Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Ghana.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the Common EU [European Union] Guidelines for Processing Country of Origin Information (COI), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation’s (ACCORD), Researching Country Origin Information – Training Manual, 2013. Namely, taking into account the COI’s relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a terms of reference which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the ‘cut-off’ date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.
MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union member states plus Denmark, Norway and Switzerland to make use of the services of the ‘MedCOI’ team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the relevant COI Service.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the Country Policy and Information Team.
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Assessment

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.
1. Organisation of the healthcare system

1.1 Funding and personnel

1.1.1 The Pacific Prime website provided the following undated information:

‘Health care expenditure is approximately USD100 per capita annually, or about 6.2 percent of GDP, both below the regional average…There are only 1.1 doctors and 9.8 nurses and midwives for every 10,000 inhabitants of Ghana, both of these are below even the low regional average, and represent a real strain on the delivery of health care. Wide inequities exist in the delivery of health care in Ghana, as only 24 percent of births from the lowest income quintile are attended by a skilled health professional, leading to much higher infant mortality rates.

‘Government spending makes up about half of total health expenditure in Ghana, with about one third of government spending in the form of a recently introduced social security system. Private health expenditure makes up most of the remainder, with most of this coming from out of pocket spending; private health insurance makes up only about 6 percent of total private health care spending. External funding from NGOs and other sources makes up about 10 percent of total health care expenditure.’ ¹

1.1.2 A Cornell Policy Review (CPR) article, Better Care, Better Health: Optimizing Healthcare Provision in Ghana, dated 25 January 2019, stated:

‘Amidst an emigration trend, the recruitment of health workers, particularly physicians, remains a challenge and has created daunting shortages in the health sector. As health workers age and recruitment remains stagnant, these shortages have hindered the operational capacity of many lower-level facilities, including community-based health planning and services (CHPS). The training of physicians is also low relative to the country’s needs. These low levels of training are attributed mainly to preservice training being concentrated in just a few cities. Responding to this, the national government, since 2014, has been implementing efforts to set up tertiary teaching hospitals as a training ground for physicians in more regions and districts. Assessments on the quality of care, productivity, and competencies of health workers also illuminate poor reception by clients…

‘To assist with the preservation of health workers, the Ghanaian government has offered several incentives geared towards enhancing their productivity and attitudes, including subsidized and free housing, additional allowances, and professional development opportunities. Despite this, shortages still ensue outside of large cities and health workers still fail to perform up to standard, particularly in rural areas, among the poor, and in the Northern Region of the country. Given that health workers are integral agents in the provision of healthcare, the barriers that inhibit their work and functionality have critical implications for patient access.’ ²

¹ Pacific Prime, Overview of Medical Services and Health Insurance in Ghana, undated, url.
² CPR, Better Care, Better Health…, 25 January 2019, url.
1.1.3 The Ghana Health Service report, The Health Sector in Ghana – Facts and Figures 2017, stated that in 2016 there were 1003 clinics, 404 hospitals, 855 health centres, and 3 psychiatric hospitals. In 2016, there were 3,365 doctors, 14,791 community health nurses, 7,662 midwives, 619 pharmacists, and 13,231 registered general nurses. The ratio of doctors per population in 2016 was 1:84813.

1.2 Organisation and administration

1.2.1 A BMC Health Services Research report, Availability of HIV services along the continuum of HIV testing, care and treatment in Ghana, dated 26 September 2018, stated:

‘Ghana operates a decentralized administrative structure with the country divided into ten regions with the Greater Accra region being the national capital of Ghana. The decentralized structure follows a four-tier system; national, regional, district, and sub-district levels. Health care is also decentralized along the administrative structure with the community level serving at the first point of the primary health care system. There are also clinics and health centres at the sub-district which are often manned by nurses and headed by Physician Assistants. At the district and regional levels are hospitals which are headed by medical officers and provide the secondary level of health care. The tertiary level is provided by the teaching hospitals which are located in the Northern, Ashanti, Greater Accra, and Central regions of Ghana. HIV-related services are also structured along the formal health system.’

See also Ghana Health Service

1.3 Standard of healthcare and medical facilities

1.3.1 The CPR article, Better Care, Better Health: Optimizing Healthcare Provision in Ghana, stated:

‘Due to the introduction of the National Health Insurance Scheme in 2003, along with related policies in maternal and child health care, Ghana has seen a marked improvement in the provision of healthcare for all of its citizens as indicated by health outcomes that are comparatively better than other African countries. Nevertheless, systemic barriers and challenges still exist that impede the quality of, and access to, healthcare. An examination of these constraints and their social costs show the need to alleviate the burden and bottlenecks they cause…

‘When compared to other countries in sub-Saharan Africa, Ghana, a country in West Africa, has a well-developed health system. While the country’s physician density, and nursing and midwifery personnel density, fall short of WHO’s recommended minimum threshold of twenty-three doctors, nurses, and midwives per 10,000 population at almost one and over nine respectively, Ghana performs satisfactorily in this indicator compared to

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4 BMC Health Services Research, Availability of HIV services..., url.
most African countries. Also, between 2009 and 2014, nearly seventy-one percent of live births were attended by skilled health personnel as compared to the average of over forty-eight percent of births that were attended by skilled health personnel in the continent at-large. The health indicators seen in the country over the last five years also attest to the efficacy of Ghana’s health system. According to the 2013 United Nations Development Programme (UNDP) Health Index, Ghana ranks 138th out of 187 countries with an index of just over zero point six and lags behind only six other African countries. Ghana’s status as a relatively healthier country is further corroborated by key health indicators provided by the World Health Organization (WHO). According to its 2016 health profile, life expectancy at birth for males is sixty-two years old and sixty-four years old for females, surpassing the average life expectancy on the continent (fifty-eight years old and sixty-two years old, respectively). The neonatal and child (under-five) mortality rate is also ranked at over twenty-four and over forty-nine per every 1,000 live births respectively, faring well when juxtaposed to the continent’s average (thirty-four and 100 deaths respectively).

1.3.2 The Pacific Prime website provided the following information: ‘Approximately 2 of every 5 Ghanaians live more than 15 kilometers from a health care facility, so access is limited, especially due to poor transportation infrastructure.’

1.4 National Healthcare Insurance Scheme

1.4.1 The CPR article, Better Care, Better Health: Optimizing Healthcare Provision in Ghana, stated:

‘Recognizing how the financing of health services affects health outcomes, Ghana embarked on a health financing reform process in 1997 which ultimately led to the establishment of the Ghana National Healthcare Insurance Scheme (NHIS)…The implementation of NHIS capitalized on preexisting mutual health insurance organizations (MHOs) that were established in the early 1990s with the technical and financial support of humanitarian agencies and international donors. These community-based, voluntary MHOs started at the local level, pooling risk for no more than 1,000 people. Noting the fragmentation of these units, the NHIS process combined them into building blocks that ultimately became the district-level mutual health insurance schemes (DMHIS) that comprised the national system that was formalized through the 2003 National Health Insurance Act and was effectively rolled out in 2005. Funds channeled from multiple sources sustain the health financing pooling mechanism that underlies the NHIS. Most funds are sourced from a value-added tax (VAT), two and a half percent of which is explicitly designated for the NHIS. Another source is the payroll tax from the Ghana pension scheme for the formal sector, two and a half percent of which is earmarked for the NHIS.’

5 CPR, Better Care, Better Health…, 25 January 2019, url.
6 Pacific Prime, Overview of Medical Services and Health Insurance in Ghana, undated, url.
7 CPR, Better Care, Better Health…, 25 January 2019, url.
2. **Cancer**

2.1 **Diagnostic imaging**

2.1.1 The Sweden Ghana Medical Centre in East Legion Hills provided diagnostic imaging at the cancer centre to aid with all treatment protocols. Both CT Scans (CT) and Magnetic Resonance Imaging (MRI) are used to create detailed visual images of internal structures within the body.\(^8\)

2.2 **Radiotherapy**

2.2.1 The Cancer Control website contained the following undated information:

‘Ghana can boast of three installed radiation therapy machines which include two conventional simulators, two modern Cobalt 60 teletherapy machines in the two national treatment centres; one in capital Accra located in the south of the country and the other in Kumasi in the Ashanti region located in the middle of the country and a private treatment facility in the capital Accra has a CT simulator and a linear accelerator.

‘The radiotherapy centre in Accra was established in 1997 in collaboration with the International Atomic Energy Agency (IAEA) to provide care for Ghanaian cancer patients...The centre in Kumasi was established in 2004 again in collaboration with the IAEA, whilst the Swedish Ghana Medical centre in Accra, a private venture was established in 2013. All three facilities in the country have capabilities for 3-Dimensional treatment planning…

‘The National Radiotherapy Centre in Accra has a high dose rate Cobalt 60 brachytherapy machine and also provides permanent brachytherapy with radioiodine for the management of prostate cancer and capsules for management of cancer of the thyroid. The facility in Kumasi provides low dose rate cesium brachytherapy services for cervical cancer management but expects to install a new high dose rate brachytherapy equipment by the end of the year.’\(^9\)

2.3 **Cervical cancer screening and treatment**

2.3.1 A News Ghana report, Battor Catholic Hospital Receives Support from PRCGA for Cervical Cancer Prevention, dated 1 April 2018, stated:

‘Phoenix Resource Center Global Aid Ghana (PRCGA), a Non-governmental, Non-profit Organization has donated medical equipment to the Cervical Cancer Prevention and Training Center at the Battor Catholic Hospital in North Tongu District of the Volta Region.

‘The equipment, an Enhanced Visual Assessment (EVA) system, is an ultra-modern mobile colposcopy device used in screening for cervical cancer. Barely one year ago on June 29th 2017, PRCGA made a similar donation of cervical cancer screening equipment to the same hospital in

\(^8\) Sweden Ghana Medical Centre, undated, url.
\(^9\) Cancer Control, Cancer Radiotherapy in Ghana, undated, url.
support of the facility’s efforts at expanding access to the screening and treatment for cervical cancer in the Volta Region and beyond…

‘Head of the Cervical Cancer Prevention and Training Center Dr. Kofi Effah …said the Center was resolute in their objective of setting the pace in cervical cancer prevention and training in Ghana. He pointed out that the Centre which is currently been managed by only three staff and limited equipment needs a lot of logistics to be able to carry out outreach services and also follow up to monitor the performance of the health professionals who have been trained and are currently providing the services in other parts of the country.’

2.3.2 A Mobile ODT (private company that provides information about medical apparatus and equipment) report, A revolution in cervical cancer screening in Ghana, dated 26 July 2018, stated:

‘Dr Kofi Effah feels understandably proud of his clinic and his staff. He heads the Cervical Cancer Prevention and Training Center of the Catholic Hospital, Battor, which opened to address the dire need for cervical cancer screening in Ghana…

‘At the outpatient clinic, the staff treats individual patients, offering to screen, follow up of screen positives and treatment where necessary. They not only provide medical procedures but also vitally needed patient education…

‘Dr. Effah has ambitious plans. Through the training program, he hopes to create a network of cervical cancer screening around Ghana…

‘Started in 2017, the Battor training program trains small groups of health workers, typically 4-6 per cohort, in basic cervical cancer screening – detection and treatment of cervical precancer…

‘In the first year of the training program from September 2017 to mid-July 2018, 47 health workers have received training. Trainees include a range of healthcare workers, from general nurses and community health nurses to midwives and physician assistants.’

2.4 Breast cancer

2.4.1 A MedCOI response, dated 6 December 2018, stated that diagnostic imaging by mammography, radiation therapy, carbon ion radiotherapy, and terminal and palliative care, are all available in Ghana. There are also cancer specialists (oncologists) available in Ghana.

2.5 Liver cancer

2.5.1 A Graphic Online report, Hope for bile, liver cancer patients; 120 Patients treated at Korle Bu, dated 26 November 2018, stated:

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10 News Ghana, Battor Catholic Hospital Receives Support from PRCGA…, 1 April 2018, url.
12 MedCOI, 6 December 2018.
Liver cancer patients in the country can now get respite as the Korle Bu Teaching Hospital (KBTH) is now in a position to conduct successful surgeries to remove the cancerous parts of the liver, pancreas and bile duct.

Led by Dr Asare K. Offei, one of the two Ghanaian hepatobiliary (liver) surgeons, the KBTH has over the past one-and-half years successfully performed 120 surgeries and is now poised to conduct further surgeries at relatively lower cost...

After leading his team to perform the five-hour surgery, Dr Offei told the Daily Graphic that the hospital was capable of treating patients with liver, pancreas and bile duct cancer diseases...

For almost one-and-a-half years Dr Offei and his team have seen more than 400 cases of liver, bile duct and pancreas conditions.

Dr Offei explained that in most cases the patients reported late, for which reason surgery could not be performed because the patients were in their terminal stages.

Dr Offei said with the surgical capability currently available, coupled with technology, patients would have better chances of survival if they reported early for surgical intervention in hospital.

He explained that currently there was no specialist surgical clinic attending to patients with liver, bile duct and pancreatic problems, saying those patients were being handled at the general surgical clinic.'

2.6 Chemotherapy drugs
2.6.1 The MedCOI database stated that the following chemotherapy drugs are available in Ghana:
- bleomycin
- cyclophosphamide
- fludarabine phosphate
- doxorubicin
- vincristine

3. Dental surgery and treatment
3.1.1 The Excel Dental Clinic provided the following dental care services - dental implants, digital x-rays, laser therapy treatment, oral hygiene instructions, scaling and polishing, fluoride therapy, fillings, extractions, crowns and

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13 Graphic, Hope for bile, liver cancer patients..., 26 November 2018, url.
14 MedCOI, 3 April 2018.
17 MedCOI, 3 April 2018.
18 MedCOI, 3 April 2018.
bridges, root canal therapy, teeth whitening, dentures, veneers, inlays and onlays, and orthodontic treatment\textsuperscript{19}.

3.1.2 The A&A Specialist Dental Clinic provided the following dental care services:
- a prosthodontist, an implantologist, and an orthodontist
- an on-call maxillofacial surgeon who provides a wide range of dental services on an appointment basis
- specialized and comprehensive dental and orthodontic care for children, adolescents, adults and patients with special needs\textsuperscript{20}.

4. Diabetes

4.1.1 The World Health Organisation (WHO) 2016 Diabetes Country Profile on Ghana stated that insulin, metformin and sulphonylurea, drugs used to manage diabetes, are generally available in Ghana. However, retinal photocoagulation, renal replacement therapy by dialysis, renal replacement therapy by transplantation, blood glucose measurement, oral glucose tolerance test, HbA1c testing, foot vibration testing, and foot vascular status by Doppler testing are generally not available in Ghana. Urine strips for glucose and ketone measurements are generally available in Ghana\textsuperscript{21}.

4.1.2 A MedCOI response, dated 6 December 2018, stated that laboratory research of blood sugar (HbA1c), blood-glucose self-testing strips, and blood-glucose meters are all available in Ghana. Insulin (administered by injection), glibenclamide, metformin, gliclazide and glimepiride are all available in Ghana.\textsuperscript{22} Another MedCOI response (dated 10 November 2017), stated that tolbutamide, used to control blood-sugar levels, is available in Ghana\textsuperscript{23}.

5. Drug and alcohol addiction

5.1.1 A MedCOI response, dated 5 July 2017, stated that psychiatric treatment of alcohol/drug addiction, including group psychotherapy, is available in Ghana. There are also specialised (detoxification) clinics available for the treatment of people with alcohol/drug addictions. Social workers are also available to help and assist people with alcohol/drug addictions. Acamprosate and disulfiram - used to treat drug addiction - are available in Ghana, but the following drugs are not available: methadone, naltrexone hydrochloride, buprenorphine, buprenorphine+naloxone (combination), and nalmefene\textsuperscript{24}.

See also Mental health and psychiatric care.

\textsuperscript{19} Excel Dental Clinic, Our Services, undated, \url{url}.
\textsuperscript{20} A&A Specialist Dental Clinic, About A&A, \url{url}.
\textsuperscript{21} WHO 2016 Diabetes Country Profile on Ghana, undated, \url{url}.
\textsuperscript{22} MedCOI, 6 December 2018.
\textsuperscript{23} MedCOI, 10 November 2017.
\textsuperscript{24} MedCOI, 5 July 2017.
6. **Ear, nose, and throat conditions**

6.1.1 The Nyaho Medical Centre in Accra has an ear, nose and throat (ENT) clinic with ENT specialists, which provides ‘both routine as well as specialist services where required by the patient’s needs.’ 25

7. **Eye conditions and diseases**

7.1 General eyecare medical treatment

7.1.1 The St Thomas Eye Hospital in Accra can provide the following medical services:

- emergency repair of lacerated/perforate corneas
- corneo-scleral wound repair
- conjunctiva neoplasm (tumour) excision
- pterygium excision
- lacrymal drainage surgery
- trabeculectomy with releasable sutures
- squint (strabismus) surgery
- retina detachment surgery
- vitreous surgery with endolaser treatment
- glaucoma drainage device surgery
- glaucoma testing
- laser photocoagulation (to treat diabetic retinopathy)
- vitrectomy surgery (to remove clouded vitreous gel)
- treatment for age-related macular degeneration26.

7.2 Glaucoma

7.2.1 A MedCOI response, dated 19 December 2017, stated that the following drugs used to treat glaucoma are available in Ghana – timolol, dorzolamide, latanoprost, and bimatoprost27.

8. **Gastroenterological conditions**

8.1.1 A MedCOI response, dated 3 January 2019, stated that diagnostic imaging by ultrasound, MRI, endoscopy, and CT scanning is available in Ghana. Laboratory research of liver function and renal/kidney function is also available in Ghana28.

8.1.2 The Nyaho Medical Centre in Ghana has an endoscopy unit that can provide ‘effective diagnosis and appropriate disease management’. This unit can

25 Ear, Nose, and Throat (ENT) Specialist Clinic at the Nyaho Medical Centre, undated, url.
26 St Thomas Eye Hospital, Accra, undated, url.
also carry out cystoscopy (examination of the bladder) and examination of the upper part of the gastrointestinal tract\textsuperscript{29}.

See also Liver disease

9. Gynaecology and obstetrics

9.1.1 The Nyaho Medical Centre in Accra has gynaecological and obstetric specialists, and provides a ‘full range of gynaecological services, from routine medical screenings and treatments to gynaecological surgery.’ The medical centre does not provide free medical care\textsuperscript{30}.

9.1.2 The Nyaho Medical Centre in Ghana has an endoscopy unit that can carry out hysteroscopy (examination of the uterine cavity)\textsuperscript{31}.

See also Maternity health services

10. Heart disease and high blood pressure

10.1.1 A MedCOI response, dated 3 August 2018, stated that the placement of ICDs (implantable cardioverter defibrillators), diagnostic imaging by ECG (electrocardiogram), and diagnostic testing by means of Holter monitor/ambulatory ECG devices, are available in Ghana. Cardiologists, heart specialists who can treat people with heart disease, are also available in Ghana. Nitroglycerin, isosorbide mononitrate, and isosorbide dinitrate, used for the treatment of angina pectoris/ischaemic disease, are also available. Atorvastatin, used to control cholesterol, is also available in Ghana\textsuperscript{32}.

10.1.2 The MedCOI database stated that the following drugs used to treat high blood pressure are available in Ghana:

- lisinopril\textsuperscript{33}
- metoprolol\textsuperscript{34}
- nifedipine\textsuperscript{35}
- hydrochlorothiazide\textsuperscript{36}
- doxazosin\textsuperscript{37}
- terazosin\textsuperscript{38}
- valsartan\textsuperscript{39}
- candesartan\textsuperscript{40}

\textsuperscript{29} Nyaho Medical Centre, Endoscopy, undated, url.
\textsuperscript{30} Obstetrics/gynaecology Specialist Clinic at the Nyaho Medical Centre, undated, url.
\textsuperscript{31} Nyaho Medical Centre, Endoscopy, undated, url.
\textsuperscript{32} MedCOI, 3 August 2018.
\textsuperscript{33} MedCOI, 3 August 2018.
\textsuperscript{34} MedCOI, 3 August 2018.
\textsuperscript{35} MedCOI, 3 August 2018.
\textsuperscript{36} MedCOI, 3 August 2018.
\textsuperscript{37} MedCOI, 9 May 2018.
\textsuperscript{38} MedCOI, 9 May 2018.
\textsuperscript{39} MedCOI, 9 May 2018.
\textsuperscript{40} MedCOI, 9 May 2018.
• irbesartan\textsuperscript{41}
• amlodipine\textsuperscript{42}
• felodipine\textsuperscript{43}
• nitrendipine\textsuperscript{44}
• chlorotalidone\textsuperscript{45}
• indapamide\textsuperscript{46}
• atenolol\textsuperscript{47}
• bisoprolol\textsuperscript{48}
• quinapril hydrochloride\textsuperscript{49}
• zofenopril\textsuperscript{50}
• barnidipine\textsuperscript{51}
• isradipine\textsuperscript{52}
• spironolactone\textsuperscript{53}
• eplerenone\textsuperscript{54}
• triamterene\textsuperscript{55}
• amlodipine+valsartan+hydrochlorothiazide (combination)\textsuperscript{56}
• nebivolol\textsuperscript{57}
• sildenafil\textsuperscript{58}
• tadalafil\textsuperscript{59}.

10.1.3 A MedCOI response, dated 23 April 2018, stated sotalol and metoprolol (used to treat heart rhythm disorders) are available in Ghana\textsuperscript{60}.

10.1.4 The MedCOI database stated that the following drugs, used to control blood clotting, are available in Ghana:
• calcium carbasalate\textsuperscript{61}
• clopidogrel\textsuperscript{62}
• Aspirin\textsuperscript{63}

\textsuperscript{41} MedCOI, 9 May 2018.
\textsuperscript{42} MedCOI, 9 May 2018.
\textsuperscript{43} MedCOI, 9 May 2018.
\textsuperscript{44} MedCOI, 9 May 2018.
\textsuperscript{45} MedCOI, 9 May 2018.
\textsuperscript{46} MedCOI, 9 May 2018.
\textsuperscript{47} MedCOI, 9 July 2018.
\textsuperscript{48} MedCOI, 9 July 2018.
\textsuperscript{49} MedCOI, 10 November 2017.
\textsuperscript{50} MedCOI, 10 November 2017.
\textsuperscript{51} MedCOI, 10 November 2017.
\textsuperscript{52} MedCOI, 10 November 2017.
\textsuperscript{53} MedCOI, 10 November 2017.
\textsuperscript{54} MedCOI, 10 November 2017.
\textsuperscript{55} MedCOI, 10 November 2017.
\textsuperscript{56} MedCOI, 20 September 2018.
\textsuperscript{57} MedCOI, 20 September 2018.
\textsuperscript{58} MedCOI, 20 September 2018.
\textsuperscript{59} MedCOI, 20 September 2018.
\textsuperscript{60} MedCOI, 23 April 2018.
\textsuperscript{61} MedCOI, 3 August 2018.
\textsuperscript{62} MedCOI, 9 May 2018.
\textsuperscript{63} MedCOI, 9 May 2018.
• acenocoumarol\textsuperscript{64}
• dipyridamole\textsuperscript{65}.

10.1.5 A MedCOI response, dated 9 July 2018 stated that ticagrelor (anti-blood clotting drug) is not available in Ghana\textsuperscript{66}.

10.1.6 A MedCOI response, dated 6 December 2018, stated that the following drugs, used to control blood-cholesterol levels, are all available in Ghana:

• furosemide\textsuperscript{67}
• rosuvastatin\textsuperscript{68}
• triamterene\textsuperscript{69}
• spironolactone\textsuperscript{70}
• hydrochlorothiazide\textsuperscript{71}
• tadalfil\textsuperscript{72}
• simvastatin\textsuperscript{73}.

11. HIV/AIDS
11.1 Treatment and management of HIV/AIDS

11.1.1 A Ghana Live TV report, Ghana introduces ‘Test and Treat’ policy to combat HIV, dated 8 May 2018, stated:

‘Ghana is now implementing the test and treat policy which is aimed at testing and treating persons diagnosed with HIV instantly at the health facility to ensure that all HIV persons are enrolled unto the antiretroviral medication treatment.

‘The test and treat policy that became operational in 2017 would also help bridge the gap of missing people who test for HIV positive at health facilities and centres but refuse to go back for follow-ups, and to start treatment immediately…

‘In the case of pregnant women, the test and treat programme would help reduce the rate of infection to the unborn baby.

‘Dr Naa Ashley Vanderpuje, Chief Executive Officer of the West African AIDS Foundation who announced this at a day’s media training workshop in Accra, said the test and treat policy was being enrolled in all health facilities across the country.’\textsuperscript{74}

\textsuperscript{64} MedCOI, 23 April 2018.
\textsuperscript{65} MedCOI, 10 November 2017.
\textsuperscript{66} MedCOI, 9 July 2018.
\textsuperscript{67} MedCOI, 6 December 2018.
\textsuperscript{68} MedCOI, 6 December 2018.
\textsuperscript{69} MedCOI, 6 December 2018.
\textsuperscript{70} MedCOI, 6 December 2018.
\textsuperscript{71} MedCOI, 6 December 2018.
\textsuperscript{72} MedCOI, 6 December 2018.
\textsuperscript{73} MedCOI, 6 December 2018.
\textsuperscript{74} Ghana Live TV, Ghana introduces ‘Test and Treat’ policy to combat HIV, 8 May 2018, url.
11.1.2 A BMC Health Services Research report, Availability of HIV services along the continuum of HIV testing, care and treatment in Ghana, dated 26 September 2018, stated:

‘Ghana has been providing HIV and AIDS services since the identification of the first case in 1986 and added highly active antiretroviral therapy to its comprehensive care in 2003. This study aimed at assessing availability of HIV services along the continuum of HIV care in Ghana…

‘Of the 172 health facilities surveyed, 165 (96%) were offering HIV testing Services (HTS) during the survey period. More than 90% of the surveyed facilities reported to offer Anti-Retroviral Treatment (ART), patient counselling, TB screening and Prevention of Mother to Child Transmission (PMTCT) services. Viral load and Early Infant Diagnosis (EID) and laboratory testing services were reported at 10 (5.8%) and 23 (13.4%) respectively. HIV testing services (HTS), PMTCT, ART, patient counselling and opportunistic infections (OI) prophylaxis services were offered at all Tertiary and Regional hospitals surveyed. EID sample collection and testing services was reported at 2 out of 27 (7.4%) of the Health Centre and/or clinics in Ghana.’ 75

11.2 Anti-retroviral (ARV) drugs

11.2.1 The MedCOI database stated that the following ARV drugs are available in Ghana:

- dolutegravir (available but subject to supply problems)76
- Atripla (available but subject to supply problems)77
- combivir78
- Kaletra79
- nevirapine80
- efavirenz81
- lamivudine (available but subject to supply problems)82
- zidovudine (available but subject to supply problems)83
- atazanavir84
- abacavir (available but subject to supply problems)85
- tenofovir disoproxil86
- emtricitabine87

75 BMC Health Services Research, Availability of HIV services…, 26 September 2018, url.
76 MedCOI, 7 May 2019.
77 MedCOI, 7 May 2019.
82 MedCOI, 7 May 2019.
84 MedCOI, 7 May 2019.
• Truvada\textsuperscript{88}
• darunavir\textsuperscript{89}
• tenofovir alafenamide\textsuperscript{90}.

11.2.2 The MedCOI database stated that the following ARV drugs are not available in Ghana:

• stavudine\textsuperscript{91}
• Biktarvy\textsuperscript{92}
• Descovy\textsuperscript{93}
• Epzicom\textsuperscript{94}
• Eviplera\textsuperscript{95}
• Genvoya\textsuperscript{96}
• Juluca\textsuperscript{97}
• Kivexa\textsuperscript{98}
• odefsey\textsuperscript{99}
• Triumeq\textsuperscript{100}
• Strild\textsuperscript{101}
• Trizivir\textsuperscript{102}
• ilpivirine\textsuperscript{103}
• maraviroc\textsuperscript{104}
• enfuvirtide\textsuperscript{105}
• fosamprenavir\textsuperscript{106}
• elvitegravir\textsuperscript{107}
• indinavir\textsuperscript{108}
• cobicistat\textsuperscript{109}
• Symtuza\textsuperscript{110}

\textsuperscript{88} MedCOI, 19 December 2017.  
\textsuperscript{89} MedCOI, 20 November 2018.  
\textsuperscript{90} MedCOI, 20 November 2018.  
\textsuperscript{91} MedCOI, 7 May 2019.  
\textsuperscript{92} MedCOI, 7 May 2019.  
\textsuperscript{93} MedCOI, 7 May 2019.  
\textsuperscript{94} MedCOI, 7 May 2019.  
\textsuperscript{95} MedCOI, 7 May 2019.  
\textsuperscript{96} MedCOI, 7 May 2019.  
\textsuperscript{97} MedCOI, 7 May 2019.  
\textsuperscript{98} MedCOI, 7 May 2019.  
\textsuperscript{99} MedCOI, 7 May 2019.  
\textsuperscript{100} MedCOI, 7 May 2019.  
\textsuperscript{101} MedCOI, 7 May 2019.  
\textsuperscript{102} MedCOI, 7 May 2019.  
\textsuperscript{103} MedCOI, 7 May 2019.  
\textsuperscript{104} MedCOI, 7 May 2019.  
\textsuperscript{105} MedCOI, 7 May 2019.  
\textsuperscript{106} MedCOI, 7 May 2019.  
\textsuperscript{107} MedCOI, 7 May 2019.  
\textsuperscript{108} MedCOI, 7 May 2019.  
\textsuperscript{109} MedCOI, 7 May 2019.  
\textsuperscript{110} MedCOI, 7 May 2019.
12. **Liver diseases**

12.1.1 A MedCOI response, dated 30 March 2017, stated that there are gastroenterologists who can treat people with gastroenterological conditions in Ghana but there were no liver specialists (hepatologists) in the hospital consulted. Testing of HCV antibodies, diagnostic liver biopsies, and the testing of liver function, can be carried out in Ghana. The MedCOI response also stated that the following ARV drugs (for hepatitis C), are not available in Ghana - daclatasvir, dasabuvir, ledipasvir, ombitasvir+paritaprevir+ritonavir (combination), simeprevir, sofosbuvir, and Epclusa - but did not state what ARV drugs (for hepatitis C) are available.

See also [Gastroenterological conditions](#)

13. **Malaria**

13.1.1 A Unit Aid press release, New boost to Ghana’s malaria control programme, dated 1 May 2018, stated:

‘Ghana Health Services has introduced a new-generation insecticide to kill malaria-carrying mosquitoes, giving a major boost to the National Malaria Control Programme.

‘The new insecticide, SumiShield® 50WG, developed by Sumitomo Chemical Company with support from Innovative Vector Control Consortium, will be used for indoor residual spraying. The application of long-lasting insecticide to walls and ceilings of homes has been very effective in cutting down on malaria cases and deaths…

‘Indoor residual spraying is one of several tools supporting the National Malaria Control Programme’s goal of reducing malaria illness and death by 75 percent in Ghana between 2012 and 2020.

‘In 2017, implementers of spraying efforts in Ghana were able to significantly expand their coverage area, supported by the Unitaid-funded NgenIRS project. The two implementers are AGA Mal, funded by the Global Fund, and PMI AIRS, now known as PMI VectorLink. Nearly, 400,000 homes were sprayed last year in the Upper-west, Northern and Upper-east regions of the country.’

13.1.2 The USAID report, President’s Malaria Initiative – Ghana – Malaria Operational Plan FY 2018, undated, stated:

‘In the past two decades, Ghana has consistently improved malaria control methods, increased resources for malaria prevention and control, and promptly adopted revised international technical standards. Between 2002 and 2004, Ghana adopted ACT as the first-line antimalarial therapy for uncomplicated malaria. IPTp with sulfadoxine-pyrimethamine (SP) was

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113 Unit Aid press release, New boost to Ghana’s malaria control programme, 1 May 2018, [url](#).
adopted as the national policy between 2003 and 2004 and is implemented by the Reproductive Health Division in collaboration with the NMCP [National Malaria Control Programme]. In 2003, international support for malaria control increased sharply; Ghana benefited from a succession of Global Fund grants, the launch of PMI in 2007, and significant additional support from the U.K. Department for International Development (DFID), the United Nations Children’s Fund (UNICEF), the World Bank, and the governments of Japan, China, and Cuba. Beginning in 2005, IRS was implemented on a district-wide scale by the AngloGold Ashanti Mining Company (AGA) in Obuasi, Ashanti Region with additional districts in the north of the country receiving IRS supported first by PMI and then including the Global Fund. The availability of unprecedented external resources encouraged the NMCP to pursue an aggressive scale up of proven malaria control methods from 2008 to present.’

14. Maternity health services

14.1.1 The CPR article, Better Care, Better Health: Optimizing Healthcare Provision in Ghana, stated:

‘In the realm of maternal healthcare, the Ghana Health Service (GHS) implemented several policies to help improve maternal health and reduce maternal deaths, namely an antenatal care policy and a safe motherhood initiative in 1998. Because these initiatives had a limited effect on maternal mortality, policymakers, recognizing the preference rural populations had for unskilled maternity care services, introduced the delivery exemption policy in 2003 to provide free maternal delivery and reduce the financial constraints associated with using skilled maternal services. This policy, which covers deliveries, cesarean sections, and management of complications arising from maternal deliveries, was incorporated in the National Healthcare Insurance Scheme.’

115 See also Gynaecology and obstetrics

15. Mental health and psychiatric care

15.1.1 A commissioned paper prepared for the April 2015 workshop on Providing Sustainable Mental Health Care in Ghana, stated:

‘Mental health services are provided in three large psychiatric hospitals, all located in the coastal south, and in smaller psychiatric units in five regional hospitals. Three teaching hospitals, one each in the south (Accra), central (Kumasi), and northern (Tamale) parts of the country, provide services on a relatively small scale. Each has at least one psychiatrist, with services consisting of inpatient and busy outpatient departments.

‘Large parts of the country receive psychiatric services from community psychiatric nurses (CPNs), who can be found in 159 of the 216 districts. These CPNs work in the communities, but operate from district hospitals.

114 USAID, President’s Malaria Initiative – Ghana – Malaria Operational Plan FY 2018, url.
115 CPR, Better Care, Better Health..., 25 January 2019, url.
There are four community-based mental health services, which are nongovernmental or faith based and mainly based in the middle and south of the country. In the Upper East and Upper West Regions, there are community-based rehabilitation (CBR) programs, again faith based, which link clients to GHS CPNs…

‘The psychiatric hospitals and CPNs provide the majority of psychiatric services in the country. The level of knowledge and standard of care offered to people with mental disorders by general practitioners and primary care services is generally poor. Most general practitioners avoid seeing people with psychiatric problems, preferring to refer them to the few mental health care providers…

‘A few nongovernmental organizations (NGOs) provide community-based services, especially for substance abuse and in a few, for people with mental disorders…

‘Professional psychiatric social work services are virtually non-existent and social services receive negligible funding from the state. There is no dedicated forensic psychiatric facility in Ghana, and the mentally ill who violate the law are often kept in the Accra Psychiatric Hospital, some indefinitely. Prisons have high rates of mental illness, with inadequate care provided.' 116

15.1.2 The Amnesty International Report 2017/18 stated:

‘Shackling of people with psychosocial disabilities remained common, particularly in private “prayer camps” across the country. The practice involved restraining a person using chains or ropes and locking them in a confined space such as a room, shed or cage…A coalition of civil society organizations called on the government to adopt and enforce a ban on shackling and to invest in appropriate community-based services to support people with mental health conditions.' 117

15.1.3 The MedCOI database stated that vortioxetine (anti-depressant drug) is not available in Ghana118.

15.1.4 Homecare by a psychiatric nurse and sheltered housing for chronic psychotic patients are also available in Ghana119.

15.1.5 The MedCOI database stated that the following anti-depressant drugs are available in Ghana:

- mirtazapine120
- citalopram121
- bupropion122

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116 paper prepared for a workshop on Providing Sustainable Mental Health Care in Ghana, url.
119 MedCOI, 23 April 2018.
120 MedCOI, 16 October 2018.
121 MedCOI, 16 October 2018.
• paroxetine\textsuperscript{123}
• trazodone\textsuperscript{124}
• venlafaxine\textsuperscript{125}
• duloxetine\textsuperscript{126}
• fluoxetine\textsuperscript{127}
• fluvoxamine\textsuperscript{128}
• amitriptyline\textsuperscript{129}
• clomipramine\textsuperscript{130}
• nortriptyline (subject to supply problems)\textsuperscript{131}.

15.1.6 The MedCOI database stated that the following anti-psychotic drugs are available in Ghana:
• flupentixol decanoate depot injections\textsuperscript{132}
• bromperidol decanoate depot injections\textsuperscript{133}
• chlorpromazine\textsuperscript{134}
• bromperidol\textsuperscript{135}
• flupentixol\textsuperscript{136}
• fluphenazine\textsuperscript{137}
• haloperidol\textsuperscript{138}
• risperidone\textsuperscript{139}
• aripiprazole\textsuperscript{140}
• clozapine\textsuperscript{141}
• olanzapine\textsuperscript{142}
• periciazine\textsuperscript{143}
• chlorprothixene\textsuperscript{144}
• risperidone depot injections\textsuperscript{145}

\textsuperscript{123} MedCOI, 17 May 2017.
\textsuperscript{124} MedCOI, 17 May 2017.
\textsuperscript{125} MedCOI, 17 May 2017.
\textsuperscript{126} MedCOI, 17 May 2017.
\textsuperscript{127} MedCOI, 17 May 2017.
\textsuperscript{128} MedCOI, 17 May 2017.
\textsuperscript{129} MedCOI, 20 September 2018.
\textsuperscript{130} MedCOI, 17 May 2017.
\textsuperscript{131} MedCOI, 17 May 2017.
\textsuperscript{132} MedCOI, 17 May 2017.
\textsuperscript{133} MedCOI, 17 May 2017.
\textsuperscript{134} MedCOI, 17 May 2017.
\textsuperscript{135} MedCOI, 17 May 2017.
\textsuperscript{136} MedCOI, 17 May 2017.
\textsuperscript{137} MedCOI, 17 May 2017.
\textsuperscript{138} MedCOI, 17 May 2017.
\textsuperscript{139} MedCOI, 17 May 2017.
\textsuperscript{140} MedCOI, 17 May 2017.
\textsuperscript{141} MedCOI, 17 May 2017.
\textsuperscript{142} MedCOI, 17 May 2017.
\textsuperscript{143} MedCOI, 16 October 2018.
\textsuperscript{144} MedCOI, 16 October 2018.
\textsuperscript{145} MedCOI, 17 May 2017.
• olanzapine pamoate depot injections
• aripiprazole depot injections
• perphanazine
• paliperidone (subject to supply problems)
• thioridazine (subject to supply problems)
• pimozode (subject to supply problems)
• penfluridol (subject to supply problems)
• paliperidone palmitate depot injections (subject to supply problems)
• quetiapine
• haloperidol decanoate depot injections.

15.1.7 The MedCOI database stated that the following anti-psychotic drugs are not available in Ghana:
• pipamperone
• fluphenazine decanoate
• zuclopenthixol
• lurasidone
• zuclopenthixol decanoate depot injections.

15.1.8 The MedCOI database also stated that the following drugs, used in treating bipolar disorder, are available in Ghana – carbamazine, lithium carbonate, lamotrigine, and valproic acid OR.

15.1.9 The Accra Psychiatric Hospital has the facilities to treat people with neuro-psychotic issues, manic-depressive illnesses, schizophrenia, epilepsy, and alcohol and drug abuse.

15.1.10 The Ghana Ministry of Health (MoH) report, Holistic Assessment of 2017 Health Sector Programme of Work, stated:
‘A policy was initiated to establish mental health units in all public hospitals and wings in regional hospitals in the country. The objective is to increase access to mental health services and also minimize residential management of mental health conditions…

154 MedCOI, 16 October 2018.
162 Accra Psychiatric Hospital, About Us, undated, url.
'Currently all regional and existing district hospitals have mental health units...The main challenges include perennial shortage of psychotropic medicines, inadequate funds for community activities and inadequate human resource. Most of the regional hospitals have no additional space to establish the mental health wings and have to expand existing infrastructure to be able to meet this requirement.'  

See also Drug addiction and Neurological conditions.

16. **Musculoskeletal conditions**

16.1.1 The Nyaho Medical Centre in Accra has orthopaedic surgeons who 'specialize in the diagnosis and treatment of disorders of the bones, joints, ligaments, tendons, muscles, and nerves (musculoskeletal system).’ They have expertise in ‘fracture care, hand and shoulder surgery, foot and ankle injuries, etc.’ The medical centre does not provide free medical care.

17. **Neurological conditions**

17.1 **Epilepsy**

17.1.1 A MedCOI response, dated 19 December 2017, stated that there are neurologists in Ghana who can treat people with neurological conditions, including epilepsy. The following drugs used to treat epilepsy are available in Ghana – levetiracetam, diazepam, and midazolam. The Nyaho Medical Centre in Accra has neurosurgeons who can carry out neurosurgery.

18. **Paediatric healthcare**

18.1 **Government policies and overview**

18.1.1 The CPR article, Better Care, Better Health: Optimizing Healthcare Provision in Ghana, stated:

’In the realm of child healthcare, Ghana has implemented two national-level interventions, the Child Health Strategy (CHS) and the Ghana Child Health Policy (CHP) in 1998, both of which aim to improve access to healthcare services and guarantee the quality of medical care. In 2000, the Ghana Essential Health Intervention Project (GEHIP) and community-based health planning and services (CHPS) were also established to reduce child mortality, particularly in rural areas. Under the CHPS and GEHIP, community healthcare officers are trained to treat malaria, diarrhea, and acute respiratory diseases, and administer child immunizations…

’Over the past two decades, government spending on health has increased to enhance healthcare provision and the acquisition of better hospital resources. Because of the increase in health expenditures along with

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164 Orthopaedics Speciality Clinic at the Nyaho Medical Centre, undated.
166 Neurosurgery Specialist Clinic at the Nyaho Medical Centre, undated.
complementary health policies since 2001, infant mortality and child (under-five) mortality have declined by fifty percent and twenty-five percent respectively while life expectancy has increased from almost sixty-one to almost sixty-five years.' 167

18.2 Support and care for children with disabilities

18.2.1 A commissioned paper prepared for the April 2015 workshop on Providing Sustainable Mental Health Care in Ghana, stated: ‘Two special schools for children with intellectual disabilities [sic], one private, and another funded by the government, exist in Accra. Every regional capital has a school for intellectual disabilities. A few small facilities for the care of children with autistic spectrum disorders have been set up by individuals.’ 168

18.3 Paediatric cancer care

18.3.1 The Sandoz (pharmaceutical company) website stated that in Ghana there are a total of five paediatric oncologists (cancer specialists) and two hospitals that are able to treat children with cancer. One of the hospitals is Korle Bu Hospital which has three paediatric oncologists working there. Around 1,300 children in Ghana are expected to develop cancer annually and most of them go to the Korle Bu Hospital for treatment169.

18.3.2 The World Child Cancer website provided detailed information about the child cancer care facilities in Korle Bu Hospital:

‘The Paediatric Oncology Unit has 30 beds and a separate day care unit where children can attend clinics to receive treatment and then return home. There are 2 trained paediatric oncologists; Prof Lorna Renner and Dr Cathy Segbefia, as well as a dedicated team of trained nurses. A hostel facility is available but space is limited and there are only 2 rooms available for children with cancer and their families. KBTH [Korle Bu Teaching Hospital] has [the] most essential laboratory and diagnostic facilities, as well as a radiotherapy facility. There is a dedicated support group for children with cancer; Ghana Parent's Association for Childhood Cancers (GHAPACC)170.

See also Cancer care

19. Painkiller drugs

19.1.1 A MedCOI response, dated 5 April 2018, stated that the following painkiller drugs are available in Ghana – paracetamol, diclofenac, and paracetamol/codeine (in combination)171.

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167 CPR, Better Care, Better Health..., 25 January 2019, url.
168 paper prepared for a workshop on Providing Sustainable Mental Health Care in Ghana, url.
169 Sandoz, What it means to 'do good'..., 10 July 2018, url.
170 World Child Cancer, Hospitals, undated, url.
171 MedCOI, 5 April 2018.
20. **Physiotherapy and rehabilitation**

20.1.1 The Nyaho Medical Centre in Accra has physiotherapy clinics which provide ‘quality preventive, curative, and rehabilitation services.’ The medical centre does not provide free medical care.\(^{172}\)

21. **Sickle cell anaemia**

21.1.1 The Nyaho Medical Centre in Accra has a ‘team of haematology/sickle cell specialists who work to diagnose and manage various blood disorders and complications associated with sickle cell.’ This team is engaged in ‘research to improve diagnosis and treatment options associated with sickle cell and blood disorders.’ The medical centre does not provide free medical care.\(^{173}\)

22. **Tuberculosis (TB) and other lung diseases**

22.1 **Treatment for tuberculosis**

22.1.1 A DW report, Drug resistant tuberculosis a major concern in Ghana, dated 21 August 2017, stated:

‘MDR-TB is a form of TB infection caused by bacteria that are resistant to treatment. The resistance is fueled by many factors including the poor quality of drugs and bad management of supply. Airborne transmission of bacteria in public spaces is also named as a factor. With Ghana trying to prevent an upsurge in MDR-TB incidences, screening for the disease is also a major challenge…

‘Data from the National Tuberculosis Program showed that 14,632 people were diagnosed with TB and put on treatment in 2015. The program also stated that 77 cases of multidrug resistant TB were recorded in 2016 up from 60 recorded in the previous year. The program reported that 12 people died, 15 declared cured while 51 are still on treatment.’\(^{174}\)

22.2 **Treatment for chronic obstructive pulmonary disease**

22.2.1 A MedCOI response, dated 6 February 2019, stated that the following drugs, used to treat chronic obstructive pulmonary disease, are available in Ghana:

- salbutamol\(^{175}\)
- beclometason+formoterol (combination)\(^{176}\)
- tiotropium\(^{177}\)
- formoterol+budesonide (combination)\(^{178}\)

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\(^{172}\) Physiotherapy Speciality Clinic at the Nyaho Medical Centre, undated, [url](url).

\(^{173}\) Obstetrics/gynaecology Specialist Clinic at the Nyaho Medical Centre, undated, [url](url).

\(^{174}\) DW, Drug resistant tuberculosis a major concern in Ghana, 21 August 2017, [url](url).

\(^{175}\) MedCOI, 6 February 2019.

\(^{176}\) MedCOI, 6 February 2019.

\(^{177}\) MedCOI, 6 February 2019.

\(^{178}\) MedCOI, 6 February 2019.
22.3 Treatment for asthma

22.3.1 The MedCOI database stated that the following drugs, used to treat asthma, are available in Ghana – fluticasone propionate\textsuperscript{181}, beclometasone\textsuperscript{182}, budesonide\textsuperscript{183}, and fluticasone furoate\textsuperscript{184}.

\textsuperscript{179} MedCOI, 6 February 2019.
\textsuperscript{180} MedCOI, 6 February 2019.
\textsuperscript{181} MedCOI, 6 February 2019.
\textsuperscript{182} MedCOI, 6 February 2019.
\textsuperscript{183} MedCOI, 6 February 2019.
\textsuperscript{184} MedCOI, 30 June 2017.
### Annex A: List of available medication

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\textsuperscript{185} MedCOI, 7 May 2019. 
\textsuperscript{186} MedCOI, 5 July 2017. 
\textsuperscript{187} MedCOI, 23 April 2018. 
\textsuperscript{188} MedCOI, 20 September 2018. 
\textsuperscript{189} MedCOI, 9 May 2018. 
\textsuperscript{190} MedCOI, 20 September 2018. 
\textsuperscript{191} MedCOI, 17 May 2017. 
\textsuperscript{192} MedCOI, 9 May 2018. 
\textsuperscript{193} MedCOI, 9 July 2018. 
\textsuperscript{194} MedCOI, 7 May 2019. 
\textsuperscript{195} MedCOI, 3 August 2018. 
\textsuperscript{196} MedCOI, 26 September 2018. 
\textsuperscript{197} MedCOI, 10 November 2017. 
\textsuperscript{198} MedCOI, 6 February 2019. 
\textsuperscript{199} MedCOI, 6 February 2019. 
\textsuperscript{200} MedCOI, 19 December 2017. 
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\textsuperscript{206} MedCOI, 20 September 2018. 
\textsuperscript{207} MedCOI, 9 May 2018. 
\textsuperscript{208} MedCOI, 17 May 2017. 
\textsuperscript{209} MedCOI, 20 September 2018. 
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\textsuperscript{211} MedCOI, 17 May 2017. 
\textsuperscript{212} MedCOI, 9 May 2018. 
\textsuperscript{213} MedCOI, 16 October 2018. 
\textsuperscript{214} MedCOI, 17 May 2017. 
\textsuperscript{215} MedCOI, 9 May 2018. 
\textsuperscript{216} MedCOI, 17 May 2017. 
\textsuperscript{217} MedCOI, 7 May 2019. 
\textsuperscript{218} MedCOI, 12 January 2018.
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\textsuperscript{219} MedCOI, 20 November 2018.
\textsuperscript{220} MedCOI, 19 December 2017.
\textsuperscript{221} MedCOI, 5 April 2018.
\textsuperscript{222} MedCOI, 10 November 2017.
\textsuperscript{223} MedCOI, 5 July 2017.
\textsuperscript{224} MedCOI, 7 May 2019.
\textsuperscript{225} MedCOI, 19 December 2017.
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\textsuperscript{228} MedCOI, 17 May 2017.
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\textsuperscript{238} MedCOI, 30 June 2017.
\textsuperscript{239} MedCOI, 6 February 2019.
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\textsuperscript{246} MedCOI, 6 December 2018.
\textsuperscript{247} MedCOI, 23 April 2018.
\textsuperscript{248} MedCOI, 17 May 2017.
\textsuperscript{249} MedCOI, 3 August 2018.
\textsuperscript{250} MedCOI, 3 January 2019.
\textsuperscript{251} MedCOI, 9 May 2018.
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\textsuperscript{253} MedCOI, 6 February 2019.
\textsuperscript{254} MedCOI, 9 May 2018.
\textsuperscript{255} MedCOI, 3 August 2018.
\textsuperscript{256} MedCOI, 3 August 2018.
\textsuperscript{257} MedCOI, 10 November 2017.
<table>
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<tr>
<th>Letter</th>
<th>Medicines</th>
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<tr>
<td>K</td>
<td>Kaletra(^{258})</td>
</tr>
<tr>
<td>L</td>
<td>lamivudine(^{259}), lamotrigine(^{260}), latanoprost(^{261}), levetiracetam(^{262}), lisinopril(^{263}), lisinopril(^{264}), lithium carbonate(^{265})</td>
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<tr>
<td>T</td>
<td>tiotropium(^{266})</td>
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<tr>
<td>M</td>
<td>metformin(^{267}), metoprolol(^{268}), midazolam(^{269}), mirtazapine(^{270})</td>
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<td>N</td>
<td>nebulol(^{271}), nevirapine(^{272}), nifedipine(^{273}), nitrendipine(^{274}), nitroglycerin(^{275}), nortriptyline(^{276})</td>
</tr>
<tr>
<td>O</td>
<td>olanzapine(^{277})</td>
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<tr>
<td>P</td>
<td>paliperidone(^{278}), paracetamol(^{279}), paracetamol/codeine(^{280}), paroxetine(^{281}), penfluridol(^{282}), perphenazine(^{283}), periciazine(^{284}), pipamperone(^{285})</td>
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<td>Q</td>
<td>quetiapine(^{286}), quinapril hydrochloride(^{287})</td>
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<tr>
<td>R</td>
<td>risperidone(^{288}), rosuvastatin(^{289})</td>
</tr>
<tr>
<td>S</td>
<td>salbutamol(^{290}), simvastatin(^{291}), sildenafil(^{292}), sotalol(^{293}), spironolactone(^{294})</td>
</tr>
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\(^{258}\) MedCOI, 7 May 2019.
\(^{259}\) MedCOI, 7 May 2019.
\(^{261}\) MedCOI, 19 December 2017.
\(^{262}\) MedCOI, 19 December 2017.
\(^{263}\) MedCOI, 3 August 2018.
\(^{264}\) MedCOI, 3 August 2018.
\(^{266}\) MedCOI, 6 February 2019.
\(^{267}\) MedCOI, 6 December 2018.
\(^{268}\) MedCOI, 3 August 2018.
\(^{269}\) MedCOI, 19 December 2017.
\(^{270}\) MedCOI, 16 October 2018.
\(^{272}\) MedCOI, 7 May 2019.
\(^{273}\) MedCOI, 3 August 2018.
\(^{274}\) MedCOI, 9 May 2018.
\(^{275}\) MedCOI, 3 August 2018.
\(^{278}\) MedCOI, 17 May 2017.
\(^{279}\) MedCOI, 5 April 2018.
\(^{280}\) MedCOI, 5 April 2018.
\(^{283}\) MedCOI, 16 October 2018.
\(^{284}\) MedCOI, 16 October 2018.
\(^{286}\) MedCOI, 16 October 2018.
\(^{287}\) MedCOI, 10 November 2017.
\(^{288}\) MedCOI, 23 April 2018.
\(^{289}\) MedCOI, 6 December 2018.
\(^{290}\) MedCOI, 6 February 2019.
\(^{291}\) MedCOI, 6 December 2018.
\(^{293}\) MedCOI, 23 April 2018.
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<tr>
<th>T</th>
<th>Tadalafil[^295], tenofovir alafenamide[^296], tenofovir disoproxil[^297], terazosin[^298], thioridazine[^299], timolol[^300], tiotropium[^301], tolbutamide[^302], trazodone[^303], triamterene[^304], Truvada[^305]</th>
</tr>
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<tr>
<td>V</td>
<td>Valproic acid OR[^306], valsartan[^307], venlafaxine[^308], vincristine[^309]</td>
</tr>
<tr>
<td>Z</td>
<td>Zidovudine[^310], zofenopril[^311]</td>
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</table>

[^297]: MedCOI, 26 September 2018.
[^300]: MedCOI, 19 December 2017.
[^301]: MedCOI, 6 February 2019.
[^309]: MedCOI, 3 April 2018.
Terms of reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the country information section. The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned. For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Organisation of the healthcare system
  - Funding, personnel, organisation and administration
  - Standard of healthcare and medical facilities
  - National Healthcare Insurance Scheme

- Medical conditions
  - Cancer
  - Dental surgery and treatment
  - Diabetes
  - Drug and alcohol addiction
  - Ear, nose, and throat conditions
  - Eye conditions and diseases
  - Gastroenterological conditions
  - Gynaecology and obstetrics
  - Heart disease and high blood pressure
  - HIV/AIDS
  - Liver diseases
  - Malaria
  - Maternity care services
  - Mental health and psychiatric care
  - Musculoskeletal conditions
  - Neurological conditions
  - Paediatric healthcare
  - Painkiller drugs
  - Physiotherapy and rehabilitation
  - Sickle cell anaemia
  - Tuberculosis and other lung diseases

- List of available medication

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Version control

Clearance

Below is information on when this note was cleared:

- version 1.0
- valid from 18 June 2019

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First version in CPIN format.