

# Canadian Assistance to Ghana for Regional Medicinal Manufacturing

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## Issue

Canada should assist Ghana to develop its drug manufacturing capability and position as a regional hub.

## Background

### US HIV/AIDS Funding Cuts

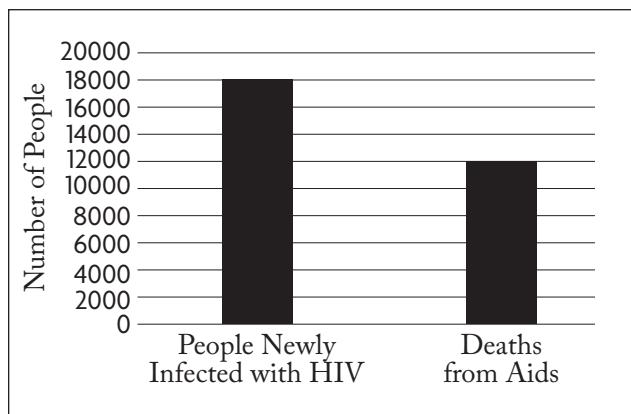
On January 20, 2025, the President Donald Trump froze US Agency for International Development (USAID) activities for 90 days (The White House 2025). On April 20, 2025, the US State Department proposed a 30-day extension of the aid freeze to align with the US budget cycle. Forty-five days after President Trump's announcement, 83 percent of USAID programs had been terminated. By the end of March 2025, 80 percent of global health grants given by USAID had been defunded (Schraer 2025). Despite "lifesaving activities" of the president's Emergency Plan for AIDS Relief (PEPFAR) theoretically being exempt from cuts, the uncertainty halted most initiatives (Rubio 2025).

On March 28, 2025, the dismantling of USAID was announced to the US Congress. One thousand USAID programs were to lose their independence and be restructured under the US State Department while all others would cease to exist. This reorganization was enacted on July 1, 2025 (Faguy 2025). Because of this drastic measure, approximately 75,000 excess deaths in Africa due to HIV/AIDS are projected between 2025–2030 (Van Beusekom 2025). Since January 2025, lives have been at risk, and the situation will worsen.

## HIV/AIDS in Ghana

Prior to PEPFAR's introduction in 2003, HIV/AIDS deaths were on the rise in Ghana (Institute for Health Metrics and Evaluation 2025). In 1990 when data were first recorded, seven percent of deaths in the 15–49 age group were due to AIDS. At the height of the crisis in 2003, 31.67 percent of deaths in the same age group were AIDS related. In 2021, HIV/AIDS still accounted for 18 percent of deaths in this age group (*ibid.*). With the USAID freeze, this will increase.

**Figure 1: HIV/AIDS Infections and Deaths in 2023**



*Source:* UNAIDS (2025).

Over the next five years, US\$45 million of funding for HIV/AIDS treatments in Ghana are at risk (Foreign Assistance n.d.) unless the administration reverses course. A US\$156 million gap in funding for HIV/AIDS medication now exists (Miridzhanian, and Felix 2025).

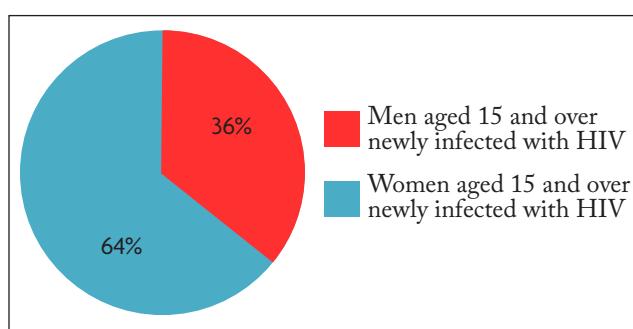
### Canada's Role

From 1995, the Canadian International Development Agency (CIDA), now Global Affairs Canada (GAC), supported HIV/AIDS prevention programs and services in West African countries — including in Ghana (GAC 2002). CIDA's efforts were focused on eight key areas: prevention; community capacity-building; care, treatment and support; human rights; vulnerable populations; political commitment and leadership; and research and development (*ibid.*). Between 2000 and 2005, CIDA quadrupled its annual funding for HIV/AIDS, to total CND\$270 million over the five-year period (*ibid.*).

Once the United States introduced PEPFAR in 2003, Canada pivoted away from funding HIV/AIDS. Between 2005 and 2015, Canada scaled back international aid to focus on trade. CIDA was absorbed within the Department of Foreign Affairs, Trade and Development in 2013, and rebranded as GAC (Owen 2013). In 2017, the Feminist International Assistance Policy was introduced and has influenced funding since then (GAC 2017).

In the 2023-2024 fiscal year, GAC gave CDN\$21.18 million in Official Development Assistance for sexually transmitted infection control including HIV/AIDS and CDN\$211.29 million through multilateral institutions such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (*ibid.* 2025).

**Figure 2: New HIV Infections by Gender, Ghana 2023**



Source: UNAIDS (2025).

With the United States abandoning its commitments, redirecting funding towards HIV/AIDS is crucial to fill gaps. Doing so will support the feminist aid policy. In 2023, women over 15 accounted for 64 percent of new infections (UNAIDS 2025). HIV/AIDS can be passed from mother to child if the mother is not on anti-retroviral

treatment (World Health Organization n.d.). To honour its commitment to the Convention on the Rights of the Child, Canada can assist Ghana in its medicinal manufacturing capabilities (GAC 2024).

### Canada's Comparative Advantage

Canada has a comparative advantage in HIV/AIDS vaccine research and development. The Canadian Institutes for Health Research (CIHR) focuses on five areas:

- biomedical and clinical research;
- health services and population health research;
- Community-Based Research;
- the CIHR Canadian HIV Trials Network; and
- the Canadian HIV Vaccine Initiative (CIHR 2015).

Canada should apply its advantages in these five areas in Ghana. In addition, CIHR strategic directions 2 and 3 — “mobilize research evidence” and “promote leadership in stakeholder engagement and accountability in HIV research” — align with Ghana’s needs (*ibid.*). Lessons learned abroad can also be applied to Canadian aid.

Canada can leverage its experiences from the CanGIVE initiative. CanGIVE was launched in 2022 in 12 countries to support an improved COVID-19 vaccine roll-out. The aim was “to bolster COVID-19 vaccine delivery, strengthen health systems and increase regional vaccine manufacturing capacity” (GAC 2023). CanGIVE activities included:

- supporting immunization planning, monitoring and data systems;
- providing waste management, cold chain and logistics support for vaccination; and
- supporting quality essential gender-responsive maternal, newborn, child and adolescent health and infection prevention and control (*ibid.*).

Ghana was one of the 12 countries CanGIVE focused on. The experience gained, both from the execution of these activities, as well as being aware of the Ghanaian context can be applied to HIV/AIDS initiatives.

### Current Capabilities in Ghana

Ghana has strong democratic credentials and an active civil society that connects its people with government. Ghana ranks 80<sup>th</sup> out of 180 countries globally on the corruption perception index (Transparency International

2025). Ghana is a member of the West African Health Organization (WAHO) and is working toward “WAHO’s system for certification and pre-qualification to enable regional trade” (WAHO n.d.). High startup costs exist as essential active ingredients for drugs are not manufactured in Africa (Abrahams 2024).

## Recommendations

### Canada should assist Ghana in developing regional medicinal manufacturing capabilities.

Canada has a comparative advantage in Ghana due to years of cooperation. It is one of the top bilateral donors to Ghana’s health sector. Efforts have focused on health system strengthening, sexual and reproductive health, and nutrition (GAC 2020). The Ghanaian government is already providing incentives to increase local manufacturing; Canada can bolster these measures by redirecting existing financial assistance to Ghanaian pharmaceutical companies. Canada’s history of cooperating with the US Food and Drug Administration regarding medications can inform knowledge sharing to support Ghana in meeting “WAHO’s system for certification and pre-qualification to enable regional trade” (WAHO n.d.).

### Canada should empower Ghanaians through community-based research (CBR) to reduce dependencies in the fight against HIV/AIDS.

CBR would empower Ghanaians rather than creating a dependency. CBR would:

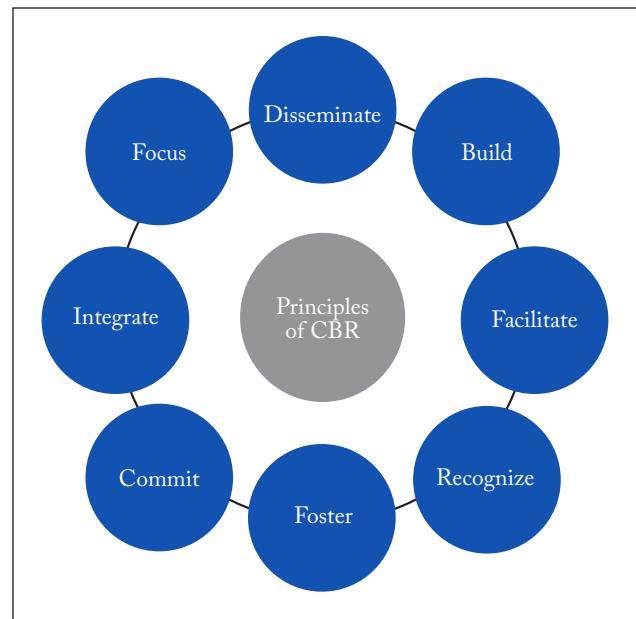
- identify the issues;
- generate and/or collect, analyze and interpret the data; and
- decide how to use the results to inform policy, change practice and improve conditions in the community (Yale School of Medicine, n.d.)

CBR is rooted in equity, justice and fairness (ibid.). To implement CBR, Canada should send researchers in the HIV/AIDS field to Ghana to assist in orienting the project, which would also benefit the Canadian researchers through knowledge transfer. The community can become more involved, resulting in self-sufficiency through the practice of CBR. This will destigmatize access to health care by building a bridge between the formal health-care sector and already marginalized communities. Involving these communities is beneficial as dwindling funds can

be allocated in a more appropriate and timely manner, increasing the effectiveness of efforts and recognizing community needs and existing barriers.

**Figure 3: Steps of Community-based Research**

Source: Yale School of Medicine (n.d.).



### Canada should encourage Ghanaian alliances with other states to improve HIV/AIDS research and treatments.

Alliances will play a vital role in growing Ghanaian medicinal manufacturing capabilities. Globalization allows greater connections (Butrous 2008). Allying with Ghana would advantage all states involved by providing greater learning opportunities for advancements in HIV/AIDS research and treatment. Canada can lead by example through strengthening its alliances with Ghana and finding shared value partnerships. This relationship would encourage other like-minded states to ally with the Ghanaian government and pharmaceutical industry.

## Expected Outcomes

If these recommendations are implemented, lives would be saved in Ghana as well as in Canada due to increased knowledge sharing and improved research. While development assistance funding is rapidly declining, it is vital that Canada redirect existing funding to be used in more efficient ways in the short term. This will support the advancement of self-sufficiency in case of future reductions in aid spending.

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## Works Cited

Abrahams, Miguel. 2024. "Aurum's Commitment to Healthcare Access and Health Equity in Africa." Johannesburg, South Africa: Arum Institute. [www.auruminstitute.org/component/content/article/28-blog/aurum-news/838-aurum-s-commitment-to-healthcare-access-and-health-equity-in-africa](http://www.auruminstitute.org/component/content/article/28-blog/aurum-news/838-aurum-s-commitment-to-healthcare-access-and-health-equity-in-africa).

Butrous, Ghazwan. 2008. "International Cooperation to Promote Advances in Medicine." *Annals of Thoracic Medicine* 3 (3): 79–81. <https://doi.org/10.4103/1817-1737.41913>.

CIHR. 2015. "CIHR HIV/AIDS Research Initiative: Strategic Plan (2015-2020)." Government of Canada. [www.cihr-irsc.gc.ca/e/49302.html](http://www.cihr-irsc.gc.ca/e/49302.html).

Faguy, Ana. 2025. "USAID officially closes, attracting condemnation from Obama and Bush." BBC. <https://www.bbc.com/news/articles/c307zq8ppj6o>

Foreign Assistance. n.d. "ForeignAssistance.gov." <https://foreignassistance.gov/>. Accessed February 18, 2025. Since then, the data has been removed.

GAC. 2002. "CIDA takes action against HIV/AIDS around the world." <https://publications.gc.ca/Collection/E94-325-2002E.pdf>.

———. 2017. "Canada's Feminist International Assistance Policy." [www.international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf?\\_ga=2.46852967.1923577906.1747778488-759751259.1740863924](http://www.international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf?_ga=2.46852967.1923577906.1747778488-759751259.1740863924).

———. 2020. "Canada-Ghana Relations." [www.international.gc.ca/country-pays/ghana/relations.aspx?lang=eng](http://www.international.gc.ca/country-pays/ghana/relations.aspx?lang=eng).

———. 2023. "COVID-19: Canada's Global Initiative for Vaccine Equity." [www.international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/global\\_health-sante\\_mondiale/equite\\_vaccinale\\_covid-19\\_vaccine\\_equity.aspx?lang=eng](http://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/equite_vaccinale_covid-19_vaccine_equity.aspx?lang=eng).

———. 2024. "Rights of Children." [/www.canada.ca/en/canadian-heritage/services/rights-children.html](http://www.canada.ca/en/canadian-heritage/services/rights-children.html).

———. 2025. "Statistical Report on International Assistance, Fiscal Year 2023-2024." [www.international.gc.ca/transparency-transparence/assets/pdfs/international-assistance-report-stat-rapport-aide-internationale/2023-2024-en.pdf](http://www.international.gc.ca/transparency-transparence/assets/pdfs/international-assistance-report-stat-rapport-aide-internationale/2023-2024-en.pdf).

Institute for Health Metrics and Evaluation. 2025. "GDB Compare." Washington, DC: Institute for Health Metrics and Evaluation. <http://vizhub.healthdata.org/gbd-compare>.

Miridzhanian, Anait and Bate Felix. 2025. "Ghana Takes Steps to Bridge \$156 Million Funding Gap after USAID Freeze." Reuters. [www.reuters.com/world/africa/ghana-takes-steps-bridge-156-million-funding-gap-after-usaid-freeze-2025-02-11/](http://www.reuters.com/world/africa/ghana-takes-steps-bridge-156-million-funding-gap-after-usaid-freeze-2025-02-11/).

Owen, Brenna. 2013. "Canada's Harper Government Opt for Trade over Aid in Africa." *Geopolitical Monitor* (blog). [www.geopoliticalmonitor.com/canadas-harper-government-opts-for-trade-over-aid-in-africa-4835/](http://www.geopoliticalmonitor.com/canadas-harper-government-opts-for-trade-over-aid-in-africa-4835/).

Rubio, Marco. 2025. "Emergency Humanitarian Waiver to Foreign Assistance Pause." *United States Department of State* (blog). [www.state.gov/emergency-humanitarian-waiver-to-foreign-assistance-pause-2/](http://www.state.gov/emergency-humanitarian-waiver-to-foreign-assistance-pause-2/).

Schraer, Rachel. 2025. “Trump’s Deadline to Review USAID Cuts Has Passed – so What Happens Now?” *The Independent*, April 26. [www.independent.co.uk/news/health/trump-us-aid-cuts-explained-latest-b2739509.html](http://www.independent.co.uk/news/health/trump-us-aid-cuts-explained-latest-b2739509.html).

Transparency International. 2025. “Ghana.” [www.transparency.org/en/countries/ghana](http://www.transparency.org/en/countries/ghana).

UNAIDS. 2025. “Ghana” [www.unaids.org/en/regionscountries/countries/ghana](http://www.unaids.org/en/regionscountries/countries/ghana).

Van Beusekom, Mary. 2025. “PEPFAR Funding Cuts Will Lead to up to 74,000 Excess HIV Deaths in Africa by 2030, Experts Warn.” CIDRAP, University of Minnesota. [www.cidrap.umn.edu/hivaids/pepfar-funding-cuts-will-lead-74000-excess-hiv-deaths-africa-2030-experts-warn](http://www.cidrap.umn.edu/hivaids/pepfar-funding-cuts-will-lead-74000-excess-hiv-deaths-africa-2030-experts-warn).

WAHO. n.d. “P05 — Medicines, Vaccines and Other Health Products.” [www.wahooas.org/web-ooas/en/programmes/p05-medicines-vaccines-and-other-health-products](http://www.wahooas.org/web-ooas/en/programmes/p05-medicines-vaccines-and-other-health-products).

White House. 2025. “Reevaluating and Realigning United States Foreign Aid.” Presidential order. [www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/](http://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/).

World Health Organization. n.d. “Strategies.” [www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies](http://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies).

Yale School of Medicine. n.d. “Benefits of Community Engaged Research.” <https://medicine.yale.edu/internal-medicine/genmed/eric/cbprguidebook/principles/>.