

Medicine Price Monitor

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HAI AFRICA

**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) under the umbrella Uganda Coalition for Access to Essential Medicines (UCAEM), has since 2006 conducted medicines prices and availability monitoring in four regions of the country. This is part of monitoring the ongoing interventions by the Ministry of Health within the Health Sector Strategic Plan to increase access to essential medicines to all Ugandans.

The purpose of this activity is:

- Show trends in the availability of essential medicines
- The prices (to consumers) of these medicines
- The affordability of these medicines

The Medicines Transparency Alliance (MeTA) in Uganda has supported the further development of this activity with additional funding.

This is the report for the survey conducted for third quarter (July- September) of 2009.

KEY FINDINGS: OVERALL

- Compared to the previous quarter (Oct- December 2008) there was a decrease in medicine availability in the public sector (by 13%) and private sector (by 12%). However, there was an increase in the availability in the mission sector (by 4%).
- Surveys conducted over the past three years have shown the public sector to be the worst performer in terms of availability of essential medicines.
- Availability of Artemether-Lumefantrine, the first line antimalarial, remained high in the public sector (ninety three percent) where it is distributed free of charge. In the Mission sector it was at seventy three percent while it remained low in the private sector facilities at forty eight percent.
- Most medicines in Private Sector and Mission facilities can be considered unaffordable (defined by costing more than one day the lowest paid government worker would have to work to pay for treatment) for the majority of the population in Uganda where 31% live in poverty.¹
- Availability of paediatric formulations remains below thirty percent and availability of medicines for chronic diseases was poor.

2. METHODOLOGY

The survey was conducted using the standard WHO/HAI Medicine Prices Monitoring Tool². Forty key (regularly prescribed and dispensed) medicines were selected for price and availability survey. The medicines, priced lowest to consumers were considered. The survey was carried out in the public, private and mission facilities.³ 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 disaggregated (i.e where there were set prices for medicines). The data was collected from randomly sampled 93 facilities as shown in Table 1.

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 According to this survey, Private sector refers to Private for Profit and Mission sector refers to Private Not for Profit

Table 1: Distribution of facilities that were surveyed

	Northern	Eastern	Western	Central	Total	
Public rural	5	5	4	4	18	32
Public urban	2	3	5	4	14	
Private rural	2	4	3	4	13	33
Private urban	6	4	5	5	20	
Mission rural	5	3	2	2	12	28
Mission urban	4	4	4	4	16	

3. RESULTS AND DISCUSSION

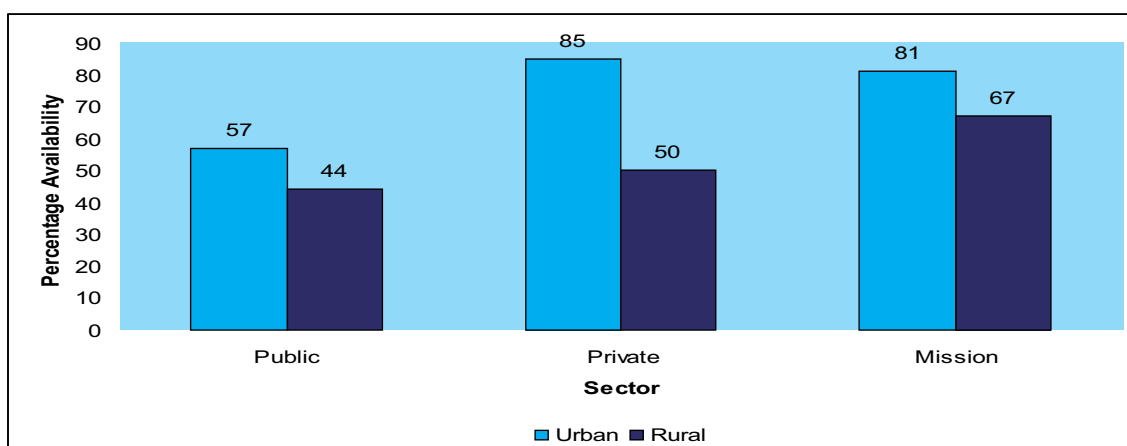
a) Key findings: Availability

Table 2: Overall availability of medicines in the surveyed facilities

Sector		No. of facilities	Median availability
Public	Overall	32	50%
	Urban	14	57%
	Rural	18	44%
Private	Overall	33	67%
	Urban	20	85%
	Rural	13	50%
Mission	Overall	28	75%
	Urban	16	81%
	Rural	12	67%

Overall, availability of the surveyed medicines was highest in the Mission sector at 75% followed by the Private sector at 67% and lowest in the Public sector at 50%.

Fig 1: Availability in Urban Versus Rural Facilities



There was a marked difference in availability of medicines between the urban and rural facilities across all sectors. In the public sector availability was 57% in the urban facilities compared to 44% in the rural facilities while in private sector urban facilities had an availability of 85% compared to 50% in rural facilities. In rural facilities, the mission sector scores substantially better (23%) than the public sector. Availability in mission sector was at 81% in the urban facilities compared to 67% in the rural facilities. The difference in availability between urban and rural facilities was particularly large (35%) in the private sector. This could be due to the scarcity of

pharmacies and drug shops in the rural areas and the cost of distribution to these areas. However, the survey did not explore the disparity in availability between urban and rural facilities.

MOH should endeavour to increase availability of essential medicines in the Public facilities through forging Public-Private Partnerships where the three sectors work to fill gaps of the other and thus improve the health of the people

Table 3: Availability of 40 essential medicines across sectors July- September 2009

Medicine	Percentage Availability		
	Public	Private	Mission
Aciclovir tab 200mg	47%	58%	81%
Albendazole tab 200mg	53%	58%	54%
Amitriptyline tab 25mg	77%	67%	81%
Amoxicillin cap/tab 250mg	60%	91%	100%
Amoxicillin susp 250mg/5ml	27%	76%	81%
Artemether/Lumefantrine tab 20/120mg	93%	48%	73%
Bendrofluazide tab 5mg	70%	55%	65%
Betamethasone cream/ointment 1%w/v	3%	58%	50%
Carbamazepine tab 200mg	53%	61%	65%
Ceftriaxone 1g powder for inj'n	50%	64%	81%
Cimetidine tab 400mg	20%	67%	46%
Ciprofloxacin tab 500mg	50%	88%	100%
Co-trimoxazole susp 8/40 mg/ml	33%	67%	62%
Co-trimoxazole tab 400+80 mg	83%	94%	88%
Dextrose 5% inj	83%	67%	96%
Diazepam tab 5mg	27%	73%	92%
Diclofenac tab 50mg	33%	82%	81%
Doxycycline cap/tab 100mg	63%	85%	92%
Erythromycin tab 250mg	43%	79%	96%
Fluconazole tab /cap 200mg	60%	48%	73%
Furosemide tab 40mg	53%	64%	81%
Gentamycin inj 80mg/ml	77%	76%	85%
Glibenclamide tab 5mg	43%	61%	69%
Mebendazole tab 100mg	30%	85%	96%
Metformin tab 500mg	40%	64%	62%
Methylergometrine inj 200ug/ml	53%	39%	73%
Metronidazole susp 200mg/5ml	17%	79%	50%
Metronidazole tab 200mg	60%	94%	104%
Nifedipine retard tab 20mg	53%	67%	88%
Nystatin pessaries 100000iu	13%	76%	77%
Omeprazole cap 20mg	33%	79%	73%
Oral Rehydration Salt (ORS)	80%	91%	92%
Paracetamol tab 500mg	57%	100%	104%
Phenytoin tab 100mg	73%	48%	77%
Prednisolone tab 500mg	33%	91%	85%
Pyrimethamine/Sulfadoxine (SP) tab 25/500mg	70%	64%	62%
Propranolol tab 40mg	63%	76%	73%
Quinine inj 300mg/5ml	87%	67%	88%
Salbutamol inhaler 0.1mg(100mcg)/dose	30%	48%	54%
Tetracycline eye ointment 1%	67%	85%	88%

Availability of Artemether/Lumefantrine (A/L) tablets 20/120mg although high in the Public sector facilities (93%) is not good enough in a country where the number one killer disease is malaria.

The Mission sector availability was seventy three percent but the sector receives only twenty percent of the A/L procured or received by the Ministry of Health. This relationship was however not explored further by the survey. The availability of the Pyrimethamine /Sulphadoxine (SP) tablets 25/500mg, for prophylaxis of malaria in especially pregnant women, was only 70% in public facilities. The percentage of the population that may not be in position to access first-line anti-malarial (A/L) treatment in the Public and Mission sectors, continued to face limited access to such medicines in the Private sector, where availability (of A/L) was in only 48% of facilities. Therefore not getting the vital antimalarial medicine from the public and mission sectors may be tantamount to a death sentence.

Availability of anti-diabetic medicines Glibenclamide 5mg tab and Metformin tab 500mg was respectively 43% and 40% in public sector while both were at 61% and 64% respectively in the private sector facilities.

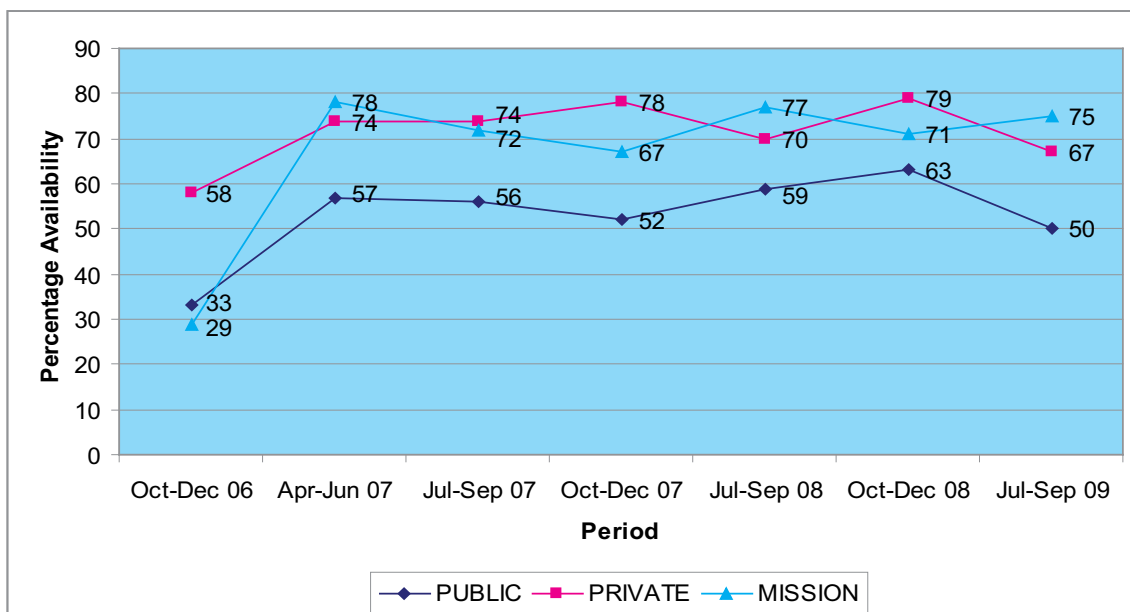
Medicines for hypertension, another leading cause of death, were not easily accessible. Nifedipine was available in only 46% of Public sector facilities.

The limited availability of Amoxicillin Suspension 250mg/5ml (27%) and Cotrimoxazole suspension 8/40 mg/ml (33%) in the Public sector could point to poor management of Paediatric Respiratory Tract infections, a leading cause of death in children.

The continued low availability of anti-diabetic and antihypertensive medicines in Public sector and to a lesser extent in Mission and Private sectors reflects insufficient management of diabetes and hypertension, which have emerged as major chronic diseases in Uganda. The Ministry of Health should use this survey to support the procurement and supply management of essential medicines for these non-communicable diseases.

b) Key findings: Trends in availability

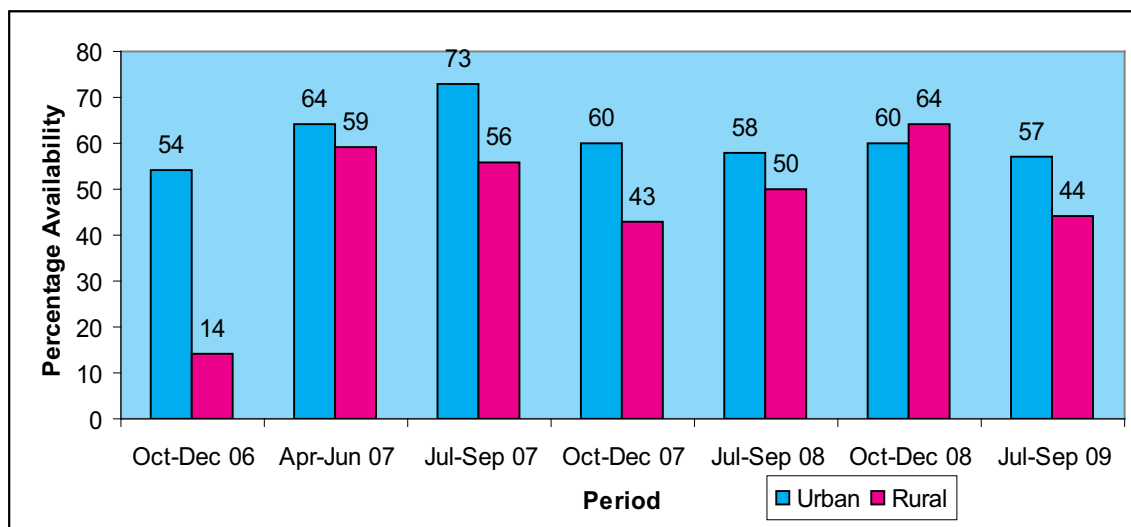
Fig 2: Overall availability of 40 key medicines across sectors 2006-2009



Since 2006 medicine availability across all sectors has been unpredictable with many fluctuations observed. The public sector has been the worst performer and in the latest survey (July – September 2009) showed a decline of 13% from the survey conducted in October- December 2008. Medicine availability in mission facilities increased slightly from 71% in the quarter October- December 2008 to 75% in July-September 2009. In the private sector availability of essential medicines decreased from 79% (in Oct-Dec 2008) to 67% (in July- Sept 2009), this is mainly as a result of the large disparity between urban and rural facilities as depicted in Fig.2.

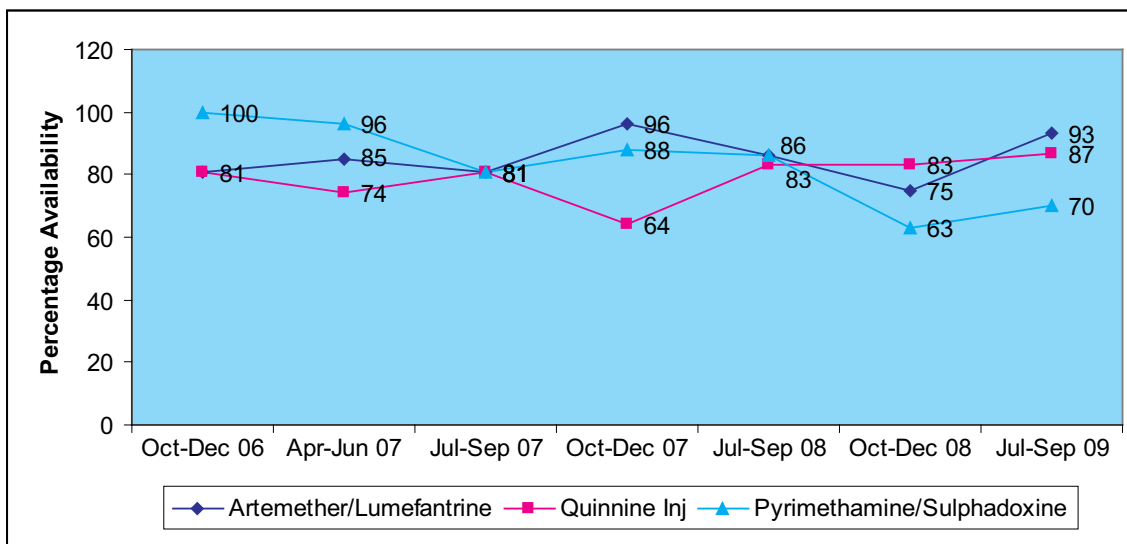
Availability of essential medicines in the public sector has remained consistently low whereas it has fluctuated in all sectors between 2006 and 2009. This creates a challenge to access essential medicines for the most poor and vulnerable groups

Fig 3: Overall availability of 40 key medicines across Urban and Rural facilities in Public sector 2006-2009



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 from the previous quarter. This rise was not explored by the survey.

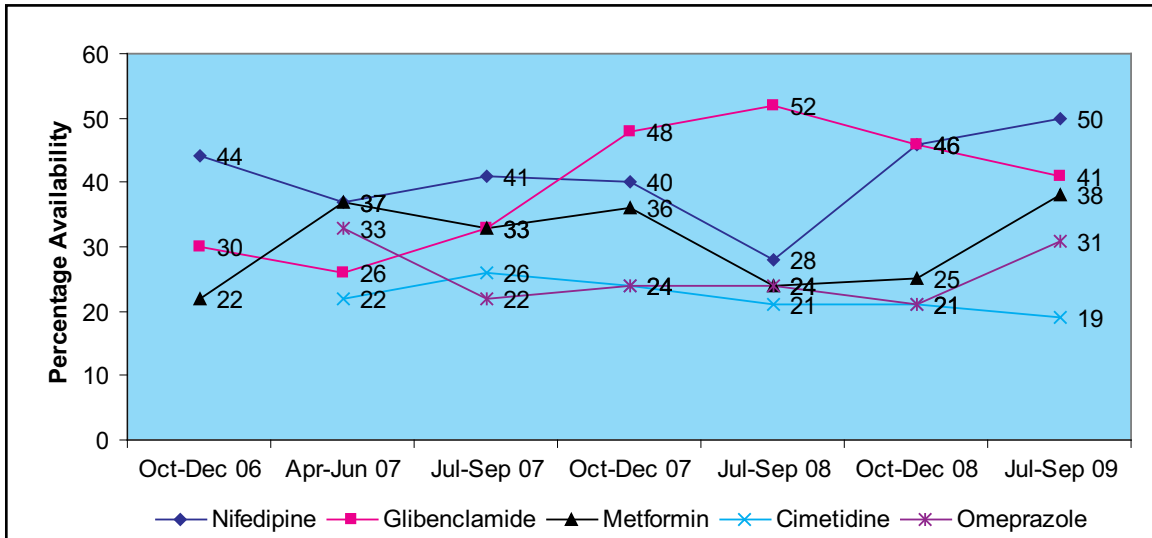
Fig 4: Trend in availability of key antimalarial medicines 2006-2009 in public sector



Availability of Artemether /Lumefantrine, the first line Antimalarial remained high in the public sector although there were some fluctuations. Availability of the second line treatment for malaria of Quinine injection has risen by 23% since October- December 2007. However, Pyrimethamine/ Sulphadoxine used for prophylaxis has reduced by 30% since 2006.

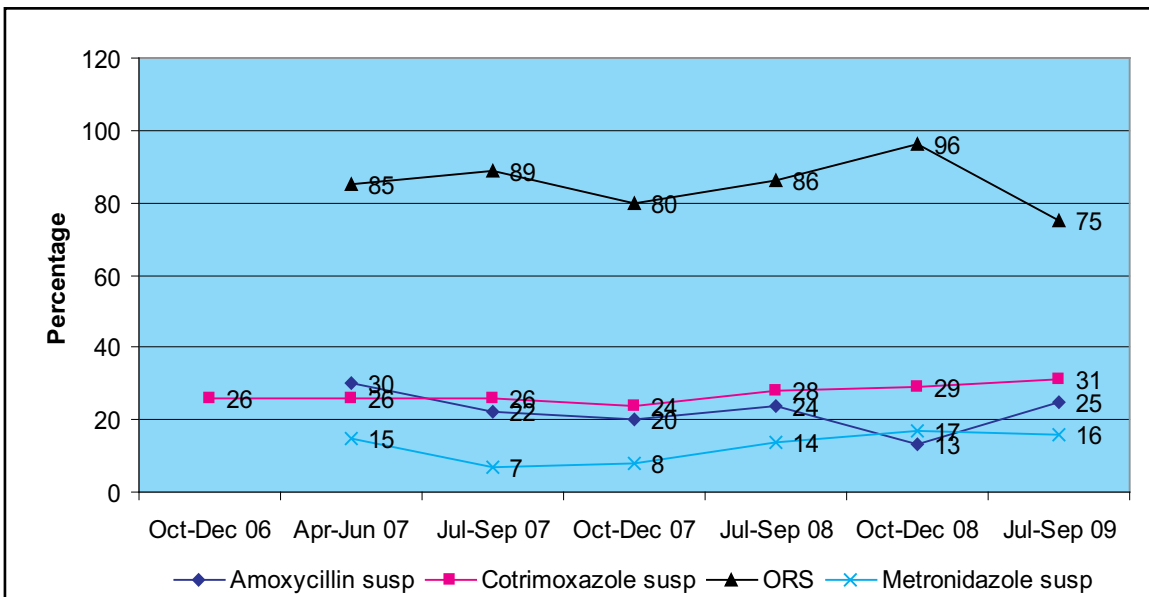
Continuous availability of first-line antimalarial Artemether/Lumefantrine is necessary to maintain adequate management of malaria

Fig 5: Trend in availability of 5 key medicines for chronic diseases 2006-2009 in public sector



Availability of medicines for chronic illnesses has been poor. Availability of Omeprazole and Cimetidine used to manage chronic ulcer disease, which is an increasing morbidity burden was consistently below 30 percent. Management of diabetes and hypertension in terms of availing the necessary treatments 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 2006-2009 in public sector



Paediatric formulations continued to be stocked in less than 30 percent of facilities. This shows that pneumonia and respiratory tract diseases common in children are not adequately catered for in the public health facilities.

However, availability of Oral Rehydration Salts used in management of diarrhoea has continued to be high.

MoH should prioritize stocking of pediatric formulations to improve management of diseases in infants and children

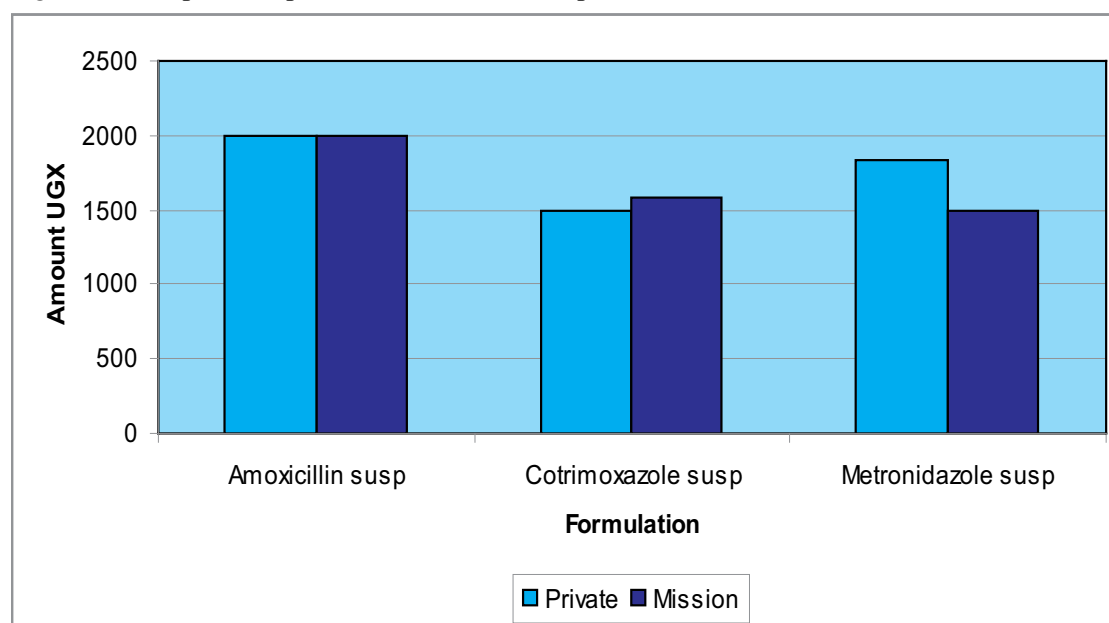
c) Key findings: Medicine prices

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	1.14	1.06	1.11
No. of Pairs Compared	24	31	29	26

Prices charged to consumers for medicines in Private facilities were comparable across urban and rural facilities (ratio 1:1). In the Mission sector medicines in the urban facilities were 14% more expensive for consumers than in the rural facilities. A comparison between the Private sector and the Mission sector showed that medicines were 6% more costly in private urban facilities and 11% more costly in private rural facilities.

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



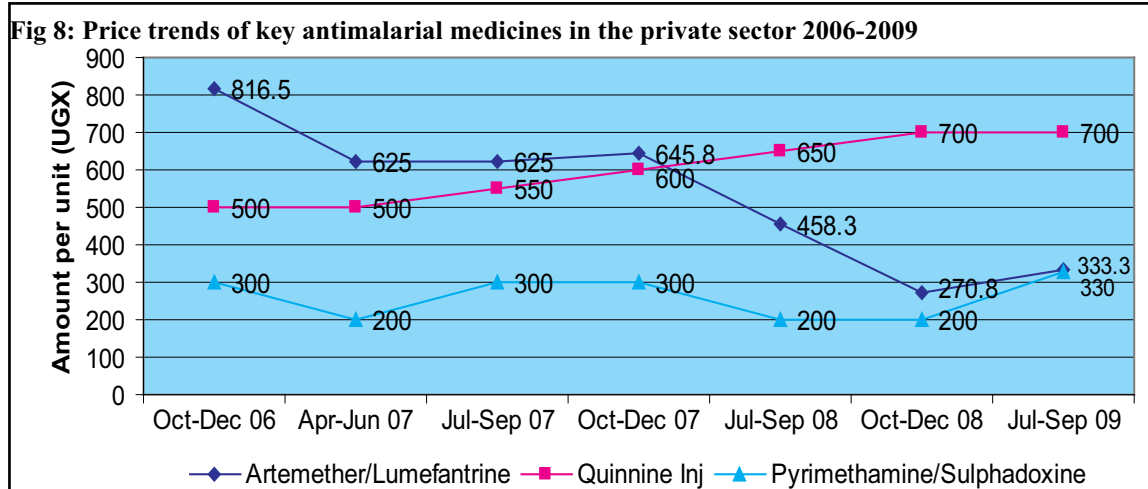
Median price of Amoxicillin and Cotrimoxazole suspensions (used for acute respiratory tract infection) were comparable in private and mission sectors but Metronidazole suspension cost higher in the private sector.

Discussion: Medicine prices

Table 5: Median consumer prices per unit of selected medicines in Private and Mission facilities

MEDICINE	Private Sector Facilities Price (UGX)	Mission facilities Price (UGX)
Amitriptylline 25mg tab	75	50
Amoxicillin 250mg cap	100	100
Artemether/Lumefantrine 20/120mg tab	333.3	208.3
Ceftriaxone 1g Inj	3000	3000
Ciprofloxacin 500mg tab	200	200
Diazepam 5mg tab	40	27.5
Fluconazole 200mg cap	1000	850
Glibenclamide 5mg tab	100	50
Metformin tab 500mg	150	100
Nifedipine retard 20mg	150	100
Omeprazole 20mg cap	200	200
Pyrimethamine/ Sulphadoxine 25/500mg tab	330	200

d) Key findings: Price trends



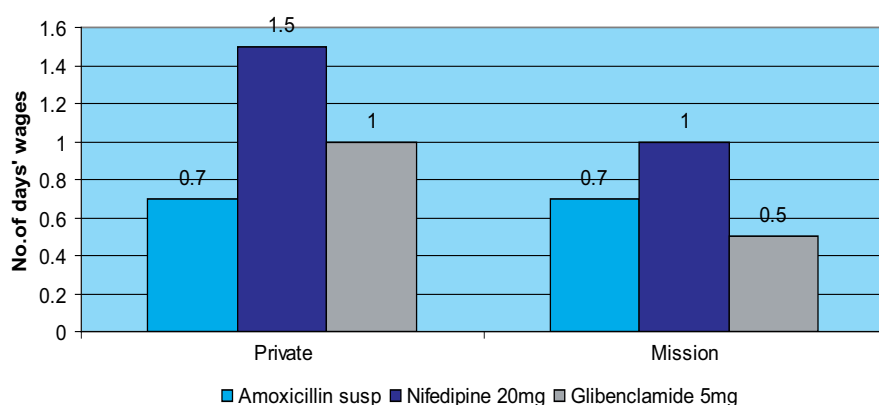
The consumer price of Artemether/Lumefantrine (first line antimalarial) has dropped from UGX 816.5 per tablet in Oct-Dec 2006 to UGX 333.3 per tablet in July-September 2009. This may be attributed to increased generic competition and the increased production and use of Artemesinin Combination Therapy (ACTs) as first-line treatment. Price of an ampoule of 600mg of Quinine injection (the second line antimalarial) increased from UGX 500 to UGX 700 per ampoule over the period. There has also been an increase in price of Sulphadoxine/Pyrimethamine (probably due to an increase in the prices of raw materials globally).

The drop in the Private sector price of the first line antimalarial Artemether/Lumefantrine has still not made it affordable to the ordinary person (if unaffordability is defined by costing more than one day the lowest paid Government worker would have to work to pay for treatment).

e) Key findings: Affordability

Affordability relates to 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 US\$ 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



An illustrative example above 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 Amoxicillin 125mg/5ml suspension. For this family, it would require close to 3.2 days wages for treatment in the private and 2.2 days' wages in mission sector. Using this measure, the 31% of families in Uganda who live below a dollar a day would have problems affording such treatment.

4. CONCLUSION

The surveys carried out were using a selection of medicines as a proxy. They indicate that availability and prices of medicines are still a major hindrance to access to essential medicines for the general public, particularly those living in rural areas. Government needs to work with the Private and Mission sectors in partnership to address this important issue.

ANNEX I. AVAILABILITY OF MEDICINES IN THE THREE SECTORS

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

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

Asthma		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Salbutamol inhaler	100 mcg/dose	dose	as needed	200	Brand	5500.00	1.8	5350.00	1.8
Diabetes		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Glibenclamide	5 mg	cap/tab	30	60	Brand	3000.00	1.0	1500.00	0.5
Adult Malaria		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Artemether+lumefantrine	20+120 mg	cap/tab	3	24	Brand	7999.00	2.7		
Hypertension		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Nifedipine	20 mg	tab	30	30	Brand	4500.00	1.5	3000.00	1.0
Depression		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Amiripityline	25 mg	cap/tab	30	90	Brand	6750.00	2.3	4500.00	1.5
Adult respiratory infection		Private Sector			NGO				
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Ciprofloxacin	500 mg	cap/tab	7	14	Brand	2800.00	0.9	2800.00	0.9
Paediatric respiratory infection		Private Sector			NGO				

Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Co-trimoxazole suspension	8+40 mg/ml	millilitre	7	70	Brand	1050.00	0.4	1109.50	0.4
Adult respiratory infection						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Amoxicillin	250mg	cap/tab	7	42	Brand	4200.00	1.4	4200.00	1.4
Adult respiratory infection						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Ceftriaxone injection	1 g/vial	vial	1	1	Brand	3000.00	1.0	3000.00	1.0
Anxiety						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Diazepam	5 mg	cap/tab	7	7	Brand	280.00	0.1	192.50	0.1
Arthritis						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Diclofenac	50 mg	cap/tab	30	60	Brand	3000.00	1.0	3000.00	1.0
Pain/inflammation						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Paracetamol	500 mg	cap/tab	3	18	Brand	360.00	0.1	360.00	0.1
Ulcer						Private Sector		NGO	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Omeprazole	20 mg	cap/tab	30	30	Brand	6000.00	2.0	6000.00	2.0

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

Medicine	Median Unit Price	
	PRIVATE SECTOR	MISSION SECTOR
Aciclor tab 200mg	300.00	300.0000
Albendazole tab 200mg	1000.00	200.0000
Amitriptyline tab 25mg	75.00	50.0000
Amoxicillin cap/tab 250mg	100.00	100.0000
Amoxicillin susp 250mg/5ml	20.00	20.0000
Artemether/Lumefantrine tab 20/120mg	333.33	208.3300
Bendrofluazide tab 5mg	50.00	50.0000
Betamethasone cream/ointment 1%w/v	100.00	100.0000
Carbamazepine tab 200mg	100.00	100.0000
Ceftriaxone 1g powder for inj'n	3000.00	3000.0000
Cimetidine tab 400mg	125.00	100.0000
Ciprofloxacin tab 500mg	200.00	200.0000
Co-trimoxazole susp 8/40 mg/ml	15.00	15.8500
Co-trimoxazole tab 400+80 mg	50.00	50.0000
Dextrose 5% inj	2000.00	1800.0000
Diazepam tab 5mg	40.00	27.5000
Diclofenac tab 50mg	50.00	50.0000
Doxycycline cap/tab 100mg	100.00	100.0000
Erythromycin tab 250mg	100.00	100.0000
Fluconazole tab /cap 200mg	1000.00	850.0000
Furosemide tab 40mg	33.33	20.0000
Gentamycin inj 80mg/ml	500.00	700.0000
Glibenclamide tab 5mg	100.00	50.0000
Mebendazole tab 100mg	22.50	30.0000
Metformin tab 500mg	150.00	100.0000
Methyergometrine inj 200ug/ml	1000.00	500.0000
Metronidazole susp 200mg/5ml	18.33	15.0000
Metronidazole tab 200mg	33.33	30.0000
Nifedipine retard tab 20mg	150.00	100.0000
Nystatin pessaries 100000iu	200.00	125.0000
Omeprazole cap 20mg	200.00	200.0000
Oral Rehydration Salt (ORS)	300.00	150.0000
Paracetamol tab 500mg	20.00	20.0000
Phenytoin tab 100mg	50.00	45.0000
Prednisolone tab 500mg	40.00	30.0000
Pyrimethamine /sulfadoxide (SP) tab 25/500mg	330.00	200.0000
Propranolol tab 40mg	50.00	40.0000
Quinine inj 300mg/5ml	700.00	800.0000
Salbutamol inhaler 0.1mg(100mcg)/dose	27.50	30.0000
Tetracycline eye ointment 1%	200.00	286.0000

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