

**DATA COLLECTION SURVEY ON
THE ROLES OF THE PRIVATE SECTOR FOR
IMPROVING HEALTH FOR
SIX AFRICAN COUNTRIES**

SUMMARY REPORT: GHANA

MARCH 2020

JAPAN INTERNATIONAL COOPERATION AGENCY

INTERNATIONAL DEVELOPMENT CENTER OF JAPAN INC.

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Abbreviations and Acronyms

CHE	Current Health Expenditure
CHPS	Community-based Health Planning and Services
FBO	Faith-based Organization
FDA	Food and Drugs Authority
GHS	Ghana Health Service
HSMTDP	Health Sector Medium Term Development Plan
MOH	Ministry of Health
NCD	Non-Communicable Disease
NHIS	National Health Insurance Scheme
OOP	Out of Pocket
PPP	Public Private Partnership
THE	Total Health Expenditure
UHC	Universal Health Coverage

Chapter 1 Introduction

1.1 Background

Health status in Africa has improved over the years. Life expectancy has been extended from 47 in 2005 to 61 in 2016, and the maternal mortality ratio and under five mortality rate have been improved from 910/100,000 live births (LB) and 171/1,000 LB in 2005, to 542/100,000 LB and 76.5/1,000 LB in 2016, respectively (WHO). However, the situation is still lagging compared with other regions.

The Government of Japan launched the “Africa Health and Wellbeing Initiative” at the 7th Tokyo International Conference on African Development (TICAD 7) in August 2019. This initiative aims to promote self-sustaining industries in the fields of health and medical services and long-term care in Africa. To realize this purpose, it seeks to develop a virtuous cycle of creating and fostering private-sector business that could improve health in Africa through the efforts of the public sector and the invigoration of the private sector that can support the public sector.

Under this initiative, JICA has commissioned a team of consultants to conduct a data collection survey on the roles of the private sector in improving health in six African countries, namely Kenya, Ghana, Senegal, Tanzania, Uganda and Zambia.

1.2 Survey Purpose

The objective of the survey is to collect information on the health sector in order to identify opportunities and challenges for Japanese private health technologies and services to be utilized to improve health in six African countries.

1.3 Survey Methods

A literature review and data collection survey are conducted in Japan as well as in Kenya, Ghana and Tanzania on the relevant contents, namely health status, health policy and governance, health financing, health service delivery, and marketing and investment climate on medical supplies in each country. During the field survey in Kenya, Ghana and Tanzania, the survey team collected the necessary information from the Government and executive agencies, health care facilities, private health sector associations, development partners, private companies, distributors, JICA, JETRO, embassy of Japan and other relevant parties through interviews and site visits.

1.4 Survey Period

The survey was conducted from the end of August 2019 to the end of March 2020. The field survey was conducted in Kenya from 4th to 16th November, in Ghana from 18th to 29th November, and in Tanzania from 2nd to 13th December 2019.

Chapter 2 Experience of Japanese Companies with Medical Technologies Operating in the Six Targeted Countries

Japanese companies doing healthcare business used to be concentrated in South Africa and northern African countries. In recent years, the number of Japanese companies doing healthcare business in the six targeted countries has increased, primarily attributable to rapidly expanding middle class demands owing to the growing economy and the governments' strong commitment to achieve Universal Health Coverage (UHC). Leading Japanese companies in healthcare started to establish an office in the six countries. For instance, NIPRO Corporation, Takeda Pharmaceutical Company Limited, Nihon Kohden Corporation, and Terumo Corporation set up bases in Kenya, while NIPRO Corporation set up a base in Senegal and Sysmex Corporation one in Ghana.

Business fields of these companies are also expanding from maternal/child health and communicable diseases, which are given relatively high priority in the six countries, to Non-Communicable Diseases (NCDs) including diabetes testing and treatment, which has been increasing in demand in recent years. Medical technologies of the companies introduced in the six countries are characterized by competitive advantages of Japanese technologies, such as quality imaging diagnostics/optical diagnosis, high efficiency, high degree of accuracy and less burden on patients. In addition, many of the companies have developed products utilizing technologies including uninterruptible power source, power saving, dry chemistry, point of care testing (POCT), high durability, small in size, lightweight, portable, small footprint, and ease of handling and maintenance, which can be adaptable to insufficiencies in infrastructure, facilities and human resources in African countries. As for new technologies, one of the JICA Public Private Partnership Projects is currently demonstrating the effectiveness of “drone” technology for medical supplies delivery.

Chapter 3 Health Sector Profile and Discussion

3.1 Health Status

3.1.1 Basic health indicators

Basic health indicators are shown below. While maternal and child health status has been improving lately and doing better compared with neighboring counties, it is still a big challenge to improve the status, particularly, in rural areas. The access to the basic health services is limited in those areas and, as a result, the improvement of maternal and child health has been stagnant. Anaemia in children and women of reproductive age is high in Ghana.

Table 1: Basic health indicators

No	Indicator	Data
1	Population (2018)	29,767,108
2	Total Fertility Rate (2017)	3.916
3	Life Expectancy (2017)	63.5
4	Maternal Mortality Ratio (per 100,000 LB) (2015)	319
5	Under 5 Mortality Rate (per 1,000 LB) (2017)	49.3
6	Children aged under 5 years underweight (%) (2014)	11.2
7	Anaemia in children under 5 years (%) (2016)	66.9
8	Anaemia in women of reproductive age (%) (2016)	46.4

Source: 1-3: World Bank Open Data, 4-8: WHO Global Health Observatory Data Repository

3.1.2 Disease burdens

Looking at the top ten causes of death in 2007 and 2017 (Table 2), malaria is a number one killer both in 2007 and 2017 and other communicable diseases such as HIV and respiratory infection occupy the top place in both years. However, the proportion is reduced drastically and is replaced by NCDs. According to DHIMS 2, heart failure is already a number one killer in the regional and district hospitals accounting for more than 15% in 2017.

Table 2: Top 10 causes of death

Ranking (2007)	Ranking (2017)	% change 2007-2017
1. Malaria	1. Malaria	-37.3
2. HIV/AIDS	2. Lower respiratory infect	7.4
3. Neonatal disorders	3. Neonatal disorders	-5.7
4. Lower respiratory infect	4. Ischemic heart disease	21.2
5. Stroke	5. Stroke	16.9
6. Ischemic heart disease	6. HIV/AIDS	-39.6
7. Tuberculosis	7. Tuberculosis	-5.1
8. Diarrheal diseases	8. Diarrheal diseases	1.4
9. Diabetes	9. Road injuries	24.0
10. Road injuries	10. Diabetes	20.0

Source: Institute for Health Metrics and Evaluation (IHME)

In terms of morbidity, communicable diseases such as malaria, upper respiratory infections and diarrhea occupy the top positions, despite declining in recent years, accounting for more than 50% of the total cases of morbidity.

3.1.3 Major disease trend

- Communicable diseases: In general, communicable diseases show a decreasing trend. The deaths caused by malaria among the inpatients had decreased by 40% from 2000 to 2016, and the death rate among children under five years had decreased from 0.69% in 2013 to 0.20% in 2017. Meanwhile, the HIV prevalence rate recently increased from 1.9% in 2013 to 2.1% in 2017¹.
- NCDs: The prevalence of hypertension among the adult population has been increasing and is estimated to be from 19 to 48%. It is reported that only 13% of patients diagnosed with hypertension could control their blood pressure, and nearly 70% do not receive treatment. A total of 9% of the adult population is estimated to suffer from diabetes².

3.1.4 Demographic transition

Demographic transition significantly influences epidemiological transition. According to the World Population Prospects 2019³, the proportion of the elderly population aged over 65 years old in Ghana is estimated to be 3.1% in 2020, which is almost the same as the average of Sub-Saharan Africa at 3%. It is expected to exceed the average around 2030, and Ghana is aging at the second highest speed among the six studied countries.

3.2 Health Policy

The Government of Ghana formulated the “Health Sector Medium-Term Development Plan (HSMTDP) 2018-2021” based on national development policies such as “Coordinated Programme of Economic and Social Development Policies (2017-2024)” and “Ghana beyond Aid”.

The overall goal for HSMTDP 2018-2021 is to have a healthy and productive population that reproduces safely. The main objectives are as follows:

1. Ensuring sustainable, affordable, equitable, easily accessible healthcare services
2. Strengthening healthcare management system (UHC)
3. Reducing morbidity, disability and mortality
4. Ensuring reduction of new HIV, AIDS/STIs and other infections, especially among vulnerable groups

¹ HSMTDP 2018-2021, MoH, 2016 Annual report, GHS

² 2016 Annual report, GHS

³ <https://population.un.org/wpp/>

In addition, food and nutrition security is also mentioned as a main programme. Promotion of ICT utilization is highlighted in all programmes.

The Government of Ghana is in the process of developing a “UHC Roadmap for Ghana” to guide the development of detailed strategies and operational plans to deliver health services for the next decade. An official of the Ministry of Health (MoH) stated that the priority areas of the Roadmap are primary health care, maternal and child health, and emergency services.

In terms of the public private partnership (PPP), “Private Health Sector Development Policy in 2013” was developed which aims to “Facilitate the transformation of the private health sector into a viable industry by harnessing its unique competencies and comparative advantage in producing and providing healthcare products, infrastructure and services that benefit the public at prices that the public can afford”.

The MoH has a private sector unit that coordinates and monitors engagement with the private sector. HSMTDP 2014-2017 identified the limited leadership to promote effective PPP as one of the governance challenges and

<PPP example>

Zipline launched a programme for drone delivery of medical supplies. It started a pilot project in Eastern province and is scaling up to other provinces. Deliveries are reportedly done to the public health facilities in an emergency. The delivery cost is covered by the MoH. It is planned to cover 2,000 facilities by March 2020.

aimed to deepen partnerships and coordination including with the private sector. One of the PPP examples is the drone delivery programme as shown in the box⁴. Further investigation would be necessary to assess the progress and cost effectiveness as a business model.

3.3 Health Governance

MoH is in charge of overall health care services by formulating health policy, setting standards and providing strategic direction for health delivery services, and monitoring and evaluation of the services. Ghana Health Service (GHS) is an autonomous executive agency responsible for implementation of national policies. GHS oversees the Regional Health Management Teams (RHMT) who supervise curative and public health services in the regions and District Health Management Teams (DHMT) who do that in the districts.

3.4 Health Financing

GNI per capita is 2,130 USD (2018, WB). Ghana is a middle-income country.

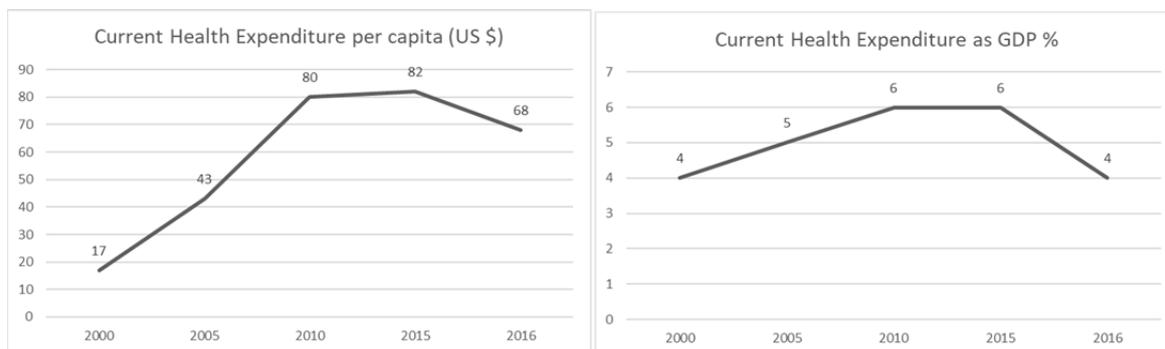
3.4.1 Health Expenditure

Current Health Expenditure (CHE⁵) and health expenditure per capita had been steadily increasing from 17 USD in 2000 to 82 USD in 2015; however, it declined to 68 USD in 2016

⁴ MoH, Ashanti region, JETRO

⁵ Current Health Expenditure (CHE) is the expenditure on health services exclusive of capital formation.

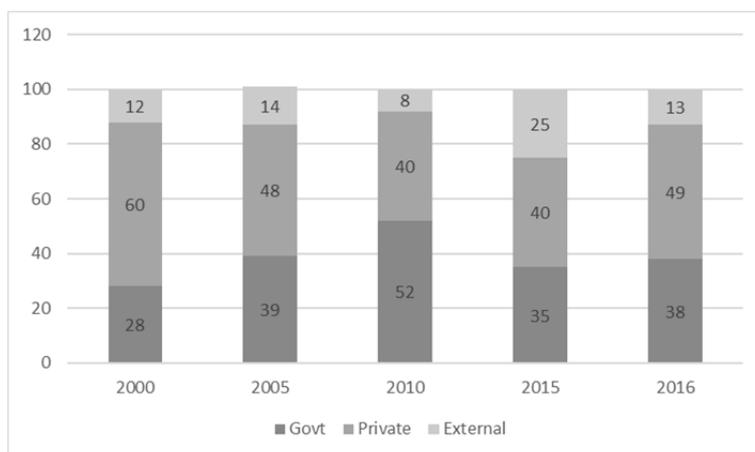
(Figure 1). The proportion of GDP spent on health shows the same trend, declining from 6% in 2015 to 4% in 2016⁶.



Source: WHO Global Health Observatory Data Repository

Figure 1: Trend of Current Health Expenditure and Current Health Expenditure per capital

Regarding the distribution of the CHE by institutions, the proportion of government financing had been increasing up to 2010, but then declined. Private financing instead is increasing (Figure 2).



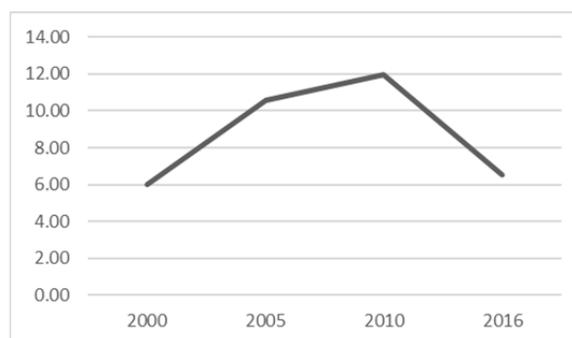
Source: WHO Global Health Observatory Data Repository

Figure 2: Distribution of Total Health Expenditure

3.4.2 Health Budget

The health budget in FY 2019 was announced as 6,038 million GHC, an increase of 37% from the previous year of 4,422 million GHC⁷.

Government expenditure on health as a percentage of CHE was 12% in FY 2010, but then decreased in FY 2016 (Figure 3). The proportion of the health



Source: WHO Global Health Observatory Data Repository

Figure 3: Trend of % health expenditure/total government expenditure

budget as per the total government budget was around 8% in FY 2019, which is below the target of the Abuja Declaration of 15%. Almost half of the health budget in 2017 was allocated to staff

⁶ WHO

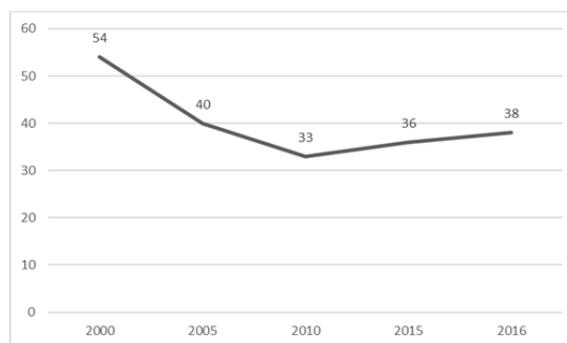
⁷ 2019 Budget Highlights, PwC Ghana, 2018

salaries (compensation), 40% is for goods and services and 10% is for capital expenditure⁸.

According to the Medium-Term Expenditure Framework for 2018-2021, 36% of the FY 2019 budget is allocated for management and administration, 40% is for primary and secondary health services, and 15% is for tertiary and specialized health services.

3.4.3 Health Insurance

Ghana set up the National Health Insurance Scheme (NHIS) in 2003 as a form of social intervention. NHIS subscribers fall into two broad groups, the informal and exempt groups. The informal group pays a premium, and members of the exempt group do not pay premiums – they are formal sector employees, self-employed people contributing to the Social Security and National Insurance Trust, children under 18 years of age, persons above 70 years of age and so on. The population covered by NHIS is around 29.7 million, accounting for 35.3% of the total population in 2017. The coverage has been declining recently.



Source: WHO Global Health Observatory Data Repository

Figure 4: Trend of OOP

In terms of the out of pocket (OOP) expenditure, it has been increasing since 2010, accounting for 40% of health expenditure. The financial burden related to health expenditure for households seems still high.

3.4.4 Donor Support

Financial assistance by donor communities has been declining since Ghana became a middle-income country. The proportion of donor financing was 13.7% in 2016 and 9.4% in 2017. Main donors include USAID, EU, GAVI, Global Fund, World Bank, WHO, UNFPA, UNICEF, and JICA. Meanwhile, some external assistance is provided directly to local organizations without involvement of the government. MoH aims to strengthen efforts to collect comprehensive information on external financial assistance.

3.5 Health Service Delivery

3.5.1 Public Service Delivery System

Health services are provided with five levels of referral network as follows⁹:

⁸ HSMTDP 2018-2021, MoH

⁹ GHS website, and “A closer look at the Healthcare System”, PharmAccess, 2016

Table 3: Public health referral system

Administrative level	Function level	Major functions
National	Level 5: tertiary/teaching hospital	Top referral hospital, provide specialized health care services as well as educational facilities
Regional	Level 4: regional hospital	Provide curative services as regional referral hospitals
District	Level 3: district hospital	Provide curative and public health services as district referral hospital
	Level 2: health centre/clinic	Provide preventive and curative services as a first medical contact for the community
	Level 1: community level	Provide basic preventive and curative services for minor ailments with the Community-based health planning and services (CHPS)

Source: GHS website, PhamAccess Ghana website (<https://www.pharmaccess.org/ghana/>)

The Health Institutions and Facilities Act, 2011 established the Health Facilities Regulatory Agency (HeFRA) to license and monitor facilities for the provision of public and private health care services.

3.5.2 Private Sector

The private health sector in Ghana is a large and important actor in the market. However, it is reported that little has been documented concerning the size and configuration. The main actors are as follows:

Table 4: Main type and function of private health facilities

Type	Major functions
Non-profit	FBO Christian Health Association of Ghana (CHAG) is the faith-based umbrella network of facilities, and represents nearly all non-profit service provision. It has a close-knit formalized relationship with government, serving public health goals through targeting hard-to-reach rural areas and urban slums. Other FBOs include Amadia Muslim Mission.
	NGO NGOs have the most advantages on control of infectious diseases like malaria, improved access to reproductive and maternal healthcare, outreach services in deprived and rural areas. Poor networking and collaboration among NGOs are reported as one of the challenges.
Self-financed (For-profit)	Private hospitals and clinics are high in number in urban and preurban areas. There are high volume of pharmacies and fewer standalone laboratories.

Source: Private Health Sector Assessment in Ghana, World Bank, and Private Sector Contribution to Health Delivery: Examining the role of NGOs in Health Delivery in Ghana, 2016

The Society of Private Medical and Dental Practitioners (SPMDP) is a well-organized association representing for-profit hospitals and clinics. In 2017, the Healthcare Federation of Ghana was launched; it is made up of healthcare industry players in order to provide inputs and services supporting delivery of preventive, promotive, curative, rehabilitative and palliative healthcare services.

3.5.3 Health Infrastructure and human resources

The number of health facilities based on the DHIMS2 in 2017 is shown below. The data are believed to be on the public facilities. CHPS account for 65% of the total number. Meanwhile, the recorded data of private facilities could not be obtained in this survey. One of the medical personnel in the private health association mentioned that the number of self-financed health facilities could be estimated at around 2,000, increasing rapidly in the past few years. Based on this information, the proportion of self-financed health facilities is around 20%.

Table 5: Number of public health facilities by type

Type	CHPS	Clinic	District hospital	Health centre	Hospital	Maternal clinic	Mining hospital	Poly clinic	Mental hospital
No	5,421	998	140	1,004	357	346	11	38	3

Source: Ghana Health Service, DHIMS2

Regional disparity in the establishment of health facilities as well as inadequate provision of medical equipment and supplies are one of the major challenges¹⁰.

3.5.4 Human resources for health

The number of major health personnel in the public health sector is summarized below.

Table 6: Number of major public health personnel

Profession	Male	Female
Doctor	2,038	1,169
Physician assistant	1,450	3,541
Staff nurse	13,479	39,556
Pharmacist	1,018	514
Allied health professional	6,488	3,337
Support staff	12,266	9,138
Community health nurse	2,381	12,848
Total	39,120	70,103

Source: HSMTDP 2018-2021, MoH

In terms of the human resources for health, the number of doctors and nurses/midwives as per the population is lower than the level WHO recommends. It is mostly concentrated on the urban areas and it is reported that there are public hospitals operating without doctors. No data on the number of biomedical engineers (BME) were collected. It was reported by a few medical personnel from the public and private entities that while the education of BMEs has been accelerated to increase the number, there are not enough skilled BMEs at all levels.

3.6 ICT/eHealth

The Government of Ghana formulated the National E-Health Strategy in 2010. It stated that eHealth will enable the delivery of quality, affordable and up-to-date health services in an

¹⁰ HSMTDP 2018-2021, MoH

equitable and timely manner by enhancing communication and the use of information for planning, managing and delivering health services. The Government of Ghana is currently in the process of revising the eHealth Strategy. According to the MoH official, a needs assessment is being done with WHO and the major focuses of the new strategy would be on (1) service delivery, (2) health promotion, (3) training/capacity building, and (4) continuing professional education.

The National E-health Project has been proposed by Lightwave eHealthcare Services (LWEHS) in order to realize the national eHealth strategy.¹¹ According to an official in MoH, an electronic medical record was set up at all facilities from CHPS to teaching hospitals,

<PPP example on eHealth>

National E-Health Project

MoH started the project in collaboration with LWEHS. It aims at the establishment of a national healthcare data centre, which brings together the functions of health information management and disease surveillance, and networking at all hospitals, clinics and health centres across the country. A pilot scheme was initiated in Central Province in 2017.

and PACS (Picture archiving and communication system) was also introduced between hospitals to share diagnosed imaging data under the pilot project. While the pilot project is under review, the official of MoH stated that MoH is considering scaling up this project nationwide. MoH covers the cost of the pilot project, while LWEHS provides technical inputs.

MoH also reportedly aims to strengthen utilization of telemedicine. Given the fact there are limited medical personnel in rural areas, telemedicine is considered as one of the effective tools to provide quality health care anywhere. The Novartis Foundation provides community-based health services with a mobile function. A teaching hospital visited by the survey team stated that they network with an overseas hospital in some specialized areas on their own initiative.

At the same time, some challenges have been reported during the survey such as an inadequate level of ICT infrastructure and ICT literacy among health personnel particularly in rural areas. The need to establish guidelines for legal and ethical requirements was also pointed out.

3.7 Investment Climate

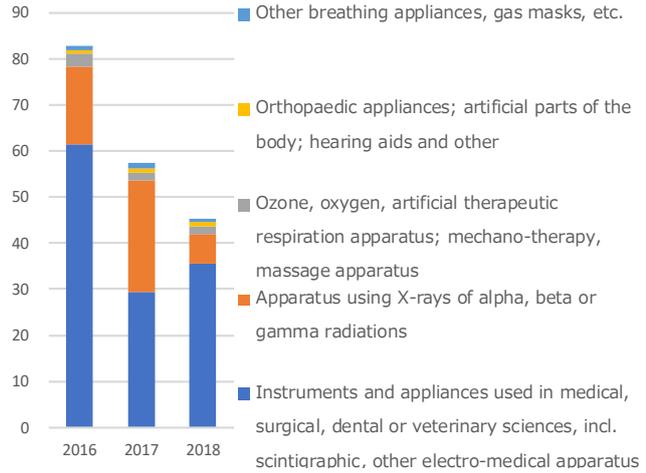
3.7.1 Market Trend

(1) Medical Devices and Pharmaceuticals

Medical Devices

¹¹ <http://www.moh.gov.gh/national-e-health-project-with-bio-surveillance-early-warning-system/>

Ghana's import/export data from the UN COMTRADE database was available only for the period from 2016 to 2018. As shown in Figure 5, Ghana's imports halved over the past three years. However, IMF estimates that Ghana's per capita GDP will increase from 2,200 USD in 2018 to 2,800 USD in 2023, the highest among the six countries. It suggests that Ghana could be one of the promising markets in the coming years.



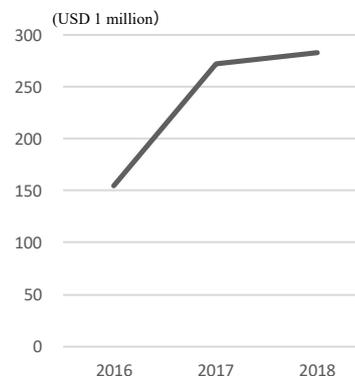
Source : UN COMTRADE

Figure 5: Ghana's Imports of Medical Devices

Pharmaceuticals

Ghana's pharmaceutical imports reached 270 million USD in 2017, up 76% year-on-year, and continued to expand in 2018. India is the largest exporter, followed by France, Belgium, the UK and Switzerland.

According to local media¹², Ghana imports 70% of its pharmaceuticals into the country, while the remaining 30% are locally manufactured. There are about 38 registered local pharmaceutical manufacturers producing generic medications including painkillers and cough mixtures¹³. Global pharmaceutical manufacturers, such as Pfizer, GSK, AstraZeneca, Sanofi, Johnson & Johnson and Rush Pharma are conducting import and sales, but not manufacturing in Ghana.



Source : UN COMTRADE

Figure 6 : Ghana's Imports of Pharmaceuticals

(2) Service Providers

Public Health Facilities (B to G)

Ghana's public procurement is regulated under the Public Procurement Act 2003 (Act 663) and the Public Procurement (Amendment) Act 2016 (Act 914).

Procurement and Supply Chain Directorate (PSCD) of MoH is mainly in charge of procurement of medical supplies for public health facilities¹⁴.

In terms of medical devices, according to MoH and GHS, "Equipment Gap Analysis" is carried out at each facility level annually to collect information on the number of devices and their

¹²

<https://www.ghanaweb.com/GhanaHomePage/business/Foreigners-drive-out-Ghanaians-from-pharmaceutical-industry-589354>

¹³ US International Trade Administration "Healthcare Technologies Resource Guide | 2019: Ghana"

¹⁴ <http://www.moh.gov.gh/procurement-supply/>

functional status to identify gaps from the standard. The Medical Engineering Unit of MoH and Health Administration and Support Services Division (HASS) of GHS are mainly responsible for analyzing gaps and drafting budgets based on the analysis. HASS of GHS also developed “Operational Medical Equipment Policy and Guidelines 2018” to be publicly available shortly.

Public procurement requirements of medical devices tend to include maintenance services and end-user training.

Financial resources to procure pharmaceuticals and medical equipment for public health facilities include donor assistance, government budgets, and the facilities’ internally generated funds (IGF). Recently, medical devices have been mainly procured within turnkey projects of hospital construction/rehabilitation implemented through bilateral cooperation (grant/loan).

Public health facilities can utilize their IGF of cash payments and insurance reimbursements from NHIS, apart from the government budget. NHIS reimbursements reportedly account for 70 to 80% of the service revenue in the case of public hospitals. Larger public hospitals can procure medical equipment by using their IGF without relying on the government budget. However, a major challenge is considerable delays in NHIS reimbursements after hospitals’ claims.

Public facilities are also introducing various financial instruments in procurement, including hire purchase, “placement” contracts to procure in vitro diagnostic medical devices and “revenue-sharing” contracts in which private firms are responsible for equipping and running the laboratories of public hospitals¹⁵.

Private Health Facilities (B to B)

Although the number of private facilities has increased, the private market remains smaller than the public market. A total of 90% of the private facilities rely on their own funds, due to their limited financial access, reflected in their relatively high default risk. This characterizes the private market as rather price sensitive. Large for-profit private hospitals are more likely to take into consideration the life-cycle costs of the product, instead of purchase prices.

3.7.2 Relevant legislation, regulating authorities, registration, import regulations (medical devices and pharmaceuticals)

(1) Relevant legislation and regulating authorities

Medical devices and pharmaceuticals used in Ghana are regulated under “Public Health ACT 2012 (Act 851).” The regulating authority is the Food and Drugs Authority (FDA).

Radiation emitting electronic products are also regulated by “Nuclear Regulatory Authority Act 2015 (Act 895)” under the supervision of the Nuclear Regulatory Authority.

(2) Registration

¹⁵ https://www.mindray.com/id/presscenter/Mindray_in_Ghana__Better_Healthcare_More_Accessible.html

Medical Devices

Medical devices need to be registered with the FDA prior to being placed on Ghana's market. The FDA developed "Guideline for Registration of Medical Device (amended in 2016)," publicly available on the FDA website. Donated medical devices also need to be registered with the FDA, in accordance with "Guideline for Donation of Medical Devices."

The registration application uses the Common Submission Dossier Template (CSDT), which contains elements of the GHTF (Global Harmonization Task Force) guidance document titled "Summary Technical Documentation for Demonstrating Conformity to the Essential Principles of Safety and Performance of Medical Devices (STED)".

With regards to the evaluation of applications, according to the FDA, an application shall be expedited if the product is for public health programmes including HIV/AIDS, malaria, tuberculosis, reproductive health and neglected tropical diseases, as well as MoH tender purposes and post approval variation. A medical device that has obtained the other countries' reference regulatory agency approvals is not qualified for the expedited evaluation route. Any manufacturer based outside Ghana must designate a local agent.

Pharmaceuticals

Drugs and medicines are required to be registered with the FDA prior to being placed on Ghana's market. The FDA developed "Guidelines for Registration of Allopathic Drugs," publicly available on the FDA website, as well as the guidelines related to advertisements, Good Manufacturing Practices (GMP), clinical trials, Good Distribution Practices, safe management of pharmaceutical waste, product recalls.

An applicant who is not resident in Ghana shall appoint one local representative who must be a company incorporated in Ghana and authorized by FDA to import medicinal products and must hold a wholesale dealers License. The application format is consistent with "Common Technical Document (CTD)" of "International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use (ICH)."

(3) Import Regulations

In November 2018, the Renovo program was introduced for the control, management and disposal of electrical and electronic waste, and tires in Ghana to charge an advance eco levy on all Electrical and Electronic Equipment (EEE) and tires exported to Ghana¹⁶.

As for drugs and medicines, around 50 medicines cannot be imported and are reserved for local production only (Gazette as of 23 December 2016)¹⁷.

¹⁶ <https://www.sgs.com/en/news/2018/09/sgs-implements-renovo-program-in-ghana>

¹⁷ <https://fdaghana.gov.gh/wp-content/uploads/2017/06/EXECUTIVE-INSTRUMENT-FOR-LIST-OF-MEDICINES.pdf>

3.8 Opportunities and Challenges for Japanese Health Technologies

Opportunities and challenges for Japanese health technologies and services to be introduced in Ghana are summarized in this section in view of the national priority issues, high disease burdens, financial availability and market entry.

(1) Maternal and child health

Maternal and neonatal health is identified as one of the priority issues in the current HSMTDP and UHC roadmap. Given the slow improvement in the mortality rate at health facilities, it is required to further strengthen the quality of services, monitoring and supervision as well as the functionality of referral system. At the same time, with the donor funding for maternal and child health declining, the government intends to explore innovative financing from domestic sources. Thus, the introduction of cost-effective measures is considered greatly expected.

(2) Communicable diseases

Malaria still has the highest disease burden for both mortality and morbidity, while the mortality is declining. Reduction of HIV infection among vulnerable groups is identified as a priority in the current HSMTDP. The major source of funding for these communicable diseases is the Global Fund.

There is a possibility for Japanese products to be procured through Global Fund-supported programmes if they meet the requirements of the Global Fund¹⁸. Another opportunity is collaboration with private principal recipients (PR). Private PRs for the current round (2018-2020) are AngloGold Ashanti Malaria (AGA) (Malaria) with approximately 16 million USD and West African Program to Combat AIDS and STI (HIV) with around 7 million USD¹⁹. AGA is one of the largest gold producers in the world. The malaria control programme initiated by AGA was considered a successful model and awarded a grant by the Global Fund²⁰. It would be worthwhile for Japanese companies to consider the possibility of collaboration with these PRs.

(3) NCDs

With the initiation of epidemiological transition, NCDs are becoming major health challenges. Currently, HSMTDP activities include constructing a diabetes centre, strengthening cancer control, expanding rehabilitation services, refurbishing national/regional existing prosthetics and orthotics centres and strengthening emergency preparedness.

It was stated by the teaching hospital to the survey team that visited that they are aiming to

¹⁸ <https://www.theglobalfund.org/en/sourcing-management/quality-assurance/diagnostic-products/>

¹⁹ https://www.aidspace.org/gfo_article/third-oig-audit-global-fund-grants-ghana-highlights-ongoing-issues-supply-chain-and-data

²⁰ AGA malaria and public-private partnerships in Ghana's health sector to obtain value from extractives projects, African Natural Resources Centre/AfDB, 2016

strengthen the specialized service units such as the renal centre and cardiology centre to meet the current growing demands.

Introduction of effective and innovative technologies is expected to contribute to upgrading the level of specialized medical services and enhancing the service quality provided by the regional referral hospitals.

(4) ICT/eHealth

Promotion of eHealth and ICT utilization is highly prioritized by the government and emphasized as a cross-cutting activity in all programmes of the current HSMTDP. It is also reported that interest by donors in this area tends to be high. The MoH official mentioned that the MoH welcomes effective proposals for Japanese technologies and services in eHealth promotion including telemedicine and continuing professional education.

It is desirable for Japanese companies with effective technologies to review the new eHealth strategy as well as the results of the LWEHS eHealth pilot project if available and have close dialogue with the government to identify appropriate areas and approaches to introduce their technologies and services.

(5) Public health market

In procurement requirements for medical devices, consideration should be made for the recent trend to include maintenance services and end-user training.

Each health facility can utilize their own resources (IGF) for the procurement of medical supplies. However, the considerable delay in NHIF reimbursements is a major challenge for facility financial management. Various financial instruments can be proposed to address their financial challenges.

(6) Private health market

The access for private health facilities to financial resources is limited in general, and the private market is mostly price sensitive. Large for-profit private hospitals are more likely to take into consideration the life-cycle costs of the product, instead of purchase prices.

(7) Japan Ghana Business Promotion Committee

In December 2019, the Japan Ghana Business Promotion Committee was launched as a common platform for working together to resolve various business issues affecting Japanese and Ghanaian companies²¹.

²¹ Interview with GIPC.