Better medicines for children in Ghana

Child-specific medicine prices, availability, affordability

Executive summary

Report of a survey conducted September 2010
Background

Reducing child mortality is a global priority expressed in the Millennium Development Goals (Goals 4 and 6). A pre-condition to achieve these goals is the availability of essential medicines for children. Mortality rates for infants and children under the age of five are estimated at 50 and 80 per 1000 births, respectively. Most of these deaths are caused by diseases that could be prevented, treated, or managed by access to safe essential child-specific medicines. Child-specific medicines are those manufactured to suit the age, physical condition, and body weight of the child taking them.

A field study to measure the price, availability, and affordability of selected child-specific medicines was undertaken in Ghana in August to October 2010 using a standardized methodology developed by the World Health Organization (WHO) and Health Action International (HAI).

This survey aimed to achieve the following objectives:

- Measure the availability of child-specific medicines in Ghana.
- Evaluate and compare prices of child-specific medicines in the public, private, and mission sectors, as well as government procurement prices.
- Evaluate the affordability of child-specific medicines in Ghana.

Methods

The survey of medicine prices and availability was conducted in three regions, namely: survey area 1 (Greater Accra Region); survey area 2 (Ashanti Region); and survey area 3 (Upper West Region). Data on 30 child-specific medicines representing 38 different formulations were collected in 18 public and 42 private sector medicine outlets (hospital dispensaries, pharmacies and licensed chemical shops). The tracer medicines list was based on WHO recommendations and country selection list additions.

Data were also collected on government procurement prices for the selected medicines. For each medicine in the survey, data were collected for the originator brand and lowest-priced generic equivalent (generic product with the lowest price at each facility). Medicine prices are expressed as ratios relative to Management Sciences for Health international reference prices for 2009 (median price ratio or MPR). Using the salary of the lowest-paid unskilled government worker, affordability was calculated as the number of days’ wages this worker would need to purchase standard treatments as recommended in the National Standard Treatment Guidelines for selected common conditions.
Key results

Availability of medicines in the public and private sector

- Mean availability of originator brand and generic medicines in the public sector was 2.7% and 19.3%, respectively. In the private and mission sectors, however, the mean availability of originator brand and generic medicines was 9% and 17.4% for the private sector and 4.6% and 21.7% for the mission sector, respectively.

- When availability is analysed by therapeutic class, it can be seen that oral rehydration salts were available in 75% or more of the facilities in each of the public, private and mission sectors. However, zinc dispersible tablets were not found in any of the facilities surveyed. Antibiotics had variable availability depending on the medicine and sector surveyed. Amoxicillin suspension was the most frequently available antibiotic, with 100% availability in both public and private sectors. Conversely, amoxicillin dispersible tablet, co-trimoxazole dispersible tablet and gentamicin injection were not available in any of the facilities surveyed. For antimalarials, quinine injection had reasonable availability in public (80%) and mission (100%) facilities, while artemether-lumefantrine dispersible tablets had low availability (<10%) in these sectors but higher availability in the private sector (46.7%). Artesunate/amodiaquine dispersible tablet had low availability (<10%) in all three sectors. For antiasthmatics, salbutamol was available in about one-third, one-quarter and half of facilities in the public, private and mission sectors, respectively, while beclometasone was not found at all.

Public sector procurement prices

- In the public sector, the central medical store (CMS) is purchasing medicines at prices 1.43 times (at a MPR of 1.43) higher than international reference prices, indicating a moderate level of purchasing efficiency. However certain medicines (phenobarbital injection, mebendazole tablet, oral rehydration salts) had procurement prices of over two times their international reference prices.

Public sector patient prices

- Final patient prices for generic medicines in the public sector are about three times more than their international reference prices.

- Public sector patient prices for generic medicines are 101.9 % more than those for public procurement, indicating the extent of mark-ups in the public sector distribution chain.

Private sector patient prices

- Final patient prices for originator brands and lowest-priced generics in the private sector are about 11.06 and 3.37 times their international reference prices, respectively. When originator brands are compared with their equivalent lowest-priced generics, the former cost about 3.6 times more.
Affordability of standard treatment regimens

- In treating common conditions using a standard regimen, the lowest-paid government worker would need between 0.2, 0.9, and 1.3 days’ wages to purchase lowest-priced generic medicines from the private sector to treat diarrhoea, moderate pneumonia and malaria respectively.

Conclusions

The results of the survey show that child-specific medicines are not readily available in Ghana in any of the sectors surveyed. In both the public and private sectors, even lowest-priced generics cost over three times their international reference price, on average. While the availability of originator brand medicines is low in all sectors, when these are found in the private sector they cost over three times more than their generic equivalents.

Recommendations

Based on the results of the survey, the following recommendations can be made for improving the availability, price, and affordability of medicines in Ghana:

- In response to the low availability of child-specific medicines in the sector, there is the need to strengthen the national medicines selection process to include relevant formulation for child-specific medicines. These medicines will then be reflected on the national essential medicines list (NEML) and national health insurance scheme (NHIS) reimbursement list to ensure subsequent procurement, distribution, and reimbursement.

- Private wholesalers and distributors should be engaged to procure child-specific medicines as part of their product lines. Thus the private sector supply chain can augment efforts in the public supply system.

- Prescribers and dispensers should be informed about available child-specific formulations to ensure the prescription and dispensing of appropriate formulations. There is existing opportunity within the drugs and therapeutics committees (DTC) framework to support such action.