

# ASSESS & ADDRESS GHANA'S HEALTH WORKFORCE PRIORITIES TO ACHIEVE UHC BY 2030



#### INTRODUCTION

Human resources are an essential component of every healthcare system. The availability of well-trained and right mix of health workers, particularly at the primary health care (PHC) level is critical to building resilient health systems, stronger communities, and achieving universal health coverage (UHC).

This was clearly tested during the COVID-19 pandemic as countries with strengthened health workforce and PHC-oriented health systems were able to rapidly respond to the pandemic, while maintaining essential health services with minimal disruption and are speedily recovering from the pandemic.

### GHANA'S HEALTH WORKFORCE CHALLENGES

Despite exceeding the WHO recommended ratio of 1 nurse to 1000 population, indicating that the country has excess nurses, and performing remarkably on the midwife to women in fertility age ratio (1 midwife to 720 women in 2017 to 1 midwife to 387 women in 2021), inequity in the distribution of health personnel persists. Rural, remote, and hard-to-reach areas in Ghana continue to experience inequitable access to healthcare as the distribution of health personnel is skewed in favor of tertiary health facilities and urban centers.

Statistics from the 2022 Holistic Assessment of the Health Sector revealed that the Health Sector underperformed in terms of equitable distribution of health personnel across the country. The sector recorded a score of zero (0) on a 7-point rating scale of (-3 to +3) for the nurse population equity index (geographical), indicating that the sector's performance missed its set target but improved compared to the baseline. A score of -2 was recorded for the sector's performance on the doctor population equity index, indicating that the sector's performance missed its target and further decreased compared to the baseline.

Additionally, it should be noted that Ghana's doctor-to-population ratio is still below the WHO benchmark of 1 doctor to 1000 population (1:1000). The tables below show the regional variations in the distribution of health personnel across the country.

### DOCTOR-TO-POPULATION RATIO (PER 1000 POPULATION) BY REGION

Region	2018	2019	2020	2021	2022
Ahafo	N/A	N/A	N/A	0.09	0.09
Ashanti	0.17	0.16	0.17	0.18	0.16
Bono	$0.20^{a}$	$0.24^{a}$	0.25a	0.18	0.15
Bono East	N/A	N/A	N/A	0.10	0.09
Central	0.14	0.14	0.16	0.16	0.14
Eastern	0.08	0.09	0.09	0.13	0.11
<b>Greater Accra</b>	0.33	0.35	0.38	0.39	0.42
North East	N/A	N/A	N/A	0.02	0.02
Northern	$0.17^{b}$	$0.16^{b}$	$0.18^{b}$	0.15	0.13
Oti	N/A	N/A	N/A	0.05	0.04
Savannah	N/A	N/A	N/A	0.02	0.03
Upper East	0.04	0.04	0.05	0.06	0.05
Upper West	0.07	0.07	0.07	0.10	0.10
Volta	$0.13^{c}$	$0.13^{c}$	0.15°	0.17	0.17
Western	$0.07^{d}$	0.08 <sup>d</sup>	0.08 <sup>d</sup>	0.10	0.09
Western North	N/A	N/A	N/A	0.04	0.04

### NURSE-TO-POPULATION RATIO (PER 1000 POPULATION) BY REGION

Dagian	2010	2010	2020	2021	2022
Region	2018	2019	2020	2021	2022
Ahafo	N/A	N/A	N/A	2.25	2.93
Ashanti	1.15	1.26	1.31	1.81	1.93
Bono	2.57a	3.31 <sup>a</sup>	3.40 <sup>a</sup>	2.58	2.70
Bono East	N/A	N/A	N/A	1.66	2.04
Central	1.45	1.63	1.65	1.82	1.83
Eastern	1.15	1.29	1.35	2.03	2.12
<b>Greater Accra</b>	1.35	1.48	1.56	1.75	1.84
North East	N/A	N/A	N/A	1.02	1.18
Northern	1.69 <sup>b</sup>	1.89 <sup>b</sup>	1.97 <sup>b</sup>	1.78	1.89
Oti	N/A	N/A	N/A	2.53	1.89
Savannah	N/A	N/A	N/A	1.37	1.46
Upper East	1.87	2.18	2.12	2.54	2.52
Upper West	1.56	1.95	2.03	2.27	2.31
Volta	1.77c	1.91c	2.12c	2.01	2.34
Western	1.19 <sup>d</sup>	1.53 <sup>d</sup>	1.51 <sup>d</sup>	1.70	1.69
Western North	N/A	N/A	N/A	1.75	2.07

Source: 2022 Holistic Assessment of the Health Sector

As seen from the regional decomposition, the Greater Accra, Bono, and Ashanti regions recorded a higher doctor-to-population ratio in 2022 while the North East, Savannah, Western North, Oti, and Upper East regions recorded the lowest. Similar to this, the Ahafo region recorded a higher nurse-to-population ratio than the North East region which recorded the lowest.

The challenge of maldistribution of health personnel is further compounded by inappropriate staff mix. Skills needed to function effectively in some positions are often lacking resulting in job qualification mismatch which significantly impacts effectiveness and sometimes compromises the quality of health care services to meet clients' expectations.

Currently, the country is also witnessing a vigorous human resource movement, as large numbers of healthcare professionals; particularly, nurses are leaving the country to practice overseas due to poor working conditions, which include unavailability of essential equipment and resources, and poor remuneration packages, among others. Data from the 2023 National Budget and Economic Policy indicate that as of September 2022, 4,126 health professionals sought clearance to practice outside the country; creating a huge gap in human resources.

Ironically, there is a huge backlog of health personnel who are yet to be recruited by the government due to limited fiscal capacity to absorb them. This has become a pervasive political issue, with graduate nurses often picketing at the Ministry of Health for employment.







## SOME GOVERNMENT'S HEALTH PLANS, ACTIONS, AND CURRENT STATUS (2022/2023)

The government of Ghana (GoG), during the reading of the 2022/2023 budget statement, stated several plans and actions to address health workforce issues in the country; notably:

#### **ACTION**

Government was working on a Memorandum of Understanding (MoU) with the United Kingdom Government to regulate the migration of health workers from Ghana to the UK. Efforts will be intensified to finalize the MoU in 2023

#### **STATUS**

#### **Currently ongoing**

#### **ACTION**

The National Human Resource Policy and Health Strategy for health has been launched

#### **ACTION**

Strategic documents to attract and retain health workers in deprived areas (as part of the implementation of the National Human Resource Policy and Health Strategy) will be completed in 2022

#### **STATUS**

a 5- year Public Health Workforce Strategic Plan, which presents a road map that would guide the restructuring of the human resource of the public health sector and ensure the attainment of UHC in Ghana has been launched

#### **ACTION**

Draft guidelines for the College of Physicians and Surgeons will be implemented

#### **STATUS**

Guidelines for post-graduate training have been developed; however, implementation status is unknown

#### **ACTION**

Nursing and Midwifery schools will be upgraded to offer specialized training

#### **STATUS**

This is currently ongoing; for example, the Ghana College of Nurses and Midwives has introduced specialty training in 22 areas and enrolled 643 trainees. The Tamale Teaching Hospital has also been accredited as a post-graduate training centre by the West African College of Physicians and Surgeons (WACPS). In 2023, WACPS will commence post-graduate training at the Tamale Teaching Hospital

These plans, albeit a step in the right direction would require strong political will, resources, and effective implementation to significantly address the health workforce gaps, as relates to recruitment, workforce distribution and retention, staff development, employee motivation, human resource information, and employee migration.

In addition, some health policy strategies need to be reviewed by the Government to assess their relevance; notably, the Nursing Trainee Allowance. Over the years, a chunk of allocations made by GoG to the health sector has gone toward the compensation of health workers, including allowances provided to nurses in training.

#### **Total Allocations to MoH versus Allocations to Compensation**

Year/ Allocations		2016	2017	2018	2019	2020	2021	2022	2023
Total GoG allocations to Mo (GHC)	ЭΗ	3,386,762,864.00	4,226,152,354.00	4,422,348,244.00	6,037,506,718.00	6,587,092,478.0 0	8,533,590,223.00	10,996,595,000.00	15,284,915,255.00
Total allocations to compensation (GHC)	ı	1,734,390,078.00	2,137,522,169.00	2,641,218,498.00	3,585,028,562.0 0	4,487,941,731.00	5,510,933,762.00	6,165,200,000.00	8,240,574,381.00
Percentage of Mo allocation assigned to compensation	Н	51.21%	50.58%	59.72%	59.38%	68.13%	64.58%	56.06%	53.91%

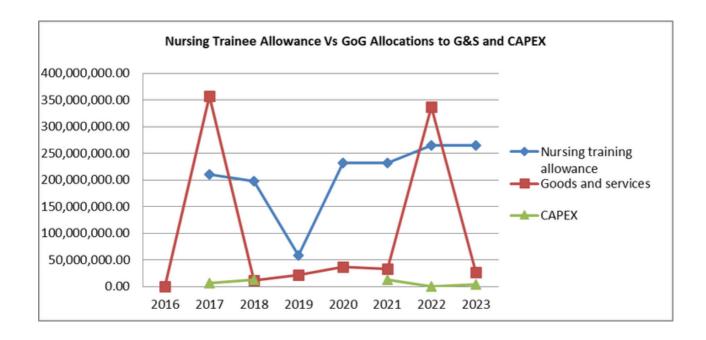
Source: 2016, 2017, 2018, 2019, 2020, 2021, and 2022 National Budget Statements and Economic Policies



### REVIEWING THE NURSING TRAINEE ALLOWANCE POLICY

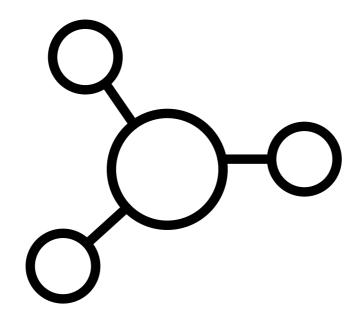
The nursing trainee allowance, which continues to be a government flagship initiative, was initially instituted to encourage people to pursue careers in nursing. However, today, the government may be overwhelmed by the numbers as employing a large number of graduates is a challenge. The policy had benefits when it was initially instituted; nonetheless, the situation has changed necessitating a review of the policy as payment of these allowances may not be sustainable in the long run. However, the over-politicization of this policy continues to be a major roadblock.

If reviewed, allocations for the allowance can be redirected to the several public health interventions that require urgent investments to achieve UHC – such as the CHPS, supply of essential medicines and basic equipment, family planning services, etc. Equally, the trainee allowances can also be provided as incentives to personnel willing to practice in underserved communities or train and practice in areas that have significant gaps like pediatric nursing. Currently, allocations to the allowance exceed that of GoG allocations to capital expenditure (CAPEX) and Goods and Services (G&S) as shown in the graph and table below:



	2016	2017	2018	2019	2020	2021	2022	2023
Nursing training allowance	-	210,840,800.0 0	198,200,000.00	57,800,000.00	231,200,000.00	231,200,000.00	265,200,000.0 0	265,200,000.00
Goods and services	364,660.00	356,519,625.0 0	11,888,550.00	21,276,474.00	36,346,443.00	33,295,151.00	336,932,000.00	26,373,510.00
CAPEX	-	6,000,000.00	13,000,000.00	-	-	13,075,000.00	209,695,000.0	4,027,067.00

Source: 2016, 2017, 2018, 2019, 2020, 2021, and 2022 National Budget Statements and Economic Policies



#### CONCLUSION

Human resources (HR) are an important element of any sector. A health system's performance can be directly linked to the strength of its workforce. With the demands on healthcare workers expected to intensify over the next decade, Government must anticipate the evolving needs of its health workforce, and find ways to protect, train, equip, and retain them. Ghana has an abundant health resource base that could be trained to reduce the country's current attrition rate. A health system must have the right skill mix in the right numbers and at the right place, under the right conditions to deliver quality health services to the population at all times, especially during public health emergencies.

#### RECOMMENDATIONS

Based on the above evidence, we recommend the implementation of the following actions as a matter of urgency to address the human resource needs in Ghana's health system:



#### 01. Investment in the Health Work Force

Governments must adequately invest in staffing, skills, motivation, and working conditions of health personnel, particularly community health workers to build resilient health systems that can deliver UHC; while also ensuring their safety



#### 02. Effective Implementation of Policies

·Government must ensure the effective implementation of policies to recruit, retain, reskill, and support the health workforce, particularly during public health emergencies



#### 03. Equitable Deployment of Health Professionals

·Government must ensure equitable deployment of health professionals across the country to provide quality, people-centered care, thereby, leaving no one behind



#### 04. Re-Evaluation of the Trainee Allowance

·Government must re-evaluate the Nursing Trainee Allowance to assess its relevance to the current healthcare system.

#### **REFERENCES**

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9, Apple Street, East Legon P. O. Box KD 1012, Kanda, Accra

Website: www.arhr.org.gh
Facebook/ LinkedIn: Alliance for Reproductive Health Rights (ARHR)
Twitter/ Instagram/ TikTok: @arhrghana