Towards universal Health Coverage in Africa: Case studies on access to Essential Medicines and Health Technology Assessment – THE SITUATION IN GHANA

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TABLE OF CONTENTS

INTRODUCTION …1/2

- Essential medicines are those that satisfy the priority health care needs of the population

- Sustainable Development Goal 3.8 specifically mentions the importance of “access to safe, effective, quality and affordable essential medicines and vaccines for all” as a central component of UHC

- SDG (3.b) emphasizes the need to develop medicines to address persistent treatment gaps.

- Selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness.

INTRODUCTION…2/2

- Lack of access to essential medicines is an important threat to achieving universal health coverage (UHC) in sub-Saharan Africa
- The UHC and SDG require that all individuals and communities receive the health services they need without suffering financial hardship. Yet, about a third of the global population lacks essential medicines in health systems
- Compromise quality of care and inflict financial hardship on the individual, household, community and national levels,

FRAMEWORK FOR GHANA EML

- The Ghana National Drugs Programme (GNDP), MOH develops and distributes the Essential Medicine List (EML), containing all the medicines selected for use in the health sector

- Medicines on the EML are categorized according to the level of prescribing to guide prescribing and reimbursements

- The Essential Medicines List (EML) and Standard Treatment Guidelines were updated in 2004, 2010 and 2016.

- The 2010 version was used as the basis for the National Health Insurance Scheme (NHIS) reimbursement list and subsequent medicines list (NHIA, 2016)

MOH POLICY ON EML (1/2)

- The Ministry of Health shall compile a list of selected medicines and other health technologies to be known as the Essential Medicines List (EML), which shall include programme and specialist medicines.
- Medicines listed on the EML shall inform procurement and reimbursements within the health system.
- For public health use, the Ministry of Health through/with the FDA shall ensure access to such medicines of acceptable quality.
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- Selection of medicines and related health technologies shall be by generic name or International Nonproprietary Name (INN) only.

MOH POLICY ON EML (2/2)

- When several medicines are available with the same indication, or when two or more medicines are therapeutically equivalent, the pharmaceutical product and dosage form that provides the most favorable benefit/risk ratio shall be selected

- There shall be guidelines for the inclusion/deletions of medicines and other health technologies on the essential medicines list.

- The EML shall be updated and published every two years. An addendum or an amendment to the EML may be published, if necessary, within the two-year update period.

STEPS FOR UPDATING EML (1/2)

- Obtain a copy of the most recent EML. Country EMLs can be accessed through the WHO website:
- Coordinate and work with partners in-country.
- Determine the process for updating the EML.
  - Identify and meet with key officials and decision makers who are part of the EML review committee, and who make decisions regarding the update.
- Gather research and evidence needed for submission/request to the EML review committee.
- Compile a dossier of the available evidence, based on the requirements of the EML review committee, and submit to the committee, based on the deadline set.

STEPS FOR UPDATING EML (2/2)

- In coordination with the EML committee and MOH stakeholders, develop a dissemination plan to share the outcomes and decisions of the EML committee.

- Follow-up through ongoing monitoring and evaluation to ensure that EML updates are fully implemented and leads to the availability and use of the commodity(ies).

FINANCING ESSENTIAL MEDICINES

- As in many countries, the main source of financing for medicines is direct payment by the individual and households
- This situation has improved by the introduction of the health insurance with free medicines listed on the EML
- The introduction of the health insurance scheme has made essential medicines affordable to over 62% of the population (80-95% of outpatient visits) *(NMP,2017)*
- Over 50% of NHIS expenditure is on medicines and medical products (NHIA, 2016).

HTA Institutionalization in Ghana

For Ghana HTA Institutionalization means…

- Governance structure
  - HTA Steering Committee (Responsible for HTA agenda setting & governance functions)

  · Technical Working Group (implement agenda set by steering committee)
    - transdisciplinary membership drawn from the academia, industry, civil society and health partners.

  - Ghana HTA secretariat is housed in the Ministry of Health with clearly defined role

· Searching for sustainable HTA funding mechanisms

· Ensuring technical and institutional capacities exist

· Legislation for HTA

· Structured HTA communication and advocacy

· Providing Strategic direction for HTA
  - **Strategic** Monitoring, Evaluation of Performance

- Scope:
  - HTA should cover both: direct & indirect intended and unintended consequences of technologies and interventions, consequences.

Progress so far on HTA Institutionalization

HTA Analysis

Ongoing

- HTA in Diabetes
- HTA in Burkitts Lymphoma
- HTA for reimbursement optimization

Completed

- HTA: model for Hypertension
- HTA: comparative analysis of Amoxicillin dispersible tablets and suspension
- HTA: Costing of COVID-19 vaccine deployment

HTA Institutionalization

Ongoing

- HTA legal assessment
- HTA criteria
- HTA skills gap assessment and capacity building

Completed

- HTA: strategy for Ghana (https://idsihealth.org/blog/2021/08/)
- HTA: process for Ghana
- HTA: governance structures

REPUBLIC OF GHANA
MINISTRY OF HEALTH

GHANA STRATEGY FOR HEALTH TECHNOLOGY ASSESSMENT (HTA)

CHALLENGES: EML POLICIES….1/2

- Inadequate financing to pay for an appropriate set of essential medicines
- Unaffordability of essential medicines
- Issues of assuring the quality and safety of essential medicines
  - Incidents of harm from sub-standard and falsified medicines have been recorded *(Hamilton et al., 2016)*
- Irrational use of medicines
- EML not very comprehensive
  - R&D of new medicines has not been aligned with the existing and emergent burden of disease around the world (*Outterson K, 2014)*

CHALLENGES: HTA INSTITUTIONALIZAION..2/2

- Low awareness of what HTA is all about
- Weak capacity
- Realignment of HTA with existing structures, e.g, legalization, compatibility of HTA with procurement laws, etc
- Sustainability of HTA

WAY FORWARD…1/2

- Government and health systems must provide adequate financing to ensure the inclusion of essential medicines in benefit packages provided by the public sector and all health insurance schemes
- Governments and health systems must implement policies that reduce the amount of out-of-pocket spending on medicines.
- Investment in the capacity to accurately track expenditure on medicines, especially essential medicines, in both the public and private sectors
- Promoting of Rational Use of Medicines
- Institution of strict measures to prevent infilteration of substandard medications

WAY FORWARD…2/2

- Capacity building in HTA within the academia, industry/health system
- Provision in MDA and national budget for HTA
- Generation of evidence through research
- Information sharing and advocacy

CONCLUSION

- **Access to Essential Medicines and Health Technology Assessment in Ghana and Africa is critical**

- **Access to affordable, quality and essential medicines is highly linked to UHC achievement…..**

All hands must be on deck to improve access

THANK YOU

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