praziquantel 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) l									

Abbreviations:

DPrR1 Dar es Salaam Private Rural 1
MtPrR1 Mtwara Private Rural 1