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# 1.0 Introduction

Since 1987, infant and under-5 mortality rates, adult life expectancy, and access to healthcare have all improved markedly in Ghana’s health system (Addy et al., 2024). Additionally, there has been an introduction of the National Health Insurance Scheme (NHIS) in 2003, which has helped to make healthcare affordable, but challenges like insufficient financial investment, inadequate healthcare workforce, and increase in NCDs go unaddressed (Mensah, 2024). This report examines the current health policies, legislation, ethical principles, and regulatory frameworks and investigates their impact, effectiveness, and alignment with Ghana’s health requirements while identifying gaps that need further reforms to attain universal health coverage.

# 2.0 Understanding Health and Social Care Policies in Ghana

## 2.1 Current Government Policies relating to Health and Social Care in Ghana

Some funding initiatives to increase healthcare accessibility and affordability have been integrated by the Ghanaian government. According to Seidu et al. (2021), The National Health Insurance Scheme (NHIS) was established under National Health Insurance Act 650 (2003) and later as Act 852 (2012) to cover all healthcare services in public and private facilities, according to the Ministry of Health (2022). Also, the NHIA (2023) has over 12.3 million active members, which grants beneficiaries the liberty of subsidised outpatient consultations, hospitalisation and essential drug coverage. Besides NHIS, Hollingworth et al. (2019) also mention the Ghana Essential Health Interventions Program (GEHIP), which was introduced in 2010 to improve health financing in Ghana, primarily through community-based care models on national health planning. As for the government, it has promised to provide a lot of financial resources to fight communicable diseases. Over 16 million insecticide-treated nets (ITNs) and the introduction of seasonal malaria chemoprevention strategies have been supported by the National Malaria Control Programme (NMCP) as outlined in the WHO(2022).

In addressing gaps in service delivery in underserved regions, an area of focus of the expansion of Ghana’s healthcare workforce has been. Vellekoop et al. (2022) note that the Community Health Planning and Service (CHPS), which was first piloted in 1999 and then expanded nationally to about 6,000 operational zones in 2005, of which Community Health Officers (CHOs) are deployed to serve at the community level in providing preventive and curative health services. The GHS (2021) recognises that the government has put in place measures that have contributed to midwifery and nursing education training to ensure an adequate supply of trained personnel in urban and rural healthcare centres. Moreover, the Ghana Health Workforce Strategy (2021–2025) was designed to retain staff, encourage continuous professional development, and deploy the health workforce equitably to access services across the country (Stewart et al., 2021).

## 2.2 Impact on Health and Social Care Provision

Implementing Ghana’s health policies has positively contributed to improving access to health care, use of services, and disease prevention activities. Ghanaians have been able to use NHIS to circumvent financial barriers. For instance, Kofinti et al. (2022) found that formal healthcare utilization has increased by 60% across urban centers since 2012. This expansion has facilitated access to essential medicines, outpatient consultations, and hospital care, significantly cutting catastrophic out-of-pocket health expenditures (Sekyi et al., 2020). According to Asamani et al. (2021), rural populations can seek medical care without financial strain, as 32 percent are enrolled in NHIS. Much like the Ghana Essential Health Interventions Program (GEHIP), the Community Health Planning and Services (CHPS) model has integrated community-based care, which has resulted in a reduction in maternal mortality of 30% in northern regions by providing trained health personnel and ensuring better service delivery (Poku et al., 2022).

Laar et al. (2020) noted that the National Malaria Control Programme (NMCP) has continued to be effective in reducing malaria prevalence to 8.6% following the distribution of insecticide-treated net (ITN) and seasonal malaria chemoprevention. Such an achievement highlights the importance of sustained vector control programs and public health interventions. Workforce policies have also supported service expansion: the Midwifery Education Support policy increased nurse density to 1.3 per 1,000 people to guarantee staffed with trained professionals across all health facilities (Adom et al., 2021). Kweku et al. (2020) also observed that the Ghana Health Workforce Strategy (2021–2025) has contributed to improved health worker distribution and retention to ensure more skilled professionals are available in more locations. These policies have strengthened Ghana’s healthcare infrastructure and led to more equitable and sustainable service delivery.

## 2.3 Evaluation of Policy Effectiveness

Evaluating health and social care policies that serve the Ghana population requires examining them in different dimensions, including access to services, quality standards, sustainability, and readiness for future challenges.

### 2.3.1 Accessibility

The National Health Insurance Scheme (NHIS) and Community Health Planning and Services (CHPS) have widened the range of Ghana’s health policies to expand access to healthcare services. Felix Nyante et al. (2024) reported that the NHIS has increased healthcare utilization by 60% and thus shows its role in removing financial barriers. Nevertheless, Wahab and Aka (2020) posited that, despite this, only 32% of rural populations are enrolled, illustrating the ongoing accessibility obstacle. This implies that while the current health and social care policies have enhanced access, they have not addressed the needs of the whole population. Hence, there are still limitations in equitably distributing healthcare in rural areas because of affordability and logistical barriers.

### 2.3.2 Quality

Service quality is influenced by Ghana’s health policies, mainly through initiatives such as the Ghana Essential Health Interventions Program (GEHIP), which has improved maternal care. According to Mensah and Dutta (2024), GEHIP reduced maternal mortality by 30 percent in northern Ghana. Moreover, Mensah et al. (2023) notes that nurse density has increased to 1.3 per 1,000 people to increase the strength of the healthcare workforce. The fact that these improvements indicate that current policies have improved relative healthcare quality but that the system still suffers from workforce shortages and disparities indicates that progress has been achieved, but healthcare quality is still unequal across all regions.

### 2.3.3 Sustainability

The National Malaria Control Programme (NMCP) is one of the key initiatives that Ghana’s health policies use to achieve sustainability by preventing diseases (Tawiah et al., 2022). The long-term implementation of public health interventions has reduced malaria prevalence to 8.6%, according to Asare et al. (2022). it described workforce retention policies as a new approach to stabilizing human resources in healthcare. Sustainability in healthcare depends on financial commitments and reduced external funding because recently implemented policies have shown progress but need persistent financial backing to maintain long-term healthcare stability throughout all regions.

### 2.3.4 Adaptability to Future Challenges

The healthcare system of Ghana has adopted digital transformation, which enhances service delivery through its dedication to adaptable systems in the future. Laar et al. (2020) indicate that staff distribution and retention form the core of the Ghana Health Workforce Strategy (2021–2025) to create a more responsive healthcare system. The National Health Insurance Scheme (NHIS) is growing stronger as it benefits millions financially (NHIA, 2023). Health policies in Ghana demonstrate progression through these new initiatives as they prepare for upcoming healthcare challenges. Hence, the future success of Ghana's healthcare system depends on maintaining steady workforce distribution, developing infrastructure, and streamlining administrative functions to build long-term adaptability and resilience.

## 2.3.5 Conclusion

Ghana’s health policy has achieved better service quality and accessibility and sustainability improvements, although it continues to face challenges in distributing resources fairly and ensuring consistent long-term stability. The access improvements through NHIS and CHPS initiatives do not address the obstacles that rural patients experience. Programs aiming to strengthen workforce numbers and disease control initiatives continue advancing but need better financial stability and adaptability systems. The existing healthcare policies manage to address medical requirements, although they need sustained financing, expanded infrastructure, and enhanced administrative efficiency to reach their maximum potential.

# 3.0 Legislation & Regulatory Framework in Ghana

## 3.1 Sources and Status of Legislation and Guidance in Ghana Health and Social Care

Ghana's national health and social care system exists through a series of laws of multiple legal origins. The 1992 Constitution specifies in Article 34(2) that the state will ensure universal health access, which is the basis for all health-related laws and policies (Adom et al., 2021). Multiple health intervention sectors find legal authorization through the health-related statutes passed by Parliament. Various regulatory bodies create statutory instruments and regulations to translate health laws into operational measures that enforce uniformity throughout health services and professional operating environments (Kweku et al., 2020). As stated by Felix Nyante et al. (2024) National policies and guidelines for service delivery and professional ethics in health and social care develop through joint efforts between the Ministry of Health (MOH) and organizations such as the Ghana Health Service (GHS) and the Health Facilities Regulatory Agency (HeFRA). The implemented policies promote healthcare standards, performance quality, and optimized practices for institutions and medical specialists.

Health and social care laws in Ghana depend on several significant legislations. The Public Health Act, 2012 (Act 851) gives authority to the Public Health Division for disease prevention alongside sanitation and epidemic control duties by defining their enforcement powers (Wahab & Aka, 2020). Under the Mental Health Act of 2012 (Act 846), the rights of mentally afflicted individuals receive protection while mental health service decentralization takes place and mental health stigma becomes punishable by law (Mensah & Dutta, 2024). Through Act 852, known as the National Health Insurance Act of 2012, the government controls the NHIS to offer financial security and reduced medical services to National Health Insurance Scheme participants (Mensah et al., 2023). The Health Institutions and Facilities Act, 2011 (Act 829 establishes licensing requirements and operational standards for health facilities, which must follow national service quality and safety standards (Asare et al., 2022). Per the Health Professions Regulatory Bodies Act, 2013 (Act 857), professional councils supervise practitioner licensing, training, and ethical compliance, including the Medical and Dental Council and the Nursing and Midwifery Council (Mensah & Mijwil, 2025).

Ghana's health and social care system operates under mandatory and voluntary frameworks. Healthcare standards, resource distribution, and patient protection functions are established through legislation, transforming regulations into enforceable compliance requirements (Amoah et al., 2021). The Ghanaian Parliament creates healthcare laws, and the MOH takes responsibility for implementing them. HeFRA and professional councils fulfil regulatory enforcement responsibilities by using the Health Facilities (Registration) Regulations, 2018 (LI 2360) to monitor health facility compliance and the Health Professions Regulatory Bodies (Registration) Regulations, 2014 for practitioner standard maintenance (Mensah et al., 2024). The Mental Health Regulations, 2020 (LI 2416), enable organizations to implement mental healthcare standards at various levels. GHS, HeFRA, and professional councils publish guidelines that enforce clinical care protocols, infection prevention standards, and ethical healthcare practices (Zampas et al., 2020). All healthcare facilities must adhere to standards under law, and noncompliance may result in multiple penalties, which include substantial financial penalties and imprisonment or closure from HeFRA and license revocation for malpractice (Kwame & Petrucka, 2022). The enforcement mechanisms provide accountability and quality standards to Ghana’s healthcare system.

## 3.2 Impact of Legislation on Healthcare Delivery

By enforcing stringent public health regulations, the Public Health Act 2012 (Act 851) has substantially influenced Ghana's disease prevention, sanitation, and epidemic management. The Ghana Health Service GHS (2021) explains that this law established the Public Health Division, improved infectious disease monitoring, and enabled timely disease outbreak responses. The Act establishes programs for vaccination, food standards, and environmental protection guidelines that enhance national public health results (Rahman et al., 2021). Based on Felix Nyante et al. (2024), the Act has expanded Ghana's malaria control programs, successfully reducing malaria prevalence to 8.6% using vector control and chemoprevention methods. The Mental Health Act, 2012 (Act 846), has revolutionized how mental health services are delivered to patients. Koduah et al. (2021) explained how the law led to decentralizing mental health services by creating regional psychiatric units and primary healthcare-based mental health services. The law makes discrimination against mental health patients illegal while protecting them from stigma and discrimination (Awoonor-Williams et al., 2022).

The National Health Insurance Act, 2012 (Act 852) significantly changed healthcare financial access by reducing devastating expenses from out-of-pocket payments (Adu, Mulay, et al., 2021). The National Health Insurance Scheme (NHIS) has successfully raised formal healthcare utilization by 60%, as Anarwat et al. (2021) reported. The research of Anyanwu et al. (2024) shows rural enrollment rates at 32%, which indicates that affordability issues continue to exist. By implementing the Health Institutions and Facilities Act 2011 (Act 829), the government successfully established regulations requiring all health centers, clinics and hospitals to follow operational standards.

The Health Facilities Regulatory Agency (HeFRA, 2023) declared that inspections of healthcare facilities resulted in the shutdown of substandard facilities, thus advancing healthcare service quality and enhancing patient safety. The Health Professions Regulatory Bodies Act, 2013 (Act 857) has improved health workforce regulation by creating professional councils, including the Medical and Dental Council and the Nursing and Midwifery Council (Kabaniha et al., 2021). According to Humphrey Karamagi et al. (2023), the legislation has created better licensing mechanisms, enhanced professional standards, and improved ethical regulation, enhancing service quality and healthcare provider trust from the public.

## 3.3 Purpose of Legislation & Compliance Issues

Health and social care legislation, together with guidance in Ghana, exists to promote accessible health services that deliver quality care through financial protection and public health protection (Adu, Oudshoorn, et al., 2021). Standards in healthcare delivery and facility regulation alongside professional practice exist in the established legislative framework, guaranteeing coherent health sector operations (Adu, Jurcik, et al., 2021). The legislation ensures the protection of patient rights as part of its work to enhance disease control procedures while managing healthcare funding systems (Buertey et al., 2025). The legal framework of Ghana establishes specific responsibilities for medical institutions and professionals, which creates an organized and responsible healthcare system while enhancing public trust in medical services, leading to long-term healthcare development.

Ghana's medical and social care laws have proven effective through their expansion of healthcare services and better health achievements. The National Health Insurance Act, 2012 (Act 852), increased formal healthcare utilization by 60%, lowering financial pressure while preventing catastrophic out-of-pocket expenditures (Adu et al., 2023). The Public Health Act 2012 (Act 851) strengthened disease prevention approaches, which allowed the National Malaria Control Programme (NMCP) to distribute insecticide-treated nets (ITN) widely and conduct seasonal chemoprevention and reduce malaria prevalence to 8.6%, according to Oppong et al. (2021). The Mental Health Act 2012 (Act 846) decentralizes mental health services and protects against discriminatory and stigmatizing practices (Mensah & Amankwah, 2023). The healthcare laws have improved quality and access to services, yet existing workforce deficits and facility gaps show that these policies need additional support for enhancement.

Hospital legislation in Ghana requires adaptability to manage new health threats together with advancing healthcare technology. The Ghana Health Workforce Strategy (2021–2025) works to solve workforce distribution problems through better staff retention and placement of workers in areas with limited medical care (Asiamah et al., 2020). Through the Ghana e-Health Strategy (2010–2030), the Ministry of Communication and Digitalization promotes the implementation of telemedicine, artificial intelligence, and digital health record systems to advance healthcare services (MCD, 2021). The ongoing dependence on external funding for the Ghana Essential Health Interventions Program (GEHIP) illustrates the necessity to develop extraordinary financial sustainability methods to ensure sustainable healthcare stability (Wuni et al., 2021). The legal framework of Ghana’s healthcare sector has proven vital in achieving better health results while establishing organized governance and enhancing both accessibility and quality in healthcare delivery.

# 4.0 Principles & Values in Ghana’s Health & Social Care System

## 4.1 Core Ethical Principles

The fundamental ethical framework for Ghana's health sector consists of responsibility for patient safety, privacy protection, voluntary treatment authorization, and fair medical services distribution. Healthcare providers meet their professional obligations according to the Health Professions Regulatory Bodies Act, 2013 (Act 857) (MCD, 2021). Practitioners need to prioritize the well-being of their patients by providing safe, evidence-based care while consistently demonstrating competence. Quality medical care without discrimination belongs to patients, according to GHS (2021). Patient confidentiality is a vital foundation that safeguards all medical documentation physicians must keep secret except under legal disclosure (Tawiah et al., 2022). The Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525), protects patient confidentiality, yet any violations may result in professional discipline according to MDC ethical guidelines (Hollingworth et al., 2019).

Under the Public Health Act 2012 (Act 851), healthcare providers must provide patients with detailed information concerning procedures, risks, and alternative treatments before gaining consent (Zampas et al., 2020). The study by Mensah and Dutta (2024) revealed that 79% of patients received inadequate information before signing consent forms, demonstrating implementation problems. The 1992 Constitution of Ghana establishes healthcare equality in Article 21 and supports this mandate through the NHIS Act, 2003 (Act 650), which aims to eliminate service accessibility inequalities (Wahab & Aka, 2020). These principles form ethical boundaries and legal protections for patient rights and direct healthcare providers in their ethical medical choices.

## 4.2 Impact on Service Delivery

Adopting ethical principles in healthcare has dramatically improved access to medical services and patient trust, resulting in clinical outcomes in Ghana. The National Health Insurance Scheme (NHIS) demonstrates equitable principles by lowering healthcare costs through its policy, which grants essential medical access to underserved communities (NHIA, 2023). The study by Kumah et al. (2020) shows that insurance coverage leads patients to seek medical attention earlier by 40%, which shows ethical concerns drive healthcare behavior. Upholding confidentiality and respecting informed consent increases trust between patients and healthcare providers who use services more frequently (Mensah et al., 2024). The Mental Health Act 2012 (Act 846) supports patient autonomy for healthcare decisions and improves program engagement through minimizing stigma (Felix Nyante et al., 2024).

Better health outcomes emerge through utilizing non-maleficence and justice principles in healthcare. The NHIS’s maternal care service coverage resulted in a 28% decrease in maternal deaths between 2008 and 2018 because it eliminated financial barriers for women to get antenatal care (GHS, 2023). The Mental Health Act successfully merges mental health treatment with primary care services, delivering continuous care without stigma to patients (Kofinti et al., 2022). These ethical frameworks result from service delivery excellence and the development of a healthcare system based on fairness alongside transparency and accountability.

## 4.3 Initiatives Promoting Ethical Standards

The government of Ghana established multiple programs that support ethical medical standards while focusing on employee training and accreditation policies and regulatory actions (Seidu et al., 2021). Healthcare professionals must complete mandatory ethical training modules at the Nursing and Midwifery Council (NMC) as part of their professional requirements (Mensah & Dutta, 2024). Special training for midwives at childbirth focuses on maternal autonomy rights, thus decreasing inappropriate medical interventions (Kwame & Petrucka, 2022).

The accreditation process represents a primary initiative designed to uphold ethical professional standards. The MDC and NMC conduct periodic inspections of medical and nursing schools according to the HeFRA (2023) to verify that educational programs support national healthcare goals and ethical practices (Rahman et al., 2021). Failing institutions get their licenses revoked when they do not meet their training standards and facility requirements (Amoah et al., 2021). The continuous professional development requirements, disciplinary boards, licensing exams, and professional development programs guarantee the maintenance of practitioner competence and responsibility (Laar et al., 2021).

The Ghana Health Service developed the Care Standards Framework, strengthening requirements for hygiene practices, patient rights standards, and staffing norms. According to the Ghana Health Service (GHS, 2021), healthcare facilities that fail to uphold infection control standards face potential suspensions or financial penalties. These initiatives help healthcare organizations achieve higher ethical standards and enhance staff awareness, patient safety, and professional accountability across all healthcare service delivery levels.

## 4.4 Supporting Human Rights in Healthcare

Ghana’s healthcare framework implements policies with human rights protection measures to provide equal access to dignified carefree from discrimination and follows ethical standards (Humphrey Karamagi et al., 2023). Under the National Health Insurance Act, 2003 (Act 650), the government bans discrimination against healthcare beneficiaries regardless of ethnicity, religion, or socioeconomic level (Mensah et al., 2023). The NHIS supports low-income population groups by subsidizing their premium costs, which helps them overcome financial barriers to necessary healthcare services (Laar et al., 2020).

The Mental Health Act, 2012 (Act 846) establishes legal safeguards to defend mental health patients by battling discrimination and abuse and supports community treatment rather than hospital incarceration (Sekyi et al., 2020). Public education campaigns known as "Mental Health Must Be Respected" work to eliminate mental illness stigma while promoting community inclusion, according to the Ministry of Health (2022). Per Article 51 of the Public Health Act 2012 (Act 851), citizens are protected through informed consent and confidentiality provisions, which grant patients medical decision autonomy (GHS, 2021).

Through the Health Professions Regulatory Bodies Act of 2013 (Act 857), the MDC, NMC and other bodies maintain the authority to investigate unethical behavior in healthcare professionals and enforce disciplinary measures against those who break patient rights (HeFRA, 2023). Healthcare facilities can expect penalties, fines, and operational suspension when they do not meet requirements for non-discrimination and ethical guidelines (GHS, 2021). The existing legal safeguards for human rights in healthcare should be supplemented by measures that enhance the accessibility of National Health Insurance Scheme programs and develop more potent enforcement methods alongside broader public understanding of patient rights (Kumah et al., 2020).

Ghana’s healthcare ethics framework establishes its foundation in the Patient’s Charter and legal mandates to maintain core values of care, equity, and professionalism (Wuni et al., 2021). The delivery of healthcare services becomes better, and patients achieve improved clinical results when care providers follow ethical principles, including duty of care, confidentiality, informed consent and non-discrimination (Asiamah et al., 2020). The healthcare system strengthens through initiatives that enhance ethical standards through training programs, accreditation methods, and regulatory oversight (Adu et al., 2023). Human rights protections founded within national health policies guarantee the observance of fairness and inclusivity for all healthcare recipients (Adu et al., 2023). The ongoing development of ethical principles in Ghana requires improved regulatory standards and public education initiatives to establish an open and equal healthcare system focused on patient care.

## Conclusion

Ghana's health and social care system follows ethical guidelines, legislative frameworks, and regulatory policies that provide equal opportunities for care, along with superior service provision and human rights safeguards. Through the National Health Insurance Scheme (NHIS), together with the Public Health Act and the Mental Health Act, Ghana has improved medical accessibility alongside disease prevention while regulatory bodies maintain both professional and ethical standards. Though significant improvements have been made, healthcare deficiencies persist in rural areas, and the financial stability of healthcare programs and regulatory compliance need improvement. A resilient, sustainable, patient-centered healthcare system for Ghana’s evolving health needs requires enhanced policy execution, compliance with ethical standards, and increased public awareness.

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