

Ghana

Paediatrics



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Paediatrics

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The report has been reviewed by International SOS and EUAA.

Contents

Acknowledgements	1
Contents	2
Disclaimer	3
Glossary and abbreviations	4
Introduction	6
Methodology.....	6
Terms of reference	6
Collecting information.....	6
Quality control.....	6
Sources	7
1. Paediatrics	8
1.1. General information.....	8
1.2. Overview of the health sector.....	9
2. Access to treatment	10
3. Insurance and national programmes	11
4. Non-governmental organisations (NGOs)	11
5. Cost of treatment	12
6. Cost of medication	15
Annex 1: Bibliography	18
Annex 2: Terms of Reference (ToR)	19



Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on publicly available sources of information, as well as oral anonymised sources who are based in Ghana. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

On 19 January 2022 the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

The drafting of this report was finalised on 31 October 2023. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.

Glossary and abbreviations

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome
CHPS	Community-Based Health Planning Services
EmONC	Emergency Obstetric and Newborn Care
FDA	Food and Drugs Authority
GHS	Ghanaian Cedis
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
LEAP	Livelihood Empowerment Against Poverty
MMR	Mumps, Measles, Rubella
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NICU	Neonatal Intensive Care Unit
PEG	Percutaneous Endoscopic Gastrostomy
PHC	Primary Healthcare
SDG	Sustainable Development Goal



Term	Definition
UNICEF	United Nations International Children's Emergency Fund
UN	United Nations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Introduction

Methodology

The purpose of the report is to provide information on access to paediatric treatments in Ghana. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report were developed by EUAA.

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period was finalised on 8 September 2023, peer review occurred between 9 - 29 September 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 31 October. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Ghana.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from multiple oral sources with ground-level knowledge of the healthcare situation in Ghana who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),¹ the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)² and the EUAA Writing Guide (2022).³ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the

¹ EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

² EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

³ EUAA, The EUAA Writing Guide, April 2022, [url](#)



comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental publications, academic publications, reports by non-governmental organisations and international organisations. All sources that are used in this report are outlined in the Bibliography section.

Key informant interviews were carried out in July 2023. Interviews were conducted mainly with officers who work within organisations of Ghana's healthcare system. A complete anonymised list of interviewees can be found in the bibliography.

1. Paediatrics

Paediatrics is a branch of medicine that deals with the health and medical care of infants, children, adolescents and young adults from birth up to the age of 18. This report looks at the situation of paediatric care in Ghana.

1.1. General information

There are several health programmes in Ghana that focus on child health and development. As of 2023, these include the Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2021-2026),⁴ the Child Health Standards and Strategy (2017-2025),⁵ and the Ghana National Newborn Health Strategy and Action Plan (2019-2023).⁶ This takes an integrated approach to saving lives and improving health for Ghana's newborns and their mothers. It includes a wide spectrum of activities, from implementing policies that support care to building the capacity of health workers and facilities and strengthening monitoring and evaluation.⁷

All these policy and strategy documents are aligned with each other providing complementary interventions aimed at improving maternal and child health in Ghana and accelerating Ghana's efforts at providing quality care for newborns in line with achieving the United Nations (UN) Sustainable Development Goals (SDGs) by 2030.⁸ They collectively contribute to:

- Promoting good nutrition and hygiene practices
- Providing care and support for children affected by human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)
- Promoting exclusive breastfeeding for the first six months of life
- Providing immunisations to prevent vaccine-preventable diseases
- Improving access to quality healthcare services for women, children and adolescents
- Providing care and support for women, children and adolescents affected by HIV/AIDS
- Promoting family planning and reproductive health services
- Addressing the social determinants of health that affect maternal and child health outcomes.

They also support the delivery of the following services, amongst others:

- Focused antenatal care
- Skilled birth care
- Emergency Obstetric and Newborn Care (EmONC)
- Kangaroo mother care for low birthweight babies
- Essential newborn care
- Neonatal care

⁴ Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020-2025), p. 4

⁵ Child Health Standards and Strategy 2017-2025. May 2018, p. 51

⁶ Ghana National Newborn Health Strategy and Action Plan 2019-2023, pp. 30-33

⁷ Ghana National Newborn Health Strategy and Action Plan 2019-2023, pp. 30-33

⁸ UN, SDGs by 2030, The 17 Goals, [url](#)



- Growth monitoring
- Immunisation
- Early childhood care and development
- Screening for disability
- Management of chronic illnesses, e.g. sickle cell disease and HIV infection
- Reproductive and sexual health for adolescents.⁹

1.2. Overview of the health sector

Ghana has a pluralistic health sector in terms of ownership (public and private) and in terms of healthcare models (orthodox, traditional and alternative medicine).¹⁰ Healthcare services are provided by the public sector, as well as by private sector service providers made up of for-profit providers and non-profit faith-based health facilities.¹¹ The health system is organised in three levels: the primary level, with a focus on primary healthcare (PHC) services, starts with the community-based health planning services (CHPS) compound, followed by the sub-district health centre/clinic and lastly the district hospital. The secondary and tertiary levels have regional and teaching hospitals, respectively.¹²

Treatment is available at all levels of the health system, within the prescribed limits of the Standard Treatment Guidelines 2017.¹³ The guide is sectioned by health conditions, not by age cohort. For each condition, the approach to treatment for age cohorts is included.¹⁴ The primary level of care has the capacity to identify and make differential diagnosis of some of the paediatric conditions. This capacity is mostly at the district hospital level where medical staff can make more definitive diagnosis, commence basic care and also refer the client to the appropriate secondary or tertiary facility for definitive case management. Paediatric monitoring is typically done at the primary care level of the health pyramid, which includes community health centres and district hospitals. It involves programmes for newborn health, immunisation, nutrition and well-being clinics, nurturing and adolescent health, as well as screening for disability and chronic illnesses. Monitoring is available from the lowest level of healthcare (the base of the health pyramid) and at every level of care thereafter.¹⁵

There is one institution, the Princess Marie Louise Hospital, of the Ghana Health Service, in Accra, which is dedicated only to paediatric care.¹⁶ Additionally, all the teaching hospitals and some regional hospitals have paediatric departments manned by specialists. There are few private health facilities that provide specialist paediatric care as part of their service package. Most of these facilities are in Accra, Tamale, Cape Coast, Kumasi and Ho, where paediatricians working in the respective teaching hospitals can provide part-time services in

⁹ Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020-2025), p. 4; Child Health Standards and Strategy 2017-2025. May 2018, p. 51; Ghana National Newborn Health Strategy and Action Plan 2019-2023, pp. 30-33

¹⁰ Ghana, MOH, National Health Policy: Ensuring healthy lives for all (Revised Edition), January 2020, [url](#), p. 23

¹¹ Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

¹² Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

¹³ Ghana, MOH, GNDP, Standard Treatment Guidelines, Seventh Edition, 2017, [url](#), p. 1

¹⁴ Ghana, MOH, GNDP, Standard Treatment Guidelines, Seventh Edition, 2017, [url](#), pp. 1-708

¹⁵ CCKII101, consultant paediatrician, interview, July 2023, Accra

¹⁶ Princess Marie Louise Children's Hospital, 2022, [url](#)

the private sector.¹⁷ Most paediatric services, at the primary care level, are provided by general practitioners as specialist paediatricians are few.¹⁸

The main source of financing for the majority of these is the National Health Insurance. However, this often only covers the cost of inpatient (bed and feeding) and outpatient care (consultation), and some laboratory investigations and categories of medicines in both settings. Anything not covered by the insurance will have to be paid for out of pocket at the point of service.¹⁹

Financial and social support are also available usually under empowerment schemes, such as the Livelihood Empowerment Against Poverty (LEAP) offered under the Ministry of Gender, Children and Social Protection for disadvantaged households. It involves a Social Cash Grant Scheme offering basic and secure income. Electronic money payments have been facilitated by the scheme since 2013. This also involves offering a package of complementary inputs, such as free registration onto the National Health Insurance Scheme (NHIS) for orphans and vulnerable children impacted by HIV infection, floods and droughts in the less accessible parts of the country. In the absence of a valid insurance scheme, health care must be paid out of pocket.²⁰

2. Access to treatment

As described in the introduction, treatment is available at all levels of the health system, within the prescribed limits of the Standard Treatment Guidelines 2017. All patients can access care at the nearest point of service to them at any level of the health system. Based on the severity of the condition and the capacity of the point of service to manage the condition, care will be continued or the patient will be referred to the next higher level of care for further appropriate case management. Patients can however walk into any emergency room in any secondary or tertiary facility and will be attended to.²¹

Treatment is geographically accessible in all the regions. However, urban towns, primarily because of the presence of secondary and or tertiary facilities, have better access to specialist services than populations in rural areas. There are no restrictions to patients' access to treatment; everyone has access to all services that are available at all levels of the health system. In general, the most significant barriers to treatment access for all the conditions include inability to pay for the care available. Patients who have registered with the NHIS or private medical insurance schemes will have their cost of care (either inpatient or outpatient) covered, as determined by their insurance package, while those without any form of insurance will have to pay out of pocket for these services. Private health insurance schemes provide a better coverage in terms of services that will be paid for and cost of services than the NHIS does.²²

¹⁷ CCKII101, consultant paediatrician, interview, July 2023, Accra

¹⁸ CCKII101, consultant paediatrician, interview, July 2023, Accra

¹⁹ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁰ CCKII101, consultant paediatrician, interview, July 2023, Accra

²¹ CCKII101, consultant paediatrician, interview, July 2023, Accra

²² CCKII101, consultant paediatrician, interview, July 2023, Accra



These arrangements are the same for every child living in Ghana whether an indigene or a migrant. Expatriates pay more than nationals when they are not registered with the NHIS.²³

3. Insurance and national programmes

The public NHIS and private health insurance schemes cover both inpatient and outpatient cost of care to different degrees, with the private schemes generally providing more cover than the NHIS.²⁴ The NHIS covers the consultation fees for all general and specialist clinic attendances, as well as hospital admission (bed and feeding). A limited number of laboratory tests, such as complete blood count, urine and stool routine tests, are covered by the NHIS. All other tests, such as biochemistry tests, cultures, histopathology, and diagnostic imaging, must be paid for by a private insurance scheme or by cash.²⁵

Paediatric care for children under five years is significantly covered by social protection. Babies up to three months old can access basic free care in all public and selected private health institutions if one of the child's parents is registered with the NHIS. By the age of three months, every child is expected to be registered with the NHIS to continue to access free care.²⁶

The implementation of the respective national policies and strategic plans mentioned in the introduction comprises the national programmes. These are implemented through the Ghana Health Service facilities and interventions, available to all Ghanaians throughout the country.²⁷

The NHIS is available for registration to all individuals living in Ghana.²⁸

4. Non-governmental organisations (NGOs)

Many NGOs, e.g., the United Nations International Children's Emergency Fund (UNICEF), the World Health Organization (WHO), Plan, and World Vision, offer non-financial support to promote child and adolescent care. UNICEF offers programmes in education, health and nutrition, water, sanitation and hygiene (WASH), child protection, and social policy and protection for communities. Plan works with communities to increase financial access, improve financial literacy, employment skills and training. This improves child health and reduces the healthcare burden on families, communities and the nation. WHO supports caregiving practices for families and promotes healthy growth and early childhood development via initiatives such as promotion of adequate nutrition, exclusive breastfeeding, and immunisation

²³ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁴ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁵ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁶ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁷ CCKII101, consultant paediatrician, interview, July 2023, Accra

²⁸ CCKII101, consultant paediatrician, interview, July 2023, Accra

practices, mainly via its Nurturing Care Framework launched in 2018. World Vision Ghana aims to reduce malnutrition especially in children under-five, ensures reduction in preventable diseases and maternal deaths, improving access to sexual and reproductive health in all children and adolescents, and facilitating strengthening of local health system and structures. They partner with community health communities to train local facilitators, as well as providing mother-to-mother support groups with the aim of generally improving child health.²⁹

Access is not restricted for any child once the help is available.³⁰

5. Cost of treatment

The cost of treatment in the public sector is regulated by the NHIS. The NHIS tariffs are expected to be the official fees and charges in public facilities. This is often not adhered to because the insurance tariffs are lower than the market prices. Facilities, mainly the teaching hospitals, will go on to secure parliamentary approval for higher rates for fees and charges that the NHIS tariffs are unable to fully cover. These additional fees and charges are paid out of pocket by patients. Other public facilities will have instances where staff request unofficial fees and charges for services rendered.³¹

The cost of treatment in the private sector is not regulated and different service providers set different fees and charges that enable them to, at least, fully recover their costs. These fees and charges may be revised at any time, and the revisions are primarily influenced by foreign exchange rates and market forces.³²

The cost of treatment is generally higher in private than in public facilities and also increases from primary to tertiary level of care.³³

In Table 1, inpatient treatment prices cover accommodation only; outpatient treatment costs cover consultation only; and for both outpatient and inpatient, if disease specific interventions are required additional fees are charged accordingly for the intervention. Moreover, inpatient prices are calculated per day and private inpatient prices do not include food and consumables.

In **Error! Reference source not found.** and **Error! Reference source not found.**, the public outpatient and inpatient treatment prices are based on the NHIS tariffs,³⁴ and the private outpatient and inpatient treatment prices, as well as information on insurance coverage and reimbursement are based on information provided by interviewee CDKII02.³⁵

Concerning the coverage and reimbursement of the treatment prices in the tables 1 and 2 below, the following principles apply to all listed treatments:

²⁹ CCKII101, consultant paediatrician, interview, July 2023, Accra

³⁰ CCKII101, consultant paediatrician, interview, July 2023, Accra

³¹ CCKII101, consultant paediatrician, interview, July 2023, Accra

³² CCKII102, administrator at a private hospital, interview, July 2023, Accra

³³ CCKII101, consultant paediatrician, interview, July 2023, Accra

³⁴ Ghana, NHIS, Tariffs for Tertiary Hospitals, February 2023

³⁵ CCKII101, consultant paediatrician, interview, July 2023, Accra



1. Public and some private sector facility treatment prices are covered by NHIS and sometimes private insurance.
2. If insured, on presentation of one's insurance card, whether NHIS or private, no payment is made by the patient, as the insurance company re-imburses the facility at a later date on submission of claims.
3. In public facilities, any price difference between the listed NHIS tariffs and the price asked by the facility is borne by the patient (some facilities obtain parliamentary approval to increase their prices). In private facilities where NHIS coverage is accepted, the price difference between the NHIS tariffs and the private price is borne by the patient.
4. Uninsured patients pay out of pocket for all services at public and private facilities.

Table 1: Cost paediatric specialist treatment in public tertiary and private health facilities

Specialist	Public outpatient treatment price in GHS	Public inpatient treatment price in GHS	Private outpatient treatment price in GHS	Private inpatient treatment price in GHS
Paediatrician	98	64 - 68	250 - 300	350 - 400
Paediatric cardiologist	98	64 - 68	250 - 300	350 - 400
Paediatric neurologist	98	64 - 68	250 - 300	400
Paediatric surgeon	98	64 - 68	250 - 300	Cost dependent on the type of surgery
Paediatric psychiatrist	98	64 - 68	250 - 300	400 - 500
Paediatric physical therapist	98	64 - 68	250 - 300	400 - 500
Paediatric pulmonologist	98	64 - 68	250 - 300	400 - 500
Paediatric oncologist	98	64 - 68	250 - 300	400 - 500
Paediatrician specialised in metabolic diseases	98	64 - 68	250 - 300	400 - 500
Child psychologist	98	64 - 68	250 - 300	400 - 500
Speech therapist	98	Not found	290	400 - 500

Table 2: Cost of paediatric care in public tertiary and private health facilities

Treatment	Public treatment price in GHS	Private treatment price in GHS
Day care for children with medical conditions (for one day)	98	400 - 450
Placement of nasogastric feeding tube, including feeding tube supplements, for one day or one session.	150	450 - 550
Haematology: (one day of) clinical treatment in case of sickle cell crises	98	300
Intensive care treatment (ICU): one day in the ICU	172.50 Care in ICU is not covered under the NHIS but under some private health insurance schemes.	Not found
Neonatal intensive care unit (NICU): one day in the NICU	36 - 57	Not found
Care for combined mental and physical disabilities: long term institutional 24-hour care (one day)	98	300 - 400
Care for mental disabilities: day care (one day)	98	300 - 400
Care for mental disabilities: long-term institutional 24-hour care (one day)	98	300 - 400
Care for physical disabilities: long-term institutional 24-hour care (one day)	98	300 - 400
Care for physical disabilities: day care (one day)	98	300 - 400
Medical devices pulmonology: one spacer (with mask) for inhaler with asthma medication	Spacer with mask 266	300 - 459



6. Cost of medication

The cost of medication in the public sector is regulated by the NHIS medicines list.³⁶ The NHIS medicines list is expected to include the official charges for medicines in public facilities. This is often not adhered to because the prices of NHIS' medicines are lower than the market prices. Facilities, mainly the teaching hospitals, will go on to secure parliamentary approval for higher fees and charges to ensure they are able to recover the cost of services and medicines that the NHIS may not fully cover. These additional fees and charges are paid out of pocket by patients.³⁷

The cost of medicines in the private sector is not regulated, and different service providers set different fees and charges that enable them to, at least, fully recover their costs. These fees and charges may be revised at any time and the revisions are primarily influenced by foreign exchange rates.³⁸

The cost of medication is generally higher in private as compared to public facilities, and also increases from primary to tertiary level of care.³⁹ Most medicines are available in the whole country. The private sector pharmacies maintain a more complete stock of medicines than public facilities and medicines are more readily available in urban than in rural communities.⁴⁰

As far as possible, medicines found in the country are registered by the Food and Drugs Authority (FDA) for use. The implication of this is that the quality of the medicines can be assured, to a large extent. For a product to be registered, it means that it has gone through and passed the rigorous testing and product source verification processes carried out by the FDA of Ghana. However non-registered, as well as fake, medicines are also found in the country.⁴¹

Some of the medicines are on the Essential Medicines List and the National Health Insurance Medicines List. Their inclusion on the list encourages pharmacies and health facilities to stock them, reducing situations when stocks run out. Public facilities prices as listed in the NHIS medicines' list. No brand names are covered under the medicines' list.⁴²

In situations where medicines are not available in the country, citizens may make arrangements for friends and family living abroad to purchase and send to them these products even if not registered by the FDA. These medications are often prescription-only medications and, in this case, they need to be accompanied by the prescription.⁴³

In Table 3, '*Pharmacy*' refers to the private sector and '*Hospital*' refers to the public sector. The medications in public facilities are generic and their prices are provided according to the

³⁶ Ghana, NHIS, Medicine List, February 2023, [url](#)

³⁷ CCKII101, consultant paediatrician, interview, July 2023, Accra

³⁸ CCKII102, administrator at a private hospital, interview, July 2023, Accra

³⁹ CCKII101, consultant paediatrician, interview, July 2023, Accra

⁴⁰ CCKII101, consultant paediatrician, interview, July 2023, Accra

⁴¹ CCKII02, administrator at a private hospital, interview, July 2023

⁴² CCKII02, administrator at a private hospital, interview, July 2023

⁴³ CCKII101, consultant paediatrician, interview, July 2023, Accra

NHIS medicines list.⁴⁴ Prices in private facilities and information on insurance and reimbursement are provided by interviewee CNKII02.⁴⁵

Concerning the coverage and reimbursement of the medication prices in the table below, the following principles apply:

1. Both public and private sector prices can be covered by NHIS or/and private insurance.
2. If insured, on presentation of one's insurance card, whether NHIS or private, no payment is made by the patient, as the insurance company re-imburses the facility at a later date on submission of claims.
3. In private facilities, where NHIS coverage is accepted, the price difference between the NHIS tariffs and the private price is borne by the patient.
4. Uninsured patients pay out-of-pocket for all medications at public and private facilities.

Table 3: Cost of medicines in in both public and private sector

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
Hydroxy-carbamide (= hydroxurea)	Hydroxy-carbamide	500 mg	capsule	100	570	Pharmacy
Ampicillin	Ampicillin	500 mg	injection	1 vial	3.05	Hospital
	Ampicillin	500 mg	injection	1 vial	4.07	Pharmacy
Benzylpenicillin sodium	Benzylpenicillin	1 MU	injection	1 vial	1.56	Hospital
	Benzylpenicillin	1 MU	injection	1 vial	4.05	Pharmacy
Amoxicillin + clavulanic acid (combination)	Amoksiclav™	250 mg/ 62 mg/ 5 mL	suspension	1 vial	55	Pharmacy
	Amoxicillin + clavulanic acid	250 mg/ 62 mg/ 5 mL	suspension	1 vial	8.20	Hospital

⁴⁴ Ghana, NHIS, Medicine List, February 2023, [url](#)

⁴⁵ CCKII02, administrator at a private hospital, interview, July 2023



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital, ...)
Amoxicillin	Amoxicillin	125 mg/ 5 ml	suspension	1 vial	12	Pharmacy
Diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenzae type B (=Hib) - vaccine	Pentavalent	0.5 ml	injection	10	Free	Hospital
poliomyelitis vaccine	Poliomyelitis alone	3 drops	liquid	20	Free	Hospital
Measles vaccine	Measles vaccine	0.5 ml	injection	10	Free	Hospital

Annex 1: Bibliography

Oral sources, including anonymous sources

CCKII101, a consultant paediatrician, interview, Accra, July 2023. The person wishes to remain anonymous.

CCKII102, an administrator at a private hospital, interview, Accra, July 2023. The person wishes to remain anonymous.

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Annex 2: Terms of Reference (ToR)

Paediatrics

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Is there a health program specifically for children? If so, could you explain the content of this program? Are human resources and infrastructures sufficient for the country's needs? At which level of the health pyramid is paediatric monitoring done?
- Is there a program for the partial or total coverage of healthcare for children? If so, what are the eligibility criteria to gain access to it? What financial support can the parents expect from the government, social security or a public or private institution? Is paediatric care covered by social protection or an additional health insurance? If not, how can the patient gain access to treatment?
- Are there any factors limiting access to healthcare for children? If so, are they economic, cultural, geographic? Are there any policies aiming at improving access to care and medication for children?
- What is the 'typical route' for paediatric patients with a disease (after being diagnosed with a disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can he access treatment? Is the treatment geographically, economically, etc. accessible? What must the patient pay and when? Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?

Insurance and national programmes

Include if relevant, otherwise delete section.

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., UNICEF or other international donors active in child health, etc.
- Include any insurance information that is specific for these patients.

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. If a certain price of a treatment cannot be found for any reason or is not relevant (e.g., if a speech therapist does not work in an inpatient /clinical setting) : state shortly “not found” or “not relevant”
- In the table, indicate the price for inpatient and outpatient treatment in public and private facility and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. If a certain price of a medicine cannot be found for any reason (e.g., the availability could not be confirmed): state shortly “not found”
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of them being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
- If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report.

NGOs

Include if relevant, otherwise delete section.

- Are there any NGOs or international organisations working on the improvement of access to health care for children? What are the necessary conditions for the patient to be eligible for treatment?



- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).

