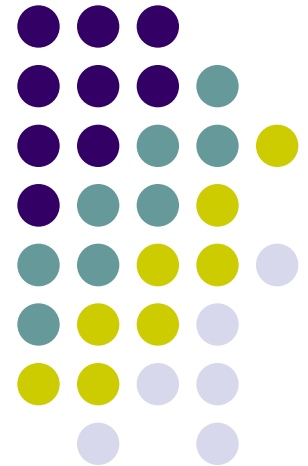
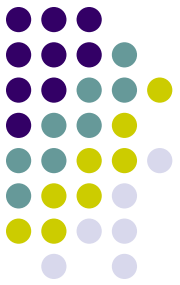


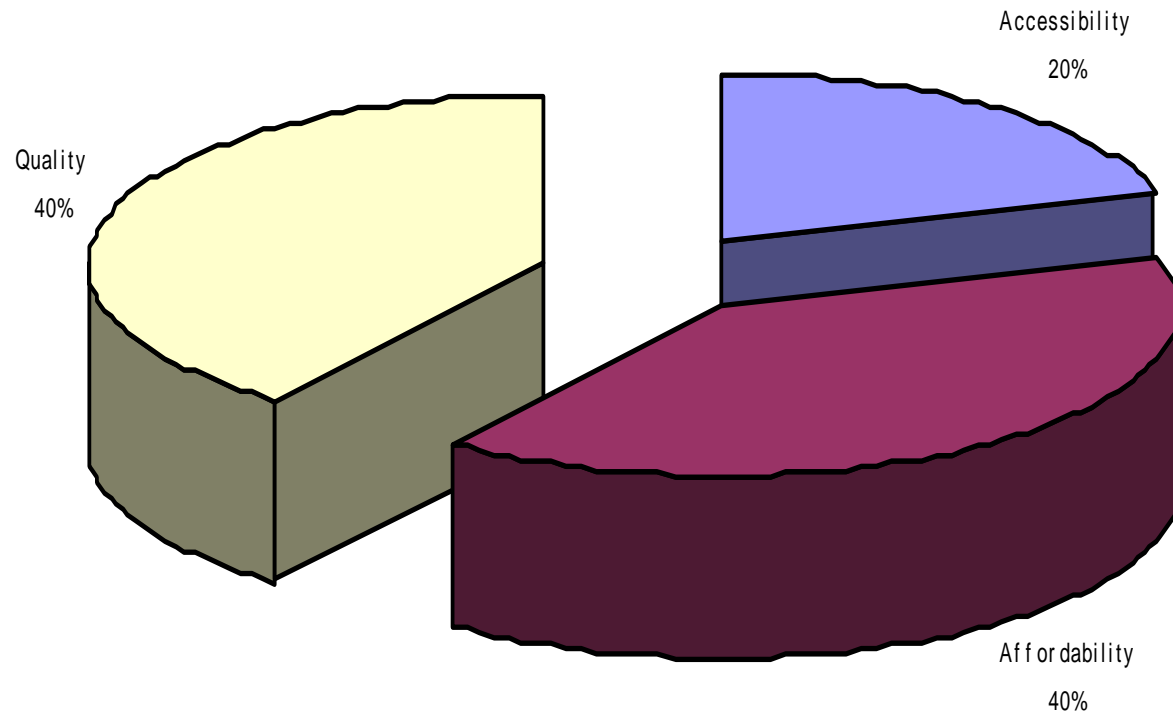
Achieving MeTA objectives in Ghana

Daniel Kojo Arhinful





Ghana Drug Access Problem Ratio





Background

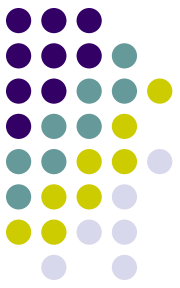
- Two scoping missions by the DFID UK assessed Ghana's pilot preparedness
- Favourable scoping study report
- Multi-stakeholder meeting
- Formation of core team for preparatory work
- International launch invitation

Legislative and Policy environment:- Transparency and accountability



- Government and Presidential commitment to good governance;
- Public Procurement Act 2003 & MOH Guidelines for health sector procurement;
- Forthcoming Right to Information Bill;
- History of civil society collaboration with government, e.g. ATM- MOH/WHO/HAI
- Data collection and reporting bodies on aspects of pharmaceutical supply chain and use – FDB, CMS, MOH-PU, GHS, CHAG, GNDP, NDRIC;
- National Health Insurance Scheme significant opportunities to improve transparency, accountability, pricing, quality.

Policy framework for MeTA in Ghana



- Health Sector Programme of Work 2007-2011: Key Principles
 - Health identified as key driver for poverty reduction and economic growth;
 - Emphasis on “partnerships”, “people-centred”, “equity” and “efficiency” – all key themes for MeTA;
 - Emphasis on good governance and accountability in the health sector;
 - Plans to proactively engage civil society in consensus building and to provide more information to consumers, e.g. around quality and rational drug use;
 - Drugs and Essential Logistics Management objective: “address availability, affordability, sustainable financing, safety, quality and efficacy of medicines in a **transparent manner.**”

Key Challenges 1

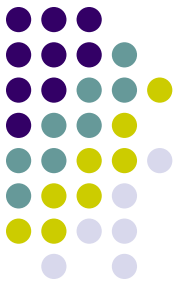


- Benefits of improved procurement are not translating into affordability and availability for patients (e.g. 2004 WHO/HAI Medicines Survey);
- Low consumer awareness due to very little information on quality, availability and prices of medicines is available in the public domain;
- Inconsistency across the public, private and mission sectors in terms of how standards (i.e. quality, availability and pricing) are developed and applied.
- Supply chain performance problems from CMS downstream leading to high stock-out rate;

Key Challenges 2



- Non-adherence to treatment guidelines by prescribers and irrational use of medicines by providers persists despite improved guidance and education;
- Vulnerability of NHIS to fraud due to inefficient record keeping and analysis, weak control systems;
- Counterfeit and/or substandard products a problem - but very limited data.



MeTA goals in Ghana

- The **super goal** of MeTA for Ghana is to improve health outcomes for all people living in Ghana especially the poor.
- The **primary goal** is to support national efforts to enhance transparency in the selection, regulation, registration, procurement, distribution, sales and rational use of medicines in Ghana.

Key MeTA Objectives in Ghana at pilot phase



- Establish mechanisms to strengthen the collection, analysis and dissemination of data on medicines along the supply chain;
- Facilitate peer oversight systems within and across health professions;
- Sustain regular, open stakeholder dialogue;
- Develop long-term strategy or ‘master plan’ for MeTA in Ghana.

Proposed Strategies



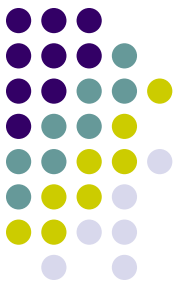
- Undertake studies to assess the level of transparency and good governance in medicines regulation, procurement, distribution and use.
- Regularly monitor medicine prices and availability as well as their rational use using WHO standard indicators.
- Regularly monitor medicines quality through sentinel testing using GPHF 'minilabs'.
- Publicize widely data on prices paid at various points along the supply chain, including those agreed at public tender.
- Correlate procurement data to stock volumes and the availability of medicines to the consumer.
- Undertake periodic annual studies to understand and/or explain provider and consumer behaviour.

Potential Benefits of MeTA to Ghana

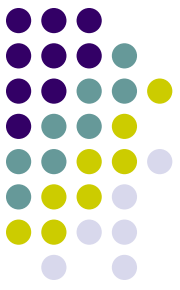


- Share good practices with other MeTA pilot countries
- Provide Ghanaian leadership on medicines transparency and accountability across the West Africa region as model for both effective governance and market efficiency.
- Provides opportunity for pricing and quality monitoring mechanism to inform the NHIS
- Reduce and/or eliminate the risk of counterfeit and substandard medication in the supply chain.
- Opportunity for enhanced national research capacity.
- Provides potential mechanism for government commitment to fight inefficiency and corruption in the drug supply landscape.

Proposed MeTA Governance structures



- MeTA Governing Council:
 - Public sector: Ministry of Health, National Health Insurance Council, Ghana Health Services, Food and Drugs Board, Ministry of Trade, Attorney Generals' Department, Ministry of Finance;
 - Professional bodies: Pharmaceutical Society of Ghana, Ghana Medical Association, Nurses and Midwives Council;
 - Civil society: CSOs (health and non-health), media, academic institutions, faith-based service providers.
 - Private sector: Pharmaceutical Manufacturers Association of Ghana, Association of Private Medical and Dental Practitioners
 - International community: World Health Organization, DFID/World Bank/HAI/Other Development Partners Representative.
- Will meet quarterly, with first meeting after national launch.
- Two co-chairs



Risks and assumptions

- Mutual suspicions between government and private sector;
- All stakeholders nervous about change;
- Where are the enforcement mechanisms across the system? Enforcement of regulations is weak.
- Civil society fragmentation needs to be addressed; assume that new coalitions can be forged.
- Need to assume a degree of commitment to transparency by all stakeholders and willingness to be **mutually accountable**.
- Timeliness and sustainability of financing.
- Need to ensure plans are realistic for pilot phase - not 'over-ambitious'.

How to ensure MeTA achieve objectives:



- Must work to accommodate the interests and perceptions of all local stakeholders to reflect its character as a “multi-stakeholder initiative”
- In return strong commitment of stakeholders is also KEY
- Put more focus on “demand-side” initiatives targeting patient education and advocacy of championed by CSO’s and media.
- A strong and vibrant MeTA in Ghana must be Ghanaian Ownership driven.