

A photograph of a person lying in a hospital bed, wearing a green hospital gown and a white hairnet. In the foreground, a clear plastic IV drip chamber is suspended from a stand, with a clear tube leading to a drip chamber. The background is slightly blurred, showing a hospital room setting.

# Healthcare Provision in Ghana



Manuscript completed in July 2023

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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.

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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 5 April 2023. 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>CHAG</b>	Christian Health Association of Ghana
<b>CHPS</b>	Community-Based Health Planning Service
<b>COI</b>	Country of Origin Information
<b>CT</b>	Computer Tomography
<b>DHMT</b>	District Health Management Team
<b>ECG</b>	Electrocardiograph
<b>EEG</b>	Electroencephalograph
<b>EHSP</b>	Essential Health Service Package
<b>EML</b>	Essential Medicines List
<b>ENT</b>	Ear Nose and Throat
<b>EU</b>	European Union
<b>EU+ countries</b>	Member States of the European Union and associated countries
<b>EUAA</b>	European Union Agency for Asylum
<b>GDP</b>	Gross Domestic Product
<b>GHS</b>	Ghanaian cedi (national unit of currency)
<b>GHS</b>	Ghana Health Service





<b>Term</b>	<b>Definition</b>
<b>GLSS</b>	Ghana Living Standards Survey
<b>GSS</b>	Ghana Statistical Services
<b>HDU</b>	High Dependence Unit
<b>HeFRA</b>	Health Facilities Regulatory Agency
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSMTDP</b>	Health Sector Medium Term Development Plan
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IGF</b>	Internally Generated Funds
<b>IHR</b>	International Health Regulation
<b>KII</b>	Key Informant Interview
<b>MDAs</b>	Ministry/Department/Agencies
<b>MedCOI</b>	Medical country of origin information
<b>Member States</b>	Member States of the European Union
<b>MOH</b>	Ministry of Health
<b>MRI</b>	Magnetic Resonance Imaging
<b>NAS</b>	National Ambulance Service
<b>NCD</b>	Non-communicable Disease
<b>NHIA</b>	National Health Insurance Authority







<b>Term</b>	<b>Definition</b>
<b>NHIF</b>	National Health Insurance Fund
<b>NHIS</b>	National Health Insurance Scheme
<b>OPD</b>	Outpatient Department
<b>PCHIS</b>	Private Commercial Health Insurance Scheme
<b>PHC</b>	Primary Health Care
<b>PHIS</b>	Private Health Insurance Schemes
<b>PMHIS</b>	Private Mutual Health Insurance Scheme
<b>RHMT</b>	Regional Health Management Team
<b>SDHMT</b>	Sub-district Health Management Team
<b>SSNIT</b>	Social Security and National Insurance Trust
<b>TB</b>	Tuberculosis
<b>TH</b>	Teaching Hospital
<b>UHC</b>	Universal Health Care
<b>URI</b>	Upper Respiratory Tract infection
<b>UTI</b>	Urinary Tract Infection
<b>WHO</b>	World Health Organisation





# Introduction

## Methodology

The purpose of the report is to provide information on access to healthcare 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. The drafting period was finalised on 2 March 2023, peer review occurred between 3-17 March 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 11 April 2023. 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.

### Currency

The currency in Ghana is the Ghanaian cedi (GHS). The currency name, the ISO code and the conversion amounts are taken from the INFOEURO website of the European Commission.<sup>1</sup>

### Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023)<sup>2</sup>, the EUAA Country of Origin Information (COI) Reports

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<sup>1</sup> European Commission, Exchange rate (InforEuro), n.d., [url](#)

<sup>2</sup> EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)





Writing and Referencing Guide (2023)<sup>3</sup> and the EUAA Writing Guide (2022)<sup>4</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 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 the Bibliography section.

Key informant interviews were carried out between January and March 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 bibliography.

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<sup>3</sup> EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

<sup>4</sup> EUAA, The EUAA Writing Guide, April 2022, [url](#)



# Maps

Map 1. Ghana, © United Nations<sup>5</sup>



<sup>5</sup> UN, Ghana - Map No. 4186 Rev.3, February 2005, [url](#)



# 1. General information

## 1.1. Demographic and Economic context

Ghana is a democratic middle-income nation situated on the West Coast of Africa bordered by the Atlantic Ocean, Togo, Cote d'Ivoire and Burkina Faso. The official language is English. It covers an area of 238 535 square kilometres, has a population of approximately 32 million people<sup>6</sup> and an annual population growth rate of 2.0 %.<sup>7</sup> Between the years 2000 and 2020, Ghana's population age structure shifted from one dominated by children (0-14 years) 35.3 %, to one dominated by young people (15-35 years) 38.2 %.<sup>8</sup> Females generally outnumber males by 2.8 % and in urban areas by 5.0 %; however, in rural areas males outnumber females by 0.3 %.<sup>9</sup> The total fertility rate is 3.1, higher in the rural areas (3.8) than the urban areas (2.7).<sup>10</sup> Life expectancy at birth is 64 years.<sup>11</sup>

Between 2011 and 2019, Ghana's economic growth showed an average increase of 4 % in GDP per capita. Government expenditure, as a share of GDP, increased from 13 % in 2000 to 21 % in 2019.<sup>12</sup> The World Bank estimates that, in 2022, GDP growth slowed to 3.2 % from a 2021 figure of 5.4 %. The poverty rate in Ghana was estimated to be 25.5 % in 2020.<sup>13</sup>

The official language of Ghana is English. Moreover, there are at least 50 indigenous languages with the major ones being Akan, Ewe, Ga, Dagaare, and Dagbani.<sup>14</sup> 70 % of the population is literate (can read and write with understanding)<sup>15</sup>. Literacy rates are higher in males than females and also higher in urban against rural areas.<sup>16</sup> Of the literate population about 46 % are literate in English and in a Ghanaian language.<sup>17</sup> Formal education is provided in English.<sup>18</sup>

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<sup>6</sup> BBC, Ghana Country Profile, 17 January 2023, [url](#)

<sup>7</sup> World Bank (The), Ghana, n.d., [url](#)

<sup>8</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report, Volume 3B, Age and Sex Profile, November 2021, [url](#), p. 26

<sup>9</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report, Volume 3B, Age and Sex Profile, November 2021, [url](#), p. 30

<sup>10</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report, Volume 3H, Fertility and Mortality, February 2022, [url](#), p. 28

<sup>11</sup> World Bank (The), Ghana, n.d., [url](#)

<sup>12</sup> JLN DRM Collaborative, Public Expenditure on Health in Ghana: A Narrative Summary, 2022, [url](#), p. 4

<sup>13</sup> World Bank (The), The World Bank in Ghana, 28 September 2022, [url](#)

<sup>14</sup> Sadat M et al. Views from the streets of Accra on language policy in Ghana, 2017, [url](#), p. 185

<sup>15</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report, Volume 3D, Literacy and Education, December 2021, [url](#), pp. 24, 25

<sup>16</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report Volume 3D, Literacy and Education, December 2021, [url](#), p. 26, 27

<sup>17</sup> Ghana, GSS, Ghana 2021 Population and Housing Census General Report Volume 3D, Literacy and Education, December 2021, [url](#), p. 32

<sup>18</sup> USA, U.S. Embassy in Ghana, Educational System of Ghana, n.d., [url](#)





## 1.2. Burden of disease

Ghana has a complex burden of disease, present across different age, gender, location, and socio-economic status groups in the country. The major health conditions affecting children are communicable diseases, with malaria prevailing. Moreover, maternal and neonatal health conditions remain challenging, especially in rural areas and amongst poor women. Non-communicable diseases (NCD) such as hypertension, strokes, diabetes, eye disorders, oral health conditions, cancers, genetic diseases; injuries, mental health disorders, and substance/medicine abuse are increasing in prevalence. This complex disease burden is influenced by risk factors such as the physical environment, education level, socio-economic situation, and demographic characteristics of the Ghanaian population.<sup>19</sup>

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<sup>19</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p. 14







## 2. Healthcare system

### 2.1. Health system organisation

#### 2.1.1. Overview

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>20</sup> Ghana's National Health Policy<sup>21</sup> and Universal Health Care (UHC) Roadmap<sup>22</sup> jointly set the policy direction for the health sector until at least 2030. The health sector sets out to provide an Essential Health Service Package (EHSP) that covers Family and Reproductive Health; communicable diseases; non-communicable diseases and their risk factors, as well as mental health; health emergencies; and rehabilitative and palliative care service.<sup>23</sup>

The institutional structure of the health sector is made up of the Ministry of Health (MOH) as policy maker and regulator. Healthcare services are provided by two public sector institutions, namely the Ghana Health Service (GHS) and the Teaching Hospitals (TH), as well as by private sector service providers made up of for-profit providers and non-profit faith-based health facilities.<sup>24</sup>

The MOH delivers its mandate through 26 specialised agencies and affiliated organisations. These include regulatory bodies responsible for establishing and enforcing standards and guidelines for the training of health professionals, regulations on professional standards of conduct and practice, and standards for accreditation of health facilities in order to get qualified to provide health services.<sup>25</sup>

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<sup>20</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p.23

<sup>21</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p.7

<sup>22</sup> Ghana, MOH, Ghana's Roadmap for Attaining Universal Health Coverage 2020 –2030, [url](#), p.1

<sup>23</sup> Ghana, MOH, 2022-2030 National Essential Health Service Package Ghana, August 2022, not available online, p. 17

<sup>24</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December, 2021, [url](#), p. 11

<sup>25</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December, 2021, [url](#), p. 11



**Figure 1. The health system of Ghana, MOH<sup>26</sup>**

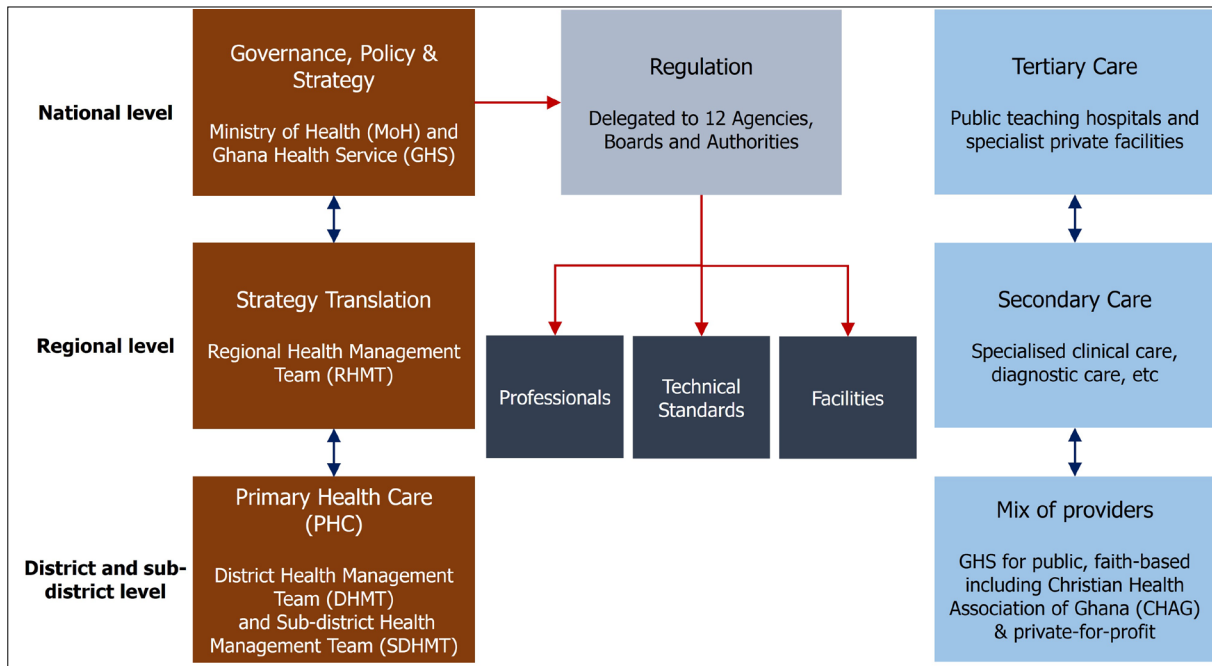


Figure 1 above shows how the system is organised in three levels: the primary level, with a focus on Primary Health Care (PHC) services, includes the district hospital, the sub-district health centre, and the community-based health planning service (CHPS) compound. The secondary and tertiary levels have regional, and teaching, hospitals respectively.<sup>27</sup>

**Table 1. Health facility type, expected service capacity and quantity<sup>28</sup>**

Facility type	Comment	Expected Service Capacity	Number*
<b>PRIMARY LEVEL</b>			
<b>Community-based health planning service (CHPS)</b>	All are public facilities located within communities and are part of the primary level.	Has the capacity to deliver essential community-based health planning and services such as basic emergency services, treatment of minor ailments (such as simple malaria, acute diarrheal diseases, upper respiratory tract infections (URI), urinary tract infections (UTI), asthma),	5 876

<sup>26</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 12

<sup>27</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11

<sup>28</sup> Ghana, Health Facilities Regulatory Agency, Requirements, 2022, [url](#); Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 15



Facility type	Comment	Expected Service Capacity	Number*
		provide basic laboratory services (rapid diagnostic tests (RDT's) only), dispensary (level A medicines), and observational services as well as public health services (including health promotion, disease prevention and surveillance); and reproductive and child health services involving health planning with community members. Headed by a Community Health Officer or a midwife.	
<b>Maternity home</b>	These are primarily private facilities.	In addition to services at CHPS, can provide care of pregnant women and children under five years including antenatal, delivery, postnatal, family planning and dispenses level M medication and has access to ambulance services.	1 403
<b>Health centre</b>	These are public facilities and are part of the primary level.	In addition to services at CHPS can provide emergency resuscitation, minor procedures (for example wound care, minor suturing), primary laboratory services, dispensary (level B1), observation (23-hour unit), immunisation and health promotion, as well as public health services like child and adolescent health services, disease control and surveillance, home/school visits to the general public. It is headed by a Physician Assistant.	992



Facility type	Comment	Expected Service Capacity	Number*
<b>Clinic</b>	These are primarily private for-profit facilities	Provide general or specialized (medical, surgical or dental care) outpatient services, laboratory services and a minimum of level B2 medicines to the general public. It is headed by an orthodox trained medical or dental practitioner.	
<b>Polyclinic</b>	These are public facilities and are part of the primary level.	Has the capacity to provide general outpatient and inpatient services in at least two or more general/specialty areas. The services include basic emergency services, observation, surgical procedures, reproductive & child health, adolescent, mental and public health (social & behavioural change communication, outreach, disease surveillance & control, nutrition, special programmes such as TB/HIV/malaria); and a minimum of level C pharmacy. It is headed by an orthodox trained medical/dental practitioner.	
<b>Primary Hospital</b>	These are the district hospitals, public and private (CHAG) facilities. There are some private-for-profit primary hospitals and are part of the primary level.	Has the capacity to provide services in at least five main specialized areas which are 24-hour accident and emergency (trauma/surgical, medical, obstetric, paediatric and psychiatric emergencies), internal medicine, general surgery, medical, anaesthesia, paediatrics and obstetrics & gynaecology services. It also	478

Facility type	Comment	Expected Service Capacity	Number*
		must provide the following services: high dependency unit (HDU), mental health, imaging (electrocardiograph (ECG), computer tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalograph (EEG), primary eye, ear, nose and throat (ENT), dental and public health, dispensing up to level C pharmacy, primary laboratory, health information unit/medical records services to the general public. Headed by an orthodox trained medical or dental practitioner.	
<b>SECONDARY LEVEL CARE</b>			
<b>Secondary Hospital</b>	These are the regional hospitals, public facilities.	Have the capacity to provide services in at least 10 specialty/sub-specialty areas, inclusive of those provided in the primary hospitals. They have the required staff complement, laboratory, diagnostic imaging and medicines resources.	7
<b>TERTIARY LEVEL CARE</b>			
<b>Tertiary Hospital</b>	These are the teaching hospitals.	Like a secondary hospital but has the capacity to support the provision of services in at least 20 specialty/sub-specialty areas.	5

Facility type	Comment	Expected Service Capacity	Number*
<b>Quaternary facility</b>	The University of Ghana Medical Centre is the only hospital designated as quaternary.	It provides an advanced form of medical care, beyond the treatment offered by tertiary care health facilities.	1

\* Number of facilities as of December 2020

Table 1 shows that service provision covering prevention, promotion, curative, rehabilitation, and palliative care, as well as diagnostics services, are provided by both the public and private sector institutions to differing extents, at the different levels of the health sector.

Timely access to services remains inequitable with respect to healthcare facilities and package of services (preventive, promotive, curative, rehabilitative and palliative). Rural areas are more disadvantaged on account of the generally limited and poor infrastructure and the more acute shortage of health personnel to provide the services. Services are further not appropriately designed for populations with unique needs such as the disabled, aged, persons with genetic disorders, accident victims, people affected by natural and man-made disasters, adolescents, as well as people with mental health vulnerability.<sup>29</sup>

**Table 2. Health facilities in Ghana by ownership type, MOH<sup>30</sup>**

Ownership Type	Facilities	
	Amount	%
<b>Government</b>	7 137	80.9
<b>Quasi-government</b>	79	0.9
<b>Private not for profit</b>	280	3.1
<b>Private Self-financing</b>	1 331	15.1

<sup>29</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p. 18

<sup>30</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December, 2021, [url](#), p. 15





Ownership Type	Facilities	
	Amount	%
<b>Total</b>	8 827	100.0

## 2.1.2. Public sector

PHC services are delivered through interconnections between district hospitals, health centres, maternity homes, clinics and CHPS compounds.<sup>31</sup>

The CHPS compounds provide a minimum package of service for the universal coverage of Reproductive Health Services (maternal, neonatal and child health services), management of minor ailments, and provision of health education, sanitation and counselling on healthy lifestyles and good nutrition for community members.<sup>32</sup> As of December 2020, there were 5 876 CHPS compounds,<sup>33</sup> of which 80 % are functioning.<sup>34</sup> This ensures service provision both at the compound and via household visits, that covers the most impoverished and vulnerable families.<sup>35</sup>

Regional hospitals provide both public health and clinical services, and serve as referral points for facilities from the district level and below.<sup>36</sup> Tertiary and specialized care is provided through five public teaching hospitals: one each in Accra (Greater Accra Region), Cape Coast (Central Region) and Ho (Volta Region) all in the Southern part of the country; Kumasi (Ashanti Region) in the Middle; and Tamale (Northern Region) in the Northern part of the country. Additionally, three psychiatric hospitals are all located in the southern part of the country (two in Accra and one in Cape Coast).<sup>37</sup>

The public sector service delivery institutions primarily provide orthodox medical care, not local traditional or alternative medical care. The major strength of the public sector service provider is the availability and accessibility to essential health services, at a cheaper cost, in both urban and rural areas across the country.<sup>38</sup>

The Ministry of Health identifies challenges facing the public sector, for example:

- increasing population with varied disparities between urban and rural areas;

<sup>31</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11

<sup>32</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11

<sup>33</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 15

<sup>34</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), p. 59

<sup>35</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11

<sup>36</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11

<sup>37</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 11; KII16. KII16 is a Medical Director of a public secondary hospital, February 2023. The person wishes to remain anonymous.

<sup>38</sup> KII16. KII16 is a Medical Director of a public secondary hospital, February 2023. The person wishes to remain anonymous.





- inequitable distribution of human health resources;
- inadequate health infrastructure, logistics and equipment;
- suboptimal quality of care at all levels of the healthcare system;
- weak collaboration among government Ministries/Departments/Agencies (MDAs) whose functions impact on the health of the population;
- the lack of nationally representative data on mental health services and Non-Communicable Diseases (NCD); and
- the lack of a national database for health data.<sup>39</sup>

### 2.1.3. Private sector

The private sector complements government efforts in service delivery. The private sector is defined as any non-government health actor such as self-financing (also referred to as for-profit), mission faith-based facilities (referred to as not-for-profit) involved in the delivery of health services; input suppliers (medicines and medical equipment), health research and training institutions; traditional and informal providers of health services; health promotion and education; and health financing organizations.<sup>40</sup> The private sector is also regulated by the MOH through licensing by the Health Facilities Regulatory Agency (HeFRA) and the legal compliance requirements to other regulatory bodies, national healthcare standards and policies.<sup>41</sup>

The private sector provides a mix of types of healthcare models including orthodox, traditional as well as alternative medicine practitioners.<sup>42</sup>

While government facilities and services are available and accessible in both urban and rural areas across the country, the private service providers are concentrated in urban and peri-urban areas, with the faith-based organisations providing primary and secondary care complementary to the government's<sup>43</sup>

Anecdotally, the quality-of-service provision in the private sector (both faith-based not-for-profit and the private self-financing institutions) is generally considered to be of better quality than the public sector healthcare. The cost of care is more expensive than that provided by the public sector. Significant areas of better service quality are acknowledged in the provision of patient centred care, availability of medicines/medical supplies, and better access to modern technology. Increasingly more private-for-profit institutions are providing highly specialised care, comparable to or better than that provided in the public teaching hospitals.<sup>44</sup>

In general, more people (51.7 %) seek consultations at facilities in the private health sector as against 45.7 % in facilities in the public health sector and 2.6 % seek care in facilities providing

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<sup>39</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 17

<sup>40</sup> Ghana, MOH, Private Health Sector Development Policy, 2013, [url](#), p. 8

<sup>41</sup> Ghana, MOH, Private Health Sector Development Policy, 2013, [url](#), pp. 6, 20

<sup>42</sup> Ghana, MOH, National Health Policy: Ensuring healthy lives for all (revised edition), January 2020, [url](#), p. 10

<sup>43</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 12

<sup>44</sup> KII01. A Facility Assessment officer from the Health Facilities Regulatory Agency. Interview February 2023. The person wishes to remain anonymous.





alternative medical care (these are traditional and unorthodox medical practitioners).<sup>45</sup> The challenges faced by the public sector, especially the inadequate health infrastructure, logistics and equipment and the suboptimal quality of care at all levels of the healthcare system makes utilisation of private healthcare services the preferred choice irrespective of the higher cost of care.<sup>46</sup> Anecdotally, it is known that many people resort to the use of traditional medical practices prior to accessing or in addition to accessing orthodox medical services.<sup>47</sup>

## 2.2. Healthcare resources

### 2.2.1. Human and technical resources

The World Health Organization (WHO) recommends that the ratio of doctors and nurses to the general population is 1:1 000. In 2021, the MOH stated that the national ratio of doctors and nurses to the general population stands at 1:5 705 and 1:530 respectively.<sup>48</sup> There are variations across the regions, with better ratios in urban than in rural areas.<sup>49</sup>

**Table 3. Comparison of density per 1 000 population of different occupations of the health workforce as at 2018 in the WHO African Region and Ghana.<sup>50</sup>**

Category	Density per 1 000 population	
	Ghana	Africa
Physicians	0.15	0.31
Nurses and midwives	1.80	1.23
Dentists and technicians	0.02	0.05
Pharmacists and technicians	0.07	0.09
Environ. And public health	0.00	0.04

<sup>45</sup> Ghana, GSS, Ghana Living Standards Survey (GLSS 7), Main Report, June 2019, [url](#), p. 48

<sup>46</sup> KII02. A client of a private healthcare facility. Interview February 2023. The person wishes to remain anonymous.

<sup>47</sup> KII02. A client of a private healthcare facility. Interview February 2023. The person wishes to remain anonymous.

<sup>48</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), p. 59

<sup>49</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), pp. 18 and 19

<sup>50</sup> WHO, The state of the health workforce in the WHO African Region, 2021, [url](#), pp. 18 and 66



Category	Density per 1 000 population	
	Ghana	Africa
Laboratory technicians	0.05	0.35
Community health	0.53	0.46
Administrative and support staff	0.89	0.43
Other technicians and health cadres	0.59	0.40

Ghana has the capacity to manage both public health emergencies as well as pre-hospital and emergencies.<sup>51</sup>

Ghana is a signatory to the International Health Regulations (IHR)<sup>52</sup> and uses the third edition of the Integrated Disease Surveillance and Response (IDSR) strategy<sup>53</sup> as a vehicle for its IHR implementation. This is done within the legal framework of the Ghana Public Health Act 2012 (Act 851).<sup>54</sup> The country uses event-based surveillance, indicator-based, and all-hazard approaches to prevent, detect and respond to all potential public health threats of biological chemical, and radio-nuclear origins, as well as natural and man-made disasters.<sup>55</sup>

Pre-hospital emergency services is provided by the National Ambulance Service (NAS) which was first set up in 2004 as an agency of the Ministry of Health in collaboration with the Ghana National Fire Service of the Ministry of Interior.<sup>56</sup> In 2020, the National Ambulance Service Act established NAS and its mandate to provide effective and efficient administration and management of emergency care services and to provide for related matters.<sup>57</sup> As of 2022, the NAS has a national head office based in the national capital Accra with regional dispatch centres, one for each region, located in the respective regional capital and 297 district stations covering all 216 districts in the country (some districts have more than one station on account of their size).<sup>58</sup>

<sup>51</sup> Ghana, NAS, About National Ambulance Service, 2022, [url](#); Ghana, Parliament of the Republic of Ghana, Ghana Public Health Act 2012 (Act 851), art. 169, [url](#)

<sup>52</sup> WHO, International Health Regulations (2005) Third Edition, 2016, [url](#)

<sup>53</sup> WHO, Integrated Disease Surveillance and Response Technical Guidelines, Booklet One: Introduction Section, 3<sup>rd</sup> ed., 2019, [url](#)

<sup>54</sup> Ghana, Parliament of the Republic of Ghana, Ghana Public Health Act 2012 (Act 851), [url](#)

<sup>55</sup> Ghana, MOH, 2022-2030 National Essential Health Services Package Ghana, August 2022, not available online, p. 66

<sup>56</sup> Ghana, NAS, About National Ambulance Service, 2022, [url](#)

<sup>57</sup> Ghana, Parliament of the Republic of Ghana, Act 1041, The National Ambulance Service Act, 2020, [url](#), p. 3

<sup>58</sup> KII03. An officer in the National Ambulance Service in Accra. Interview, February 2023. The person wishes to remain anonymous.



NAS has the capacity to carry out both scheduled and unscheduled services. In its 2019 Annual Report NAS lists its main functions as being:

- emergency medical response and out of hospital care;
- emergency medical transport by road;
- non-emergency patient transport;
- major incident management and response;
- retrieval of critically ill patients;
- provision of ambulance coverage during public events;
- support for other health services in communities where the full range of services are not easily accessible; and
- community education on first aid.<sup>59</sup>

In terms of performance the national average for ambulance response time to a call is 22 minutes; the average case holding time is 2 hours whilst that for vehicle engaged was around 4 hours.<sup>60</sup> The ambulance service is available and accessible to individuals, organisations and any public or private health facility.<sup>61</sup>

### 2.2.2. Finance resources

Ghana's health sector is financed from four main sources: central funding by the Government of Ghana, internally generated funds (IGF) from health facilities, the National Health Insurance Fund (NHIF), and external financing from development partners.<sup>62</sup>

The Ministry of Health obtains its revenue from various sources. Some of the sources include general government appropriation from the central government, internally generated funds, technical assistance from bi-lateral and multilateral sources, and from local authorities.<sup>63</sup>

Per capita public spending on health increased on average by 8.7 % over the 2000-2019 period. The health share of public expenditure decreased from 8 % to 7 % of total government budget between 2000 and 2019, suggesting a de-prioritisation of health. Ghana is within a health financing transition phase with an increasing per capita public spending on health (of 8.7%) and a decreasing per capita out-of-pocket spending on health (3.7 %).<sup>64</sup>

In 2018, Ghana's health expenditure was 4 % of GDP or approximately USD 70 per capita. Government prioritisation on health fell from 12 %, or USD 58.4 per capita in 2011 to 6 % in 2018, or approximately USD 30 per capita. An important source of health financing is via the National Health Insurance Levy of 2.5 % of VAT, 70 % to 80 % of which is usually allocated to

<sup>59</sup> Ghana, National Ambulance Service 2019 Annual Report, n.d., not available online, p. vii

<sup>60</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), pp. ix, x

<sup>61</sup> KII03. KII03 is an officer in the National Ambulance Service in Accra. Interview, February 2023. The person wishes to remain anonymous.

<sup>62</sup> Ghana, MOH, 2022-2030 National Essential Health Service Package Ghana, August 2022, not available online, p. 11

<sup>63</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), p. 34

<sup>64</sup> JLN DRM Collaborative, Public Expenditure on Health in Ghana: A Narrative Summary, 2022, [url](#), p. 4



the National Health Insurance Scheme (NHIS).<sup>65</sup> Health sector budget support through Development Assistance for Health has decreased from 48 % in 2004 to 9 % in 2020.<sup>66</sup> The share of national budget to the health sector saw a decline to 6.6 % in the 2021, a decrease of nearly 2.4 percentage points between the base year (2020) and target year (2021).<sup>67</sup>

## 2.3. Pharmaceutical sector

The Ghanaian pharmaceutical market is made up of approximately 30 % locally produced drugs and 70 % imported products, which originate mainly from India and China.<sup>68</sup> Ghana is a net importer of medicines with the private sector supplying about 70 % of medicines within the supply chain.<sup>69</sup>

Ghana has had Essential Medicines Lists (EML) since 1988. The list is reviewed on average every 4-5 years. The current 7<sup>th</sup> edition of the EML was issued in 2017.<sup>70</sup> The EML for Ghana has been derived from its companion document Standard Treatment Guidelines 2017<sup>71</sup> to ensure harmony in treatment, procurement, and NHIS re-imburements.<sup>72</sup> It is guided by the WHO Model Lists of Essential Medicines<sup>73</sup> and it reflects medicines that are required to address the disease burden of the country and are safe, efficacious, and cost effective.<sup>74</sup>

Public sector procurement of medicines, primarily for public sector facilities, is guided by the EML. The medicines listed have been coded according to the Health Commodity Codes Catalogue of the Ministry of Health (2008) and their levels of use. Based on the type of health facility, the appropriate medicines from the EML are stocked. The list is for use by both public and private service providers,<sup>75</sup> though private sector providers are responsible for their own procurement of medicines and are at liberty to purchase medicines outside of the EML.<sup>76</sup>

The country promotes the use of generic medicines, and these are readily available for most formulations. To encourage the use of generic medicines, subscribers of the NHIS are re-imbursed for the cost of only generic medicines found on the EML. This notwithstanding, branded products are available on the market.<sup>77</sup>

The supply chain for medicines involves both the public and private sector. Public sector procurement is led by the MOH and the Ghana Health Service (GHS) for the specific use of public sector service providers across the country. Central procurement by the procurement

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<sup>65</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 16

<sup>66</sup> Ghana, MOH, Health Sector Medium Term Development Plan, 2022-2025, December 2021, [url](#), p. 17

<sup>67</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), p. 34

<sup>68</sup> Goodman AMC LLC, Ghana's Mergers & Acquisitions Report 2017, 2017, [url](#), p. 14

<sup>69</sup> Ghana, MOH, Pricing Strategy for Pharmaceuticals and other health technologies in Ghana, 2022, not available online, p. 16

<sup>70</sup> Ghana, MOH, National Drugs Programme (GNDP), Essential Medicines List, 2017, [url](#)

<sup>71</sup> Ghana, MOH, National Drugs Programme (GNDP), Standard Treatment Guidelines, 2017, [url](#)

<sup>72</sup> Ghana, MOH, National Drugs Programme (GNDP), Essential Medicines List, 2017, [url](#), p. ix

<sup>73</sup> WHO, WHO Model Lists of Essential Medicines, 22<sup>nd</sup> list, September 2021, [url](#)

<sup>74</sup> Ghana, MOH, National Drugs Programme (GNDP) Essential Medicines List, 2017, [url](#), p. x

<sup>75</sup> Ghana, MOH, National Drugs Programme (GNDP) Essential Medicines List, 2017, [url](#), p. ix

<sup>76</sup> KII04. An officer of the Pharmacy Council. Interview, February 2023. The person wishes to remain anonymous.

<sup>77</sup> KII05. An officer of the Pharmacy Council. Interview, February 2023. The person wishes to remain anonymous.





units of the MOH and the Ghana Health Service is restricted to registered products. Tertiary hospitals procure about half of the essential medicines themselves, mostly through private wholesalers. Teaching Hospitals occasionally import specialist drugs directly through medical representatives of the manufacturers.<sup>78</sup> The current systems, mechanisms, and inspection resources do not seem to be adequate to ensure that inferior medicines and medical devices and supplies do not enter the public sector supply chain system.<sup>79</sup>

Medicine availability in public health facilities is restricted by the level of care. The higher the level of care, the more varied and specialised the medicines they can carry. Whereas pharmacies, called ‘chemical shops’ in Ghana, managed by dispensing technicians or pharmacy assistants can stock only over the counter (OTC) medicines, private registered pharmacies managed by licensed pharmacists have no restriction as to the medicines type or category they can stock. Quite often, medicines that hospitals (public or private), for various reasons, may not stock, can usually be purchased by clients from private pharmacies. There is no medicine in particular that is consistently in shortage or particularly vulnerable to shortages and as well there is no pattern to when any particular medicine will be in shortage. In general medicines are more available and accessible in the urban as against rural areas and in private health facilities and pharmacies as against public ones.<sup>80</sup>

Non-registered medicines cannot be imported into the country. However, on an individual basis, patients can bring un-registered medicines for personal use into the country, supported by a prescription.<sup>81</sup>

## 2.4. Patient pathways

Information about where to access, and the quality of healthcare services to expect at both public and private health facilities, is informally available primarily through friends and family and to some extent individual facility social media posts and websites.<sup>82</sup> The Health Facilities Regulatory Agency has a register of facilities it has accredited and licenced to provide different types of service at different levels of care. The list of accredited and licensed facilities can be found in the Ghana Gazette HeFRA.<sup>83</sup>

As described above, in section 2.1., Ghana has three levels of care. This informs the typical route/patient’s pathway to accessing care. To reiterate, the primary level of care consists of CHPS zones, health centres, and primary hospitals (including the district hospitals). The secondary level of care consists of secondary hospitals (including the regional hospitals) which provide specialized services and receive referrals from the primary level. At the tertiary level of care are the Teaching Hospitals which provide highly specialized healthcare services and receive referrals from the secondary level, and sometimes the primary level hospitals. A

<sup>78</sup> Ghana, MOH, National Medicines Policy, 2017, [url](#), p. 24

<sup>79</sup> Ghana, MOH, National Medicines Policy, 2017, [url](#), p. 26

<sup>80</sup> KII06. A pharmacist in a public health facility. Interview, February 2023. The person wishes to remain anonymous.

<sup>81</sup> KII07. An officer in the Food and Drugs Authority. Interview, February 2023. The person wishes to remain anonymous.

<sup>82</sup> KII02. KII02 is a client of a private healthcare facility. Interview, February 2023. The person wishes to remain anonymous.

<sup>83</sup> Ghana, HeFRA, Gazette, 2022, [url](#)



quaternary level of care, e.g. The National Cardiothoracic Centre, the National Plastic Surgery and Reconstruction Centre, and the University of Ghana Medical Centre, also exist.<sup>84</sup>

Care can be accessed at the nearest primary or secondary level health facility by directly walking in. Patient assessments are done and if the facility has the capacity and is licensed to provide the full range of care (diagnostic investigations, treatment, and medicines) necessary it does so. Where the facility is unable or not licensed to provide the full range of care required the patient is provided with what is possible and then referred to a higher-level facility to continue care. Access to the tertiary and quaternary level health facilities is only by referral from the public and private PHC or secondary level service providers. These tertiary facilities have a polyclinic (PHC service) attached to them and serve as the first point of care for clients who reside in the vicinity and use the tertiary as their PHC facility. These clients are managed at the polyclinic and the decision to refer to the tertiary facility is made and facilitated. The PHC and secondary facilities serve as a gatekeeper, ensuring that, as practical as possible, only appropriate cases requiring tertiary level care have access to such care.<sup>85</sup>

Patients can access care from private health facilities, at all levels, by directly walking in. The public and private health facilities maintain a professional relationship that facilitates referral from one to the other as necessary.<sup>86</sup> In Ghana, health care services are sought from different types of facilities. The majority of people visit the hospital (35.1%), pharmacies (28.8%) and clinics (19.1%) for health care services. The pattern is the same in all ecological zones except Accra where the majority accessed clinics (54.9%) and about one-fifth visited the hospitals (20.4%).<sup>87</sup>

For the public sector facilities, medical laboratory services, diagnostic imaging and medicines availability and accessibility, is regulated by the level of care. The least and less complicated are available at the CHPS level and the most comprehensive at the tertiary and quaternary levels of care. Medical laboratory services range from the use of test strips for simple investigations to more complex and advanced investigations requiring sophisticated equipment and technology. Diagnostic imaging services are available ranging from X-ray and ultrasound to Computer Tomography (CT) Scans and Magnetic Resonance Imaging (MRI). Electrocardiograph (ECG) and Electroencephalograph (EEG) services are also available. Medicines availability ranges from over-the-counter medicines to specialist only prescription medicines at the different levels of care.<sup>88</sup>

The range of services, infrastructure and equipment and the staff needs are standardised for each level of care and is expected to be the same anywhere in the country. Table 1 shows the services expected at each type of facility. The challenges facing the public sector (see 2.1.

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<sup>84</sup> KII08. An officer from the Ghana Health Service, Institutional Care Division. Interview, February 2023. The person wishes to remain anonymous.

<sup>85</sup> KII08. An officer from the Ghana Health Service, Institutional Care Division. Interview, February 2023. The person wishes to remain anonymous.

<sup>86</sup> KII08. An officer from the Ghana Health Service, Institutional Care Division. Interview, February 2023. The person wishes to remain anonymous.

<sup>87</sup> Ghana, GSS (Ghana Statistical Service), Ghana Living Standards Survey (GLSS 7) 2019, [url](#), p. 48

<sup>88</sup> KII01. A Facility Assessment officer from the Health Facilities Regulatory Agency. Interview, February 2023. The person wishes to remain anonymous.



Health system organisation Sector) mean that, in practice, there is a wide variation in the capacity of facilities at the same level in the health system to provide the expected services.<sup>89</sup>

In general, at the PHC level, the facilities that are located in urban areas are better resourced (especially with staff) and better able to provide the expected services than those in rural areas. At the secondary and tertiary levels, all of which are located in urban areas, there is minimal variation amongst respective facilities regarding resources and service provision. There are instances where, at the tertiary level, certain laboratory investigations and specialised medicines (mainly for the confirmatory diagnosis and treatment of cancers) are sourced outside the country in South Africa, England, United States of America and India, amongst others.<sup>90</sup>

The private sector faces similar challenges to the public sector but to a lesser degree and often the public sector relies on the private sector to provide laboratory, diagnostic imaging, and medicines support where they fall short. Patient out-of-pocket payment is required to cover the cost of these services. These costs are not reimbursed by the NHIS.<sup>91</sup>

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<sup>89</sup> KII08. An officer from the Ghana Health Service, Institutional Care Division. Interview, February 2023. The person wishes to remain anonymous.

<sup>90</sup> KII09. An administrator at one of the teaching hospitals. Interview, February, 2023. The person wishes to remain anonymous.

<sup>91</sup> KII10. A district claims officer of the NHIS. Interview, February 2023. The person wishes to remain anonymous.



## 3. Economic factors

### 3.1. Risk-pooling mechanisms

There is both public and private health insurance schemes available in Ghana. Approximately 70 % of the population have health insurance coverage, women having a higher coverage than men, 72.6 % and 64.5 % respectively.<sup>92</sup> The public scheme, the National Health Insurance Scheme (NHIS) is available to all Ghanaians for use at all levels of care. In all 16.8 million (57.3 %) of the population has an active NHIS membership.<sup>93</sup>

Enrolment in the NHIS scheme is open to all residents, including non-citizens, in Ghana.<sup>94</sup> Registration with the scheme can be done at any time. To register, a prospective member of the NHIS must contact the nearest NHIS office to enrol. Enrolment is either as an annual premium paying member, who pays a processing fee of GHS 8 [EUR 0.6] and an annual premium of GHS 30 [EUR 2.33], or as an exempt member who does not pay any premium or processing fee.<sup>95</sup> Both categories need to renew annually, either by physically visiting the nearest NHIS office or by using an online application. The categories of exempt groups are:

- children under 18 years of age;
- pregnant women;
- indigents;
- categories of differently abled persons determined by the Minister responsible for Social Welfare;
- persons with mental disorder;
- Social Security and National Insurance Trust (SSNIT) contributors;
- SSNIT pensioners;
- persons above seventy years of age (the elderly); and
- other categories prescribed by the Minister.<sup>96</sup>

Individuals who register as exempt members are required to provide evidence of their status.<sup>97</sup>

Persons under the age of 18 years is the largest category of active members (41.6 %) in the scheme, followed by the informal sector workers (36.4 %), who pay direct premiums. Enrolment of the aged (70 years or older) has proportionally remained at less than 5 %.

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<sup>92</sup> Ghana, GSS, Ghana 2021 Population and Housing Census. General Report Volume 3C, Background Characteristics, November 2021, [url](#), pp. 26, 35

<sup>93</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), p. 9

<sup>94</sup> Ghana, Parliament of the Republic of Ghana, National Health Insurance Act, 2012 (Act 852) Part two, Article 27, 1, 2012, [url](#); Ghana, NHIS, Home - Faqs, 2023, [url](#)

<sup>95</sup> Ghana, NHIS, Home - Membership, 2023, [url](#)

<sup>96</sup> Ghana, NHIS, Home - Membership, 2023, [url](#)

<sup>97</sup> Ghana, NHIS, Home - Membership, 2023, [url](#)



Between 2017 and 2020 the proportion of female to male active members has consistently been approximately 3:2.<sup>98</sup>

The NHIS is designed to cover 95 % of diagnosed conditions, also to cover all outpatient, inpatient, emergency care costs, as well as the cost of the medicines in the NHIS medicines list.<sup>99</sup> NHIS members are not liable for out-of-pocket payments for these covered services from service providers (both public and private) who accept the NHIS card as a means of payment.<sup>100</sup> The conditions excluded from the benefit package include:

- rehabilitation other than physiotherapy;
- vision, hearing, orthopaedic and dental aids and prostheses;
- elective cosmetic procedures except reconstructive surgery;
- antiretroviral drugs for treating HIV/AIDS and other programme medicines for example for Tuberculosis;
- assisted reproduction, including artificial insemination and hormone replacement therapy;
- echocardiography;
- medical photography;
- angiography;
- orthoptics;
- dialysis for chronic kidney failure;
- heart and brain surgery, except to repair trauma;
- cancer treatment other than cervical and breast cancer;
- organ transplants;
- medicines not included in the NHIS Medicines List;
- diagnosis and treatment abroad;
- medical examinations for purposes of employment, school admissions, visa applications, driving licenses, etc.;
- VIP ward accommodation; and
- mortuary services.<sup>101</sup>

Some health conditions, such as for tuberculosis, are not included in the NHIS list above, instead those affected and registered on the relevant programme receive free care.<sup>102</sup>

With respect to funding for the NHIS, Ghana has earmarked funds to support the financing of health care through the NHIS. The earmarked funds comprise the National Health Insurance Levy which is 2.5 % consumption tax on goods and services and Social Security Contributions

<sup>98</sup> Ghana, MOH, Health Sector Annual Programme of Work, 2021 Holistic Assessment Report, April 2022, [url](#), pp. 10, 11

<sup>99</sup> Ghana, NHIS, Home - Benefits Package, 2023, [url](#)

<sup>100</sup> Wang, H. et al, Ghana National Health Insurance Scheme: Improving Financial Sustainability Based on Expenditure Review, 2017, [url](#), p. 20

<sup>101</sup> Ghana, NHIS, Home - Benefits Package, 2023, [url](#)

<sup>102</sup> KII21. KII21 is an officer of the National Tuberculosis Programme in Accra. Interview, March 2023. The person wishes to remain anonymous.



which is 2.5 percentage points of each person's payroll contributions to the National Social Security Scheme.<sup>103</sup>

There is insufficient allocation of collected earmarked funds to the NHIS, from central government, to pay service providers and there are delays in NHIS payments to service providers, averaging 4-6 months.<sup>104</sup> In addition, according to both the public and private service providers, the NHIS tariffs are considered uneconomical in that they are below current market prices for the respective goods and services, making cost recovery and the provision of continued services a challenge. This situation makes accepting the NHIS card, as a mode of payment, unattractive to service providers.<sup>105</sup>

In practice, many private health facilities, who have signed on to the scheme, do not accept the NHIS card as means of payment, indicating that the tariffs do not cover their costs. Some private health providers are not signed up to the scheme at all. In either situation the cardholder will have to pay out-of-pocket for services rendered.<sup>106</sup> The costs of these services are not reimbursed by the NHIS to the cardholder. The private sector is at liberty to refuse the NHIS card as a mode of payment and to set its own fees for services provided, which most have done to varying degrees.<sup>107</sup>

In public health facilities similar practices prevail and cardholders may be asked to go to the private sector for services (such as laboratory and pharmaceutical) where they pay out-of-pocket without reimbursement from the NHIS. In public facilities, card holders may be asked to pay unofficial additional fees out-of-pocket directly to service providers before services are provided. This may be for consultation; for emergency diagnostic services; ward fees for inpatient care or fees for surgical and other clinical intervention procedures. This practice occurs at all levels of care.<sup>108</sup> The public sector is mandated to accept the NHIS card as a means of payment and any revision of fees requires parliamentary approval, thus it faces frequent disruptions in service delivery due to lack of funds and consequent lack of required inputs for the provision of continuous services.<sup>109</sup>

## 3.2. Private health insurance schemes

There are licensed Private Health Insurance Schemes (PHIS) in Ghana, regulated by the National Health Insurance Authority (NHIA). There are two types, namely the Private Mutual Health Insurance Scheme (PMHIS) and Private Commercial Health Insurance Scheme (PCHIS). There is 1 PMHIS and there are 12 PCHIS schemes, 19 health insurance brokers, and 1 licenced

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<sup>103</sup> JLN DRM Collaborative, Public Expenditure on Health in Ghana: A Narrative Summary, 2022, [url](#), p. 10

<sup>104</sup> KII11. An officer of the National Health Insurance Authority (head office). Interview, February 2023. The person wishes to remain anonymous.

<sup>105</sup> KII12. The finance manager of a private hospital in Accra. Interview, February 2023. The person wishes to remain anonymous; and KII13. The finance manager of a public district hospital in the Eastern Region. Interview, February 2023. The person wishes to remain anonymous.

<sup>106</sup> KII10. A district claims officer of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>107</sup> KII14. An active card holder of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>108</sup> KII15. An active card holder of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>109</sup> KII16. A Medical Director of a public secondary hospital. Interview, February 2023. The person wishes to remain anonymous.



health insurance adjuster that are licensed up to 30 June 2023.<sup>110</sup> Service providers also, at their discretion, accept international private health insurance cards from schemes that are not operating in Ghana.<sup>111</sup>

These private schemes are completely financed by their respective subscribers and provide at least the same but often more coverage benefits than the NHIS in terms of types of health services the beneficiary can access and a higher ceiling of cost. The annual premiums for these schemes range from GHS 1 200 to GHS 4 500 [EUR 88 to EUR 330] for an individual, and for family schemes of a family of 4 persons the premium ranges from GHS 12 000 to GHS 15 000 [EUR 880 to EUR 1 100]. The differences in premiums for both individual and family schemes are based on the range of services to be covered. Where subscribers have pre-existing conditions, the premiums are accordingly reviewed upward. Prospective clients are not refused insurance.<sup>112</sup>

The tariffs by the private health insurance schemes are set at their discretion while changes to the NHIS tariffs requires government approval. Tariffs of the private health insurance schemes are higher than that of the NHIS, making private health insurance more attractive to service providers. In the private sector frequent changes in fees are common as they are often reviewed to accommodate changes in the country's economic environment. Fees charged in the public sector are the same at respective levels of care while those in the private sector vary from provider to provider.<sup>113</sup>

These private schemes are predominantly subscribed to by corporate bodies for their employees. It is estimated that 350 000 people have active memberships of private health insurance schemes.<sup>114</sup>

### 3.3. Out-of-pocket health expenditure

Out-of-pocket health expenditure will occur for people who have no form of health insurance.<sup>115</sup> Based on ecological zones, more people in the urban forest areas (70.6 %) compared with those in the urban coastal (62.4 %) and urban savannah (63.1 %) pay out-of-pocket for their health expenses, an indication that health insurance is not prevalent in these areas.<sup>116</sup>

Figure 2 shows out-of-pocket expenditure as a percentage of current health expenditure and how it has fluctuated but reduced between 2000 and 2019.<sup>117</sup>

<sup>110</sup> Ghana, NHIS, Home - Private Health Insurance Scheme, 2023, [url](#)

<sup>111</sup> KII17. KII17 is an officer in a Private Health Insurance Scheme. Interview, February 2023. The person wishes to remain anonymous.

<sup>112</sup> KII10. A district claims officer of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>113</sup> KII11. An officer of the National Health Insurance Authority (head office). Interview, February 2023. The person wishes to remain anonymous.

<sup>114</sup> KII17. An officer in a Private Health Insurance Scheme. Interview, February 2023. The person wishes to remain anonymous.

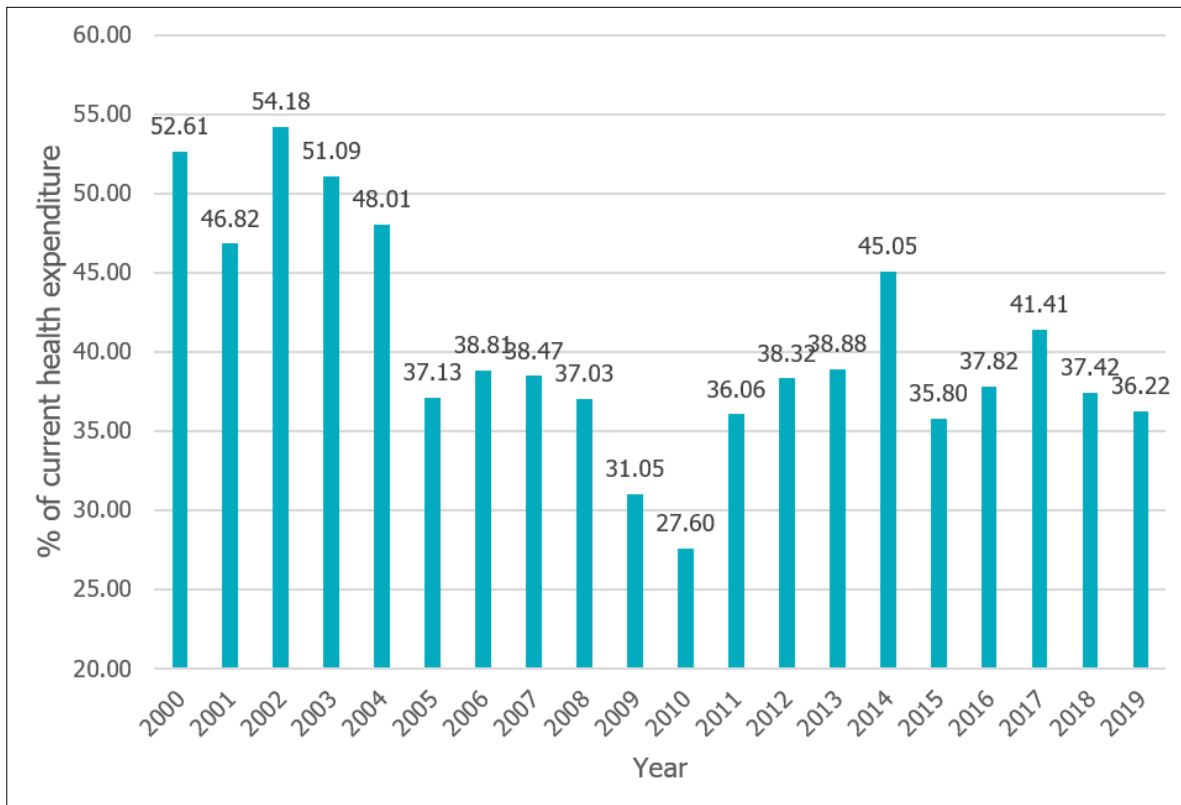
<sup>115</sup> KII10. A district claims officer of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>116</sup> Ghana, GSS (Ghana Statistical Service), Ghana Living Standards Survey (GLSS 7) 2019, [url](#), p. 51

<sup>117</sup> World Bank (The), Out-of-pocket expenditure (% of current health expenditure) – Ghana, 2023, [url](#)



**Figure 2. Out-of-pocket expenditure (% of current health expenditure), 2000 to 2019<sup>118</sup>**



Private-for-profit service providers have the highest cost of care, followed by private non-profit with the lowest cost of care in public service providers. Cost of care in the public service providers is generally uniform across the country. For the private sector cost of care is higher in urban than in rural areas.<sup>119</sup> The GLSS surveyed people in different ecological regions across Ghana and recorded their expenditure on health in the two weeks preceding the survey. Table 4 shows the average health expenditures per household that were reported. Care was found to be more expensive in urban areas as against rural areas and again more expensive in the urban forest zones compared to the rural savannah.<sup>120</sup>

**Table 4. Average health expenditure in a two-week period for outpatient services<sup>121</sup>**

Cost item	Average cost of service	
	GHS	[EUR]
<b>Registration (card/folder fees)</b>	15.12	[2.69]

<sup>118</sup> World Bank (The), Out-of-pocket expenditure (% of current health expenditure) – Ghana, 2023, [url](#)

<sup>119</sup> Ghana, GSS (Ghana Statistical Service), Ghana Living Standards Survey (GLSS 7) 2019, [url](#), p. 51

<sup>120</sup> Ghana, GSS (Ghana Statistical Service), Ghana Living Standards Survey (GLSS 7) 2019, [url](#), p. 51

<sup>121</sup> Ghana, GSS (Ghana Statistical Service), Ghana Living Standards Survey (GLSS 7) 2019 [url](#), p. 51





Cost item	Average cost of service	
Consultation fees	66.03	[11.76]
Diagnosis (x-ray, Lab etc.) fees	36.94	[6.58]
Drugs and treatment	51.03	[9.09]
Overall treatment or services	114.18	[20.34]
Transport	13.39	[2.39]
Any other services	65.04	[11.58]

### 3.3.1. Cost of consultations

Medical fees, including consultation, are regulated for public sector service providers but not for the private sector. The public sector service providers require parliamentary approval for the fees charged, while private sector service providers have no such regulatory mechanism and are at liberty to charge any fee, at their discretion, for services they provide.<sup>122</sup> By default, health insurance schemes indirectly regulate medical fees for service providers who upon acceptance of the schemes tariffs and terms of payment are bound to that until such a time that these are re-negotiated or the schemes present revised rates.<sup>123</sup>

<sup>122</sup> KII09. KII09 is an administrator at one of the teaching hospitals. Interview, February 2023. The person wishes to remain anonymous.

<sup>123</sup> KII17. KII17 is an officer in a Private Health Insurance Scheme. Interview, February 2023. The person wishes to remain anonymous.



**Table 5. A comparison of public and private sector consultation and inpatient fees<sup>124</sup>**

Cost item	Public Primary Hospital		Public Tertiary Hospital		Private Sector Hospital			
	NHIS		NHIS		NHIS tariffs		Private Sector pricing	
	GHS	[EUR]	GHS	[EUR]	GHS	[EUR]	GHS	[EUR]
<b>General outpatient consultation - adult</b>	19.44	[2.72]	86.37	[12.74]	28.70	[3.13]	95 - 180	[26.55 - 3.92]
<b>Specialist outpatient consultation - adult</b>	n/a	n/a	121.77	[17.96]	n/a	n/a	200 - 380	[56.05 - 8.27]
<b>Inpatient treatment / day - adult</b>	72.94	[10.76]	128.59	[18.97]	108.54	[11.84]	250 - 500	[73.75 - 10.88]

The private sector hospitals providing the information in Table 6 are primary level service providers. Table 6 shows the difference between the NHIS tariffs<sup>125</sup> and the fees that the private service providers levy. Most private sector facilities do not serve NHIS card holders

<sup>124</sup> Public Primary Hospital: Ghana, NHIS, National Health Insurance Scheme Tariffs for Public Primary Care Hospitals (Catering Inclusive), February 2023, not available online, pp. 22 and 27; Public Tertiary hospital: Ghana, NHIS, National Health Insurance Scheme Tariffs for Tertiary Hospitals, February 2023, not available online, pp. 26, 27, 28; Private Sector Hospital: Ghana, NHIS, National Health Insurance Scheme Tariffs for Private Primary Care Hospitals (Catering Inclusive), October 2022, [url](#), pp. 24, 26; Interviewees: KII18. Hospital Administrator of a private hospital in Accra. Interview, March 2023. The person wishes to remain anonymous; KII19. Finance Manager of a private hospital in Kumasi, Interview, March 2023. The person wishes to remain anonymous; and KII20. Finance Manager of a private hospital in Accra, Interview, March 2023. The person wishes to remain anonymous. It is noted that the NHIS prices in the above table are derived from the cited documentation, while the private pricing is derived from the cited interviews.

<sup>125</sup> Ghana, NHIS, National Health Insurance Scheme Tariffs for Public Primary Care Hospitals (Catering Inclusive), February 2023, not available online; Ghana, NHIS, National Health Insurance Scheme Tariffs for Tertiary Hospitals, February 2023, not available online; Ghana, NHIS, National Health Insurance Scheme Tariffs for Private Primary Care Hospitals (Catering Inclusive), October 2022, [url](#), p.26



and this difference in the NHIS tariffs is why the private sector states that the NHIS tariffs are not economical.<sup>126</sup>

### 3.3.2. Cost of medication

The pharmaceutical sector as described in section 2.3 above is the context within which medicines prices prevail. Medicines prices are not regulated in Ghana. As 70 % of all medicines are imported into the country, their prices are susceptible to foreign exchange rate fluctuations. For many medications, their price is higher in the private health facilities than in the public.<sup>127</sup> The cost of generic medicines in the private sector ranges from 0.99 to 34 times the international reference price while the same in the public sector ranges from 0.88 to 27 times.<sup>128</sup>

This notwithstanding, a form of regulation exists on account of the NHIS medicines list<sup>129</sup> where generic medicines are listed, their prices fixed and often cheaper than prices in the private sector. It is important to note that the cost of purchased medicines that are not on the NHIS medicines list are not reimbursable to the individual. As well, when the market prices of medicines are higher than the NHIS tariffs, service providers will not accept the NHIS card for payment and will request the cardholder to pay out-of-pocket.<sup>130</sup>

Medicines for certain condition such as Tuberculosis and HIV are given free of charge to patients; these are referred to as programme medicines. Access to these programme medicines, for free, is only available in the public health facilities. There are instances where programme medicines are out of stock and not available in the public facilities, and in this situation, clients may have to resort to private pharmacies. Often though, clients wait for stocks to be replenished thus discontinuing treatment. These programme medicines, when available in the private sector, are expensive.<sup>131</sup>

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<sup>126</sup> KII18. Hospital Administrator of a private hospital in Accra. Interview, March 2023. The person wishes to remain anonymous; KII19. Finance Manager of a private hospital in Kumasi, Interview, March 2023. The person wishes to remain anonymous; KII20. Finance Manager of a private hospital in Accra, Interview, March 2023. The person wishes to remain anonymous.

<sup>127</sup> WHO and Health Action International (HAI) Africa, Medicines Prices in Ghana, 2015, [url](#), p. 5

<sup>128</sup> WHO and Health Action International (HAI) Africa, Medicines Prices in Ghana, 2015, [url](#), p. 3

<sup>129</sup> Ghana, NHIA, Home – Medicines List, 2023, [url](#)

<sup>130</sup> KII19. Finance Manager of a private hospital in Kumasi, Interview, March 2023. The person wishes to remain anonymous. KII10; A district claims officer of the NHIS. Interview, February 2023. The person wishes to remain anonymous.

<sup>131</sup> KII16. A Medical Director of a public secondary hospital, February 2023. The person wishes to remain anonymous.



## 4. List of useful links

Organisation	Web address
<b>BBC Ghana Country profile</b>	<a href="http://www.bbc.co.uk/news/world-africa-13433790">www.bbc.co.uk/news/world-africa-13433790</a>
<b>Ghana Statistical Service</b>	<a href="http://www.statsghana.gov.gh">www.statsghana.gov.gh</a>
<b>Health Facilities Regulatory Agency</b>	<a href="http://www.hefra.gov.gh">www.hefra.gov.gh</a>
<b>Ministry of Health, Ghana</b>	<a href="http://www.moh.gov.gh">www.moh.gov.gh</a>
<b>National Health Insurance Authority</b>	<a href="http://www.nhis.gov.gh">www.nhis.gov.gh</a>
<b>The World Bank Ghana data</b>	<a href="http://www.data.worldbank.org/country/GH">www.data.worldbank.org/country/GH</a>
<b>The World Bank Ghana country profile</b>	<a href="http://www.worldbank.org/en/country/ghana/overview">www.worldbank.org/en/country/ghana/overview</a>



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KII02, interview, February 2023. KII02 is a client of a private healthcare facility. The person wishes to remain anonymous.

KII03, interview, February 2023. KII03 is an officer in the National Ambulance Service in Accra. The person wishes to remain anonymous.

KII04, interview, February 2023. KII04 is an officer of the Pharmacy Council. The person wishes to remain anonymous.

KII05, interview, February 2023. KII05 is an officer of the Pharmacy Council. The person wishes to remain anonymous.

KII06, interview, February 2023. KII06 is a pharmacist in a public health facility. The person wishes to remain anonymous.

KII07, interview, February 2023. KII07 is an officer in the Food and Drugs Authority. The person wishes to remain anonymous.

KII08, interview, February 2023. KII08 is an officer from the Ghana Health Service, Institutional Care Division. The person wishes to remain anonymous.

KII09, interview, February 2023. KII09 is an administrator at one of the teaching hospitals. The person wishes to remain anonymous.

KII10, interview, February 2023. KII10 is a District Claims officer of the NHIS. The person wishes to remain anonymous.

KII11, interview, February 2023. KII11 is an officer of the National Health Insurance Authority (head office). The person wishes to remain anonymous.

KII12, interview, February 2023. KII12 is a Finance Manager of a private hospital in Accra. The person wishes to remain anonymous.

KII13, interview, February 2023. KII13 is a Finance Manager of a public district hospital in the Eastern Region. The person wishes to remain anonymous.

KII14, interview, February 2023. KII14 is an active card holder of the NHIS. The person wishes to remain anonymous.





KII15, interview, February 2023. KII15 is an active card holder of the NHIS. The person wishes to remain anonymous.

KII16, interview, February 2023. KII16 is a Medical Director of a public secondary hospital. The person wishes to remain anonymous.

KII17, interview, February 2023. KII17 is an officer in a Private Health Insurance Scheme. The person wishes to remain anonymous.

KII18, interview, February 2023. KII18 is a Hospital Administrator of a private hospital in Accra. The person wishes to remain anonymous.

KII19, interview, March 2023. KII19 is a Finance Manager of a private hospital in Kumasi. The person wishes to remain anonymous.

KII20, interview, March 2023. KII20 is a Finance Manager of a private hospital in Accra. The person wishes to remain anonymous.

KII21, interview, March 2023. KII21 is an officer of the National Tuberculosis Programme in Accra. The person wishes to remain anonymous.

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## Annex 2: Terms of Reference

### General information

Avoid general COI, focus on aspects that have an impact on healthcare.

This section is devoted to the geographic, demographic, political, and/or economic contexts which are relevant to analyse the health system in the country in question. If possible, explain the impact of these factors on the accessibility of healthcare. Ensure that in this section are included all particular aspects that can have an impact on the provision of healthcare in the country. (e.g., security situation, IDPs / refugees, ethnic tensions, etc.).

### Healthcare system

#### Health system organisation

##### Overview

How is the healthcare system organised (e.g., organised as primary, secondary and tertiary healthcare)? If so, could you explain who provides care at each level and what type of care is provided at each level? Does a system of referrals and counter referrals exist?

Is the healthcare system centralised, decentralised or federal? How are the healthcare jurisdictions distributed between the levels of power? How is the health sector financing distributed between the levels of power? In the cases of states with federal / confederal structure, if the care is not available in the state / region/republic of residence of the patient, but is however available in another federated state (region / republic) of the same country, is there a possibility for the patient to be transferred there? Is there a mandatory referral system? What are the conditions?

Is there recent data on the geographical distribution of the health structures? If so, could you give an overview? Is there a difference in the care supply, in respect to the different healthcare levels, in the urban and rural regions? Do the patients in the urban and rural zones have equal access to healthcare? Are there regions / provinces particularly affected by a lack of hospitals or health centres? Ensure that there is Information on the number of healthcare facilities at each level of healthcare.

Use links to existing documents online for more detailed information.

##### Public sector

How is the public sector structured? What are the strengths? What are the weaknesses?





## Private sector

Does a private health sector exist? How is it structured? Is there a difference (quantitatively and qualitatively) between hospitals and health structures in the public and private sector? What are the main differences, for the patient looking for medical care, between the state-financed healthcare system and the private sector?

## Healthcare resources

Is there recent data on the number of healthcare personnel in the country (e.g., cardiologists, psychologists, etc. per number of inhabitants)? If so, provide a brief overview (context / comparison with other similar countries or Europe)?

How is the distribution of human resources in health care in the country? Are there regions / provinces particularly affected by a shortage of healthcare professionals? Is the distribution of the healthcare personnel equal between the public and private sectors?

Are there any specific needs with regards to human resources for health? Are there any under-represented professional categories? Could you specify?

Is there an emergency healthcare service, e.g., ambulances? How is it organised?

Health expenditure / GDP.

## Pharmaceutical sector

Is there a national essential drugs list for the country? What does it mean in terms of access to drugs for patients? How often is the list updated? If generic drugs are not widely available, do patients have access to generic drugs? Are they accessible to patients and how?

Is there a supply system for drugs? Does the country experience regular stock shortages? If so, does it affect the patients' access to medication? What drugs and diseases are mainly affected by these stock shortages? What organisations regulate / control the market? Are there many illegal medications in circulation?

Are the drugs accessible both in urban and rural areas? Are the drugs accessible geographically in all the country's regions?

Are any medications only available in hospitals, not pharmacies? If so which ones?

Can non-registered medication be imported (parallel import)? How?

## Patient pathways

In general: when in need of medical treatments and/or medicines, where and how can patients find information? What is the 'typical route' of a patient who needs healthcare; treatments and/or medicines? What does he/she do and where does he/she go primarily and what





happens next? What are the main obstacles in general to access medical treatments / medicines in the country?

## Economic factors

### Risk-pooling mechanisms

Include only the mechanisms which are relevant to the country in question. Remove section if there are none.

Is there a national health and social insurance system / certain state coverage in the country?

How is the Public Health / Social Insurance system organised?

How is health insurance financed? Is it financed by the employer and/or employee contribution or by taxation or by OOP (out of pocket payments)? What is the patient's financial contribution?

What does it consist of? Who is entitled to public health insurance (or other form of public / state coverage)? Is the entire population entitled to this insurance? If not, what are the administrative procedures that should be undertaken and/or the conditions that are necessary in order to be registered with health insurance? Are the procedures identical for the entire population? Is being employed one of the conditions to qualify for health insurance? Does the health coverage target certain groups of the population (pregnant women, children, seniors, etc.)? What are the criteria in order to be covered by public health insurance? Is a patient's financial participation necessary for the registration? If so, how much should they pay? What percentage of the population is covered by public health insurance?

Does the country have a complementary system to protect the most vulnerable and those who cannot contribute or be enrolled in the National Health insurance?

Are returning migrants / citizens covered by public health insurance?

### Public health insurance, national or state coverage

**Note for drafters: the aim of this section is to make clear to the reader what is covered by public health insurance and to what extent it is covered. Below are guiding aspects to take into account.**

What type of healthcare / what diseases does health insurance cover? Is maternity care covered by health insurance? Where is the healthcare provided (in which healthcare facility or at what level of the health pyramid structure)?

Are medicines covered by health insurance? Does it cover all medicines or only some of them or only a percentage of the cost? What are the conditions to benefit from drug coverage?





Are there cash benefits in case of illness for employees? If so, in which cases and conditions and what is the amount of these benefits?

In case a patient needs medical care and does not have the means to pay, are there any governmental measures allowing them access to healthcare? Is there a difference between emergency care and non-emergency care? What are the solutions for patients without financial resources?

## **Community-based health insurance schemes**

Are there community-based health insurances in the country? What are the conditions to register? Which are the practical steps to register? How much must an average person / family pay to become a member? Do all community-based health insurances offer the same coverage and have the same mechanism?

Which risks are covered? What type of healthcare, what diseases do the community-based health insurances cover? Where is the healthcare provided (in which healthcare facility or at what level of the health pyramid structure)? Are the drugs covered by community-based health insurance? Does the insurance cover all drugs or only some of them or only a percentage of the cost? Are there conditions to benefit from the coverage? Does the patient have to participate financially in order to have access to care (co-payment)? What is the recovery rate for the medical costs?

What is the percentage of population's coverage by the community-based health insurances?

## **Private health insurance schemes**

Are there private health insurance systems? What are the main health insurances in the country? What are the conditions necessary to benefit from them?

What do these health insurances cover? What type of healthcare, which diseases are covered? Where is the healthcare provided (in which healthcare facility or at which level of the health pyramid structure)?

How much must a person / family pay to obtain a private insurance on average?

What is the percentage of the population's coverage by private health insurances? Who has access to this type of insurance?

## **Out-of-pocket health expenditure**

Average total of out of pocket payment on total health expenditure.

Information on the frequency of health expenditure events that may bankrupt a person / family.





### **Cost of consultations**

Provide a range of prices for consultations with a general practitioner and different specialists as well as for a hospital stay. What is the price of a consultation / hospitalisation in an emergency department? What is the share of financial participation by patients?

Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

Is there a practice of overcharging medical fees? Is it common? If so, could you explain the context? How much does it amount to?

### **Cost of medication**

General information about the prices of medication: Are the prices regulated? Is there an inflation problem, price variation, etc.?

Are there medications provided for free (e.g., are certain medicines covered by the state)? If so, could you specify which ones and in what facilities or at what health level?

In general, what share of the health budget per person / family goes to the purchase of drugs? Does the price of medication vary between pharmacies? Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

## List of useful links

Include links that provide long-term value and are likely to be kept updated, such as websites detailing epidemiologic data, national disease programmes, Ministry of Health website, certain large hospitals, online pharmacies, etc. Not e.g., individual research articles or other 'static' material.



