

# Policy Brief

## Enhancing the Application of Health Technology Assessment (HTA) Findings in Ghana

Ministry of Health EDCTP-SAVING Consortium Project  
(Work package 3)

### Overview of the EDCTP SAVING Consortium project

Ghana is implementing an EDCTP1 (see Box 1) grant under the SAVING consortium<sup>2</sup> with a focus to strengthen the implementation of HTA recommendations through the science of implementation research. The SAVING (Sustainable Access and Delivery of New Vaccines in Ghana) Consortium is made up of the University of Health and Allied Sciences (UHAS)<sup>3</sup> as lead, as well as the Ministry of Health (MoH)<sup>4</sup>, the Food and Drugs Authority (FDA)<sup>5</sup>, the Swiss Tropical and Public Health Institute (SwissTPH)<sup>6</sup>, collaborating with World Health Organization (WHO)/Tropical Disease Research (TDR)<sup>7</sup> and PATH<sup>8</sup>/Access and Delivery Partnership (ADP)<sup>9</sup>.

**Box 1: The European and Developing Countries Clinical Trials Partnership (EDCTP)** is an EU-funded partnership between institutions; launched in 2003 and renewed in 2014; and mandated by the governments of 14 European and 16 African countries, with funding through to 2024.<sup>1</sup> The EDCTP is established to reduce the social and economic burden of poverty-related diseases in developing countries.

This policy brief synthesizes findings from a qualitative analysis of the barriers to the application of HTA results, specifically in the context of estimating the cost of COVID-19 vaccine deployment and introduction in Ghana. The brief identifies key barriers and proposes solutions to enhance the application of HTA findings in policy and decision-making processes.

### Key Barriers:

1. **Timing and Access:** The timing of the report's release and its accessibility to decision-makers significantly impacted the implementation of the recommendations.
2. **Technical Complexity:** The technical complexity of the report hindered its understanding and application by non-technical stakeholders and policymakers.
3. **Political consideration and Power:** Political factors and power dynamics significantly influence the implementation of recommendations.
4. **Content of Report:** A mismatch between the content of the report and the decisions that need to be made, served as a barrier to implementation.

<sup>1</sup> <https://www.edctp.org/>

<sup>2</sup> <https://savingconsortium.org/dev/>

<sup>3</sup> <https://www.uhas.edu.gh/en/>

<sup>4</sup> <https://www.moh.gov.gh/>

<sup>5</sup> <http://www.fdaghana.gov.gh/>

<sup>6</sup> <https://www.swisstph.ch/en/>

<sup>7</sup> <https://tdr.who.int/>

<sup>8</sup> <https://www.path.org/>

<sup>9</sup> <https://adphealth.org/>

5. Health System Fragmentation: Fragmentation within the health system hindered the effective implementation of recommendations.
6. Responsiveness to Research Findings: Poor responsiveness to research findings by decision-makers lead to negative outcomes and has the potential of additional costs.

### Policy Recommendations:

1. Improve Timing and Access: Ensure that reports are released in a timely manner and are readily accessible to all relevant stakeholders to facilitate their effective use in decision-making processes.
2. Simplify Technical Complexity: Present findings in a manner that is easily understandable to a wide range of stakeholders, including those without technical expertise.
3. Minimize Political consideration: Establish a legal framework that supports the implementation of evidence-based recommendations and reduces the influence of politics on decision-making.
4. Align Report Content with Decision-Making Needs: Ensure that reports align with the needs of decision-makers to enhance their relevance and applicability.
5. Address Health System Fragmentation: improve coordination, communication, and responsiveness within the health system to facilitate the effective implementation of recommendations.
6. Enhance Responsiveness to Research Findings: Encourage decision-makers to acknowledge, act upon, and integrate research findings into their decision-making processes.

### Potential solutions to address the barriers to the application of HTA results:

1. Adequate political engagement: Political engagement should be ensured throughout the evidence-generation process. This will bridge the gap between research and decision-making.
2. Capacity building: The capacity of all stakeholders involved especially decision-makers should be developed in order to understand the technicalities behind core research.
3. Integrated Health System: Investing to create an integrated health system would enhance the implementation of research recommendations. It ensures a coordinated network of stakeholders, facilities, and services that work collaboratively to deliver seamless care.
4. Creating dynamic decision-making processes: Decision-making processes should be fluid and adaptable in order to allow for modifications in emergency situations even after implementation.

### Conclusion

Addressing these barriers and implementing the proposed solutions can significantly improve the application of HTA results, leading to better health outcomes and more effective use of resources. Policymakers should consider these recommendations to enhance the application of HTA findings in Ghana.

### Project Focal Persons

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**SAVING – consortium**

**Ghana MOH  
Ghana FDA  
UHAS**

**SWISS TDH  
Supported by WHO TDR, ADP/PATH**



**Swiss TPH**  
Swiss Tropical and Public Health Institute



**WHO TDR**, WHO special Programme for Research and Training in Tropical Diseases



**ADP**, Access and Delivery Partnership