

# Health Sector in Ghana Review

10/5/2020



FOREIGN TRADE ADMINISTRATION – YOUR CONNECTION TO ISRAELI INNOVATION

Israel's Trade and Economic mission to Ghana

Embassy of Israel, Mannet tower, Airport city, Accra, Ghana | Tel: +233-302743838, Email: [Accra@israeltrade.gov.il](mailto:Accra@israeltrade.gov.il)

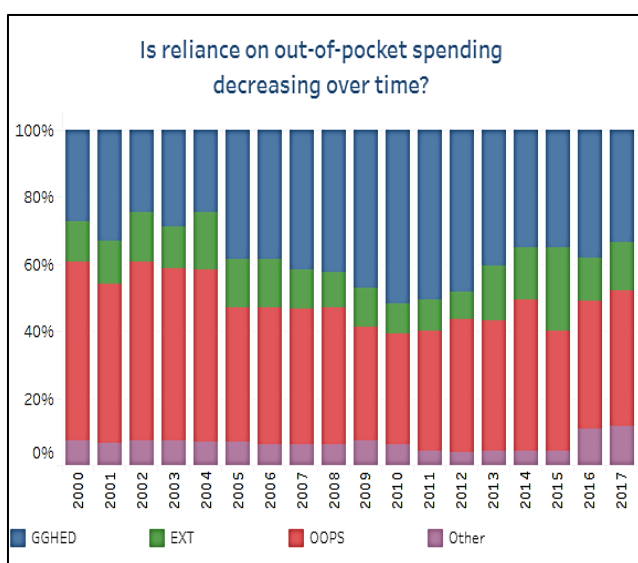
## SECTOR OVERVIEW

Ghana faces a high prevalence of communicable diseases, including malaria, HIV/Aids, tuberculosis (TB) and diarrhea as well as a rising incidence of non-communicable diseases (NCDs), such as cardiovascular disease, cancers, chronic respiratory disease, diabetes mellitus and sickle cell diseases. Each year, over 86,000 Ghanaians are estimated to die from lifestyle diseases with over half of these being under the age of 70. The Ministry of Health has a national policy on the prevention and control of these non-communicable diseases.

Ghana has committed politically, legislatively, and fiscally to providing universal health insurance coverage for its population with the intent of reducing financial barriers to utilization of health care. It has set up regulatory institutions and developed policies and standards to guide health service delivery. It has also attempted to improve equity in access by forming partnerships with the nonpublic sector and by supporting community-based initiatives, such as CHPS. It has moved toward universal health coverage and demand-side financing to improve affordability

The Government has increased its expenditure for health care more than threefold within the past 10 years, but the health care infrastructure remains limited by the standards of developed nations, especially outside the large conurbations such as the capital, Accra. Public hospitals remain overcrowded and underfunded. In 2019, healthcare expenditure is approximately US\$100 per capita, or about 6.2 percent of GDP. In addition, there are only 1.3 doctors and 17 nurses and midwives for every 10,000 inhabitants of Ghana, which are well below the low regional (Sub-Saharan Africa) average.

- Government spending makes up about 50% of total health expenditure in Ghana, with about 15% of government spending going into NHIS.
- Private health expenditure makes up about 40%, with private health insurance taking up about 6 percent and most of the remainder being out of pocket spending;
- External funding from NGOs and other sources makes up about 10 % of total health care expenditure.



	Year		
	2005	2011	2017
GDP per capita(US\$ constant 2017)	1,230	1,697	2,046
CHE per capita(US\$ constant 2017)	47	79	67
Public spending in % of GDP	3.8%	4.7%	3.3%
GGHED in % of CHE	38.4%	50.7%	33.5%
GGHED in % of GDP	1.5%	2.4%	1.1%
OOPS in % of CHE	40.1%	35.6%	40.3%
GGHED in % of GGE	10.6%	12.1%	6.1%
Population	21,542,008	25,121,796	28,833,628

Gross Domestic Product (GDP); Current Health Expenditure (CHE); Domestic Public Health Expenditure (GGHED); Out-of-pocket payments (OOPS); Total General Government Expenditure (GGE)

(Data and Graphs – World Bank Group)

A well-developed healthcare system with relatively poor infrastructures and reduction in international funding are barriers against improving Ghana's health status. The majority of patients have access to clinics and basic healthcare, while access to secondary and tertiary services is very limited. The high rate of communicable diseases, growing incidence of chronic diseases and the recurrent epidemics remain the highest concern.

HEALTH STATUS INDICATORS - NATIONAL	1988	1993	1998	2003	2014	2014
Infant Mortality Rate (per 1,000 live births)	77	66	57	64	50	41
Under 5 Mortality Rate (per 1,000 live births)	155	119	108	111	80	60
Neonatal Mortality Rate (per 1,000 live births)	44	41	30	43	30	29
Post-Neonatal Mortality Rate (per 1,000 live births)	33	26	27	21	21	13
Child Mortality (per 1,000)	84	57	54	50	31	19
Crude Birth Rate (per 1,000)	47	44	39	33	29	30.6
Crude Death Rate (per 1,000)	17	12.5	10	10	9.4	8.5
Life Expectancy at birth (in years)	54	55.7	57	58	60	62
Total Fertility Rate	6.4	5.5	4.6	4.4	4	4.2

## MAIN EVENTS AND REGULATIONS

### Governmental programs and interventions ongoing

- Decentralization of the health Sector – the Government of Ghana has given administrative oversight to Local Government bodies within the Metropolitan, Municipal and District Assemblies (MMDAs) structure. The Ghana Health Service (GHS) allows health facilities to assume regional and district-level structure for management and its activities.
- Restricted pharmaceutical products - In a move to ensure a thriving local pharmaceutical manufacturing industry in Ghana, the government has approved a list of medicines to be restricted from importation and reserved for local production only (see Appendix for list).
- A Logistics Management Information System (LMIS) was developed for the Central Medical Stores, which is the medicine supply services for all government health facilities.
- Nationwide health/ medical records program to be rolled out in 2019, after a pilot program at Komfo Anokye Teaching Hospital
- The Food and Drugs Authority (FDA) attained ISO/IEC 17025:2005 – Laboratory accreditation to 40 tests, and ISO 9001:2015 – for technical and administrative functions at FDA Head Office.

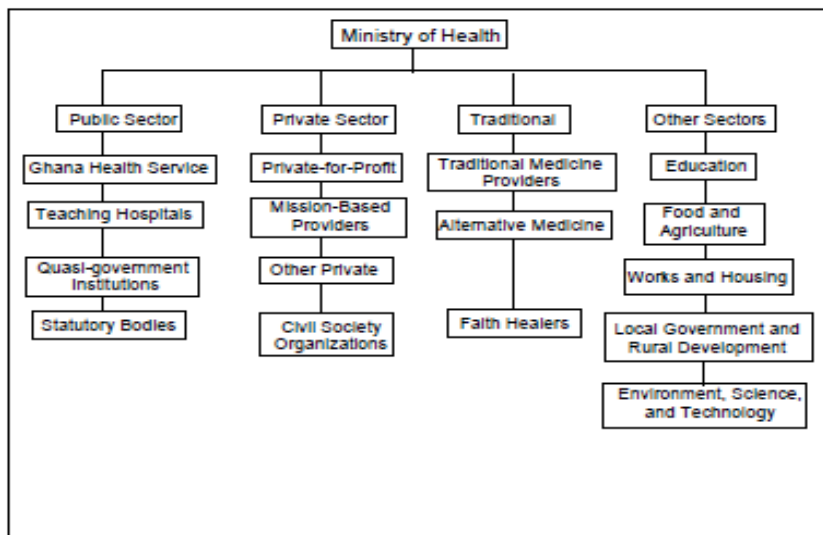
### Story and transition periods of the sector

- 1950 - providing 'free for all' health care.
- 1970 & 1980s - country's economic crisis leading to 'cash and carry' system
- Mid 1980s - payment exemptions were introduced
- 2000 - health insurance schemes Mutual Health companies were established.
- 2003 - 258 schemes countrywide and healthcare financing reform was passed
- 2005 - National Health Insurance Scheme implemented. (See section on Health Insurance)

## MAIN PLAYERS IN SECTOR

The health services in Ghana include government health services, private, traditional and nongovernmental providers, civil society, and community groups. It also includes collaboration and partnership with other ministries, departments, and agencies whose policies and services have a major impact on health outcomes.

**Figure 2.1 Relationship of the Ministry of Health to the various sectors and organizations in Ghana**



### Players profile -position, size, roles, market share, etc.

- Public Sector Healthcare

Ghana operates a decentralized administrative structure along a four-tier system; national, regional, district, and sub-district levels. Healthcare delivery is also decentralized along this administrative structure with the community level serving at the first point of the primary health care system. There are also clinics and health centers at the sub-district which are often manned by nurses and headed by Physician Assistants. At the district and regional levels are hospitals, headed by medical officers, which provide the secondary level of health care. The tertiary level is provided by the teaching hospitals are located in the Northern, Ashanti, Greater Accra, and Central regions of Ghana.

Ghana's public health sector consists of the Ghana Health Services, Teaching hospitals, Quasi-governmental institutions and sector-focused statutory bodies. The Ghana Health Service (GHS) oversees 10 Regional Health Administration, 8 Regional Hospitals, 110 District Health Administrations, 95 District Hospitals and over 4000 CHPS Compounds. The Service is also in charge of transport, equipment and infrastructure provision, delivers information and provides "support and guidance for the design of policies and strategies, across Ghana.

The Christian Health Association of Ghana (CHAG) is a major network of faith-based providers with 178 health facilities spread across the country, including 60 hospitals as well as numerous clinics, maternity homes, and programs that provide primary health care services. The Association plays a complementary role to the public sector and the second largest provider of health services in Ghana, with 35% of total health services provided by CHAG member institutions. The organization has historically targeted slum areas and rural communities.



- Private Sector Healthcare

Government of Ghana continues to support the partnership with the private sector through developing policy-backed and business friendly environment in the health sector to encourage private activity. It therefore fashioned a Private Health Sector Policy in 2003 (MOH 2003) in recognition of the private health sector's importance and its potential. Since then, representatives of the private sector have been included in annual health summits and regulatory bodies have successfully overseen the licensing of most new private health facilities. The private health sector in Ghana is a large and important actor in the market for health-related goods and services. However, little data exists concerning the size and configuration of private providers and their contribution to health sector outcomes.

- Pharmaceutical Manufactures

Private sector players dominate the pharmaceutical industry, in terms of value and production. Thirty-eight local manufacturers are registered with the Pharmaceutical Manufacturers Association of Ghana, and 22 considered active. Local Pharmaceutical manufacturers produce to meet demand of the Central and Regional Medical Stores (RMS), large private and public hospitals, and wholesale pharmacies. Generally, increased utilization of health care through NHIS, particularly in the public sector, has positively impacted the industry, but delays in reimbursements are negatively impacting cash flows. There are no ongoing contracting arrangements with the government, although manufacturers frequently bid on government tenders. Given that Ghana's health sector is fairly decentralized, warehousing and distribution occurs at both the national and regional levels. The Pharmaceutical Manufacturers Association of Ghana (PMAG) is a strong organization that represents manufacturers in lobbying the government.

- Pharmaceutical Supply

Some Wholesale pharmacies double as importers of foreign pharmaceutical products and supply directly to public-private hospitals, clinics, pharmacies, and chemical sellers. Pharmaceutical importers do not have a representative association, however, the Community Pharmacists Practice Association represents wholesale pharmacies. The Food and Drugs Board recorded over 60 registered national and international importers, and the Pharmacy Council accounts for about 150 registered wholesalers.

Retail pharmacies, public (55%) and private (45%), have grown exponentially in the past decade, with an estimated retail market over \$500 million. The government estimates that more than 10,000 private licensed and non-licensed chemical sellers operate in Ghana. According to the Pharmacy Council, pharmacies are concentrated in urban areas, approximately 80% of pharmacies are in Accra and Kumasi and serves less than 25% of the entire population. Licensed chemical shops partially fill the void of pharmacies in the rural areas, and often serve as a primary source of care.

- Laboratories

Although most public and private hospitals have laboratories, rural and urban-poor areas typically average about one standalone laboratory. About 30 percent of the 85 accredited private laboratories in Ghana are based in Accra.

- Medical Devices & Consumables

In contrast to a competitive pharmaceutical manufacturing, import and wholesaler market, there are not many medical equipment suppliers in Ghana, and they do not have a representative association. Medical equipment suppliers acknowledge that there is not much competition. They sell mainly to Central Medical Stores (CMS), public-private hospitals, and private laboratories. Given that purchasing for government hospitals is done centrally, nearly all of the medical equipment suppliers are located in Accra. Similar to other input suppliers, medical equipment suppliers report that the introduction of NHIS has increased business substantially; sales and profit growth have increased sharply in recent years.

Government institutions, by regulation, can accept used/refurbished equipment as donations, but are barred from buying them. Their equipment requirement therefore comprises only new equipment. Generally, prospects could be classified into high-end equipment, such as diagnostic imaging equipment-MRI, X-ray equipment, CT scanners and fluoroscopy and its accessories and low-end equipment including anesthesia equipment, baby warmers, incubators, patient monitors and basic laboratory equipment. The low-end equipment sells faster for reasons of affordability and additionally due to its general usage.

The major types of used or refurbished equipment in greatest demand in the private sector include scanners, hospital beds, furniture, ultrasound sterilizers, X-ray and laboratory equipment. Other products include mortuary refrigerators, ambulances, diagnostic equipment, electro cardiographs and ultrasonic scanning apparatus, operating theater equipment, and pharmaceuticals (especially any initiative to bring down the cost of drugs – specifically, malaria drugs, antibiotics, anti-hypertensive, glaucoma and diabetes drugs).

#### Health Institutions in numbers

Health Facilities by Type,	
CHPS	5421
Clinics	998
District Hospitals	140
Health Centres	1004
Hospitals	357
Maternity Homes	346
Mine Health facilities	11
Polyclinics	38
Psychiatric Hospitals	3

#### Government Agencies in the Health Sector

On paper, Ghana has a decentralized, multi-level health system. The main regulatory bodies that most business would most likely interact with in establishing a healthcare service or facility are

- the Ministry of Health (MOH) with responsibility for health policy formation, regulation and strategic direction

- The Ghana Health Service (GHS) is a Ghanaian government body which primarily administrates the health services provided by the government and in implementing government policies on healthcare.
- The National Health Insurance Authority (NHIA) implementation of a national health insurance policy that ensures access to basic healthcare services to all residents, particularly, to implement, operate and manage the National Health Insurance Scheme.
- The Health Facilities Regulatory Agency (HeFRA) was set up to license facilities for the provision of public and private health care services.
- The Food and Drugs Authority controls the manufacture, importation, exportation, distribution, use and advertisement of all food, drugs, cosmetics, medical devices and household chemical substances in the country.
- The Pharmacy Council is charged with the primary responsibility of ensuring the highest standards in the practice of pharmacy in Ghana.

ACTIVITY TYPE	MARKET SEGMENT	SOCIOECONOMIC GROUP	REGULATORY BODIES	REPRESENTATIVE ASSOCIATIONS
<b>Faith-based hospitals, clinics and maternity homes</b>	Act as an extension of the public sector in the provision of inpatient and outpatient care, primarily in hard-to-reach areas	Mostly low-income in rural areas and urban slums	Ghana Health Service	CHAG, Amadea Muslim Mission
<b>Private hospitals</b>	Provide inpatient and outpatient care, diagnostic services, medicines, surgery, and emergency care	Predominantly middle-class (but also poor) in urban areas	Private Hospitals and Maternal Homes Board Society	Society of Private Medical and Dental Practitioners
<b>Private clinics, maternity homes</b>	Provide outpatient care, sometimes including antenatal care and normal deliveries	Poor and middle-class in urban areas, poor in rural areas	Private Hospitals and Maternal Homes Board	Society of Private Medical and Dental Practitioners, Ghana Registered Midwives
<b>Private laboratories</b>	Serve need for diagnostic services not met by public and private hospitals	Poor and middle-class in urban areas, poor in rural areas	No regulatory body	Private Medical Labs Association
<b>Private pharmacies</b>	Provide OTC and physician-prescribed medicines, but stock-outs are frequent	Poor and middle-class in urban areas, poor in rural areas	Pharmacy Council	Community Pharmacists Practice Association
<b>Private chemical sellers</b>	Provide OTC medicines primarily in underserved areas	Poor in rural and urban poor areas	Pharmacy Council	Ghana National Chemical Sellers Association
<b>Private pharmaceutical manufacturers and importers</b>	Manufacture and/or import medicines to furnish to health care providers	Public and private hospitals, private clinics, pharmacies and chemical sellers	Food and Drugs Board	Pharmaceutical Manufacturers Association of Ghana
<b>Private medical equipment suppliers</b>	Supply medical equipment to public and private health care providers	Public and private hospitals, private laboratories	Biomedical Engineering Department of Korle Bu Hospital	No representative association



## HEALTH FINANCING

The public sector has diversified its sources of financing, receiving funds from general taxes, earmarked taxes, out-of-pocket payments, and donors. The Government of Ghana allocates a percentage of taxes under the National Health Insurance Fund to establish a more consistent financing of non-salary recurrent spending and an increase in public spending for health.

In addition to earmarking the value added tax and Social Security and National Insurance Trust to NHIS, the government is committed to investing in health infrastructure and make concessional loans outside sector allocations.

Ghana's total health spending is about average for comparable income-level (lower-middle-income) countries, but its effectiveness has to be carefully assessed, given relatively low health outcomes. Most government resources go toward paying for remuneration and benefits for its staff (55 percent). The government greatly relies on external financing to support some public health goods interventions. As external financing gets reallocated, it could threaten the sustainability of these programs. Most recurrent government resources go toward tertiary and teaching hospitals. Income-generating funds, which are off-budget income, are growing over time. Facilities increasingly rely on them for their sustainability.

## HEALTH INSURANCE

Ghana's National Health Insurance Scheme - The NHIS provides a generous package of benefits covering 95% of conditions and includes inpatient and outpatient services for general and specialist care, surgical operations, hospital accommodation, prescription drugs, blood products, dental care, maternity care and emergency treatment. Exclusions currently include cancer services—other than cervical and breast cancer—dialysis, organ transplants and appliances, including optical and hearing aids.

District Mutual Health Insurance Schemes – These were public insurance schemes open to all Ghanaian residents. The schemes were to be funded predominantly from the central government national health insurance levy supplemented by annual member contributions. Responsibility for regulating the schemes, accrediting providers and managing funds was given to the National Health Insurance Authority (NHIA).

Commercial Health Insurance Schemes – These schemes were to be funded solely from member contributions.

Private Mutual Insurance Schemes – These schemes were to be set up by a collection of people, perhaps members of a church or social club, to cater for group health needs. They were to be funded solely from member contributions.

### Service use in 2011 compared with 2005

	2005	2011
Members	Not known	8,227,823
In-patient provision (number of admissions)	28,906	1,451,596
Outpatient provision (number of visits)	597,859	25,486,081
Claims payments (GH¢ millions)	7.6	549.77

To ensure affordability of care, NHIS has heavily subsidized financial access to vulnerable population groups. Enrollment is voluntary for informal sector workers. NHIS is subject to

adverse selection from a significant portion of enrollees who have the potential to pay premiums. Several vulnerable groups, including some of the poor, are not specifically targeted under the exempt group. Therefore, they are unable to register. This state of affairs fractures NHIS's risk pool. It also results in high costs and limited contributions from low-risk populations and ultimately threatens the financial sustainability of the system.

The comprehensive NHIS basic benefits package does not require copayments and deductibles, and it does not have reimbursement ceilings by type of service. Hence, NHIS beneficiaries have few restrictions on the types of services or the quantity of services they can demand. Most services used were for outpatient care. It is possible that NHIS beneficiaries accessed primary care services more often than they would have otherwise as a result of moral hazard. Based on diagnoses, more drugs and expensive drugs seem to have been prescribed than was necessary.

## DIGITAL HEALTH (*e-HEALTH/ m-HEALTH*)

In Ghana's traditional healthcare system, the primary focus is improving access to basic health care and delivering higher quality of care at affordable costs. Integrating mobile technology in current health care strategies provides new cost-effective opportunities to deliver quality healthcare and ensure better interaction between professionals and patients. The objectives of incorporating digital health into Ghana's healthcare sector include optimizing assets utilization and efficiency, improving patient experience, remote diagnosis, remote monitoring and prevention, access to health-related information, effective service delivery, maximizing time and services of health care professionals.

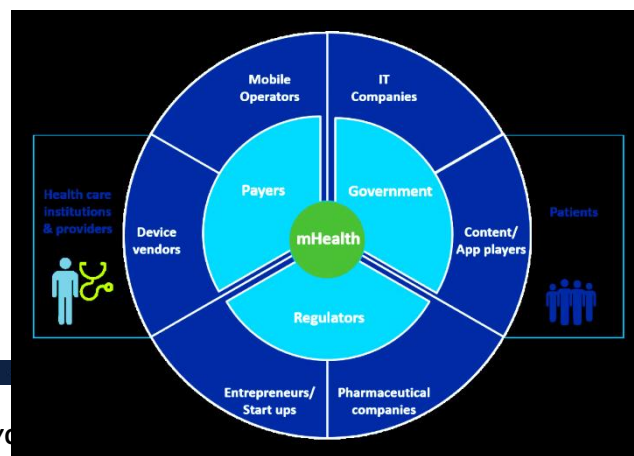
Mobile network coverage and connectivity are very high in Ghana which is rapidly evolving simple communication tools and mobile technologies into service delivery platforms, including healthcare. Since consumers are the key and most powerful stakeholder to adopting a mobile health ecosystem, reaching them conveniently through mobile phones and internet creates a ready market for Digital health.

Mobile Network operators, device vendors, IT/Software companies, content players and pharmaceutical companies must collaborate to invest in mobile health projects that are in immediate demand and satisfy current needs. Naturally, Funding remains a challenge and options must be explored from different sources such as foreign aid or governmental subsidies, international and national private companies, NGOs, insurers, entrepreneurs and venture capitalists, must be explored.

Pharmaceutical companies are potentially the most viable investors because they stand to benefit most from a well-functioning digital health system. Data generated will inform patient needs, track compliance, scaling up and better management of stock.

### Local Issues to be addressed:

- Biometric NHIS membership cards
- Developing e-Claims platforms
- Identify counterfeit drugs using SMS text messaging and QR coding
- Opening up of dedicated NHIS claims-processing centres
- Monitoring outbreaks of disease;



- Recording and transmitting a patient's vital signs;
- Appointment booking; conducting tele-consultations;
- Training and technical support to healthcare professionals,
- Adopting globally accepted policies, guidelines and standardized metrics to increase interoperability and communications between information systems and medical devices.
- Critical challenges such as health information security, evidence base and user acceptance

## CHALLENGES

### General challenges

There are existing issues that hamper the provision of equitable healthcare services and create challenges for planners and policymakers are as follows:

- Significant disparities of service between north and south – Though better served by community services, the people living in the Northern, Upper East and Upper West regions have very limited access to secondary healthcare facilities. Beyond the inequitable spread of facilities, the northern regions are also poorly served in the number of clinical staff with, for example, just 90 medical officers covering the whole region.
- Disparities between rich and poor - access to health care for people from different socio-economic groups, the poorest members of society were found to be more likely to self-treat than to visit a hospital
- Cultural and religious beliefs - traditionally ingrained practices of some Ghanaian groups and tribes have an adverse impact on health, including early marriages of females, polygamy, female genital mutilation and the elaborate 'cleansing' of widows (whereby a widow must have sexual intercourse with a stranger to 'purify' herself, mostly in more rural areas.

Mental health services in Ghana are severely under-resourced; the country has just 12 practising psychiatrists and only three psychiatric hospitals. Owing to resource constraints and the stigma attached to mental illness, the majority of the population suffering from psychiatric conditions are not treated with modern medicine; instead, they are sent to spiritual churches or prayer camps where they are sometimes severely mistreated.

Mental health patients may also be kept in police custody for long periods without treatment. If patients are released from care, then the stigma attached to them from their disease makes their reintegration into the community difficult.

- Poor physical infrastructure – poor road networks, poor mortuary facilities, lack of good toilet facilities, the unavailability of mosquito nets in wards, lack of local accommodation for clinical staff, problems with the water and electricity supplies.
- Environmental challenges - and the rapid rate of urbanisation leading to the growth of urban slums, increases in numbers of street children, and sanitation problems.
- Limited resources - Ghana suffers from a chronic shortage of health workers as well as inequities in both the distribution and skills mix of workers, and this severely restricts access to services and hampers achievement of national health objectives. The country has just over 11 doctors, nurses and midwives per 10,000 population, Rural areas, in comparison with urban areas, are particularly poorly served as regards access to health care; in 2009, for example, there was one doctor for every 5,103 people in Greater Accra, compared with one doctor for every 50,751 people in Northern Region.

### Sector specific challenges

- Alleged failings of the National Health Insurance Scheme have included:
  - Long delays in provider reimbursement threatening the financial sustainability of hospitals
  - Accusations of fraud and abuse
  - Inaccurate record keeping
  - Unclear lines of authority
  - Long delays in issuing patient registration cards
  - Duplicate registration of members to avoid payment of missed premiums.
- Bridge equity gaps in access to healthcare services, ensuring sustainable financing arrangements that protect the poor.
- Strengthen governance and improve the efficiency and effectiveness of the healthcare system.
- Improve access to quality maternal, neonatal, child and adolescent healthcare services.
- Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles.
- Improve institutional care including mental health service provision.

### Barriers to market entry

- Government budget towards health expenditures is very small, and depends on donor funds to execute projects and capital-intensive improvement.
- Availability and access to infrastructure - industrial land, electricity, water and road network – is inadequate. Cost of utilities are comparative high which makes operating cost of healthcare facilities quite expensive.
- Ghana has a list of drugs reserved for local pharmaceutical manufacturers. However, several, drugs/ medicines and consumables can be produced locally.
- Influx of cheap and inferior medical equipment and consumables from china
- Dominated by small-scale private players who do not possess funds, capital investment into medical facilities usually require external funding sources.
- Bureaucracies within the government's procurement and tender processes make it a tedious and unattractive venture to bid for government contracts.
- Investment and tax regimes are relatively attractive; however time and cost of setting up health facilities can be a deterrent. Acquiring licenses and permits from regulatory bodies can be improved considerably.

### Major Health Events/ Conferences in the year

- International Health Insurance Forum (IHIF West Africa) – 24 - 26 Jun 2020
- Labadi Beach Hotel, Accra, Ghana (Website: <https://10times.com/ihif-west-africa>)
- Africa Health Interdisciplinary Health Conference (AfIHC) - A Place to Engage with and Learn from Health Leaders Around the World. (Website: <https://www.afihc.org/conference-info/>)
- Africa Health Exhibitions - 13 - 15 October 2020 | Gallagher Convention Centre, Johannesburg, South Africa.(Website: <https://www.africahealthexhibition.com/en/home.html>)

- Healthcare Innovation Summit Africa 2020 - 17 and 18 November 2020, Gallagher Convention Centre, Midrand, South Africa (Website: <https://www.healthcareinnovationsummit.co.za/>)
- Medic West Africa - 07 - 09 October 2020 | Eko Hotel Convention Centre, Lagos, Nigeria (Website: <https://www.medicwestafrica.com/en/home.html>)
- World Medical Innovation Forum 2020 - 11- 13 May 2020 | The Westin Copley Place Boston
- Huntington Avenue 10, Boston, Massachusetts 02116, United States
- Africa Healthcare Week 2020 - Olympia, London, Hammersmith Road London, W14, United Kingdom (Website; <https://www.africahealthcareweek.com/>) (Twitter: [https://twitter.com/Africa\\_Health1](https://twitter.com/Africa_Health1))
- 2020 Forbes Healthcare Summit - Dec 2-3 2020, New York, NY (Website: <https://www.forbes.com/forbes-live/event/2020healthcaresummit/>)

**For any further information, please feel free to contact our team:**

<p><b>Ayelet Levin-Karp</b> Head of Mission <a href="mailto:Ayelet.karp@israeltrade.gov.il">Ayelet.karp@israeltrade.gov.il</a> +23357766799; +972549844996</p>	<p><b>Edwin Acquah</b> Business Development Manager <a href="mailto:Edwin.acquah@israeltrade.gov.il">Edwin.acquah@israeltrade.gov.il</a> +233269609853</p>	<p><b>Kirk Amoah</b> Business Development Manager <a href="mailto:Kirk.Amoah@israeltrade.gov.il">Kirk.Amoah@israeltrade.gov.il</a> +233271999969</p>
--	--	--



## APPENDICES

### More regulations for the Health Sector

- Mental Health Act 846 2012
- National Health Policy
- Ghana National Drug Policy – 2nd Edition
- National Health Insurance Policy Framework
- Private Health Sector Development Policy
- National CHPS Policy
- CHPS Operational Policy
- Health Sector ICT Policy and Strategy
- Ghana E-Health Policy
- Human Resource Health Policy & Plan
- Health Sector Gender Policy
- Health Care Waste Management Policy and Guidelines
- Occupational Health & Safety Policy & Guidelines for Health Sector
- Health Management Information Systems - Policy and Legal Framework
- Anti-Malaria Drug Policy
- Traditional Medicine Policy
- Referral Policy & Guidelines
- Policy on Antimicrobial Used and Resistance
- Health Sector staffing Norm
- Guidelines for Strengthening A&E Services in Hospitals
- Ghana National Action Plan on Antimicrobial Resistance (2017-2021)
- Ghana National Healthcare Quality Strategy (2017-2021)

### List of medicines reserved for local production only

- Aluminium Hydroxide Tablet
- 12. Chlordiazepoxide Capsule (5mg, 10mg)
- 24. Folic Acid Tablet (5mg)
- Aluminium Hydroxide or Magnesium Trasilicate Suspension
- 13. Co-trimoxazole Suspension (40/ 200mg per 5ml)
- 25. Glibenclamide Tablets (5mg)
- Aluminium Hydroxide or Magnesium Trasilicate Tablet
- 14. Co-trimoxazole Tablet (80, 400mg 160/800mg),
- 26. Criseofulvin Tablets (125mg , 500mg)
- Amoxicillin Capsules (250mg, 500mg)
- 15. Dexamethasone Tablet (0.5 mg , 1 mg)
- 27. Hydrochlorothiazide Tablet,
- Amoxicillin Suspension (125mg/ml, 250mg/5ml)

- 16. Diazepam Tablets (5 mg , 10 mg) \_\_\_\_\_
- 28. Ibuprofen Tablet (200mg , 400mg)
- Aspirin or Caffeine Tablet
- 17. Diclofenac Tablet (50 mg); \_\_\_\_\_
- 29. Oral Rehydration Salts;
- Aspirin Tablet (300mg) \_\_\_\_\_
- 18. Doxycycline Capsules (100mg) \_\_\_\_\_
- 30. Oxytetracycline Capsule (250mg);
- Bendrofluazide Tablet; \_\_\_\_\_
- 19. Ferrous Ammonium Citrate; \_\_\_\_\_
- 31. Paracetamol Caffeine Tablet;
- Cetirizine Syrup (5mg/5ml) \_\_\_\_\_
- 20. Ferrous Fumarate \_\_\_\_\_
- 32. Paracetamol Syrup (120mg / 5ml)
- Cetirizine Tablet (10mg) \_\_\_\_\_
- 21. Ferrous Sulphate \_\_\_\_\_
- 33. Paracetamol Tablet (500mg)
- Lisinopril Tablet (5mg / 10mg / 20mg) \_\_\_\_\_
- 22. Magnesium Trisilicate Tablet;
- 34. Metronidazole Tablet (200mg / 400mg)
- Magnesium Trisilicate Suspension; \_\_\_\_\_
- 23. Metronidazole Suspension (100mg/5ml 200mg/5ml)

### **Government policies/regulations/LIs underlying the sectors**

Ghana's health sector is guided by national and health-related legislation, policies and procedures. The main ones are:

- Ghana Health Service And Teaching Hospitals Act 525 – guides the administration and management of public health centres and teaching hospitals across Ghana.
- Health Professions Regulatory Bodies Act, 2013 Act 857 – regulates all health professions in Ghana.
- Health Institutions and Facilities Act 829, 2011 – for licensing and regulating establishment and operation of health facilities.
- National Health Insurance ACT 2012 (ACT 852) –guides the health financing landscape and addresses access and equity in healthcare delivery.
- Public Health Act 851, 2012 – relating to prevention of communicable, infectious and contagious diseases.
- Pharmacy Act – 1994 (Act 489) – to secure highest standards in the practice of Pharmacy.

Other regulations, policies and strategies, protocols and guidelines within the health sector are listed in the Appendix.

### **More government Agencies in the Health Sector**

- The Nurses and Midwives Council focuses on the training of nursing and midwifery personnel for health care delivery.
- The Medical and Dental Council ensures the highest level of training of Medical and Dental Practitioners and prescribes and enforces the highest standards of professional conduct.
- The Ghana Ambulance Service aims at providing accessible 24-hour ambulance service nationwide through its own ambulance service and by collaborating with other service providers such as the Fire Service and other hospital-based ambulances.
- The Traditional and Alternate Medicines Council aims at making traditional medicine an integral part of health care delivery in Ghana.
- The Centre for Research into Plant Medicine is a WHO collaborating Centre for Research and Development of Traditional Medicine.
- Ghana College of Surgeons and Physicians
- National Blood Service
- Allied Health Professions Council
- Ghana College of Pharmacists
- Mental Health Authority
- Ghana College of Nurses & Midwives
- Christian Health Association of Ghana
- Ahmadiya Muslim Mission
- Ghana Association of Quasi Government Health Institutions
- Mortuary Services Agency
- Psychology Council

### **International Development Agencies in the Health Sector**

- Korea International Cooperation Agency
- World Bank
- World Health Organization
- World Food Programme
- Japan International Corporation Agency
- African Development Bank
- Department for International Development (DFID)
- European Union Delegation to Ghana
- GAVI
- The Global Fund
- Korea Foundation for International Healthcare (KOFIH)
- United Nations Population Fund (UNFPA)
- United Nations Children's Fund (UNICEF)
- United States Agency for International Development (USAID)
- United Nations Programme on HIV and AIDS (UNAIDS)
- UNDP
- Danish International Development Agency

### **Privet hospitals and clinics**

- EURACARE DIAGNOSTICS & HEART CENTRE
- FOCOS ORTHOPEDICS

- NYAHO MEDICAL CENTRE
- MEDIFEM HOSPITAL
- GHANA CANADA MEDICAL CENTRE
- LISTER HOSPITAL
- C&J HOSPITAL
- TRUST GROUP OF HOSPITALS
- DELL HOSPITAL
- YEBOAH HOSPITAL