of economic development and a representative sample of medicines. METHODS: The study used the data from the Fisher EKS method. In order to construct an index the products needed to be defined as like. The definition of like in this study was based on molecules which are deemed to deliver equivalent health outcomes. This is a very broad definition and allows a large number of countries' molecules to be included in the indices. Two price indices have been constructed. The first compares prices of mostly off-patent medicines across 56 countries over the period from 2005 to 2011 and included 42 molecules which were used in each country for the period. The second examined on-patent medicines across 17 countries and 9 molecules. RESULTS: The results showed prices varied significantly between regions and that prices of genericised medicines both fell and converged over time. For the mostly generic drugs index the regions from lowest to highest price were - Region of the Americas B and Eastern Mediterranean Region B; Europe; South-East Asian Region B; Eastern European Region B; Western Pacific Region A; European Region A; African Region E; European Region C; Western Pacific Region B; Eastern European Region D; Region of the Americas B and Eastern Mediterranean Region B. Prices tended to be similar within each region. These results will be presented in detail. CONCLUSIONS: This research makes a unique contribution to our understanding of drug prices. It is the first study to compare the price of pharmaceuticals between regions. It uses a method new to pharmaceuticals to compare prices. The results show that differences in price are due to a combination of factors including economic and political factors. The study is limited by the small number of countries included and by the fact that only a small number of molecules were included in the analysis. However, the results suggest that there is scope for further research into the factors influencing drug prices.