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# THE SITUATION IN GHANA



# The Ghana Team

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- Jonathan Glegg-Lamprey – Ghana Medical School/ Cancer Society
- Kodjo Nyoagbe – Pharmacy Council
- Kyeremanteng Agyarkoh – Food & drug Board
- Martha D. Lutterodt – Ministry of Health
- Dr. Frank Bonni – Anaesthesia/ Pain Management
- Mavis Afoakwa – Ripples Care
- Dr. Stephen Ayisi Addo – Palliative Care Ghana
- Nortey Duah – Ghana Medical School.
- Veronica Darko – Nurses & Midwives Council, Ghana.
- Dr. Baffour Awuah
- Mary Opare – APCA

# Presentation Outline

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- Demographic context
- AIDS in Ghana
- Opioid availability information
- Barriers and challenges

# Demographics

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- Located on west coast of Africa
- Total land area – 238,537sq.km.
- West – Cote d'Ivoire,
- North – Burkina Faso
- East – Togo and South-Atlantic Ocean
- Mainstay of Economy – Agriculture
- Gold and Cocoa are main export commodities



# Map of the Ghana



Ghana in 1957 became the first sub-Saharan country in colonial Africa to gain its independence

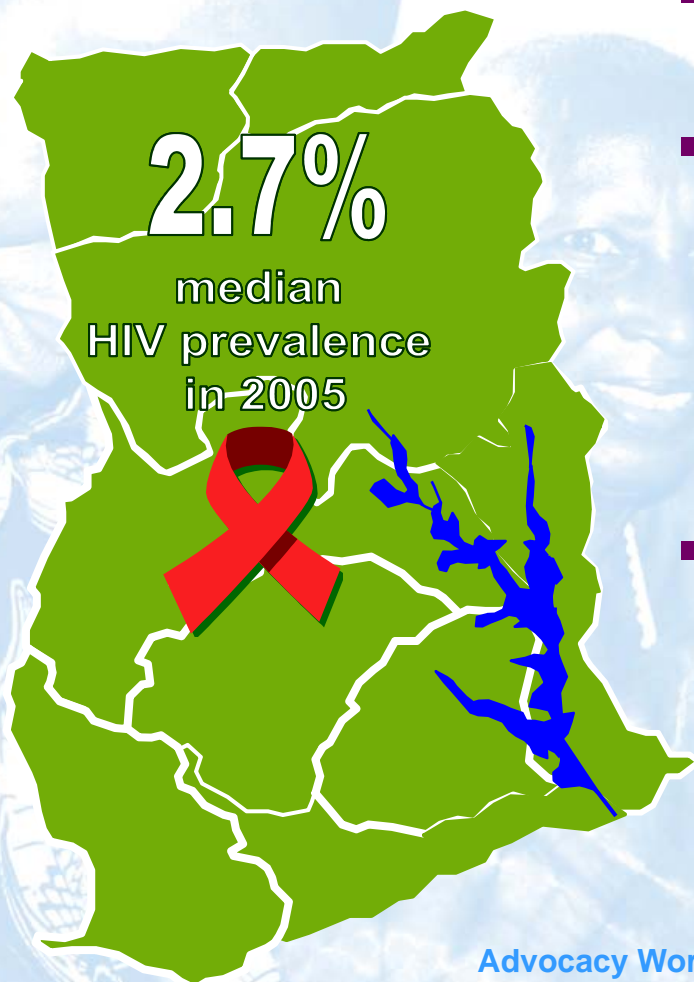
# Ghana@50

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- Estimated population (2002) – 20.1million.
- Growth rate – 2.7% per annum
- 46% under 15years of age
- 5% above 65years of age
- Current GDP growth rate – 6.0%
- Ranked 62 out of 175 countries in 2005  
United Nations Human Development Index

# HIV/AIDS in Ghana



- First case of AIDS in Ghana was in 1986
- The median HIV prevalence (ANC)
  - 1994      2.4%
  - 2003      3.6%
  - 2005      2.7%.
- Current estimates – 2005
  - HIV+                      – 269,698
  - New AIDS                – 26167.
  - HIV+ births              – 4,366

# HIV Cont.

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- 2006 National prevalence-2.2% (3.2%sentinel)
- HIV 1-93.1%
- HIV 2- 2.2%
- HIV 1&2 – 4.7%
- 34 ART Sites,8000 on treatment(69000)

# CANCER

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- Registry (Data collation)
- Accra (Southern) and Kumasi (Northern)
- Breast → Ca Cervix → Prostate CA
- KBTH



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# AVAILABILITY OF OPIOID IN GHANA: POLICY ISSUES.

# Opioids Available in Ghana



Opioid Type	Availability Level
Fentanyl Citrate injection, 50mc/ml	D – Regional/Teaching Hospital
Morphine Injection, 10mg/ml	C – District Hospital
Morphine Sulphate Tablet, 30mg (Slow release)	D – Regional/Teaching Hospital
Morphine Injection, 10mg/ml ( No Preservative)	SD – Specialist drug
Pethidine Injection, 50mg/ml in 2 ml	B2 – Health centre with doctor

Source: Ghana Essential drugs list, 2004

# Importation & Distribution

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- All drugs to be procured must satisfy FDB labeling requirements
- Drugs shall be procured for the public sector (centrally) in accordance with the Essential Drug List and in accordance with International Nonproprietary Names (INN) or generic names only
- All procured and donated drugs shall conform to FDB specifications and guidelines

# Importation & Distribution

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- Only drugs registered in Ghana shall be distributed in the country
- Distribution shall be according relevant laws of Ghana
- Local manufacture of drugs is permitted as long as national requirements are met
- Government shall collaborate with the private sector in the procurement and distribution of drugs.

# Opioids- Policy Issues

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- Opioid drugs are identified in the National Drug Control Policy as important for pain control.
- However, there is no provision in the policy that commits the Government to constantly supply Narcotic Drugs for medical and scientific use.

# Opioids – Policy Issues

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- There is no well established link between the government and health care professionals to ensure availability of opioid analgesics.
- Laws and policies regulating the drugs have not been reviewed to provide easy access to people with life- threatening illness

# Opioids- Policy Issues contd.

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- The government gives an annual estimate to the INCB of need for narcotic drugs
- Govt informs health professional about the legal requirements for use of opioids.
- Provision has been made for issuance of license to adequate number of people to support the distribution in the system.

# Barriers to Opioid Availability in Ghana

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- Although there is no restriction on prescription and no difficulty in obtaining the required license, there is serious problem with prescribers (physicians), administrators (nurses) and recipients (patients).
- The main problem for most of them is the concern about **addiction**.

# Palliative Care in Ghana

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- Palliative care is a new concept in Ghana.
- Initial thoughts – early 1990 when Mrs. May Osae Addae – CNO became a board member of International Society of Nurses in Cancer.
- She worked closely with the late Robert Tiffany of Royal Marsden Hospital to set up a similar society in Ghana.
- The society worked towards the establishment of oncology unit at Korle-Bu teaching hospital but all efforts were thwarted.

# Palliative Care in Ghana

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- The only gain was that an RN sponsored by the government to train as an oncology nurse.
- Total quietness until Rev. Sackey (Director of Cancer Society) opened the page again.
- The birth of APCA and inclusion of a Ghanaian on its first Board has brought home the value of palliative care initiative in the in the 21st century.

# Educational Initiative

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- Ghana has been engaged in some educational initiative since 2004 through the collaborative work of Cancer society (Rev. Victor Sackey) and Ms Terry Magee from St. Helena Hospice, UK + Hospice Africa Uganda.

# Educational Initiative contd.

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- Palliative Care Ghana (PCG) was established after the Arusha conference.
- PCG ran a TOT workshop in 2006.
- The participants were mainly RNs with few health care assistants.
- The programme was sponsored by the founders of Palliative Care Ghana.
- Another training was scheduled for March this year but failed to materialize because of lack of funds.

# Educational Initiative contd.

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- A gallant step forward is the inclusion of palliative care as a course in the new curriculum for training Registered Nurses at the Diploma level.
- It is hoped that palliative care would be included in all curricular in the health sector.

# Educational Initiative contd.

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- When funds become available, a workshop on palliative care would be mounted for all professionals and non-professionals in practice.
- The training would be tailored according to level of practice and responsibility.

# Conclusion

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- There is no known hospice in Ghana.
- Individuals and private organizations engaged in home care services are applying PC principles in their practice.
- The increasing number of cancer, AIDS, and other life-limiting illnesses in Ghana demands the assimilation of palliative care into the Ghana national health care system



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**Thanks! Merci! Asante!  
Medasi!**

