REPRODUCTIVE HEALTH FINANCING IN GHANA

Using The National Health Accounts 2023

A Policy Brief

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1 INTRODUCTION

1.1 Background to reproductive health

Reproductive health (RH) is a crucial component of national health and development frameworks. It refers to the complete state of physical, mental, and social well-being in all matters related to the reproductive system [1]. Reproductive health in service delivery terms, encompasses a range of services, including family planning, maternal health, prevention and treatment of sexually transmitted infections (STIs), and education on sexual and reproductive health rights.

At a global level, reproductive health has been a global priority for decades, gaining prominence with the Millennium Development Goals (MDGs) in 2000. The MDG 5, specifically, targeted maternal health, aiming to reduce maternal mortality by three-quarters and achieve universal access to reproductive health by 2015 [2]. A key strategy was increasing the proportion of births attended by skilled health personnel and despite progress, many low- and middle-income countries (LMICs) fell short of these targets. For instance, Ghana's translation of MDG 5 was a national target set to reduce the Maternal Mortality Ratio (MMR)[1] from 214 in 1990 to 54 by 2015. However,

[1] MMR = maternal deaths per 100,000 live births

in 2008, MMR was declared as unacceptably high in Ghana and the Ministry of Health was directed to regard it as a national emergency requiring immediate action [3].

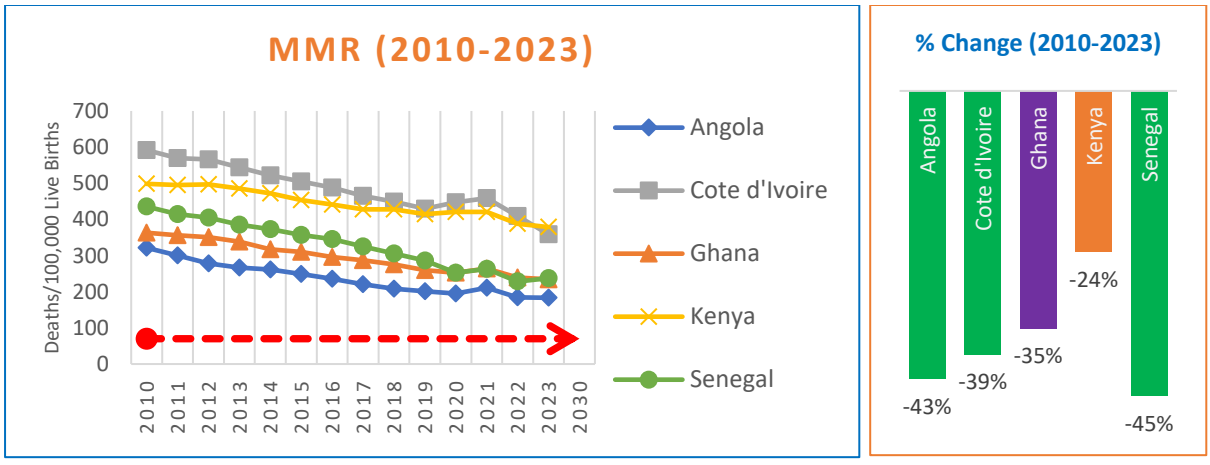
The Sustainable Development Goals (SDGs) introduced in 2015 built upon this foundation, with SDG 3 encompassing broader health objectives [4], including Universal Health Coverage (UHC). UHC aims to ensure all individuals and communities receive essential health services without financial hardship. Ghana, like many LMICs, has made strides in improving reproductive health outcomes but continues to face challenges in achieving UHC and meeting SDG targets. The country has implemented various policies and programs to increase skilled birth attendance and expand access to reproductive health services, yet disparities persist, particularly in rural areas and among disadvantaged populations [5].

1.2 Reproductive health indicators

At a global level, the SDG 3 aims to decrease the maternal mortality ratio (MMR) to fewer than 70 deaths per 100,000 live births and lower neonatal mortality to at least 12 deaths per 1,000 live births [4]. Achieving these objectives presents a significant challenge in resource-constrained nations like Ghana [6]. Research indicates that various factors impede progress toward this goal, beyond just limited funding, including unfavourable health service accessibility, inadequate road infrastructure, substandard healthcare quality, and insufficient or absent healthcare personnel, all of which endanger expectant mothers seeking delivery services [6, 7].

The global MMR was estimated at 216 deaths per 100,000 live births in 2017, with approximately 800 women dying daily from preventable causes related to pregnancy and childbirth in 2020 [8]. In terms of NMR, the global rate was estimated at 17 deaths per 1,000 live births in 2023, a 53% reduction from 1990 [9]. Madise and colleagues [10] suggest that initiatives to combat MMR and neonatal mortality should focus on LICs and LMICs, as these regions experience the highest concentration of these issues. Ghana's progress in these areas is illustrated in Figure 1.

Figure 1: Trends of maternal health indicators for Ghana and peer countries



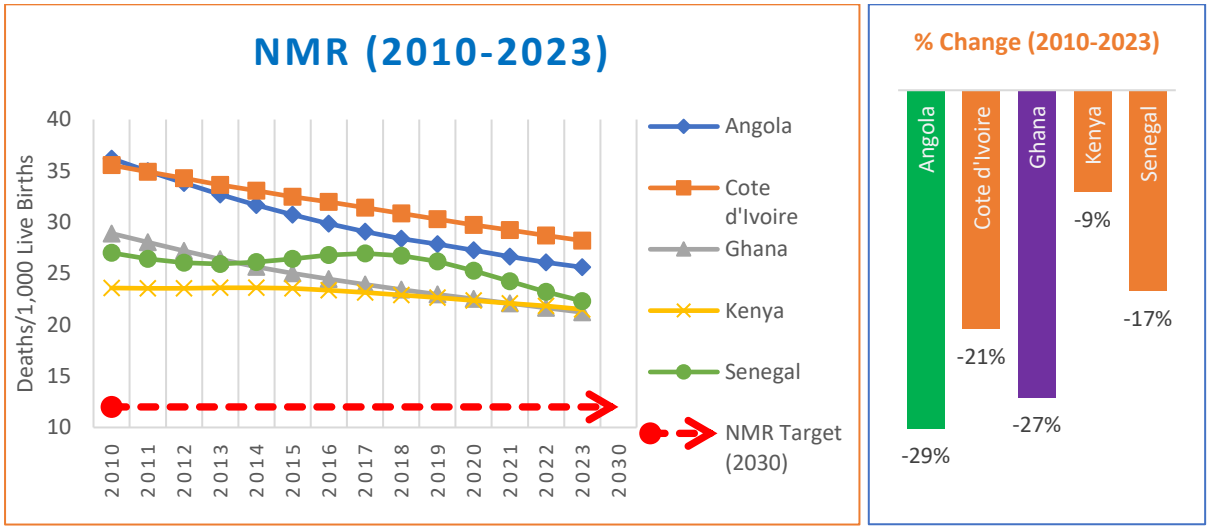
Source: SDG Report 2025

On MMR side, Ghana has made progress in reducing it from 363 deaths per 100,000 live births in 2010 to 234 deaths per 100,000 live births in 2023, representing a 35% reduction (Figure 1). A peer-comparison reveals that this performance for Ghana in the period (2010-2023) was better than that of peer countries like Kenya (24% decrease) and even Cote d'Ivoire whose MMR in 2023 is higher (359 deaths per 100,000 live births) than that of Ghana. While this is a commendable progress, achieving a more than one-third reduction in maternal deaths, both Senegal (-45%) and Angola (-43%) have demonstrated even more substantial improvements showing that there is still probable room for improvement.

Ghana's -35% reduction in MMR signifies progress but also indicates that more accelerated efforts are needed to align with the 2030 global SDG 3.1 target of 70 deaths per 100,000 live births. To reach this target, Ghana's reproductive health financing strategies must be critically evaluated including assessment of domestic budgetary allocations to maternal health, whether there is efficient utilization of available funds, whether the current public-private partnerships for reproductive health can be advanced, and exploring more innovative financing mechanisms.

On the neonatal side, the NMR in Ghana was 28.9 deaths per 1000 live births in 2010 which reduced to 21.2 in 2023 (Figure 2) showing a 27 percent reduction in that period, which means that 1 in every 47 children die within the first 28 days of life. The under-5 years mortality, for Ghana, was 37.1 deaths per 1,000 live births in 2023 [11][2].

Figure 2: Trends of neonatal health indicators for Ghana and peer countries



Source: SDG Report 2025

While Ghana's performance is commendable, Angola surpassed this progress (NMR) with an impressive 29% decrease, indicating a slightly more accelerated decline in neonatal deaths. In contrast, Cote d'Ivoire and Senegal recorded fewer substantial reductions of 21% and 17% respectively, while Kenya showed the slowest (9%)

[2] https://dashboards.sdgindex.org/profiles/ghana/indicators

reduction in NMR. The findings for Ghana could indicate that there are still challenges to eliminate like the use of modern contraceptive methods which was reported [12] to have increased from 17% in 2008 to 28% 2022, a figure that is considered to be lower than the national target for 2022 (33%) and 39% for 2025 [13].

Inadequate financing remains a significant hurdle to providing reproductive health (RH) services in developing countries, including Ghana. The financial demands for comprehensive RH interventions to include infrastructure, service delivery, personnel training, and medical supplies. As highlighted by Otieku and colleagues [14] in a study on Ghana's sexual and reproductive health priorities, sustainable and adequate financing is crucial for achieving effective reproductive health outcomes and ensuring these services reach marginalized populations. Prioritizing RH within national budgets and securing financial commitments from international partners are essential steps to meet these aspirations. This brief will analyze Ghana's current reproductive health financing, utilizing findings from the NHA 2023 and the SHA-2011 framework, which examines financing sources, resource pooling, financial management, and expenditure on service provision and consumption.

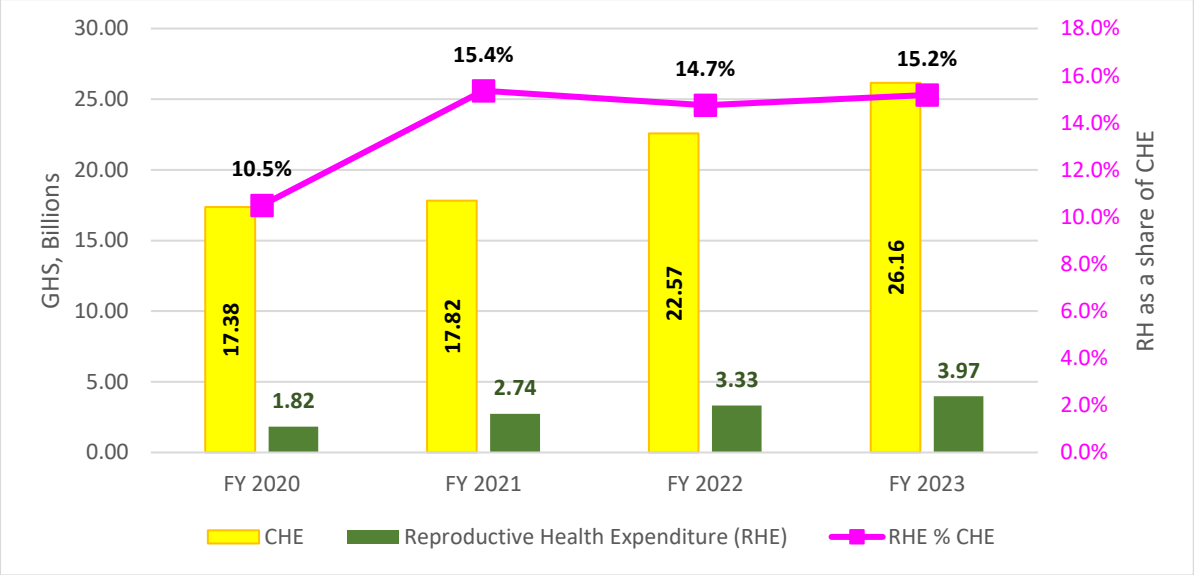
2 FINANCING

2.1 General Current Health Financing for RH

Ghana's Current Health Expenditure (CHE) has shown a consistent and significant increase over the four-year period. Starting at GHS 17.38 billion in 2020, it rose to GHS 17.82 billion in 2021, GHS 22.57 billion in 2022, and reached GHS 26.16 billion by 2023. This reflects a sustained growth in overall health sector spending. Reproductive Health Expenditure (RHE), in nominal terms, also demonstrated a steady upward trend. RHE increased from GHS1.82 billion in 2020 to GHS2.74 billion in 2021, then to GHS3.33 billion in 2022, and further to GHS3.97 billion by 2023. This indicates an increasing financial commitment to reproductive health services.

The RHE as a share of CHE provides crucial insight into the prioritization of reproductive health within the broader health budget. This percentage saw a substantial increase from 10.5% in 2020 to 15.4% in 2021. Subsequently, it experienced a slight dip to 14.7% in FY2022, before recovering marginally to 15.2% in 2023. While there was a slight fluctuation, the overall trend from 2020 to 2023 indicates that reproductive health has consistently maintained a share between 10% and 15.5% of total health expenditure, with a notable jump in prioritization between 2020 and 2021 that was largely sustained.

Figure 3 Trends of reproductive health expenditure in Ghana



Ghana's consistent increase in nominal RHE from GHS 1.82 billion in FY2020 to GHS 3.97 billion in FY2023 is a highly positive indicator of the government's commitment to these vital services. This growing financial commitment directly supports SDG 3, Target 3.7, which calls for universal access to sexual and reproductive health-care services [2], including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

The findings are in line with the assertion of WHO [15] that increased funding for reproductive health can lead to improved access to contraception, antenatal care, safe delivery services, and postnatal care, all of which are crucial for reducing maternal and neonatal mortality. However, while the nominal increase is encouraging, the slight plateau and marginal fluctuations in RHE as a share of CHE in the later years (15.4% to 15.2%) suggest that while reproductive health is prioritized, its relative share within the expanding health budget is not experiencing further significant proportional growth.

Looking at it from the perspective of each individual, NHA findings show that the RHE per capita in Ghana Cedis also demonstrated continuous growth, increasing from GHS 59.8 in 2020 to GHS 123.0 in 2023. This suggests a rising nominal per-person investment in reproductive health. However, when RHE per capita is converted to US Dollars (USD), a contrasting trend emerges. After an initial increase from USD 10.4 in 2020 to USD 14.8 in 2021, it declined to USD 12.3 in 2022 and returned to USD 10.4 in 2023 (Table 1).

Table 1: Trends of reproductive health expenditure and per capita in Ghana

VARIABLES	UNITS	FY 2020	FY 2021	FY 2022	FY 2023
CHE	*GHS, Billion*	17.38	17.82	22.57	26.16
Reproductive Health Expenditure (RHE)	*GHS, Billion*	1.82	2.74	3.33	3.97
RHE % CHE	*Percentage*	10.5%	15.4%	14.7%	15.2%
Population	*Million*	30.49	30.83	31.56	32.30
USD Exch. Rate		5.76	6.01	8.58	11.88
RHE per capita	*GHS*	59.8	88.8	105.5	123.0
RHE per capita	*USD*	10.4	14.8	12.3	10.4

The per-person investment in reproductive health is in line with WHO strategy [16] which emphasizes that robust investment in reproductive health services is fundamental for achieving health equity, reducing maternal and child mortality, and empowering individuals.

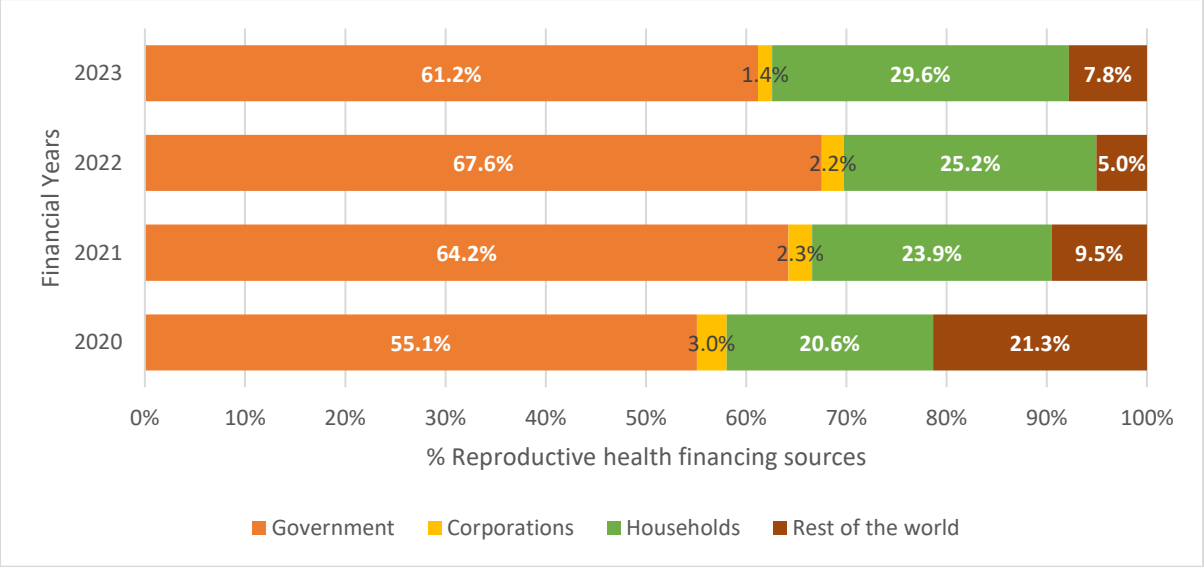
However, the concerning decline in RHE per capita when measured in USD highlights a critical vulnerability. The significant depreciation of the Ghana Cedi against the US Dollar means that while more local currency is being spent, its real purchasing power for internationally procured goods (like contraceptives, essential medicines, and medical equipment) or for attracting global talent in the health sector may be diminishing. This currency depreciation poses a substantial risk to the sustainability and effectiveness of reproductive health programs, potentially undermining efforts to improve service quality and availability.

2.2 Financing sources for reproductive health

Government funding consistently served as the primary source of RH financing throughout the period. Its share significantly increased from 55.1% in 2020 to 64.2% in 2021, and further to 67.6% in 2022, before slightly decreasing to 61.2% in 2023. This indicates a sustained, leading role for public funds in financing reproductive health. Households represented the second largest financing source. Their contribution steadily increased from 20.6% in 2020 to 23.9% in 2021, 25.2% in 2022, and reached its highest point at 29.6% in 2023. This upward trend suggests an increasing reliance on out-of-pocket payments for reproductive health services.

The Rest of the World (i.e., external funding) showed a declining trend in its share. Starting at 21.3% in 2020, its contribution decreased to 9.5% in 2021, further to 5.0% in 2022, and slightly rebounded to 7.8% in 2023. This indicates a decline in external funding even though it is available for the health sector. Corporations consistently provided the smallest share of RH financing, with their contribution remaining minimal throughout the period, fluctuating between 1.4% and 3.0%.

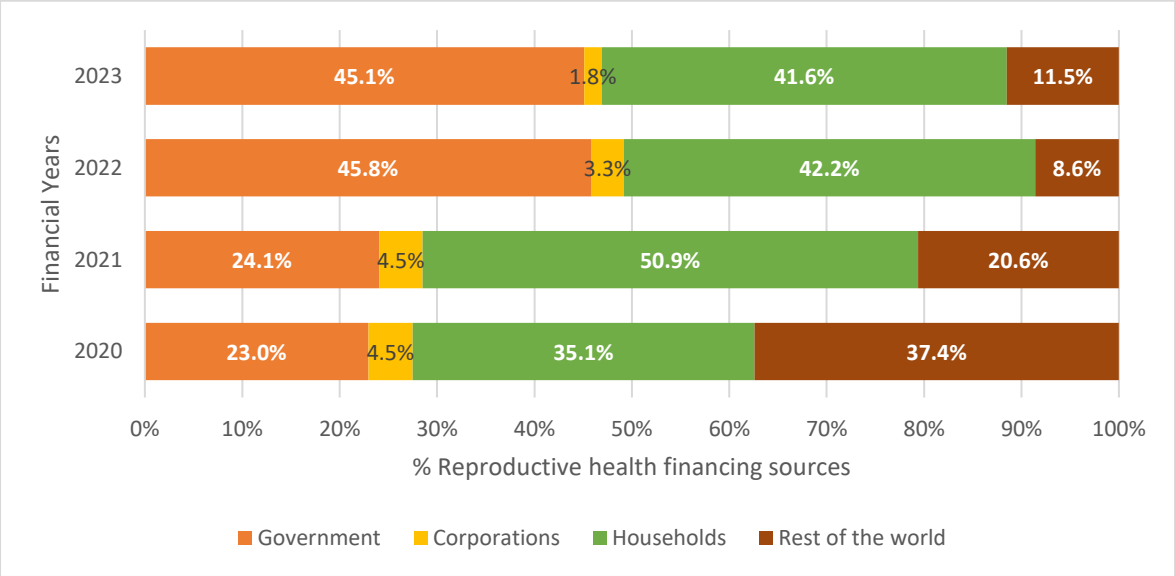
Figure 4: Financing sources for reproductive health in Ghana, 2020-2023



The WHO advocates for a shift towards pooled financing mechanisms, primarily through general government revenues and social health insurance, to ensure financial protection and equitable access to essential health services, including reproductive health [17]. However, the continuous increase in Household contributions, reaching almost 30% by 2023, is a significant concern. High out-of-pocket payments for reproductive health can deter individuals, especially the poor and vulnerable, from seeking essential services such as family planning, antenatal care, and skilled delivery, leading to poorer health outcomes and increased financial hardship [18], which undermines the very principle of financial protection under UHC.

The 2020–2023 NHA analysis indicated that Government and households were the main financing sources as shown in Figure 5. The new SHA-2011 methodology allows for the inclusion of previously unaccounted indirect costs such as compensation and capital investment in the analysis. This has shed light on the total government contribution to reproductive health.

Figure 5: Financing sources for reproductive health in Ghana (exclusive of estimated government indirect costs), 2020-2023



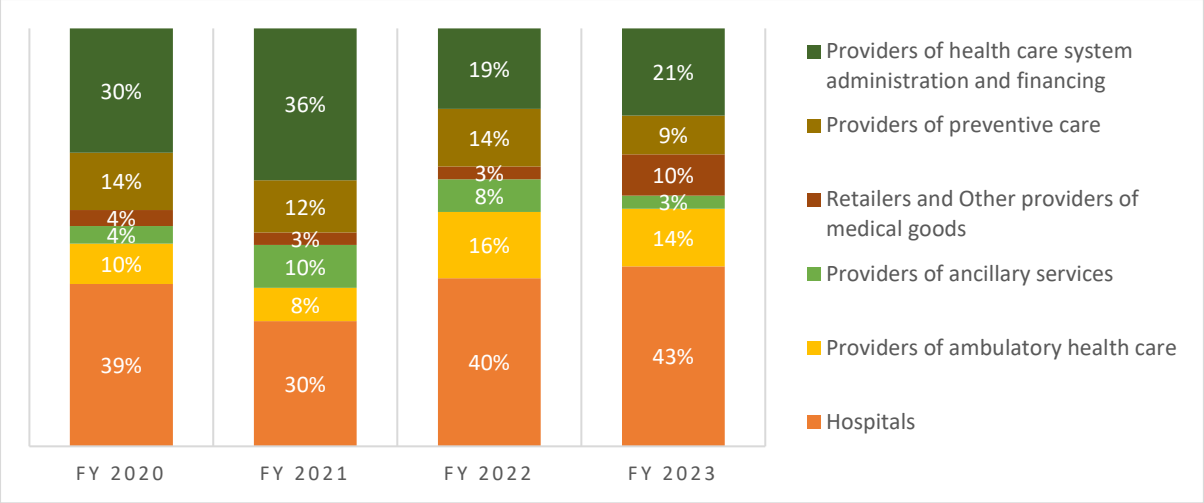
Therefore, findings (Figure 5) show that in the absence of government's indirect-cost contribution e.g. compensation of employees like doctors, the burden of RHE will increase for households from 29.6% to 41.5% for 2023. This picture is consistent for all the years from 2020 to 2023.

2.3 Providers of reproductive health services

Providers of health care system administration and financing also maintained a substantial share, fluctuating from 30% in 2020, rising to 36% in 2021, and then decreasing to 19% in 2022 and 21% in 2023. This suggests a significant, though variable, portion of resources allocated to the oversight and management of RH services.

Providers of ambulatory health care showed a notable increase in their contribution, from 10% in 2020 to 16% in 2022, before slightly decreasing to 14% in 2023. This indicates a growing role for outpatient and community-level services in reproductive health. Providers of preventive care experienced a decline in their share, from 14% in 2020 to 9% in 2023. Similarly, Retailers and Other providers of medical goods saw their contribution drop from 4% in 2020 to 3% in 2023. Providers of ancillary services remained minimal, fluctuating between 3% and 4% over the period.

Figure 6: Providers of reproductive health services, 2020-2023



The increasing dominance of Hospitals (rising from 39% in 2020 to 43% in 2023) as the leading provider of reproductive health services in Ghana is a notable trend. While hospitals are essential for complicated deliveries and specialized care, an over-reliance on them for routine reproductive health services, which could be provided at lower levels of care (e.g., health centres, clinics), can be less cost-effective and may hinder equitable access, especially for rural populations. This trend presents a contradiction to the ideal model of robust, community-based PHC that aims to bring services closer to the people and reduce the burden on more expensive secondary/tertiary facilities [18].

The significant role of providers of health care system administration, ranging from 19% to 36% suggests a substantial portion of reproductive health expenditure is directed towards oversight, and while this is essential, ensuring efficiency in this domain is crucial to maximize direct service delivery for Ghana.

2.5 Reproductive health services provided

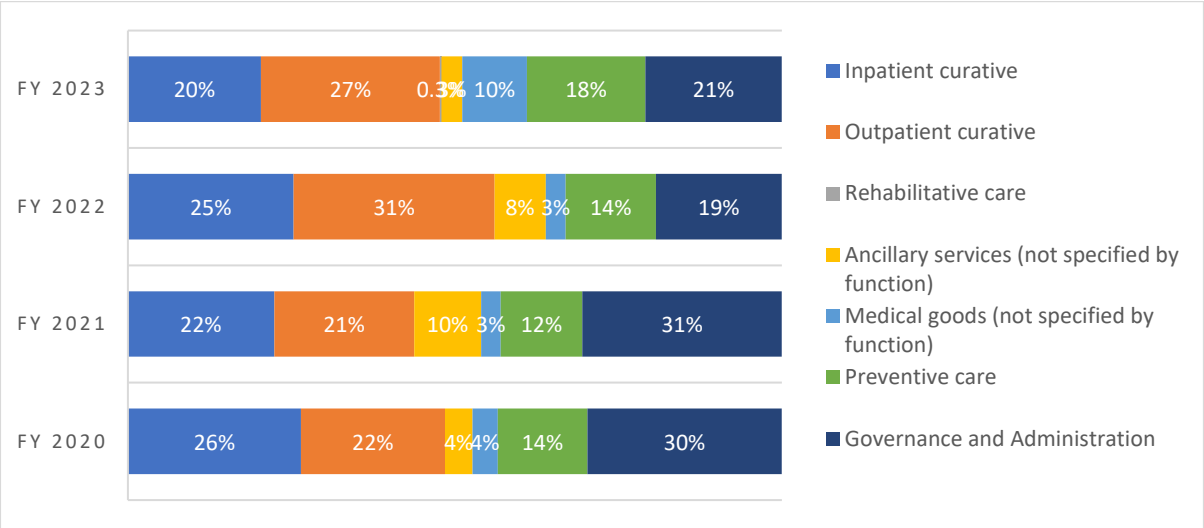
Outpatient curative care consistently represented the largest or second-largest share of RH services across the period, notably increasing from 22% in 2020 to a peak of 31% in 2022, before slightly decreasing to 27% in 2023. This indicates a strong emphasis on ambulatory curative services.

Governance and Administration began from 30% in 2020, rising to 31% in 2021, but then declining to 19% in 2022, and experiencing a rebound to 21% in 2023. Inpatient curative care also held a significant share, fluctuating between 20% and 26%, with its highest share in 2020 (26%) and lowest in 2023 (20%).

Preventive care showed a mixed trend. It was at 14% in 2020 and 2022, increased to 18% in 2023, but saw a slight drop to 12% in 2021. Medical goods (not specified by function) fluctuated, with shares of 14% in 2020, 10% in 2021, 14% in 2022, and a slight decrease to 10% in 2023. Rehabilitative care and Ancillary services (not specified by function) consistently represented very small shares throughout the period, with

Rehabilitative care ranging from 0.3% to 8% and Ancillary services remaining negligible (3-4%). The 0.3% for rehabilitative care in 2023 is particularly minimal.

Figure 7: Reproductive health services provided, 2020-2023



The consistent and often dominant shares of outpatient curative and inpatient curative care highlight Ghana's focus on addressing existing RH conditions. While essential, an over-emphasis on curative services without commensurate investment in prevention and health promotion can be less cost-effective in the long run. This may indicate a system reacting to illness rather than proactively promoting health [18]. The significant proportion attributed to Governance and Administration (between 19-31%) suggests a substantial investment in the oversight of the RH system. It is crucial to ensure that this expenditure directly translates into improved efficiency, quality, and accessibility of services.

The fluctuating, yet relatively modest, share for Preventive care (12-18%) is concerning. Effective preventive RH interventions such as family planning, antenatal care, safe abortion services (where legal), and STI prevention are critical for reducing morbidity and mortality, empowering individuals, and are central to achieving SDG 3, Target 3.7, which calls for universal access to sexual and reproductive health-care services.

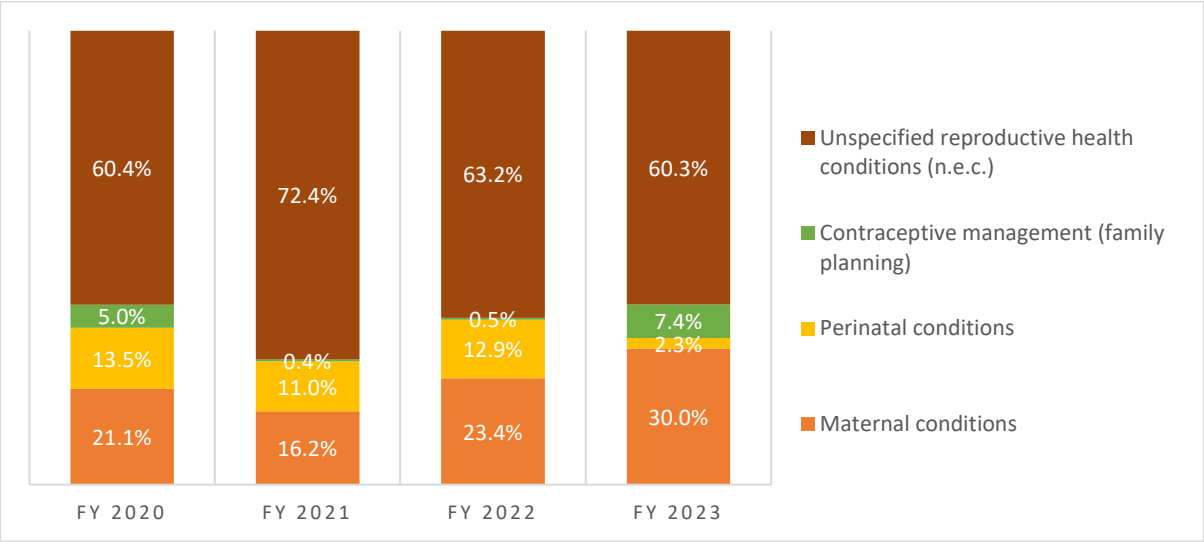
Similarly, the consistently minimal shares for Rehabilitative care and Ancillary services suggest gaps in a truly comprehensive RH service package. UHC aims to ensure a continuum of care, from health promotion to prevention, treatment, rehabilitation, and palliative care. Ghana's current distribution of RH services suggests a need for strategic re-balancing. To achieve full UHC and maximize health outcomes, Ghana should strengthen its investment in preventive RH services, explore ways to integrate rehabilitative and ancillary services more effectively into PHC, and ensure that administrative expenditures optimize service delivery, thereby fostering a more holistic and resilient reproductive health system.

2.6 Reproductive health components financed

Maternal conditions represented the second largest component, showing a notable upward trend. The share of maternal conditions increased from 21.1% in 2020 to 30.0% in 2023, with slight fluctuations (16.2% in 2021, 23.4% in 2022). This indicates a growing focus or burden associated with maternal health.

Perinatal conditions showed significant variability. After accounting for 13.5% in 2020, their share drastically dropped to 0.4% in 2021 and 0.5% in 2022, before seeing a slight rebound to 2.3% in 2023. This low and fluctuating allocation is a point of concern. Contraceptive management (family planning) consistently received a very small share of expenditure. It was 5.0% in 2020, dropping to 1.0% in 2021, before slightly recovering to 7.4% in 2023. This pattern suggests comparatively limited investment in family planning services relative to other areas of reproductive health which will require further disaggregation and analysis at more detailed levels.

Figure 8: Expenditure on reproductive health components in Ghana, 2020-2023



The increasing expenditure on Maternal conditions (rising from 21.1% in 2020 to 30.0% in 2023) is a positive development, directly aligning with SDG 3, Target 3.1, which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births [2]. Strong investment in maternal care is foundational for UHC. However, the alarmingly low and fluctuating expenditure on Perinatal conditions (e.g., 0.4% in 2021, 2.3% in 2023) is highly problematic. Perinatal care is critical for newborn survival and health, and inadequate investment here can undermine progress in reducing infant mortality [19].

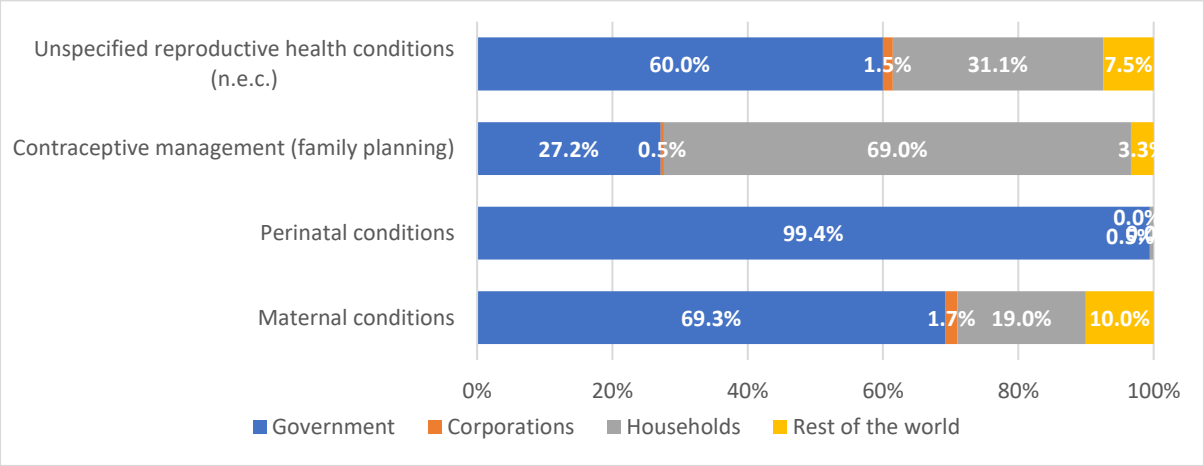
Similarly, the consistently minimal allocation to Contraceptive management (family planning) (around 0.4%-7.4%) is a significant gap. Family planning is one of the most cost-effective interventions for improving maternal and child health, empowering women, and achieving broader development goals by reducing unintended pregnancies and allowing for birth spacing [17].

Unspecified reproductive health conditions (n.e.c.) consistently constituted the largest share of expenditure, dominating at 60.4% in 2020, peaking at 72.4% in 2021, before slightly declining to 63.2% in 2022 and 60.3% in 2023. This significant proportion suggests a large portion of reproductive health spending is not categorized into specific, actionable conditions, or covers a broad range of general reproductive health issues. To understand who finances RH components and where the costing studies should target, further analysis was done on RH components for 2023 (Figure 9).

The findings show that, for maternal conditions, the Government emerged as the predominant financier, accounting for 69.3% of the total expenditure. Households provided a substantial 19.0%, while the Rest of the World contributed 10.0%. Corporate funding was negligible at 1.7%. In the realm of Perinatal conditions, Government financing was overwhelmingly dominant, covering 99.4% of the expenditure, with only a minimal 0.6% from Households and no noticeable contributions from Corporations or the Rest of the World.

A distinctly different pattern is observed for Contraceptive management (family planning), where Households were the primary financier, contributing a striking 69.0%, followed by the Government at 27.2%. The Rest of the World provided relatively small share of 3.3%, and Corporations a share of 0.5%. Finally, for Unspecified reproductive health conditions (n.e.c.), the financing mix was led by the Government (60.0%), followed by Households (31.1%). The Rest of the World contributed 7.5%, and Corporations 1.5%.

Figure 9: Financing sources for reproductive health components in Ghana, 2023



These findings highlight a profound need for detailed costing studies on reproductive health services in Ghana. Existing National Health Accounts data, while valuable, often lack the granularity to fully understand the cost of specific interventions and who bears that cost. Robust costing studies would provide evidence on:

- Efficiency of current spending: Determine if current allocations for each RH component are optimal and if resources are being used effectively.
- Funding gaps: Precisely identify the financial resources required to achieve universal access to quality family planning services and other RH components, independent of household out-of-pocket payments.
- Policy formulation: Inform evidence-based policies for strategic purchasing and public financing mechanisms to reduce the reliance on households, particularly for essential services like family planning.
- Advocacy and resource mobilization: Provide concrete data to advocate for increased domestic public financing and to guide negotiations with development partners, ensuring that funds are directed where they are most needed and most effective in achieving UHC.

By undertaking comprehensive costing studies, Ghana can develop a more efficient, equitable, and sustainable financing framework for its reproductive health program, ultimately accelerating progress towards its UHC commitments and the health-related SDGs.

3. CONCLUSION AND RECOMMENDATIONS

3.1 Conclusion

Ghana shows strong, sustained commitment to reproductive health (RH), aligning its health financing with international goals like ICPD and SDG 3. The NHA shows this evidence in the rise of nominal Reproductive Health Expenditure (RHE) from GHS 1.82 billion in 2020 to GHS 3.97 billion in 2023, signalling dedication to improved RH service access and universal healthcare.

However, closer analysis reveals areas needing adjustment. For instance, while RHE's share of Current Health Expenditure (CHE) remains substantial from 2020 to 2023 (10.0%-15.5%), its growth has recently plateaued. Secondly, the decline in RHE per capita in USD highlights a critical vulnerability that a Cedi depreciation reduces purchasing power for essential, internationally sourced RH goods and services, which threatens RH program sustainability and effectiveness.

In consideration of all the findings, health sector management team need to think about strategic investment re-prioritization so as to optimize resource allocation, boost efficiency, and build a more resilient, equitable RH system, aligning with Ghana's UHC goals and global health objectives.

3.2 Policy Recommendations

Finding: Household out-of-pocket payments for reproductive health services have steadily increased, reaching almost 30% by 2023, while external funding has shown a declining trend. This creates financial barriers to accessing essential reproductive health services, disproportionately affecting poor and vulnerable population, which contradicts effort towards UHC goals.

Recommendation: Intensify efforts to reduce reliance on out-of-pocket payments for reproductive health services and increase pooled financing through different strategic ways.

- Strengthen and expand the coverage of the NHIS to comprehensively include a wider range of essential reproductive health services, with clear mechanisms for identifying and covering the poorest households.
- Increase public budget allocations for reproductive health, exploring innovative domestic financing mechanisms such as dedicated levies or taxes.
- Implement financial protection policies, such as fee exemptions for specific vulnerable groups or services, particularly for family planning and maternal care

Finding: Ghana's Reproductive Health Expenditure (RHE) per capita, when converted to US Dollars, has shown a concerning decline, from USD 14.8 in 2021 to USD 10.4 in 2023, despite increases in nominal RHE in Ghana Cedis. This erodes the real purchasing power of allocated funds for reproductive health, impacting the procurement of essential internationally sourced commodities (e.g., contraceptives, medicines).

Recommendation: Explore and implement strategies to mitigate the impact of currency depreciation on the procurement of essential reproductive health commodities and services through different ways.

- Explore mechanisms to curb the risk of exchange rate fluctuation on the procurement of critical health commodities (e.g., forward contracting for critical health procurements).
- Diversify procurement sources and exploring local manufacturing capabilities for essential RH supplies.
- Prioritise strategic partnerships with international organizations for bulk purchasing or direct commodity support to leverage favourable international pricing.

Finding: Unspecified reproductive health conditions (n.e.c.) consistently constituted the largest share of expenditure (60.3% in 2023), which limits the ability to understand the cost-effectiveness of specific interventions, identify funding gaps for critical services, and formulate evidence-based policies.

Recommendation: Prioritize and invest in comprehensive, granular costing studies for specific reproductive health interventions and service packages through different strategic ways.

- Undertake detailed costing analyses for key RH services (e.g., antenatal care, skilled birth delivery, postnatal care, family planning methods) and should be disaggregated by level of care and provider type.
- Develop methodologies and capacities within the Ministry of Health to routinely collect and analyze expenditure data at a more granular level, possibly integrating it into the National Health Accounts framework.

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