

Ghana's Healthcare Crossroads: A Five-Year Analysis of Systemic Challenges, Media Discourse, and Policy Responses (2020-2025)

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Abstract

Ghana's health system has been confronted with persistent human, material resource and governance challenges, straining service delivery. These problems include issues of the "no bed syndrome," difficulties with access to dialysis care, brain drain, and the enigma of jobless nurses amid health workforce shortages. Delays in engaging pharmacists, unpaid house officers, and bureaucratic hurdles that characterized the clearing of Global Fund–donated products further exposed the hidden cracks in systemic inefficiencies. The "No Bed Syndrome" mirrors not only inadequate infrastructure but also the gaps embedded within patient flow and referral mechanisms. Dialysis care, long hampered by exorbitant costs and access impediments, has recently been included in the Ghana National Health Insurance Scheme's package of care, amid questions on sustainability. Economic constraints and difficult working conditions fuel health worker migration, while many skilled nurses remain unemployed due to delays in financial clearance. Similarly, problems within the pharmacy workforce echo breaches in planning and fiscal management. Addressing these health system vulnerabilities requires local investment, streamlined clearance processes, enhanced compensation, stronger primary healthcare, transparent, and accountable policies to build a robust, fair system.

Keywords: Health system challenges, Ghana, no bed syndrome, brain drain, chronic diseases

Introduction

Between 2020 and 2025, Ghana's health sector has been persistently inundated by a succession of interrelated challenges that have attracted considerable attention within the country's media space. Topical issues of note include the '*no bed syndrome*' (Agbatsi et al., 2024), continued dialysis challenges (Tannor et al., 2023), the prevalent issue of the exodus

of experienced nurses (Mahama et al., 2025), and the puzzling unemployment of trained and skilled nurses which has become a repetitive theme in public dialogue (Ampofo et al., 2022; MoH, 2025). Additionally, the media has highlighted the plight of pharmacy house officers who spent years awaiting arrears in remuneration (Harry Okyere, 2025; Information Service Dept, 2025), the

non-employment of pharmacists by the Ghana Health Service (GHS) (Cromwell, 2024), and critical delays in clearing Global Fund donated medical products (Kwakye, 2024) (Table 1).

The consistent dominance of these issues in Ghana's media space indicates a high level of public awareness and, often, dissatisfaction with the state of healthcare (Diedong, 2013; Korley, 2025). The media plays a crucial role in shaping public understanding, disseminating information, and fostering accountability regarding these challenges. When systemic problems become widely reported and discussed, they transcend internal administrative concerns and transform into pressing political and social issues (Diedong, 2013; Korley, 2025). This amplified public pressure, which often acts as a catalyst for government intervention (Diedong, 2013). However, such interventions are frequently reactive, driven by immediate public outcry or industrial action, rather than being part of a proactive, long-term strategic plan for health system strengthening. The media's consistent focus highlights not only the severity of the problems but also the dynamic interplay between public perception, political responsiveness, and the ongoing struggle for healthcare reform in Ghana. This paper evaluates the country's healthcare crossroads by examining systemic issues, media discourse, and policy reactions over five years. It merges the recurrent challenges into three thematic areas while tracking their development over time: (1) infrastructure and access, including

the "*no bed syndrome*" and dialysis challenges; (2) health workforce crises and labor unrest, such as brain drain, unemployed nurses, and pharmacy house officer arrears; and (3) financing and governance hurdles, especially delays in financial clearance and weaknesses in the supply chain. Together, these themes provide a comprehensive view of how Ghana's healthcare system navigated difficult pressures between 2020 and 2025, highlighting both structural weaknesses and opportunities for reform.

Contextualization of Ghana's Healthcare System

Ghana's healthcare system operates in a tiered structure, with the Ministry of Health (MoH) and the Ghana Health Service (GHS) serving as the central agencies responsible for implementing national health policies and managing health resources (Ghana Health Service, 2024). Although funded from public coffers, the GHS was founded with a degree of administrative flexibility, allowing its employees to operate outside some traditional civil service rules. This independence was designed to ensure receptiveness and efficiency in discharging its responsibilities (Ghana Health Service, 2024). The reforms that led to the establishment of the GHS in 1996 aimed to foster careful stewardship of resources, clear lines of responsibility, decentralization, and accountability for performance (Ghana Health Service, 2024).

However, the formal structure of Ghana's healthcare system, which ideally

promotes decentralization, is frequently undermined by inadequate resource distribution across lower-level facilities (Agbatsi et al., 2024; Ghana Health Service, 2024). This resource disparity leads the public to bypass the intended hierarchical structure, often seeking direct care at tertiary hospitals, thereby exacerbating the existing strains on these higher-tier institutions (Agbatsi et al., 2024). This pattern reveals a significant disconnection between the policy's goal of providing decentralized, accessible care and its practical implementation, and situations in which allocated resources are unable to adequately support primary and secondary care levels. The consequence is an overburdening of specialized hospitals, which are ill-equipped to handle the volume of cases that could otherwise be managed at lower levels of care. This structural imbalance contributes to systemic inefficiencies and reduced overall system capacity.

Major Health System Issues: In-depth Analysis

The “No Bed Syndrome”: Overcrowding and Access Barriers

The “*no bed syndrome*” describes a critical and widespread shortage of hospital beds, particularly in Ghanaian tertiary hospitals (Agbatsi et al., 2024; Yevoo et al., 2023). In 2021, Ghana's hospital bed-to-population ratio stood at a mere 0.9 beds per 1,000 people, significantly below the African average of 1 and the global average of 2.7 (Agbatsi et al., 2024). This acute scarcity directly impedes patient access to quality

healthcare, leading to severe hospital overcrowding, heightened health risks for patients, and, in tragic instances, death.

The root causes of overcrowding are multilayered and encompass resource-, system-, and operational-related factors. A fundamental shortage of physical beds and inadequate funding for healthcare infrastructure remain the primary contributors to the problem. System-related factors also play a significant role. A large proportion of health workers perceive inappropriate referrals (59.63%) and delays in obtaining radiological imaging (49.07%) as major causes of overcrowding in emergency departments (Bonney, 2017). In addition, the inadequate distribution of resources to lower-level facilities prompts many patients to bypass the ideal hierarchical structure of care and seek treatment directly at tertiary hospitals (Agbatsi et al., 2024). This bypassing behavior, often driven by a lack of confidence in the capacity or quality of care at the primary and secondary levels, funnels a disproportionate share of patients to specialized institutions, thereby worsening the situation. Operational factors within emergency departments further intensify the problem. Patient flow challenges, such as unscheduled urgent care visits (34%), prolonged patient length of stay (31%), and difficulties in patient disposition (33%), significantly contribute to overcrowding (Bonney, 2017). For instance, the Komfo Anokye Teaching Hospital (KATH) Emergency Department receives an average of 84 patients daily, underscoring the relentless

pressure on these critical access points (Bonney, 2017).

Effects on Patients and Healthcare Workers.

The consequences of the “*no bed syndrome*” are severe for both patients and healthcare professionals. For patients, the syndrome results in hospital beds being occupied almost continuously, with individuals often staying for about 3 days before discharge or transfer (Agbatsi et al., 2024; Yevo et al., 2023). In some cases, patients are discharged prematurely before their illnesses are fully cured, simply to create space for new admissions (Agbatsi et al., 2024). While this practice may temporarily ease bed pressure, it carries serious risks of relapse, readmission, and higher long-term healthcare costs due to complications or incomplete recovery. Beyond the physical risks, such actions undermine the overall quality of care and can erode public trust in the healthcare system’s capacity to deliver safe and comprehensive treatment.

For healthcare workers, overcrowding significantly affects their well-being and performance. A large proportion report increased stress (71.03%) and reduced job satisfaction (57.41%) as direct consequences. It also raises the likelihood of errors (32.41%), contributes to higher levels of exhaustion (40.37%), and is perceived by staff as compromising the quality of care delivered to patients (36.70%) (Bonney, 2017). Burnout, which is already common among physicians in Ghana, further exacerbates existing human resource challenges,

creating a vicious cycle that intensifies the pressures faced by the health system (Bonney, 2017; Yevo et al., 2023).

Existing Solutions and Efficacy

Proposed strategies to mitigate the ‘*no bed syndrome*’ include increasing the number of beds and establishing a “Bed Bureau Office” to manage bed availability (Agbatsi et al., 2024). While increasing bed capacity is a direct and intuitive response, the persistence of the problem suggests that it is not merely a capacity issue but also a complex adaptive challenge. The underlying systemic and patient behavioral factors, such as inappropriate referrals, diagnostic delays, and bypassing lower-tier facilities, mean that a purely supply-side intervention will be insufficient. The weak correlation ($r=0.16$) observed between the availability of free beds and the pattern of admissions supports this observation (Bonney, 2017; Yevo et al., 2023). This indicates a deeper structural inefficiency in patient flow and discharge processes, where even when beds are technically available, patients may be stuck in emergency departments awaiting ward placement or delayed in discharge due to various system bottlenecks. Therefore, a comprehensive approach that streamlines patient pathways, strengthens primary and secondary care, and improves diagnostic turnaround times is essential for lasting resolution.

Dialysis Challenges: Cost, Access, and Policy Gaps

Ghana’s renal care setting has been generally saddled with major challenges,

mainly concentrated on high treatment costs, access gaps, and critical policy issues.

Financial Burden and Access Barriers

Kidney replacement therapy (KRT), chiefly hemodialysis (HD), is too expensive for most Ghanaians. Patients had to pay out of pocket to access HD, since the National Health Insurance Scheme (NHIS) did not cover acute or chronic HD (E. A. Boateng et al., 2024; Tannor, 2021). This substantial financial barrier has led to immense economic hardship for individuals and families, often forcing them to borrow to finance treatment and tragically resulting in preventable deaths when patients can no longer afford care (Iddrisu & Boateng, 2025; Tannor & Antwi, 2023). Furthermore, chronic peritoneal dialysis, an alternative KRT modality, is largely unavailable in Ghana (Tannor, 2021).

Geographical Disparities and Workforce Deficits

Access to dialysis services is severely limited by geographical disparities. As of 2017, only five of Ghana's sixteen regions, that is, Greater Accra, Ashanti, Northern, Central, and Volta, had dialysis centers (Iddrisu & Boateng, 2025; Tannor et al., 2025). This has left a vast number of individuals in remote areas without access to life-saving treatment, often necessitating arduous travel or relocation to obtain care. The country also grapples with a low nephrology workforce and inadequate knowledge among primary healthcare providers, which contributes

to the underreporting of chronic kidney disease (CKD) and delays in diagnosis, leading to more advanced complications when patients finally seek care (Tannor, 2021; Tannor et al., 2023, 2025).

Impact of COVID-19 (2020-2021)

The COVID-19 pandemic severely exacerbated the pre-existing challenges in kidney care between 2020 and 2021. Temporary lockdown measures implemented by the government to curb the spread of the virus restricted access to HD for many patients, leading to missed appointments, increased hospital admissions, and higher mortality rates among those with kidney disease (Tannor, 2021). Private dialysis units frequently refused to treat patients suspected or diagnosed with COVID-19, shifting an increased burden onto teaching hospitals, which themselves had limited space or resources for isolation and managing infected patients requiring dialysis (Tannor, 2021; Tannor et al., 2023). The lack of personal protective equipment (PPE) also increased the risk and psychological stress for healthcare staff in dialysis units (Tannor, 2021).

National Health Insurance Scheme Coverage Evolution and Policy Changes (2024-2025)

Significant policy shifts regarding dialysis coverage emerged in the latter part of this five-year period. In 2024, a limited allocation of GH¢2 million was made to provide financial assistance for dialysis to underprivileged patients (under 18 and over 60 years). However, this specific formula expired at the end of that

year (NHIA, 2024). A monumental policy development occurred with the approval of the 2025 Appropriation Bill, which explicitly includes dialysis as part of the NHIS benefit package, treating it "just like malaria or any other disease" (NHIA, 2024). This satisfies an earlier pledge to uncap the National Health Insurance Fund (NHIF), resulting in a substantial rise in allocation to GH¢10.7 billion for 2025 (NHIA, 2024). This addition signifies a key triumph for public health activism, especially from organizations like the Ghana NCD Alliance (GhNCDA), which has fought for years to address the economic costs of Non-Communicable Diseases (NCDs) (NCD Alliance, 2025). This policy shift is a crucial step towards improving health equity and ensuring that life-saving treatment and care are more accessible.

Furthermore, the Ghana Medical Trust Fund, "Mahama Cares," launched in April 2025 by President John Mahama, is set to help fund NCD treatment not yet fully covered by the NHIS, such as various aspects of renal disease care (NHIA, 2024). While the inclusion of dialysis in the NHIS benefit package is a substantial advancement, the successful implementation of this policy hinges on addressing persistent issues of infrastructure, specialized workforce availability, and public awareness, which are not immediately resolved by funding alone (NCD Alliance, 2025). The long-term impact will depend on robust investments in nephrology and dialysis nursing training, expanding dialysis centers beyond the current five regions,

and conducting public health education campaigns to ensure early detection and management of CKD.

Challenges in Comprehensive Kidney Care

Beyond the immediate access to dialysis, significant gaps persist in comprehensive kidney supportive care (KSC). Patient education is limited, and psychological support for individuals living with CKD remains absent or where present, inadequate (Akpakli Addo & Senoo-Dogbey, 2025). Socio-cultural beliefs and practices, including an inclination towards local herbal remedies over orthodox medicine and limited health literacy, also contribute to suboptimal adherence to prescribed medications (Boateng et al., 2024; Iddrisu & Boateng, 2025). Addressing these gaps is critical to ensuring a more patient-centric and all-inclusive approach to CKD management, even with enhanced financial coverage.

Brain Drain of Experienced Healthcare Professionals

The migration of experienced healthcare workers, especially nurses, from Ghana to countries like the UK, US, Canada, and Europe for greener pastures signifies a major ongoing challenge for the country's health sector, with stark consequences for service delivery and health outcomes (Mahama et al., 2025). Between 2008 and 2015, an estimated 34% of Ghana's trained health professionals, including physicians and nurses, left the country for opportunities abroad (Mahama et al., 2025; Wutor et al., 2024). Recently, the Ghana Health Service reported that

3,688 medical professionals, including specialists and experts, left the nation in search of better opportunities overseas over the three years preceding May 2025 (Ali, 2025; Mahama et al., 2025). This consistent exodus severely strains the country's health system, resulting in inadequate staffing levels and posing a significant threat to Ghana's efforts to achieve health equity.

The exodus of Ghanaian nurses and other healthcare professionals is driven by a complex interplay of economic, professional and systemic factors. Low salaries and the desire to provide a better life for their families are consistently cited as primary motivators for migration (Wutor et al., 2024). The substantial salary disparities between developed countries and nations in the Global South, such as Ghana, fuel the mass exodus to greener pastures, resulting in annual losses of approximately \$415 million from physician migration alone (Adjei-Mensah, 2023; Mahama et al., 2025).

Poor working conditions, characterized by insufficient medical supplies, ill-equipped facilities, and a widespread lack of resources, contribute hugely to dissatisfaction, compelling health professionals to seek environments with better infrastructure and support (Adjei-Mensah, 2023; Chatio et al., 2025). Health professionals also bemoan the lack of opportunities for career advancement and specialization, coupled with delays in promotions, which is another key driver of the mass exodus. Advanced health systems in foreign countries provide well-organized postgraduate training and

specialization programs that appeal to professionals seeking to advance their careers (Adjei-Mensah, 2023; Mahama et al., 2025).

The uncertainties fueled by political regime changes and systemic instability further compound the situation. Health sector policies are often inconsistent, mainly due to frequent political changes, perceptions of job insecurity, and extensive delays and bureaucracy in financial clearance processes, which dampen healthcare workers' morale (Adomah-Afari & Ameyaw, 2023). The undervaluation of health professionals, including inadequate recognition, also accelerates migration (Mahama et al., 2025). Finally, social and personal factors cannot be overlooked. The desire for a higher standard of living, better social services, and family reunification also influences health professionals' decision to migrate (Adjei-Mensah, 2023; Mahama et al., 2025).

Impact on the Healthcare System

The mass exodus of healthcare workers has immense detrimental effects on Ghana's healthcare system. The most serious consequence is the scarcity of experienced healthcare professionals, particularly in rural and underserved communities (Chatio et al., 2025; Mahama et al., 2025). The migration of doctors, nurses, and other health workers results in huge gaps in essential healthcare service delivery, increased workloads for remaining staff, affects the quality of care, undermines the healthcare infrastructure, and capacity to attend to the needs of

the population (Adjei-Mensah, 2023; Mahama et al., 2025). Also, as highly skilled and experienced professionals depart, this affects the human resources and academic capacity of local medical institutions, undermining the education and mentorship of future health professionals and further weakening the system (Adomah-Afari & Ameyaw, 2023; Mahama et al., 2025).

The country also incurs huge economic losses. Ghana invests considerable resources in training healthcare professionals and stands to lose when these workers leave the country, depriving the country of its human capital (Mahama et al., 2025). In addition, the migration of health workers undermines patient safety and service efficiency, as it often leads to reliance on less skilled personnel (Adjei-Mensah, 2023).

Proposed Mitigation Strategies

Tackling brain drain demands a comprehensive, multi-pronged strategy that addresses both the factors pushing health workers out of the country and those attracting them abroad. Enhancing worker salaries and offering competitive packages, improving the working environment, and resourcing health facilities are important considerations for addressing brain drain (Adjei-Mensah, 2023; Chatio et al., 2025). Also, opportunities for skill enhancement, specialization, career progression, and timely promotions are important to preserve talent within the country (Adjei-Mensah, 2023; Adomah-Afari & Ameyaw, 2023).

Retention packages offering benefits such as rural allowances, accommodation support, and enhanced access to advanced education can motivate healthcare workers, especially those in remote regions where workforce shortages are most acute (Adjei-Mensah, 2023; Wutor et al., 2024). Adequately resourcing rural health facilities with modern medical equipment is also essential to tackling disparities in service delivery and to improving general working conditions, thereby boosting the morale of healthcare professionals (Adjei-Mensah, 2023; Chatio et al., 2025). Bonding schemes and international partnerships also present potential solutions. While bonding schemes that require newly trained professionals to serve in Ghana for a set period are already in place, their effectiveness remains limited if the pull factors abroad are not addressed simultaneously. Bilateral agreements with destination countries could help facilitate temporary migration for skills development while ensuring a guaranteed return of trained personnel (Mahama et al., 2025; Wutor et al., 2024).

The migration of healthcare professionals continues to adversely affect healthcare delivery in Ghana, particularly in the aftermath of a deadly pandemic (Adjei-Mensah, 2023; Ohene-Botwe et al., 2024). A sustainable solution requires not only addressing the economic and professional aspirations of healthcare workers but also fostering a supportive and well-resourced work environment that recognizes and values their critical contributions.

Unemployed Health Professionals

Paradoxically, while Ghana faces a significant brain drain of experienced healthcare workers, a large cohort of newly trained nurses, pharmacists, and allied health professionals remains unemployed, awaiting deployment (Addae, 2025). This situation reflects a severe disconnect in human resource planning within the healthcare sector (Asamani et al., 2020). Despite acute workforce shortages, bureaucratic delays, particularly in granting financial clearance, have left over 100,000 qualified professionals idle, including nurses, pharmacists, and environmental health officers (Addae, 2025; E. Boateng, 2025). The result is a puzzle where health facilities struggle with staff shortages while trained professionals remain unabsorbed, highlighting inefficiencies in balancing workforce supply and demand.

Pharmacy Workforce Issues (House Officers' Arrears, Non-Employment).

A striking example was the "housemanship injustice" affecting the 2022 Pharmacy Graduates. After completing their licensure exams in December 2022, their postings were delayed until May 2023 due to a new rule requiring prior financial clearance, reversing the earlier retrospective practice (Harry Okyere, 2025). Although clearance for 320 officers was granted in March 2024, it was applied non-retrospectively, leaving many unpaid for over eight months of service. Resolution only came in 2025, after sustained advocacy and political

intervention, underscoring systemic inefficiencies in workforce absorption (Harry Okyere, 2025; Information Service Dept, 2025). Beyond arrears, pharmacists have not been substantively employed by the Ghana Health Service since 2020 (Cromwell, 2024). In May 2025, the Government and Hospital Pharmacists Association (GHOSPA) appealed for clearance to deploy 599 PharmD house officers, warning of severe service gaps if action was delayed (Osei, 2025). Persistent reliance on Ministry of Finance approval has created recurring bottlenecks, wasting training investments and undermining patient safety (Cromwell, 2024; Information Service Dept, 2025).

The issue of unemployed nurses intersects with broader labor unrest, particularly the recurring strikes organized by the Ghana Registered Nurses and Midwives Association (GRNMA) with their recent industrial action centered on delays in implementing the 2024 Collective Bargaining Agreement. The recurring strikes over conditions of service highlight deeper structural grievances within the nursing profession (Mensah-Ayettey, 2025). Dissatisfaction with salaries, wage disparities compared to other healthcare professionals, and delays in implementing collective agreements have consistently driven industrial action. Nurses have also raised concerns about poor working environments, limited opportunities for continuing professional education, inadequate equipment, and stalled promotions (Mahama et al., 2025; Mensah-Ayettey, 2025).

Ghana has been at the receiving end of the disruptive effect of industrial actions on quality healthcare delivery. In September 2020, the GRNMA and allied professionals embarked on a nationwide 3-day strike due to unresolved negotiations with the government over their conditions of service (Ampofo et al., 2022). Five years down the line, in June 2025, nurses withdrew their services due to the delayed operationalization of their 2024 Collective Agreement (Ibrahim, 2025; Mensah-Ayettey, 2025). In either situation, the impact of these strikes was clearly seen in healthcare delivery, resulting in devastating consequences. The September 2020 strike saw service utilization across the country drop abruptly, with a falloff of over 70% in OPD attendance, admissions, deliveries, and surgeries (Ampofo et al., 2022). A similar trend was observed in June 2025, with the health system experiencing overstretched emergency units, significant interruptions to routine services, and heart-rending patient outcomes (Akpalu, 2025; Ampofo et al., 2022). These incidents highlight the fragility of healthcare delivery when nurses, who form the spine of the health system, embark on an industrial action.

The contradiction between numerous unemployed health workers and the apparent enduring staff shortages reveals a central weakness in Ghana's health sector governance. On the one hand, Ghana is making significant investments in training health workers. Yet, the country is unable to absorb them into the health system due to financial constraints and bureaucratic delays. In addition, those already engaged

in care often engage in industrial action due to poor working conditions, low pay, and unfulfilled promises (Mahama et al., 2025). This results in a vicious cycle of wasted resources, disrupted healthcare delivery, and growing discouragement among health workers. Breaking this cycle will require not only securing financial clearance for unemployed workers but also building a culture of trust through consistent agreement fulfilment and systemic investment in workforce welfare.

Financing & Supply Chain Governance

Delays in the clearance of Global Fund-donated health products have emerged as a significant concern, potentially disrupting critical public health programs in Ghana. An audit report from December 2023 by the Office of the Inspector General (OIG) of the Global Fund noted persistent port clearance delays and gaps in the traceability of Global Fund products in Ghana (Global Fund, 2023b). These delays are not new; key initiatives in supply chain master plans from 2015-2020 and 2021-2025 aimed at improving customs clearance and logistics management information systems (LMIS) have been delayed or not started (Global Fund, 2023b). This is attributed to gaps in the governance and oversight of Pharmaceutical Supply Management (PSM) activities, with roles and responsibilities fragmented across different departments within the Ministry of Health.

The impact of these delays is severe. They lead to stock-outs of essential commodities, including HIV test kits, GeneXpert cartridges (used for TB diagnosis), and certain artemisinin-based combination therapies (ACTs) for malaria across health facilities (Global Fund, 2023b; Kwakye, 2024). Such stock-outs directly affect HIV, TB, and malaria activities, increasing the risk of Ghana not meeting its co-financing commitments for grant cycles. While there have been improvements in central-level warehouse management and the availability of some first-line treatments, the persistent port clearance issues and difficulties in sub-national commodity traceability remain critical challenges.

Broader Implications

The delays in clearing Global Fund-donated products have broader implications for Ghana's health system. The Global Fund supports Ghana's efforts to combat HIV/AIDS, tuberculosis, and malaria, and Ghana itself pledged US\$2 million for the Global Fund's Seventh Replenishment (2023-2025) to show solidarity and commitment to strengthening health systems (Global Fund, 2023a). The inability to efficiently clear and distribute these donated products undermines these efforts, potentially reversing gains in disease control and increasing morbidity and mortality from preventable and treatable conditions (ARHR, 2023; Kwakye, 2024). It also raises questions about Ghana's capacity to manage international aid effectively and fulfill its commitments as both a recipient and a donor. The fragmentation

of responsibilities within the Ministry of Health for supply chain management suggests a need for a more unified and streamlined approach to logistics and customs clearance to ensure that vital health commodities reach patients without undue delay.

Actionable Recommendations

The following recommendations are proposed to foster a more resilient, equitable, and efficient healthcare system in Ghana:

1. Implement a Comprehensive Human Resource Strategy
- a. **Accelerate Financial Clearance.** We recommend that Ghana's Ministry of Health work closely with the Ministry of Finance to implement a streamlined, automated, and transparent system for granting financial clearance for all trained health professionals, ensuring timely employment and deployment to address existing shortages.
- b. **Improve Conditions of Service.** Spearheaded by the Ministry of Health and in collaboration with the Ministry of Employment and Labour Relations, there is a need to conduct a comprehensive review and implement competitive remuneration packages, improved allowances, and better working conditions (including

- adequate equipment and safe environments) to retain existing staff and mitigate brain drain.
- c. Invest in Professional Development.** The Ministry of Health would need to establish clear pathways for career advancement, specialization, and continuous professional development for all healthcare cadres in Ghana to incentivize retention.
- d. Strengthen Primary Healthcare Workforce.** The Ministry of Health through the Ghana Health Service needs to prioritize the deployment of newly trained professionals to primary and community health centers to strengthen lower-tier facilities and alleviate pressure on tertiary hospitals.
- 2. Address the “No Bed Syndrome” Systemically.** Tackling the *no bed syndrome* requires systemic changes that must be spearheaded by the Ministry of Health (MoH) and Ghana Health Service.
- a. Invest in Infrastructure & Capacity.** While increasing beds is necessary, it must be coupled with strategic investments in diagnostic equipment and overall facility upgrades across all levels of care.
- b. Optimize Patient Flow.** Implement robust patient flow management systems, including efficient admission, discharge, and inter-facility transfer protocols.
- c. Strengthen Referral Systems.** Reinforce the referral system by adequately resourcing primary and secondary care facilities, thereby reducing inappropriate referrals to tertiary hospitals. This includes public education on appropriate points of care.
- d. Ensure Sustainable and Accessible Kidney Care**
- e. Full NHIS Implementation.** The MoH must ensure the swift and comprehensive implementation of dialysis coverage under the National Health Insurance Scheme, including clear guidelines for access and reimbursement.
- f. Expand Dialysis Infrastructure.** The MoH and the National Health Insurance Authority should strategically expand dialysis centers in underserved regions, particularly in the northern parts of the country, and invest in training more nephrologists and specialized nurses.
- g. Enhance Patient Education.** The MoH and GHS should consider developing and disseminating public health campaigns to increase awareness of kidney disease

prevention, early detection, and the importance of orthodox treatment, addressing cultural barriers and improving health literacy.

3. Streamline Supply Chain and Logistics

a. *Centralized Oversight.*

Establish a unified and efficient body within the Ministry of Health with clear responsibilities for pharmaceutical supply management, including customs and port clearance of donated products.

h. *Modernize Logistics Systems.*

MoH should consider investing in modern logistics management information systems (LMIS) to improve commodity traceability and prevent stock-outs of essential medicines.

i. *Strengthen Accountability.*

MoH should consider implementing robust accountability mechanisms for all stakeholders involved in the supply chain to ensure timely and efficient clearance and distribution of health products.

4. Enhance Governance and Labor Relations

b. *Proactive Labor Engagement.*

The Ministry of Health and Ministry of Employment and

Labour Relations should work to establish proactive, transparent negotiation mechanisms with healthcare professional associations to address grievances and implement collective bargaining agreements in a timely manner, thereby avoiding reactive strikes.

c. *Multi-Sectoral Collaboration.*

Build stronger collaboration among the Ministry of Health, the Ministry of Finance, and other key ministries to streamline policy implementation and resource allocation. Ghana can progress towards building a resilient, equitable, and responsive healthcare system if these critical areas are appropriately identified and addressed.

Conclusion

Ghana's healthcare sector has been plagued by a series of interrelated problems that signal deep-seated fractures and systemic fragilities. Challenges including infrastructure bottlenecks, dialysis costs, workforce challenges, strikes, and supply chain gaps, became enduring topical issues of media and political attention. Policy responses, while significant (such as the inclusion of dialysis under the National Health Insurance Scheme), are often reactive, isolated, or politically timed, signaling the lack of a long-term

strategic framework for health system strengthening.

Ghana is at a crossroads where, without intentional, sustained investment in human resource retention, streamlining of financial and clearance processes, equipping of health facilities, and transparent governance, a cycle of crisis, media pressure, and short-term policy fixes will become the norm. Nevertheless, the increasing visibility of these challenges in public discourse and their elevation onto the national policy agenda also offer opportunities. If Ghana moves beyond reactive responses and adopts more institutionalized reforms that prioritize resilience, equity, and accountability, the country can transform its cyclical health issues into meaningful healthcare reform in the years ahead.

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