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Connecting, Inspiring and Transforming.

Transforming Ghana's Healthcare Ecosystem

Challenges, Opportunities, and the Future

2026

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ABBREVIATIONS AND ACRONYMS

CHPS	Community-based Health Planning and Services
CPD	Continuing Professional Development
EHR	Electronic Health Record
EMR	Electronic Medical Records
GDP	Gross Domestic Product
GHS	Ghana Health Service
IGF	Internally Generated Funds
LHIMS	Lightwave Health Information Management System
MoH	Ministry of Health
MoMo	mobile money
NHIS	National Health Insurance Scheme
UHC	Universal Health Coverage
WHO	World Health Organization

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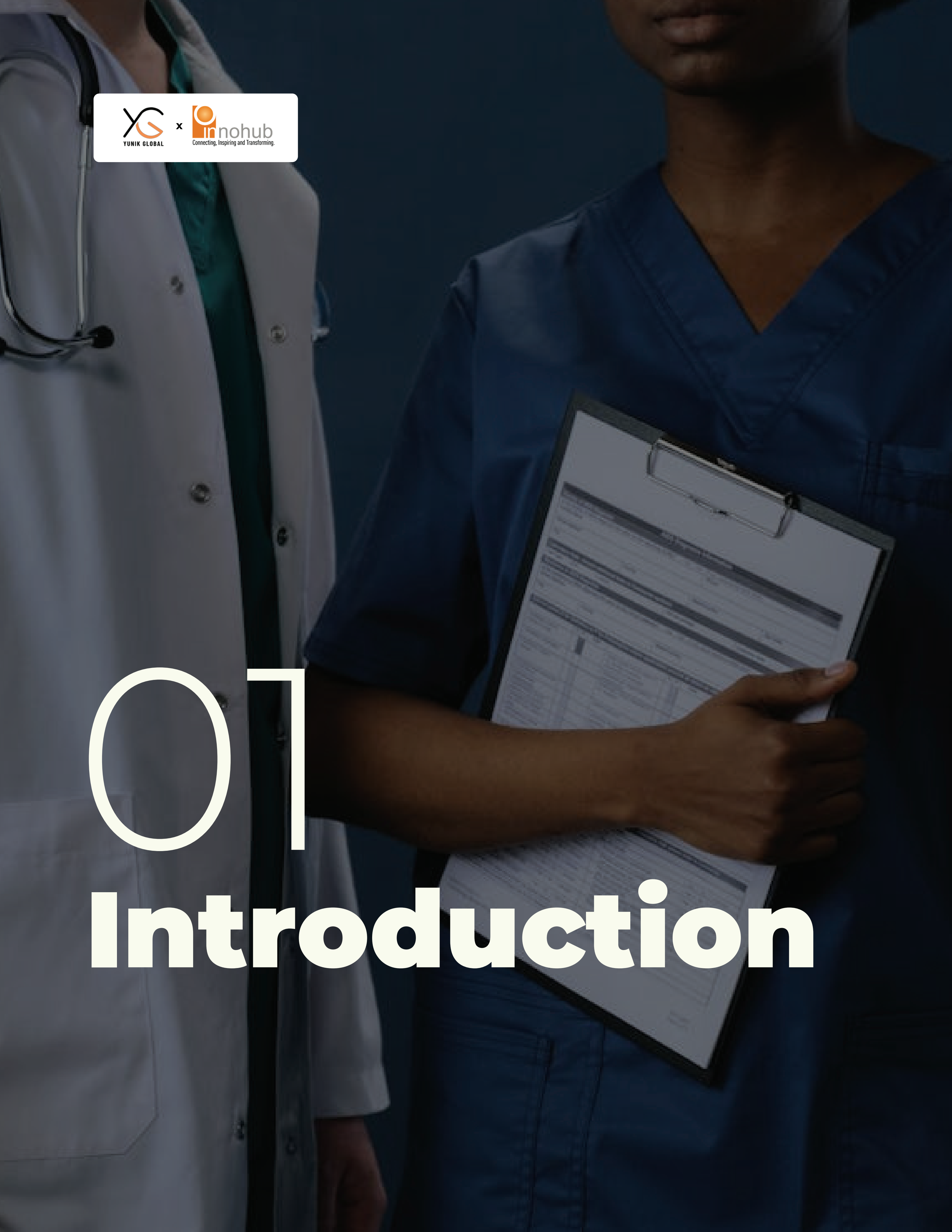


01 Introduction

INTRODUCTION

OVERVIEW OF THE HEALTHCARE LANDSCAPE IN GHANA

Ghana's healthcare system has evolved significantly over the past three decades, with substantial improvements in access to health services, disease control, and overall health outcomes. The Ministry of Health (MoH) is in charge of the sector and makes the rules. The Ghana Health Service (GHS) and teaching hospitals are in charge of providing services. Private providers, including for-profit clinics and faith-based institutions such as those under the Christian Health Association of Ghana, also play an important role in delivering healthcare services. According to 2021 data, it was estimated that around 58% of healthcare expenditure was met by the private sector.[1]

The system is organized across three administrative levels; national, regional, and district; and five tiers of service delivery. These tiers include community-based health posts (often through the Community-based Health Planning and Services program), health centers and clinics, district hospitals, regional hospitals, and tertiary or teaching hospitals. The system operates through a referral mechanism in which patients move from primary care facilities to more specialized services at higher levels when necessary. This structure aims to strengthen primary healthcare while ensuring access to specialized treatment.

The system is currently undergoing a significant transition, driven by aggressive digital reform, infrastructure expansion, and a major restructuring of its financing model to achieve Universal Health Coverage (UHC) by 2030. This forms part of a 10-year roadmap aimed at ensuring increased access to quality essential healthcare and population-based services for all by 2030.[2]

Ghana's healthcare infrastructure has expanded considerably in recent years. As of 2022, the country had over 11,000 health facilities. In terms of personnel, 4,254 registered physicians and 66,097 nurses were recorded, although workforce shortages persist, particularly in rural areas. Urban centers such as Accra and Kumasi host a large share of healthcare infrastructure and professionals, while rural communities often rely on smaller facilities or must travel significant distances for specialised care.

Several key challenges and trends continue to shape the sector. These include the rise of non-communicable diseases such as hypertension and diabetes, which shifts the focus from purely infectious disease management (including malaria and tuberculosis) toward long-term wellness and chronic disease management. Additionally, the ongoing brain drain of health professionals has prompted new 2026 policies by the Nursing and Midwifery Council of Ghana to improve professional revalidation and retention. Health spending as a percentage of GDP (approximately 2.95%[3]) also remains below the 15% target

[1] (GIPC, 2022)
[2] (MoH, 2020)
[3] (Group, 2025)

set under the Abuja Declaration, necessitating continued reliance on Internally Generated Funds (IGF) despite increased budget allocations (GHS 27.7 billion in 2025[4]).

Concerns also remain regarding inequitable access between urban and rural areas, infrastructure gaps, and broader resource constraints. At the same time, important opportunities exist through the continued expansion of health infrastructure, strengthening primary healthcare through the Community-based Health Planning and Services (CHPS) program, increasing investment in health insurance coverage, and growing participation of private sector providers and development partners in health financing and service delivery.

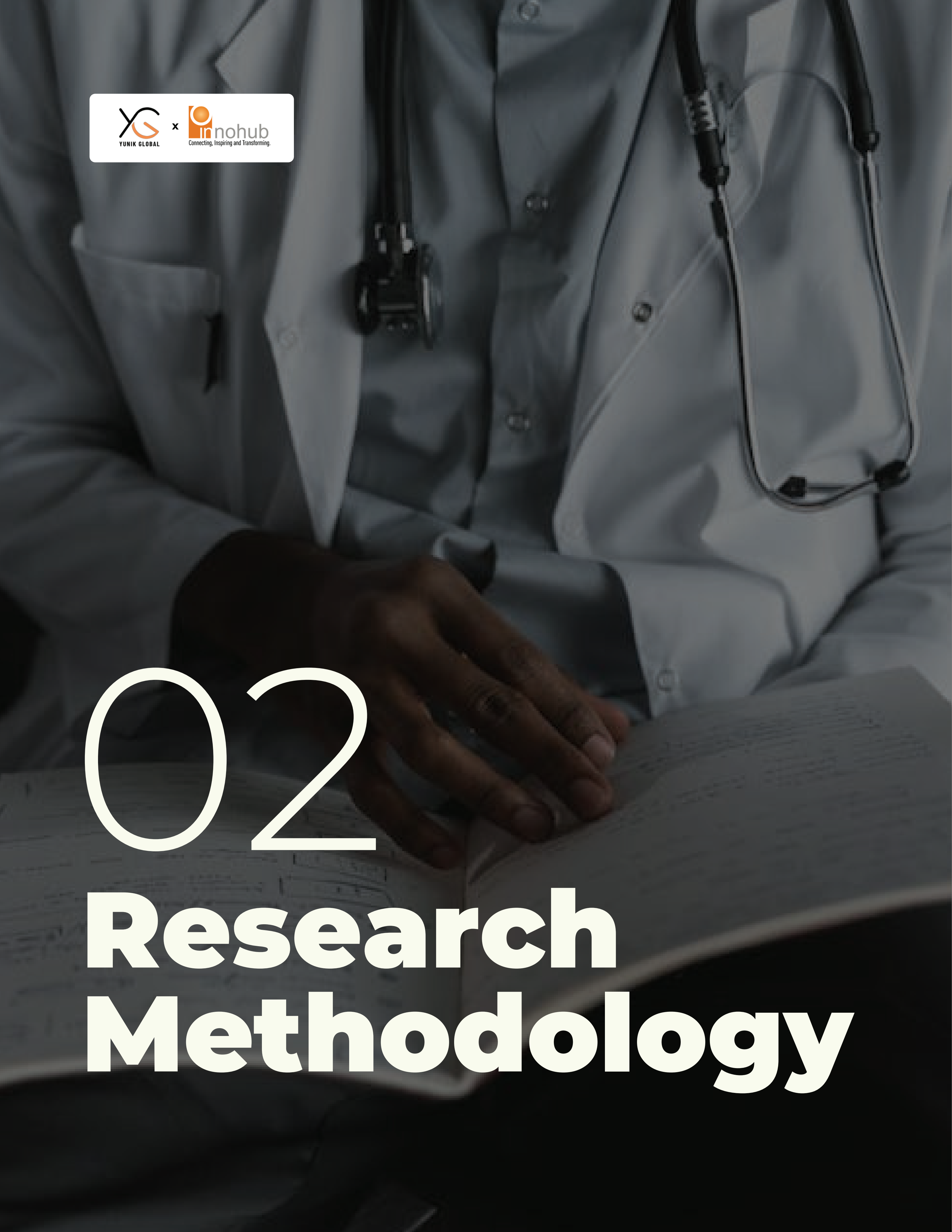
PURPOSE OF THE REPORT

In light of the current conditions, this report by Innohub and Yunik Global aims to document and analyze the key challenges faced by healthcare organizations in Ghana, drawing on datasets collected from selected institutions as well as reputable secondary sources on the sector.

The primary objective is to establish a foundation for targeted support that will equip these organizations with the tools, knowledge, and strategic guidance required to attract investment, achieve sustainable growth, and embrace innovation within an evolving healthcare landscape.

The report outlines the major challenges identified, examines their implications for healthcare delivery, and presents practical solutions to strengthen the capacity, resilience, and long-term sustainability of healthcare providers in Ghana.

[4] (Finance, 2025)



02 Research Methodology

RESEARCH METHODOLOGY

To capture a data-driven snapshot of the Ghanaian healthcare sector, a dual-track survey methodology was employed. This approach ensured that the analysis accounted for the unique operational realities of both public and private entities and the type of support they require.

RESPONDENT DISTRIBUTION AND SCOPE

Primary data was collected from two groups of stakeholders, totalling 50 respondents:

- Dataset I: 27 respondents representing private and public healthcare providers as well as academic institutions.
- Dataset II: 23 respondents representing a broad cross-section of the value chain, including private hospitals, pharmaceutical companies, and HealthTech innovators.

DATA COLLECTION TOOL

The first questionnaire specifically focused on the key challenges faced, their impact and proposed solutions. The second questionnaire was designed to go beyond surface-level challenges, probing into:

- Operational Maturity: Tracking years of operation and current organizational stage (from startup to established).
- Financial Resilience: Assessing annual revenue tiers, profitability, and primary barriers to accessing external growth capital, and
- Digital Readiness: Identifying the current utilization of Health Information Systems (HIS) and the specific barriers to digital adoption in pharmacies and laboratories.

THEMATIC ANALYSIS

The first dataset was analyzed to identify pain point correlations, determining how specific challenges like inadequate infrastructure or talent shortages directly impact clinical delivery and organizational scaling. This methodology allowed for the development of both short-term tactical solutions and long-term strategic recommendations tailored to the Ghanaian context.

The second dataset provided a granular view of the entrepreneurial and operational hurdles facing the sector, specifically highlighting areas such as access to funding, business development needs, and propensity to adopt digital tools.

03

Key Challenges Faced by Healthcare Organizations

KEY CHALLENGES FACED BY HEALTHCARE ORGANIZATIONS

Healthcare organisations in Ghana are confronted with several critical challenges that hinder their capacity to deliver high-quality services effectively.

The following sections explore these challenges in greater detail, drawing insights from the primary data collected as well as existing research findings.

INADEQUATE INFRASTRUCTURE

The current healthcare infrastructure in Ghana is insufficient to meet the growing demands of its population. Many facilities lack essential resources, leading to overcrowding and sub-standard care. Respondents highlighted that inadequate infrastructure affects both the physical space available for patient care and necessary equipment, causing delays in treatment and increasing wait times. Many facilities are in disrepair, limiting their functionality and posing risks to patient safety.

Analysis of Current Healthcare Facilities and their Limitations

18 respondents indicated the current infrastructure to support healthcare needs were inadequate. A report by the Reach Alliance identifies bed shortages as a systemic crisis in tertiary hospitals. This frequently results in the denial of admission for critically ill patients. As of 2021, Ghana's hospital-bed-to-1,000-people ratio stood at approximately 0.9, a fraction of the WHO-recommended minimum of 5.0.[5]

In rural communities, the infrastructure gap is even more dire. It was reported that basic water services are available in 67% of healthcare facilities, with limited basic sanitation in 84% of rural facilities, and basic hygiene services in 62% nationwide. However, coverage is significantly lower in rural areas at just 20%.[6]

Even specialized clinics, such as those for prosthetics and orthotics, report that critical machinery remains non-functional for months or even years due to a lack of spare parts and maintenance planning.[7]

Impact on Patient Safety and Care Quality

Inadequate infrastructure directly correlates with sub-standard care and increased wait times. Systemic inefficiencies, including long waiting times and short consultation periods, have been shown to erode patient trust.[8] Additionally, poor compliance with patient safety protocols, often driven by overcrowding and resource constraints, has led to a high prevalence of adverse events. One study found that 58% of respondents had experienced medical errors or infections, with 41% reporting a worsening of their health condition as a result.[9]

[5] (Agbatsi, et al., 2024)
[6] (World Patient Safety Day 2024: highlighting WASH's role in safer diagnoses, 2024)
[7] (Opoku-Gyamfi, et al., 2026)
[8] (Kodom & Netangaheni, 2024)
[9] (Botchwey, et al., 2024)

SHORTAGE OF SKILLED HEALTHCARE PROFESSIONALS

A major constraint facing healthcare organizations is the shortage of skilled healthcare professionals, including physicians, nurses, and specialized practitioners. Evidence from the datasets suggests that many healthcare providers operate with limited staffing capacity, which directly affects the quality, efficiency, and responsiveness of patient care. The limited availability of qualified personnel places significant pressure on existing staff, often resulting in excessive workloads, increased burnout, and operational inefficiencies. This challenge is further compounded by the persistent migration of trained professionals to opportunities abroad, contributing to a continuing brain drain in the sector.

13 respondents (Dataset I) identified the shortage of skilled healthcare professionals as a critical operational barrier while 7 respondents (Dataset II) highlighted the difficulty of attracting the right talent as one of their top challenges suggesting that even when positions are available, specialized roles remain vacant due to a lack of qualified applicants. A pronounced skills gap exists not only in specialized clinical areas but also in healthcare management and administrative leadership.

Operating with insufficient staff has implications that extend far beyond scheduling challenges. In Ghana, healthcare providers frequently manage patient volumes that exceed recommended staffing ratios, placing significant strain on the workforce. The doctor-to-patient ratio in Ghana is estimated at approximately 1:8,000, far below the World Health Organization's recommended ratio of 1:1,000, illustrating the extent of workforce shortages across the system. [10] Such gaps force healthcare workers to handle excessive patient loads, which contributes to chronic fatigue and increased risk of burnout. Persistent workload pressures also affect staff retention; research among nurses in Ghana indicates that nearly half of nursing professionals have considered leaving the profession, largely due to emotional exhaustion and work-related stress.[11] As a result, healthcare facilities often experience delays in triage and treatment, longer patient waiting times, and reduced opportunities for meaningful patient–provider interaction. Over time, these conditions erode workforce morale and further weaken the system's capacity to deliver consistent, high-quality care.

FINANCIAL CONSTRAINTS

According to the survey responses, significant access to funding gaps persists, with many organizations reliant on personal savings (17 responses from Dataset II) due to prohibitive lending criteria and a lack of investor connections. Access to funding actually is the most significant hurdle (22 responses from Dataset II). There is also a high demand for structured support, including business mentorship, strategic planning, and assistance with marketing and communications. Such support would better position businesses to become investment-ready and attract funding. While there is a

[10] (Kumah, 2025)

[11] (Opoku, et al., 2022)

strong appetite for digital tool adoption, particularly in pharmacy inventory and laboratory management, barriers such as high costs and low technical literacy continue to impede progress.

Historically, NHIS reimbursement delays could exceed six months, creating liquidity constraints that hinder providers' ability to procure essential medicines, pay suppliers, and maintain service delivery. However, the government has taken steps to address claims arrears. [12] [13] Many healthcare institutions have come to rely heavily on internally generated funds, including service fees and insurance reimbursements, to sustain operations amid delays in government subventions and donor funding. These financial pressures are particularly acute at the primary healthcare level, where facilities often operate with limited resources, leading to constraints in service quality, infrastructure investment, and access to essential medical commodities.

Stagnated Growth Due to Financial Constraints

Financial limitations significantly impede the growth of healthcare organizations in Ghana. Many respondents (16 responses from Dataset I) noted the absence of flexible financial opportunities which are critical for investing in necessary advancements such as new technologies and infrastructure improvements. This stagnation hampers the capacity of organizations to expand services, adopt modern medical practices, and enhance overall care processes. Without sufficient funding, organizations struggle to maintain operational viability, limiting their ability to provide comprehensive healthcare services.

OUTDATED MEDICAL TECHNOLOGY

Ghanaian healthcare organizations are often equipped with outdated medical technology, which hampers their ability to provide timely and accurate diagnoses. The lack of access to modern diagnostic tools and treatment options affects clinical outcomes, as healthcare providers may rely on outdated practices. The respondents[14] indicated that the introduction of advanced technologies, such as Electronic Medical Records (EMR) and telemedicine services, is essential for improving patient care and operational efficiency, yet funding and training for these technologies remain significant barriers.

Telemedicine is also recognized as a vital tool for bridging the rural-urban specialist gap, but it faces hurdles such as such as infrastructural limitations, insufficient training for healthcare providers, high initial investment costs, unreliable internet, and resistance to change among both healthcare professionals and patients. [15]

[12] (NHIA paying service providers rapidly to avert Cash and Carry, 2020)
[13] (NHIA releases additional GH¢267.67 million as claims to health facilities nationwide, 2025)

[14] 10 respondents from Dataset I selected "Outdated or lack of medical technology" as a primary challenge
[15] (Kye, Onajah, & Daniels, 2024)

HIGH COST OF HEALTHCARE SERVICES

The cost of healthcare services poses a substantial barrier to access for many patients in Ghana. Evidence shows that high expenses related to medical services and medications deter a significant portion of the population, particularly low-income households, from seeking necessary care. These financial barriers contribute to inequalities in access, as individuals with greater financial means are more likely to receive timely and adequate care. At the same time, financial constraints within healthcare institutions can lead to cost-shifting to patients, reduced service quality, and limited availability of essential medicines. Together, these dynamics reinforce a cycle of constrained access, inadequate care, and escalating costs.

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04
Impact of Challenges on Healthcare Delivery

IMPACT OF CHALLENGES ON HEALTHCARE DELIVERY

The challenges faced by healthcare organizations create a ripple effect that significantly impacts healthcare delivery. Quality of care issues, poor patient outcomes, limited accessibility, high costs of services, and workforce dissatisfaction all contribute to a healthcare system that struggles to meet the needs of its population. Addressing these impacts will be critical for improving overall health outcomes and ensuring that all Ghanaians have access to high-quality, affordable healthcare.

This section explores the various ways in which these challenges impact patient care and health outcomes, drawing from the evidence and insights provided in the data collected.

QUALITY OF CARE ISSUES

Quality of care challenges are driven by infrastructure deficits, workforce shortages, financial constraints, and outdated medical technologies. Inadequate infrastructure directly undermines the ability of providers to deliver safe and timely care. Overcrowding and limited consultation time contribute to rushed clinical interactions, reducing the accuracy of diagnoses and the effectiveness of treatment.

Resource constraints also weaken adherence to patient safety protocols. The lack of modern diagnostic tools further compounds these issues, as providers often rely on outdated methods, leading to delayed or inaccurate diagnoses. Additionally, inefficiencies such as long waiting times and limited patient-provider engagement erode patient trust and satisfaction. Without adequate investment in infrastructure, technology, and quality improvement systems, healthcare facilities struggle to maintain consistent standards of care, resulting in variability in service delivery across institutions.

PATIENT OUTCOMES

Overcrowding, insufficient staffing, and non-functional equipment often cause delays in diagnosis and treatment, which can lead to disease progression and preventable complications. In some cases, critically ill patients are denied admission due to bed shortages, further increasing the risk of adverse outcomes. Limited access to modern medical technologies and specialist care also affects clinical effectiveness, particularly complex conditions requiring timely and accurate interventions. Furthermore, financial barriers lead many patients to delay or forgo care altogether, resulting in late-stage presentation of illnesses and poorer prognoses.

Overall, these interconnected challenges contribute to suboptimal health outcomes, particularly among vulnerable populations, and place additional strain on an already burdened healthcare system.

ACCESSIBILITY AND AFFORDABILITY OF HEALTH SERVICES

Accessibility to healthcare services is severely impacted by financial constraints and infrastructural deficits. Research suggests that many individuals are deterred from seeking care due to high costs, leading to late presentations of diseases which could have been managed effectively if addressed earlier. [16] Geographic barriers also play a role; patients in rural areas often face significant challenges in accessing healthcare facilities, as many are located far from their communities. These accessibility issues contribute to health disparities, leaving vulnerable populations at greater risk of poor health outcomes.

The high costs associated with healthcare services further exacerbate access issues. Many individuals report that they are unable to afford necessary treatments, medications, and preventative care. The data indicates that the lack of affordable health insurance options leaves many families financially vulnerable, often resulting in catastrophic health expenditures. [17] Consequently, patients may delay treatment or forgo necessary medications, which leads to worsening health conditions and complicates recovery efforts.

IMPACT ON HEALTHCARE WORKFORCE

The challenges faced by healthcare organizations also have a profound effect on the healthcare workforce. As providers experience burnout due to increased workloads and insufficient support, job satisfaction levels decrease, leading to higher turnover rates. The survey responses reflect that many healthcare workers express frustration with the current state of their working conditions, impacting their motivation and commitment to providing quality care. This vicious cycle of dissatisfaction jeopardizes the stability of the healthcare workforce and ultimately affects patient care. Additionally, brain drain created a vicious cycle whereas more professionals leave, the workload on those staying increases, which in turn incentivizes even more staff to seek employment elsewhere to avoid the deteriorating local conditions.

To combat brain drain, Ghana is on the WHO Health Workforce Support and Safeguards List (often called the red list) which advises against active international recruitment to protect fragile health systems.[18]

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[16] (Smith, et al., 2018)

[17] (Akazili, Amenah, Chola, Ayanore, & Ataguba, 2025)

[18] (WHO health workforce support and safeguards list 2023, 2023)

05

Solutions to Address Healthcare Challenges

SOLUTIONS TO ADDRESS HEALTHCARE CHALLENGES

Building on current landscape reforms, the following strategic interventions offer a roadmap for Ghanaian healthcare organizations to move from crisis management to sustainable excellence.

SHORT TO MEDIUM TERM SOLUTIONS

Improved Supply Chains for Pharmaceuticals

To address the persistent stock-outs of essential medicines, healthcare organisations must shift from manual tracking systems to data-integrated logistics. This includes adopting end-to-end visibility platforms, aligned with interventions outlined in the Ghana Health Supply Chain Master Plan (2025–2029), to enable real-time inventory monitoring. Such systems can reduce losses from expired medicines while ensuring that rural facilities are not overlooked by centralised distribution networks.

In the medium term, the use of drone delivery technology for last-mile distribution will be critical, particularly for time-sensitive supplies such as blood products and vaccines. Zipline, an American drone delivery company, launched in 2019 and has deployed drone services to deliver vital medical supplies and consumables to remote parts of the country including blood, vaccines, and essential medicines especially during deployment of COVID-19 vaccines. [19] Unfortunately, due to government's indebtedness amounting to GH¢175 million, Zipline is decommissioning three of its centres. [20] Restoration of the centers and services would play a key role in medicine delivery.

Continuous Training and Professional Development Programs

To combat the brain drain of skilled clinicians, healthcare organisations must invest in the development of their existing workforce. This can be done by establishing mandatory Continuing Professional Development (CPD) credits linked to digital health literacy and specialized clinical skills. Additionally, a modernized training curriculum could be developed to include telemedicine and electronic health record (EHR) management to ensure that staff are equipped for a digital-first environment, increasing professional satisfaction and retention.

Enhanced Collaboration Between Public and Private Sectors

The private sector currently carries a significant portion of healthcare expenditure therefore formalizing this relationship is

[19] (How Zipline is bringing Ghana's remote communities within reach, 2022)

[20] (Okine, 2025)

essential. Expanding public-private partnerships beyond diagnostics into primary care delivery allows public facilities to leverage private-sector efficiency and capital for equipment maintenance (e.g., MRI and CT scanners), while the public sector provides the regulatory framework and patient volume.

Capacity Building and Business Development Support

Achieving resilience and sustainability within Ghana's healthcare sector will also require deliberate investment in institutional capacity development and investment readiness support for healthcare organizations. Beyond infrastructure and technology, many providers face limitations in strategic planning, financial management, governance, and the ability to effectively engage investors. Addressing these gaps is critical to improving operational efficiency, strengthening organizational sustainability, and positioning healthcare institutions as viable recipients of both public and private capital.

Pre-investment technical assistance will play a pivotal role in bridging this gap. Targeted support in areas such as business model refinement, financial structuring, governance strengthening, and impact measurement can significantly enhance the bankability of healthcare organizations and projects. This includes supporting facilities to develop robust business plans, implement financial controls, adopt data-driven decision-making, and align operations with environmental, social, and governance standards where relevant. Such interventions not only improve internal performance but also build the confidence of investors, lenders, and development partners.

Furthermore, structured investment readiness programs can facilitate access to appropriate financing by connecting healthcare organizations to appropriate funding opportunities, including blended finance, concessional capital, and private investment. By equipping providers with the tools and knowledge required to navigate the investment landscape, these programs can unlock new sources of capital for expansion, technology adoption, and service delivery improvements. Ultimately, strengthening capacity and investment readiness will enable healthcare organizations to transition from subsistence operations to scalable, sustainable enterprises capable of delivering high-quality care while contributing to broader health system transformation.

LONG TERM SOLUTIONS

Establishment of Centers of Excellence in Specialized Care

Relying on medical tourism for complex procedures is financially unsustainable for the national economy. Developing specialized hubs for Oncology, Cardiology, and Nephrology across three key development zones (Southern, Middle, and Northern) following the model of the Urology and Nephrology Centre of

Excellence at Korle-Bu would reduce the cost of specialized care and serve as regional training grounds for West Africa.

Investment in Advanced Medical Technologies

Long-term resilience requires a shift toward predictive and precision medicine. Nationwide scaling of the Lightwave Health Information Management System (LHIMS)[21] to create a unified national patient database beyond digitizing records, this allows for the use of AI in disease surveillance and outbreak prediction, moving the healthcare model from reactive to preventative. Investment in telemedicine would ensure increased access to care from any location, thereby reducing travel time and costs, and ensuring shorter wait times.

STAKEHOLDER ROLES IN IMPLEMENTING THE PROPOSED SOLUTIONS

Successful implementation requires a coordinated approach involving government, private sector, academia, and civil society.

Stakeholder Group	Primary Responsibility
Ministry of Health / GHS	Set national standards, provide regulatory oversight, and ensure equitable resource allocation across all regions.
Private Sector & Investors	Drive innovation in medical technology, provide "top-up" financing through PPPs, and manage specialized diagnostic centers.
Academic Institutions	Reform medical curricula to include digital health literacy and conduct local clinical research to inform policy.
NHIA / Financial Regulators	Ensure timely reimbursement to providers and develop sustainable actuarial models to maintain scheme liquidity.

Table 1 – Key Stakeholders and their Respective Roles in Implementing Solutions

21 A medical information management software platform launched in 2018 for Health Service Providers, Patients to manage EMRs, Lab Management & Patient Engagement for Hospitals, Nursing Homes, Clinics, Diagnostic Labs, Lab Chains, Clinic Chains, Managed care networks & Wellness Providers.

06 Conclusion

CONCLUSION

In conclusion, Ghana's healthcare system has made meaningful progress in expanding access, strengthening service delivery, and advancing toward Universal Health Coverage. However, persistent structural and operational challenges, such as inadequate infrastructure, workforce shortages, financial limitations, and outdated technologies, continue to constrain these gains, as this report highlights. These challenges are deeply interconnected and continue to limit the ability of healthcare organizations to deliver consistent, high-quality, and equitable care. As demand for healthcare services grows, driven by population increases and the rising burden of non-communicable diseases, the urgency to address these systemic gaps becomes even more pronounced.

The implications of these challenges are far-reaching. Quality of care is compromised by resource constraints and inefficiencies, while patient outcomes are adversely affected by delays in diagnosis, limited access to appropriate treatment, and affordability barriers. Inequities in access, particularly between urban and rural populations, persist, and the healthcare workforce faces significant strain due to high patient loads, burnout, and ongoing brain drain. These dynamics reinforce a cycle of constrained access, suboptimal care, and weakened system performance, ultimately undermining the sector's ability to meet the needs of the population effectively.

Addressing these issues will require a holistic and forward-looking approach that goes beyond infrastructure and technology investments to include deliberate efforts to strengthen institutional capacity and investment readiness across healthcare organizations. Expanding access to pre-investment technical assistance, enhancing strategic planning and governance, and equipping providers with the tools to engage effectively with investors will be critical to unlocking sustainable financing. By aligning these efforts with ongoing national reforms and leveraging stronger public–private collaboration, Ghana has a clear opportunity to build a more resilient, efficient, and investment-ready healthcare system. Such a transformation will be essential to improving health outcomes, ensuring equitable access to quality care, and achieving long-term sustainability across the sector.

LIMITATIONS OF THIS REPORT

While this report provides valuable insights into the challenges and priorities shaping healthcare delivery in Ghana, it is important to acknowledge certain limitations that may influence the breadth and generalizability of the findings. First, the sample size, though diverse, was relatively limited to 50 respondents across two datasets. While efforts were made to capture perspectives from a range of stakeholders, including providers, pharmaceutical companies, and healthtech actors, the sample may not fully represent the entire spectrum of healthcare organizations across all regions and levels of care. Additionally, the study was conducted within a defined timeframe, and time constraints limited the depth of engagement with respondents, including opportunities for follow-up interviews or longitudinal analysis that could have provided more nuanced insights.

Budget constraints also played a role in shaping the scope of the study, particularly in relation to geographic coverage and the extent of primary data collection. As a result, certain rural and underserved areas may be underrepresented, and some findings rely on a combination of primary responses and secondary data sources. Despite these limitations, the study has been successful in presenting a balanced and credible view of the healthcare landscape from the perspective of healthcare organizations themselves. The consistency of themes across both datasets, supported by existing literature, strengthens the validity of the findings and ensures that the report captures the most critical factors influencing healthcare quality, operational performance, and system-wide challenges in Ghana.

07
References

REFERENCES

Aboagye, E. e. (2024). *Sustainability of the National Health Insurance Scheme: A Provider Perspective on Reimbursement Dynamics.* Accra: Ghana Medical Journal.

Agbatsi, E. A., Basil, J., Fiergbor, C. N., Reindorf, S., Agbodjah, S., & Asante-Darko , D. (2024, February). *The "No Bed Syndrome" in Ghanaian Tertiary Hospitals.* Retrieved from Reach Alliance: https://reachalliance.org/wp-content/uploads/2023/01/No-bed-syndrome.pdf

Akazili, J., Amenah, M. A., Chola, L., Ayanore, M. A., & Ataguba, J. E.-O. (2025, March 25). *Catastrophic health payments in Ghana post-National Health Insurance Scheme implementation: an analysis of service-specific health expenditures.* Retrieved from PubMed Central: https://pmc.ncbi.nlm.nih.gov/articles/PMC11938226/#:~:text=1%202%204,equitable%20access%20to%20health%20services.

Ankomah, M., Abor, P. A., & Karamagi, H. (2024). *Building resilience of the Ghanaian healthcare system: Lessons from a global health stage: Preparedness for the next pandemic: A scoping review.* Retrieved from F1000 Research: https://f1000research.com/articles/13-1203/v1

Botchwey, C. O.-A., Boateng, A. A., Ahimah, P. O., Acquah, F., Adoma, P. O., Kumah, E., . . . Koomson, J. B. (2024). *Patient safety culture and satisfaction in Ghana: a facility-based cross-sectional study.* Retrieved from BMJ Open: https://bmjopen.bmj.com/content/14/1/e073190

Finance, M. o. (2025, March 11). *The Budget Statement and Economic Policy of the GoG for the 2025 Financial Year.* Retrieved from Ministry of Finance and Economic Planning: https://mofep.gov.gh/sites/default/files/budget-statements/2025-Budget-Statement-and-Economic-Policy_v5.pdf

GIPC. (2022, November 1). *Ghana's Health Sector Report.* Retrieved from GIPC: https://www.gipc.gov.gh/wp-content/uploads/2023/03/Ghanas-Healthcare-Sector-Report.pdf

Group, W. B. (2025, December 12). *Current health expenditure (% of GDP) - Ghana.* Retrieved from World Bank Group: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=GH

How Zipline is bringing Ghana's remote communities within reach. (2022). Retrieved from Zipline: https://www.zipline.com/newsroom/stories/articles/zipline-ghana-remote-communities-within-reach

Kodom, R. V., & Netangaheni, R. T. (2024, November 26). *Challenges in accessing patient-centered care and patient empowerment in selected Ghanaian hospitals.* Retrieved from Health SA Gesondheid: https://hsag.co.za/index.php/hsag/article/view/2623/5292

Kumah, A. (2025, July 8). *The future of patient safety in Ghana: challenges and opportunities.* Retrieved from Frontiers in Health Services: https://www.frontiersin.org/journals/health-services/articles/10.3389/frhs.2025.1581468/full

Kye, K. A., Onajah, G. N., & Daniels, J. (2024, March 1). The emergence of telemedicine in a low-middle-income country: challenges. *ecancer*, p. https://pmc.ncbi.nlm.nih.gov/articles/PMC10984837/. Retrieved from e cancer medical science.

MoH. (2020, January 11). *Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030*. Retrieved from Ministry of Health: https://www.moh.gov.gh/wp-content/uploads/2021/08/UHC-Roadmap-2020-2030.pdf

(2025). *National Digital Health Strategy (2023–2027) Mid-term Progress Report.* Accra: Ministry of Health.

NHIA paying service providers rapidly to avert Cash and Carry. (2020, February 26). Retrieved from National Health Insurance Authority: https://www.nhis.gov.gh/News/nhia-paying-service-providers-rapidly-to-avert-cash-and-carry-5287

NHIA releases additional GH¢267.67 million as claims to health facilities nationwide. (2025, August 7). Retrieved from National Health Insurance Authority: https://nhis.gov.gh/News/for-immediate-release-5806#:~:text=Out%20of%20the%20total%20amount,Signed%E2%80%A6%E2%80%A6.&text=Chief%20Executive%2C%20NHIA.,July%208%2C%202025.

Okine, N. A. (2025, November 25). *Zipline to shut down three centres over GH¢175m debt.* Retrieved from Citi Newsroom: https://citinewsroom.com/2025/11/zipline-to-shut-down-three-centres-over-gh%C2%A2175m-debt/

Opoku, D. A., Ayisi-Boateng , N., Osarfo, J., Sulemana, A., Mohammed, A., Spangenberg, K., . . . Edusei, A. K. (2022, July 12). *Attrition of Nursing Professionals in Ghana: An Effect of Burnout on Intention to Quit.* Retrieved from PubMed Central: https://pmc.ncbi.nlm.nih.gov/articles/PMC9296301/

Opoku-Gyamfi, D., Aduayom-Ahego, A., Agbewoavi, C. K., Bempah, C. O., Bikala, J. P., Aniteye, D. A., . . . Yamoah, Z. (2026, August 19). *Equipment Downtime and the Absence of Standardized Practices in Ghanaian Prosthetics and Orthotics Clinics: A Narrative Report from Field Observations.* Retrieved from medrxiv: https://www.medrxiv.org/content/10.1101/2025.08.17.25333853v1.full

Smith, K. T., Monti, D., Mir, N., Peters, E., Tipirneni, R., & Politi, M. C. (2018, March 26). *Access Is Necessary but Not Sufficient: Factors Influencing Delay and Avoidance of Health Care Services.* Retrieved from PubMed Central: https://pmc.ncbi.nlm.nih.gov/articles/PMC6125037/

WHO health workforce support and safeguards list 2023. (2023, March 8). Retrieved from WHO: https://www.who.int/publications/i/item/9789240069787

World Patient Safety Day 2024: highlighting WASH's role in safer diagnoses. (2024, September 17). Retrieved from Water Aid: https://www.wateraid.org/gh/blog/world-patient-safety-day-2024-highlighting-washs-role-safer-diagnoses#:~:text=In%20Ghana%2C%20basic%20water%20services%20are%20available,lower%20in%20rural%20areas%20at%20just%2020%25.

APPENDICES

SURVEY DATA ANALYSIS – DATASET 1

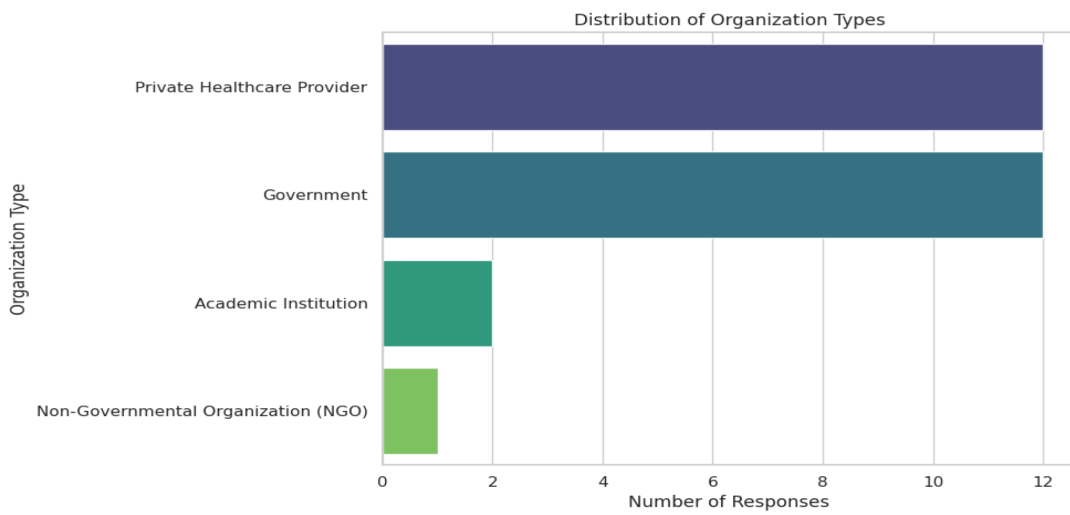


Figure 1 – Types of Organizations

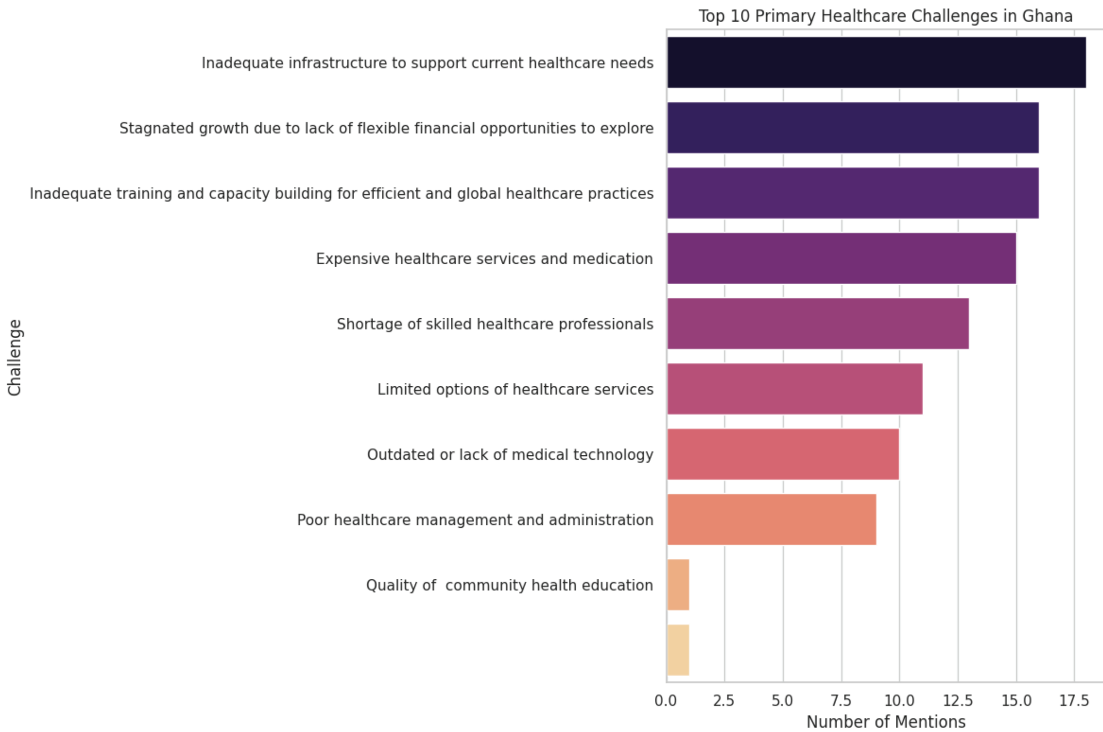


Figure 2 – Top 10 Challenges faced by Healthcare Organizations

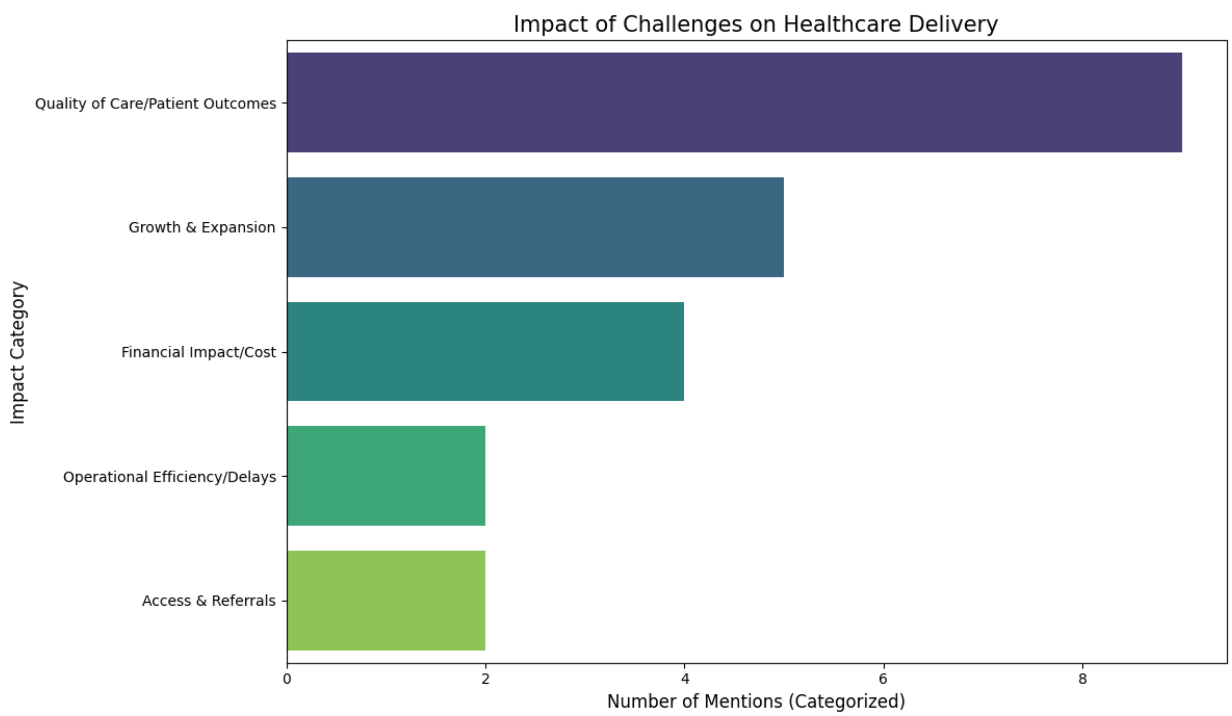


Figure 3 – Impact of Challenges on Healthcare Delivery

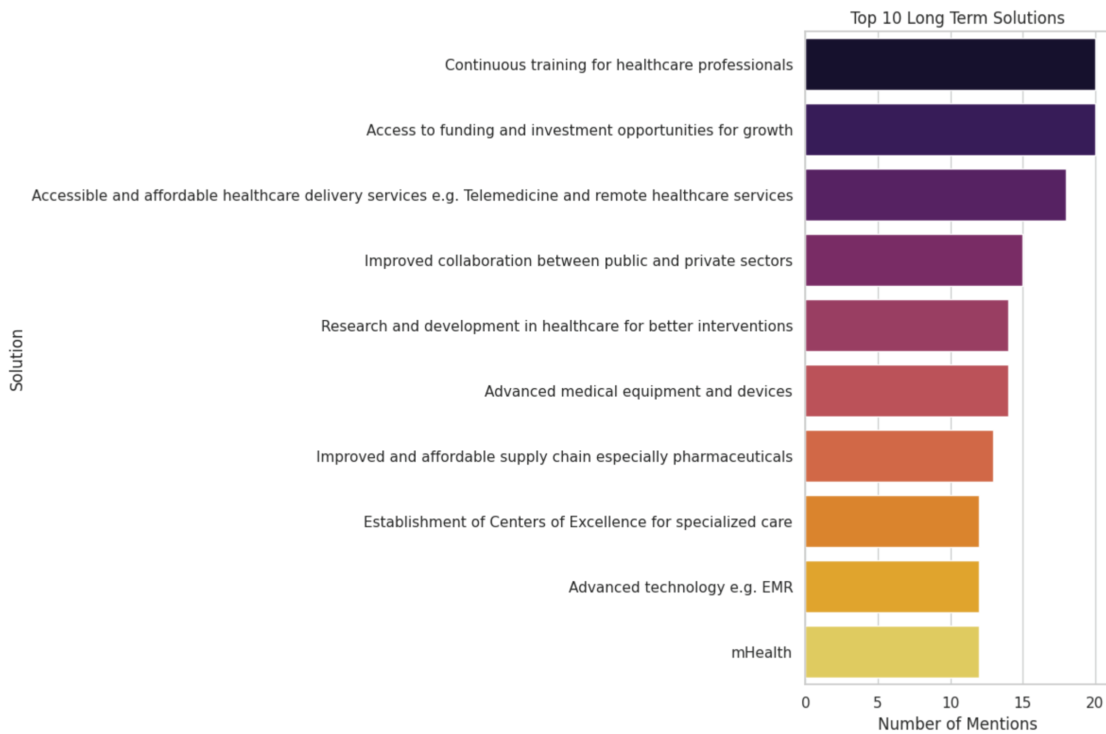


Figure 4 - Top 10 Long Term Solutions

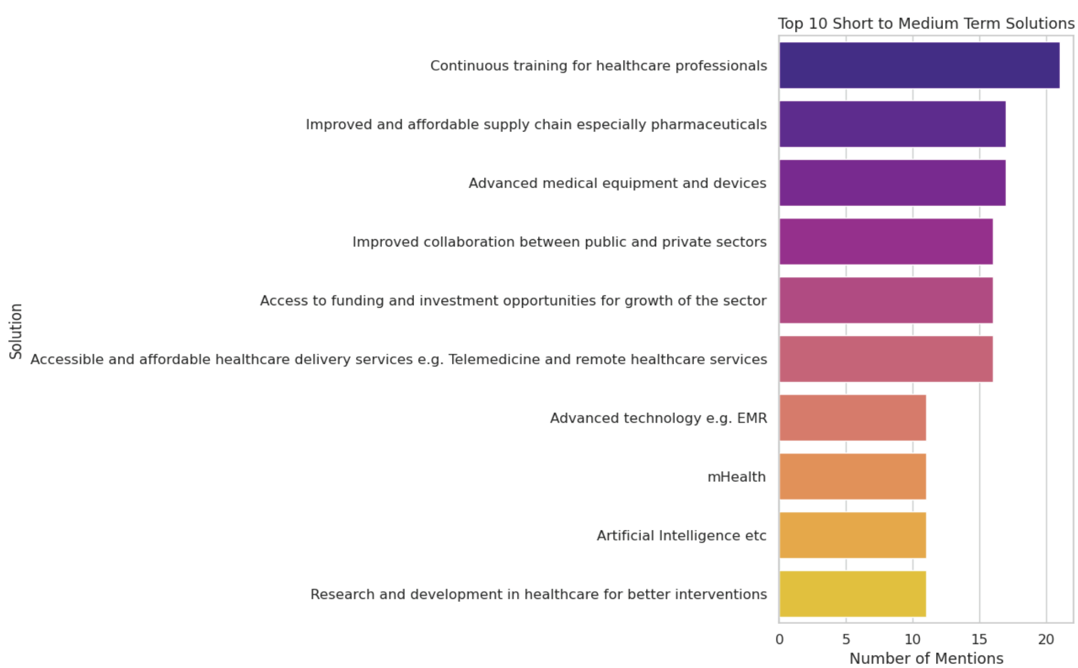


Figure 5 – Top 10 Short to Medium Term Solutions

SURVEY DATA ANALYSIS – DATASET II

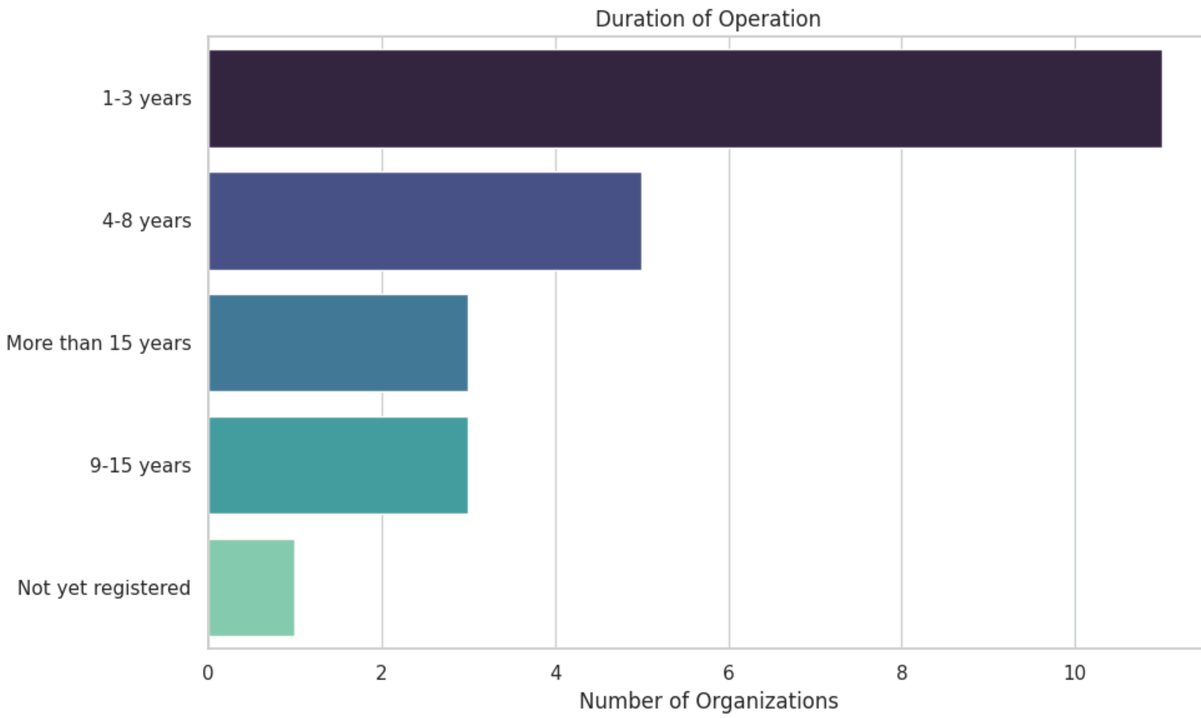


Figure 6 – Number of Years in Operation

Figure 7 – Organizational Challenges

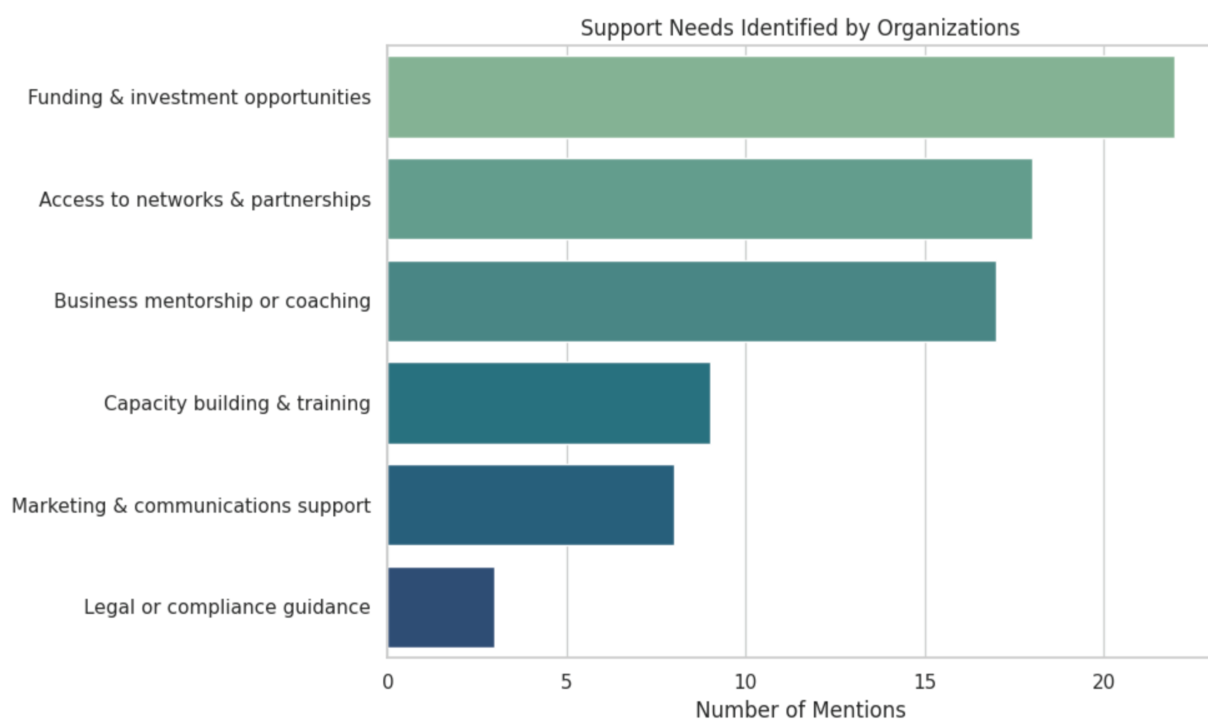


Figure 8 – Support Needs Identified

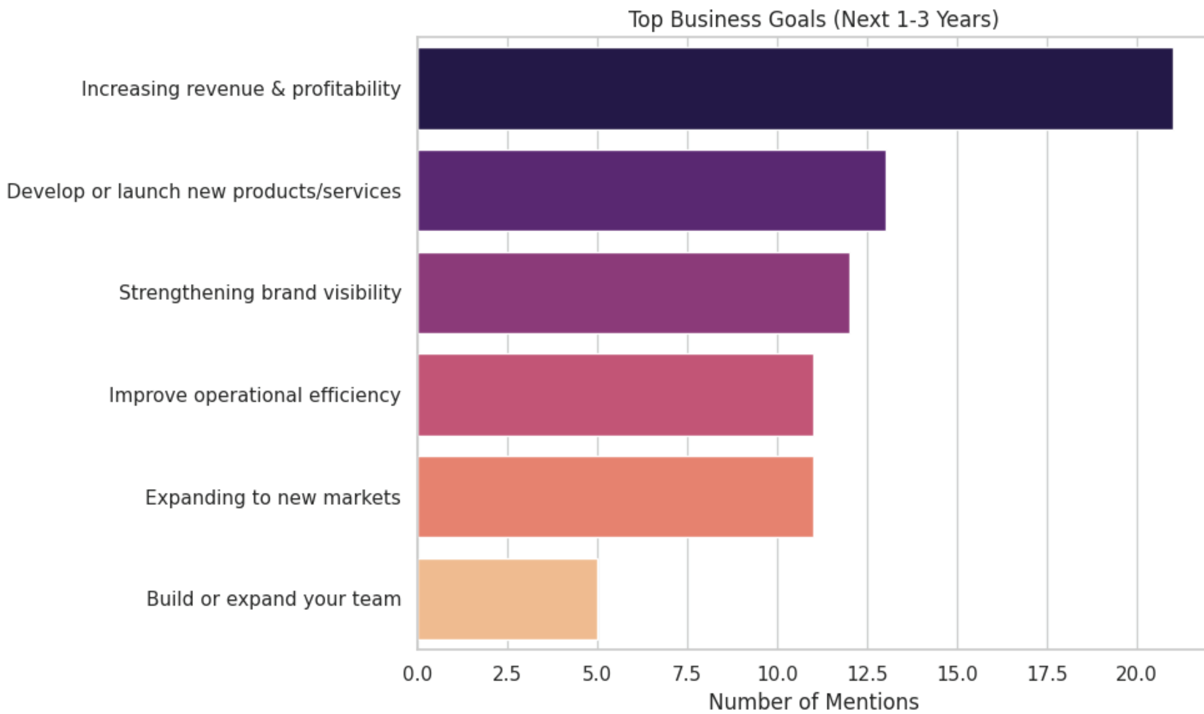


Figure 9 – Short to Medium Term Organizational Goals

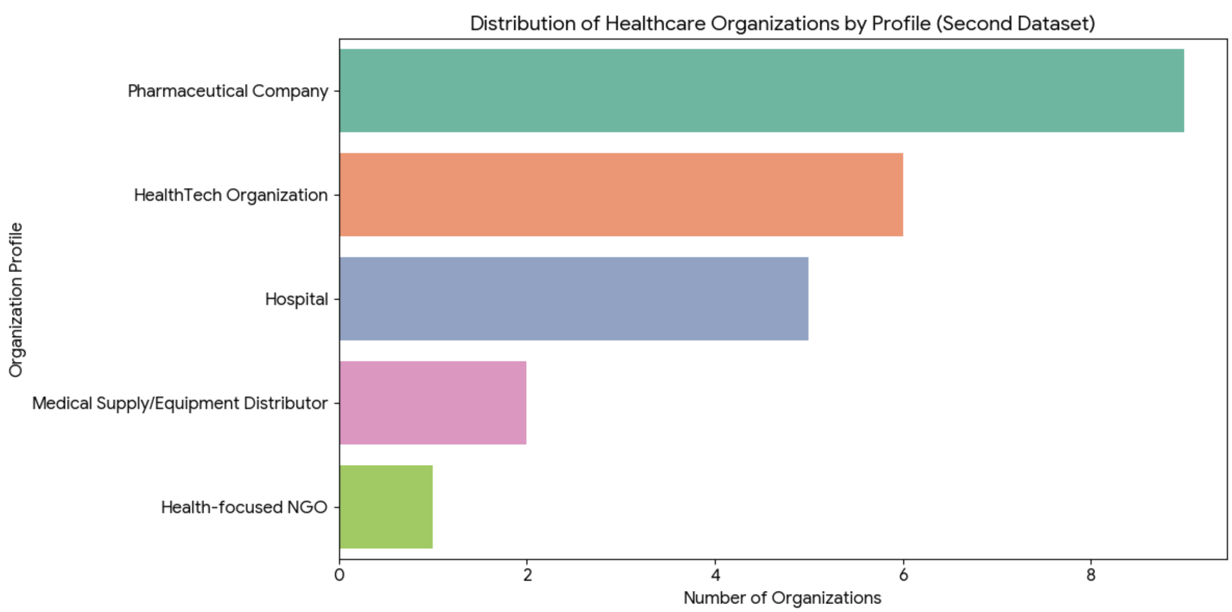
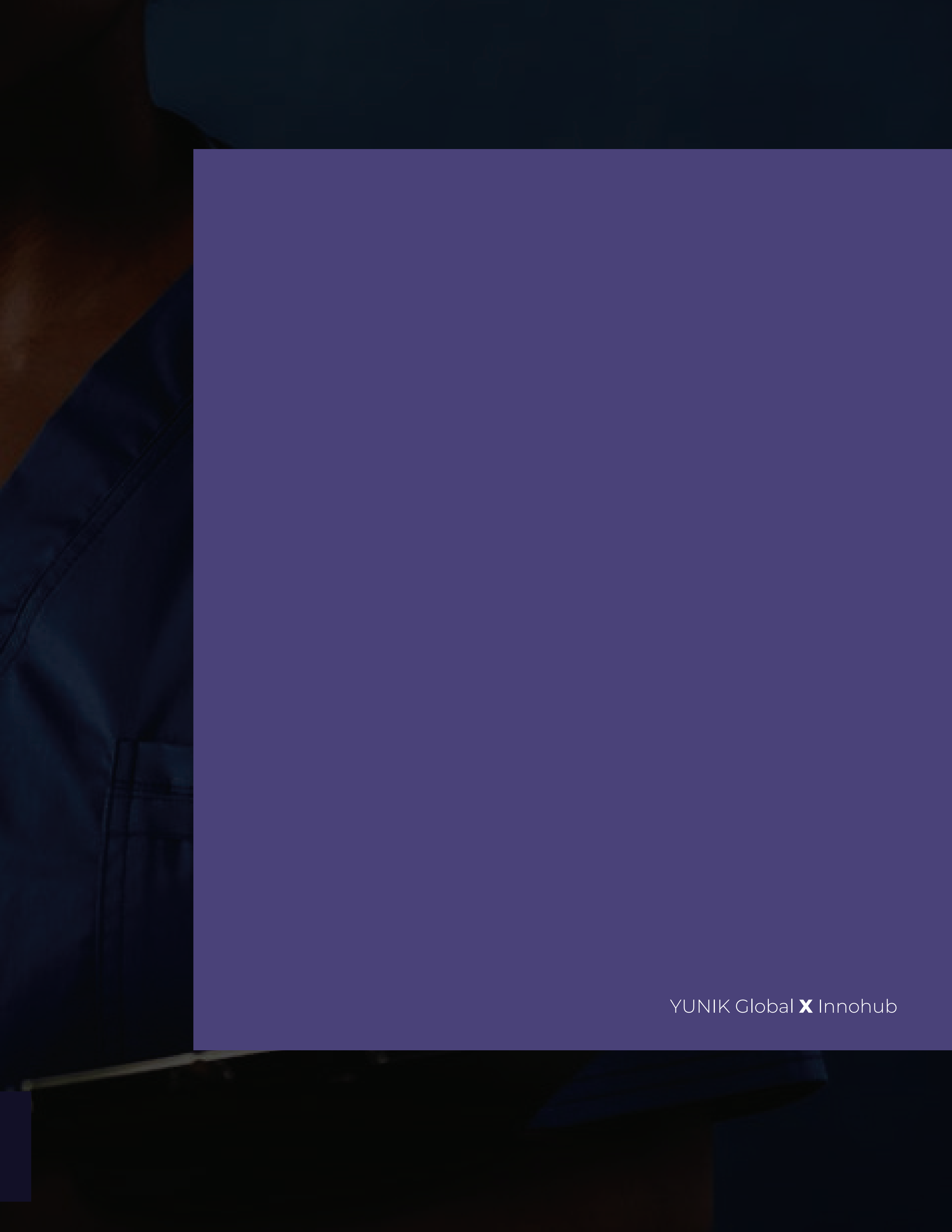


Figure 10 – Types of Healthcare Organizations (Second Dataset)



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