Medicine Price Monitor

Uganda No. 2 Apr-Jun 2007

UGANDA COUNTRY WORKING GROUP

is a collaboration of:

MINISTRY OF HEALTH

WORLD HEALTH ORGANISATION

HEPS UGANDA

Supported by:

HAI AFRICA

1. INTRODUCTION

In order to understand how prices affect access to medicines in Uganda, the Ministry of Health (MoH) in collaboration with the World Health Organisation (WHO), Health Action International (HAI-Africa) and the Coalition for Health Promotion and Social Development (HEPS-Uganda), under the banner of Uganda Country Working Group, are carrying out quarterly monitoring of medicine prices and availability in all regions of Uganda. The data generated informs policy interventions aimed at improving affordability and accessibility of medicines. The data is also used in assessing and monitoring the impact of current policy interventions.

The regular monitoring of medicine prices is a follow up on the recommendations of a survey MoH, WHO and HAI-Africa conducted in 2004 which established that high pricess and limited availability limit access to medicines in Uganda.

The results presented here are for the price monitoring survey conducted during the April-June 2007 quarter.

KEY FINDINGS: OVERALL

1. Availability of the surveyed medicines was highest in Mission facilities and lowest in Public facilities
2. In the Public Sector, there was no difference in availability of medicines between rural and urban facilities. However, in the Private and Mission sectors, medicines were more readily available in urban facilities.
3. Prices of medicines in the Private Sector facilities were higher than in Mission facilities.
4. Medicines in Private Sector and Mission facilities were unaffordable for the lowest paid Government worker.

2. METHODOLOGY

The survey was conducted using the standardised WHO/HAI Medicine Prices Monitoring Tool. Forty key (regularly prescribed and dispensed) medicines were selected for price survey (lowest priced generic versions) and availability. Thirty seven of the selected medicines are listed on the draft Essential Medicine List for Uganda (EMLU-Nov 2006). Albendazole 200mg tab, Diclofenac 50mg tab and Ceftriaxone 1g injection were added to the survey list because they are also commonly prescribed. Twenty eight are essential medicines on the WHO Essential Medicines List and all the surveyed medicines are on the MSH international price reference guidelines (2006) *(See Annex 3 for list)*.

The survey was conducted in four regions (Eastern, Central, Western and Northern) and three sectors per region (Public, Private and Mission). The regional and district hospitals plus sub-district health facilities were selected to represent the Public sector. Private pharmacies, drug shops and clinics were selected within 5km of each selected public facility to represent the private sector. Mission/ NGO facilities were selected purposely targeting facilities equivalent to public sector facilities and private hospitals.

Table 1: Distribution of facilities that were surveyed

	Northern	Eastern	Western	Central	Total	
Public Rural	**4**	**4**	**5**	**3**	**16**	**27**
Public Urban	**2**	**3**	**3**	**3**	**11**	
Private Rural	**3**	**2**	**2**	**5**	**12**	**27**
Private Urban	**5**	**3**	**5**	**2**	**15**	
Mission Rural	**6**	**5**	**3**	**2**	**16**	**23**
Mission Urban	**1**	**1**	**2**	**3**	**7**	

Table 2: Classification of Public and Mission sector facilities

	Hospitals	Health Centre IVs	Health Centre IIIs
Northern	3	6	4
Eastern	5	7	1
Western	7	5	0
Central	9	2	0

Health Centre IVs have a medical officer as the in-charge, while Health Centre IIIs have a clinical officer as the in-charge. The Medicines surveyed are expected to be available in these facilities since the minimum level of care requiring these medicines is HCIII and IV.

3. LIMITATIONS OF THE SURVEY

1. The survey was carried out in the non-paying side of the hospitals where majority of the population access treatment
2. The survey was limited to the lowest priced medicines available at the time of data collection irrespective of the brand
3. Some of the facilities especially in the Mission sector charged a flat rate for treatment (consultation and medicines). As a result, actual medicine prices could not be investigated, only medicine availability was investigated in these facilities
4. Sample size for urban/rural comparisons was not quite robust enough
5. There are very few Mission urban facilities.

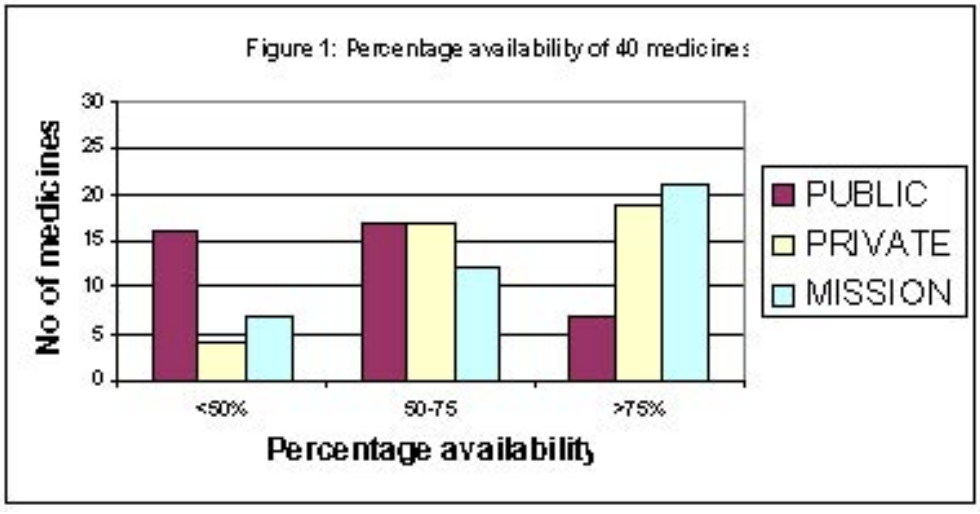
4. RESULTS & DISCUSSION

a) Key Findings: Availability

Table 3: Availability of 40 key medicines across sectors

Sector	No. of Facilities	Median Availability
Public: Overall	27	57%
Urban	11	64%
Rural	16	59%
Private: Overall	27	74%
Urban	15	87%
Rural	12	58%
Mission: Overall	23	78%
Urban	7	100%
Rural	16	72%

1. With the exception of the Public sector, medicines were more readily available in the urban compared to the rural facilities.
2. Glibenclamide 5mg tab was available in 26% of the Public facilities, 57% of the Mission facilities and 52% of the Private facilities. Metformin 500mg tab was available in 37% of the Public facilities, 44% of the Mission facilities and 48% of the Private facilities.
3. Sulphadoxine/Pyrimethamine 500mg+25mg tab was available in more than 80% of facilities in all the three sectors. Artemether/Lumefantrine 20+120mg tab was available in 85% of the Public facilities, 22% of the Private facilities, and 70% of the Mission facilities.



Most of the medicines in the Public sector had availability less than 75%. Medicine availability of more than 75% was commonest in Mission sector facilities.

Discussion: Availability

Diabetes has emerged as one of the major chronic diseases in Uganda. Statistics from WHO reveal that there were 98,000 cases of diabetes in Uganda in 2000 with a projection of 328,000 by 2030. The age-standardised mortality stood at 26.9 per 100,000 population in 2002 (*Diabetes in the African Region, 2002)*. As such, it is important for Glibenclamide and Metformin to be highly available.

Malaria is among the top five causes of death in Uganda. The 2002 WHO statistics on age-standardised mortality rate by cause puts deaths from malaria at 101.3 per 100,000 populations. Following the change in the national anti-malarial treatment policy guidelines to Artemether-Lumefantrine as the first line, availability of this medicine was found to be relatively high across the Mission and Public sectors. The high price in the Private sector is probably the reason for their low availability there.

RECOMMENDATION

- **Investigate the medicine procurement system in the Public sector facilities**
- **Investigate the low availability of the first line anti-malarial in the Private sectors. Limited availability could undermine proper case management of malaria.**.

b) Key Findings: Medicine Prices

1. Medicine prices in the Private sector were the same in both urban and rural facilities. They were also comparable to those in the Mission sector. Medicines were provided free of charge in the Public sector.
2. Medicine prices in Private sector facilities were 14-20% higher than in Mission sector facilities

To explain further the situation on medicine prices, results have been presented both in the local currency as well as the MPR[1].

[1]The MPR expresses the price of the product compared to the MSH Drug Price Indicator median values. MPR is adjusted with International Reference Price MSH 2006 (most current). This is based on an exchange rate of 1 US $ against UShs. 1750/- at the beginning of the survey.

Table 4: Comparison of medicine prices between and within sectors

Sectors compared	Private Urban to Private Rural	Mission Urban to Mission Rural	Private Urban to Mission Urban	Private Rural to Mission Rural
No of times more expensive	1.00	1.00	1.20	1.14
No of pairs matched	26	29	31	23

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

MEDICINE	Private Sector Facilities		Mission facilities	
	Price (UShs)	MPR	Price (UShs)	MPR
Metformin tab 500mg	100/-	3.8	90/-	3.4
Glibenclamide 5mg tab	72.5/-	11.8	20/-	3.3
Nifedipine retard 20mg	100/-	2.0	100/-	2.0
Cotrimoxazole susp 8/40 mg/ml, 100ml	1500/-	3.0	1480/-	2.9
Amoxicillin paed susp 125mg/5ml, 100ml	1,500-	1.9	1,500/-	1.9

Discussion: Medicine Prices

Because of limited expenditure on the health sector by the Government, a large percentage of the population access medicines through the Private and Mission sector facilities. The 2004 WHO statistics on health systems expenditure ratios reveal that private expenditure on health as a percentage of total expenditure is higher (67.3%) compared to government expenditure on health (32.7%). Government expenditure on health as a percentage of total expenditure is 10% while out of pocket expenditure as a percentage of private health expenditure on health was 51.3%.

Part of government support to health services involves support to the Mission sector.

The medicines in Table 5 were available in less than 40% of the Public sector facilities yet they are commonly prescribed medicines as per the Uganda Clinical Guidelines (2003). For instance, Amoxicillin suspension and Cotrimoxazole suspension are medicines used in acute respiratory infections (ARIs) in paediatrics. ARIs are a major cause of mortality. The 2002 WHO age-standardized mortality rate-by-cause for ARIs is 94.1 per 100,000 population.

The findings suggest that the majority who seek treatment have to buy these medicines from the Private and Mission sector facilities where they are sold at high prices.

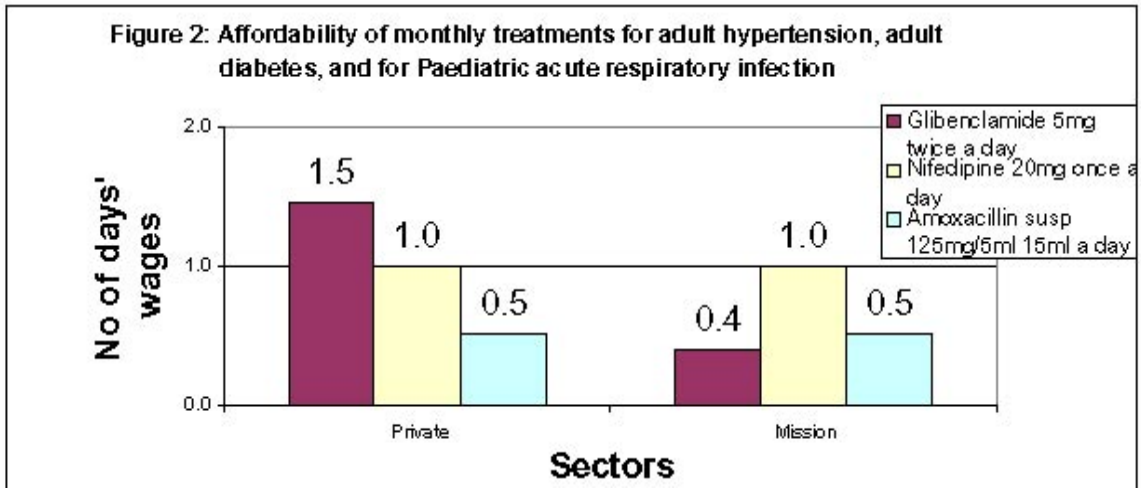
RECOMMENDATION

Investigate the pricing mechanisms in the Mission sector to ensure that medicines are affordable to the populations they serve.

c) Key Findings: Affordability

Medicines in Private and Mission sector facilities were unaffordable for the lowest paid government worker. 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 2006-2007 Government of Uganda salary structure.

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 almost two days wages for treatment in the Mission facility while treatment from the Private facility would require three days' wages.

Assuming that these medicines are not obtained from the Public sector and treatment would have to be sought from the Private or Mission facilities, the treatment would be unaffordable to the illustrative household. And given that most Ugandans live on much less, medicines may be much more unaffordable than indicated by these findings.

RECOMMENDATION

Government should live up to its commitment of ensuring availability of the basic medicines in the Public facilities.

5. CONCLUSION

Low availability of medicines coupled with high prices and low incomes, are still a major hindrance to access to essential medicines in Uganda.

ANNEX 1: AVAILABILITY OF MEDICINES IN THE THREE SECTORS

Availability in the Public sector

Percentage Availability	Medicines	
16 medicines had 50% or less medicine availability	Acyclovir tab 200mg	Nifedipine tab 20mg
	Amoxacillin susp 125mg/5ml	Nystatin pessaries 100000iu
	Bendrofluazide tab 5mg	Omeprazole cap 20mg
	Betamethasone cream 1%w/v	Prednisolone tab 5mg
	Ceftriaxone inj 1g vial	Salbutamol inhaler 0.1mg/dose
	Cimetidine tab 400mg	Fluconazole tab/cap 200mg
	Cotrimoxazole paed susp 8+40mg/ml	Glibenclamide tab 5mg
	Metformin tab 500mg	Metronidazole susp 200mg/5ml
17 medicines had 50-75% medicine availability	Amitriptylline tab 25mg	Mebendazole tab 100mg
	Amoxacillin cap/tab 250mg	MethylErgometrine 200ug/ml
	Carbamazepine tab 200mg	Metronidazole tab 200mg
	Dextrose 5% inj 500ml	Paracetamol tab 500mg
	Diazepam tab 10mg	Phenytoin tab 100mg
	Diclofenac tab 50mg	Propranolol tab 40mg
	Doxycycline cap/tab 100mg	Quinine inj 300mg/5ml
	Erythromycin tab 250mg	Tetracycline eye oint 1%w/v 3.5g
	Furosemide tab 40mg	
7 medicines had over 75% medicine availability	Pyrimethamine with Sulphadoxine tab 25+500mg	Albendazole tab 200mg
	Artemether/Lumefantrine tab 20+120mg	Ciprofloxacin tab 500mg
	Cotrimoxazole tab 80+400mg	Gentamycin inj 80mg/ml
	Oral Rehydration Salt (ORS)	

Availability in the Private sector

Percentage Availability	Medicines	
4 medicines had 50% or of the less medicine availability	Fluconazole tab/cap 200mg	Metformin tab 500mg
	Artemether/Lumefantrine tab 20+120mg	Phenytoin tab 100mg
17 medicines had 50-75% medicine availability	Acyclovir tab 200mg	Amitriptylline 25mg tab
	Albendazole tab 200mg	Bendrofluazide tab 5mg
	Carbamazepine tab 200mg	Ceftriaxone inj 1g
	Betamethasone cream 1%w/v 15g	Dextrose 5% inj 500ml
	Glibenclamide tab 50mg	MethylErgometrine inj 200ug/ml
	Cotrimoxazole susp 80+400mg/5ml	Nystatin pessaries 100,000iu
	Furosemide tab 40mg	Propranolol tab 40mg
	Metronidazole susp 200mg/5ml	Quinine inj 300mg/5ml
	Salbutamol inhaler	

19 medicines had over 75% medicine availability	Pyrimethamine with Sulphadoxine tab 25+500mg	Amoxacillin susp 250mg/5ml
	Cotrimoxazole tab 80+400mg	Cimetidine tab 400mg
	Doxycycline tab/cap 100mg	Gentamycin inj 80mg/2ml
	Mebendazole tab 100mg	Metronidazole tab 200mg
	Diazepam tab 5mg	Ciprofloxacin tab 500mg
	Omeprazole cap 20mg	ORS
	Nifedipine tab 20mg	Erythromycin tab 250mg
	Amoxacillin cap 250mg	Paracetamol tab 500mg
	Diclofenac tab 50mg	Prednisolone tab 5mg
	Tetracycline eye oint 1%w/v 3.5g	Metronidazole tab 200mg
	Nifedipine retard tab 20mg	

Availability in the Mission sector

Percentage Availability	Medicines	
7 medicines had 50% or less medicine availability	Salbutamol Inhaler	Metformin tab 500mg
	Betamethasone cream/ Oint 1%w/v 15g	Fluconazole cap/tab 200mg
	Metronidazole susp 200mg/5ml	Ceftriaxone inj 1g powder
	Cimetidine tab 400mg	
12 medicines had 50-75% medicine availability	Albendazole tab 200mg	Cotrimoxazole susp 80+400mg/5ml
	Amitriptylline 25mg tab	Furosemide tab 40mg
	Amoxicillin suspension 125mg/5ml	Glibenclamide tab 5mg
	Artemether+ Lumefantrine tab 20/120mg	Nifedipine retard tab 20mg
	Bendrofluazide tab 5mg	Omeprazole cap 20mg
	Carbamazepine tab 200mg	Prednisolone tab 5mg
21 medicines had over 75% availability	Acyclovir tab 200mg	Pyrimethamine with Sulphadoxine tab 25+500mg
	Amoxicillin susp 125mg/5ml	Diclofenac tab 50mg
	Ciprofloxacin tab 200mg	Doxycycline cap 100mg
	Cotrimoxazole tab 400+80 mg	Erythromycin tab 250mg
	Dextrose 5% injection	Gentamycin inj 40mg/ml
	Diazepam tab 5mg	Mebendazole tab 100mg
	MethylErgometrine inj 200ug/ml	Phenytoin tab 200mg
	Metronidazole tab 200mg	Propranolol 40mg tab
	Nystatin pessaries 100,000iu	Quinine inj 300mg/ml
	Oral Rehydration salt (ORS)	Tetracycline eye ointment 1%
	Paracetamol tab 500mg	

ANNEX 2. MEDIAN PRICES (UG SHS) OF MEDICINES IN THE PRIVATE AND MISSION SECTORS

MEDICINE	Private Sector			Mission Sector		
	Overall	Urban	Rural		Urban	Rural
Acyclovir tab 200mg	500	500		200	200	200
Albendazole tab 200mg	500	500	500	200	200	
Amitriptylline tab 25mg	100	100		50	50	50
Amoxicillin tab 250mg	50	50	50	50	50	60
Amoxacillin susp 125mg/5ml	15	15	15	15	15	15
Artemether/Lumefantrine tab 20/120mg	625	625				
Bendrofluazide tab5mg	50	50	100	25	25	30
Betamethasone cream/ointment 1%w/v	86.7	100	76.7	66.7		
Carbamazepine tab 200mg	100	100		100	100	67.5
Ceftriaxone 1g powder for inj	5000	5000		5000	5000	3750
Cimetidine tab 400mg	100	150	100	100	75	100
Ciprofloxacin tab 500mg	225	300	200	200	175	200
Co-trimoxazole suspension 8/40 mg/ml	15	15	18	14.8		14.8
Co-trimozole tab 400+80mg	45	40	45	50	50	37.5
Dextrose inj 5% 500ml	1500	1500	2500	1500	2000	1500
Diazepam tab 5mg	20	20	20	20	20	32.5
Diclofenac tab 50mg	50	50	50	40	50	27.5
Doxycycline cap/tab 100mg	100	100	100	50	50	75
Erythromycin tab 250mg	100	100	100	100	100	100
Fluconazole tab /cap 200mg	1750	1750				
Furosemide tab 40mg	25	25	25	20	20	20
Gentamycin inj 40mg/ml	400	500	350	500	500	450
Glibenclamide tab 5mg	72.5	70		20	15	50
Mebendazole tab 100mg	25	25	25	27.5	30	20
Metformin tab 500mg	100	100		90	100	80
MethylErgometrine inj 200ug/ml	600	600	1000	500	500	500
Metronidazole susp 200mg/5ml	15	15	15	50		35
Metronidazole tab 200mg	25	30	25	30	50	25
Nifedipine retard tab 20mg	100	100	100	100	100	70
Nystatin pessaries	178.6	189.3		100	100	100
Omeprazole cap 20mg	200	250	200	200	200	175
ORS 1pkt/lt	300	200	300	175	150	
Paracetamol tab 500mg	20	25	13.8	20	20	20
Phenytoin tab 100mg	50	50		20	20	22.5
Prednisolone tab 5mg	30	40	27.5	30	30	30
Pyrimethamine /Sulphadoxine (SP) tab 25/500mg	233.5	200	300	166.7	200	158.3
Propranolol tab 40mg	30	25	50	20	20	20
Quinine inj 300mg/5ml	500	500	500	500	750	500
Salbutamol inhaler 0.1mg (100mcg)/dose	25	25		30		
Tetracycline eye ointment 1%w/v 3.5g	142.9	142.9	142.9	142.9	142.9	142.9

ANNEX 3: COMPARISON OF MEDICINES WITH INTERNATIONAL REFERENCE PRICES (MPR) IN BOTH THE PRIVATE AND MISSION FACILITIES

MEDICINE	Draft EMLU Nov 2006 (level of care)	WHO EML	MEDIAN INTERNATIOAL PRICE (US$)	MPR PRIVATE	MPR MISSION
Acyclovir tab 200mg	HCIV	E	0.0434/tab	6.6	2.6
Albendazole tab 200mg	N	P	0.0197/tab	14.5	5.8
Amitriptylline tab 25mg	HCIV	E	0.0088/tab	6.5	3.2
Amoxicillin tab 250mg	HCII	E	0.0154/tab	1.9	1.9
Amoxacillin susp 125mg/5ml	HCII	E	0.0046/ml	1.9	1.9
Artemether/Lumefantrine tab 20/ 120mg	HCII	E	0.1861/tab	1.9	0.0
Bendrofluazide tab5mg	HCIII	T	0.0114/tab	2.5	1.3
Betamethasone cream/ointment 1%w/v	HCIV	E	0.0512/g	1.0	0.7
Carbamazepine tab 200mg	HCIV	E	0.0209/tab	2.7	2.7
Ceftriaxone 1g powder for inj	N	C	1.0615/Vial	2.7	2.7
Cimetidine tab 400mg	HCIV	T	0.0252/tab	2.3	2.3
Ciprofloxacin tab 500mg	HCIII	P	0.0312/tab	4.1	3.7
Co-trimoxazole suspension 8/40 mg/ml	HCII	E	0.0029/ml	3.0	2.9
Co-trimozole tab 400+80mg	HCII	E	0.0083/tab	3.1	3.4
Dextrose inj 5% 500ml	HCIII	E	0.0011/ml	1.6	1.6
Diazepam tab 5mg	HCIV	E	0.0067/tab	1.7	1.7
Diclofenac tab 50mg	HCIV	N	0.0076/tab	3.8	3.0
Doxycycline cap/tab 100mg	HCII	C	0.0217/tab	2.6	1.3
Erythromycin tab 250mg	HCII	E	0.0336/tab	1.7	1.7
Fluconazole tab /cap 200mg	REF	P	0.2504/tab	4.0	0.0
Furosemide tab 40mg	HCIII	E	0.0048/tab	3.0	2.4
Gentamycin inj 40mg/ml	HCIV	E	0.0547/ml	4.2	5.2
Glibenclamide tab 5mg	HCIV	E	0.0035/tab	11.8	3.3
Mebendazole tab 100mg	HCI	E	0.0049/tab	2.9	3.2
Metformin tab 500mg	HCIV	E	0.015/tab	3.8	3.4
MethylErgometrine inj 200ug/ml	HCII	T	0.1599/ml	21.4	17.9
Metronidazole susp 200mg/5ml	N	E	0.0112/ml	0.8	2.6
Metronidazole tab 200mg	HCII	E	0.004/tab	3.6	4.3
Nifedipine retard tab 20mg	H	T	0.0288/tab	2.0	2.0
Nystatin pessaries	HCIII	E	0.0624/pess	1.6	0.9
Omeprazole cap 20mg	H	N	0.0500/tab	2.3	2.3
ORS 1pkt/lt	HCI	E	0.0700/pkt	2.4	1.4
Paracetamol tab 500mg	HCI	E	0.0055/tab	2.1	2.1
Phenytoin tab 100mg	HCIII	E	0.0259/tab	1.1	0.4
Prednisolone tab 5mg	HCIV	E	0.0067/tab	2.6	2.6
Pyrimethamine /Sulphadoxine (SP) tab 25/500mg	HCI	C	0.0249/tab	5.4	3.8
Propranolol tab 40mg	HCIV	E	0.0055/tab	3.1	2.1
Quinine inj 300mg/5ml	HCIII	E	0.0850/ml	3.4	3.4
Salbutamol inhaler 0.1mg (100mcg)/ dose	HCIV	E	0.0083/dose	1.7	2.1
Tetracycline eye ointment 1%w/v 3.5g	HCI	E	0.0643/g	1.3	1.3

WHO EML: E= Essential, C= Complimentary, P= Presentation, T= Therapeutic group alternative, N= Not on the list

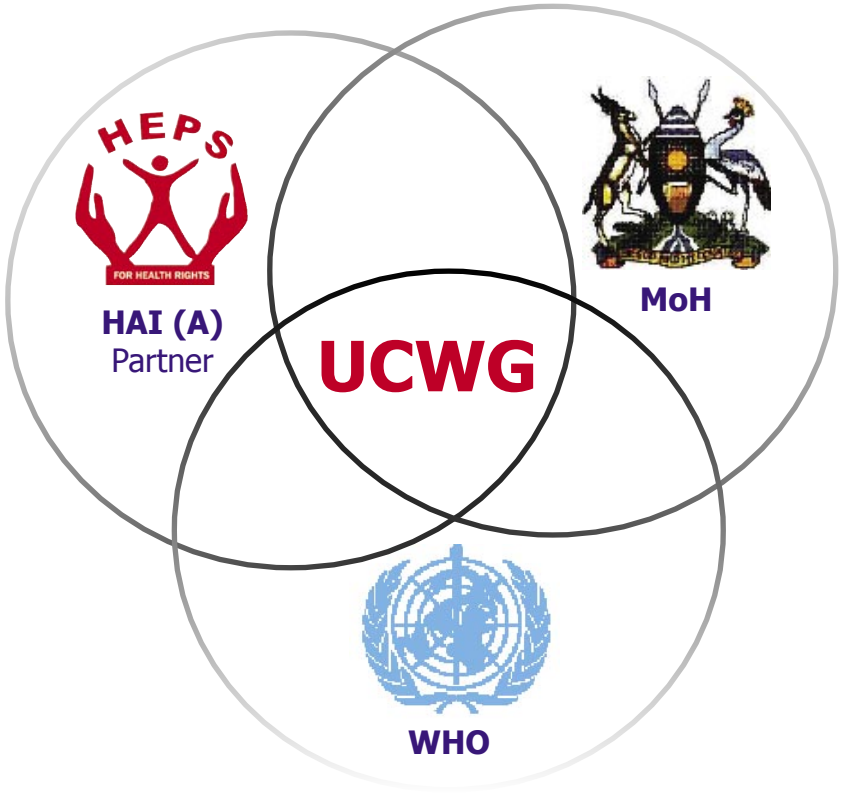
Draft EMLU (Nov 2006); R=Referral, H= Hospital, HC=Health centre, N=Not available on the list

Annex 4: Affordability of 10 Treatments: Daily wage of lowest government worker (in local currency) is Ushs 3000

					PRIVATE SECTOR		MISSION SECTOR	
Diabetes								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Glibenclamide	5mg	tab	30	60	4,200	1.4	1,200	0.4
HYPERTENSION								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Nifedipine	20mg	Tab	30	60	6,000	2.0	6,000	2.0
ADULT RESPIRATORY INFECTION								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Amoxacillin	250mg	cap/tab	7	21	1,050	0.4	1,050	0.4
PAEDIATRIC RESPIRATORY INFECTION								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Co-trimoxazole suspension	8+40mg/ml	milliliter	7	70	1,050	0.4	1,036	0.4
GONORRHOEA								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Ciprofloxacin	500mg	Tab	1	1	225	0.1	200	0.1
DEPRESSION								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Amitriptylline	25mg	tab/cap	30	90	9,000	3.0	4,500	1.5

ASTHMA								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Salbutamol inhaler	0.1mg/dose	dose	as needed	200	5,000	1.7	6,000	2.0
PEPTIC ULCERS								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Omeprazole	20mg	cap/tab	30	30	6,000	2.0	6,000	2.0
MALARIA : ADULT								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Artemether-Lumefantrine	20+120mg	tab	3	24	15,000	5.0	Free Government Coartem	
MALARIA: 5 YEAR OLD CHILD								
Selected medicine	Medicine strength	Dosage form	Treatment Duration (in Days)	Total # of units per treatment	Median Treatment Price	Days wages	Median Treatment Price	Days wages
Artemether-Lumefantrine	20+120mg	tab	3	12	7,500	2.5	Free Government Coartem	

Uganda Country Working Group (UCWG)



The Rationale for the Collaboration

- **Complementary mandates & approaches**
- **Enhance broad stakeholder participation in policy development and implementation**
- **Empower CSO & build capacity in the medicines field**
- **Links between consumers, MOH & WHO, shared expertise, greater impact**
- **Improve coordination and efficient use of resources**
- **Build ownership of process & products**

Goal

Improved equitable and sustainableaccess to medicines

Acknowledgements

UCWG wishes to thank members of the advisory group for their guidance.

Advisory Group Members:

Martin Oteba
Chief Pharmacist, MoH

Joseph Mwoga
National Professional Officer, WHO Uganda

Rosette Mutambi (Ms)
Executive Director, HEPS Uganda

Badebye Tony
President, Pharmaceutical Society of Uganda

Dona Asiimwe (Ms)
General Manager, Joint Medical Stores

Helen Ndagije (Mrs)
Head Drug Information, National Drug Authority

Morries Seru
Pharmacist, MoH

Survey Manager:
Aziz Maija, MCIPS, MPS

Data Collectors:
Prima Kazoora
Aaron Muhinda
Topher Ruyoka
Alice Tumwesigye
Paul Akankwasa
Thomas Obua
Joseph Mangusho
Gideaon Kisule

Report Editor:
Richard Hasunira

Design & Print:
New Enterprise Publications