



## CASE STUDY



# GHANA



The Government of Ghana is committed to achieving Universal Health Coverage (UHC) by 2030. Since 2009, iDSI has been building strong partnerships across Ghanaian government, clinical and academic sectors, to support that ambition – to encourage evidence-based decision-making, smooth the transition from aid revenues, and ensure the National Health Insurance Scheme (NHIS) works for Ghana’s 29 million citizens.

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## Making the case for HTA in Ghana

### A hypertension study sparking long-term future change

**Hypertension is one of Ghana’s most widespread – and costly – health issues. A landmark pilot study created policy options for the improved management of the disease in Ghana, demonstrating the effectiveness of health technology assessment (HTA) in health care decision-making.**

In 2016 Ghana’s NHIS was facing a number of challenges. Like health services everywhere, it needed to tackle inefficiencies, particularly the high cost of medicines – anti-hypertensive medicines accounted for a staggering 60% of the NHIS drugs budget at the time. This all had to be achieved while increasing income, expanding services towards UHC and improving outcomes.

Hypertension is also a risk factor in a range of other health issues, including non-communicable diseases, so it was clearly a priority policy area – a ‘gateway’ condition where HTA analyses could make a dramatic difference.

The Ministry of Health, with iDSI and other partners in academia and civil society, began a pilot study on the costs and benefits of hypertension medications. This was a major first step towards institutionalising HTA and evidence-based priority setting.

**Hypertension affects 9% of Ghana’s rural population and 16% in urban areas**



## Establishing the study

iDSI, with the University of Southampton Health Technology Assessment Centre, helped to convene and collaborated with a Technical Working Group (TWG) comprised of Ghanaian policymakers and researchers. These included representatives from the Ministry of Health, National Health Insurance Authority, University of Ghana, and Kwame Nkrumah University of Science and Technology.

In a 13-month study (April 2016 to May 2017), the TWG modelled the cost-effectiveness of the four main classes of antihypertensive drugs:

- ACE inhibitors (ACEi)/Angiotensin receptor blockers (ARBs)
  - Beta-blockers (BBs)
  - Calcium channel blockers (CCBs)
  - Thiazide-like diuretics (TZDs)
- and no intervention.

## Findings

The study was presented by iDSI representatives at the Ghana National Health Summit in 2017. The model predicted that diuretics and CCBs would provide better health outcomes (more years of life and fewer disability-adjusted life years, or DALYs) at a lower cost to the NHIS than the other drug classes. This result was driven by a greater reduction in stroke incidence for these medications.

“Understanding the importance of HTA in support of UHC is crucial for Ghana to take full control over national budgets, and allows for optimal resource allocation.”

Hon. Kwaku Agyeman-Manu (MP),  
Minister of Health

## Applying research to policy: cost-saving and better health

The key step in this research was to turn the findings on costs into practical policy options.

Among the modelled options, improving medicine prescription patterns showed potential to save the NHIS over GH¢ 23 million.

An international comparison had found that some generic CCBs were being sold more cheaply in the UK than in Ghana. This study showed that, through a mere 10% reduction in medicines costs through improved price negotiations, over GH¢ 25 million could be saved.

**A 10% reduction in medication costs could save over US\$5.6m – enough to treat untreated patients 4x over.**



A final stage was to consider how the potential cost savings could improve health benefits and coverage in Ghana. For example, providing diuretic treatment to all patients with diagnosed but untreated hypertension would only cost an extra GH¢ 5.9 million over five years – using only a fraction of the possible cost-savings – and would avoid over 46,000 DALYs.

These findings led directly to the revision of the Standard Treatment Guidelines for hypertension in 2017, and supported dramatic improvements in price negotiation and procurement.

## Inauguration of HTA Committees in Ghana

This study was always intended to have positive, structural effects across the Ghanaian health system, as part of a long-term partnership.

“The iterative, collaborative approach taken by iDSI to the HTA pilot meant that local stakeholders were engaged throughout the process.”

ITAD Learning Review

Committees using HTA approaches and with HTA remits were established as part of the study. Some of these committees continued to stand after the study was completed, including the multi-agency TWG (under the Directorate of Pharmaceuticals in the MoHG), working to bring HTA into the heart of government.

In October 2019, building on this strong foundation of HTA committees, the MoHG launched a National Steering Committee, to set the HTA agenda for Ghana, oversee and assess HTA efforts, and put evidence-informed priority setting on to a sustainable footing. A technical committee was created alongside, to support the steering committee in generating evidence and preparing the tools to institutionalise HTA.

The committees, which include public and private sector stakeholders, mark a step-change in efforts to embed HTA. They are another stage in the four-year strategic plan to institutionalise HTA, and they reaffirm the government’s commitment to HTA and UHC.

With these institutions and capacities in place, Ghana can develop as an African leader in HTA institutionalisation in the coming years.

**To partner with us, bringing HTA and evidence-informed priority setting to resource constrained settings, contact: [info@idsihealth.org](mailto:info@idsihealth.org)**