

# Ghana

## Hepatitis



# **Ghana Hepatitis**

**MedCOI**

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# Acknowledgements

The EUAA acknowledges International SOS as the drafter of this report.

The report has been reviewed by International SOS and EUAA.





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## Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on publicly available sources of information, as well as oral anonymised sources who are based in Ghana. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

On 19 January 2022 the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

The drafting of this report was finalised on 27 March 2024. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.





## Glossary and abbreviations

Term	Definition
<b>AFP</b>	Alpha-Fetoprotein
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ALAT</b>	Alanine Transaminase
<b>ASAT</b>	Aspartate Aminotransferase
<b>CHPS</b>	Community-Based Health and Planning Services
<b>CT</b>	Computed Tomography
<b>DNA</b>	Deoxyribonucleic Acid
<b>HBeAb</b>	Hepatitis B e Antibody
<b>HBcAb</b>	Hepatitis B core Antibody
<b>HBsAb</b>	Hepatitis B Surface Antibody
<b>HBsAg</b>	Hepatitis B Surface Antigen
<b>HBV</b>	Hepatitis B Virus
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>FDA</b>	Food and Drugs Authority





<b>Term</b>	<b>Definition</b>
<b>MRI</b>	Magnetic Resonance Imaging
<b>NGO</b>	Non-Governmental Organisation
<b>NHIS</b>	National Health Insurance Scheme
<b>PET</b>	Positron-Emission Tomography
<b>PHC</b>	Primary Healthcare
<b>PTC / PTHC</b>	Percutaneous Transhepatic Cholangiography
<b>RNA</b>	Ribonucleic Acid
<b>SGOT</b>	Serum Glutamic Oxaloacetic Transaminase
<b>SGPT</b>	Serum Glutamic Pyruvic Transaminase
<b>TIPS</b>	Transjugular Intrahepatic Portosystemic Shunt
<b>WHO</b>	World Health Organisation







# Introduction

## Methodology

The purpose of the report is to provide information on access to hepatitis treatment in Ghana. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

## Terms of reference

The terms of reference for this Medical Country of Origin Information Report were developed by EUAA.

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period was finalised on 9 November 2023, peer review occurred between 10 November – 22 December 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 27 March 2024. The report was internally reviewed subsequently.

## Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Ghana.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from multiple oral sources with ground-level knowledge of the healthcare situation in Ghana who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

## Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),<sup>1</sup> the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)<sup>2</sup> and the EUAA Writing Guide (2022).<sup>3</sup> Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the

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<sup>1</sup> EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

<sup>2</sup> EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

<sup>3</sup> EUAA, The EUAA Writing Guide, April 2022, [url](#)





comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

## Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental publications, academic publications, reports by non-governmental organisations and international organisations. All sources that are used in this report are outlined in Annex 1: Bibliography.

Key informant interviews were carried out in September 2023. Interviews were conducted mainly with officers who work within organisations of Ghana's healthcare system. A complete anonymised list of interviewees can be found in the Annex 1: Bibliography.



# 1. Prevalence of hepatitis B and hepatitis C

Hepatology is a medical speciality that focuses on the study, prevention, diagnosis and management of diseases that affect the liver, gallbladder, biliary tree and pancreas. This report focuses on the situation in Ghana with respect to hepatitis B and hepatitis C.

In Ghana, viral hepatitis is a major health concern for health authorities. Hepatitis B is hyperendemic, with an estimated chronic hepatitis B surface antigen (HBsAg) prevalence in the population of 8.36 % and chronic hepatitis C viral (HCV) estimated prevalence of 3 %.<sup>4</sup>

Chronic hepatitis B viral (HBV) infection is a major public health problem in Ghana.<sup>5</sup> Looking at the data from 2015 to 2019, across all the regions in Ghana, HBV prevalence was estimated for sub-populations as follows: 8.36 % in the adult population, 14.30 % in the adolescent population and 0.55 % in children under five years (pre-schoolers). Among adults, HBV prevalence was the highest in the special occupation (barbers and long-distance drivers) group (14.40 %) and the lowest prevalence rate of 7.17 % was recorded among blood donors. Prevalence was lower in the north than in the southern part of the country. The Ashanti region had the most studies at 6/21 (29 %), while no study was identified for the Upper West Region. Across the country, the highest HBV infection prevalence rates were recorded in the age group of 20 to 40 years.<sup>6</sup>

The burden of hepatitis B is enormous and remains an important public health issue in Ghana.<sup>7</sup> Hepatitis B and hepatitis C are serious public health threats in Ghana with the prevalence of HCV estimated to be at 3 % nationally in 2016.<sup>8</sup> At the time of writing, Ghana does not have a national hepatitis B or hepatitis C elimination plan in place.<sup>9</sup>

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<sup>4</sup> Coalition for Global Hepatitis Elimination, Ghana Can Eliminate Hepatitis, National Hepatitis Elimination Profile, December 2021, December 2021, [url](#), p. 1

<sup>5</sup> Abesig, J., et al., Prevalence of viral hepatitis B in Ghana between 2015 and 2019: A systematic review and meta-analysis, June 2020, [url](#), p. 1

<sup>6</sup> Abesig, J., et al., Prevalence of viral hepatitis B in Ghana between 2015 and 2019: A systematic review and meta-analysis, June 2020, [url](#), p. 1

<sup>7</sup> Abesig, J., et al., Prevalence of viral hepatitis B in Ghana between 2015 and 2019: A systematic review and meta-analysis, June 2020, [url](#), p. 1

<sup>8</sup> WHO, Renewed hope for all people living with viral hepatitis in Ghana, July 2023, [url](#)

<sup>9</sup> Coalition for Global Hepatitis Elimination, Ghana National Hepatitis Elimination Profile: Key Takeaways, January 2022, [url](#)



## 2. Access to treatment

Ghana has a pluralistic health sector in terms of ownership (public and private) and in terms of healthcare models (orthodox, traditional and alternative medicine).<sup>10</sup> Healthcare services are provided by the public sector, as well as by private sector service providers made up of for-profit providers and non-profit faith-based health facilities.<sup>11</sup> The health system is organised in three levels: the primary level, with a focus on primary healthcare (PHC) services, with the community-based health and planning services (CHPS) compound, the sub-district health centre/clinic and the district hospital. The secondary and tertiary levels have regional and teaching hospitals, respectively.<sup>12</sup>

Public and private facilities, at all levels of the health system, can provide care within limits set by the Standard Treatment Guidelines 2017.<sup>13</sup> The primary level of care has the capacity to identify and make differential diagnosis of some of the conditions. This capacity is mostly at the district hospital level where they can make more definitive diagnosis, commence basic care and refer the client to the appropriate secondary or tertiary facility for definitive case management. All patients can access care at the nearest point of service to them at any level of the health system. Based on the severity of the condition and the capacity of the point of service to manage the condition, care will be continued, or the patient will be referred to the next higher level of care for further appropriate case management. Patients can however walk into any emergency room in any secondary or tertiary facility and will be attended to.<sup>14</sup>

Ghana has a 99 % coverage of HBV vaccination through the infant routine vaccination programme.<sup>15</sup>

### 2.1. Insurance and national programmes

The public National Health Insurance Scheme (NHIS) and private health insurance schemes cover both inpatient and outpatient cost of care to different degrees, with the private schemes generally providing more cover than the NHIS.<sup>16</sup> The NHIS covers the consultation fees for all general and specialist clinic attendances, as well as hospital admission (bed and feeding) are covered. Hepatitis B birth dose and adult vaccinations are not covered by NHIS and must be financed out of pocket.<sup>17</sup>

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<sup>10</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (Revised Edition), January 2020, [url](#), p. 23

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

<sup>12</sup> Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

<sup>13</sup> Ghana, MOH (Ministry of Health), GNDP (Ghana National Drugs Programme), Standard Treatment Guidelines, Seventh Edition, 2017, [url](#), pp. 37-42

<sup>14</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra

<sup>15</sup> WHO, Renewed hope for all people living with viral hepatitis in Ghana, July 2023, [url](#)

<sup>16</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra

<sup>17</sup> Coalition for Global Hepatitis Elimination, Ghana Can Eliminate Hepatitis, National Hepatitis Elimination Profile, December 2021, [url](#), p. 6



As of 2019, the NHIS had a membership of over 12 million Ghanaian.<sup>18</sup> The NHIS is available for registration to all individuals living in Ghana.<sup>19</sup>

The government of Ghana has taken some steps to address the hepatitis B and hepatitis C epidemic in the country. The government (Ministry of Health and the Ghana Health Services) with support from the World Health Organisation (WHO) has launched a person-centred intervention that responds directly to the needs of people living with hepatitis C. This project has provided treatment to many Ghanaians living with hepatitis C.<sup>20</sup> Ghana has also partnered with Egypt and initiated The Stop Hepatitis C Ghana Project to eliminate hepatitis C in the country.<sup>21</sup> Egypt has pledged to supply Ghana with medicine to treat 50 000 Ghanaians with hepatitis C, and patients will receive the drugs free of charge.<sup>22</sup>

## 2.2. Non-governmental organisations (NGOs)

There are a few organisations in Ghana that provide free or low-cost treatment for hepatitis B and hepatitis C, but mostly they provide private health education, screening and advocacy. Some of these organisations include: the Hepatitis Foundation of Ghana, a patient's organisation and non-profit, non-governmental organisation (NGO) registered in Ghana. It seeks to promote awareness of viral hepatitis and provide support to those living with the disease;<sup>23</sup> the Cedaku Foundation of Ghana, an organisation created to educate, assist with the treatment, and prevent the spread of HIV/AIDS and hepatitis B in Africa and worldwide;<sup>24</sup> and the Falcons Health Foundation of Accra, Ghana, which creates public awareness about viral hepatitis B and hepatitis C, advocates for those with hepatitis, and provides treatment.<sup>25</sup> Services provided by all these organisations are free with no restriction to beneficiaries.<sup>26</sup>

## 3. Cost of treatment

While HCV antibody and HBsAg point-of-care tests are meant to be covered under the NHIS, in practice many patients still pay out of pocket. Moreover, all persons have to pay out of pocket for confirmatory HBV and HCV testing. Treatment accessibility is similarly a concern because HBV and HCV treatments are only available in teaching hospitals and must be fully financed by the patient.<sup>27</sup>

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<sup>18</sup> NHIS, NHIS active membership soars, July 2020, [url](#)

<sup>19</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023

<sup>20</sup> WHO, Renewed hope for all people living with viral hepatitis in Ghana, July 2023, [url](#)

<sup>21</sup> WHO, Renewed hope for all people living with viral hepatitis in Ghana, July 2023, [url](#)

<sup>22</sup> The Task Force for Global Health, Egypt and Ghana Team Up To Eliminate Hepatitis C, June 2023, [url](#)

<sup>23</sup> Hepatitis Foundation of Ghana, The National Voice for Hepatitis Patients, n.d., [url](#)

<sup>24</sup> Cedaku Foundation of Ghana, 2023, [url](#)

<sup>25</sup> Hepatitis B Foundation, CHIPO Partner Highlight: Falcons Health Foundation of Accra, Ghana, July 2023, [url](#)

<sup>26</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra

<sup>27</sup> Coalition for Global Hepatitis Elimination, Ghana Can Eliminate Hepatitis, National Hepatitis Elimination Profile, December 2021, [url](#), p. 6



In Table 1 and Table 2, public facilities' prices are based on NHIS medicines' list<sup>28</sup> and the NHIS tariffs.<sup>29</sup> Information for the private sector, as well as reimbursement and insurance information are provided by Interviewee CHpKII102.<sup>30</sup>

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

1. Public and some private sector facility treatment prices are covered by NHIS and sometimes private insurance.
2. If insured, on presentation of one's insurance card, whether NHIS or private, no payment is made by the patient, as the insurance company re-imburses the facility at a later date on submission of claims.
3. In public facilities, any price difference between the listed NHIS tariffs and the price asked by the facility is borne by the patient (some facilities obtain parliamentary approval to increase their prices). In private facilities where NHIS coverage is accepted, the price difference between the NHIS tariffs and the private price is borne by the patient.
4. Uninsured patients pay out of pocket for all services at public and private facilities.

**Table 1. Cost of hepatology specialist consultations in public tertiary and private health facilities**

Specialist	Public outpatient treatment price in GHS	Public inpatient treatment price in GHS	Private outpatient treatment price in GHS	Private inpatient treatment price in GHS
Internist	147	128 (cost of admission, not including consultation fee)	280 to 500	600 to 1 000
Infectiologist	147	128 (cost of admission, not including consultation fee)	280 to 500	600 to 1 000
Gastroenterologist	147	128 (cost of admission, not including consultation fee)	280 to 500	600 to 1 000
Hepatologist	147	128 (cost of admission, not including consultation fee)	280 to 500	600 to 1 000

<sup>28</sup> NHIS, Medicine List, February 2023, [url](#)

<sup>29</sup> Ghana, NHIS, Tariffs for Tertiary Hospitals, February 2023

<sup>30</sup> CHpKII102, Administrator of a Private Hospital, Interview, July 2023



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

	Public treatment price in GHS	Private treatment price in GHS
Laboratory test: Hepatitis B antibodies: HBsAg, HBeAb, HBcAb	155	500 to 600
Laboratory test: Hepatitis B antigens: HBsAg,	31	70 to 90
Laboratory test: HBV DNA testing in case of Hepatitis B	Not found	2 900 to 2 700
Laboratory test: HCV RNA test [hepatitis C]	Not found	1 920 to 2 000
Laboratory test: liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.)	95	150 to 180
Laboratory test: Fibrotest; incl. 6 serum markers: alpha-2-macroglobulin, haptoglobin, apolipoprotein A1, gamma GT, total bilirubin, ALAT	Apolipoprotein A1 – 63 Total bilirubin – 19	Alpha 2 – 4 000-4 500 Apolipoprotein A1 – 200 to 250
Laboratory test: HCV antibody in case of Hepatitis C	155	70 to 90
Laboratory test: alpha-fetoprotein (AFP)	78	70 to 90
Laboratory test: HCV genotype (hepatitis C)	Not found	1 600 to 1 800
Laboratory test: viremia of hepatitis D + HBsAg	Not found	HBsAg – 70 to 80 Hepatitis D RNA – 1 620 to 1 800



	Public treatment price in GHS	Private treatment price in GHS
		Hepatitis Ab – 460 to 510
Laboratory test: alkaline phosphatase	34	60 to 80
Diagnostic imaging by means of ultrasound (of the liver)	75	200 to 300
Diagnostic test: liver biopsy	320	Not found
Diagnostic imaging: MRI scan	1 065	995 to 1 100
Diagnostic imaging: computed tomography (CT scan)	590	600 to 700
Diagnostic imaging: computed tomography (CT) scan with contrast	790	1 000 to 1 200
Clinical admittance on internal/ infectious disease department (daily rate)	127	300 to 450

## 4. Cost of medication

The cost of medication in the public sector is regulated by the NHIS medicines list.<sup>31</sup> The NHIS medicines' list is expected to include the official charges for medicines in public facilities. This is often not adhered to because the prices of NHIS' medicines are below market prices. Facilities, mainly the teaching hospitals, will go on to secure parliamentary approval for higher fees and charges to ensure they are able to recover the cost of services and medicines that the NHIS may not fully cover. These additional fees and charges are paid out of pocket by patients.<sup>32</sup>

The cost of medicines in the private sector is not regulated, and different service providers set different fees and charges that enable them to, at least, fully recover their costs. These fees

<sup>31</sup> NHIS, Medicine List, February 2023, [url](#)

<sup>32</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra







and charges may be revised at any time and the revisions are primarily influenced by foreign exchange rates.<sup>33</sup>

The cost of medication is generally higher in private as compared to public facilities, and also increases from primary to tertiary level of care.<sup>34</sup> Most medicines are available in the whole country. The private sector pharmacies maintain a more complete stock of medicines than public facilities and medicines are more readily available in urban as against rural communities.<sup>35</sup>

As far as possible, medicines found in the country are registered by the Food and Drugs Authority (FDA) for use. The implication of this is that the quality of the medicines can be assured, to a large extent. For a product to be registered, it means that it has gone through and passed the rigorous testing and product source verification processes carried out by the FDA of Ghana. However, non-registered, as well as fake, medicines are also found in the country. Some of the medicines are on the Essential Medicines List and the National Health Insurance Medicines List. Their inclusion on the list encourages pharmacies and health facilities to stock them, reducing situations when stocks run out.<sup>36</sup>

In situations where needed medicines are not available in the country, citizens may make arrangements for friends and family living abroad to purchase and send to them these medicines, or they may seek the support of pharmacies to order the medicines for them. These scarce medicines may or may not be registered by the FDA. These medications are often prescription-only medications and often need to be accompanied by the prescription.<sup>37</sup>

In the table below, '*Pharmacy*' refers to the private sector and '*Hospital*' refers to the public sector.

Public facilities prices are as listed in the NHIS medicines' list.<sup>38</sup> No brand names are covered under the medicines' list.<sup>39</sup> Prices in private facilities and information on insurance and reimbursement are provided by interviewee CHpKII103.<sup>40</sup>

Concerning the coverage and reimbursement of the medication prices in the table below, the following principles apply:

1. Both public and private sector prices can be covered by NHIS or/and private insurance.
2. If insured, on presentation of one's insurance card, whether NHIS or private, no payment is made by the patient, as the insurance company re-imburses the facility at a later date on submission of claims.

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<sup>33</sup> CHpKII103, Pharmacist of a Private Hospital, Interview, September 2023, Accra

<sup>34</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra

<sup>35</sup> CHpKII101, Consultant Hepatologist, Interview, September 2023, Accra

<sup>36</sup> CHpKII103, Pharmacist of a Private Hospital, Interview, September 2023, Accra

<sup>37</sup> CHpKII103, Pharmacist of a Private Hospital, Interview, September 2023, Accra

<sup>38</sup> Ghana, NHIS, Medicine List, February 2023, [url](#)

<sup>39</sup> CHpKII103, Pharmacist of a Private Hospital, Interview, September 2023, Accra

<sup>40</sup> CHpKII103, Pharmacist of a Private Hospital, Interview, September 2023, Accra





3. In private facilities, where NHIS coverage is accepted, the price difference between the NHIS tariffs and the private price is borne by the patient.
4. Uninsured patients pay out-of-pocket for all medications at public and private facilities.

**Table 3. Cost of medicines in public and private facilities**

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital,...)
Tenofovir alafenamide	Tenofovir alafenamide	25 mg	tablet	30	187.7	Pharmacy
Tenofovir disoproxil	Tenofovir disoproxil	300 mg	tablet	30	196.3	Pharmacy
Ledipasvir + sofosbuvir (combination)	Ledipasvir + sofosbuvir	90 mg+40 mg	tablet	28	74.5	Pharmacy
Peginterferon alfa-2a	Pegasys®	180 mcg/0.5 ml	injection	1	696.3	Pharmacy



# Annex 1: Bibliography

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## Annex 2: Terms of Reference (ToR)

### Hepatitis

**Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine –**

### General information

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

### Access to treatment

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





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

- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with hepatic diseases?

## Insurance and national programmes

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

## Cost of treatment

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

- Do not delete any treatments from the tables. Instead state that they are not available or information could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatments in public and private facilities and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

**Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report. Any treatment without a found price was removed at the editorial stage.**

## Cost of medication

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

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





- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.? If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

**Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report. Any medication without a found price was removed at the editorial stage.**

## NGOs

- Are any NGOs or international organisations active for patients with hepatic diseases? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).



