

Ghana

Nephrology



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Nephrology

MedCOI

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The report has been reviewed by International SOS and EUAA.





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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 27 March 2024. 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 |
|-------------|--|
| AKI | Acute Kidney Injury |
| CHPS | Community Health Planning and Services |
| CKD | Chronic Kidney Disease |
| ESRD | End-Stage Renal Disease |
| EUR | Euro |
| FDA | Food and Drugs Authority |
| GFR | Glomerular Filtration Rate |
| HD | Haemodialysis |
| KATH | Komfo Anokye Teaching Hospital |
| KBTH | Korle Bu Teaching Hospital |
| NGO | Non-Government Organisation |
| NHIS | National Health Insurance Scheme |
| PHC | Primary Healthcare |
| PTH | Parathyroid Hormone |
| RF | Renal Failure |
| RRT | Renal Replacement Therapy |
| USD | United States Dollar |





Introduction

Methodology

The purpose of the report is to provide information on access to kidney diseases treatment 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 9 November 2023, peer review occurred between 10 November – 22 December 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 27 March 2024. 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.

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](#)





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 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 Annex 1: Bibliography.

Key informant interviews were carried out in September 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 Annex 1: Bibliography.





1. Prevalence of kidney diseases and renal failure (RF)

Nephrology is a medical speciality that focuses on the study of the kidneys, specifically normal kidney function (renal physiology) and kidney disease (renal pathology), the preservation of kidney health and the treatment of kidney diseases. This report looks at the situation of care for kidney diseases and renal failure in Ghana.

There is scant data on the spectrum of renal diseases in Ghana.⁴ The prevalence of renal diseases in different regions of Ghana varies depending on the study and the population being studied. The breakdown of renal disease types found in a 13-year retrospective study conducted at the nephrology unit of Komfo Anokye Teaching Hospital (KATH), Kumasi, showed that 70.76 % of the 1 426 participants had chronic kidney disease ((CKD) or renal failure (RF)), 20.69 % had end-stage renal disease (ESRD), 5.05 % had acute kidney injury (AKI), and 3.51 % had nephrotic syndrome.⁵

A multicentre cross-sectional study found that the prevalence of CKD among patients with hypertension and diabetes was 28.5 %, for patients with only hypertension or diabetes the prevalence was found to be 26.3 % and 16.1 %, respectively.⁶

2. Access to treatment

Ghana has a pluralistic health sector in terms of ownership (public and private), and in terms of healthcare models (orthodox, traditional and alternative medicine).⁷ 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.⁸ 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 and planning services (CHPS) compound, then the sub-district health centre/clinic and ends up at the district hospital. The secondary and tertiary levels have regional and teaching hospitals, respectively.⁹

⁴ Okyere, P., et al., Spectrum and Clinical Characteristics of Renal Diseases in Ghanaian Adults: A 13-Year Retrospective Study, April 2020, [url](#), p. 2

⁵ Okyere, P., et al., Spectrum and Clinical Characteristics of Renal Diseases in Ghanaian Adults: A 13-Year Retrospective Study, April 2020, [url](#), p. 4

⁶ Tannor, E. K., et al., Prevalence and predictors of chronic kidney disease among Ghanaian patients with hypertension and diabetes mellitus: A multicenter cross-sectional study, October 2019, [url](#), p. 1544

⁷ Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p.23

⁸ Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December, 2021, [url](#), p. 11

⁹ Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11





Public and private facilities, at all levels of the health system, can provide care within limits set by the Standard Treatment Guidelines 2017.¹⁰ The primary level of care has limited capacity to identify and make differential diagnoses of some of the nephrology conditions. This capacity is mostly at the district hospital level where they can make more definitive diagnoses, commence basic care and continue to refer the client to the appropriate secondary or tertiary facility for definitive case management.¹¹

Although there is no single central institute that specialises in the treatment of kidney diseases / renal failure, the teaching hospitals have the most advanced nephrology care expertise in country. There are no private specialist nephrology treatment centres, but there are private health facilities that provide specialist nephrology consultations and care as part of their service package. Most of these facilities are in the regional capitals where they have access to part-time services of physician specialists / nephrologists who work in the respective regional or teaching hospitals. There are treatment options for all nephrology conditions observed in the country.¹²

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 admitted for treatment if need be.¹³ Waiting times for outpatient services access are variable, and depend on the clinic and the patient load for the day. Most clinics do not offer timed appointments; instead, they schedule patients to come on a particular day.¹⁴

Kidney transplantation is not readily available in Ghana and the predominantly available option for renal replacement therapy is haemodialysis (HD).¹⁵ As of 2022, there were 51 HD centres located in 9 of the 16 regions of Ghana. Of these, only 40 centres are functioning. Of the functioning centres most (n = 26, 65 %) are in the Greater Accra Region serving 17.7 % of the population and 7 (17.5 %) in the Ashanti Region serving 17.5 % of the population in Ghana. The rest of the 7 regions have 1 centre each. The private sector has twice as many HD centres as the public sector and the mean cost of HD session is 53.9 ± 8.8 USD [49.07 ± 8.01 EUR] in Ghana. The cost of HD remains prohibitive and mainly paid out of pocket limiting its utilisation.¹⁶ The cost of dialysis is a limitation to effective treatment of renal failure.¹⁷

Patients with renal diseases in Ghana face several challenges in accessing treatment, including lack of awareness, limited access to renal replacement therapy (RRT), poor quality of

¹⁰ Ghana, MOH, GNDP, Standard Treatment Guidelines, Seventh Edition, 2017, [url](#), pp. 392, 396

¹¹ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

¹² CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

¹³ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

¹⁴ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

¹⁵ Boima, V., et al., Willingness to pay for kidney transplantation among chronic kidney disease patients in Ghana, December 2020, [url](#), p. 2

¹⁶ Tannor, E. K., et al., The geographical distribution of dialysis services in Ghana, The geographical distribution of dialysis services in Ghana, January 2018, [url](#), p. 2

¹⁷ Okyere, P., et al., Spectrum and Clinical Characteristics of Renal Diseases in Ghanaian Adults: A 13-Year Retrospective Study, April 2020, [url](#), p. 4





life, low nephrology workforce, socioeconomic burden and the biggest being affordability of treatment.¹⁸

The social support system for patients with CKD in Ghana is mainly by their families, community, workplace and religious groups.¹⁹

2.1. 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.²⁰ As of 2019, the NHIS had a membership of over 12 million Ghanaian²¹ and it is available for registration to all individuals living in Ghana.²²

The NHIS covers the consultation fees for all general and specialist clinic attendances, as well as hospital admission (bed and feeding) are covered. A limited number of laboratory tests are covered but the cost of specialised laboratory and diagnostic imaging investigations and treatment are not covered by the NHIS and must be paid for by private insurance schemes or out of pocket.²³

The cost of HD remains prohibitive and is not covered by NHIA, but with some private insurer providing cover. However, the cost of HD is mainly paid out of pocket, limiting its utilisation.²⁴

2.2. Non-governmental Organisations (NGOs)

The Kidney Health International is a non-governmental organisation (NGO) set up in 2016 in Ghana. It organises educational programmes, free health screening exercises for disadvantaged populations, and health talks for organised groups and on radio, television, online media and social media. It also trains volunteers to continually educate the populace on hypertension, diabetes, obesity, healthy lifestyle and CKD.²⁵

The Bridge of Life is an NGO founded by DaVita;²⁶ it provides kidney care services and support in Ghana.²⁷

¹⁸ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

¹⁹ Tannor, E. K., et al., Quality of life among patients with moderate to advanced chronic kidney disease in Ghana - a single centre study, April 2019, [url](#), p. 2

²⁰ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

²¹ NHIS, NHIS active membership soars, July 2020, [url](#)

²² CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

²³ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

²⁴ Tannor, E. K., et al., The geographical distribution of dialysis services in Ghana, The geographical distribution of dialysis services in Ghana, January 2018, [url](#), p. 2

²⁵ Tannor, E. K., et al., WCN23-0162 Promoting 'Kidney Health For All' in Ghana – The Role of a Nephrology-Led Non-Governmental Organization, March 2023, [url](#), p. S465

²⁶ DaVita Inc is a kidney care provider in the United States, [url](#)

²⁷ Bridge of Life, About Us, 2023, [url](#)



3. 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 NHIS tariffs are below market prices, so 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 for unofficial fees and charges for services rendered.²⁸

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.²⁹

In Table 1 and Table 2, the prices for public facilities are as available in the NHIS tariffs for tertiary hospitals (2023).³⁰ Information for the private sector prices, as well as insurance and reimbursement information, is provided by Interviewee CNpKII103.³¹

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

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.

²⁸ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

²⁹ CNpKII103, Administrator of a Private Hospital, Interview, September 2023

³⁰ NHIS tariffs for tertiary hospitals (2023)"

³¹ CNpKII103, Administrator of a Private Hospital, Interview, September 2023, Accra

**Table 1. Cost of nephrology specialist consultations 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 |
|--------------|--|---|---|--|
| Internist | 147 | 128 (cost of admission, not including consultation fee) | 280 to 400 | 600 to 1 000 |
| Nephrologist | 147 | 128 (cost of admission, not including consultation fee) | 280 to 400 | 600 to 1 100 |

Table 2. Cost of nephrology laboratory, diagnostic imaging and specialist treatment interventions in public tertiary and private health facilities

| | Public treatment price in GHS | Private treatment price in GHS |
|--|--|--|
| Bacterial cultures | 39 | 200 to 250 |
| Kidney function overall index: Glomerular Filtration Rate (GFR) | 55 | 120 to 150 |
| Electrolytes: sodium, calcium, potassium, chloride, phosphate, and magnesium | Sodium – 20 Calcium – 30 Potassium – 30 Chloride – 20 Phosphate – 30 Magnesium – 30 | Sodium – 30 to 40 Calcium – 60 to 70 Potassium – 30 to 40 Chloride – 30 to 40 Phosphate – 40 to 50 Magnesium – 40 to 50 |
| PTH, calcium, phosphate | PTH – 90 Phosphate – 30 Calcium – 30 | PTH – 300 to 350 Calcium – 60 to 70 Phosphate – 40 to 50 |



| | Public treatment price in GHS | Private treatment price in GHS |
|---|-------------------------------|--------------------------------|
| Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels) | 47 | 120 to 150 |
| Ultrasound of the kidney | 92 | 300 to 400 |
| Clinical admittance in nephrology department (daily rates) | 127 | 250 to 400 |
| Surgical placement of an arterial shunt for haemodialysis | Not found | 1 000 to 1 400 |
| Surgical placement of a shunt through jugular vein for hemodialysis | Not found | 1 700 to 2 000 |
| Chronic haemodialysis; cost of one session* | 400 | 800 to 1 200 |
| Acute haemodialysis* | 400/ session | 800 to 1 200/ session |

*Treatments not covered by NHIS, but by some private insurances. They are mostly paid out-of-pocket by the patients.

4. Cost of medication

The cost of medication in the public sector is regulated by the NHIS medicines' list.³² The NHIS medicines' list is expected to include official charges for medicines in public facilities. This is often not adhered to because the insurance tariffs are below 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, which the NHIS may not fully cover. These additional fees and charges are paid out of pocket by patients.³³

³² NHIS, Medicine List, February 2023, [url](#)

³³ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra



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.³⁴

The cost of medication is generally higher in private as compared to public facilities and also increases from primary to tertiary level of care.³⁵ 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 as against rural communities.³⁶

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.³⁷

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 available in the NHIS medicines' list.³⁸

In situations where needed medicines are not available in the country, citizens may make arrangements for friends and family living abroad to purchase and send to them these medicines or they may seek the support of pharmacies to order the medicines for them. These scarce medicines may or may not be registered by the FDA. These medications are often prescription-only medications and often need to be accompanied by the prescription.³⁹

In Table 3, '*Pharmacy*' refers to the private sector and '*Hospital*' refers to the public sector. Public facilities prices are provided as listed in the NHIS medicines' list.⁴⁰ Prices in private facilities as well as information on insurance and reimbursement are provided by interviewee CNpKII102.⁴¹

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.

³⁴ CNpKII102, A Specialist Pharmacist, Interview, September 2023, Accra

³⁵ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

³⁶ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

³⁷ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

³⁸ CNpKII101, Consultant Nephrologist, Interview, September 2023, Accra

³⁹ CNpKII103, Administrator of a Private Hospital, Interview, September 2023, Accra

⁴⁰ Ghana, NHIS, Medicine List, February 2023, [url](#)

⁴¹ CNpKII102, Specialist Pharmacist, Interview, September 2023, Accra



2. If insured, on presentation of one's insurance card, whether NHS 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 NHS coverage is accepted, the price difference between the NHS 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

| Generic Name | Brand name | Strength of unit | Form | Number of units in the container | Price per box in GHS | Place (pharmacy, hospital,...) |
|---|---|-------------------------|--------------------|----------------------------------|----------------------|--------------------------------|
| Epoetin alpha | Binocrit® | 5 000 iu/0.5 ml | injection pen | 1 | 213 | Pharmacy |
| Epoetin beta | Recormon® | 5 000 iu/0.3 mls | ampoule ampoule | 1 1 | 157 115 | Pharmacy Hospital |
| Calcium carbonate | Calcium carbonate | 1 g | tablet | 60 | 522 | Pharmacy |
| Magnesium hydroxide + aluminium hydroxide (combination) | Magnesium hydroxide + aluminium hydroxide | 400 mg/ 400 mg | tablet | 100 | 24 | Hospital |
| Calcium polystyrene sulphonate | Calcium polystyrenesulphonate | 15 g | powder | 20 | 916 | Pharmacy |
| Sodium (natrium) polystyrene sulphonate | Sodium polystyrene sulphonate | 15 g | powder | 1 | 816.3 | Pharmacy |
| Sodium bicarbonate (= sodium hydrogen carbonate) | Sodium bicarbonate | 8.4 % (840 mg in 10 ml) | ampoule | 1 | 28.08 | Hospital |
| Alfacalcidol | One-alpha® | 0.5 mcg | capsule | 30 | 300 | Pharmacy |



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Annex 2: Terms of Reference (ToR)

Nephrology (kidney diseases; renal failure)

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

- Briefly describe prevalence and incidence of kidney diseases and renal failure / types of this disease (epidemiologic data).
- How is the health care organized for nephrology diseases?
- How are these diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat these diseases [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with kidney diseases/renal failure? Are there sufficient resources available to treat all patients?
- Is there a particular type of kidney diseases/renal failure for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating kidney diseases/renal failure?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for kidney diseases and renal failure? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for these diseases? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with kidney diseases/renal failure (after being diagnosed with the disease)? In other words: for any necessary treatment, where can



the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., dialysis, kidney transplantation, etc)?

- 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?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with this disease?

Insurance and national programmes (include if relevant)

- National coverage (state insurance).
- Programmes funded by international donor programmes.
- Include any insurance information that is specific for patients with this disease.

Cost of treatment

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

- Do not delete any treatments from the tables. Instead state that they are not available or information could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatments 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. Any treatment without a found price was removed at the editorial stage.

Cost of medication

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

- Do not delete any medicines from the tables. Instead, state that they are not available or information could not be found if that is the case.



- 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 it 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. Any medication without a found price was removed at the editorial stage.

NGOs

- Are any NGOs or international organisations active for patients with kidney diseases and renal failure? What are the conditions to obtain help from these organisations? What help or support can they offer?
- 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).



