A desk review of existing literature on medicines for children in Ghana

Executive summary

2011
A review of relevant reports and literature held by the World Health Organization (WHO), the Ministry of Health (MOH), UNICEF, and others related to medicines for children was undertaken as part of the project “Better Medicines for Children” (BMC) in Ghana.

The BMC is a WHO-led project funded by the Bill and Melinda Gates Foundation for improving the availability, accessibility, and use of child-specific medicines in Africa and India. Ghana was one of the two countries selected from Africa for implementation of country specific interventions geared towards achieving this goal. The BMC project in Ghana forms part of the framework of the country’s programme of work meant to achieve Millennium Development Goals 4 and 6 for reducing child mortality. Ghana embraced the BMC project because of its relevance with respect to access to medicines for children. The project also seeks to address issues within countries pertaining to existing child health policies.

The literature review assessed the existing knowledge about the supply and use of paediatric medicines, in general, and the 38 medicines on the global and supplementary lists of children’s medicines, in particular. The review also identified aspects of the pharmaceutical sector that need to be enhanced in order to ensure availability and affordability of child-specific medicines. The review also considered the impact of factors such as rational selection, affordable prices, sustainable financing, and reliable health and supply systems. Some issues arising from the review included:

- Approximately 30% of targeted child-specific medicines are produced by local pharmaceutical manufacturers, even though capacity exists to produce a further 68% of the 38 medicines on the global and country supplementary list.
- There is undue emphasis on the production of over-the-counter medicines as a result of high demand for this class of medicines and this has deterred local manufacturers from producing child-specific essential medicines.
- Only 20% of the 500 medicines listed in the Essential Medicines List (EML), are produced by local manufacturers.
- A restricted list of 16 medicines mandated by the Government to be produced locally only has two medicines specifically for children; namely, syrup chloroquine, which is no longer used, and paracetamol syrup.
- Corporate taxes on industrial pharmaceutical raw materials and other withholding taxes are a disincentive for expansion of production to other lines, such as essential medicines for children, which invariably are not in high demand.
- Local manufacturers could explore the use of platform technology (an innovative technology) to make child-specific formulations available that are flexible to use at point-of-administration.
The Food and Drugs Board (FDB) is not adequately resourced to monitor quality and safety of locally manufactured medicines as part of an effort to assist these manufacturers in achieving international standards.

The distribution networks of local manufacturers appear chaotic and unquantifiable, hence the potential for increases in medicines prices.

Current activities by drug and therapeutics committees, as defined in the Ghana National Medicine Policy of 2004, do not indicate any active role in the promotion of rational use of medicines in children.

Drug and therapeutics committees have a major role to play in ensuring the availability, affordability, and safety of child-specific formulations of essential medicines in all health-care facilities.

Drug and therapeutics committees also have the role of ensuring that appropriately trained personnel manage children’s conditions in an effort to achieve rational prescribing and optimal use of medicines.

The MOH has no clear policy for systematic training and retraining of paediatric prescribers.

There are problems with communication between health-care implementers, providers, researchers, and policy makers, which often result in sub-optimal quality of prescribing and referrals.

Persistent stock-out of medicines, limited numbers of medicines available for treatment of children, and inappropriate dosage forms, are some of the problems identified with irrational use of medicines for children.

The bulk of medicines used in Ghana are imported and account for 70% of all drugs available in Ghana, and imposes a limitation on access because of high prices.

Child-specific medicines for high-risk diseases and conditions, such as HIV/AIDS, tuberculosis, malaria and other conditions, are not easily available.

Inconsistencies exist in price mark-ups for medicines in all sectors, thereby reducing access to medicines for children especially.

There are currently no national standard treatment guidelines for children to support rational use of medicines in children.
Examination of MOH national competitive bidding documents for 2003 revealed total purchases from local manufacturers to be 37% in total value, but these purchases constituted only 0.4% (solids) and 1.3% (liquids) of manufacturers’ installed capacity.

Supplies from vertical programmes for diseases and conditions are limited and are not coordinated with standard supply chains. Additionally, these medicines are also not child-friendly.

Government allocations for medicines constitute only 15% of its budget, which is woefully inadequate to provide access to health care for children.

Donors’ in flows for medicines appear unreliable since these do not pass through the normal supply chain.

Current information on the status of the National Health Insurance Scheme (NHIS) indicates that 65% of the population, particularly children, may be denied access to medicines if the current funding challenges facing the NHIS are not addressed.