# 1.0 Introduction

The healthcare structure of Ghana embraces various public health initiatives for enhancing health results and dealing with significant health issues. This paper analyses the organisation of health services and social care in Ghana by investigating prevention-based campaigns and educational initiatives and vaccinations. The research demonstrates how the government works to improve healthcare accessibility by implementing these initiatives which both prevent diseases and enhance public health security. The implemented strategies provide knowledge about Ghana's dual approach to managing communicable and non-communicable diseases, which supports equal healthcare distribution and long-term health improvements for the population.

# 2.0 The Structure of Health and Social Care Provision in Ghana

## 2.1 Aims of Health and Social Care

The main goals of health and social care focus on improving the overall health and well-being of the population through access to necessary care and treatment. The health and social care system delivers vital healthcare and social support programmes, particularly to elderly people, disabled individuals, and those with long-term health conditions (Ministry of Health, 2025).

The fundamental objective is universal health coverage (UHC), which provides necessary medical services to all people without financial obstacles (Ministry of Health, 2020). The goal of UHC requires affordable healthcare services, lower patient out-of-pocket costs and specific attention to groups including children, elderly citizens and low-income populations (Dzando et al., 2021).

Healthcare services focus on two essential goals, which are decreasing health inequalities and ensuring equal care availability for all patients. Main healthcare institutions must ensure that all individuals receive high-quality medical care regardless of their background, social class, geographic region and financial capabilities (Escribano-Ferrer et al., 2016). The system has been developed to remove differences in care and bring about inclusive healthcare standards.

Individuals with chronic illnesses and disabilities together with ageing-related health concerns need extended care alongside continuous service delivery (ITA, 2022). The combination of rehabilitation services, palliative care and daily living assistance are vital and essential benefits for improving quality of life and offering continuous support for those needing help (MDC Ghana, 2025).

Preventative healthcare measures are aimed at minimising the disease-related health problems. People achieve better health results when they live healthy lives; hence, health organisations spread risk awareness, encourage healthy lifestyles and promote early diagnosis, contributing to better health outcomes (Adusei et al., 2024).

## 2.2 Organization of the Health and Social Care Sector

The health services in Ghana exist at three levels, which include community-based care together with secondary and tertiary care (Kumah et al., 2021). The first healthcare level based at community centres contains CHPS compounds that deliver preventive care alongside maternal services, along with paediatric services and basic illness management (Adusei et al., 2024). Community health centres together with clinics provide medical treatment to patients while referring patients who need advanced care (Diana, 2025).

District hospitals at the secondary level treat emergency patients, perform surgeries and admit patients to their facilities, while regional medical facilities offer specialised diagnosis and treatment (Dzando et al., 2021). Complex medical situations are managed at tertiary and quaternary institutions which include teaching hospitals alongside specialised centres such as the National Cardiothoracic Centre for both healthcare worker education and medical research and service delivery (UN, 2022).

All healthcare services operate as a combination between public institutions and private organisations and voluntary organisations. The Ghana Health Service under the public sector leads facility management and policy execution (Ministry of Health, 2025). Private healthcare facilities deliver high-quality medical care, yet they have expenses, whereas faith institutions together with NGOs provide cost-effective or complimentary healthcare services to underserved regions (MOGCSP, 2024). The National Health Insurance Scheme (NHIS) receives funding from government allocations and VAT levies and donor support, enabling affordable healthcare services for outpatient treatments and surgeries and maternity care and medications (NHIS, 2025).

## 2.3 Size of the Health and Social Care Sector

In 2021 the health and social care sector of Ghana used resources equivalent to 3.2% of GDP; the WHO suggests low- and middle-income nations maintain 5% of their GDP for health funding (World Bank Group, 2024). Healthcare received 6.6% of the annual budgetary allocation as the government funded the National Health Insurance Scheme (NHIS) to provide coverage for 70% of necessary treatments and medications (MacroTrends, 2025). Total health expenditure in 2020 received substantial financial support from domestic private spending, which amounted to 41.1% of the total (Statista, 2024b).

Workers in this sector numbered 261,000 in 2021, and women made up the biggest group (GIPC, 2022). Public healthcare organisations hired more than 50,900 workers in 2020, and nurses as well as allied health professionals made up over 90% of their workforce (Statista, 2024a). The public and non-profit healthcare institutions employ 90% of health workers alongside 5,800 staff members from the Community-Based Health Planning and Services (CHPS) programme, which improves primary healthcare in rural areas (Adusei et al., 2024).

As of 2021, the total coverage rate stood at 68.6% between National Health Insurance Scheme enrolees and those under private medical insurance (Ministry of Health, 2024). The main health facilities located in urban zones serve populations that rural regions access through CHPS compounds and district hospitals (Ministry of Health, 2025).

## 2.4 Funding of Health and Social Care

The health and social care sector in Ghana receive support from three funding sources, including governmental payments and private insurance alongside community donations. The national funding supports healthcare infrastructure together with personnel recruitment and medical service delivery throughout Ghana (Vrooman, 2022).

A 6.6% portion of the 2021 national budget went to fund the National Health Insurance Scheme, with 2.5% VAT tax revenue providing free access to 70% of essential medical treatments (Christmals & Aidam, 2020). The enrolment numbers for the National Health Insurance Scheme in 2023 reached 55% (17.2 million people), which improved healthcare service accessibility (NHIS, 2025). Through the Agenda 111 funding directive, the government plans to construct district hospitals in 101 locations and three psychiatric facilities as well as seven regional hospitals throughout the country (Ndour, 2024). Ghana sources 30% of essential medicines locally, with 70% imported.

The funding aims to increase CHPS compounds and teaching hospitals together with healthcare workforce support and better management of medical supplies (Escribano-Ferrer et al., 2016). The NHIS funds generic medication and vaccines through the $25 million National Vaccine Institute (WHO, 2022a). The National Care Reform Roadmap (2024–2028) directs social funding toward family-care services while trying to decrease institution-based care through its $165 billion plan to build more CHPS facilities and teaching hospitals and support medical staff and deliver medications more effectively (Ministry of Health, 2024).

## 2.5 Regulation of Health and Social Care

The healthcare sector of Ghana functions with three systems of quality control which consist of formal laws, internal self-governance and external regulatory organisations. In the 1990s the Health Sector Reform Strategy established a system which decentralised health services delivery (MOGCSP, 2024). Universal health coverage follows the National Health Policy (2020) that implements the Health Institutions and Facilities Act (2011) to secure national standard compliance (GH Headlines, 2025).

The Ghana Medical and Dental Council (GMDC), together with the Pharmacy Council and Nursing and Midwifery Council (NMC), serve as self-regulatory bodies to manage licensing procedures and ethical standards and professional capabilities (MDC Ghana, 2025). Additional supervision of medical and pharmaceutical activities comes from the Ghana Medical Association (GMA) and the Ghana Pharmaceutical Association (MDC Ghana, 2025).

Healthcare operations in Ghana fall under the jurisdiction of the Ministry of Health through external regulatory bodies. Both the Ghana Health Service (GHS) creates policy implementation, and the Health Facilities Regulatory Agency (HeFRA) performs facility accreditation and registration tasks (HeFRA, 2016). The National Health Insurance Authority (NHIA) functions through its role to verify NHIS adherence (Dzando et al., 2021). The Food and Drugs Authority (FDA), along with the Mental Health Authority (MHA), act as regulators to monitor medication safety and food security standards and mental health service quality in the healthcare sector (Christmals & Aidam, 2020).

## 2.6 Analysis of Health and Social Care Spending in Ghana

The health and social care sector of Ghana operates as a critical element in the nation’s development, with government funding supporting service delivery expansion. Health expenditures from national government budgets reached 3.2% of GDP during 2021, which falls below the WHO recommendation of 5% for these revenue brackets (Statista, 2024a). The health sector obtained a share of 6.6% from the national budget in that year and would expand to 18% in 2022 and reach 51% in 2023 (Kumah et al., 2021). Public funding constitutes the essential foundation for healthcare funding even though international financial support decreased from 13.2% to 6.3% from 2015 to 2020 (World Bank Group, 2024).

The government dedicates its health spending to universal healthcare while developing services and infrastructure according to the Health Sector Medium-Term Development Plan (HSMTDP) 2022–2025 (Ministry of Health, 2024). The expansion of health services occurs through primary healthcare (PHC) strategies which include the PHC Investment Programme and the Network of Practice (WHO, 2022a). The National Health Insurance Scheme provides coverage to 54.4% of the population through its curative service benefits that now expand to include preventive services like family planning and childhood cancer treatments (NHIS, 2025).

Employee compensation receives between 92.45% and 99.8% of the health budget funds (Quality of Care Network, 2025). Through Agenda 111, the government makes hospital construction at district and regional levels an infrastructure development priority (Ministry of Health, 2025). The implementation of funds towards medical training together with digital health and telemedicine infrastructure builds both service quality and wider patient reach across the country.

Healthcare funding has led to better care for expecting mothers and their children while raising the number of medical staff and growing enrolment in NHIS (Christmals & Aidam, 2020). Healthcare efficiency continues to grow through digital health and telemedicine while expanding medical service coverage in the country.

# 3. Health and Social Care Provision for Different Ages and Stages of Life

## 3.1 Health and Social Care Needs at Different Life Stages

Ghana’s healthcare system supports essential care interventions that align with the various stages of human development.

Healthcare activities for the infancy stage (0–1 year) primarily concentrate on maternal and neonatal services from antenatal through delivery to postnatal phases. The immunisation schedule helps to prevent childhood diseases, while nutrition services enhance breastfeeding practices through three essential stages and growth checks (Acquah-Hagan et al., 2021). The CHPS programme operates service delivery through community platforms.

The preventive care focus of the childhood period (1–12 years) includes treatment for malaria and respiratory diseases. The healthcare programmes maintain their sequence of immunisation services alongside nutrition rehabilitation for patients while treating minor ailments curatively (PharmAccess, 2018). The school-based infirmaries (SBIs) increase healthcare accessibility through their convenient locations to help students obtain medical services without cost-related or transportation-related issues and by improving their overall health outcomes (Wright et al., 2024).

During adolescence (13–19 years), healthcare delivers reproductive health services that are specific to youth, ensuring access to contraception, STI prevention and health education (Gie & Hoffman, 2022). The implementation of SBIs helps healthcare providers perform better preventive care for patients and better manage their chronic illnesses to promote adolescent health (Heller & Hsiao, 2023).

For adults (20 – 59), services provided include family planning and maternal health along with non-communicable disease management such as hypertension and diabetes treatment (Ministry of Health, 2024). Through workplace safety programmes implemented by occupational health initiatives and reproductive health services, people obtain the support and education to plan their family lives.

Healthcare approaches older citizens aged 60+ with dual strategies that combine primary care and home-based services while treating common health issues such as arthritis and hypertension (Coe, 2021). The National Health Insurance Scheme offers coverage and specialised elderly care services to help the ageing population (Escribano-Ferrer et al., 2016).

## 3.2 Services Required and Provided

Ghana’s healthcare framework delivers comprehensive health services alongside social care programmes which are structured according to various life phases. Under the Expanded Programme on Immunisation (EPI) programme, free antenatal checkups and labour and delivery services, postnatal care and immunisations form part of the maternal and childcare services offered by Ghana (McCaskie, 2025).

Health services are distributed among CHPS compounds along with district hospitals and teaching hospitals, which provide birth assistance from skilled medical personnel and screening and nutritional support services (Baatiema et al., 2016). Under preventive healthcare, individuals have access to immunisations and health education and tuberculosis and HIV screenings through services provided by community outreach programmes and regional hospitals (Agyemang, 2021). The National Health Insurance Scheme (NHIS) uses funds to provide standard preventive healthcare services which help patients access early medical treatment (Christmals & Aidam, 2020).

Mental health services can be obtained through psychiatric hospitals together with regional hospital units and outreach programmes managed by the Mental Health Authority (Baldholm, 2024). Among the healthcare services provided under the National Health Insurance Scheme are chronic disease management features, while palliative care operates through urban teaching facilities along with religious institutions (WHO, 2022b). Healthcare provisioning comes from primary care CHPS compounds, and private clinics and regional and teaching hospitals give specialised and advanced medical services (Awuviry-Newton et al., 2022).

## 3.3 Long-term Care Provision

The main delivery systems for long-term care in Ghana exist between home-based care and institutional care services for persons with chronic conditions and disabilities. Medical care and everyday assistance and physical support for mobility exist primarily as the duty of family carers. The endemic nature of extended family households within Ghana helps senior citizens access help from their relatives (Adawudu et al., 2024). Additional care for the community comes from health initiatives which send volunteers to visit homes and religious organisations, helping patients in their homes (Gie & Hoffman, 2022).

The number of institutional care services is growing through the addition of private nursing homes and rehabilitation centres that provide expert care for individuals who need long-term support. Some establishments deliver specific medical care services to assist patients beyond recovery from surgery as well as manage persistent diseases (Heller & Hsiao, 2023). Faith-based organisations maintain care homes which provide both medical assistances together with social and spiritual support services (Atakro et al., 2021).

Healthcare providers who work both in homes and institutions perform essential roles for patients. Professional services now appear alongside families in caregiving activities, but they still enhance the quality of medical support available to patients (Wright et al., 2024). Long-term care integration within Ghana’s healthcare framework continues to progress, delivering necessary support to patients who live with chronic illnesses and disabilities (Dovie, 2019).

## 3.4 Access to Health and Social Care Services

Healthcare services in Ghana operate from different access points which determine patient location and personal requirements. Primary care services are accessible at Community-Based Health Planning and Services (CHPS) compounds located in rural regions together with health centres or clinics established in urban areas that provide walk-in services for basic medical needs including immunisations and antenatal care and treatment of minor illnesses (Adusei et al., 2024). People can access emergency medical care without appointments at public hospitals, whereas private hospitals provide quick procedures to both cash patients and those with personal insurance (Adawudu et al., 2024).

Patients need to get approved by their general practitioner before accessing specialised healthcare, which guides them to district, regional or tertiary hospitals. Patients who seek care from private specialists must obtain a referral when their insurance needs coverage because direct bookings are permitted (Frimpong‐Manso et al., 2024). The flexibility enabled by private health insurance schemes lets people avoid waiting periods for medical services to receive additional treatment options, mainly in urban settings (Atakro et al., 2021). Business enterprises commonly acquire total healthcare solutions that protect both their staff as well as their dependents.

Healthcare accessibility varies at different human life periods. Under the National Health Insurance Scheme Pregnant women along with children younger than 18 receive free enrolment to receive maternal and child health services (Awuviry-Newton et al., 2022). Youth-friendly clinics offer young people sexual and reproductive care, while hospitals and private facilities provide services for adults who need continuous care (WHO, 2022b). Elderly individuals who are members of NHIS do not pay fees for medical services, while urban hospitals and faith-based institutions provide palliative care services.

## 3.5 Barriers to Access and Solutions

People in Ghana face challenges in accessing health and social care based on their geographic location and socioeconomic status, which change depending on their life stage. Rural healthcare facilities experience low-quality standards since only 43% of their health centres meet the national requirements, while urban facilities gather specialised medical services. Low-income families experience care delivery gaps in maternal, child and adolescent healthcare because they still must pay medical costs directly even though they participate in the National Health Insurance Scheme (NHIS). People with disabilities and elderly adults encounter barriers to essential services because of physical limitations and financial obstacles and experience discrimination in the healthcare system (Atakro et al., 2021).

The combination of policy restrictions and infrastructure issues makes health services inaccessible mainly to disadvantaged groups. Under NHIS only 54.4% of the population receives coverage, and the scheme does not provide reimbursement for dialysis treatment and cancer therapy (Awuviry-Newton et al., 2022). The current payment delay issue diminishes health service quality, and both urban and rural areas suffer from doctor scarcity with a physician shortage rate of 1:12,000 (PharmAccess, 2018). Health facilities in most areas have insufficient structures to support persons with disabilities together with limited sign language provisions and policies for people with special needs, which results in more health disparities (Coe, 2021).

Ghana fights health-related limitations through outreach programmes combined with public health campaigns and policy reform initiatives. Telemedicine services in remote areas receive enhancement through the joint efforts of the Community-Based Health Planning and Services (CHPS) initiative and mobile health (mHealth) programmes (Drislane et al., 2014). The government supports adolescent wellness through public health initiatives while Agenda 111 works to establish new district hospitals as part of efforts to reduce healthcare disparities between regions (WHO, 2019b). The National Health Insurance Scheme is currently reviewing reform measures to extend coverage to vulnerable populations to enhance healthcare access equity (Baldholm, 2024).

# 4. Different Areas of Specialism within Health and Social Care

## 4.1 Specialist Areas within Health and Social Care

Specialist areas in Ghana’s health and social care system service people at different points throughout their lives. Paediatrics serves as a fundamental healthcare discipline that addresses neonatal and perinatal medicine as well as paediatric cardiology together with oncology and adolescent medicine (Baatiema et al., 2016). The paediatric services at Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital offer robust child medical care that includes both specialised surgeries and treatment programmes (Ministry of Health, 2024). Through the Community-Based Health Planning and Services (CHPS) initiative, paediatric healthcare services are incorporated into primary health centres, making immunisations, nutritional support and disease prevention available to communities across the nation (Adusei et al., 2024).

Geriatric care provides medical attention to older adults through three essential aspects, which include managing chronic diseases and post-treatment recovery and end-of-life support (WHO, 2023b). The lack of institutional care facilities leads to community-based initiatives becoming the major providers who deliver essential wellness services. Multiple fields within mental health services include child and adolescent psychiatry together with maternal mental health and addiction psychiatry services (International Trade Administration, 2022). Accra Psychiatric Hospital maintains psychiatric care facilities while community mental health programmes help reach more people in the community (Escribano-Ferrer et al., 2016).

Healthcare functions best with social work intervention, as it helps people and families handle their health-related social difficulties (Wahab & Hassan, 2025). Hospitals and social service programmes unite child welfare care with family support and community development solutions to provide complete care. BasicNeeds-Ghana, together with the Livelihood Empowerment Against Poverty (LEAP) government programme, makes important contributions to social work activities(Asamani et al., 2021).

Maternity and obstetric services encompass maternal-foetal medicine, reproductive health, and gynaecological oncology (WHO, 2019a). The medical facilities inside CHPS compounds feature integrated maternal health clinics that deliver complete antenatal and delivery care alongside postnatal services for patients (Amenga-Etengo, 2022). Specialist medical areas contribute together to strengthen Ghana’s healthcare system and provide focused care for different population groups.

## 4.2 Health and Social Care Professions

The health and social care sector of Ghana contains a diverse range of medical practitioners who deliver essential healthcare services to help protect community well-being. Medical staff lead patient care by recognising diseases through diagnosis and prescribing medications while executing surgical procedures at hospitals and clinics (Ministry of Health, 2025). Medical professionals focus on paediatric, cardiac and internal medicine fields to provide expert treatment to their patients (Ministry of Health, 2020). Direct patient treatment comes from both RNs and nurses-midwives who give medication and observe patient conditions and provide maternal and neonatal health support (Ministry of Health, 2024). Community health nurses (CHNs) provide disease prevention and health education to sections with insufficient medical care and rural communities (Wahab & Hassan, 2025).

Social workers help people and families with health-related social challenges by providing direction along with resource connections and defence for weak populations. The support provided by LPNs and elderly carers along with practical nurses ensures the delivery of consistent assistance for patients across institutional and home care environments (Amenga-Etengo, 2022). Clinical nurse specialists (CNSs) together with nurse practitioners (NPs) deliver specialised advanced medical care to patients through mental health services as well as treatment of chronic diseases (Ministry of Health, 2025).

Medication safety is maintained through pharmacists’ efforts to help patients understand medication interactions and the appropriate dosage requirements and requirements for lab diagnosis to detect and treat diseases (WHO, 2019a). Physiotherapists serve patients with disabilities and injuries to help them achieve better mobility with improved life quality (UK Immigration Service, 2024). Community health workers (CHWs) contribute fundamentally to immunisation programmes and maternal health services and disease control services, specifically in rural regions (Asamani et al., 2021). The personnel work as a cohesive unit to sustain Ghana's healthcare network through essential medical service provision and population health enhancement (MOGCSP, 2024).

## 4.3 Regulation of Professions

A structured framework of regulatory bodies alongside licensing requirements and training standards controls access to health and social care professions in Ghana to guarantee professional competence and practice standards of practitioners (Amenga-Etengo, 2022). The Health Professions Regulatory Bodies Act, 2013 (Act 857) regulates several bodies that manage licensing along with training and practice for healthcare professionals (WHO, 2019b). The Allied Health Professions Council oversees laboratory technicians alongside physiotherapists as part of its regulatory role, whereas the Medical and Dental Council maintains responsibility for doctor and dentist oversight (MDC Ghana, 2025). The Nursing and Midwifery Council (NMC) enforces professional standards for nurses and midwives, and the Pharmacy Council (PC) oversees the practice of pharmacists together with pharmaceutical support staff (GH Headlines, 2025). The Psychology Council regulates mental health professionals alongside psychologists, while the Health Facilities Regulatory Agency (HeFRA) conducts licensing and monitoring activities for healthcare facilities (HeFRA, 2016).

The practice of licensing demands practitioners’ complete registration processes followed by testing and renewable licences. Permanent registration becomes available for practitioners who satisfy educational standards and pass exams and finish their internships, yet temporary and provisional registrations apply to specific scenarios, including foreign-trained professionals (WHO, 2023b). Healthcare professionals need to pass licensing exams which regulatory bodies use to evaluate competence; then they must regularly renew their licences while fulfilling ongoing continuous professional development requirements (International Trade Administration, 2022). Academic standards emerge from accredited educational programmes, while CPD keeps registered professionals current with their professional domains (Wahab & Hassan, 2025). Every healthcare regulatory organisation within Ghana has established ethical and professional criteria which health professionals must fulfil while upholding national regulatory standards (WHO, 2023b).

## 5. Issues in Health and Social Care in Ghana

## 5.1 Equality of Access to Health and Social Care

Ghana, as a country, continues to advance universal health coverage, but people living across different regions and socio-economic levels experience varying degrees of medical service accessibility. The infrastructure situation in rural areas is poor because primary healthcare facilities exist within a 3 km radius in only 35% of settlements compared to 59% in urbanised areas (WHO, 2019b). Residents who live in rural areas must make long journeys because city-based tertiary care facilities remain centralised (WHO, 2023a). The historical development disparities between north and south regions aggravate the north-south divide by creating underinvestment in northern areas together with environmental challenges (Owusu et al., 2023). People living in disadvantaged areas within cities face barriers to obtaining proper health care, acceptable sanitation services and basic health services (WHO, 2022c).

Socioeconomic challenges enrich the existing health care disparities. Only 54.4% of Nigerian residents have access to National Health Insurance Scheme (NHIS) coverage because low-income and rural families encounter both financial challenges and bureaucratic enrolment barriers (NHIS, 2025). Health expenditures heavily impact women along with unemployed people and women who head their families since they pay 36% through out-of-pocket expenses (Dzando et al., 2021). The restrictions enforced by social traditions create barriers which block women from making free health decisions, especially when it comes to sexual and reproductive services (WHO, 2022c).

To tackle these challenges, Ghana’s government has put in place policies designed to minimise healthcare inequality. But more reforms are needed to enable the NHIS to expand subsidies and reduce financial barriers for the most marginalised groups (Acquah-Hagan et al., 2021). A part of this is agenda 111 and new hospitals in underserved parts of the country. The Community-Based Health Planning and Services (CHPS) program brings primary care to rural areas, but worker shortages make the program ineffective (Baatiema et al., 2016). The current efforts have not successfully addressed the obstacles regarding sustainable funding and equal infrastructure distribution and gender-fair policies that are necessary to achieve this target.

## 5.2 Current Public Health Issues

The public health situation in Ghana includes the active spread of infectious diseases and insufficient vaccination rates as well as growing mental health problems and changes caused by climate change. The prevalence of communicable diseases, including malaria, HIV/AIDS, tuberculosis, and diarrhoea infections, remains high in Ghana, and climate change makes disease spread worse (Dzando et al., 2021). The Ghana Health Service plans to introduce a five-year mass vaccination plan in 2024 because measles and yellow fever remain dangerous preventable diseases (Amankwa, 2023). The initial coverage success rates of routine immunisation programmes show strong results, yet the system reveals poor follow-up coverage rates. COVID-19 has provided learning opportunities that led to new vaccine distribution approaches using mobile outreach services for remote locations (Owusu et al., 2023).

Amankwa, (2023) indicate that depression exists as a major health challenge because one in eight Ghanaians suffers from it. Treatment resources remain scarce because a stigma prevents most of the 2.3 million people who need mental health care from receiving proper help, which currently serves only 2% of them (World Bank Group, 2024). The WHO’s Special Initiative for Mental Health works to increase mental health services through dual strategies of primary care integration and NHIS-based insurance advocacy (WHO, 2022b). The epidemiological trend shows an increasing occurrence of non-communicable diseases, including hypertension, diabetes and cervical cancer, because of lifestyle changes alongside insufficient screening programmes (McCaskie, 2025).

Nations run vital health campaigns to address current health matters. National health initiatives focus on spreading protection against polio and maternal tetanus and employ enhanced response strategies for COVID-19 through improved emergency preparedness (Dzando et al., 2021). Global health organisations provide support for advancing both cervical cancer prevention initiatives and health systems development that can withstand climate changes (WHO, 2023a). The achievement and maintenance of health improvements in Ghana depend on continuous funding alongside better infrastructure together with universal healthcare access for every citizen.

## 5.3 Current Issues in the Provision of Health and Social Care

The health and social care system of Ghana deals with fundamental difficulties because it lacks enough medical personnel and has poor infrastructure and inconsistent health service quality in urban and rural zones. Rural healthcare facilities experience the worst impact from physician migration to better-off nations, which has led to more severe workforce scarcity in Ghana’s health system (WHO, 2022b). Rural areas of Ghana function at a doctor-to-population ratio of 1:12,000, which exceeds the national benchmark of 1:5,705, making expert medical care challenging to obtain (Pathak, 2018).

Rural communities usually do not have healthcare facilities, so residents must make extensive trips for their medical needs. The supply chain problems, along with delayed National Health Insurance Scheme (NHIS) reimbursements, lead to essential medicine and equipment shortages at public hospitals (Pathak, 2018). The 65% distribution of tertiary healthcare facilities occurs within urban areas, so rural populations must depend on under-equipped Community-Based Health Planning and Services (CHPS) compounds that have limited resources and medical inventory (Adusei et al., 2024).

The government has taken various steps to resolve these problems. The Agenda 111 initiative works to build three psychiatric hospitals in addition to seven regional hospitals and 101 district hospitals, which will enhance healthcare availability in remote areas (Escribano-Ferrer et al., 2016). The initiative to expand CHPS works to improve primary healthcare delivery for rural population areas (World Bank Group, 2024). The NHIS continues to improve its operations to diminish financial access challenges to healthcare, but reimbursement delays have not been resolved yet (Christmals & Aidam, 2020). Through its Lightwave Health Management Information System, the government continues to digitise patient records with the goal of enhancing healthcare operations (Owusu et al., 2023). The introduction of Zipline drone deliveries through supply chain innovation has improved medical product distribution to remote areas (World Bank Group, 2024). The progress in healthcare policies represents advancement, yet extended investments together with better resource distribution will ensure equal healthcare access for all Ghanaians.

## 5.4 Campaigns Addressing Public Health Issues

Ghana as a nation is solving its public health problems by running extensive efforts which combine prevention strategies with health literacy programmes and vaccination programmes (WHO, 2022b). The Community-Based Health Planning and Services (CHPS) initiative operates as a prevention effort by bridging healthcare access to rural areas through community engagement for health promotion activities and disease prevention programmes (Dzando et al., 2021). The World Cancer Day 2025 campaign educates people about prostate and liver cancer early detection together with their treatment, and the Tobacco Harm Reduction campaign promotes smoking reduction through safer nicotine substitutes (Acquah-Hagan et al., 2021).

The Ghana Health Service uses health education as a main strategy by conducting public relations campaigns which aim to reduce vaccine resistance and spread knowledge about NCDs (Wahab & Hassan, 2025). Sanitation and hygiene education programmes join the cholera vaccine campaign to train people about waterborne disease prevention (Escribano-Ferrer et al., 2016). The goal of mental health awareness campaigns is to reduce prejudice among people by connecting mental health services with basic healthcare delivery.

Disease prevention through vaccination drives consists of the National COVID-19 Vaccination Campaign and continuous polio and yellow fever immunisation programmes (WHO, 2022a). The government-initiated cholera vaccination drives to protect vulnerable groups while implementing a five-year immunisation programme to enhance delivery of vaccine-preventable disease protection (Owusu et al., 2023). Ghana focuses on health security improvement through regional meetings that help develop national public health agencies for disease monitoring and emergency response capabilities (McCaskie, 2025).

Ghana shows its dedication to improving healthcare by implementing programmes that focus on disease prevention and educational programmes combined with vaccination strategies (McCaskie, 2025). Long-term public health objectives require constant government backing as well as community participation together with international cooperation.

# 6. Conclusion

The health and social care system in Ghana aligns public and private services through the National Health Insurance Scheme (NHIS), yet several gaps still exist. Multiple specialised care services, including pediatric, geriatric, maternity, and mental healthcare, exist in Ghana thanks to regulatory oversight under Act 857 supported by different professionals. The execution of health services experiences delays because of rural healthcare deficits besides financial constraints and infrastructure limitations, yet government programmes Agenda 111 and telemedicine strive to improve service equity. Healthcare delivery improves through policy reforms and community initiatives, enhancing accessibility and well-being across all life stages.

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