

From Ghana with Lovastatin

By James Andrew Gray
Access to Essential Medicines Officer

In this issue, we discuss the key players who bear the responsibility of providing essential medicines to the community and the external organisations that ensure these obligations are met. In an interview with Dr Akis Afoko, a well-informed and practicing urologist from Ghana, we gain insight into the state of access to essential medicines in the country and consider possible solutions to address shortcomings of the system.

What are Essential Medicines?

According to the World Health Organisation (WHO), essential medicines are those that satisfy the priority needs of a society, and whose selection are determined by an intricate combination of factors such as their relevance to public health needs, evidence of their efficacy and whether they are cost-effective. These medicines are intended to be available within functioning health systems at all times at adequate amounts, in the right dosing forms and at a price the individual and community can afford.

The WHO Model List of Essential Medicines is a document that was first published in 1977 and updated every two years. Since its creation, the list has nearly doubled and includes general anesthetics, medication for pain, antibiotics, antivirals and anti-inflammatory medicines to name a few.

International organisations such UNICEF and UNHCR and non-profit supply agencies such as MSF and the Red Cross have used this list as a template to create their own, as have individual governments who would do so in accordance to the medical, financial and sociopolitical context of their country. As such, lists of essential medicines are dynamic and vary depending on the period and region in which they are conceived.

While many think of essential medicines as those that treat illnesses and infections that are endemic to developing countries (e.g. malaria, HIV infection, malnutrition etc.), the importance of their provision extends to developed countries as well. For instance, to address the emerging healthcare concerns within these countries, the most recent edition of the WHO's model list of essential medicines included new treatments for Hepatitis C, a variety of cancers (including breast and leukaemia) and multidrug-resistant tuberculosis.



The Key Players

The effort to supply communities with the essential medicines they require is one that involves a number of key players. Governments and their health ministries must bear the preponderance of responsibility in ensuring access to essential medicines by assessing the primary healthcare needs of individual citizens and public health concerns of the population. In doing so, they can identify the diseases which lack sufficient or require extensive treatment and act to improve their accessibility, either through the implementation of subsidies or a national healthcare insurance scheme. Non-State Actors (NSAs) and humanitarian organisations too can lobby for improved provision of essential medicines through campaigns.

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A good example of this is the Campaign for Access to Essential Medicines launched in 1999 by Médecins Sans Frontières (MSF). In recent years however, the role of drug companies in this process and the discussion of the degree of their ethical liability has been brought to light.

It is true that companies are not subject to the same ethical scrutiny as state governments, and consequently are not required to sign legally binding human-rights treaties. Nonetheless, as a result of their technical abilities in biochemical research and capacity to engage in large scale production of drugs (brand-listed or generic), pharmaceutical companies do possess a degree of responsibility to fulfil their human rights responsibilities in this area of activity (access to medicines). This concept is outlined comprehensively in a report by the UN Special Rapporteur submitted to the United Nations General Assembly in August 2008 titled the “Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines”.

Considering this, the author set out to illustrate just how important these entities are in ensuring a satisfactory level of provision of essential medicines and to investigate the current and prospective solutions that can be put in place by these bodies to solve this perennial issue, specifically in the context of the beautiful nation of Ghana.

Ghana: A local’s perspective

Dr Akis Afoko shares his thoughts concerning access to essential medicines and the healthcare system in his home country of Ghana.

Are there any major health issues facing Ghana at the moment?

Yes, the cost of quality healthcare. Basically we have a health insurance system, but it lacks the resources to cover certain treatments (e.g. for certain cancers). However, treatments for HIV, malaria, tuberculosis and all those relating to pregnancy, children under the age of five, and elderly over the age of sixty are completely covered.

Prior to 2003, healthcare in Ghana followed the “Cash and Carry” system, what exactly did that involve?

The “Cash and Carry” system meant that you would have had to pay fees for all services and medicines. This excluded a huge number of people meaning that they would have to resort to all kinds of measures (for treatment). When I used to work in a district hospital in the 90’s, it was difficult for us to get medicines for our patients, as they could not afford it.

I see, and if a patient walked into your practice, she/he would be charged even before the patient was seen is this right?

Yes, when patients arrived at a hospital, they would have to pay a fee in order for their folder to be processed (presumably before the check-up could proceed). Then, once the diagnosis and the prescription for medicines they needed were made they would have to go to the pharmacy and make the payment for their drugs there.

Did this pre-checkup payment extend to people in the emergency department?

Yes, back then everything went by the “Cash and Carry” system.

Ghana implemented the National Health Insurance Scheme in 2003, how have things changed since then?

The insurance system has done a lot in terms of affordability and availability for treatment. Now, I would say 90-95% of all conditions are covered by insurance. The exceptions would include treatments for some cancers, neurosurgery and some laproscopies to name a few. Basic abdominal, thoracic and urological surgeries however are all covered.

For the diseases that fall under the scheme, absolutely everything is covered, including the drugs required for treatment, which is paid for one hundred percent with no co-payment, in fact, co-payment is against the law.

In terms of fees, there would be a yearly contribution for eligible adults. This would be something around five US dollars per head, and in addition to this we have a national tax that supplies the health insurance. So contributors would have to pay about five US dollars a year to maintain their registration, and if a mother is registered then all her children under seventeen are automatically covered as well.

Within Africa, Ghana seems to have one of the most developed healthcare systems, would you agree?

Yeah, I would agree to a large extent because at least we have this arrangement that provides affordable services. I hope it will be sustainable otherwise we will have to mutate [*sic*] to get it working. We also have a good public health system. It's not by accident that even though Ebola was (endemic) in our sub-region, we didn't really have cases, and indeed, we were providing the diagnostic services in terms of laboratory support to the whole sub-region.

In our sub-region we have one of the lowest rates of HIV. The national rate in 2014 was around 0.8%, but there are individual communities where the rates are far less than 0.5%. In Ghana, all laboratory tests and tests pertaining to HIV are free of charge, along with the treatment for the people with the infection. We also have an almost hundred percent coverage for sentinel screening. All pregnant women must have tests done for syphilis, HIV and so on, and if they are found to be positive they will have to go for pre- and post- (birth) counselling to prepare the mother for the prevention of mother-to-child transmission. This is now universal.

What do you feel the role of pharmaceutical companies is in the relation to the provision of essential medicines?

I would say that large pharmaceutical companies would need to understand that apart from getting their profits, and I'm sorry to say super-profits, being apolitical as I am, for a great majority of people in the world they don't need branded-medicines. They should produce cheaper, non-branded versions of their medicines and have high consumption (rates) so that even though the profit from one pill may be smaller, on a whole the profits gained will be the same. (Alternatively) they could align with smaller companies in other parts of the world, who may have to pay a small fee, but would then be able to produce quality generics.

The Republic of Ghana is a nation in the sub-region of Western Africa with a population of approximately 27 million, consisting of various ethnic groups. The country relies heavily on the production of natural gas and petroleum, cocoa exports and its large gold mining industry to drive its economy. The combination of its rich culture, beautiful geography, economic prosperity and political stability has afforded it the title "Island of Peace" in one of the most chaotic regions on earth. Its healthcare system has also been lauded by other countries and described by Bill Gates to be the most successful healthcare system in the continent of Africa.

Generics are good for the health system of poorer nations, I myself don't prescribe brands but try to prescribe generic substances. The greater majority of people in the world need generic medicines and pharmaceutical companies need to take part in their production. For instance, the manufacturer of an anti-malarial agent known as Coartem decided to produce a generic version of the drug. Those who can afford and wish to buy the branded drug can go ahead while those who can only afford to purchase a genuine generic will have the opportunity to. If we don't do this (pharmaceutical companies assisting in the production of generics), we will have companies from all over the world trying to copy and produce a generic that is inferior and simply not potent or efficacious. Just like how people pay a little fee or royalty if they are using someone else's article or work of art, it should be possible that a rational arrangement can be made in such a way that generics can be more available. It is also in the interest of everybody that pharmaceutical companies continue to develop and progress and develop new molecules because drug-resistance is rising and sooner or later there will be less effectiveness from the use of a drug.

The Access to Medicines Index is one that independently ranks pharmaceutical companies' efforts to improve access to medicine in developing countries. It does so by ranking their performance in the areas of Research & development, product manufacture & pricing, their pro-access licensing agreements, sale of patents and philanthropic activity. Founded by Dutch entrepreneur Wim Leereveld in 2008 and funded by the Bill & Melinda Gates Foundation and the UK and Dutch governments, the index recognises good practices within the pharmaceutical industry and acts as a potent incentive for companies to improve their performance in the area of provision of essential medicines. The overall ranking of the 2014 index saw GlaxoSmithKline coming in first position, followed by Novo Nordisk and Johnson & Johnson in the second and third positions respectively.

**access to
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The Access to Medicine Index 2014 – Overall Ranking

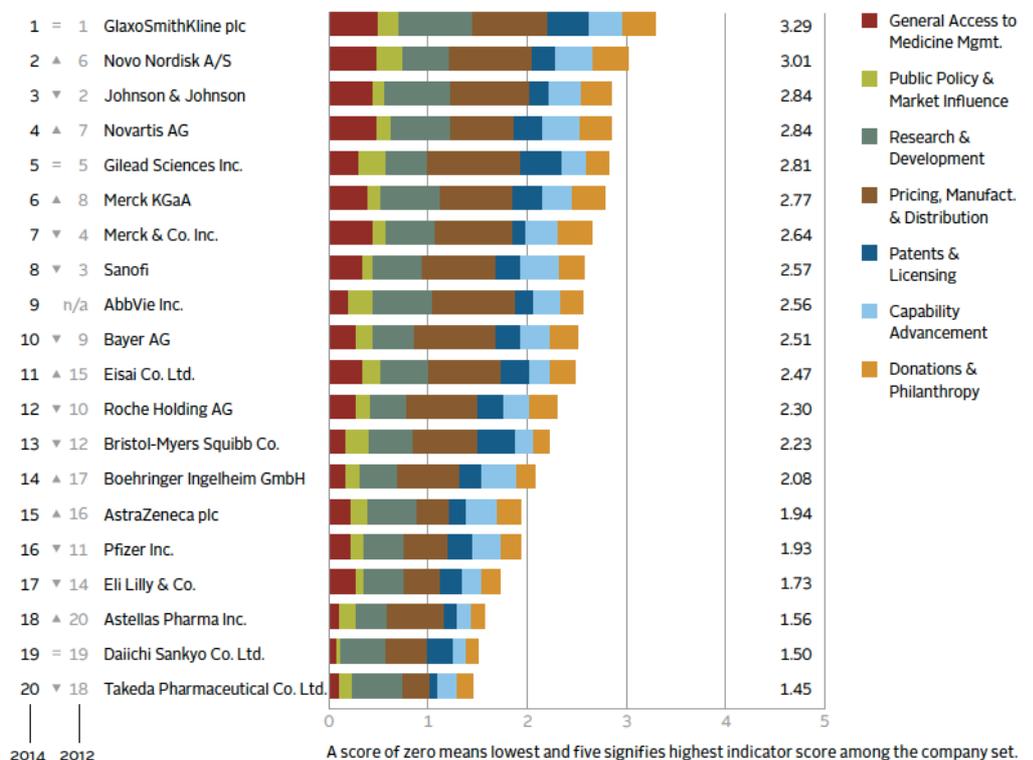


Diagram taken from Access to Medicine Index Full Report 2014

Do you feel there is an adequate supply and reasonable cost of essential medicines in Ghana?

Basically, back home in Ghana, there is an index for all hospitals to see what essential medicines they have at any point in time. While they are supposed to do this all by themselves as a quality check, an external organisation may come to see whether they stock essential medicines, and indeed whether these are generics instead of branded medicines. In Ghana, generics are very common. Hospital procurement systems have to follow procurement rules and regulations and there is in fact a procurement law, which forbids the purchasing of branded items if generics are available. Bidding (for drugs) has to be open so there is competition, and the drugs of the best quality for a particular price are chosen. Hospital pharmacies can still decide to have branded medicines on a “Cash and Carry” basis but if the only medicine available is the branded version, then the hospitals will have to provide that. So the procurement system more or less eliminates this risk of abandoning patients with unnecessary costs.

Do you have anything else to add?

Health is very important, but we don't have to make it unnecessarily expensive. We need to weigh the health system to make sure it doesn't get too expensive for the community as a whole. The Ministry of Health has this oversight to ensure prices are reasonable, and indeed the community members can also play a part by interacting with hospital management, making certain complaints or pleas if they feel prices are too high ❖

Resources and Further Reading

- Access to Medicine Index 2014 Full Report, downloadable at: <http://www.accesstomedicineindex.org/>
- WHO information on Essential Medicines and model lists http://www.who.int/topics/essential_medicines/en/
- “Human Rights Responsibilities of Pharmaceutical Companies in Relation to Access to Medicines” <http://www.ncbi.nlm.nih.gov/pubmed/22789042>
- Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines <http://repository.essex.ac.uk/4425/1/human-rights-guidelines-pharmaceutical-companies-access-medicines.pdf>
- WHO information on Ghana <http://www.who.int/countries/gha/en/>