Policy brief

Access to psychotropic medicines in Ghana: Issues, strategies, and recommendations

Key messages

- Over 90% of people with mental illness in Ghana do not receive the treatment they need
- Psychotropic medicine supply in Ghana is erratic with frequent shortages, limiting access to care even where healthcare providers are trained
- Treatment of mental illness is not reimbursed by the National Health Insurance Scheme (NHIS). Instead, psychotropic medicines are financed directly by the Ministry of Health (MOH). However, budgetary allocation is inadequate for the quantities of medicines required to meet demand
- To make up the deficit in medicine supply, facilities purchase medicines themselves from wholesalers, with costs recouped by selling the medicines to service users, and use donations from organisations such as Direct Relief, which are passed free of charge onto the user
- To maximise coverage within the MOH budget, enable consistent supply and treatment across Ghana, and simplify procurement processes, a list of medicines for regular procurement has been established
- Strengthened relationships between the Mental Health Authority, the Procurement Directorate in the MOH, and pharmaceutical suppliers are recommended, to ensure sustainable procurement and reliable supply
- Systemic improvement, with integration of psychotropic medicines into the general health system monitoring, evaluation, forecasting, and quantification tools is needed. At facility level, psychotropic medicines must be integrated into the pharmacy stock and management systems
- The annual budget should be informed by forecasting and quantification
- Advocacy and policy amendments are needed to ensure coverage of mental illness by the NHIS and universal access to care

Executive summary

In Ghana over 90% of people with mental illness do not get the treatment that they need.[1] Access to effective medicines is essential to relieve acute symptoms and distress; facilitate rehabilitation and informal community-based care; prevent relapse; improve psychosocial functioning and mitigate long-term disability.

The Mental Health Authority, Ghana, (MHA) is concerned about the erratic supply and widespread shortages of psychotropic medicines in Ghana. Therefore, Ghana Somubi Dwumadie partnered with the MHA to better understand the issues around psychotropic medicine access and possible approaches to overcome them. Between September 2020 and May 2023, key national documents were reviewed, and a series of stakeholder discussions and workshops were held to assess the situation, begin implementing changes, and develop recommendations.

Numerous barriers to psychotropic medicine access were identified: Financing was uncertain, being dependent on an annual budgetary allocation by the Ministry of Health (MoH) as treatment of mental illness was not reimbursable by the National Health Insurance Scheme (NHIS). The types and quantities of medicines procured varied from year to year. There was little integration of psychotropic medicines into general healthcare systems of medicine supply, re-ordering, monitoring and evaluation. Finally, inaccurate forecasting and quantification of medicine requirements meant that estimates of budgetary needs were not evidence-based.

Strategies used by the MHA to improve access to medicines include:

- finalise a tracer list of medicines for monitoring purposes
- work with the District Health Information Management System in recording the numbers of people accessing mental healthcare throughout Ghana
- train district level healthcare practitioners on the WHO mental health Gap Action Programme[2]
- work with the Procurement Directorate in the MoH to extend the period for which pharmaceutical suppliers were contracted from one to two years for the 2022 procurement cycle
- develop a concise list of medicines for biennial procurement, incorporating stakeholder views, current practice, affordability, and supplier availability

Immediate and short-term recommendations revolve around systemic improvements regarding procurement, supply, monitoring and evaluation, with a focus on integration and capacity building. Actions towards more accurate forecasting and quantification of medicine needs are vital in ensuring evidence-based budgetary planning.

1 https://www.who.int/publications/m/item/mental-health-atlas-gha-2020-country-profile
2 https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme

In the medium to long-term, amendment to mental health legislation is advised to more easily enable coverage of mental healthcare by the NHIS. Skills training in health technology assessment and guideline development in conjunction with the Medicine Policy Unit in the MoH are recommended as new evidence emerges and population needs are identified.

Introduction

Mental illness is a leading cause of disability worldwide and is associated with increased premature mortality.[3] When left untreated, mental illness often has a chronic, relapsing course with progressive worsening in neurocognitive functioning and behavioural disturbance. In addition to relieving acute symptoms of illness, medicines help to prevent relapse, minimise illness severity and ameliorate psychosocial disability. For mental health conditions amenable to medicine treatment, psychotropic medicines facilitate psychosocial and vocational rehabilitation, community-based care, and societal inclusion.

However, in Ghana, over 90% of people with mental illness do not receive the treatment they need.[4] The Ghana Somubi Dwumadie landscaping analysis of mental health and disability governance and services[5] found that:

- psychotropic medicine supply is erratic
- most psychotropic medicines are only accessible in the specialist psychiatric facilities, which often procure them from private wholesalers or through donations
- procurement and supply chain processes are slow and cumbersome
- projection and forecasting are inadequate with a tendency to wait until there are no medicines before initiating the next procurement cycle

Ensuring a regular supply of psychotropic medicines in Ghana is a priority for the MHA. Ghana Somubi Dwumadie therefore partnered with the MHA to understand the issues, initiate immediate steps for action, and develop a way forward.

[3] Patel, V., D. Chisholm, R. Parikh, F. J. Charlson, L. Degenhardt, T. Dua, A. J. Ferrari, *et al.* (2016) Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities, 3rd edition. Lancet 387, (10028): 1672-85. 6

[4] https://www.who.int/publications/m/item/mental-health-atlas-gha-2020-country-profile

[5] Ghana Somubi Dwumadie. (2020). Landscaping Analysis of Mental Health and Disability Inclusive Policies, Plans, Strategies, Services and Programmes., Options Consultancy Ltd

Methods

A three-phase approach (Figure 1) was used to assess the situation around psychotropic medicines supply, and plan a way forward. Technical advisors were appointed to work as a team with the MHA and Ghana Somubi Dwumadie.

Adjunct Professor Lesley Robertson, a psychiatrist affiliated to the University of the Witwatersrand in Johannesburg, South Africa. and Dr Kenneth Sagoe, an independent public health specialist in Ghana, were appointed for all three phases. From her experience in supporting the South African Essential Drugs Programme in its work towards universal health coverage, Prof. Robertson led the process and provided expertise regarding the selection of psychotropic medicines within budgetary constraints. As a health systems consultant, Dr Sagoe assisted with the coordination of relevant stakeholders and information sharing.

For phase 1, expert input on supply chain management was provided by Ms Rose Okonkwo, a pharmacist and independent medicines access consultant from Nigeria. For phases 2 and 3, Dr Nicholas Tetteh-Adjimani, Chief Pharmacist/Senior Specialist Pharmacist at Ho Teaching Hospital in Ghana with previous experience in medicine policy, assisted with developing recommendations.

Figure 1: Approach

Phase 1 (September – December 2020): Assessment through stakeholder interviews, a questionnaire-based survey, an interactive workshop, reviewing key national documents, and a situational report

Phase 2 (December 2022): Review of problems and progress through stakeholder discussions and an interactive workshop

Phase 3 (January – May 2023): Examine medicine access in 2021 and 2022 and develop recommendations through two interactive workshops and stakeholder meetings

Based on needs previously identified by the MHA and Ghana Somubi Dwumadie, attention was given to the supply side of medicine access (Figure 2). In terms of medicine utilisation, only the non-usage of medicines which had been centrally procured was explored. It was beyond the scope of this assignment to examine issues around the demand for care or prescriber patterns.

Figure 2: Supply components of medicine access explored with stakeholders

- Availability of mental healthcare services
- Financing of psychotropic medicines
- Selection of medicines for national use
- Procurement
- Supply chain management

To ensure full understanding of the issues and to achieve consensus in planning actions, multi-stakeholder consultation was prioritised, and a broad range of organisations (Figure 3) participated through workshop attendance and/or individual meetings. In addition, the Ministry of Finance provided input via the survey in phase 1.

Figure 3. Stakeholders represented during the process[6]

- Led by Mental Health Authority working with Ghana Somubi Dwumadie team
- Ministry of Health: Pharmacy Directorate, including the Medicine Policy Unit; Procurement and Supply Chain Directorate; Technical Coordination Directorate
- Food and Drug Authority
- National Health Insurance Authority (NHIA)
- Ghana Health Service
- Teaching Hospitals: Cape Coast; Ho; Komfo Anokye; Korle-Bu; Tamale
- Psychiatric Hospitals: Accra; Ankaful; Pantang
- Christian Health Association of Ghana
- BasicNeeds-Ghana
- Mental Health Society of Ghana
- MindFreedom
- PATH Ghana
- Ghana National Chamber of Pharmacy
- Pharmaceutical Society of Ghana
- Chiron health consultant
- Unicom Chemist Ltd

[6] Stakeholders invited but unable to participate were the Directorates of Finance and of Policy, Planning, Monitoring and Evaluation in the MoH, the Coalition of NGOs, and the Foreign Commonwealth Development Office.

Key findings

While numerous issues were identified, certain policy, legislative, and institutional factors were conducive to positive change. In addition, several steps have already been taken towards improving access to psychotropic medicines.

Facilitatory factors

Ghana is committed to Universal Health Coverage,[7] which is defined as meaning that 'all people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use.' Additionally, Ghana has rights-based, progressive mental health legislation[8] which promotes the integration of mental healthcare into general healthcare services and emphasises community-based treatment.

Access to quality mental health services was also included in the Ghana Shared Growth and Development Agenda volume II (2014 – 2017)[9] as a priority policy intervention, and the National Healthcare Quality Strategy (2017 – 2021)[10] includes two quality indicators for mental health:

- The proportion of public hospitals offering mental health services
- The availability of tracer mental health medicines

Positive institutional factors include existing collaborative relationships between the MHA, the MoH, and the Ghana Health Service (GHS). The Medicine Policy Unit in the Pharmacy Directorate of the MoH is also being strengthened with skills development in Health Technology Assessment (HTA), a process which facilitates strategic purchasing of medicines.[11] HTA involves the synthesis and appraisal of local and international evidence regarding efficacy, safety, affordability, feasibility, and acceptability of individual medicines, or other health technologies.[12] The final assessment enables informed decision-making regarding medicine procurement in a local context, with the aim of achieving universal coverage of priority conditions within the available resources.

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[7] Ghana Ministry of Health. (2021). Roadmap for Universal Health Coverage 2020-2030
[8] Government of Ghana. Mental Health Act 846 of 2012.
[9] Government of Ghana. (2015). Ghana Shared Growth and Development Agenda volume II (2014-2017).
[10] Republic of Ghana: Ministry of Health. (2016). Ghana National Healthcare Quality Strategy.
[11] Republic of Ghana Ministry of Health. (2017). National Medicines Policy 3rd Edition 2017-2021.
[12] https://www.who.int/health-topics/health-technology-assessment#tab=tab_1

Issues and strategies adopted

Barriers to medicine access identified through the stakeholder meetings and workshops are described below according to the supply component explored, together with strategies adopted to mitigate the issues. Possible reasons for non-utilisation of procured medicines are also presented.

1. Access to mental health services

Notwithstanding the facilitatory policy environment, mental healthcare services are characterised by a marked shortage of staff. While mental health legislation promotes community-based care, mental health specialists are largely based at the three psychiatric hospitals and five teaching hospitals. At district level, there is a lack of expertise in prescribing and in pharmaceutical management of psychotropic medicines. Of note, mental health is not included in the National Community-Based Health Planning and Services Policy of March 2016.[13] This may contribute to the poor integration of mental health into district level facilities.

To improve access to mental healthcare services, **training of non-specialist healthcare providers using the WHO mental health Gap Action Programme has been provided** by the MHA and by Ghana Somubi Dwumadie in selected districts. WHO has also worked with MHA and GHS to deliver this training. However, the training is confounded by inadequate supply of psychotropic medicines, poor access to supervision, and, for certain medicines, limited availability of laboratory monitoring.

2. Financing of psychotropic medicines

Mental healthcare is not covered by the NHIS, and the medicine costs are therefore not reimbursable. The current reason for non-coverage by the NHIS is that the Mental Health Act 846 of 2012 provides for a separate mental health fund, to be administered by the MHA. While the principle is that mental healthcare should be provided as a programme which is free of charge to the service user, the fund though established, has no identified revenue source. However, the NHIS cannot cover a stand-alone programme, or conditions with parallel funding mechanisms.[14]

Therefore, medicines for mental illness are paid for by the MoH using a portion of NHIA funding reserved for specific programmes which are free to the users. The budget allocated for psychotropic medicines by the MoH is not informed by quantification of medicine needs, but by what is affordable for the MoH in terms of competing programmes and the overall health budget. For both 2021 and 2022, the amount allocated was less than half the budget requested by the MHA. The budget requested is not based on quantification of medicine needs but on a rough estimate made by the MHA, with considerable variation from year to year.

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[13] Republic of Ghana Ministry of Health. (2016). National Community-Based Health Planning and Services Policy.

[14] Government of Ghana. National Health Insurance Act 852 of 2012.

Nevertheless, an annual budget is assured by the MoH, and the medicines procured are free to the service user. While NHIS coverage of mental illness would be ideal, the NHIS is under financial stress,[15] is subject to budget cuts, and is not always managing timely reimbursement to facilities. Therefore, **it was decided that the most prudent course of action in the short term is to continue with the annual budgetary allocation**, while improving the forecasting and quantification of medicine requirements. Budgets should then be based on the evidence of need, which would also inform future coverage by the NHIS.

3. Selection of medicines

The list of medicines for regular procurement varied in 2021 and 2022, related mainly to supplier availability and clinician request. As well as causing inconsistency in the medicines available for clinical use, it also meant that projected costs could not be reliably determined.

Two additional factors impacted on optimal use of the limited budget made available for medicines to treat mental illness. Firstly, medicines used solely for epilepsy (e.g., phenobarbitone) were included, although the treatment of epilepsy is reimbursable by the NHIS and does not need to be paid for out of the mental health budget. Secondly, expensive medicines had not been justified, although they limited the available funds for other medicines indicated for the same conditions, and which could be procured in larger quantities, allowing for greater mental health coverage.

Possible medicine choices for the priority conditions of anxiety, depression, bipolar disorder, and schizophrenia were discussed intensively in phase 3 of the process. Estimates of the quantities which may be procured, and potential population coverage achieved, within a limited budget were explored.

A defined medicine list for regular procurement was developed, incorporating the stakeholder contributions and MHA experience regarding supplier availability, and is presented in Appendix 2: Medicine list.

The list is a pragmatic compromise between desired medicines and those that are affordable and available in Ghana. While some choice of medicines to accommodate children and adolescents, women in the reproductive age group, adverse effects, and teaching experience is provided for, it does not include all the medicines provided for in the current standard treatment guidelines (STGs).[16] For example, in the treatment of depression, the STGs include fluoxetine, sertraline, and citalopram as equivalent first-line options, followed by amitriptyline or imipramine. The reason that only fluoxetine and amitriptyline are on the list for regular procurement is that previous experience revealed unreliable supply and/or unaffordability of the other antidepressants.

Medicines procured in 2021 and 2022 which are not included in the list are phenobarbitone tablets and injection (used only for epilepsy) and paliperidone long-

[15] Republic of Ghana Ministry of Health. (2015). Ghana Health Financing Strategy.
[16] Republic of Ghana Ministry of Health. (2017). Standard Treatment Guidelines Seventh Edition (7th)

acting injection (used in schizophrenia). Paliperidone long-acting injection was excluded because of its high cost and large budget impact. **It was decided to await the recommendation from an HTA which has been planned by the Medicine Policy Unit before committing to the procurement of paliperidone long-acting injection.**

Importantly, the medicine list is not finite. The selected medicines are subject to change as budget allows, new suppliers become available, or as new evidence of effectiveness and/or safety emerges. Updating the medicine list should occur together with evidence-based revision of the STGs. **As the 2017 STGs are currently under review, more support can be provided by MHA to the psychiatrist on the committee to review these.**

4. Procurement

A centralised procurement process is used with national competitive bidding for tenders. Several delays occurred in both 2021 and 2022, with further delays in awarding contracts for the 2022 procurement cycle. The result was that, for some medicines, none were available for several months at the beginning of 2023. Reasons for the delays and other issues in the process were:

- Official notification of the budget allocated for psychotropic medicines was only received by the Procurement and Supply Directorate and MHA at the end of June of each year. For timely initiation of the procurement process, notification of the available budget needs to be received by mid-March at the latest
- Because of the delayed confirmation of the budget, the sale of tenders was only advertised in September each year, whereas it should be advertised by mid-June to allow for contracts to be awarded by October, so that suppliers may make medicines available by January the following year
- In both years, there was a poor response to the sale of tenders, with single bids received for most medicines and no bids for some. Therefore, the bidding was not actually competitive. The lack of bids is related to a lack of suppliers in Ghana, the small quantities tendered for are not attractive to suppliers as they do not allow for scale of economies, suppliers are satisfied with the private sector market, and suppliers are unaware of the advertisement when it is published
- In some cases, the bids for a range of medicines come from a single supplier. For the 2022 procurement, three companies each exceeded the procurement approval threshold of one million cedis, necessitating an application for concurrent review and approval by the Central Tender Review Committee (CTRC). This meant that contracts for 18 different medicines could only have been awarded following approval from the CTRC. The 18 medicines were therefore only awarded in March 2023 following approval from the CTRC
- Following the award of contracts, suppliers are not always able to deliver on the contract. One reason for this is the long delays between the supplier's submission for tender and the award, which give time for inflationary price

increases to occur. Thus, by the time the contract is awarded, the company is unable to provide the medicine at the original price

- After medicine has been provided by the supplier, the Food and Drug Authority conducts post-market surveillance, with a quality check on a sample of the supplied product. While in 2021, this process was delayed, causing further delays in getting the medicine to healthcare facilities, on occasion medicines do not meet quality standards and therefore cannot be distributed

Two strategies employed to improve the process were:

- **bulk procurement of a single medicine (e.g., with sodium valproate) in sufficient quantity and shelf-life for two years supply, allowing for economies of scale.**
- **awarding of contracts for a two-year rather than one-year period, as done for the 2022 procurement.** The intention is to limit the bureaucratic burden of an annual procurement process and to secure supply at a fixed price for two years. This differs from bulk procurement as the medicines are purchased annually but using the same contract.

5. Supply chain management

Distribution of medicines according to need depends on communication between facilities and the central and regional medical stores. An electronic platform, the Ghana integrated Logistics Management Information System (GhiLMIS)[17] is used to coordinate demand and supply management between the medical stores and hospitals. In addition to distribution, supply chain management involves accurate monitoring and evaluation of medicine consumption, forecasting and quantification of medicine requirements, and budgetary planning.

The centrally procured psychotropic medicines are entered into the GhiLMIS. However, the system does not allow for real time visibility of stock levels by health facilities or by the MHA. Therefore, facilities may not re-order stock due to a perception that it is not available, and the MHA may not intervene to redistribute medicines according to need. Additionally, GhiLMIS is not available at all community-based health facilities and is not available where there is no pharmacist.

At clinic level, designated mental health nurses manage the psychotropic medicines instead of the pharmacists, even at clinics which have a pharmacist. This means that order requisitions and medicine deliveries are not completed together with medicines for other health conditions. The problem is that mental health nurses are not qualified to control medicine supply, do not have access to GhiLMIS, and may not have sufficient expertise to manage the process effectively. While it is necessary for mental health nurses to perform a pharmacists' duties where no pharmacist is available, integrated systems are preferable for effective stock management.

[17] https://www.moh.gov.gh/ministry-of-health-launches-ghilmis-to-improve-supply-chain-in-the-health-sector/

Collection of consumption data for psychotropic medicines is also not integrated into general health monitoring and evaluation systems. The GHS routinely collects medicine consumption data from facility pharmacists but does not request data on psychotropic medicines. Although the MHA requests data from facility pharmacists and mental health nurses, not all facilities submit the requested information. The parallel mechanisms of data collection result in psychotropic medicines not being accounted for in the pharmaceutical services.

For other health programmes, the pharmaceutical monitoring data are used by National Quantification Team, which meets towards the end of each year to forecast and quantify the medicine requirements for the following year. This information is then used by the Supply, Stores and Drugs Management Unit to estimate the budget for procurement in the following year. Because integrated systems have not yet been developed for psychotropic medicines, they are not included in budgetary planning.

Progress made regarding monitoring and evaluation of psychotropic medicines include the:

- **Development of a tracer list of medicines** by the MHA and Pharmacy Directorate in the MoH. Official notification of the tracer list, with instruction regarding the level of care at which they must be available, was sent to all health facilities in Ghana by the MoH in May 2021
- **Inclusion of psychotropic medicines in a medicine forecasting tool developed by PATH Ghana**, a Non-Governmental Organisation (NGO) working on access to medicines for non-communicable diseases. Following the phase 3 workshops, a collaborative relationship between the MHA, Accra psychiatric hospital, and PATH Ghana has been formed. Training of three senior staff members at Accra psychiatric hospital in use of the tool was conducted in June 2023
- **Sharing of the specification and quantification guidelines** by the Procurement and Supply Directorate in the MoH with the MHA

6. Non-utilisation of centrally procured stock

According to records available in the District Health Information Management System, just under 38,000 people were attended to in Ghana for either anxiety, depression, bipolar disorder, or schizophrenia in 2022. However, the quantities of medicines procured for treatment of these conditions only allowed for treatment of about 17,000 people, and only if each person was treated with a single medicine at a standard dose for a year. This also assumes that no medicine was used for unspecified mental illness, mental illness due to substance use, epilepsy, dementia, or delirium.

Notwithstanding the inadequate quantities of medicines procured, stock of some medicines was carried over from one year to the next, sometimes until it expired. Additionally, donated stock received by NGOs sometimes went unused. Possible reasons for non-utilisation of centrally procured or donated supplies included:

- Unawareness at facility level that stock is available at regional medical stores, causing prescribers (conscious that only limited quantities are procured) to use medicines sparingly and facilities to not re-order stock
- Selling of privately procured medicines to service users. To ensure reliable availability of medicines, facilities purchase stock from private wholesalers. This stock must then be sold to service users before it expires
- Inappropriate distribution of donated stock to facilities without the clinical expertise or laboratory monitoring to use it. Donations are usually obtained from Direct Relief by mental health NGOs. However, the donations are not centralised and redistributed according to need
- Limited use related to a sense of caution by prescribers. This may be related to prescriber awareness of cost, inadequate laboratory monitoring, or their own lack of familiarity with a particular medicine

Policy recommendations

Integration of mental health into general health procurement, supply, and monitoring systems is critical to improving access to psychotropic medicines. While MHA is the lead agency in most actions, full participation by the MoH, affiliated agencies, NGOs and the pharmaceutical industry is essential. With all recommendations, the goal of universal mental health coverage is core.

Ministry of Health

- Prioritise financing of psychotropic medicines and timely budget confirmation
- Appoint mental health representatives to the necessary committees, including the Pharmacy and Supply Chain Management Committee, Tender Evaluation Committee, and Tender Review Committee
- Strengthen the NHIS, as planned in the Ghana health financing strategy,[18] to ensure its sustainability and ability to expand health coverage
- Amend mental health legislation as necessary to enable NHIS coverage of mental health conditions
- Align the Community-Based Health Planning and Services Policy to Mental Health legislation and National Health Policy in promoting integrated, community-based mental healthcare services

Mental Health Authority

- Improve monitoring, forecasting and quantification of psychotropic medicines
- Submit budgetary requests by November of each year – inform the request using quantification data and including price escalations of medicines. Confirm the budget with MoH by March and advertise tenders by June

[18] Republic of Ghana Ministry of Health. (2015). Ghana Health Financing Strategy.

- Strengthen relationships with the pharmaceutical industry to facilitate reliable supply. Inform Chamber of Pharmacy of the medicines to be procured and of the sale of tenders as it is advertised
- Nominate mental health experts to the Procurement and Supply Chain, Tender Evaluation, and Tender Review Committees
- Collaborate with: the MoH in streamlining procurement and supply systems; the GHS in training and coordination of pharmacists and designated nurses; information management systems in obtaining accurate data; NGOs in improving forecasting and quantification as well as distribution of donated medicines; and academia in research

Public Procurement Authority

- Consider raising the monetary threshold for single supplier in the procurement of medicines to accommodate increases in price as well as population needs

Food and Drug Authority

- Conduct post market surveillance quality checks as soon as they receive notification of stock arrival

Ghana Health Service

- Request, collect and collate data on psychotropic medicines from the facility pharmacists (or designated nursing staff where no pharmacist is available), as is done with non-psychotropic medicines
- Provide medicine consumption data to the MHA in quarterly reports
- Promote the integration of psychotropic medicines by facility pharmacists
- Work with the MHA in the training of facility pharmacists and designated nurses in psychotropic medicine storage, monitoring, order requisitions, and clinical use

Facility pharmacists and designated nurses

- Participate in training regarding psychotropic medicine storage, re-ordering, and clinical effects
- Use centrally procured psychotropic medicines:
    - only for mental health conditions, and
    - before purchasing medicines from private wholesalers
- Inform MHA of any donated medicines received and incorporate donated stock into pharmacy management systems so that it is used appropriately
- Submit reports as requested by the Ghana Health Service and the MHA

Ghana Integrated Logistics Management Information System

- Expand the system to ensure access by all levels of care, including community health centres
- Enable real-time visibility of stock levels by health facilities and the MHA

Centre for Health Information Management Services

- Improve the accuracy of mental health service use data collected in each district
- provide service usage data to the MHA quarterly

Non-governmental organisations and civil society organisations

- Inform the MHA and MoH of donated medicines; facilitate the distribution of donations to maximise usage
- Advocate for government investment in mental healthcare, cost-containment measures by suppliers, and strengthened procurement and supply chain systems

Universities and training institutions

- Expand mental health training curricula of non-mental health professionals to broaden their scope of practice and facilitate integrated care
- Conduct medicine utilisation research to inform the selection and distribution of procured medicines as well as treatment guidelines
- Support evidence reviews to inform the Standard Treatment Guidelines

Conclusion

Improving access to psychotropic medicines in Ghana requires a multi-faceted approach requiring a multi-stakeholder, collaborative and integrated strategy that addresses regulatory, supply chain and healthcare infrastructure.

Accurate monitoring, strengthened information systems, local research and evidence-based advocacy for government investment in proportion to need, are key to improving access to psychotropic medicines.

Appendix 1: List of abbreviations

Acronym	Description
CTRC	Central Tender Review Committe
GhiLMIS	Ghana Integrated Logistics Management Information System
GHS	Ghana Health Service
HTA	Health Technology Assessment
MHA	Mental Health Authority
MoH	Ministry of Health
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NGO	Non-Governmental Organisation
WHO	World Health Organization

Appendix 2: Medicine list

Medicine class	Medicine, strength, and formulation	Notes
Antidepressants	Amitriptyline 25mg tab*	All levels of care – widespread use
	Fluoxetine 20mg caps*	All levels of care – widespread use
Mood stabiliser	Lithium carbonate 400mg tab (scored)	Limited use
	Lithium carbonate 300mg tab (scored)	
Anticonvulsants	Carbamazepine 200mg tab*	All levels of care – widespread use
	Carbamazepine syrup 20mg/ml x 500ml	Child mental health services
	Lamotrigine 50mg tab (scored)	Growing usage – bipolar depression, relatively safe in pregnancy, no weight gain.
	Lamotrigine 100mg tab (scored)	
	Sodium valproate 300mg tabs*	Teaching and psychiatric hospitals
	Sodium valproate 500mg tabs*	
Antipsychotics, oral	Aripiprazole 10mg tab (scored)	Limited use
	Clozapine 100mg tab	Limited use
	Haloperidol 5mg tab*	All levels of care
	Olanzapine 5mg tabs*	All levels of care
	Olanzapine 10mg tabs*	All levels of care
	Quetiapine 200mg tab	Growing usage – bipolar depression, relatively safe in pregnancy
	Risperidone 1mg tab*	All levels of care
	Risperidone 2mg tab*	All levels of care
Antipsychotics, long acting injectables	Haloperidol LAI 50mg/ml x 1ml	Use increasing at all levels of care
	Fluphenazine LAI 25mg/ml x 1ml*	All levels of care
Antipsychotics, acute injection	Chlorpromazine injection 25mg/ml x 2ml*	All levels of care
	Haloperidol injection 5mg/ml x 1ml*	All levels of care
Benzodiazepines, oral	Diazepam 5mg tab*	All levels of care
	Lorazepam 2mg tabs (scored)*	All levels of care
Benzodiazepines, injection	Diazepam injection 5mg/ml x 2ml*	All levels of care
Adverse effects of neuroleptics	Benzatropine injection 1mg/ml x 2ml*	All levels of care
	Benzatropine 2mg tab*	All levels of care

*tracer list item

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