

MARIE WP2a: Availability, Affordability and Prescribing practices of Hormone Replacement Therapy in Low Middle-Income-Countries (An Interim analysis)

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INTRODUCTION

Hormone Replacement Therapy (HRT) use in low- and middle-income countries (LMICs) remains a complex and under-researched area despite a general acknowledgment that it could support menopause management particularly for symptom relief. Cultural beliefs often prioritize natural remedies over medical interventions, with women frequently using traditional or herbal treatments instead of HRT. Despite cultural stigma and limited awareness, evidence-based interventions and healthcare professional training are essential to improve access, acceptance, and informed decision-making.

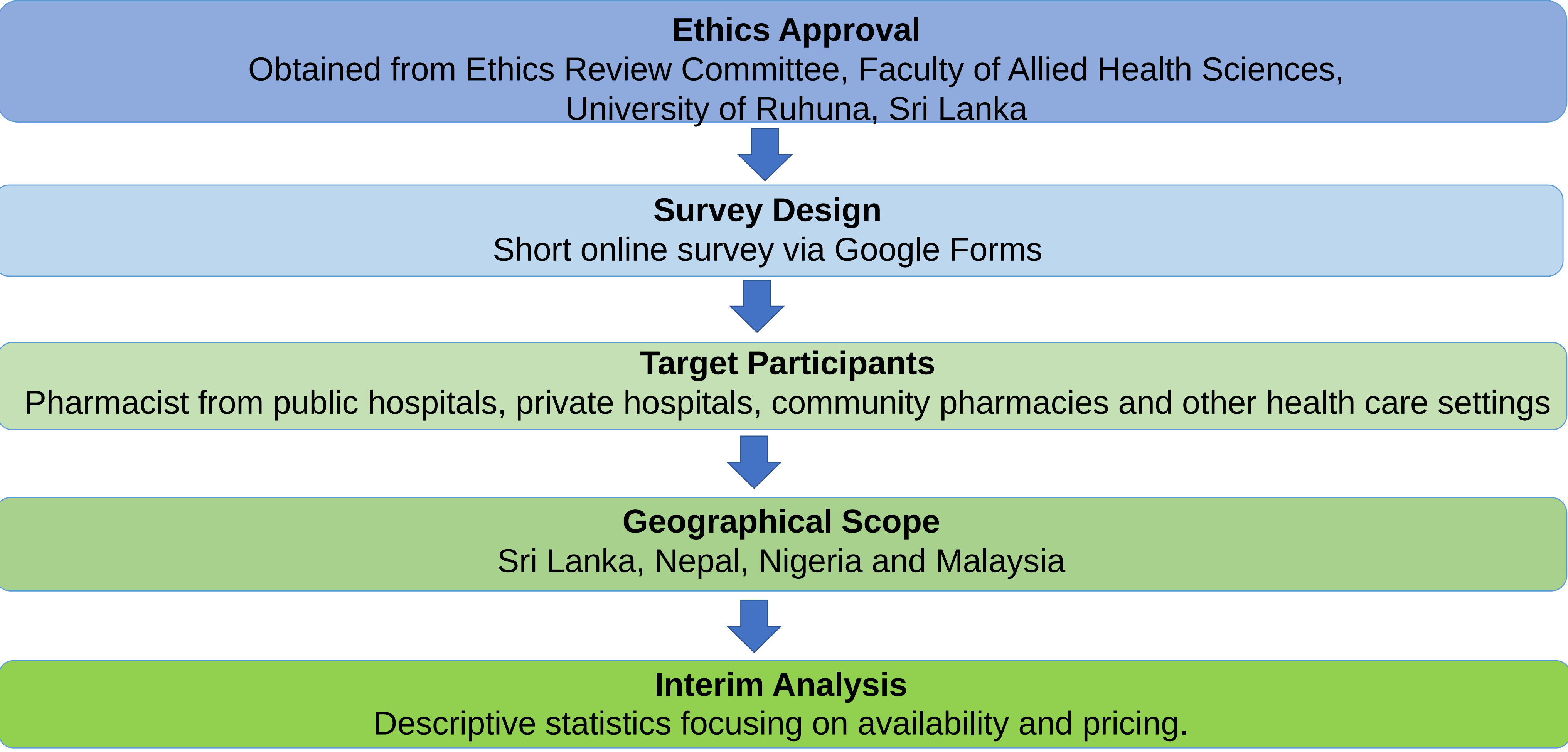
OBJECTIVE

To explore pharmacist’s experience of HRT availability and costs across select LMICs.

DESIGN

A short online survey was conducted as part of a wider mixed-methods study.

METHODS



RESULTS

The survey captured responses from 40 pharmacists across four countries: Sri Lanka (n=10), Nepal (n=10), Nigeria (n=10) and Malaysia (n=10). Of the sample, 13 pharmacists were based in community pharmacies (Sri Lanka: n=6, Nepal: n=1, Nigeria: n=2 and Malaysia: n=4), 12 pharmacists worked in private hospitals (Sri Lanka: n=1, Nepal: n=9, Nigeria: n=1 and Malaysia: n=1), 14 pharmacists were employed in government hospitals (Sri Lanka: n=3, Nigeria: n=6 and Malaysia: n=5), and 1 pharmacist was from other sector (Table 1).

Table 1: Pharmacist distribution by country and sector

Country	Sector				Total
	Community Pharmacy	Private Hospital	Govt. Hospital	Other	
Sri Lanka	6	1	3	0	10
Nepal	1	9	0	0	10
Nigeria	2	1	6	1	10
Malaysia	4	1	5	0	10
Total	13	12	14	1	40

HRT Availability

The most commonly available HRTs include Estradiol, Femoston, Progynova, Tibolone and Premarin vaginal cream. In addition, perimenopausal women were also using Depo-Provera and the Mirena intrauterine device. Vast majority of the participants were from urban areas (n=23), while fewer were from semi-urban (n=11) and rural areas (n=6).

HRT Pricing

In Sri Lanka, the Mirena coil was the most expensive intervention, priced at US\$101. In contrast, Malaysia offered the lowest prices, with US\$ 0.2 and US\$ 22 for Progynova and Depo-Provera, respectively. Nepal presented varied pricing policy with the Mirena coil and Primerin available for US\$ 36 and US\$ 5.5 respectively. Similarly, Nigeria reported costs of US\$ 2,8 and US\$ 25 for the Depo Provera and Progynova, respectively.

CONCLUSIONS

The interim evidence suggests significant regional disparities in the availability and cost of HRTs, with Sri Lanka reporting the highest prices and Malaysia offering the lowest. Pharmacists in urban settings made up the majority of the sample, raising concerns about access in rural areas. These insights further purport the need for equitable healthcare practices, particularly in women’s health.

ACKNOWLEDGEMENT



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