

Summary of psychotropic medicine report

About this summary

This briefing is for government agencies and institutions involved in the regulation, financing, procurement, distribution, supply and prescription of psychotropic medicines in Ghana. It will also be useful for disabled people's organisations, self-help groups and civil society organisations who are working to ensure adequate provision of mental health services.

This briefing is a summary of a report written in December 2020 by Ghana Somubi Dwumadie. The full report details a review to rapidly assess access to psychotropic medicines in Ghana. The main purpose of the review is to identify barriers to availability. It also provides recommendations to support multi-stakeholder plans to address short term and systemic supply issues, in alignment with the Mental Health Act. The full report is available from Ghana Somubi Dwumadie.

About Ghana Somubi Dwumadie

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme with a specific focus on mental health. This programme is funded with UK aid from the UK government, and run by an Options-led consortium which consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health. It focuses on:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

About psychotropic medicines

For people with mental disorders, treatment by medicine is one necessary aspect of care to relieve acute symptoms and distress, to prevent a disorder becoming more severe, and to facilitate community and informal care. Access to psychotropic medicines requires coordinated action at multiple levels to match demand from those with mental health disorders and their carers, and supply from the healthcare system.

Key findings: extensive systemic barriers curtail access to psychotropic medicines in Ghana

Access to mental healthcare services

Restrictions on who can prescribe medicines make it difficult for those who need it to receive prescriptions and treatment outside of specialist healthcare settings. Non-specialist medical officers are only permitted to prescribe a limited range of medicines. In addition, some regions of Ghana have no medical officers. Prescriptions from non-medical prescribers are not recognised as legitimate by the National Health Insurance Scheme (NHIS) and therefore users must purchase the medicines privately.

Selection of medicines

Based on World Health Organization recommendations, all countries should have Standard Treatment Guidelines which detail the preferred pharmaceutical and non-pharmaceutical treatments for common health problems in their country. These Standard Treatment Guidelines inform an Essential Medicines List, which in turn informs the government how much to budget, what to purchase, and how these medicines should be distributed.

This assessment found that there was no concise medicine list agreed upon by all stakeholders for use across the country. The Essential Medicines List contains a broad range of psychotropic medicines. However, the NHIS list contains far fewer psychotropic medicines than the Essential Medicines List.

A tracer list, a minimal list of the most essential psychotropic medicines, has been proposed but lacks consensus agreement and needs refinement. Lack of resources limits the ability of the national medicine selection committee to operate effectively. Health Technology Assessment, a systematic evaluation of effects and impacts of interventions such as psychotropic medicines, can be strengthened, but this will take time.

Confusion arising from inconsistency between the various medicine lists was evident among the Mental Health Authority and Pharmacy Directorate, service providers, and users. Prescribers would like a wider range of medicines to be available, and these need to be evaluated for effectiveness, affordability and sustainability.

Financing of mental healthcare and medicines

People with psychosocial disabilities are often amongst the poorest and most vulnerable. Access to effective mental healthcare services offers the best opportunity for people with mental health disabilities to break out of a cycle of poverty and mental health issues.

People with mental health disabilities may receive NHIS services free of charge once they are assessed as 'indigent'. However, mental healthcare services are not paid for by the NHIS. The NHIS medicine list includes selected psychotropic medicines, but if these medicines are used for the treatment of mental disorders, then no reimbursement is received, as mental health disorders are not included in the NHIS benefits package.

At present, psychotropic medicines are being financed inconsistently, at the discretion of the Ministry of Health (MOH), using a portion of the National Health Insurance fund. The NHIS is under review for its sustainability; safeguarding the viability of the NHIS is critical to ensure coverage for those requiring financial support for health care.

Procurement and supply chain management

Coordination and control of the procurement of medicines for public health facilities is challenging. Procurement is conducted by the MOH, Central Medical Stores, Regional Medical Stores, Ghana Health Service, teaching hospitals, and psychiatric hospitals. There is no central procurement system.

Central procurement is limited to a few products because of limited funding. Health facilities operating at community or district level (such as the Regional Medical Stores, teaching and psychiatric hospitals) purchase medicines directly from the private sector at high prices.

At present, central storage facilities are inadequate due to fire damage of the Central Medical Stores in 2015. Some medicines are stored in the regions.

The Mental Health Authority is unable to determine how many people need psychotropic medicine. Without consistent demand for medicines in quantities to assure economies of scale, suppliers are reluctant to stock the medicines, which limits the number of suppliers tendering.

Psychotropic medicines are not tendered for in sufficient quantities because of limited funds. Framework contracting, which involves sustainable contracts for both buyer and supplier, is not in place. In addition, the process of medicine registration is complex, further discouraging potential suppliers.

Some facilities and partners access medicines directly from donors, but this is erratic and is not monitored and coordinated effectively. This makes it difficult for the MOH to measure demand for psychotropic medicines.

Recommendations

A multi-pronged strategic approach is recommended to address the findings of the review.

The immediate priority is to finalise a tracer list to facilitate budgetary allocation from the MOH. Finalising the tracer list is critical to all other recommendations being implemented.

A technical committee with input from the MOH, other health agencies, healthcare providers, user advocacy and civil society organisations, is strongly recommended to oversee and deliver on the recommendations for the next three years, summarised below. Longer-term recommendations are detailed in the full report.

Access to healthcare services

1. Revise the restrictions on who can prescribe tracer list medicines as a priority
2. Agree with community-based services, district and regional health administrations, and other general health services about how and when to prescribe at community level

Medicine selection

1. As an immediate priority, finalise the tracer list of medicines with consensus agreement among stakeholders
2. Upskill technical committee members in 'evidence to decision' frameworks and guideline development
3. Disseminate the Standard Treatment Guidelines and the tracer list with educational workshops on the Guidelines, best practice, and the Essential Medicine List

Financing

1. Calculate the cost of the tracer medicine list and estimated quantities required
2. Get commitment from the MOH for a fixed budget allocation each year
3. Collect data from a pilot project to identify quantity, and cost the services needed
4. Determine feasible and sustainable services
5. Clarify legislation and policy barriers to NHIS coverage and amend accordingly
6. Provide justification for mental healthcare to be covered by the NHIS

Procurement and supply chain management

1. Include the tracer list in the government's central procurement plan and framework contracting
2. Simplify registration processes for suppliers and provide input in a new Supply Chain Master Plan
3. Design a data capture tool for medicine use and coordinate medicines from donors

Following this, the same tracer medicines should be featured in each procurement cycle. Capacity should be built in to Ghana's logistics management information system and there should be continued involvement with a Supply Chain Master Plan and strengthened relationships with suppliers. Data on medicine use should also be collated.



For the full report including sources for further information:

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For further information, visit our website:

<https://options.co.uk/work/ghana-participation-programme>

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