Better medicines for children in Ghana

Ministry of Health

GHANA

Report of the Drugs and Therapeutics Committees peer review workshop

Executive summary

Crystal Palm Hotel, Accra
26–28 September 2010
Over 9 million of the world’s children below age five die annually due to disease conditions such as acute respiratory infections including pneumonia (17%); diarrhoeal diseases (17%); severe neonatal infections (9%); malaria (7%); and HIV/AIDS (2%)\(^1\). In more than half of these cases, lives could have been saved by access to safe and rational use of child-specific essential medicines of acceptable quality. Access to medicines presents multi-factorial issues when child-specific medicines are the focus. Children are commonly given medicines that are not appropriate due to inadequate health systems that fail to ensure sustained access to child-specific medicines. The key issue is how medicines for children can be made child-friendly and accessible to a majority of the population to ensure child survival and growth.

The Better Medicines for Children (BMC) project is an initiative of the World Health Organization (WHO) that aims to improve access to child-specific essential medicines in countries. The project forms part of a mechanism set in place to achieve Millennium Development Goals 4, 5, and 6. Ghana embraced the BMC agenda due to its relevance to the national context on access to medicines. The project seeks to address issues congruent with the existing child health policy of Ghana. This assessment investigates the functions of drugs and therapeutics committees (DTCs) in relation to other agents of the health system in promoting access to medicines for children.

**Objectives**

- Identify the strengths, weaknesses, threats, and opportunities of selected DTCs with respect to medicines for children and identify best practices and challenges.

- Understand the relationship and possible linkages between the functions of the DTCs and other agencies and their role in improving access to medicines for children in health facilities.

- Investigate the role of DTCs in:
  - rational selection and use of medicines for children in health facilities;
  - support of local manufacture of medicines for children;
  - promoting rational prescribing and dispensing of medicines for children;
  - the treatment of malaria in children.

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\(^1\) *The State of the World’s Children 2009*, UNICEF, New York, USA.
Methodology

This is a qualitative assessment involving specifically selected DTC sites from the Eastern, Central, Volta, and Greater Accra regions of Ghana. The strengths, weaknesses, threats, and opportunities of the selected DTC sites were presented and subjected to open discussion to identify trends in best practices and challenges. Open panel discussions were held on specific topics relevant to all participating stakeholders. Discussions were held on specially selected topics such as: successes and challenges of the DTCs; good dispensing and prescribing practices of medicines for children in assuring quality treatment for children; the role of DTCs in the selection of child-specific medicines; the role of the pharmaceutical industry in making child-specific medicines; and treatment of uncomplicated malaria in children under five years of age and pregnant women. These discussions were captured and analysed thematically.

Participants were selected from key institutions within the health sector including: public health facilities (16); private sector-local manufacturers (4); quasi government facilities (5); media (1); policy (2); donors/health partners (2); regional health directorates (5); academia (1); and the drug information sector (1).

Findings

Analysis of the content of discussions on successes and challenges revealed general successes as well as specific successes. Each facility with a DTC recorded 4-5 general successes. These successes can be related to the presence of a functional DTC structure within the health facility. Specific successes were also identified for some DTCs from key regions. The DTCs recorded 0-2 successes. These successes can be said to be based on flexibility, initiative, and the ability to meet emerging needs identified in the facilities. A greater percentage of DTCs recorded general successes in establishing a multidisciplinary committee (19%, n=26); improving medicines management (19%, n=26); improving quality assurance and rational use (15%, n=26); and using the DTC platform as an efficient dissemination platform (19%, n=26). All specific successes were recorded as per DTC site and yielded 4% (n=26) each.

Analysis of the content of discussions on specific topics revealed that some of the issues are related directly to DTCs while others were not. There were clear interactions between the functions of the DTCs with other agents in the sector in ensuring access to medicines for children. From the analysis of the discussions in this assessment, the DTCs have made gains due to previous investments in training and institutionalizing them in health facilities. Functional DTCs would interact with other agents in the sector to promote sustainable access to medicines for children in Ghana.
Conclusion
There are clear successes and challenges facing the sector with respect to medicines for children. DTCs have recorded some successes and subsequent challenges in achieving those successes. These successes and challenges are common from one DTC to the other. The platform for peer review has been beneficial to all DTCs and thus, sharing best practices has a potential to strengthen DTCs in the regions included in this assessment. DTCs exist with a clear understanding of their core/general mandate; however, they must be empowered to be more flexible in order to meet the varied forms of specific medicines challenges that exist and could arise in health facilities.