Alliance for Reproductive Health Rights

2025 HEALTH BUDGET ANALYSIS

Theme: The Price of Healthcare: Is Ghana's 2025 Budget Enough?

2025

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The 2025 National Budget signals the government's commitment to strengthening the health sector, with a 13.4% nominal increase in allocation compared to 2024. A significant policy shift is the uncapping of the National Health Insurance Levy (NHIL), which ensures the full allocation of NHIL funds to the National Health Insurance Scheme (NHIS), a step that could enhance financial sustainability and healthcare access. The Ministry of Health has been allocated GH₵17.82 billion, representing 6.32% of the national budget, which falls short of the Abuja Declaration's 15% target.

Despite these increases, critical challenges remain in the allocation and utilization of health funds. Compensation for health workers consumes 74% of the budget, leaving only 6% for capital expenditure (Capex), an indication of limited investment in health infrastructure. The absence of Annual Budget Funding Amount (ABFA) allocations further worsens infrastructure shortfalls, raising concerns about the sustainability of key projects such as Agenda 111. The employment freeze in the health sector also threatens service delivery, particularly in underserved rural communities.

Mental health remains critically underfunded, with no concrete budgetary commitment for expanding services beyond the three major psychiatric facilities in Accra and the central region. Additionally, while the government's GH₵292.4 million allocation for free sanitary pads is commendable, there is no clear implementation framework, raising concerns about distribution, sustainability, and transparency.

The NHIS allocation has increased to GH₵9.93 billion, but historical inconsistencies in disbursement threaten the scheme's effectiveness. The backlog of NHIS arrears (GH₵2.5 billion) and overall health sector debt (GH₵10.35 billion) remain unresolved, further straining the system. Additionally, Ghana's growing burden of non-communicable diseases (NCDs) demands urgent attention, with calls for expanded NHIS coverage for essential medicines and treatment of NCDs to reduce long-term health risks.

1.0 INTRODUCTION

The 2025 budget reflects the government's continued commitment to strengthening Ghana's health sector, with a 13.4% nominal increase in allocation compared to the previous year. This demonstrates a positive step toward improving healthcare financing and service delivery. A significant policy shift in this budget is the uncapping of the National Health Insurance Levy (NHIL), a commendable move that will ensure the full allocation of funds to the National Health Insurance Scheme (NHIS). As a result, GH¢9.93 billion has been programmed to support critical areas such as claims payments, essential medicines, vaccines, bridging USAID financial shortfalls, free primary healthcare, and initiatives like MahamaCares. This policy decision is expected to enhance financial sustainability within the health sector and improve access to essential healthcare services for Ghanaians.

2.0 ALLOCATION TO THE HEALTH SECTOR

For the 2025 fiscal year, the government has allocated GH¢17,816,819,638 to the Ministry of Health, representing a GH¢2.1 billion increase (13.4% nominal growth) from the 2024 allocation of GH¢15.72 billion. This marks a notable improvement compared to the 2.8% nominal increase recorded in 2024 over 2023. With this allocation, the health sector accounts for 33.15% of the total social sector budget, reinforcing its critical role in national development. This increase in funding has the potential to enhance healthcare access, reduce service delivery gaps, and improve health outcomes.

3.0 ANALYSIS OF THE BUDGET

3.1 Health Sector Allocation as a Share of the National Budget

The 2025 allocation to the health sector accounts for 6.32% of the total national budget, reflecting a 4.12% increase from the previous year (2024). The country still falls short of the Abuja Declaration target of 15%. This has been the trend throughout the past 5 years. This trend has persisted over the past five years, with the highest allocation recorded in 2022, when the health sector's share of the national budget peaked at 7.56%. Despite periodic increases, the overall allocation remains insufficient to address critical healthcare needs, infrastructure development, and service delivery improvements.

The graph below presents the Ministry of Health's share of the total national budget:

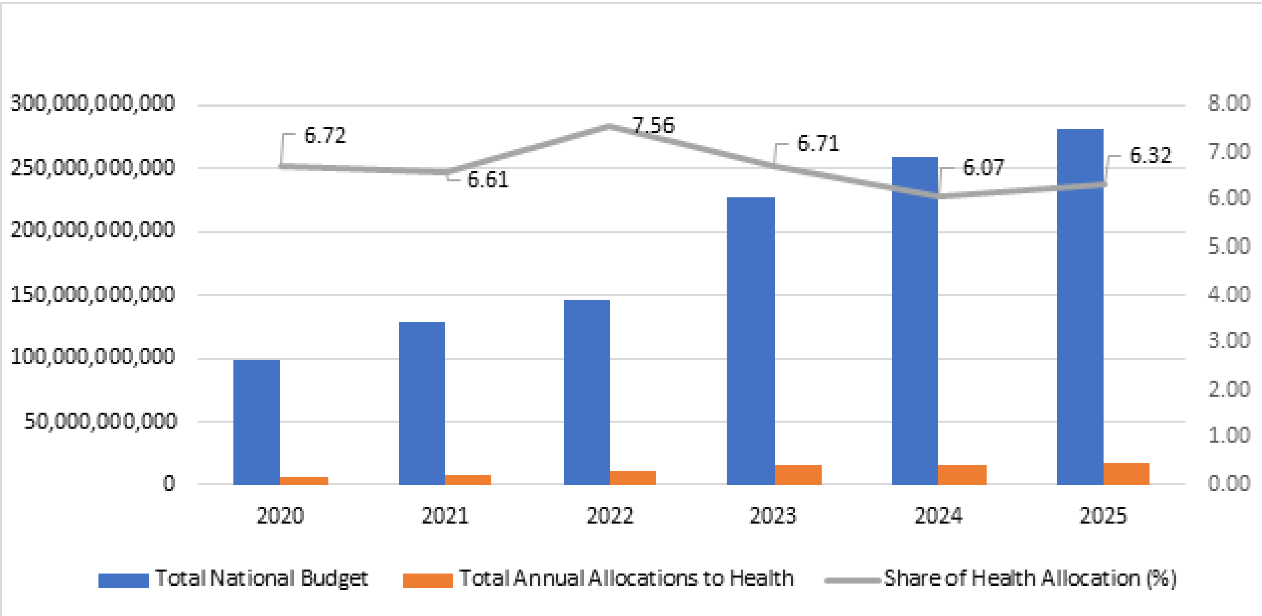


Figure 1.0 Percentage share of the total national budget to the MoH
Source: Budget Statement 2020-2025

3.2 Percentage of Health Allocation Compared to Abuja's 15% Target

The Abuja Declaration was adopted in April 2001 by African Union (AU) member states during a special summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases held in Abuja, Nigeria. The declaration committed African governments to allocate at least 15% of their annual national budgets to the health sector to improve healthcare services and outcomes.

AU member states pledged to increase government health spending to at least 15% of their total national budget to strengthen healthcare systems and improve access to essential health services. *Ghana's 2025 budget allocates only* 6.32% of the total national budget to health, falling short of the Abuja target of the 15% commitment.

This trend has persisted since the declaration, as successive governments have failed to uphold this commitment. This underfunding affects healthcare infrastructure, service delivery, and workforce retention, limiting progress toward Universal Health Coverage (UHC).

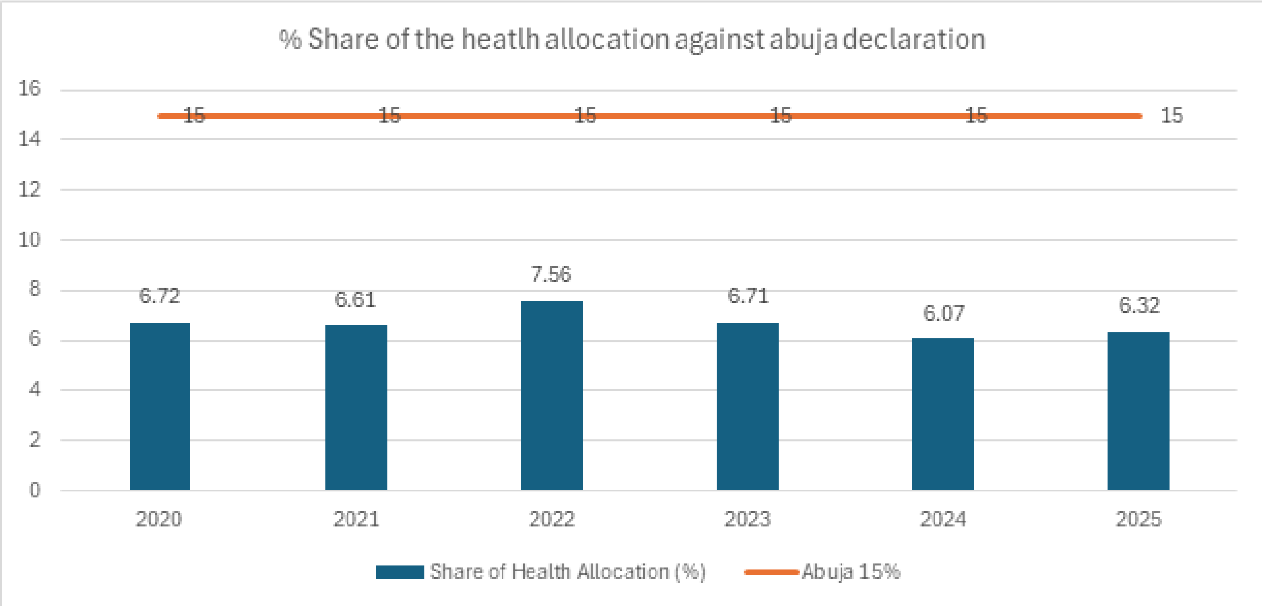


Figure 2.0 Percentage Share of Health Allocation and Abuja Declaration of 15%
Source: Budget Statement 2020-2025

3.3 Real Growth in Health Sector Allocation

After adjusting for inflation using the February 2024 and 2025 rates, the real value of the total health sector allocation stands at GH¢14.47 billion, indicating a real growth of 20.1%. This means the health sector budget increase is a genuine expansion rather than an adjustment for rising prices. As a result, the additional funding can translate into tangible improvements in healthcare delivery, infrastructure, and service provision, rather than merely compensating for inflation. Thus, the real growth confirms a genuine increase in the sector's purchasing power. This suggests a stronger financial commitment, as the sector may experience real gains in resources and service capacity. However, the sustainability of these real gains depends on inflation trends. If inflation does not stabilize or declines more slowly than projected, the actual purchasing power of the health sector budget may erode, reducing the intended impact of the increase.

3.4 Composition of the Health Sector Funding

The health sector in Ghana is funded through multiple sources, each playing a crucial role in financing healthcare services. The four main sources are:

- **GoG (Government of Ghana Budget):** Funds allocated directly from Ghana's government, which covers the salaries of health workers, infrastructure development, and operational costs.
- **IGF (Internally Generated Funds)**: IGFs are revenues generated by health facilities through service fee charges.
- **ABFA (Annual Budget Funding Amount)**: ABFA comes from Ghana's oil revenue, with a portion allocated to the health sector. ABFA funds are typically used for capital projects, including the construction of hospitals, the procurement of medical equipment, and the implementation of health programs.
- **DPs (Development Partners):** DPs provide financial and technical support through foreign aid, grants, and loans from international organizations such as the WHO, World Bank, USAID, and the Global Fund.

Table 1:0: Composition of Funding Sources

	Compensations	G&S	Capex	Total	%
GOG	12,207,545,744	157,632,543	310,272,900	12,675,451,187	71.1
IGF	893,911,742	2,961,734,165	596,661,234	4,452,307,141	25
ABFA					S
DPs		477,161,310	211,900,000	689,061,310	3.9
Total	13,101,457,486	3,596,528,018	1,118,834,134	17,816,819,638	

GoG remains the largest funding source for the health sector, contributing GH¢12.68 billion (71% of the total allocation to the sector). Of this amount, GH¢12.2 billion is allocated to compensation, primarily covering salaries and allowances for health workers. In contrast, only GH¢157 million is allocated to Goods & Services (G&S), and GH¢310 million to Capital Expenditure (Capex). This highlights the government's commitment to financing health worker remuneration but underscores the limited resources available for medical supplies, facility operations, and infrastructure development.

IGF accounts for GH¢4.45 billion (25% of the total budget allocation to the sector). IGF contributes significantly to Goods & Services (GH¢2.96 billion) and Capital Expenditure (GH¢596 million). Hospitals and other health facilities rely on self-generated funds from service charges to sustain operations. While this helps bridge funding gaps, it raises concerns since an increased reliance on IGF could lead to higher service fees, potentially making healthcare less accessible to low-income individuals.

Development Partners (DPs) contribute GH¢689 million to the 2025 health budget, making up 4% of the total allocation. This funding primarily supports Goods & Services (GH¢477 million) and Capital Expenditure (GH¢212 million), focusing on specific programs, essential medicines, and infrastructure rather than remuneration for health workers. Though Development Partners (DPs) provide valuable resources, the health sector's reliance on external funding is risky. With shifting donor priorities and a decline in grants, there is a potential for gaps in critical services.

Notably, the health sector has received no funds from ABFA in 2025, unlike in previous years. In the past, ABFA funds have been instrumental in financing capital projects such as hospital construction, medical equipment procurement, and ambulance services. The absence of ABFA contributions this year could significantly hinder long-term infrastructure development in the health sector. This is particularly concerning given that only 6% of the total health sector allocation is earmarked for Capital Expenditure (CapEx). The absence of ABFA funding further constrains resources for essential health infrastructure, potentially impacting service delivery and access to quality healthcare.

Overall, the expenditure allocation shows a heavy emphasis on compensation (74%), leaving only 20% for operational expenses (G&S) and 6% for infrastructure (Capex). This imbalance highlights a major challenge, while salaries are essential, inadequate funding for supplies, equipment, and new infrastructure could limit the quality and accessibility of healthcare services. Also, the reliance on IGF and donor funding suggests that government support for healthcare delivery remains insufficient, potentially affecting service availability, especially for vulnerable populations.

Table 2:0: Economic Classifications for the 2025 Budget

	Comp.	G&S	Capex	Total	%
GOG	12,207,545,744	157,632,543	310,272,900	12,675,451,187	71.1
IGF	893,911,742	2,961,734,165	596,661,234	4,452,307,141	25
ABFA					
DPs		477,161,310	211,900,000	689,061,310	3.9
Total	13,101,457,486	3,596,528,018	1,118,834,134	17,816,819,638	100

The Compensation category covers 74% of the total health sector budget (GH¢13.1 billion). The heavy allocation to compensation leaves little room for other critical expenditures. This imbalance highlights a major challenge and shows that government support for healthcare delivery remains insufficient. While salaries are are essential, inadequate funding for supplies, equipment, and new and completion of old infrastructure could limit the quality and accessibility of healthcare services, potentially affecting service availability.

Just like in previous years, Capital Expenditure (Capex) remains low, accounting for only 6% of the total health budget (GH¢1.1 billion). This limited allocation highlights the continued lack of investment in expanding and upgrading health infrastructure, a trend that has persisted for several years. Notably, more than half of Capex funding comes from Internally Generated Funds (GH¢596 million) and Development Partners (GH¢212 million), highlighting the government's spending priorities and its limited commitment to health infrastructure investment. This heavy reliance on external sources raises concerns about the sustainability and long-term development of healthcare facilities. Also, there are no funds from ABFA, which has been a key source of financing for health infrastructure projects in previous years. This omission reflects a concerning neglect of infrastructure investment by the government, further limiting the sector's ability to expand facilities, improve service delivery, and address critical healthcare needs.

The total allocation for Goods and Services (G&S) is GH¢3.6 billion, representing 20% of the total budget. A significant portion of it, GH¢2.96 billion (82%) comes from Internally Generated Funds (IGF), while the government contributes only GH¢157 million (4%), and Development Partners (DPs) provide GH¢477 million (13%). This heavy reliance on IGF suggests that hospitals and health facilities must generate revenue to finance operational costs, such as medical supplies, utilities, and facility maintenance, among others. Given the relatively low government allocation, there is a risk that facilities will pass on costs to patients through higher service fees, which could impact the affordability and accessibility of services. A more balanced distribution of funds, with increased allocations to Goods & Services, and infrastructure, would help strengthen healthcare delivery and ensure sustainability.

3.5 The trend in various Economic Classifications

Declining Share for Goods and Services (G&S): From 2020 to 2023, G&S allocation remained around 20-23%, but it dropped to 20% in 2025. Also, there is a sharp drop in Capital Expenditure (Capex): Capex peaked at 22.4% in 2023 and remains low at 6% in 2025. This shows a reduced focus on health infrastructure, making it difficult to expand or upgrade facilities. The sharp drop in Capex after 2023 could be partly attributed to the huge allocations previously made for Agenda 111. With no clear allocation for Agenda 111 in 2025, the sustainability of the project remains uncertain. Rising Compensation Costs: The share of compensation has increased significantly from 57.3% in 2023 to 74% in 2025.

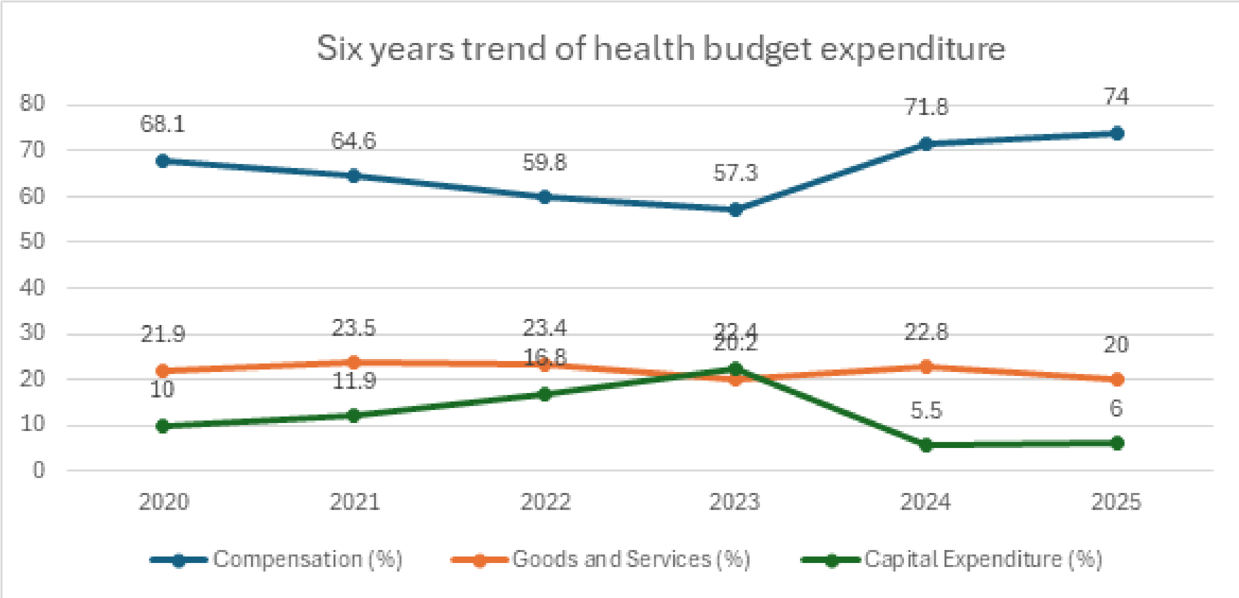


Figure 3: Six Year Trend of Health Budget Utilization
Source: Budget Statement and Economic Policy 2020-2025

4.0 KEY HEALTH SECTOR CONCERNS IN THE 2025 BUDGET

4.1 Infrastructure

The Ghanaian health sector was significantly exposed during the COVID-19 pandemic, with private facilities rented as quarantine centers. The contribution toward building the Ghana Infectious Disease Centre provided substantial relief and supported pandemic management, along with other hospitals that were renovated.

To strengthen the country's primary healthcare system, numerous CHPS compounds and hospitals were initiated, with some completed while others remain at various stages of completion. The previous government introduced the Agenda 111 project to address the infrastructure gap in the country. The project was funded through the ABFA, and Direct Budgetary Allocation with over $400 million committed to its implementation. However, this year's budget was silent on the ABFA quota for capital expenditure, and any form of allocation specifically for Agenda 11. This could not only slow the progress of the Agenda 111 health project but also widen the gap in healthcare access, particularly in rural communities.

4.2 Ensuring Accountability and Completion of Agenda 111 Projects

The budget's statement on Agenda 111 lacks clarity, as no concrete commitment to its implementation was provided. Historically, changes in government have often resulted in stalled or abandoned health infrastructure projects. The current situation suggests a risk of repeating this pattern—ironically, something the current administration previously criticized. The government must provide a clearer commitment to ensure the completion of these critical health infrastructure projects.

The government in the 2025 budget has projected the construction of a 500-capacity hospital in the country. The question remains: why not use the funds to complete and operationalize some of the Agenda 111 hospitals instead of committing to new projects? We call on the government to engage the private sector in supporting hospital construction and urge institutions to contribute as part of their corporate social responsibility

4.3 The State of Mental Health Facilities in the Country

Over the years, the government has not paid much attention to the development of the country's mental health infrastructure. Currently, there are only three (3) major mental health facilities in Ghana. Access to mental health services remains a significant challenge, as all three major psychiatric facilities are concentrated in the Greater Accra and Central regions, depriving the large population in the north and other regions.

Additionally, these facilities continue to struggle with inadequate infrastructure development and expansion, limiting their capacity to meet the mental health needs of the country's growing population. The impact of this inadequate mental health infrastructure has been devastating, placing a heavy burden on families and posing risks to the broader population. Despite these challenges, the 2025 budget fails to outline concrete measures to improve mental health infrastructure. We call on the government to prioritize mental health in its policy agenda to ensure equitable access to quality mental health services for all.

4.4 Funding for the NHIS

The graph below presents a trend analysis of Ghana's National Health Insurance Scheme (NHIS) funding from 2020 to 2024. It compares two key funding sources: NHIL + SSNIT contributions (represented in blue) and NHF allocations (represented in orange). Additionally, the gray line represents the percentage of NHIL + SSNIT contributions allocated to NHF over the years.

The NHIL (National Health Insurance Levy) and SSNIT (Social Security and National Insurance Trust) contributions have consistently increased over the five years. This reflects a strengthening revenue inflow into the NHIS, potentially due to economic growth, improved tax collection, or government prioritization of health financing. The most notable rise occurred in 2024, when contributions surged beyond 9 billion GHS, indicating a significant increase in health insurance funding.

The NHF (National Health Fund) allocations show a fluctuating trend over the years. In 2020 and 2022, NHF allocations were relatively high, closely matching NHIL + SSNIT contributions. However, in 2021 and 2023, there was a decline in NHF allocations despite an increase in NHIL contributions. This may indicate either delayed disbursements, reallocation of funds, or the capping of the NHIL. A significant rebound is seen in 2024, when NHF allocations reach their highest point, signaling improved commitment to NHIS funding.

The percentage of NHIL allocated to NHF exhibits a sharp decline between 2020 and 2023, reaching its lowest point in 2023. This suggests that, despite increasing NHIL contributions, a smaller proportion of funds were allocated to NHF, which has affected NHIS service delivery.

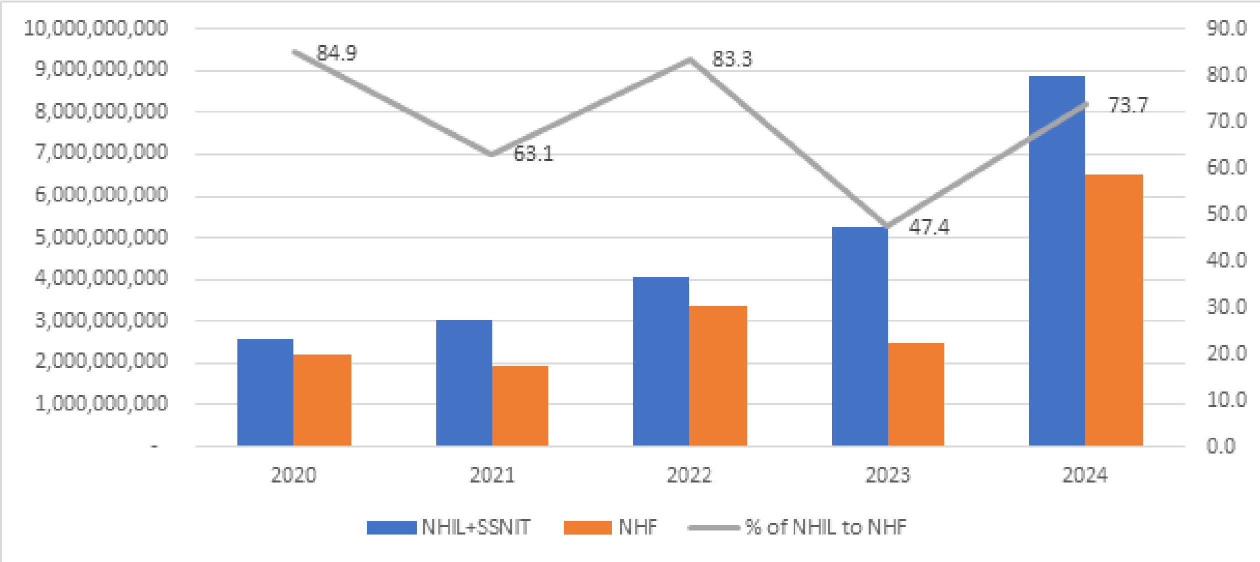


Figure 4: Contribution of the NHIL + SSNIT, NHF & % of NHIL to NHF 2020 to 2024 compared
Source: Budget Statement 2020-2024

4.4.1 Implications

The growth in NHIL + SSNIT contributions is a positive sign for the sustainability of the NHIS, but inconsistent NHF allocations suggest potential financial bottlenecks (Capping). The declining percentage allocation in earlier years (2021-2023) has significantly affected NHIS service delivery, possibly contributing to delays in claims payments to healthcare providers. The sharp increase in NHF allocations in 2024 is a positive shift, and this may likely improve service delivery and financial sustainability of the NHIS. Future policy efforts should focus on ensuring timely and consistent disbursements of NHF allocations to match increasing NHIL contributions for a more effective healthcare financing system.

4.4.2 Trend of NHIL+SSNIT Contributions (2020-2024)

The graph presents the funding trend for Ghana's National Health Insurance Scheme (NHIS) between 2020 and 2024, specifically tracking revenue inflows from NHIL+SSNIT contributions (blue line) and actual allocations to the National Health Fund (NHF) (orange line). The total revenue inflows from the National Health Insurance Levy (NHIL) and SSNIT contributions have shown continuous growth over the five years. The funding increased from approximately GHS 2.5 billion in 2020 to nearly GHS 9 billion in 2024, indicating a strong upward trajectory in government revenue allocation to health insurance. In contrast to NHIL+SSNIT contributions, NHF allocations exhibited an inconsistent trend. In 2021, NHF allocations declined slightly, despite an increase in NHIL+SSNIT contributions. The sharpest dip occurred in 2023, suggesting a possible diversion of funds or administrative inefficiencies. However, in 2024, NHF allocations surged significantly, reaching nearly GHS 6 billion, reflecting a renewed commitment to fund health insurance services.

While both NHIL+SSNIT and NHF allocations increased over time, the rate of increase for NHIL+SSNIT was much higher than that of NHF. This widening gap suggests that a larger share of NHIL+SSNIT funds is not being allocated to NHF, potentially due to delays, reallocation, or inefficiencies in fund disbursement.

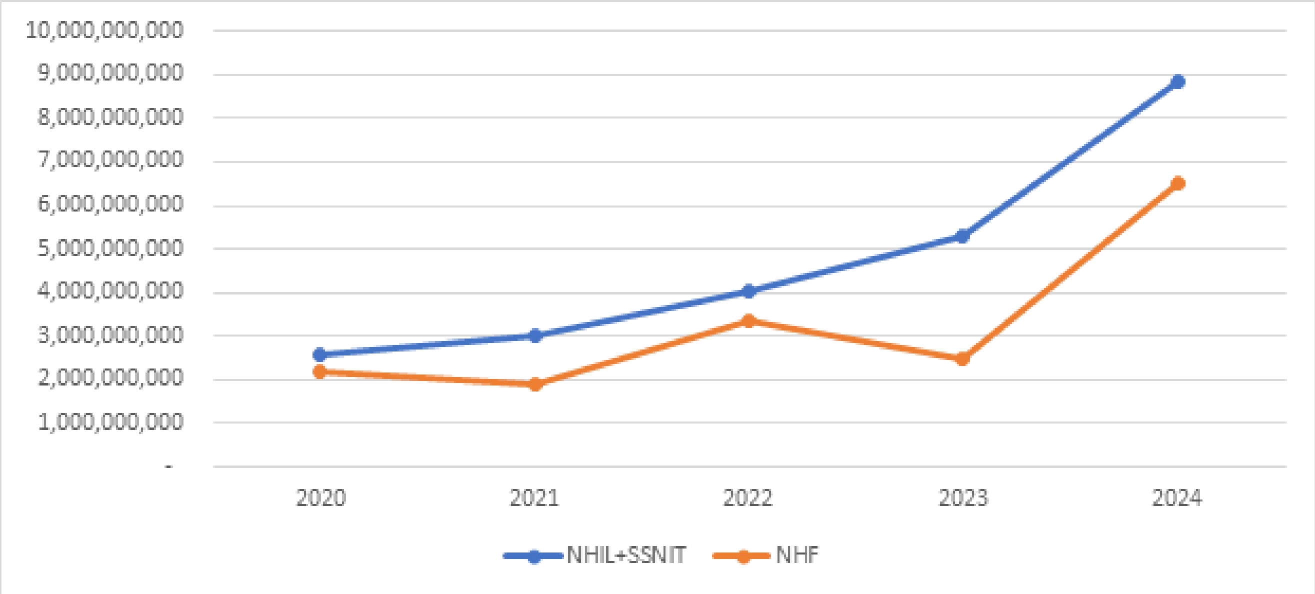


Figure 5: Trend of NHIL+SSNIT contribution and NHIF 2020-2024
Source: NHIS reports 2020-2024

4.4.3 Implications for NHIS Sustainability

The consistent rise in NHIL+SSNIT contributions is a positive indicator of NHIS funding sustainability. However, the irregular trends in NHF allocations raise concerns about the availability of funds for healthcare providers and the overall efficiency of NHIS financial management. The dip in NHF allocations (2021 & 2023) highlights funding inconsistencies that could affect NHIS service delivery, leading to delays in claims reimbursement and reduced trust in the scheme. The sharp increase in NHF allocations in 2024 is encouraging, but future consistency in disbursing a proportional share of NHIL+SSNIT revenue to NHF is critical for improving healthcare accessibility and quality.

4.5 Uncapping NHIL and its implications on health financing in Ghana

The National Health Insurance Levy (NHIL) is a key financing mechanism for Ghana's National Health Insurance Scheme (NHIS), providing resources for healthcare services, medicine procurement, and infrastructure development. In recent years, the capping of NHIL has constrained the full utilization of funds for health service delivery. The government's decision to uncap NHIL in the 2025 budget marks a significant shift in health financing, with an allocation of GHS 9.93 billion to enhance healthcare access and service delivery. This report examines the implications of this policy on health financing, primary healthcare, and non-communicable diseases (NCDs) in Ghana.

4.5.1 Allocation of NHIS Funds in the 2025 Budget

The 2025 budget earmarks GHS 9.93 billion for the NHIS, covering the following areas:

1. Claim Payments: Ensuring timely reimbursement to healthcare providers, reducing service disruptions.
2. Essential Medicines and Vaccines: Strengthening pharmaceutical supplies for disease prevention and management.
3. Bridging USAID Financial Shortfall: Addressing gaps created by reduced donor funding.
4. Free Primary Healthcare: Expanding access to essential health services for underserved populations.
5. MahamaCares Initiative: A targeted social intervention program aimed at improving maternal and child health.

4.5.2 Implications for Health Financing and Service Delivery

Uncapping the NHIL presents a critical opportunity for substantial investment in primary healthcare, ensuring universal access to essential services. Strengthening resources for primary healthcare facilities will not only enhance accessibility but also alleviate pressure on secondary and tertiary healthcare institutions. Additionally, a more predictable and stable funding base for the NHIS will enable better planning and execution of health programs. This should, in turn, lead to a reduction in out-of-pocket expenses for patients, fostering a more equitable healthcare system.

The external funding gap, particularly the USAID financial shortfall, has significantly impacted healthcare delivery, especially in reproductive and child health services. Funding from the NHIL will be crucial in sustaining these essential programs and ensuring continued access to life-saving interventions.

Non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular diseases are on the rise in Ghana, placing a heavy burden not only on patients but also on their dependents due to the high cost of treatment. We propose that the NHIS allocate more funding for essential medicines and provide greater support to health facilities to enhance the early detection, treatment, and management of NCDs. This will help reduce mortality rates and long-term complications associated with these conditions.

In 2024, due to capping, only GHC 1.7 billion (20.1%) of the GHC 8.1 billion allocated to NHIA was disbursed, leaving an estimated debt of GHC 2.5 billion. The 2025 budget does not outline measures to clear these arrears. Additionally, outstanding health sector arrears total GHC 10.35 billion, excluding funds needed for Agenda 111 hospitals, with no clear plan for settlement.

While the uncapping policy has increased funding for NHIS, financial challenges persist, particularly with the additional responsibility of financing the Free Primary Healthcare Scheme (FPHC). Without a clear debt resolution strategy and consistent disbursement, the sustainability of healthcare financing remains uncertain.

4.6 The COVID-19 Levy and Expenditure Trend (2021-2024)

The graph below illustrates Ghana's COVID-19 Levy collections and expenditures from 2021 to 2024, showing the relationship between revenue generated and its use for pandemic-related interventions. In 2021, Ghana collected approximately GHS 889 million from the levy but spent a substantial GHS 5.3 billion on COVID-19-related expenditures, indicating reliance on additional funding sources for the initial pandemic response.

Revenue from the COVID-19 Levy increased steadily, rising from GHS 889 million in 2021 to over GHS 3.1 billion in 2024. This upward trend suggests improved tax collection mechanisms or policy adjustments. However, from 2022 to 2024, while the government continued to collect revenue from the levy, there is no clear account of how these funds were allocated. This lack of transparency raises concerns about accountability and the future use of accumulated funds.

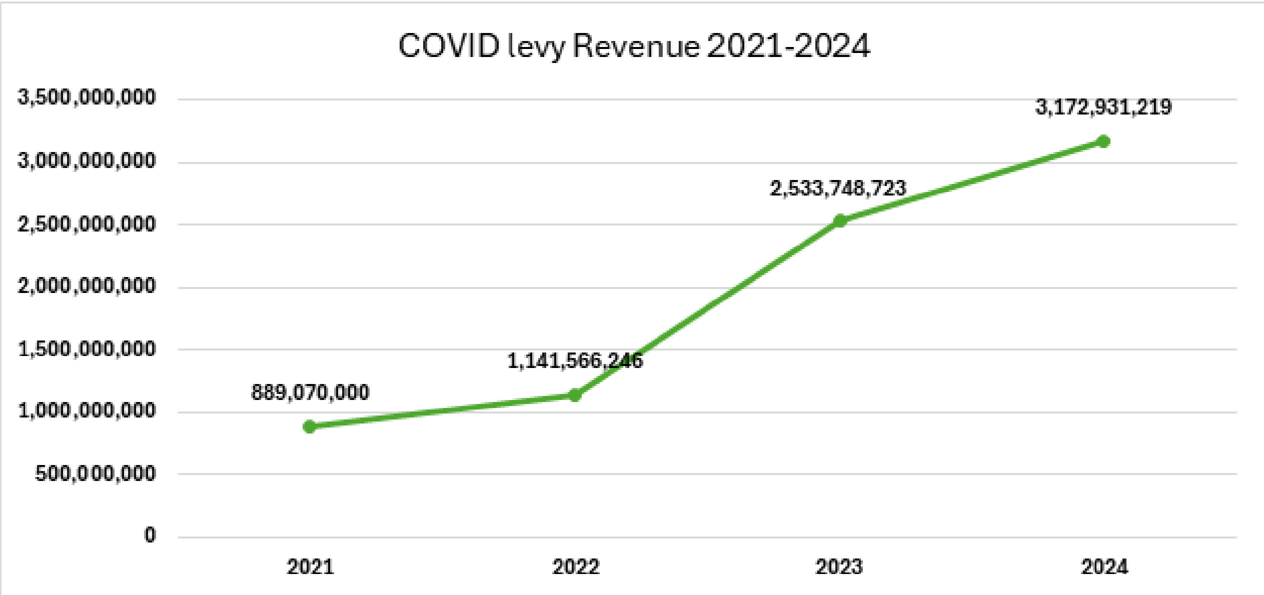
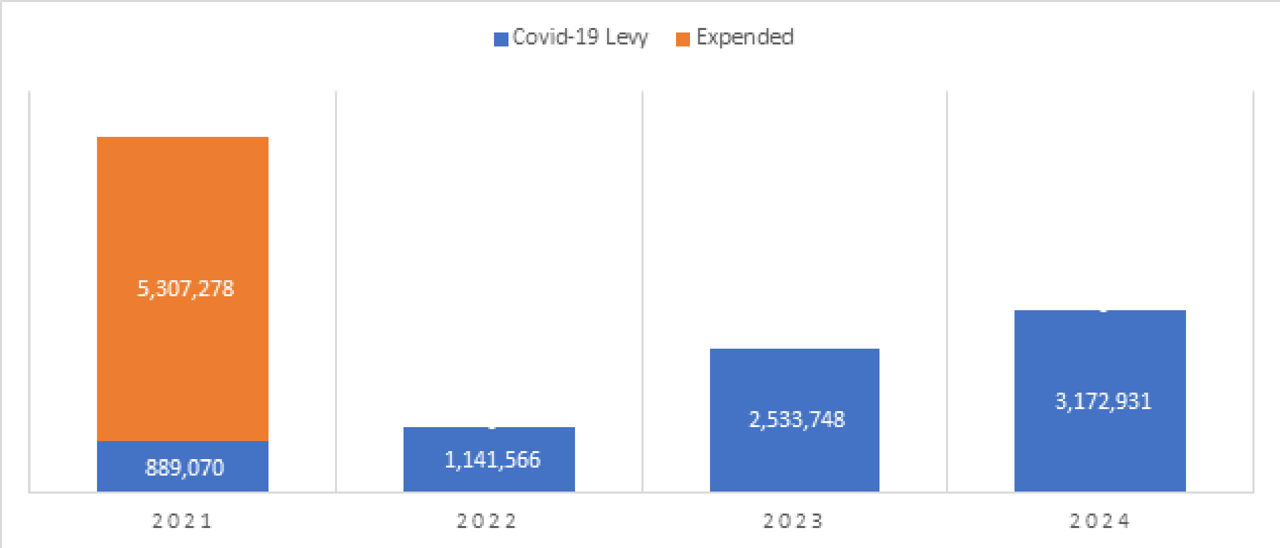


Figure 6:0 Trend of COVID levy Revenue 2021-2024

4.6.1 The COVID-19 Levy collected from 2021 to 2024 and the 2021 expenditure



Source: Economic policy of the Gov 2021-2024

4.7 The Freeze on Employment and Its Impact on Human Resources for Health

Over the years, Ghana has witnessed a significant migration of nurses, midwives, doctors, and other healthcare professionals to other countries, placing an immense burden on the remaining workforce. This has further strained the health system, making it difficult to provide quality healthcare services. In the 2025 Budget Statement, the government announced a freeze on recruitment, a decision that has serious implications for human resources in the health sector. Ghana continues to struggle with achieving the recommended nurse-to-patient and doctor-to-patient ratios, and this employment freeze threatens to worsen the situation.

As shown in the table below, the nurse-to-population ratio has been on a downward trend, primarily due to two key factors:

- The migration of nurses in search of better opportunities abroad.
- The backlog of trained nurses who are yet to be employed, despite the increasing demand for healthcare workers.

To strengthen Ghana's public health system, deliberate efforts must be made to absorb the backlog of unemployed nurses and health professionals. Failure to do so will further widen healthcare access gaps, especially in underserved communities. The government must reconsider the employment freeze in the health sector and prioritize human resource investment to ensure quality and accessible healthcare for all Ghanaians.

Nurse-to-population ratio (Per 1000 Population)

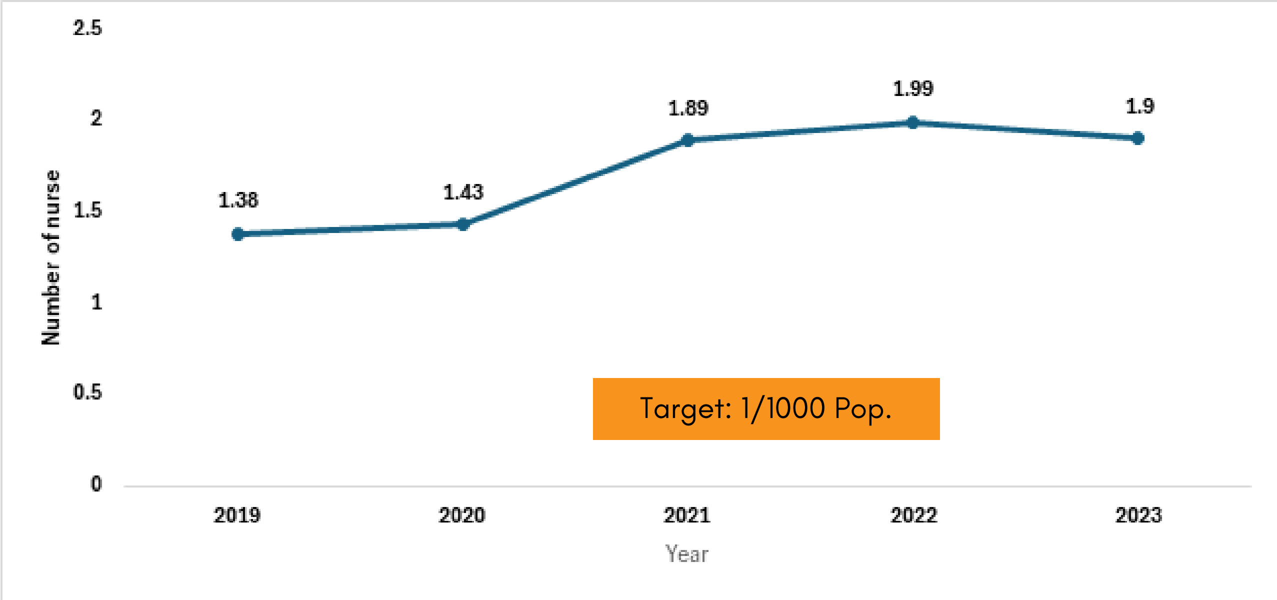


Figure 7:0 Nurse-to-Population ratio (Per 1000 Population)
Source: Holistic assessment report MHO Ghana

As illustrated below, Ghana continues to struggle with achieving the internationally recommended doctor-to-population ratio of 1:1000. Currently, the country stands at 0.2 doctors per 1000 people, leaving a deficit of 0.8 to meet the global standard. This shortfall means that a significant portion of the population may not have access to a doctor, while those in service face excessive workloads, potentially affecting the quality of care provided.

To address this gap, there is an urgent need for policy interventions aimed at recruiting more doctors and providing adequate resources to medical training institutions to expand their intake capacity. Additionally, universities should be supported to train more healthcare professionals, including nurses, to strengthen the health workforce.

As outlined in the government's manifesto and budget, it is crucial to implement incentive packages for healthcare providers who accept postings to deprived districts, ensuring equitable distribution of medical professionals across the country. If the current trend continues, it could take Ghana an additional five years to increase the ratio by just 0.1, which is particularly concerning for women, girls, persons with disabilities, and other vulnerable groups who may struggle to access private healthcare facilities. Immediate action is required to bridge this gap and improve healthcare accessibility nationwide.

Doctor-to-population ratio (per 1000 population)

Figure 8:0 Doctor-to-population ratio (per 1000 population)
Source: Holistic assessment report 2023

4.8 The Free Sanitary Pad Policy

The Government of Ghana's commitment to allocating GH¢292.4 million in the 2025 National Budget for free sanitary pads for female students in primary and secondary schools is highly commendable. This commitment is a critical step toward addressing menstrual hygiene challenges and ensuring that girls, especially those from low-income households, do not miss school due to lack of access to sanitary products. However, while the budget allocation signals progress, we are deeply concerned about the absence of a clear implementation and funding strategy to ensure the effective and sustainable execution of this policy. Without this strategy, the policy risks being ineffective, inequitable, or mismanaged and not sustainable. To promote transparency, accountability, and efficiency in the rollout of this policy, the government must urgently provide clarity on how the GH¢292.4 million budgeted for the initiative was determined. For sustainability, it is crucial to specify the funding source and establish a clear implementation and coordination mechanism to ensure transparency.

Additionally, the policy lacks details on the frequency of distribution and the quantity of sanitary pads allocated per student. Furthermore, while the policy targets female students in primary and senior high schools, it overlooks young girls in TVET institutions, who should also be included.
We recommend that the government engage stakeholders, including civil society organizations, in developing a robust implementation and funding strategy to ensure the effectiveness and inclusivity of this initiative.

5.0 POLICY RECOMMENDATION

1. Increased and Equitable Health Financing: The government should progressively increase the health budget towards meeting the Abuja Declaration target of 15%. More funds should be allocated to CaPex to address infrastructure deficits.
2. Clear Implementation Plan for Free Sanitary Pad Policy: The government should provide a transparent implementation strategy, including frequency of distribution, targeted beneficiaries, funding sources, and procurement arrangements to ensure program sustainability.
3. Address NHIS Arrears and Ensure Timely Disbursement: The government should develop a clear roadmap for settling NHIS arrears and ensuring the timely allocation of funds to improve healthcare service delivery.
4. Infrastructure Investment and Agenda 111 Commitment: A dedicated funding mechanism should be established for the completion of Agenda 111 projects to improve healthcare access, especially in underserved areas.
5. Commit to Completing Agenda 111 Hospitals – Instead of initiating new projects, the government should prioritize completing existing health facilities to avoid wasted investments and increase healthcare accessibility.
6. Engage the Private Sector in Health Infrastructure Development – The government should explore Public-Private Partnerships (PPPs) and mission hospitals to speed up the completion of Agenda 111 and other health projects.
7. Employment of Healthcare Professionals: The government should reconsider the recruitment freeze in the health sector to address staffing shortages and improve service delivery.
8. Expansion of Mental Health Services: Budgetary allocations should be made for expanding mental health facilities beyond the three major centers to improve access across regions.
9. Strengthening Health System Resilience Against NCDs: The NHIS should prioritize funding for the management and treatment of NCDs, ensuring early detection and adequate medical supplies.

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