

## Publication

### Anti-diabetic drugs in the private and public sector in Dar es Salaam, Tanzania

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**OBJECTIVES:** To compare availability, cost, affordability and sources of anti-diabetic drugs between private and public health facilities in Dar es Salaam, Tanzania. **DESIGN:** Cross sectional descriptive study. **SETTING:** Diabetic clinics in private and public health facilities in Dar es Salaam, Tanzania. **SUBJECTS:** Eighty patients randomly selected and 45 health facility personnel staff working in the diabetic clinics. Semi-structured questionnaires and a checklist were used to collect the information. **RESULTS:** Oral hypoglycaemic agents were available in all seven private and three public facilities that were studied. Private facilities stocked more types of oral hypoglycaemic agents than public facilities, which stocked only chlorpropamide and tolbutamide, based on the National Essential Drugs List. The cost of chlorpropamide was five times higher in private facilities compared to public facilities. Insulin was also available in all the facilities. The price of animal insulin in private health facilities was ten times that in public health facilities. Human insulin, which is generally more expensive than animal insulin, was only available in private facilities. Although prices were much lower in public facilities, affordability emerged as a common issue in both private and public facilities. **CONCLUSIONS:** Urban private health facilities offer a wider choice for the needs of diabetic patients but this advantage is compromised by higher prices as compared to public facilities as well as inconsistent supply across facilities. Public health facilities offer only a limited selection of essential oral hypoglycaemics and insulin but at a lower price and across all facilities. Twenty six per cent and 10% of patients in public and private facilities respectively are unable to afford anti-diabetic drugs. The need for intervention to increase affordability of anti-diabetic drugs is evident. Financing and cost of drugs needs to be addressed, either by means of health insurance or other mechanisms, in this era of increasing prevalence of diabetes mellitus among developing countries

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